

HOMELESSNESS IN METROPOLITAN WASHINGTON

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

May 2019



Metropolitan Washington
Council of Governments

HOMELESSNESS IN METROPOLITAN WASHINGTON

Prepared by the Homeless Services Planning and Coordinating Committee

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EXECUTIVE SUMMARY

For the 19th consecutive year, the Metropolitan Washington Council of Governments (COG) Homeless Services Planning and Coordinating Committee has conducted a regional enumeration of the area's residents experiencing homelessness and those who were formerly homeless.

This year's enumeration and survey occurred on January 23, 2019. The report provides a one-night "snapshot" of the region's residents experiencing homelessness within nine metropolitan Washington area jurisdictions. It is important to note that this "snapshot," by definition, provides only one perspective on the state of homelessness in metropolitan Washington 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 2019 Point-in-Time (PIT) Enumeration follow below:

LITERALLY HOMELESS COUNT

- The 2019 Point-in-Time (PIT) Enumeration resulted in a total count of **9,794 literally homeless individuals**. This is the lowest number of persons counted experiencing homelessness since the region began coordinating in 2001, and the first time that the literally homeless total has been below 10,000 persons.
- The region's number of persons experiencing homelessness **decreased by seven percent (or 686 people) from 2018**.

This decrease follows a similar reduction recorded in 2018, when the PIT count found the number of persons experiencing homelessness decreased by six percent and 648 persons. Seven of nine jurisdictions recorded decreases in the number of persons experiencing homelessness in 2019 from the 2018 count.

SHORT-TERM CHANGES IN THE HOMELESS ENUMERATION, 2018 TO 2019

- The District of Columbia had the greatest reduction in the number of persons experiencing homelessness from 2018 to 2019 (383 fewer persons), followed by Montgomery County (193 fewer persons) and Prince William County (97 fewer persons counted).
- The greatest reduction in the percentage in the one-year rate of persons experiencing homelessness was recorded in Prince William County (26 percent).

LONGER TERM CHANGES IN THE HOMELESS ENUMERATION, 2015 TO 2019

- **Eight of nine participating Continua of Care experienced a decline in the number of people experiencing homelessness between the 2015 and 2019 enumerations.**

- During the period from 2015 to 2019, the District of Columbia experienced the greatest reduction in persons experiencing homelessness, counting 777 fewer individuals. The District of Columbia also has the largest proportion of the region's residents experiencing homelessness (67 percent). Montgomery County had the second largest reduction between 2015 to 2019, with 453 fewer homeless persons counted, followed by Prince George's County (180 fewer persons) and Fairfax County (170 fewer persons).
- Montgomery County reported the highest percentage reduction in its literally homeless count from 2015 to 2019 (41 percent).

VETERANS EXPERIENCING HOMELESSNESS

Reversing the slight increase noted in 2018, the region counted fewer veterans experiencing homelessness on the night of the count from the previous year's enumeration.

- In 2019, the total number of veterans counted on the night of the PIT was 415, or 26 fewer individuals than were counted in 2018 (six percent decrease);
- The total number of veterans experiencing homelessness counted in 2019 remains below the number recorded during the PIT counts in 2014, 2015, and 2016; only two jurisdictions (Arlington County and Fairfax County) noted an increase from 2018 to 2019, for a combined total of 11 additional veterans counted.
- The District of Columbia recorded the greatest reduction in the number of veterans between 2015 and 2019 (111 fewer veterans counted), followed by Montgomery County (11 veterans), and Arlington and Frederick Counties (both counted nine fewer veterans).
- The greatest percentage reduction between 2015 and 2019 was recorded by Frederick County (69 percent fewer veterans counted), followed by Arlington County (47 percent reduction) and Montgomery County (46 percent reduction)¹.
- All nine CoCs reduced the incidence of veteran homelessness since 2015, for a regional reduction of 28 percent.

Coordinated regional efforts from the local to state and federal level at the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) have had a positive impact on reducing the number of veterans experiencing homelessness in our region since 2015. Key elements of this success include the increased availability of permanent housing resources (such as SSVF and VASH vouchers), tied to the use of coordinated entry to ensure that available resources are used efficiently. Several jurisdictions in the region have participated in organized campaigns, such as Community Solutions' Built for Zero², with its goals to end veteran and chronic homelessness. The

¹ It's important to note that these percentages are based on small total numbers; for example, in Frederick County, the 69 percent reduction is based on a difference of six individuals.

² <https://www.communitysolutions/what-we-do/built-for-zero>

Continua of Care³ (CoCs) in the metropolitan Washington region will continue to implement proven strategies to end the experience of homelessness for those who have served in the military by placing veterans in permanent housing.

CHRONICALLY HOMELESS

The trend noted for the number of persons counted as chronically homeless follows similar positive results noted for other persons experiencing homelessness in 2019.

- Seven of the nine participating jurisdictions experienced decreases in their chronically homeless single adult counts since 2015, as well as recording a decrease between the PIT counts of 2018 and 2019. Overall, the region counted 20 percent fewer single persons who were considered chronically homeless on the night of the enumeration between 2015 and 2019.
- The District of Columbia had the greatest reduction in the region in the number of chronically homeless single adults from 2015 to 2019 (219 fewer persons counted in 2019), followed by Montgomery County and Frederick County, (145 and 52 fewer chronically homeless persons respectively).
- The jurisdiction with the greatest percentage reduction in chronically homeless single adults since 2015 is Montgomery County (93 percent), followed by Prince William County (68 percent) and Prince George's County (65 percent).

Being able to intervene in other systems of care to prevent a housing crisis challenges the jurisdictions in the region from preventing a person from becoming chronically homeless. Persons seeking a permanent home may wait long enough to find housing they can afford that they eventually meet the HUD definition for chronically homeless. It is a conundrum faced nationwide in communities with high housing costs and limited housing affordable to those with the lowest incomes.

FORMERLY HOMELESS

The number of individuals who are in permanent housing and no longer experiencing homelessness continued its positive upward trend in 2019. The region measured an increase of six percent from 2018 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, and an increase of 62 percent since 2015.

In addition, in 2019:

- 7,149 formerly homeless individuals were rapidly re-housed, a 12 percent increase from 2018;

³ According to HUD, a Continuum of Care is "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." Definition accessed at <https://endhomelessness.org/resource/what-is-a-continuum-of-care/>

- 10,856 formerly homeless persons were counted in Permanent Supportive Housing, a slight decrease (two percent) from 2018; and
- 5,167 formerly homeless persons were counted in other permanent housing (a 15 percent increase from 2018).

This brings the regional total of formerly homeless persons in 2019 to 23,172, an additional 1,290 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 insufficient number of affordable and available permanent housing opportunities for the lowest income households.

The 2019 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 critical need to increase the supply of housing affordable to the lowest-income households and appropriate supportive resources.

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. The region should celebrate the achievements made to reduce the number of people counted experiencing homelessness in 2019. These reductions reflect the dedication and coordinated efforts of many to prevent people from entering the homeless system, to improve service delivery, and to increase permanent housing solutions. Reductions in chronically homeless and veteran subpopulations reflect focused efforts to ensure that the experience of homelessness is *brief, rare, and one time only*.

However, there remain significant challenges highlighted in this year's numbers. Accurately counting and addressing the needs of homeless unaccompanied youth remains problematic, not just for our region, but nationwide. The continued challenge of preventing and ending homelessness throughout the region reflects the stark reality about the lack of sufficient housing affordable to those with limited incomes. The successes reflected in the numbers in the report demonstrate that effective strategies are in place, but a sustained commitment to creating and adequately funding viable housing solutions for the lowest-income individuals and families, continuously improving data tracking and interpretation, and providing service paths to ensure successful housing placements are among the most critical components to making further significant reductions in the annual Point-in-Time count.⁴

⁴ The map (following page) represents those jurisdictions which are members of COG. However, Charles County is not included in this Point-in-Time report. Unlike the other jurisdictions, Charles County provides its homelessness data to the Baltimore HUD Field Office.

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

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



INTRODUCTION

The 2019 Point-in-Time (PIT) Enumeration provides information on the number of unsheltered persons in the region as well as figures on how many persons use winter shelters, year-round emergency shelters, safe havens, transitional housing, and several permanent housing solutions. The PIT also provides information on the extent to which persons experiencing homelessness in each jurisdiction live with disabling conditions or whose special needs are represented among various subpopulations. There is no “one size fits all” housing solution, and the region’s Continuum of Care (CoC), a public-private partnership designed to coordinate a response to a person’s housing crisis, respond with different housing types and services to meet residents’ unique needs.

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

The participating jurisdictions are:

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

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

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

Similar to past enumerations, the 2019 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 the annual Housing Inventory Count 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 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. 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 2019 enumeration were collected in the following three categories, as defined by HUD:

1. **Households without Children.** Households without children consist of only adults age 18 or over. This report also refers to households without children as "single adults." The 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.

Why We Conduct This Count

The Metropolitan Washington Council of Governments' Homeless Services Planning and Coordinating Committee, concerned by the lack of regional data available, undertook the first effort to produce an unduplicated Point-in-Time count of homeless adults and children in the metropolitan Washington region in 2001. Regional information can help inform local efforts and provide an avenue for sharing strategies to better serve the region's residents facing a housing crisis. Nationally, in 2007, other CoCs began conducting the first counts.

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

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

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

It is important to note, however, that the point-in-time count provides a limited and imperfect perspective on the challenges, successes, and progress made in ending homelessness. Many variables – bed availability, weather, surveying methodology, the willingness of people to be interviewed, and the availability of trained outreach workers – can impact the number of people counted on any given night.

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

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

A Unique Perspective on the 2019 Enumeration

All the data in the regional Point-in-Time count is de-identified and reported at an aggregate level, preserving the confidentiality and anonymity of the responses for the individuals who agreed to be interviewed for the enumeration. However, this year the author had the opportunity to participate in

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

⁶ Ibid.

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

the unsheltered count with another volunteer with lived experience who was willing to be interviewed himself about why conducting the count is important and what it meant to him personally.

Reginald Black volunteered to participate as a surveyor for the unsheltered portion of the annual homeless enumeration on January 23, 2019 in the District of Columbia. He is a regularly contributing author and vendor for Street Sense Media, a media platform that creates content in multiple forms to provide economic opportunities for and elevate the voices of people experiencing homelessness.⁸

“Anytime I get to work in the community, it gives me confidence that the work I’m doing will eventually help me too. And I take pride in that.”

In discussing some of the shortcomings of the annual enumeration, he noted that, “There are some segments [of the people experiencing homelessness] who we don’t reach, but that’s not a reason not to do the count.” For example, Black recalled an interview with a person he spoke with who was sleeping on L Street NW. This person was dissatisfied about being interviewed for the PIT count and was not convinced that it would improve his circumstances. Afterwards, Black noted that “I had to agree with him on a few points. But I’m a representative of the flip side.” He expanded further, sharing, “The PIT count allowed me to talk to that guy and see who he was as a person.”

Black noted that taking part in the PIT count was “enlightening” and that he was surprised at how many people were sleeping downtown, out in the open. He hopes that the data from this year’s count will help illuminate the tremendous need for more housing for people with incomes in the zero to 30 percent AMI (Area Median Income) range. He also is curious about what the PIT numbers might show if the count was conducted during warmer months.

Overall though, he shared, “It was rewarding to be able to do the work that I did. I can see both sides – as a provider and as a consumer. I’m using who I am as a platform to speak to a lot of those issues, and I found it very rewarding.”



“Anytime I get to work in the community, it gives me confidence that the work I’m doing will eventually help me too. And I take pride in that.”

-Reggie Black

Reginald Black looks for people sleeping in areas not meant for human habitation on the night of January 23, 2019. (Photo by the author, with permission from Black.)

You can read more about Reginald Black’s work online at www.streetsensemedia.org/staff_members/reginald-black/

⁸ https://www.streetsensemedia.org/staff_members/reginald-black/#.XLTE2-hKhHc

HOW MANY LOCAL RESIDENTS ARE EXPERIENCING HOMELESSNESS?

On January 23, 2019, 9,794 people throughout the metropolitan Washington region indicated that they were experiencing homelessness, a decrease of seven percent (686 persons) from 2018. Table 1 illustrates the region's 2019 homeless enumeration across jurisdictions compared to last year.

The District of Columbia, Montgomery County and Prince William County experienced the largest decrease in the number of literally homeless counted from the previous year's enumeration. Four other CoCs experienced reductions in the number of people experiencing homelessness, including Prince George's County (31 fewer persons), Frederick County (30 fewer persons), the city of Alexandria (28 fewer persons), and Arlington County (6 fewer persons).

Two of nine CoCs experienced an increase in their literally homeless counts from 2018 to 2019. The largest increase in persons counted (47) was in Fairfax County. Loudoun County experienced an increase of 35 persons in its 2019 literally homeless count.

The same trend is not true for the period of 2015 to 2019, 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?

TABLE 1: Literally Homeless By Jurisdiction, 2018 - 2019				
Jurisdiction	2018	2019	Change in Number of Persons 2018-2019	Percent Change 2018 - 2019
City of Alexandria	226	198	-28	-12%
Arlington County	221	215	-6	-3%
District of Columbia	6,904	6,521	-383	-6%
Fairfax County	987	1,034	47	5%
Frederick County	316	286	-30	-9%
Loudoun County	134	169	35	26%
Montgomery County	840	647	-193	-23%
Prince George's County	478	447	-31	-6%
Prince William County	374	277	-97	-26%
TOTAL	10,480	9,794	-686	-7%

Source: COG 2019

Seven of nine CoCs experienced a decrease in the number of individuals counted from the 2018 to 2019 enumerations, and eight of nine CoCs experienced decreases in the number of people

experiencing homelessness between 2015 and 2019. Montgomery County had the largest percentage decrease (41 percent), followed by Prince William County (32 percent) and Prince George's County (29 percent). The region reduced the number of persons counted experiencing homelessness by 1,829 or 16 percent between 2015 and 2019.

The District of Columbia, Montgomery County, and Prince George's County experienced the largest decreases in the total number of people experiencing homelessness during the same period. The District of Columbia counted 777 fewer individuals in 2019 than in 2015, followed by Montgomery County (453 fewer individuals) and Prince George's County (180 fewer individuals).

TABLE 2: Literally Homeless By Jurisdiction, 2015-2019							
	2015	2016	2017	2018	2019	Change in Number of Persons 2015 - 2019	Percent Change 2015 - 2019
City of Alexandria	267	224	211	226	198	-69	-26%
Arlington County	239	174	232	221	215	-24	-10%
District of Columbia	7,298	8,350	7,473	6,904	6,521	-777	-11%
Fairfax County	1,204	1,059	964	987	1,034	-170	-14%
Frederick County	311	349	309	316	286	-25	-8%
Loudoun County	168	134	113	134	169	1	1%
Montgomery County	1,100	981	894	840	647	-453	-41%
Prince George's County	627	544	532	478	447	-180	-29%
Prince William County	409	400	400	374	277	-132	-32%
TOTAL	11,623	12,215	11,128	10,480	9,794	-1,829	-16%

Source: COG 2019

The District of Columbia attributes the decrease in persons experiencing homelessness primarily to the reduction in the numbers of homeless families. In 2017, the District of Columbia implemented a policy and program change to provide year-round access to shelter and increased prevention services for families. The result of this change has allowed the system to normalize demand for services during peak hypothermia months and resulted in reduced numbers of families seeking shelter throughout the year. The District also launched the Homelessness Prevention Program, which aims to help families resolve a housing crisis before a shelter stay is necessary and connect them to shelter when there are no other safe options.⁹

Montgomery County attributes the decrease in the number of persons experiencing homelessness to a multipronged approach to ensuring that all residents experiencing a housing crisis and entering the homeless services system are supported and housed as quickly as possible. Since January of 2016, more than 400 people experiencing homelessness have been placed in permanent housing through the Inside (not Outside) Initiative.¹⁰ In addition to the concentrated effort to end long-term

⁹ For more details, see Appendix C and the District of Columbia's Homelessness Enumeration Jurisdictional Narrative.

¹⁰ Inside/Not Outside is a community-wide effort dedicated to ending chronic homelessness for individuals and families in Montgomery County, MD. Accessed at <https://www.montgomerycountymd.gov/Homelessness/InsideNotOutside.html>

homelessness, the CoC instituted a shelter diversion program for families, leading to a reduction in the number of households entering the homeless continuum. Staff offer support in problem solving and conflict resolution that allows families to resolve their housing crisis quickly. A similar approach is used at the single adult emergency shelters resulting in shorter length of stay. Last, the CoC has increased the number of Rapid Rehousing units and made the program more flexible to meet the varying needs of all households.

Prince George's County attributes its decline in homelessness to its focus on six key strategies that have proven to be effective in reducing homelessness: coordinated entry; prevention assistance; shelter diversion; rapid re-housing; permanent housing; and, improved data collection and performance measures. In addition, Prince George's County made accommodations for five subpopulations with distinct needs. 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.

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. A shortage of living wage jobs compounds the difficulty in finding and maintaining affordable housing. At the federal level, uncertainty about funding levels threatens housing programs of all types and constrains local jurisdictions' ability to make dramatic progress in providing more permanent housing solutions.



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

COG Homeless Services Committee member Brad Petersen interviews a person who may be experiencing unsheltered homelessness in the City of Frederick on January 23, 2019. (Dan Gross, *The Frederick News-Post*)

REGIONAL HOMELESSNESS BY TOTAL POPULATION

The prevalence of homelessness can also be understood by determining the number of persons experiencing homelessness counted in the metropolitan Washington region as a percentage of its total population. Including the District of Columbia, there was a 0.18 percent incidence of homelessness in the region. This figure is essentially unchanged and represents a slight decrease from 0.21 in 2017 and 0.23 in 2016. Excluding the District, the incidence of homelessness is 0.07 percent for the region's suburban population, which remains unchanged since 2016.

HUD's national 2018 CoC Point-in-Time data state that there were 552,830 people experiencing homelessness in the country. This figure represents 0.17 percent of the nation's total population of 328,332,773 (as of January 2019), compared to the region's rate of 0.18 percent.

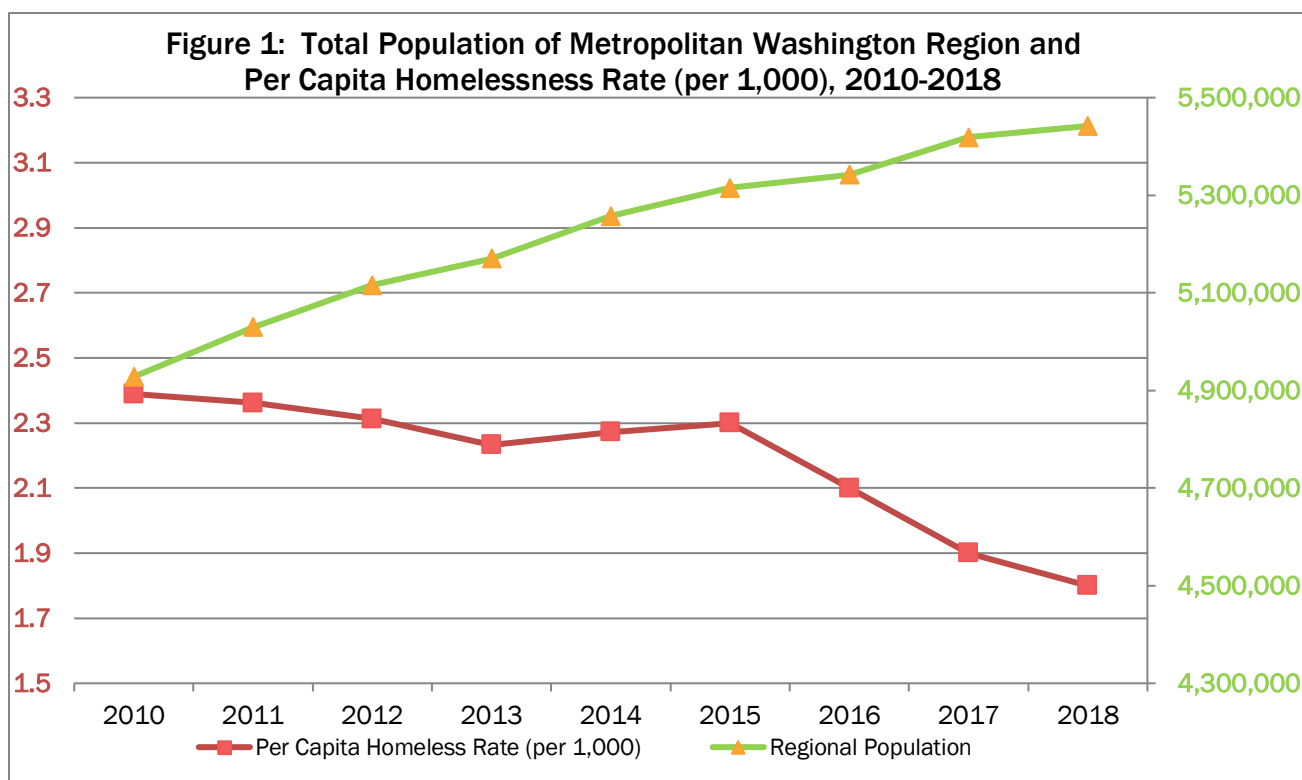
As shown in Table 3, of every 1,000 residents in the region, 1.8 persons are homeless. The District of Columbia has the largest local incidence of homelessness within the population. Of every 1,000 people in the District, 9.3 are homeless, a decrease from last year when it was 9.9.

TABLE 3: 2019 Share of Population That Is Experiencing Homelessness				
Jurisdiction	2018 Total Population*	2019 Literally Homeless	Homeless as Percent of Total Population	Homeless Persons per 1,000 People
City of Alexandria	160,530	198	0.12%	1.2
Arlington County	237,521	215	0.09%	0.9
District of Columbia	702,455	6,521	0.93%	9.3
Fairfax County ¹	1,190,141	1,034	0.09%	0.9
Frederick County	255,648	286	0.11%	1.1
Loudoun County	406,850	169	0.04%	0.4
Montgomery County	1,052,567	647	0.06%	0.6
Prince George's County	909,308	447	0.05%	0.5
Prince William County ²	526,959	277	0.05%	0.5
Region with D.C.	5,441,979	9,794	0.18%	1.8
Region without D.C.	4,739,524	3,273	0.07%	0.7
*Source: Table 1. Annual Estimates of the Resident Population for the Metropolitan Washington Council of Governments: April 1, 2010 to July 1, 2017. U.S. Census Bureau, Population Division, April 2019.				

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 represented 12,000 people on average, 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 2009/2010. 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 2015 to 2019. Regional family homelessness (the number of persons in homeless families) decreased 13 percent from 2018 to 2019, replicating a similar decrease noted between each year from 2018 to 2016. The longer-term trend from 2015 to 2019 represents a significant 29 percent reduction. This reversal of the increased incidence of families experiencing homelessness noted in previous years mirrors changes observed at the national level, where family homelessness declined by 17 percent between 2014 and 2018 and declined two percent between 2017 and 2018.¹¹

¹¹ <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>

TABLE 4: Household Composition					
		Total Persons in Households without Children	Total Persons in Households with Adults and Children	Total Persons in Households with ONLY Minor Children* (Unaccompanied Minors)	Regional Total
COG REGION	2019	5,735	4,044	15	9,794
	2018	5,798	4,667	15	10,480
	2017	5,630	5,489	9	11,128
	2016	5,764	6,435	16	12,215
	2015	5,929	5,678	16	11,623
2015 - 2019 Percent Change		-3%	-29%	-1	-16%

*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 41 percent of all persons experiencing homelessness in the metropolitan Washington region. Tables 5 and 6 (following pages) illustrate the 2019 survey responses from the region's families without a permanent home. As of January 23, 2019, a total of 1,242 family households were counted as homeless, a decrease of 12 percent from 2018. This year marks the third in a row of recorded declines in families experiencing homelessness.

In 2019, eight of nine CoCs reduced the number of persons in families recorded as homeless on the night of the enumeration from the previous year. The District of Columbia had the greatest reduction in the number of persons in families from the 2018 PIT count, with 488 fewer family members counted.

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

Fairfax County identified an increase of 38 persons in families experiencing homelessness from 2018 to 2019. The increase occurred despite the fact that there was one less household with children identified during the 2019 PIT count than during the 2018 PIT count. Fairfax County attributes this change to an increase in larger size families served in emergency shelter and emergency shelter overflow. During the longer period of 2015 to 2019, however, Fairfax County reduced the total number of persons in families experiencing homelessness by 26 percent (189 fewer persons).

Reductions in the one-year rate of family homelessness were greatest in Frederick County and Montgomery County, which counted 32 percent and 24 percent fewer persons respectively.

TABLE 5: 2019 Literally Homeless Persons In Families By Jurisdiction				
Jurisdiction	Number of Families	Adults in Families	Children in Families	Total Persons in Families
City of Alexandria	23	28	46	74
Arlington County	24	40	26	66
District of Columbia	815	1,053	1,593	2,646
Fairfax County	150	197	329	526
Frederick County	27	28	46	74
Loudoun County	15	21	24	45
Montgomery County	61	76	130	206
Prince George's County	81	86	161	247
Prince William County	46	59	101	160
ALL COG COCs	1,242	1,588	2,456	4,044

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

Source: COG 2019.

The same positive trend is reflected in the longer period of 2015 to 2019, when all nine regional CoCs recorded decreases in family homelessness. During this period, Montgomery County experienced the greatest percentage decrease (59 percent) and the District of Columbia recorded the greatest reduction in numbers of persons counted in homeless families (831 fewer persons in families from 2015 to 2019).

According to the U.S. Census Bureau's 2017 American Community Survey 1-Year Estimates, the Washington Metropolitan Statistical Area's (MSA) median monthly homeownership costs are \$2,293 and median monthly gross rent is \$1,629. Regionally, nearly half of all households - 48 percent - are housing cost burdened, meaning they pay more than a third of their incomes to satisfy these monthly housing costs¹². Twenty-four percent of all renter households in the region are considered severely cost burdened (i.e. paying more than 50 percent of monthly income towards housing costs) and may face difficult decisions regarding which basic needs to prioritize for payment. In the District of Columbia, a person earning the minimum wage (\$13.25 per hour) in 2018 would need to work 91 hours per week to be able to afford a one-bedroom apartment at the Fair Market Rent (\$1,561/month).¹³ The region's lowest-income households face significant challenges affording housing, especially as the area's increased housing demand creates pressure on rental rates. This trend makes otherwise affordable units unaffordable for households, especially as they compete with the general public for housing.

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

¹² Source: COG analysis of U.S. Census Bureau, 2016 1-Year PUMS files

¹³ <http://nlihc.org/oor/district-columbia>

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.¹⁴ Homelessness and hunger are also closely intertwined. Homeless children are twice as likely to experience hunger as their non-homeless peers, which negatively effects the physical, social, emotional and cognitive development of children. Schooling for homeless children is often interrupted and delayed, with homeless children twice as likely to have a learning disability, repeat a grade or to be suspended from school.¹⁵ Combined, these conditions eliminate feelings of safety and predictability that are important for healthy growth.

COG's 2019 enumeration identified 2,456 children experiencing homelessness, representing 25 percent of the region's total homeless population (9,794). This represents a slight decrease of two percent from last year, duplicating the results recorded during the 2018 and 2017 enumerations. Children account for 61 percent of all people in homeless families; this proportion of persons in homeless families decreased slightly from 62 percent in 2018 but has otherwise remained consistent since 2010.

TABLE 6: Change In Literally Homeless Persons In Families By Jurisdiction						
Jurisdiction	2015	2016	2017	2018	2019	Percent Change 2015-2019
City of Alexandria	108	95	91	84	74	-31%
Arlington County	75	50	83	77	66	-12%
District of Columbia	3,477	4,667	3,890	3,134	2,646	-24%
Fairfax County	715	575	472	488	526	-26%
Frederick County	130	100	92	109	74	-43%
Loudoun County	88	69	42	48	45	-49%
Montgomery County	502	358	278	272	206	-59%
Prince George's County	359	308	338	273	247	-31%
Prince William County	224	213	203	182	160	-29%
ALL COG COCs	5,678	6,435	5,489	4,667	4,044	-40%

Source: COG 2019

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. ¹⁶ Based upon

¹⁴ National Center for Homeless Education, <http://center.serve.org/nche/briefs.php>, *Domestic Violence, Homelessness, and Children's Education*: 1.

¹⁵ <http://www.apa.org/pi/families/poverty.aspx>

¹⁶ 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>

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

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 2019 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,”¹⁷ 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.¹⁸



(Homeless Children's Playtime Project)

Children account for 61 percent of all people in homeless families and represent a quarter of all persons experiencing homelessness in the metropolitan Washington region in 2019.

There are many challenges with counting homeless youth, and because their experiences with homelessness are episodic, single point-in-time counts will always underestimate the true number of homeless youth. Taking note of seasonal conditions that affect whether youth will seek shelter or stay on the street, some homelessness researchers make sure they count in more than one season.¹⁹

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 six to date since 2011 and the District of Columbia has held four since 2015. Montgomery County conducted its first youth count in April 2018.

¹⁷ Couch surfing is typically understood to mean a temporary stay in a series of acquaintances' homes at no cost, rather than a hotel, making use of improvised sleeping arrangements.

¹⁸ The Urban Institute, *Youth Count! Process Study*: 10.

¹⁹ <http://www.healthycal.org/archives/11079>

Youth counts differ from the annual Point-in-Time census in January in several important ways. First, the count takes place during warmer months, when youths are more likely to be spending time outside, and potentially unsheltered. Second, the youth count takes place during nine days (in the District of Columbia) and two weeks (in Prince George's County) rather than just one 24-hour period and includes intentional enumeration by school personnel with knowledge of and connections to youth and young adults who may not be regularly attending school and would be missed in the one-day count. Third, in addition to counting youth who are literally homeless, per the HUD definition, the youth count efforts include those who are unstably housed who may be doubled-up or "couch surfing." Finally, the youth count includes a much broader series of questions designed to identify social, economic, developmental and other contributing factors leading to youth homelessness for the purposes of strategic system design at the local level as well as to reveal opportunities for focused diversion and prevention work among youth who are unstably housed and at risk of experiencing literal homelessness.

TABLE 7: Households With <u>Only</u> Children Under Age 18 By Jurisdiction, 2017 - 2019				
Jurisdiction	2017	2018	2019	Absolute Change 2017 - 2019
City of Alexandria	0	0	0	0
Arlington County	0	0	0	0
District of Columbia	5	9	13	8
Fairfax County	3	2	1	-2
Frederick County	0	0	0	0
Loudoun County	0	0	0	0
Montgomery County	0	0	0	0
Prince George's County	1	2	1	0
Prince William County	0	2	0	0
TOTAL	9	15	15	6

Source: COG 2019

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 5 unsheltered youth and young adults who met the HUD definition of literally homeless during the 2018 PIT count in January but reported 43 unsheltered youth and young adults during its most recent 2-week youth only count.²⁰

Prince George's County is one of six CoCs in the State of Maryland which has participated in the Youth REACH MD (Reach out, Engage, Assist and Count to End Homelessness) demonstration pilot since 2015 to count unaccompanied homeless youth and young adults and serves as one of three regional team leaders providing technical assistance to Maryland CoCs doing the count for the first time.²¹ The enumeration involved surveying youth through shelter counts, service-based counts (meaning

²⁰ <http://dhcd.maryland.gov/HomelessServices/Documents/Meetings/2017-09/Youth-REACH-Presentation.pdf>

²¹ <http://www.youthreachmd.com/>

youth/young adults who used services from participating providers during the count), and kick-off/magnet events and street counts.²² 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.²³

In October 2018, the state of Maryland passed the Ending Youth Homelessness Act of 2018 (SB 1218). The Ending Youth Homelessness Act of 2018 defines unaccompanied homeless youth as individuals of 24 years of age or younger who are not in the physical custody of a parent or guardian and lack a fixed, regular, and adequate nighttime residence; makes the annual Youth REACH MD unaccompanied homeless youth count a permanent fixture under the leadership of the Department of Housing and Community Development; and, provides additional grant funding to end youth homelessness and address related disparities based on race, ethnicity, sexual orientation, and gender identity by establishing the Ending Youth Homelessness Grant Program.²⁴

The District of Columbia passed the End Youth Homeless Amendment Act in 2014, which not only provided expanded funding for youth-accessible services, but also mandated an annual census.²⁵ The most recent of the past four homeless youth counts took place during September 21 – 29, 2018. The youth counts included persons aged 24 years or younger and who met the HUD definition of literally homeless as well as those who were unstably housed. The count resulted in a total of 1,328 youth who were either literally homeless or unstably-housed. The 211 increase is attributed to an update survey tool that allowed for inclusion of youth who did not disclose their nighttime sleeping locations but indicated that they were without safe and stable housing for the majority of time in the preceding month.

When asked where they spent most nights in the past month, 51 percent stayed in an emergency shelter, transitional housing program, or safe haven; 9 percent stayed in an unsheltered location; 36 percent were in an unstable housing arrangement (e.g. staying house-to-house or couch-surfing); and 4 percent mostly stayed in a permanent housing arrangement or institutional setting (including foster care or juvenile justice) but had since lost that housing or had been discharged at the time of the survey.

The largest number of youth counted in one household category (712 persons or 53 percent of the total population of youth counted) were single transition aged youth between the ages of 18 to 24.



Arlington County Point-in-Time count volunteers on January 23, 2019. (Arlington County Department of Human Services)

²² *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>

²³ Ibid.

²⁴ <http://www.youthreachmd.com/>

²⁵ <https://dc-aya.org/youth-count-dc-2018/>

The smallest number of youth counted in one household category (12 persons or less than 1 percent of the total population of youth counted) were pregnant and parenting minors, under age 18.”

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

In both Prince George’s County and the District of Columbia youth counts, a key contributing factor to youth experiencing homelessness was conflict with a parent, guardian, or foster parent. Findings from the Maryland Youth REACH initiative suggest that focused interventions on prevention among youth and young adults who identify as black or African-American, LGBTQ, are in high school and/or are pregnant or parenting are needed to reduce the numbers of youth and young adults who are unstably housed or experiencing literal homelessness.²⁶

Some jurisdictions, such as Arlington County, have held separate events targeted for youth during the night of the Point-in-Time enumeration in January to try and improve the accuracy of the youth count. For the second year in a row, Arlington County’s CoC applied strategies on January 23, 2019 from Chapin Hall’s Voices of Youth Count Toolkit, including using a “Come and Be Counted” location at a community center for youth to participate in the survey; using youth surveyors inclusive of the local teen network and accompanied by Child and Family Services staff to conduct outreach at known locations frequented by youth in the community; and using an addendum to the standard PIT survey to better understand the needs of those youth being surveyed.

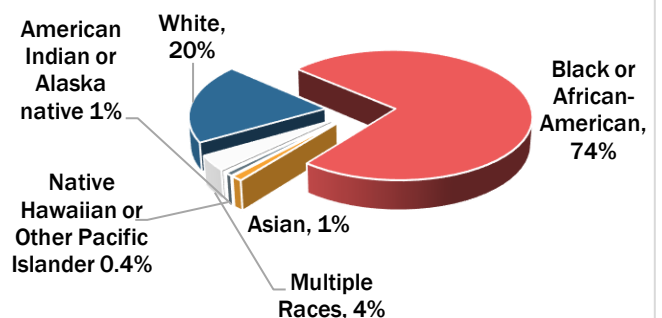
Demographic Profile of the Region’s Residents Experiencing Homelessness

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

The survey question on ethnicity asks respondents to identify whether they are Hispanic or Latino (people who identify their ethnic origin as Hispanic or Latino

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

Source: COG 2019



²⁶ <http://www.youthreachmd.com/content/wp-content/uploads/2018/02/YRMD-2017-Report-Executive-Summary-FINAL.pdf>

may be of any race²⁷). 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 5,714 homeless single adults (Figure 2) who responded to these demographic questions, over 90 percent were over the age of 24, and the majority (72 percent) were male. For those who responded to the question regarding ethnicity, 93 percent self-identified as non-Hispanic or non-Latino. The racial breakdown included 74 percent African-American, 20 percent white, four percent as multiple races, and one percent Asian. Less than one percent declined to respond, or the information was not recorded. The remaining categories (American Indian or Alaska native, Native Hawaiian or Other Pacific Islander) all were one percent or less of the total literally homeless single adult population.

In Frederick and Loudoun Counties, the single adult racial profile differs slightly from the rest of the region. In Frederick and Loudoun, the majority of single adults experiencing homelessness are white (69 percent in both counties), and in Arlington County and Fairfax County, 42 percent and 41 percent respectively of the single homeless adults identified racially as white.

The demographic profile of families experiencing homelessness (Figure 3) differs from that of single adults in a few key characteristics. In homeless families, the majority of adults (80 percent) are female. The average age of the adult in a homeless family also tends to be younger. Twenty-four percent are aged 18 to 24, 44 percent are aged 25 to 35, and overall, 76 percent are over age 24. Ethnically, 93 percent of adults in homeless families are Non-Hispanic/Non-Latino, and racially, 88 percent are African-American. White adults in families experiencing homelessness make up eight percent of the regional literally homeless family population, two

Figure 3: Regional Homeless Single Adults Demographic Profile (Ethnicity)

Source: COG 2019

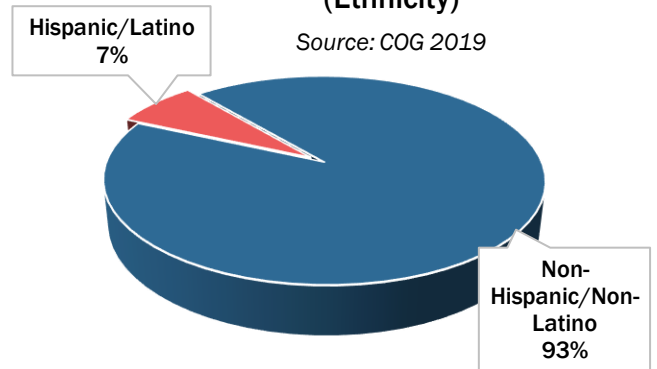


Figure 4: Regional Homeless Adults in Families Demographic Profile (Race)

Source: COG 2019

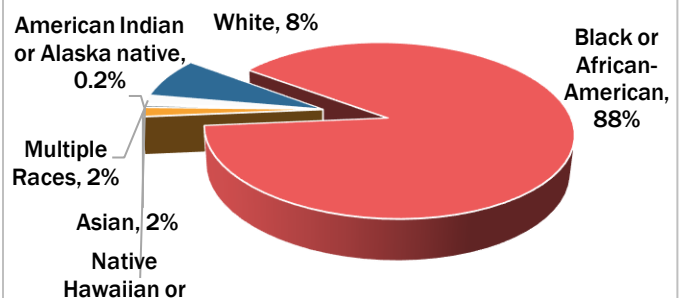
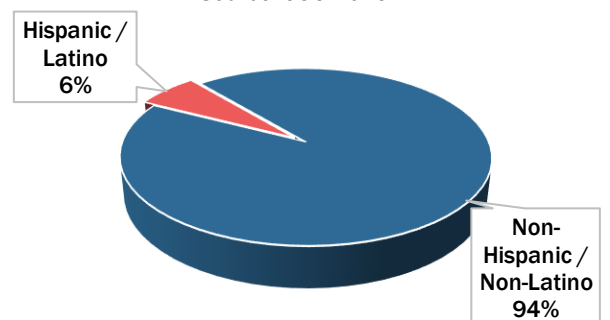


Figure 5: Regional Homeless Adults in Families Demographic Profile (Ethnicity)

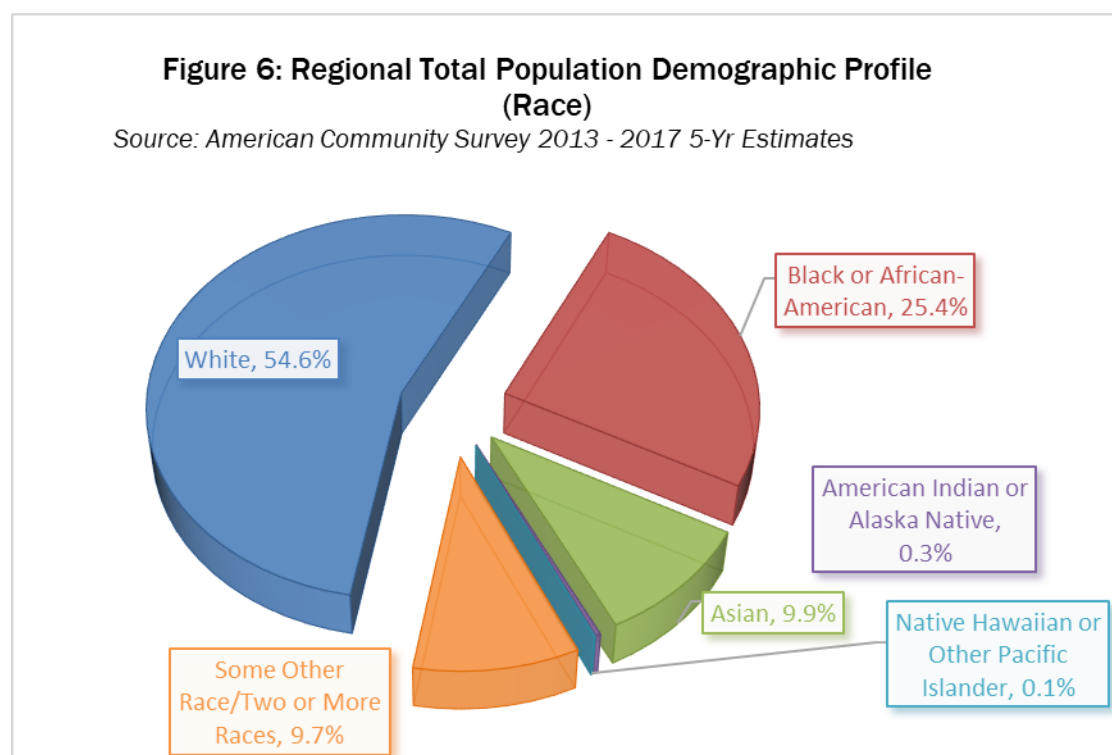
Source: COG 2019



²⁷ <http://www.census.gov/population/race/>

percent is Asian, two percent are multiple races, with the other racial categories all less than one percent.

Again, the demographic profile of adults experiencing homelessness in families in Frederick County differs from the rest of the region. In Frederick County, 57 percent of homeless adults in families were white and 32 percent were African- American or Black. In Loudoun County, unlike adults without children, persons in families experiencing homelessness were disproportionately likely to be African-American or Black. In Arlington County, 35 percent of adults in families were white, and 58 percent were African-American or Black.



In contrast, the region's racial breakdown (Figure 6) shows that 55 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 regional population.

Addressing Racial Inequality

This disproportionality is not unique to the metropolitan Washington region. The Center for Social Innovation launched an effort in 2016 to address racial inequity in homelessness. The Center undertook a mixed-methods (quantitative and qualitative) research study known as SPARC (Supporting Partnerships for Anti-Racist Communities). The phase one research is comprised of

HMIS data, census data, and oral histories from individuals in six study sites across the United States.²⁸

Among some of the key findings from its first phase research, it notes that, “Although Black people comprise 13% of the general population in the United States and 26% of those living in poverty, they account for more than 40% of the homeless population, suggesting that poverty rates alone do not explain the over-representation.”²⁹

The research coalesced around five major areas of focus regarding racial inequity and homelessness, including economic mobility, housing, criminal justice, behavioral health, and family stabilization. The disparate experiences of people of color in these realms are all factors that can lead to high rates of homelessness and prolong exits to permanent housing.³⁰

The study provides recommendations for possible organizational changes needed, research and policy strategies, as well as actions that can be taken at the individual level. Some initial findings point to the need for more research; for example, to better understand what adaptations may be needed to address complex behavioral health needs of people of color experiencing homelessness. SPARC researchers recommend that future interventions should include consideration of minority stress, multigenerational trauma and violence, and substance use.³¹ In other realms, such as family stabilization, the phase one report recommends that homeless service programs and providers should be prepared to respond to adverse childhood experiences (ACEs) which also affect people of color experiencing homelessness at high rates.

In the metropolitan Washington region, several jurisdictions have adopted equity policies to consider how local government decisions may result in a disparate impact on its residents. Fairfax County’s Board of Supervisors and School Board jointly adopted its “One Fairfax” initiative in November 2017. Fairfax County’s declaration is that “all residents deserve an equitable opportunity to succeed – regardless of their race, color, sex, nationality, sexual orientation, religion, disability, income, or where they live.”³²

The Takoma Park City Council in Montgomery County began including a “Racial Equity Impact Statement” on all Council agenda items as of April 5, 2017. Now renamed “Racial Equity Considerations”, these statements are part of an overall initiative by the city to address institutionalized racism.³³ In 2018, Montgomery County began the process to create a racial equity and social justice policy. A community engagement campaign kicked off in March 2019.

These policies are meant to address structural racism and bias created over centuries through deliberate practice (de facto) as well as legal (de jure) decisions that have led to segregated communities and decisions that disadvantaged persons of color in favor of those who were or are white. The legacy of these practices has resulted in neighborhoods with residents who are living in

²⁸ Center for Social Innovation, SPARC, *Supporting Partnerships for Anti-Racist Communities, Phase One Study Findings, March 2018*. Accessed April 2018. <http://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-March-20181.pdf>

²⁹ Ibid.

³⁰ <https://endhomelessness.org/time-change-findings-sparc-study-race-homelessness/>

³¹ Center for Social Innovation, SPARC, *Supporting Partnerships for Anti-Racist Communities, Phase One Study Findings, March 2018*. Accessed April 2017. <http://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-March-20181.pdf>

³² <https://www.fairfaxcounty.gov/topics/one-fairfax>

³³ <https://takomaparkmd.gov/initiatives/project-directory/racial-equity/>

impoverished networks -- where not just an individual or family, but the entire network, lacks the economic and social capital necessary to prevent and end homelessness.³⁴

In January 2019, HUD released a CoC Racial Equity Analysis Tool that allows communities to visualize who is accessing services and to help identify racial disparities in homelessness assistance. The tool draws on data from the American Community Survey (ACS) 5-year estimates, Block Group estimates, PIT and AHAR data.³⁵ Information is provided at the individual CoC level as well as state level and provides information similar to what is included in this report.

Some CoCs, such as Arlington County, have become a member of the Government Alliance on Race and Equity (GARE) and are looking at data that may help illuminate where there are disparate impacts on people of color. Arlington County's CoC explicitly defines racial disparities in its Action Plan on Ending Homelessness.

Fairfax County has begun to address this issue by convening a diverse set of partners to focus on racial equity. The newly-formed committee is charged with analyzing homeless services data, coordinating trainings designed to educate homeless services leadership on the prevalence of racial disparities, the importance of using a racial equity lens in system planning and development, and the overall planning process on how to promote and achieve equity in all aspects of homeless services.

The CoCs in the metropolitan Washington region recognize that homelessness is not colorblind and are seeking new ways to work together regionally to design complimentary systems that result in preventing fewer people from experiencing homelessness and creating better, more equitable, outcomes for those who do.

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.³⁶

It's important to note that older adults experiencing homelessness already have medical ages that exceed their biological ages. Multiple studies have demonstrated that older adults experiencing homelessness have age-related medical conditions, such as decreased mobility and cognitive decline, on par with housed counterparts who are 20 years older.³⁷ The average life expectancy of a person experiencing homelessness is estimated between 42 and 52 years, compared to 78 years in the general U.S. population.³⁸

³⁴ <https://endhomelessness.org/time-change-findings-sparc-study-race-homelessness/>

³⁵ See the Tool online at <https://www.hudexchange.info/news/new-coc-racial-equity-analysis-tool/>

³⁶ <http://www.seniornavigator.org/article/12426/special-concerns-elderly-who-are-homeless>

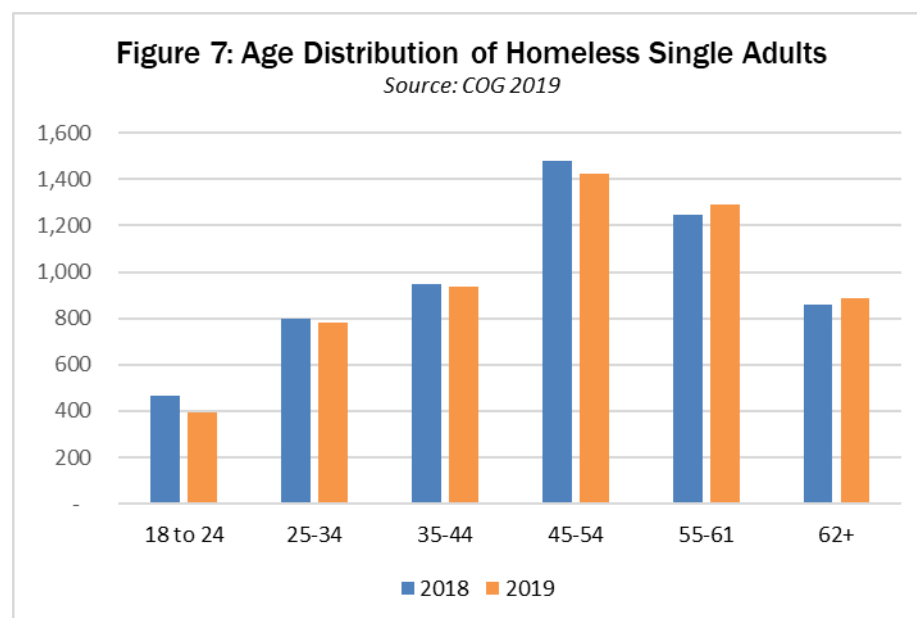
³⁷ Brown, R.T., Hemati, K., Riley, E.E., et al. Geriatric conditions in a population-based sample of older homeless adults. (2017). *Gerontologist*, 57(4), 757-766. Doi:10.1093/geront/gnw011. (n/u). As accessed in *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*, <https://www.aisp.upenn.edu/aginghomelessness/>

³⁸ National Coalition for the Homeless, *Health Care and Homelessness*, Accessed at <https://www.nationalhomeless.org/factsheets/health.html>

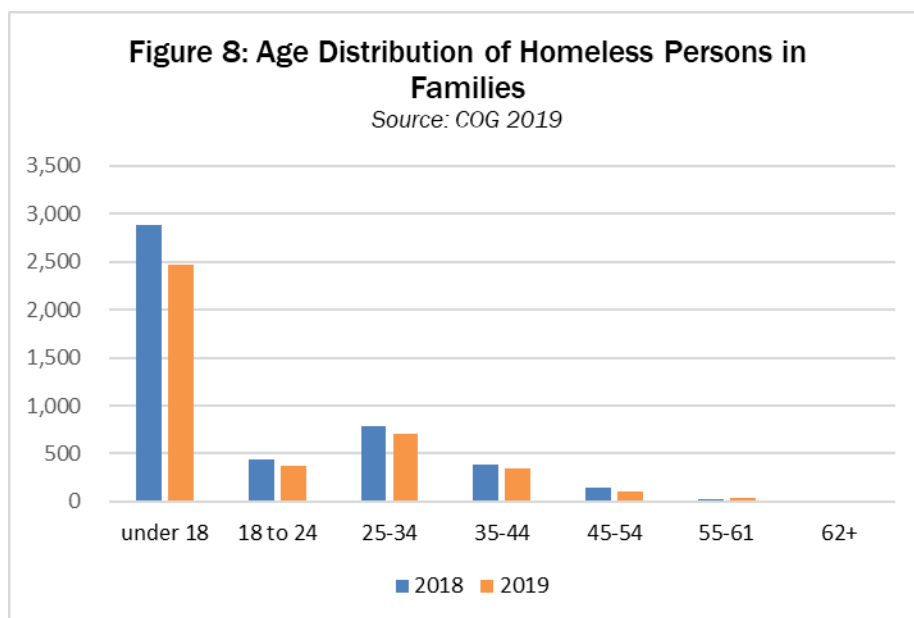
National demographic trends suggest that there will be a dramatic increase in the number of people age 65 or older as the Baby Boomer generation reaches retirement age. This means the region's policy makers and service providers may need to adjust their systems' approach to accommodate this growing segment 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 double between 2010 and 2050, when over 95,000 elderly persons are projected to be homeless."³⁹

In the metropolitan Washington region, 16 percent of persons in Households without Children (886 individuals) were over the age of 62, an increase of one percent from 2018, and 150 seniors were unsheltered, more than double the number counted in 2017 when 70 seniors without children were counted as unsheltered. For the third year in a row, the region counted seniors over the age of 80 experiencing homelessness in more than one CoC. A total of nine persons over 80 years old were experiencing homelessness on the night of the Point-in-Time count, three of whom were unsheltered. The two oldest seniors experiencing homelessness was 85 years old. The oldest unsheltered senior person was 83 years old.

Beginning in 2018, the nine-member CoCs in the metropolitan Washington region provided a more detailed age breakdown in the regional report in order to monitor these data more closely and determine how best to respond to changing demographic needs. Figures 7 and 8 illustrate the range of ages of people experiencing homelessness for the two years in which these data were collected regionally.



³⁹ 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



The number of facilities which are set aside to house seniors are limited; one example of an organization that serves seniors experiencing homelessness is So Others Might Eat (SOME) in the District of Columbia. It can temporarily house 42 seniors, but the need greatly exceeds the available beds.⁴⁰

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



A survey volunteer checks in for the 2019 PIT count in the District of Columbia. (COG)

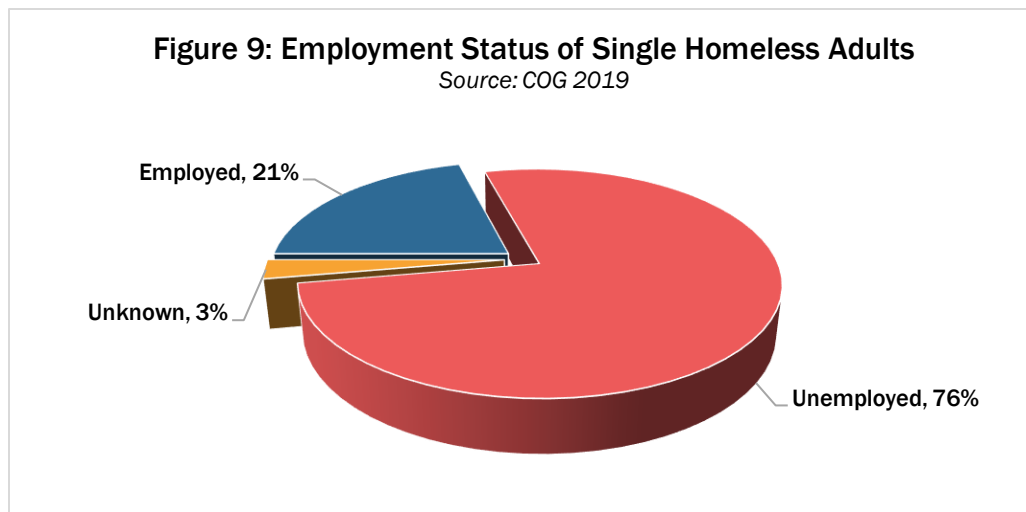
⁴⁰ Zelinsky, Alex., "Solving the Growing Health Needs of America's Elderly Homeless", Accessed at <https://thinkprogress.org/solving-the-growing-health-needs-of-americas-elderly-homeless-3814a6eca60d>

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 preliminary unemployment rate for February 2019 was 3.5 percent, compared to 4.1 percent for the nation. The region's unemployment rate decreased slightly, by 0.1 percentage points, from 3.6 percent in February 2018.⁴¹ 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 2009.⁴²

Among all adults experiencing homelessness – both single adults and adults in families – 21 percent are employed; employment status could not be determined for three percent. The rates of employment vary by household type; Figures 9 through 11 illustrate the employment status (including full- and part-time employment) for homeless single adults and homeless adults in families throughout the region. Also included are percentages for people experiencing homelessness for whom employment status was unknown.

Similarly, approximately 21 percent of single adults experiencing homelessness are employed, which remains unchanged since 2016 (Figure 9). 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.

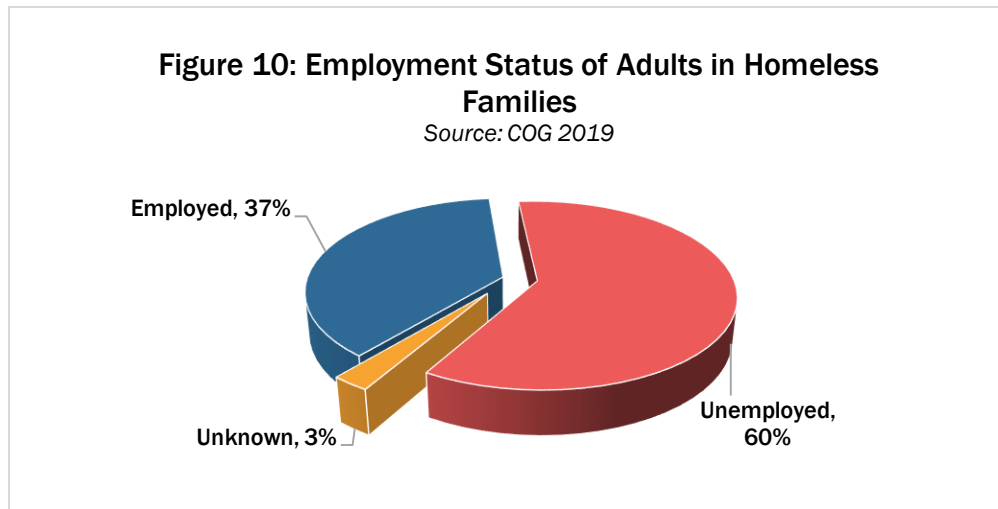


Data from the 2019 enumeration suggests that 37 percent of all homeless adults in families with children are employed (Figure 10), but the picture varies significantly by jurisdiction.

⁴¹ <https://www.bls.gov/web/metro/laummtrk.htm>

⁴² 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.

In the City of Alexandria, for example, 71 percent of these adults are employed, compared to 29 percent in the District of Columbia (Figure 9). Approximately 60 percent of adults in these families region-wide are unemployed and employment status is unknown for three percent.



Although the total numbers are small (two percent), 40 children in homeless families were employed on the night of the enumeration. Only two unaccompanied minors in the region's Households with Only Children were employed on the day of the PIT. This is attributed to the youths' age, levels of employability, and housing status.

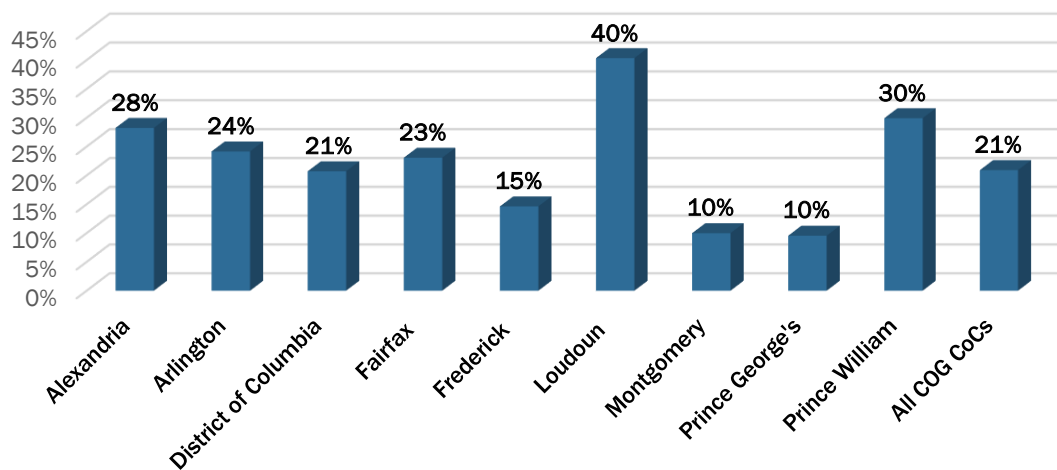
While metropolitan Washington has a lower unemployment rate compared to other national metropolitan areas, it remains one of the country's most expensive areas in which to live. In a region where housing prices are rising faster than wages, the lowest income workers face tremendous pressures. The reality is stark for the region's homeless households as evidenced in the following charts.

Figure 11 (following page) 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 five years, although rates have varied for individual jurisdictions. For example, Arlington County's single adult employment percentage increased from 16 percent in 2018 to 24 percent in 2019. The lower observed rates of employed single adults experiencing homelessness is in part due to the high rate (42 percent) of persons who reported having a disability or chronic health condition, which may prevent employment.

In contrast, in seven of nine local jurisdictions, more than 40 percent of adults in family households are employed (Figure 12). Several CoCs experienced gains since the 2017 PIT, such as Montgomery County (12 percent increase), the District of Columbia (8 percent), Frederick County (12 percent), Prince William and Prince George's counties, which both recorded a seven percent increase in 2018.

Figure 11: Employed Single Homeless Adults

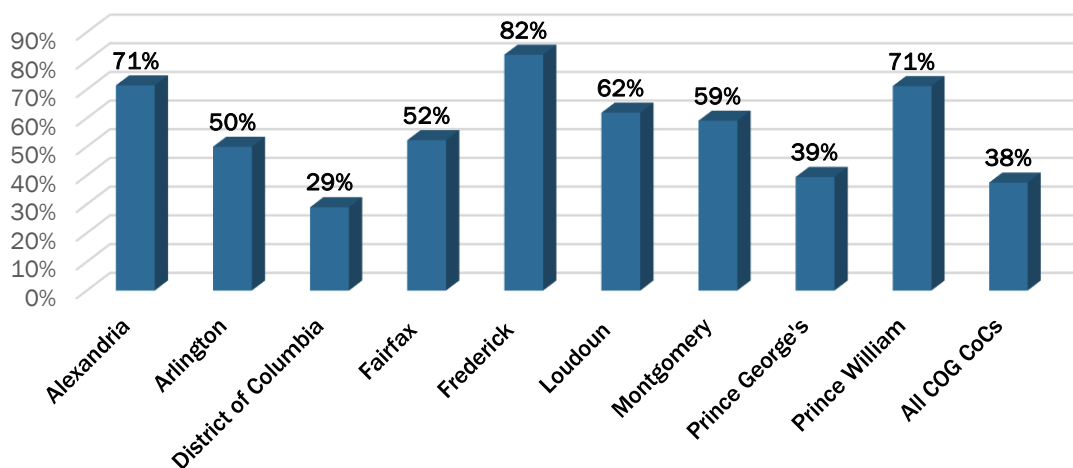
Source: COG 2019



As a region, the percentage of employed adults in families remained the same as 2018 (38 percent). Improving the employment picture for some of the region's most vulnerable residents remains challenging, but CoCs will continue efforts to increase residents' earned income as a critical component for long-term housing stability. The availability of living wage jobs remains a key obstacle to ending homelessness, even for those individuals who are already employed.

Figure 12: Employed Adults in Homeless Families

Source: COG 2019



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 2019, 79 percent of adults in families reported having income, but only 55 percent of single adults reported income.

Over half (55 percent) of all homeless adults report having some form of monthly income. Among single adults experiencing homelessness, 32 percent reported that employment wages and salaries were their primary source of income (see Figure 13). The next largest sources of primary income following employment were: disability (such as Supplemental Security Income), followed by public assistance, retirement (such as Social Security), and last, other sources of income.

Similarly, among homeless adults in families, nearly half (46 percent) reported the primary source of income being from employment. However, a smaller proportion of families (38 percent) reported public assistance was their primary source of income. Public assistance supports a much larger number of families than single individuals experiencing homelessness.

Figure 13 illustrates the primary source of income for the 3,037 single adults experiencing homelessness who provided this information; Figure 14 represents the responses from 1,252 adults in homeless families.

Figure 13: Source of Income for Homeless Single Adults

Source: COG 2019

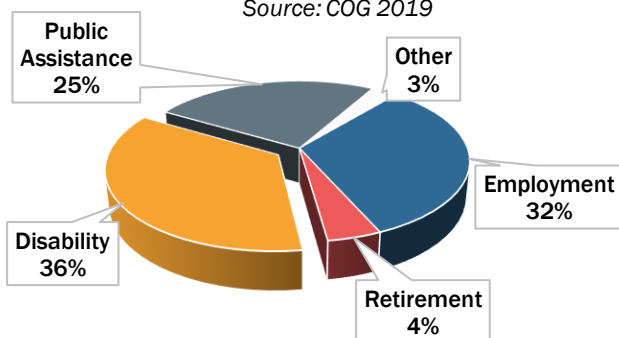
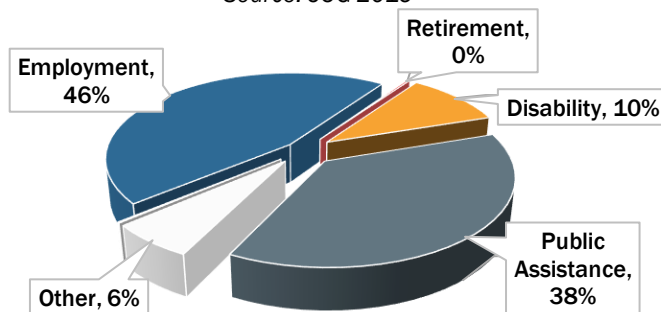


Figure 14: Source of Income for Homeless Adults in Families

Source: COG 2019



UNSHELTERED HOMELESSNESS

On January 23rd, outreach workers and volunteers for the region's Continuum 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 2019 count, 1,077 persons (approximately 11 percent of the region's 9,794 persons experiencing homelessness on the night of the PIT) were unsheltered. Of these, 1,076 were single adults, and one person was a child from a Households with Only Children. No families were unsheltered during the 2019 Point-in-Time enumeration. The 1,076 unsheltered single persons counted is lower than the number of unsheltered adults in Households without Children counted in 2018 (eight percent decrease). Overall, regional homelessness among unsheltered single adults remained essentially unchanged (difference of only four persons) during the period between 2015 and 2019.

The fluctuations in the unsheltered count may be attributed to a variety of factors. Typically, the number of individuals counted residing in areas unfit for human habitation can depend on weather conditions, the number of surveyors employed for the count, and methodology (complete coverage or sampling.) A number of CoCs in the region have been engaged in vigorous efforts to house chronically homeless individuals, which may have attributed to decreases recorded in some jurisdictions. In 2019, the weather was unseasonably warm, with temperatures recorded as a high of 52 degrees late in the evening on January 23, 2019.⁴³ This may have influenced the number of persons who sought shelter on the night of the PIT.

The variation in the unsheltered count by year makes discernment of a real trend difficult. This is represented graphically in Figure 13. 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.

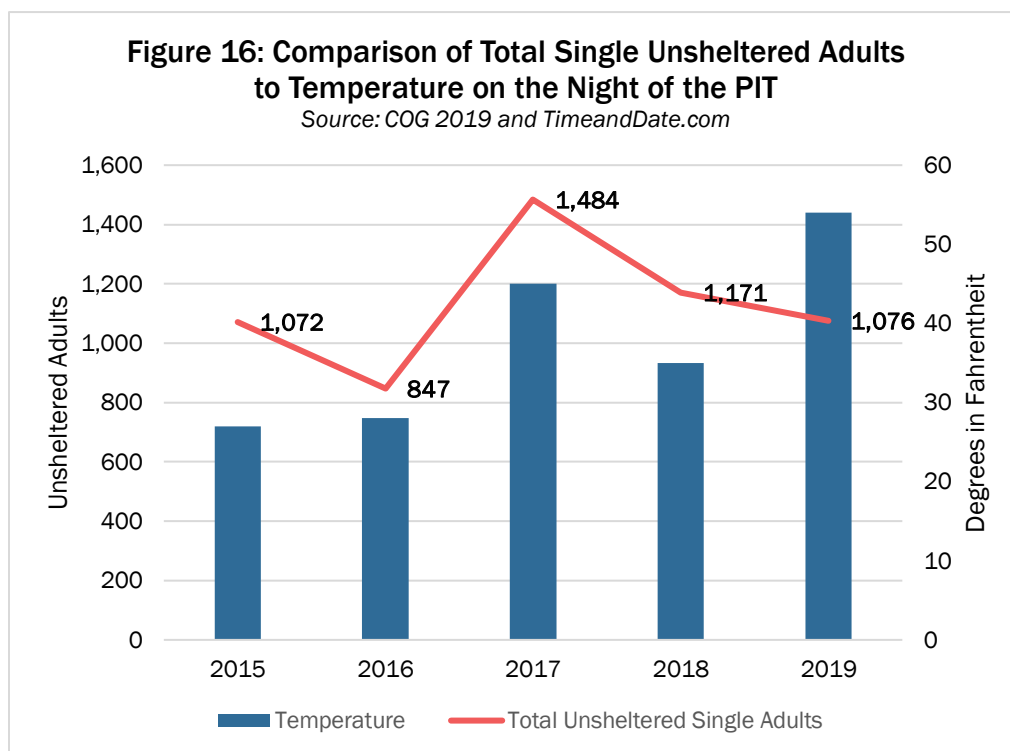
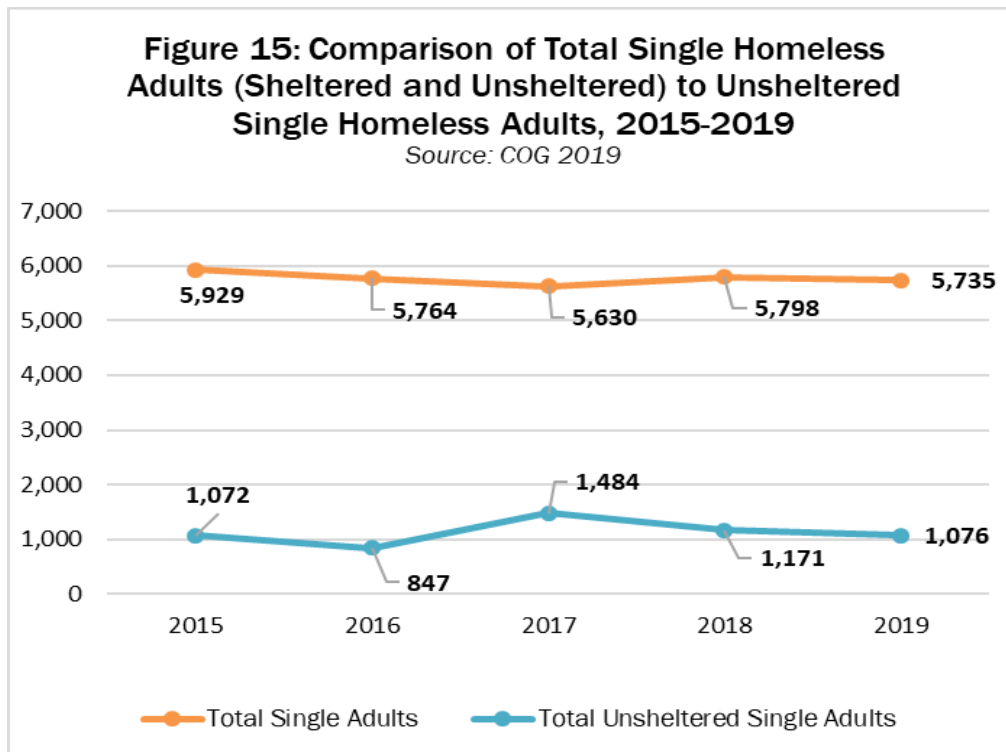


January 23, 2019. The PIT count takes place from sunup to sundown. (Dan Gross, *The Frederick News-Post*.)

Figure 14 indicates that while in some years there may be a stronger correlation between weather conditions and people experiencing homelessness in places not meant for human habitation, in

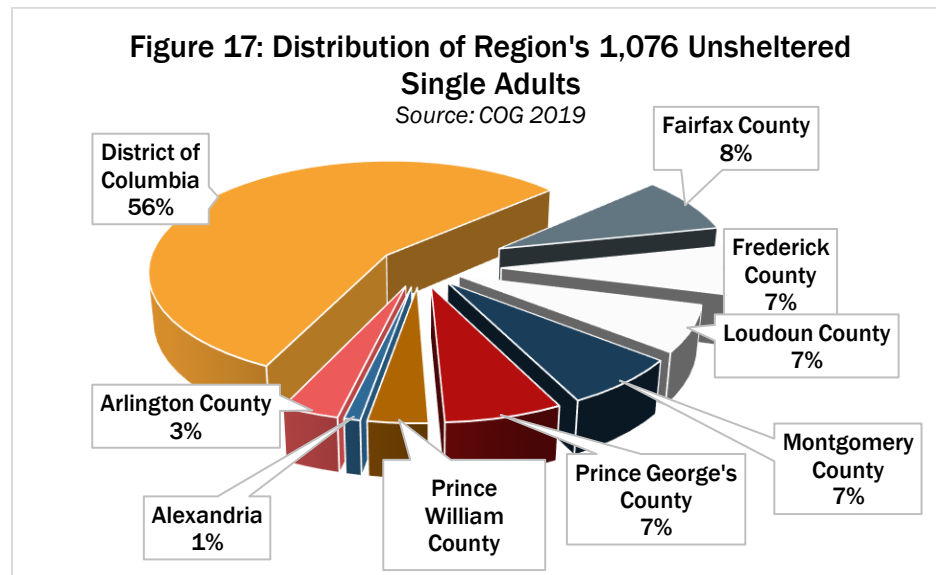
⁴³ <http://www.accuweather.com/en/us/washington-dc/20006/month/327659?monyr=1/01/2017>

2019 the graph suggests that other factors may have made a greater impact on the unsheltered count.



Distribution of the Region's Unsheltered Homeless Single Adults

Where are people experiencing homelessness outside the shelter system in the metropolitan Washington region? Figure 17 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 56 percent of the region's unsheltered homeless single adults. This figure, while representing a slight increase from 2018, remains below 60 percent of the region's total recorded in 2017.



As in 2018, five of nine CoCs recorded reductions in their unsheltered counts from 2018 to 2019, while four noted increases. Overall, the region counted eight percent fewer unsheltered single adults in 2019 than in 2018. The largest reduction during this one-year period was recorded in Prince William County (73 fewer persons); the largest increase during the same period was in Loudoun County (an increase of 47 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, although a pattern in the findings is less clear. During the counts from 2015 to 2019, five of nine jurisdictions recorded reductions in their unsheltered counts.

The City of Alexandria recorded the greatest decline in its rate (57 percent) although this represents a difference of 13 fewer people counted in 2019 than in 2015. Prince William County experienced a similar rate of reduction (56 percent) and counted 47 fewer unsheltered individuals in 2019 than in 2015. Prince George's County counted a similar number (40 fewer unsheltered persons) representing a 35 percent decrease between 2019 and 2015. The District of Columbia recorded the greatest increase in the number of unsheltered single adults experiencing homelessness (63), followed by Fairfax County (21 more individuals). Loudoun and Frederick Counties noted a similar increase of 33 and 18 additional individuals respectively. Overall, the region's percentage of

unsheltered homeless single adults decreased slightly by one percent from 2015 to 2019. Table 8 presents the number and percentage of single adults experiencing homelessness by CoC from 2015 to 2019. Table 9 represents the percentage of each individual jurisdiction's literally homeless population that was unsheltered during the same period.

TABLE 8: Comparison of Unsheltered Single Adults By Jurisdiction, 2015-2019							
Jurisdiction	2015	2016	2017	2018	2019	Change in Number of Persons 2015 - 2019	Percent Change 2015 - 2019
City of Alexandria	23	12	18	15	10	-13	-57%
Arlington County	39	19	33	35	36	-3	-8%
District of Columbia	544	318	897	599	607	63	12%
Fairfax County	68	74	105	86	89	21	31%
Frederick County	60	129	103	84	78	18	30%
Loudoun County	38	19	16	24	71	33	87%
Montgomery County	103	96	126	133	75	-28	-27%
Prince George's County	113	97	73	85	73	-40	-35%
Prince William County	84	83	113	110	37	-47	-56%
TOTAL	1,072	847	1,484	1,171	1,076	4	0%

Source: COG 2019

It is important to note that although the majority of individuals who are unsheltered are single adults, there was one child (unaccompanied minor) counted as unsheltered on the night of the 2019 Point-in-Time enumeration. No families with children were counted as unsheltered on the night of the 2019 enumeration, unlike the previous four years.

TABLE 9: Unsheltered Single Adults As A Percentage of Total Homeless By Jurisdiction, 2015 - 2019					
Jurisdiction	2015	2016	2017	2018	2019
City of Alexandria	9%	5%	7%	7%	5%
Arlington County	16%	11%	16%	16%	17%
District of Columbia	7%	4%	9%	9%	9%
Fairfax County	6%	7%	9%	9%	9%
Frederick County	19%	37%	27%	27%	27%
Loudoun County	23%	14%	18%	18%	42%
Montgomery County	9%	10%	16%	16%	12%
Prince George's County	18%	18%	18%	18%	16%
Prince William County	21%	21%	29%	29%	13%
TOTAL	9%	7%	13%	11%	11%

Source: COG 2019

CHRONIC HOMELESSNESS

The nine CoCs in the region are working to reduce the number of residents who are considered chronically homeless. 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, as of 2015, persons under the age of 18 who are heads of household, including unaccompanied youth and parenting youth, may be counted as chronically homeless.

Numerous studies⁴⁴ have found that housing chronically homeless individuals helps these individuals lead a more stable and independent life, can achieve significant reductions in the overall numbers of people experiencing homelessness and may help communities reduce public expenditures, particularly for the most frequent users of medical, judicial, and other emergency services. For example, one study, completed by the University of California Irvine in June 2017⁴⁵, found that the costs incurred by a chronically homeless person can be cut in half (from an average of \$35,500 per year) when a chronically homeless person is provided with permanent supportive housing. However, it is worth noting that the cost of homelessness declines when someone experiencing homelessness is housed, whether someone has experienced multiple episodes of homelessness or not.

TABLE 10: Chronically Homeless Single Adults By Jurisdiction, 2015 – 2019						
<i>Source: COG 2019</i>						
Jurisdiction	2015	2016	2017	2018	2019	Percent Change 2015 - 2019
City of Alexandria	48	47	43	57	38	-21%
Arlington County	68	41	63	57	74	9%
District of Columbia	1,593	1,501	1,470	1,586	1,374	-14%
Fairfax County	203	146	150	171	213	5%
Frederick County	89	133	72	39	37	-58%
Loudoun County	20	16	15	22	37	85%
Montgomery County	156	145	158	124	11	-93%
Prince George's County	34	20	28	26	12	-65%
Prince William County	60	47	76	31	19	-68%
All COG CoCs	2,271	2,096	2,214	2,113	1,815	-20%

⁴⁴<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>

⁴⁵ <https://www.unitedwayoc.org/wp-content/uploads/2017/08/united-way-cost-study-homelessness-2017-report.pdf>

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.⁴⁶

Chronically Homeless Single Adults



A survey volunteer looks behind a building for anyone who might be sleeping outside on the night of January 23, 2019 in Arlington County. (Arlington County Department of Human Services.)

Nineteen percent of the region's literally homeless population were chronically homeless single adults on the night of the PIT count in 2019. This represents a slight one percent decrease from 2018 when 20 percent of the region's total literally homeless population were chronically homeless single adults on the night of the PIT count. Among all single adults experiencing homelessness, however, the incidence of being chronically homeless is much higher -- 31 percent.

Six of the nine jurisdictions experienced decreases in their chronically homeless single counts since 2018 as well as between 2015 and 2019. The two jurisdictions with the greatest reductions in total persons counted as chronically homeless single adults since 2018 are the District of Columbia (212 fewer persons) and Montgomery County (113 fewer persons). This represents a 14 percent decrease in the number of chronically homeless single adults in the District of Columbia and a 93 percent reduction in Montgomery County between the 2015 and 2019 PIT counts.

Three jurisdictions experienced an increase in the number of chronically homeless single adults

from 2018, counting an additional 74 persons; Fairfax County had the largest increase with 42 additional persons counted, followed by Arlington County (17 additional chronically homeless individuals counted). The region's CoCs attribute the slight increase in the number of residents counted as chronically homeless from 2018 to 2019 primarily to a lack of affordable housing options, particularly permanent supportive housing, to enable more residents to exit homelessness and remain stably housed. Another contributing factor to this year's rise in three CoCs is that although permanent supportive housing is prioritized for persons considered chronically homeless, those who are not chronically homeless or who don't have access to this resource may become chronically homeless as they wait for a permanent housing option to become available. It is important to note that PIT data is self-reported, and persons who may disclose being chronically homeless, upon further investigation, may not meet HUD's definition.

⁴⁶ Stefan G. Kertesz, M.D., Travis P. Baggett, M.D., M.P.H., James J. O'Connell, M.D., David S. Buck, M.D., M.P.H., and Margot B. Kushel, M.D., "Permanent Supportive Housing for Homeless People – Reframing the Debate", *New England Journal of Medicine* 2016; 375:2115-2117 December 1, 2016 DOI: 10.1056/NEJMp1608326. Accessed April 14, 2017 at <http://www.nejm.org/doi/full/10.1056/NEJMp1608326#t=article>

Overall, the region has worked successfully to decrease the number of chronically homeless single adults since 2015. The regional 20 percent reduction reflects the region's efforts to permanently house residents who may be among the most vulnerable due to having a disabling condition and experiencing the trauma of multiple episodes of homelessness.

One resource that has proven successful housing chronically homeless single adults is HUD-VASH vouchers (U.S. Department of Housing and Urban Development and Veterans Administration Supportive Housing). These vouchers provide rental support for veterans. An important region-wide strategy is the use of a coordinated entry system and a by-name list to prioritize housing for the most vulnerable residents. Several of the region's CoCs also attribute success in reducing the number of persons experiencing chronic homelessness during the longer period between 2015 and 2019 to participation in several successive nation-wide campaigns, such as Built for Zero and the successful precursor effort, Zero: 2016.⁴⁷ Montgomery County created its own campaign, called Inside/Not Outside in its efforts to end the experience of chronic homelessness during 2018 in the county.⁴⁸ Those efforts have continued into 2019 and contributed to the County's impressive 93 percent reduction in the number of individuals counted as chronically homeless between the 2015 and 2019 enumerations.

Table 11 provides the sheltered status breakdown of the chronically homeless single adults counted as part of the 2019 Point-In-Time Enumeration. Most chronically homeless residents suffer from severe physical health and mental health-related impediments. Health impediments may include

TABLE 11: 2019 Shelter Status of Chronically Homeless Single Adults				
<i>Source: COG 2019</i>				
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	38	30	8	21%
Arlington County	74	42	32	43%
District of Columbia	1,374	1,063	311	23%
Fairfax County	213	157	56	26%
Frederick County	37	21	16	43%
Loudoun County	37	15	22	59%
Montgomery County	11	9	2	18%
Prince George's County	12	12	0	0%
Prince William County	19	15	4	21%
All COG CoCs	1,815	1,364	451	25%

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

⁴⁷<https://www.community.solutions/what-we-do/built-for-zero>

⁴⁸ <https://www.montgomerycountymd.gov/homelessness/InsideNotOutside.html>

physical disabilities and substance use disorders. The problem is more acute when individuals suffer from multiple challenges. To provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals are adequately

screened and diagnosed. Additionally, in many cases, people need medical assistance and/or other regimented methods of care and counseling. People may not immediately respond to the care they receive, or their care may be required for the remainder of their lives. In such instances, proper case management services are essential.

Chronically Homeless Families

Most chronically homeless families across the region reside in emergency and/or winter shelters. There were 111 chronically homeless families (or 355 total persons in families) counted in the region in 2019, an increase from the 66 families (229 adults and children) counted in chronically homeless families in 2018. In 2019, two CoCs (City of Alexandria and Montgomery County) did not count any chronically homeless families. None of the chronically homeless families were unsheltered on January 23, 2019.

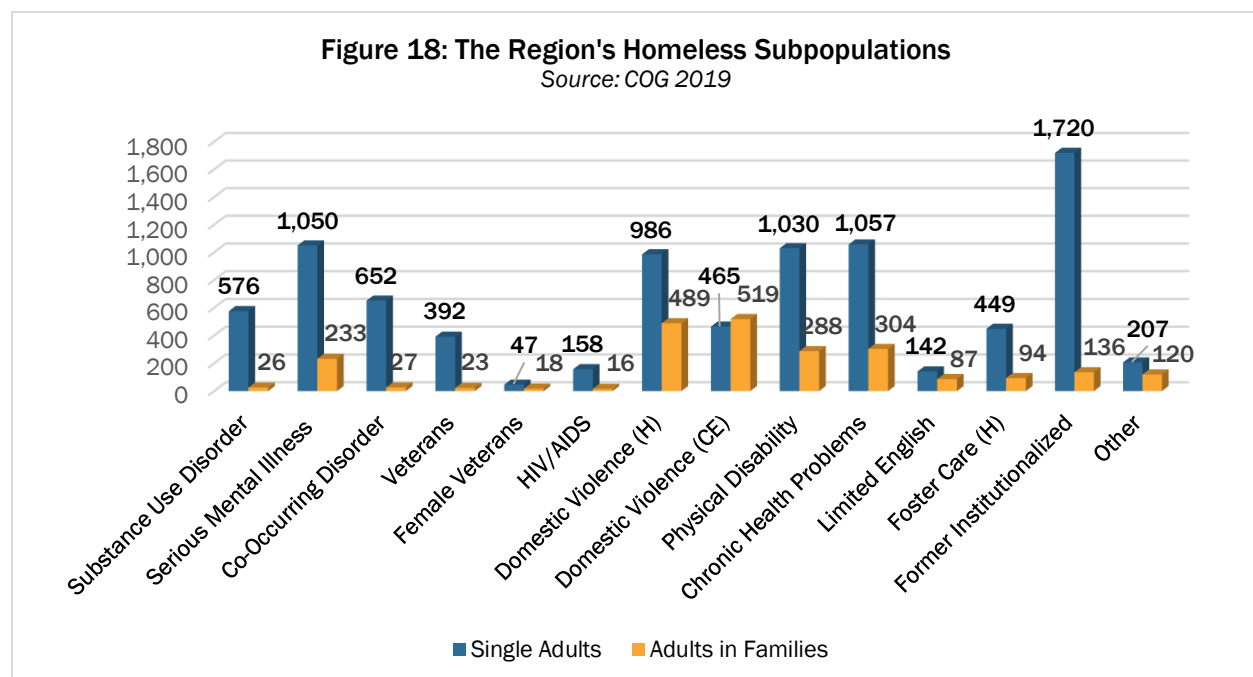


2019 Point-in-Time surveyors Brad Petersen and Chelsea Powell look for people to interview who may be living unsheltered during the January enumeration in Frederick. (Dan Gross, *The Frederick News-Post*)

SUBPOPULATIONS

According to the 2019 enumeration, a number of the region's residents experiencing homelessness suffer 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 persons experiencing homelessness is similar among all CoCs in the region. Nationally, conservative estimates say 25 percent of people experiencing homelessness suffers from some form of severe mental illness⁴⁹, compared to only four percent who suffer from serious mental illness in the general population overall.⁵⁰

Further, the experience of homelessness can cause or exacerbate poor mental health – the stress of being without housing can contribute to anxiety, depression, sleeplessness, or lead to substance abuse.⁵¹ During the 2019 enumeration, as in 2018, 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 work regularly with partner institutions like correctional facilities and hospitals to ensure there is better coordination for discharge planning to avoid placing individuals directly into homelessness. This can become an insidious revolving door as a person cycles between homelessness and incarceration, or the hospital emergency room, with significant negative consequences for the individual as well as for the larger community. 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 history of domestic



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

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

50 http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf

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

violence trauma, followed by a co-occurring disorder (people who suffer from a substance use disorder and mental illness).

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-seven percent of the adults in families who responded in the subpopulation categories indicated having experienced domestic violence in the past, and a slightly greater proportion of respondents, 29 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 18 (previous page). Regionally, the number of single adults who were homeless as a result of a current episode of domestic violence (DV-CE) continued to increase in 2019 (465 persons), 87 more people than in 2018 and 189 more than in 2016. This may be due in part to increased capacity in some CoCs to serve victims fleeing domestic violence. However, the number of single adults (986) who were identified as having a history of domestic violence at any time (DV-H) is higher (17 percent) than the number of single adults whose current episode of homelessness was caused by domestic violence (8 percent).

Homeless Veterans



Veterans Stand Down and Homeless Resource Day in Prince George's County, MD. (Maryland GovPics)

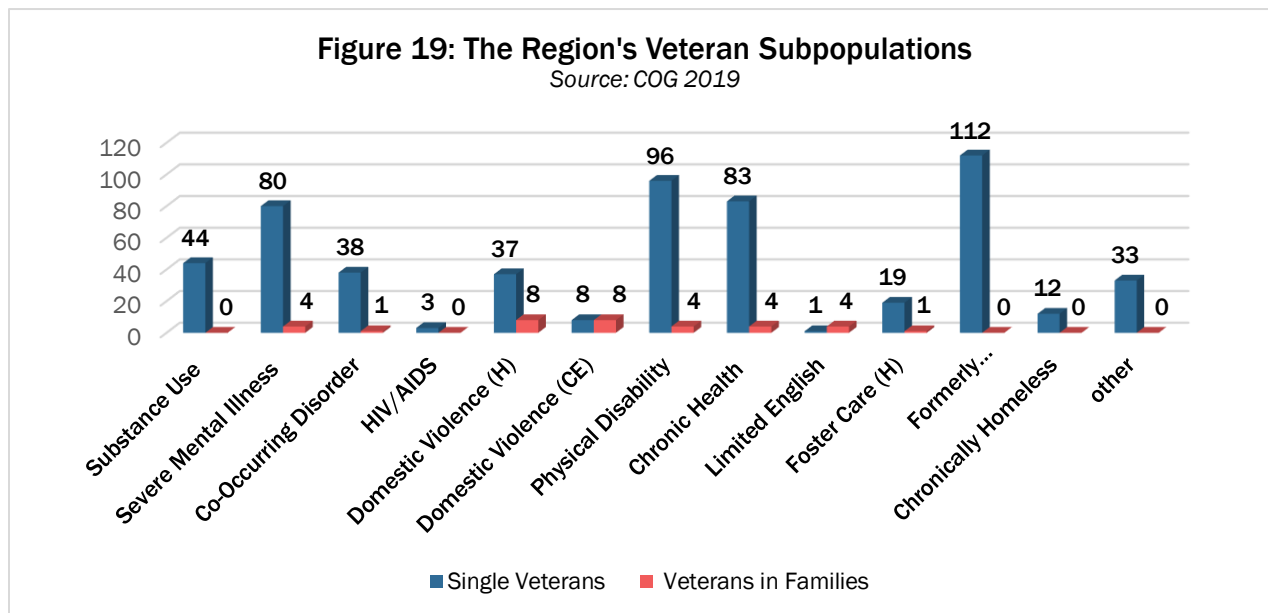
Veterans are another subset of the homeless population tracked by HUD and the U.S. Department of Veterans Affairs (VA). This is the sixth year that the region's CoCs collected separate data on single adult homeless veterans as well as homeless veterans in families to better understand this subpopulation.

Nationally, as of 2018 (the year for which the most recent data are available), veterans represent approximately seven percent of the total number of persons experiencing homelessness.⁵² In contrast, in the metropolitan

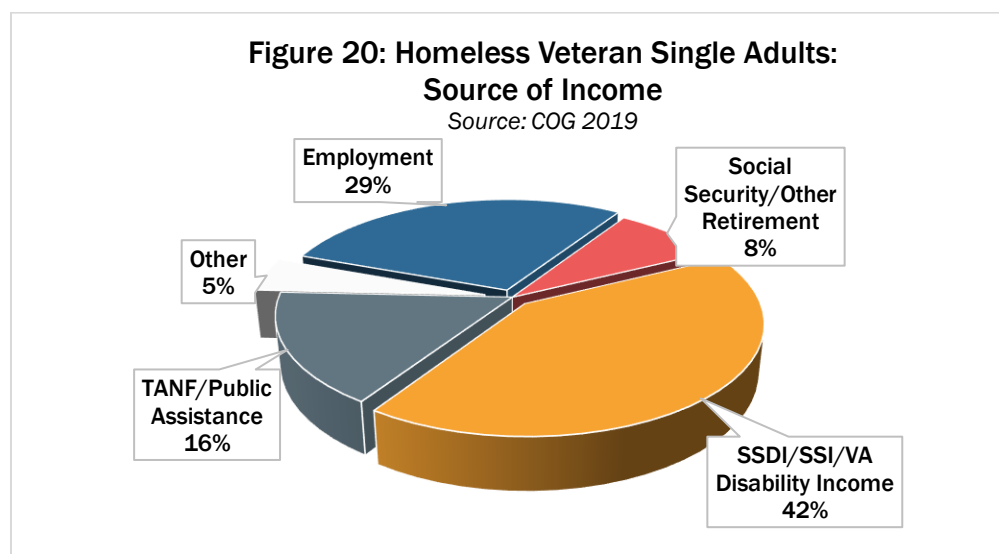
Washington region, four percent of veterans were experiencing homelessness as of the PIT count in 2019, which remains unchanged since 2016. Of the total 415 self-reported veterans experiencing homelessness in the 2019 enumeration, 65 were women (16 percent). Figure 18 (previous page) graphically represents 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

⁵² As of the 2016 Point-in-Time Count. See <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>

disorders and severe mental illness, or co-occurring disorders, as shown in Figure 19. However, veterans in Households without Children were more likely than others to have chronic health problems or a physical disability.



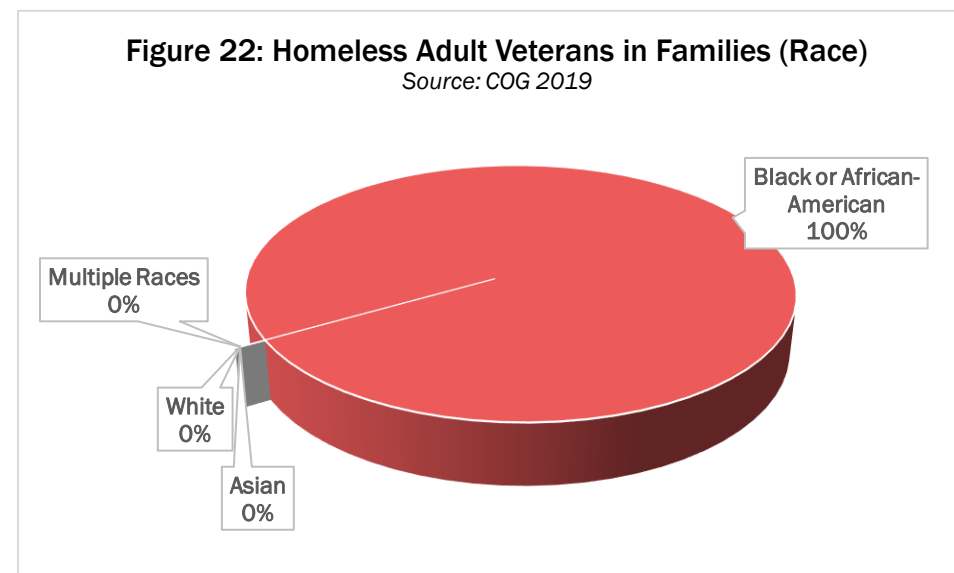
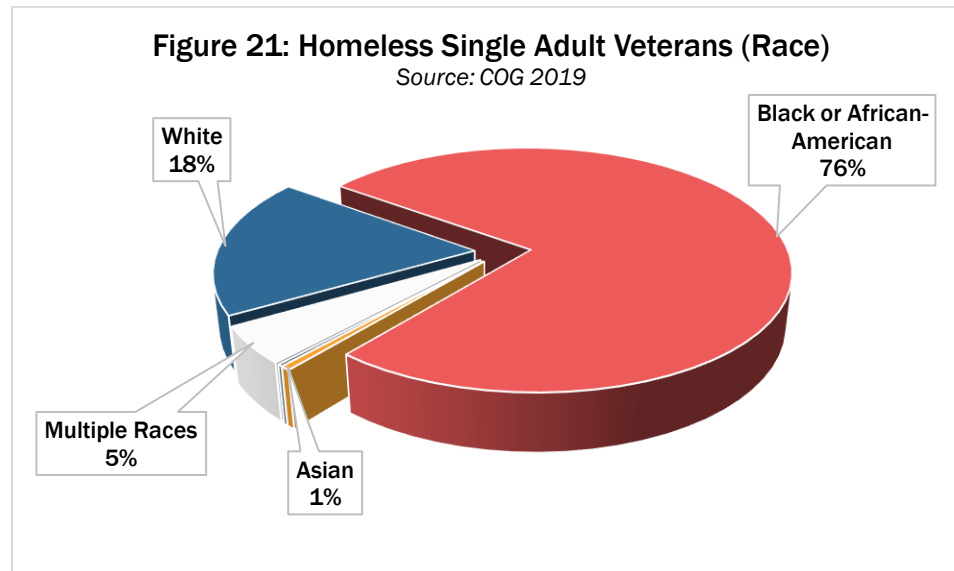
For those single veterans who reported having income in 2019, 29 percent reported that employment was the primary source of income. The likelihood of having a disability is reflected in the veteran populations' source of income; 42 percent of veterans with income noted SSVI/SSI/VA disability and retirement as their primary source of income, as shown in Figure 20.



The majority of homeless veterans who reported their race selected Black or African-American (76 percent of single adults and 100 percent of adults in families). It is important to note that the total numbers of adult veterans in families is small (23 persons) compared to the total number of single

veterans (392) who reported their racial identity. White veterans made up the next largest group, with 18 percent. This remains essentially unchanged from 2018.

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



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

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

Seven of nine CoCs reported small reductions in the number of veterans experiencing homelessness from 2018 to 2019. For example, Prince William County recorded 14 fewer homeless veterans in 2019 than 2018, followed by the District of Columbia with nine fewer veterans. Montgomery and Frederick Counties both recorded reductions of five veterans each. Those CoCs which did not record reductions measured increases in relatively small numbers as well. Fairfax County had the greatest one-year increase in the number of veterans experiencing homelessness (nine persons) and Arlington County counted two additional veterans in 2019 than in 2018.

However, the longer-term trend as shown in Table 12 demonstrates that during the period of 2015 to 2019, every CoC reduced its incidence of veterans experiencing homelessness and the region reduced the number of veterans experiencing homelessness by 28 percent. 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 between the 2015 and 2019 enumerations. Not all jurisdictions have access to these programs, however. For example, Loudoun County received its first-ever allocation of five VASH vouchers in 2018.

TABLE 12: Homeless Veterans By Jurisdiction, 2015 - 2019							
Jurisdiction	2015	2016	2017	2018	2019	Change in Persons 2015 - 2019	Percent Change 2015 - 2019
City of Alexandria	12	5	6	8	7	-5	-42%
Arlington County	19	5	10	8	10	-9	-47%
District of Columbia	408	350	285	306	297	-111	-27%
Fairfax County	46	37	34	33	42	-4	-9%
Frederick County	13	12	10	9	4	-9	-69%
Loudoun County	6	4	6	6	4	-2	-33%
Montgomery County	24	17	14	18	13	-11	-46%
Prince George's County	34	26	21	29	28	-6	-18%
Prince William County	18	28	22	24	10	-8	-44%
TOTAL	580	484	408	441	415	-165	-28%

Source: COG 2019

Transition Age Youth

Beginning in 2015, as required by HUD, the region's CoCs collected demographic information on persons experiencing homelessness who are considered young adults, or Transition Age Youth (TAY). Transition Age Youth are between the ages of 18 and 24 and face 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.⁵³

⁵³ <http://youth.gov/youth-topics/transition-age-youth>

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.⁵⁴

In 2019, the region counted 678 persons who were between the ages of 18 and 24, representing seven percent of the total literally homeless population and 15 percent of the total persons in homeless families. Similar to 2018, persons who fit this age category were more likely to be single adults than adults in families; 59 percent of all homeless adults in TAY households were single young adults. Similar to other homeless families, 53 percent of persons in homeless TAY families were children.

TABLE 13: Homeless Transition Age Youth (TAY) By Jurisdiction: 2019

Jurisdiction	Single Adults (TAY)	TAY (Adults only) in Families	Total
City of Alexandria	5	4	9
Arlington County	6	4	10
District of Columbia	258	231	489
Fairfax County	48	22	70
Frederick County	19	1	20
Loudoun County	18	2	20
Montgomery County	20	2	22
Prince George's County	18	13	31
Prince William County	5	2	7
TOTAL	397	281	678

Source: COG 2019

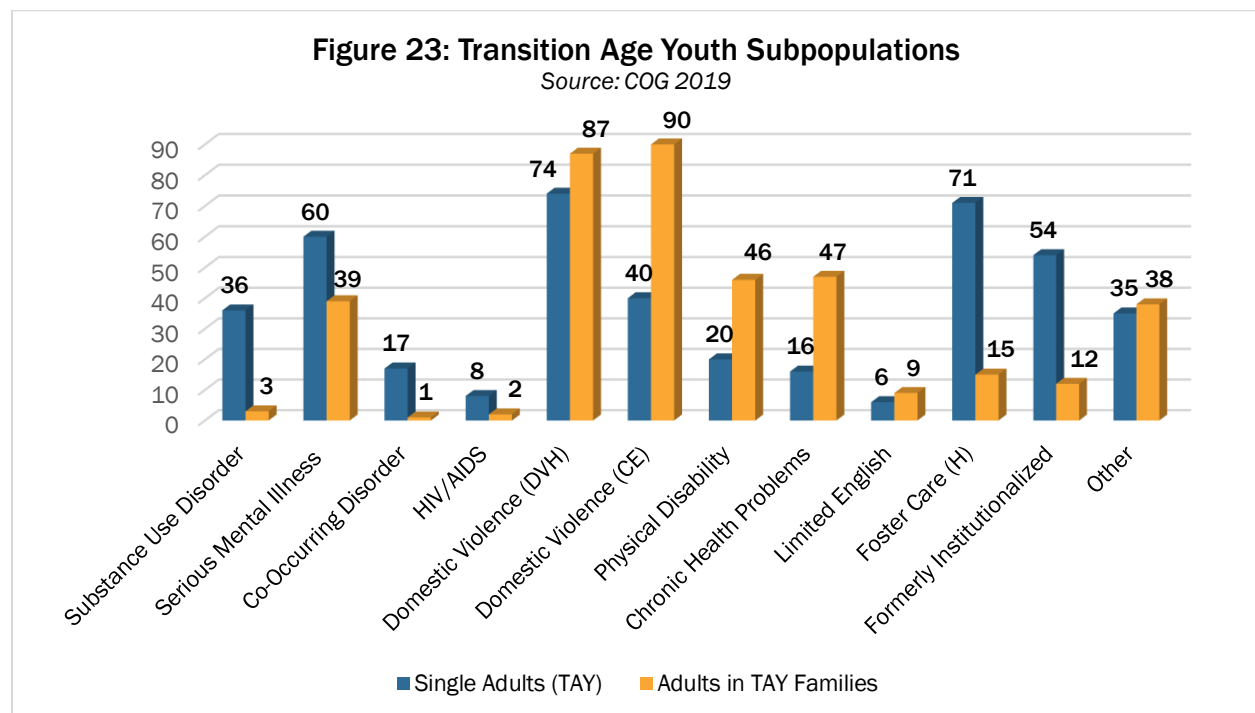
TABLE 14: Homeless Single Transition Age Youth (TAY) By Jurisdiction: 2015 -2019

Jurisdiction	2015	2016	2017	2018	2019	Change in Persons 2015 - 2019
City of Alexandria	6	8	4	7	9	3
Arlington County	5	6	3	2	10	5
District of Columbia	193	201	223	309	489	296
Fairfax County	52	43	46	51	70	18
Frederick County	18	16	21	19	20	2
Loudoun County	7	4	10	7	20	13
Montgomery County	27	24	32	29	22	-5
Prince George's County	15	22	20	21	31	16
Prince William County	20	11	16	18	7	-13
TOTAL	343	335	375	463	678	335

Source: COG 2019

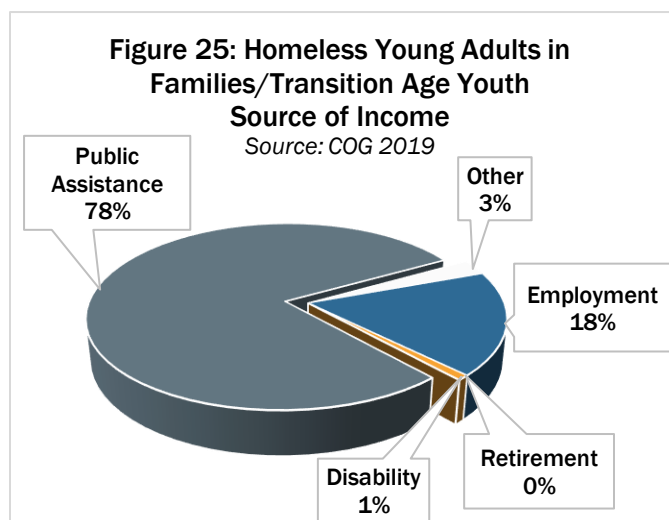
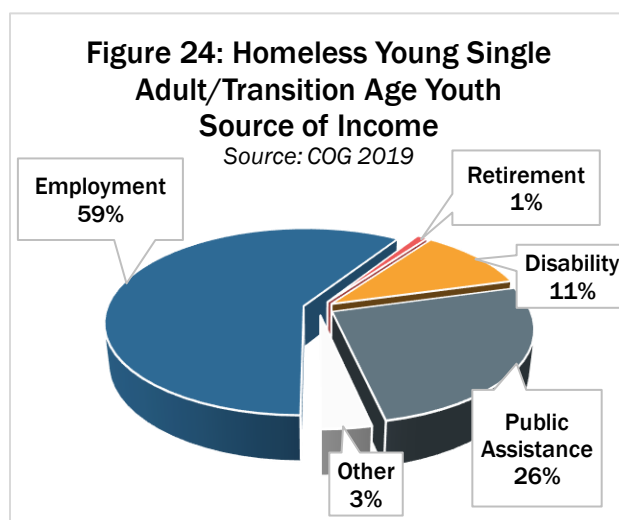
⁵⁴ <https://www.nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/>

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 involvement (Figure 23). Like the larger adult single homeless population, they were also likely to have been formerly institutionalized and to have experienced trauma in the form of domestic violence.



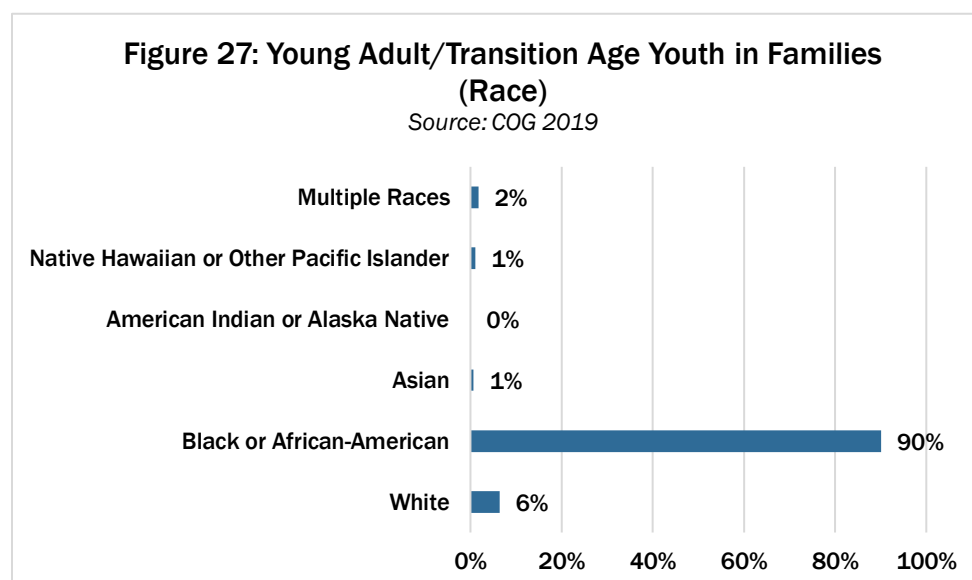
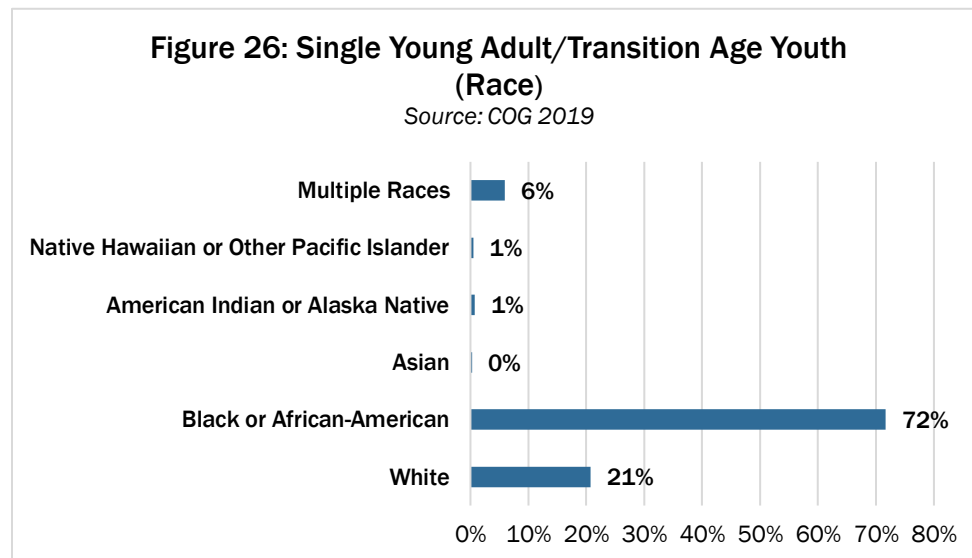
Homeless adults in TAY families were most likely to have experienced domestic violence which led to their current experience of homelessness on the night of the count, followed by having experienced domestic violence in the past. This is shown in Figure 23 above.

Transition Age Youth, or young adults in Households without Children who report having income were most likely (59 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 reported their primary source of income from public assistance, such as TANF (Temporary Assistance for Needy



Families). Just under 20 percent of adults in TAY families' primary form of income was from employment. The next largest category of income for single adult TAYs was from public assistance at 26 percent, followed by disability income (11 percent). See Figures 24 and 25.

Reflecting the same characteristics as the larger homeless population, most single TAY adults who reported their race selected Black or African-American (72 percent) as well as adults in TAY families (90 percent). White Transition Age Youth made up the next largest group, with 21 percent of single adult TAYs and six percent of adult TAYs in families. These percentages have remained essentially unchanged since 2016.



SHELTER FACILITIES AND PERMANENT HOUSING SOLUTIONS

The metropolitan Washington region's multi-faceted CoC model focuses heavily on providing permanent housing solutions while continuing to provide emergency shelter for those facing an immediate housing crisis. The model for assisting persons experiencing homelessness has evolved due to the recognition that it is difficult to adequately address the systemic and personal problems that many people without permanent housing have with the emergency shelter-based model. Emergency shelters cannot provide the intensive longer-term assistance people experiencing homelessness may 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 2019 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.

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

Between 2015 and 2019, the region added 2,226 permanent supportive housing beds to its year-round facility inventory. This represents a 26 percent increase since 2015.

The region reflected 3,715 more rapid re-housing beds in use on the night of the PIT 2019 than in 2015, bringing the total inventory of permanent supportive housing and rapid re-housing beds to 18,493. Rapid re-housing beds, as reflected in the Point-in-Time count, however, are a more fluid intervention and are different than permanent supportive housing which typically has a designated number of beds. A better representation of Rapid Re-housing bed utilization would review the number of people served during a year.

Beds categorized as "other permanent housing" also represent another significant source of permanent housing. The region's increased supply of permanent housing is consistent with the national initiative to use a Housing First⁵⁵ 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 10,193 emergency, seasonal and overflow beds in 2019, representing a decrease of 632 beds since 2018 and a decrease of 13 percent of beds since 2015.

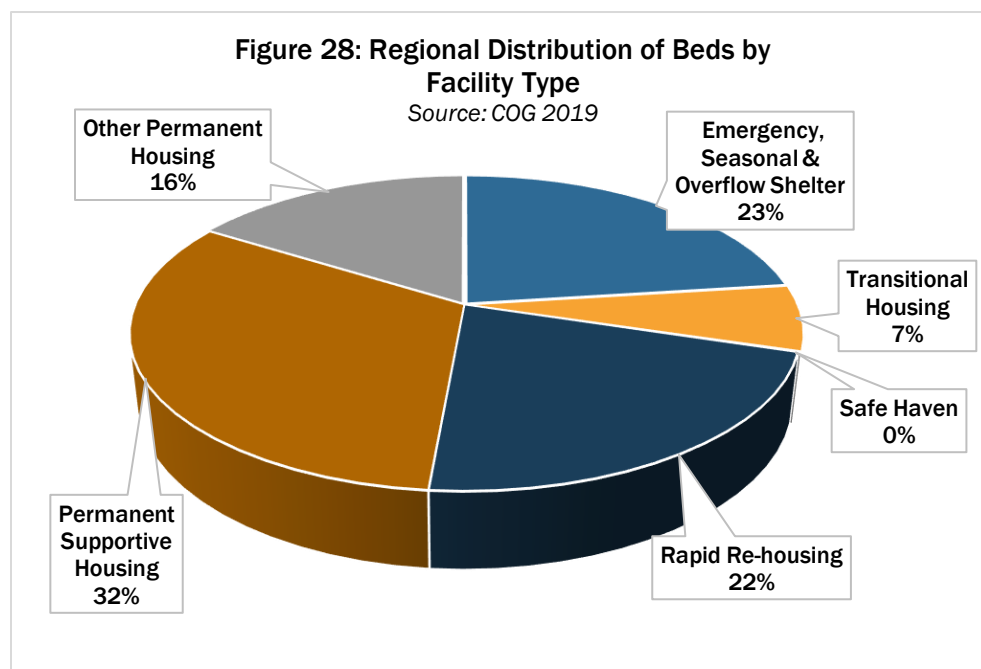
The region continued to lose transitional beds from 2015 through 2019. During this period, the region provided 1,368 fewer beds, or a 37 percent decrease. The reduction in transitional housing

⁵⁵ 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>

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.

Permanent supportive housing beds in 2019 comprise 32 percent of the region's inventory serving homeless and formerly homeless households. This represents a slight increase from 31 percent in 2018.

Other permanent housing was included in Table 15 for the first time in 2017. Other permanent housing is housing that is specifically targeted for persons experiencing homelessness. Examples of other permanent housing in the metropolitan Washington region includes non-profit agency partners purchasing housing units and designating them for persons who are formerly homeless and using project-based Housing Choice Vouchers to provide a longer-term rental subsidy. The data on other permanent housing are also reported to HUD and reflect a more complete picture of the number of formerly homeless beds available in the metropolitan Washington region. Including other permanent housing in the bed count shows an additional 5,522 beds that would otherwise not be counted.



Transitional housing beds comprised seven percent of the region's literally homeless beds in winter in 2019, reflecting a slightly reduced proportion from eight percent in 2018. The distribution of emergency, seasonal and overflow shelter beds declined 28 percent last year to 23 percent in 2019. The region currently has a total of 34,208 beds for its residents currently or formerly experiencing homelessness across each of the facility categories; this number has increased by 7,447 beds since 2015. Table 15 on the following page represents this regional resource for persons who are literally or formerly homeless.

Between 2015 and 2019, the metropolitan Washington region's supply of permanent housing beds increased by an impressive 60 percent or 9,012 beds. This in part reflects the addition of other permanent housing to the inventory count; however, it also reflects the priority the region's CoCs continues to place on increasing resources for permanent housing solutions. The region currently has 24,015 permanent housing beds, representing 71 percent of the region's total bed inventory.

According to Figure 27, 23 percent of the region's distribution of beds is for emergency, seasonal and overflow shelter. In 2014, the region added the number of rapid re-housing beds to the inventory it tracks. Rapid-rehousing beds accounted for 22 percent of the region's inventory during the 2019 enumeration. Transitional housing comprises seven percent of the region's bed inventory, down from the eight percent it reflected in the 2018 PIT count.

TABLE 15: 2015 - 2019 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 Persons								
Emergency, Seasonal & Overflow Beds	2019	4,561	21	3,278	7,860	77%		
	2018	4,436	28	3,941	8,405	78%		
	2017	4,505	31	4,667	9,203	78%		
	2016	4,332	23	4,762	9,117	72%		
	2015	4,203	30	3,802	8,035	68%		
Transitional Housing Beds	2019	1,092	0	1,027	2,299	23%	2,299	23%
	2018	1,131	8	1,235	2,374	22%	2,374	22%
	2017	1,149	8	1,368	2,525	21%	2,525	21%
	2016	1,278	16	2,245	3,539	28%	3,539	28%
	2015	1,249	0	2,418	3,667	31%	3,667	31%
Safe Haven	2019	34	0	n/a	34	0%	34	0.3%
	2018	46	0	n/a	46	0%	46	0.4%
	2017	62	0	n/a	62	1%	62	0.5%
	2016	59	0	n/a	59	0%	59	0.5%
	2015	56	0	n/a	56	0%	56	0.5%
Subtotal: Beds for Literally Homeless	2019	5,687	21	4,485	10,913		9,813	
	2018	5,613	36	5,176	10,825		10,825	
	2017	5,716	39	6,035	11,790		11,790	
	2016	5,669	39	7,007	12,715		12,715	
	2015	5,508	30	6,220	11,758		11,758	
Percent Change Since 2015		3%	-30%	-28%	-13%		-13%	

TABLE 15: 2015 - 2019 Winter and Year-Round Inventory of Beds in the Washington Region (Continued)

Source: COG 2019

<i>Permanent Housing Beds for Formerly Homeless Persons</i>								
Permanent Supportive Housing Beds	2019	5,550	0	5,547	11,097	46%	11,097	46%
	2018	5,106	0	6,714	11,820	54%	11,820	54%
	2017	5,033	0	5,032	10,065	48%	10,065	48%
	2016	4,924	0	5,082	10,006	56%	10,006	56%
	2015	4,442	0	4,389	8,831	59%	8,831	59%
Rapid Re-Housing & RRH Demonstration Beds	2019	589	0	6,807	7,396	31%	7,396	31%
	2018	339	0	6,417	6,756	31%	6,756	31%
	2017	491	0	4,971	5,462	26%	5,462	26%
	2016	524	0	4,352	4,876	27%	4,876	27%
	2015	328	0	3,353	3,681	25%	3,681	25%
Other Permanent Housing	2019	1,885	0	3,637	5,522	23%	5,522	23%
	2018	230	0	3,242	3,472	16%	3,472	16%
	2017	1,998	0	3,228	5,226	25%	5,226	25%
	2016	1,699	0	1,168	2,867	16%	2,867	16%
	2015	1,519	0	972	2,491	17%	2,491	17%
Subtotal: Beds for Formerly Homeless	2019	8,024	0	15,991	24,015		24,015	
	2018	5,675	0	16,373	22,048		22,048	
	2017	7,522	0	13,231	20,753		20,753	
	2016	7,147	0	10,602	17,749		17,749	
	2015	6,289	0	8,714	15,003		15,003	
TOTAL - All beds (literally and formerly homeless)	2019	13,711	21	20,476	34,208		34,208	
	2018	11,288	36	21,549	32,873		32,873	
	2017	11,193	39	17,010	32,543		32,543	
	2016	11,117	39	16,441	27,597		30,464	
	2015	11,797	30	14,934	26,761		26,761	
Percent Change Since 2015		16%	-30%	37%	28%		28%	

In addition to the resources represented above in Table 15, the region also has 71 medical beds to provide short-term recuperative care for people who are too ill or vulnerable to use emergency shelter services, but who are not sick enough to be admitted to a hospital. These facilities provide an important short-term safety net solution for persons with significant medical needs. Some hospital systems, such as Bon Secours, recognize housing as an important social determinant of health and have partnered with housing providers to create additional permanent housing for persons experiencing homelessness.

The District of Columbia's 7,712 permanent supportive housing beds for single adults and families represent 69 percent of the region's total number of permanent supportive housing beds, which is a two percent decrease from last year.

Montgomery County has 18 percent of the region's permanent supportive housing beds at 2,014 beds, a number that represents a slight increase from 17 percent in 2018.



Chelsea Powell interviews a person experiencing unsheltered homelessness in Frederick for the 2019 Point-in-Time count. (Dan Gross, *The Frederick News-Post*)

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, persons who were considered chronically homeless 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 gain the stability necessary to better manage the challenges in their lives.

The ultimate goal of the metropolitan Washington region’s homeless Continuum of Care is to move people out of homelessness into permanent housing in communities where they can thrive. Permanent supportive housing provides some formerly homeless residents with wrap-around services to assist them in their efforts to live as independently as possible. 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 different categories of permanent housing.

According to the 2019 enumeration, there are 23,172 people who were formerly experiencing homelessness currently residing in some form of permanent housing; this represents an increase of 1,290 people (six percent) from 2018. 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 29 compares the literally homeless and formerly homeless populations from 2015 through 2019. The totals of literally and formerly homeless adults are mutually exclusive and should not be combined. The data for formerly homeless for 2015 through 2019 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, people who are 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 Continuum 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 in the metropolitan Washington region, and other supportive housing options.

TABLE 16: Formerly Homeless Persons In Permanent Housing

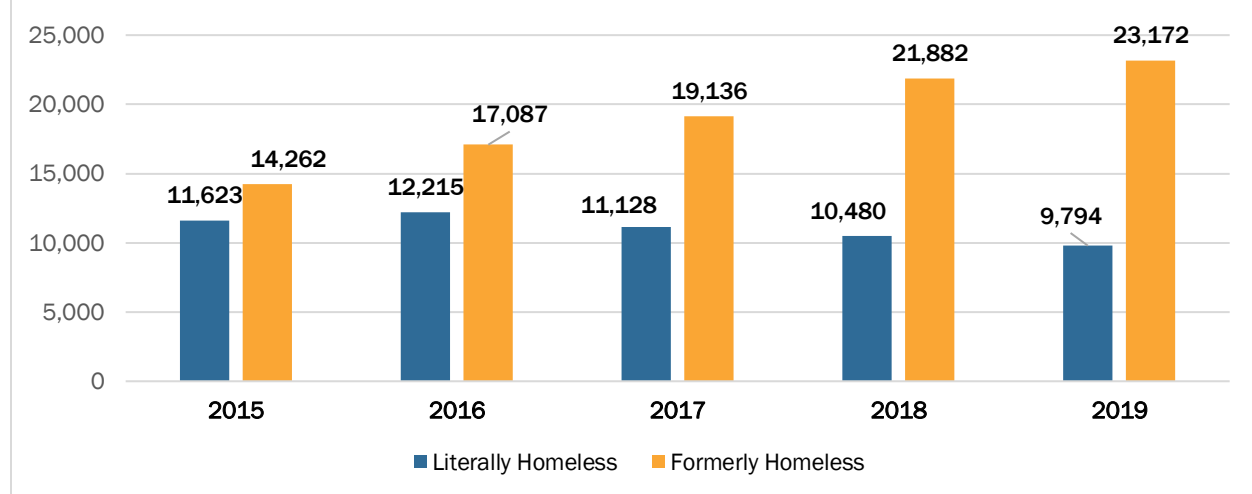
		Permanent Supportive Housing (PSH): Persons in Households Without Children	PSH: Persons in Households with Adults and Children	Rapid Re-Housing (RRH): Persons in Households Without Children	RRH: Persons in Households with Adults and Children	Other Permanent Housing (OPH): Persons in Households Without Children	OPH: Persons in Households With Adults and Children	Total Permanent Housing
ALL COG CoCs	2019	5,395	5,461	502	6,647	1,645	3,522	23,172
	2018	4,954	6,088	326	6,034	1,501	2,979	21,882
	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
Percent Change Since 2015		25.8%	27.0%	49.4%	92.8%	8.3%	846.8%	62.5%

Source: COG 2019

The differences in the rates of use of permanent supportive housing and other permanent housing strategies by household type are represented graphically by Figures 30 and 31 and help demonstrate that importance of having different options to end someone's housing crisis.

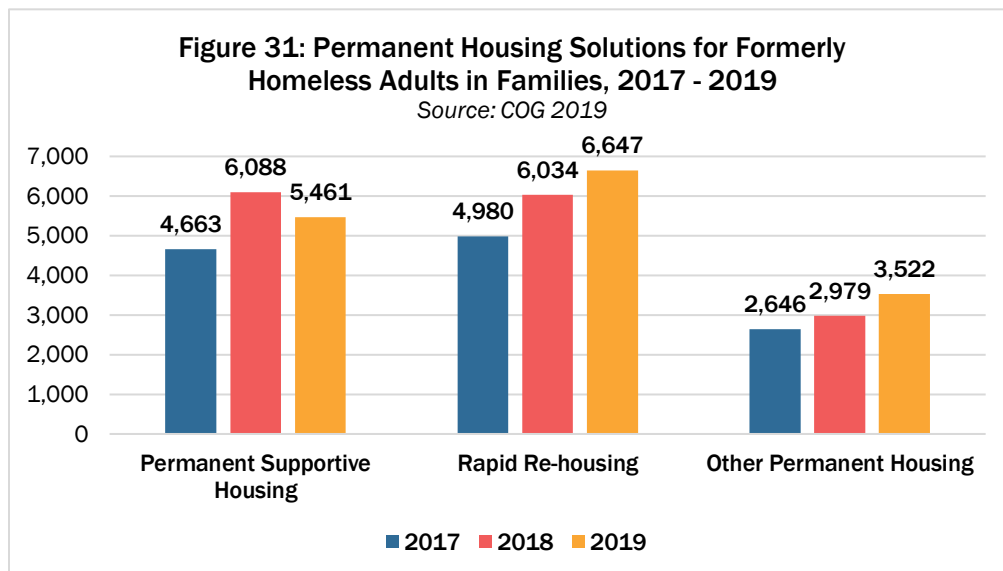
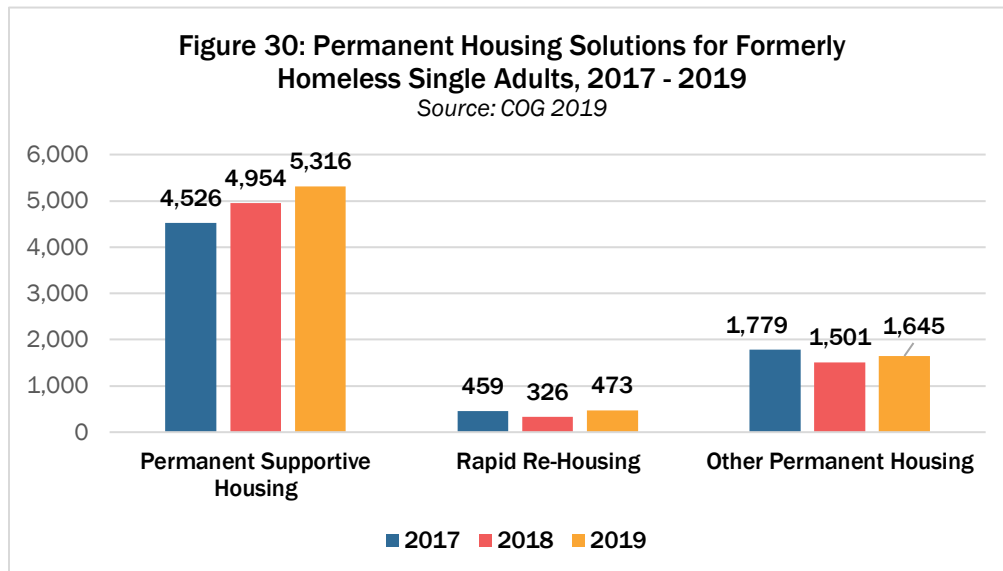
Figure 29: Region's Literally and Formerly Homeless in Permanent Supportive Housing, Rapid Re-Housing, and Other Permanent Housing

Source: COG 2019



As mentioned earlier in this report, it is important to note that the Point-in-Time count is only a one-day snapshot of people experiencing homelessness in the metropolitan Washington region. People become homeless every day and this number is fluid throughout the year. Growing pressures on the region's competitive housing market and increasing rents continue to negatively impact employable homeless households. In a region where housing costs are rising faster than incomes, it creates additional challenges for residents with low-wage jobs and remains a critical obstacle to ending homelessness. The region's focus on preventing homelessness, 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.



CONCLUSIONS AND RECOMMENDATIONS

As of January 23, 2019, 9,794 people throughout metropolitan Washington were experiencing homelessness. This represents a decrease of seven percent over last year's count of 10,480 people experiencing homelessness. This is the lowest recorded number of persons counted experiencing homelessness since the region began coordinating the annual Point-in-Time enumeration in 2001. Seven jurisdictions experienced a decline in their homeless populations from 2018 in 2019 on the night of the count. During the longer period of 2015 to 2019, eight of nine participating CoCs recorded a decrease in the number of residents experiencing homelessness in their communities.

The decreases 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 housing to chronically homeless individuals and others with disabling conditions. These proven best practices, in use throughout the metropolitan Washington region, have kept the numbers of people experiencing homelessness from growing unchecked during a time of rapid population growth and increasing housing prices. In fact, what may be more significant than the seven percent decrease in the regional homeless count is the fact that over 23,000 formerly homeless people were residing in some form of permanent housing on the night of the count in 2019.

Our region faces significant challenges in its efforts to end homelessness. Several of these key challenges include high rents that continue to rise every year and make it very difficult for extremely low-income households to find or maintain housing that they can afford,⁵⁶ and wages that have not increased to keep pace with the rising cost of housing, particularly for less-educated workers.⁵⁷ In addition, the region's declining supply of permanently affordable housing continues to expand the gap between the options available for the lowest-income households and the increasing need. Research by Zillow joins the already existing large body of documented findings regarding the strong link between the lack of affordable housing and homelessness. In four metropolitan areas (Los Angeles, New York, Washington, DC and Seattle), Zillow found that for every 5 percent increase in rent in the metropolitan Washington region, another 1,000 persons are estimated to experience homelessness.⁵⁸

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 people experiencing homelessness.** The region's CoCs have in place, or are developing, systems to rapidly re-house people experiencing homelessness into appropriate permanent housing.

Emergency shelters are an important resource for an immediate housing emergency, but do not provide the long-term solution to ending homelessness. As reflected in this year's report, since 2015, 8,910 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, in conjunction with permanent housing, helps people experiencing homelessness become more confident and independent once their challenges are diagnosed and addressed.

⁵⁶ http://www.urban.org/research/publication/housing-security-washington-region/view/full_report, p. 5

⁵⁷ <http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>

⁵⁸ "Rising Rents Mean Larger Homeless Population", Accessed April 2018 at <https://www.zillow.com/research/rents-larger-homeless-population-16124/>

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 with achieving 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 for metropolitan Washington to realistically reduce and eliminate homelessness. Resources from the local, state, and federal level should be maximized with a sustained commitment to achieve an end to homelessness.**

“We need more residents to say, ‘Yes in my Backyard’ to more housing. We need to share data and create shared resources, and working regionally, we can end the experience of homelessness.”

-Brianne Nadeau, District of Columbia Council member, Ward 1, and COG Human Services Policy Committee Vice Chair, January 23, 2019.

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

As noted earlier in this report, PIT data provides a limited, one-day perspective of the region’s progress in preventing and ending homelessness. Other data sources can also measure the extent of the number of people experiencing homelessness and help determine the best responses. In addition to the data required by HUD, **jurisdictions should continue to gather the best possible up-to-date information on persons experiencing homelessness using a by-name list and seek opportunities to share data within and across the region’s CoCs to strengthen local programs and improve outcomes for persons experiencing homelessness.**

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

In conclusion, the nine jurisdictions comprising COG’s Continuum of Care worked hard to decrease the region’s incidence of homelessness over the past year. However, funding challenges at the federal level have the potential to stall gains seen in providing housing during the past five years. Innovations at the local level will play a prominent role in making continued progress towards reducing the number of residents who experience a housing crisis.

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 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, 2015- 2019

Jurisdiction/Year		Households Without Children	Unaccompanied Youth/ Households with Only Children	Households with Adults and Children	All Persons
City of Alexandria	2019	124	0	74	198
	2018	142	0	84	226
	2017	120	0	91	211
	2016	129	0	95	224
	2015	159	0	108	267
2015-2019 Percent Change		-22.0%	N/A	-31.5%	-25.8%
Arlington County	2019	149	0	66	215
	2018	144	0	77	221
	2017	149	0	83	232
	2016	124	0	50	174
	2015	164	0	75	239
2015-2019 Percent Change		-9.1%	N/A	-12.0%	-10.0%
District of Columbia	2019	3,862	13	2,646	6,521
	2018	3,761	9	3,134	6,904
	2016	3,578	5	3,890	7,473
	2015	3,673	10	4,667	8,350
	2014	3,814	7	3,477	7,298
2015-2019 Percent Change		1.3%	N/A	-23.9%	-10.6%
Fairfax County	2019	507	1	526	1,034
	2018	497	2	488	987
	2017	489	3	472	964
	2016	481	3	575	1,059
	2015	488	1	715	1,204
2015-2019 Percent Change		3.9%	N/A	-26.4%	-14.1%
Frederick County	2019	212	0	74	286
	2018	207	0	109	316
	2017	217	0	92	309
	2016	249	0	100	349
	2015	181	0	130	311
2015-2019 Percent Change		17.1%	N/A	-43.1%	-8.0%

TABLE 17: Literally Homeless by Jurisdiction, 2015- 2019

Jurisdiction/Year		Households Without Children	Unaccompanied Youth/ Households with Only Children	Households with Adults and Children	All Persons
Loudoun County	2019	124	0	45	169
	2018	86	0	48	134
	2017	71	0	42	113
	2016	65	0	69	134
	2015	80	0	88	168
2015-2019 Percent Change		28.8%	N/A	-56.8%	-16.1%
Montgomery County	2019	441	0	206	647
	2018	568	0	272	840
	2017	616	0	278	894
	2016	623	0	358	981
	2015	598	0	502	1,100
2015-2019 Percent Change		-26.3%	N/A	-59.0%	-41.2%
Prince George's County	2019	199	1	247	447
	2018	203	2	273	478
	2017	193	1	338	532
	2016	233	3	308	544
	2015	260	8	359	627
2015-2019 Percent Change		-23.5%	N/A	-31.2%	-28.7%
Prince William County	2019	117	0	160	277
	2018	190	2	182	374
	2017	190	0	203	393
	2016	187	0	213	400
	2015	185	0	224	409
2015-2019 Percent Change		-36.8%	N/A	-28.6%	-32.3%
MWCOC REGION	2019	5,714	15	4,037	9,766
	2018	5,798	15	4,667	10,480
	2017	5,623	9	5,489	11,121
	2016	5,764	16	6,435	12,215
	2015	5,929	16	5,678	11,623
2015-2019 Percent Change		-3.6%	N/A	-28.9%	-16.0%

APPENDICES

APPENDIX A: SHELTER HOTLINE RESOURCE NUMBERS

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

APPENDIX B: JURISDICTIONAL POINT-IN-TIME SURVEY INSTRUMENTS

Survey instruments used for the 2019 Point-in-Time enumeration are included for reference in this section.

APPENDIX C: HOMELESSNESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

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

APPENDIX A: SHELTER HOTLINE RESOURCES

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

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

Alexandria, VA

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

Arlington, VA

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

District of Columbia

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

Fairfax County, VA

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

Frederick, MD

(301) 600-1506 Frederick Community Action Agency

Loudoun County, VA

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

Montgomery County, MD

(240) 777-4000 Montgomery County Crisis Center (24/7)

Prince George's County, MD

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

Prince William County, VA

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

APPENDIX B: POINT-IN-TIME SURVEY INSTRUMENTS BY JURISDICTION

1. City of Alexandria, Virginia;
2. Arlington County, Virginia;
3. District of Columbia;
4. Fairfax County, Virginia, including the City of Falls Church and the City of Fairfax;
5. Frederick City and County, Maryland;
6. Loudoun County, Virginia;
7. Montgomery County, Maryland;
8. Prince George's County, Maryland, including the City of Bowie; and
9. Prince William County, Virginia, including the City of Manassas and the City of Manassas Park.

Instructions: Enter data for each person in a separate column. Circle the letter next to the appropriate response.

Currently Unsheltered <i>Circle ONE response</i>	<div><div>Y Yes</div><div>N No</div></div>	<div><div>Y Yes</div><div>N No</div></div>	<div><div>Y Yes</div><div>N No</div></div>
US Military Veteran	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
1. First Name, Last Name	<div></div>	<div></div>	<div></div>
2. Date of Birth / Age <i>Round to the nearest year; estimate if unknown</i>	<div><div>/</div><div>Date of Birth / Age</div></div>	<div><div>/</div><div>Date of Birth / Age</div></div>	<div><div>/</div><div>Date of Birth / Age</div></div>
3. Gender <i>Circle ONE response</i>	<div><div>M Male</div><div>F Female</div><div>MTF Trans Female (Male to Female)</div><div>FTM Trans Male (Female to Male)</div><div>GNC Gender Non-Conforming</div><div>R Refused</div><div>DK Client doesn't know</div><div>U Unknown</div></div>	<div><div>M Male</div><div>F Female</div><div>MTF Trans Female (Male to Female)</div><div>FTM Trans Male (Female to Male)</div><div>GNC Gender Non-Conforming</div><div>R Refused</div><div>DK Client doesn't know</div><div>U Unknown</div></div>	<div><div>M Male</div><div>F Female</div><div>MTF Trans Female (Male to Female)</div><div>FTM Trans Male (Female to Male)</div><div>GNC Gender Non-Conforming</div><div>R Refused</div><div>DK Client doesn't know</div><div>U Unknown</div></div>
4. Race <i>Circle ALL that apply</i>	<div><div>N American Indian/Alaskan Native</div><div>A Asian</div><div>B Black or Afr. Am.</div><div>W White</div><div>H Native Hawaiian/Pacific Islander</div><div>R Refused</div><div>U Unknown</div></div>	<div><div>N American Indian/Alaskan Native</div><div>A Asian</div><div>B Black or Afr. Am.</div><div>W White</div><div>H Native Hawaiian/Pacific Islander</div><div>R Refused</div><div>U Unknown</div></div>	<div><div>N American Indian/Alaskan Native</div><div>A Asian</div><div>B Black or Afr. Am.</div><div>W White</div><div>H Native Hawaiian/Pacific Islander</div><div>R Refused</div><div>U Unknown</div></div>
5. Ethnicity <i>Circle ONE response</i>	<div><div>H Hispanic</div><div>N Not Hispanic</div><div>R Refused</div><div>U Unknown</div></div>	<div><div>H Hispanic</div><div>N Not Hispanic</div><div>R Refused</div><div>U Unknown</div></div>	<div><div>H Hispanic</div><div>N Not Hispanic</div><div>R Refused</div><div>U Unknown</div></div>
6. Homeless History – Circle ONE response for EACH question			
a. Homeless for the first time	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
b. Residing in streets, shelter or safe haven	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
c. Continuously homeless for at least 1 Year	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
d. Number of times staying in streets, shelter, or safe haven in the past 3 years	<div><div>0 Zero</div><div>1 One</div><div>2 Two</div><div>3 Three</div><div>4+ 4 or more</div><div>R Refused</div><div>U Unknown</div></div>	<div><div>0 Zero</div><div>1 One</div><div>2 Two</div><div>3 Three</div><div>4+ 4 or more</div><div>R Refused</div><div>U Unknown</div></div>	<div><div>0 Zero</div><div>1 One</div><div>2 Two</div><div>3 Three</div><div>4+ 4 or more</div><div>R Refused</div><div>U Unknown</div></div>
e. Total number of months staying in streets, shelter, or safe haven in the past 3 years	<div></div>	<div></div>	<div></div>
7. Subpopulations – Circle ONE response for EACH question			
a. Substance Abuse Disorder	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
b. Chronic Health Condition	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
c. Developmental Disability	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
d. HIV/AIDS	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
e. Severe Mental Illness	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
f. Physical Disability	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
g. Limited English Proficiency	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
h. History of Domestic Violence	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
i. Current Homeless Episode Resulted from Domestic Violence	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
j. Ever in Foster Care	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>
k. Current Homeless Episode Resulted from Institutional Discharge	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>	<div><div>Yes</div><div>No</div><div>Unknown</div></div>

Instructions: *Enter data for each person in a separate column. Circle the letter next to the appropriate response.*

8. Employment <i>Circle ONE response</i> <i>If Employed, enter number of hours worked last week</i>	Yes, _____ hours worked last week No Unknown	Yes, _____ hours worked last week No Unknown	Yes, _____ hours worked last week No Unknown
9. Income Amount of income person received in the <i>past 30 days</i> from <i>all sources</i> before taxes and deductions.	<div>\$</div> <div>Income in Dollars</div>	<div>\$</div> <div>Income in Dollars</div>	<div>\$</div> <div>Income in Dollars</div>
a. Primary Source of Income <i>Circle ONE response (Primary is the largest amount)</i>	E Employment/Earned R Retirement (VA, Soc. Sec., Pension, Other Retirement) D Disability, SSDI, SSI P Public Assist S Other Soc. Sec. (e.g. Survivor Benefits) O Other (unemployment, alimony, panhandling)	E Employment/Earned R Retirement (VA, Soc. Sec., Pension, Other Retirement) D Disability, SSDI, SSI P Public Assist S Other Soc. Sec. (e.g. Survivor Benefits) O Other (unemployment, alimony, panhandling)	E Employment/Earned R Retirement (VA, Soc. Sec., Pension, Other Retirement) D Disability, SSDI, SSI P Public Assist S Other Soc. Sec. (e.g. Survivor Benefits) O Other (unemployment, alimony, panhandling)

Return all pages **NO LATER than Thursday, January 25, 2018 at 12:00PM Noon at 720 N. St. Asaph St.**

Instructions: Enter data for each person in a separate column. Circle the letter next to the appropriate response.					
	Person 1	Person 2	Person 3	Person 4	Person 5
Household Type <i>Persons in households without children; Persons in households with at least one adult and one child; Persons in households with only children.</i>	WOC without children WC with children CO children only TAY (18-24) without children TAY-C (18-24) with children	WOC without children WC with children CO children only TAY (18-24) without children TAY-C (18-24) with children	WOC without children WC with children CO children only TAY (18-24) without children TAY-C (18-24) with children	WOC without children WC with children CO children only TAY (18-24) without children TAY-C (18-24) with children	WOC without children WC with children CO children only TAY (18-24) without children TAY-C (18-24) with children
Veteran Status <i>Has this client served in the US Armed Forces?</i>	Y Yes N No	Y Yes N No	Y Yes N No	Y Yes N No	Y Yes N No
Is this individual chronically homeless? <i>Individual or Head of Household with a Disabling Condition who has either been continuously homeless for at least a year OR has had at least FOUR episodes of homelessness in the past THREE years for a combined total of 12+ months.</i>	Yes No Unknown How Long Homeless?	Yes No Unknown How Long Homeless?	Yes No Unknown How Long Homeless?	Yes No Unknown How Long Homeless?	Yes No Unknown How Long Homeless?
1. Name					
2. DOB	/ /	/ /	/ /	/ /	/ /
3. Gender <i>Circle ONE response.</i>	M Male F Female T Transgender N Not male/Female	M Male F Female T Transgender N Not male/Female	M Male F Female T Transgender N Not male/Female	M Male F Female T Transgender N Not male/Female	M Male F Female T Transgender N Not male/Female
4. Ethnicity <i>Circle ONE response.</i>	H Hispanic N Not Hispanic R Refused U Unknown	H Hispanic N Not Hispanic R Refused U Unknown	H Hispanic N Not Hispanic R Refused U Unknown	H Hispanic N Not Hispanic R Refused U Unknown	H Hispanic N Not Hispanic R Refused U Unknown
5. Race <i>Circle ONE response.</i>	N Am.Indian/ Alaskan A Asian B Black or Afr. Am. W White H Hawaiian/Pacific Isl. M Multiple Races R Refused	N Am.Indian/ Alaskan A Asian B Black or Afr. Am. W White H Hawaiian/Pacific Isl. M Multiple Races R Refused	N Am.Indian/ Alaskan A Asian B Black or Afr. Am. W White H Hawaiian/Pacific Isl. M Multiple Races R Refused	N Am.Indian/ Alaskan A Asian B Black or Afr. Am. W White H Hawaiian/Pacific Isl. M Multiple Races R Refused	N Am.Indian/ Alaskan A Asian B Black or Afr. Am. W White H Hawaiian/Pacific Isl. M Multiple Races R Refused
6. Subpopulations (Mental Health / Substance Use) <i>Circle ONE response.</i>					
Substance Use Disorder (SUD) <i>Substance abuse problem (alcohol abuse, drug abuse or both) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.</i>	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
Serious Mental Illness (SMI) <i>Persons with a mental health problem expected to be of long-continued and indefinite duration and substantially impedes a client's ability to live independently.</i>	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
Co-Occurring Disorders (COD) <i>Have a mental health problem & alcohol or drug abuse problem of indefinite duration which substantially impedes ability to live independently.</i>	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
7. Subpopulations (Other) <i>Circle ALL that apply</i>					
HIV/AIDS <i>Individual is HIV positive or AIDS diagnosed.</i>	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
Current Victim of Domestic Violence <i>Persons whose CURRENT incident of homelessness is due to domestic violence. This includes children.</i>	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
History of Domestic Violence <i>Persons, either female or male, who have been victims of domestic violence at ANY time in their past, including the current episode of homelessness. This included children.</i>	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
Physical Disability <i>Any impairment or immobilization of part of the body that is long-term. E.g., vision, hearing, or other sensory impairment that substantially interferes with or limits one or more major life activities.</i>	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
Chronic Health Condition <i>(Except HIV/AIDS) i.e. diabetes, cancer, asthma, arthritis, Hepatitis C, etc.</i>	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown

Youth PIT Survey

Consent statement: We are looking for youth who may be experiencing homelessness or housing instability to better understand their housing status. We hope to shed light on what resources may be missing in Arlington County. It is up to you whether you want to participate, and your answers will be kept confidential. Can I have about 10 minutes of your time? If so, we have a resource guide and \$10 gift card to thank you for your time. If any question makes you uncomfortable, you do not have to provide an answer and we can move onto the next question.

Instructions: Enter data for each person in a separate column. Circle the letter next to the appropriate response.

Name or Initials

Gender

Female

Date of Birth (DOB)

Male

Transgender

Not Male/
Female

Ethnicity

Race

Household Type

Persons in households without children;

Persons in households with at least one adult and one child;

Persons in households with only children.

CO Children Only

TAY (18-24) without children

TAY-C (18-24) with children

Veteran Status

Has this client
served in the US
Armed Forces?

Yes

No

Is this individual chronically homeless?

Individual or Head of Household with a Disabling Condition who has either been continuously homeless for at least a year OR has had at least FOUR episodes of homelessness in the past THREE years for a combined total of 12+ months.

How Long Homeless?

Yes

No

Unknown

Subpopulations

Substance Use Disorder (SUD)

Substance abuse problem (alcohol abuse, drug abuse or both) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

Yes

No

Unknown

Serious Mental Illness (SMI)

Persons with a mental health problem expected to be of long-continued and indefinite duration and substantially impedes a client's ability to live independently.

Yes

No

Unknown

Co-Occurring Disorders (COD)

Have a mental health problem & alcohol or drug abuse problem of indefinite duration which substantially impedes ability to live independently.

Yes

No

Unknown

HIV/AIDS

Individual is HIV positive or AIDS diagnosed.

Yes

No

Unknown

Current Victim of Domestic Violence

Persons whose CURRENT incident of homelessness is due to domestic violence. This includes children.

Yes
No
Unknown

History of Domestic Violence

Persons, either female or male, who have been victims of domestic violence at ANY time in their past, including the current episode of homelessness. This included children.

Yes
No
Unknown

Physical Disability

Any impairment or immobilization of part of the body that is long-term. E.g., vision, hearing, or other sensory impairment that substantially interferes with or limits one or more major life activities.

Yes
No
Unknown

Chronic Health Condition

(Except HIV/AIDS) diabetes, cancer, asthma, arthritis, Hepatitis C, etc.

Yes
No
Unknown

Limited English-Adult

Persons speaks English as a second language and has limited English proficiency which creates a barrier to the person's ability to receive services.

Yes
No
Unknown

Foster Care

Adults or Children who have been in foster care at any time in the past, regardless of household type. (If yes, see follow-up question)

Yes
No
Unknown

If you left Foster Care in the past 3 years, did anyone help you get housing?

Yes
No
Unknown

Formerly Institutionalized Adults, Households with Children and Households with only Children whose current episode of homelessness was caused by a DISCHARGE into homelessness from prison/jail, mental institutions, hospitals or long-term care facility.

Yes
No
Unknown

If you left an Institution I just listed in the past 3 years, did anyone help you get housing?

Yes
No
Unknown

Monthly Income
Did this person receive monthly income from any source?

Yes
No

Primary Source of Income
What is the PRIMARY source of income for this individual?
(Primary is the largest amount)

Employment/
Earned
Social Security/
Veterans or
retirement
income from
pensions and
other types of
retirement
Disability, SSDI,
SSI
Public Assist
Other Soc. Sec.
(e.g. children
only)
Other
(unemployment,
alimony, child
support)

Employed

*Full/Part-time, or
temporary at the
time of the PIT*

Full-time
Part-time
Temporary

In the past year, in
what ways did you
earn money?

Up to 5th
Grade
5th-6th
grade
7th-8th
grade
9th-11th
grade
12th grade
GED
Some
college

Are you
currently
enrolled in
school?

Yes - attending
regluarly
Yes - attending
irregularly
Yes - suspended
No - Obtained
GED
No - Graduated
No - Expelled
No - Dropped out

[If female] Are you
currently pregnant?
[If male or "other"]
Are you expecting
to become a parent
in the next 9
months?

Yes
No
Unkown

Which of the
following best
represents
how you
think of
yourself?

Lesbian or Gay
Straight
Bisexual
Something else
I don't know
I'd rather not
say

Do you have a
stable place to
stay?

Yes
No
Sometimes
I'm not sure
I'd rather not say

Can you tell me all
the places you slept
in the past week?
(Check all that
apply)

Street or sidewalk
Vehicle (car, van, RV,
truck)
Bus, train station, airport
Outdoor encampment (i.e.
tent)
Transitional housing
Friend or Family's Couch
House or apartment
24-hour restaurant/
laundromat or business
Other relative's home
Group home
Park or other public
outdoor space
Abandoned/empty
building/squatting
Under bridge/overpass
Emergency shelter
Youth Shelter
Motel/hotel
Jail, hospital, treatment
program
Parent's home
Foster family home
Home of boyfriend/
girlfriend

Other location
(specify)

Team/Neighborhood _____
Survey Team Member Names _____

Location of encounter (E.g. address, cross streets, landmark-**BE SPECIFIC**. Include quadrant, NE, NW, SE, SW

Other Identifying Information (E.g. what respondent was wearing, items around respondent)

Does the respondent have a pet? ☐Yes ☐No Is the respondent part of a couple/other significant pairing? ☐Yes ☐No

1a. What is your first name?

1b. Last name?

2a. What is your Date of Birth? _____ b. Age? _____ c. Approximate Age Group?

☐17 or Younger ☐18-24 ☐25-34 ☐35-44 ☐45-54 ☐55-61 ☐62+

3a. What language are you most comfortable communicating in? ☐English ☐Other _____

3b.If “other” has your proficiency with English been a barrier to service? 

☐Yes ☐No ☐Do Not Know ☐Declined

4. How long have you been experiencing homelessness (current episode)?

☐7 days or less ☐8-30 days ☐1-3 months ☐4-6 months ☐7-11 months ☐1 year ☐More than 1 year
☐Do Not Know ☐Declined

5. In the past three (3) years, how many times have you experienced homelessness (including this episode)? ☐One time ☐2 times ☐3 times ☐4 times ☐5 times or more ☐Do Not Know ☐Declined

6. In the past three (3) years, how much time have you stayed on the street and/or in emergency shelter?

☐7 days or less ☐8-30 days ☐1-3 months ☐4-6 months ☐7-11 months ☐1 year ☐More than 1 year
☐Do Not Know ☐Declined

7. Do you have any of these health conditions?

Yes

No

Do Not
Know

Declined

Chronic Health Condition (E.g. diabetes)

☐

☐

☐

☐

HIV/AIDS

☐

☐

☐

☐

Physical Disability (E.g. blindness, epilepsy)

☐

☐

☐

☐

Developmental Disability (E.g. autism)

☐

☐

☐

☐

Mental Health Condition (E.g. schizophrenia)

☐

☐

☐

☐

Problems with Alcohol

☐

☐

☐

☐

Problems with Drugs

☐

☐

☐

☐

☐Other issue not listed (specify): _____

☐

☐

☐

☐

8. Have you ever served in the U.S. Armed Forces/Military*? ☐Yes ☐No ☐Do Not Know ☐Declined

9a. What is your current gender identity?

☐Female

☐Male

☐Trans Female (Male to Female)

☐Trans Male (Female to Male)

☐Gender Non-Conforming (i.e. not exclusively male or female)

☐Do Not Know

☐Declined

9b. What sex was assigned to you at birth? ☐Female

☐Male

☐Do Not Know

☐Declined

10. What is your sexual orientation?

☐Lesbian

☐Gay

☐Heterosexual

☐Bisexual

☐Questioning/Unsure

☐Queer

☐Do Not Know

☐Declined

11. What is your race? (may select more than one)

☐White

☐Black/African American

☐Asian

☐American Indian/Alaska Native

☐Native Hawaiian/Pacific Islander

☐Do Not Know

☐Declined

12. What is your ethnicity? (must select one)

☐Hispanic/Latino ☐Non-Hispanic/Non-Latino

☐Do Not Know

☐Declined

13a. Are you a survivor of domestic violence/dating violence/sexual abuse or assault?

☐Yes

☐No

☐Do Not Know

☐Declined

→ 13b.If “yes” is this the cause of your current episode of homelessness?

☐Yes

☐No

☐Do Not Know

☐Declined

14a. Have you ever been in foster care?

☐Yes

☐No

☐Do Not Know

☐Declined

→ 14b.If “yes” is this the cause of your current episode of homelessness?

☐Yes

☐No

☐Do Not Know

☐Declined

15a. Have you ever lived in an institutional setting?

☐Yes

☐No

☐Do Not Know

☐Declined

→ 15b.If “yes” is this the cause of your current episode of homelessness?

☐Yes

☐No

☐Do Not Know

☐Declined

16a. Do you receive monthly income/non-cash benefits?

☐Yes

☐No

☐Do Not Know

☐Declined

16b., If “yes” check the box for **any** reported sources; check **one** primary source (highest value).

Yes

Primary

Employment (full or part time)

☐

☐

Social Security Income/Disability Income (SSI/SSDI), VA Disability, or other disability income

☐

☐

Pension/Retirement from another Job (including from Social Security)

☐

☐

Temporary Assistance for Needy Families (TANF)

☐

☐

Public Assistance (e.g. SNAP Benefits/Food Stamps, Women, Infants and Children (WIC), etc.)

☐

☐

Alimony or Other Spousal Support

☐

☐

Unemployment

☐

☐

Panhandling/Other (specify): _____

☐

☐

Medicare, Medicaid, Health Insurance, Veteran’s Administration (VA) Medical Services

☐

☐

DIRECTIONS:

Complete one form per person.

REMEMBER:

Let people know that their personal information is not shared.

CONVERSATION

STARTERS: Do you have a place to stay tonight? When was the last time that you had a permanent place to stay?

RESOURCE

CONNECTIONS:

***VETERANS and *YOUTH (24 and under), call your Team Lead after survey is complete**

For TRANSPORT TO SHELTER, call 202-399-7093

Q. 3 If the respondent does not speak English, call the language access line: **(866) 874-3972**; DHS Client ID #: 511053; Program #: 900; DHS Customer ID #:999.

Q. 4-5 Episode: Per HUD: “a separate, distinct, and sustained stay on the streets and/or in a homeless emergency shelter.”

Q. 4-6 Excludes housing insecurity such as couch surfing.

DEFINITIONS:

Q.10 Queer: term for gender & sexual minorities who are not heterosexual &/or cisgender.

Q. 11 Race: the concept of dividing people into groups based on various sets of physical characteristics that usually result from genetic ancestry.

Q. 12 Ethnicity: refers to dividing people into these groups based on people’s common nationality or cultural traditions.

Q.13 Types of violence: stalking, shoving, keeping a partner from contacting their family and friends, unwanted/forced sexual activity.

Q.15 Institutional Setting: Juvenile & adult Justice Systems, Residential detox/rehab. facility, residential mental health treatment facility, long-term hospital stays.

****I was unable to communicate with the respondent because****

- ☐ He/she spoke in a language other than English
- ☐ He/she was asleep and/or did not respond
- ☐ He/she was deaf or had difficulty speaking
- ☐ I had personal safety concerns

☐ He/she declined to take survey

*****There was a group of people, a tent, vehicle, etc. and I could not survey everyone there*****

Approx. number of people at location: _____

SURVEYOR NOTES:

Point in Time Count

January 23, 2019

We are conducting a survey of persons who are homeless. The answers to this survey are confidential and will help us understand the needs of people experiencing homelessness in Fairfax County.

Agency Name: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Program Name: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
--	---

For Outreach: Have you already taken this survey?

☐ Yes → Thank you. We only need one survey per person.
☐ No → Please continue.

For Outreach: Where did you sleep the night of **Wednesday, January 23rd?**

☐ Shelter or transitional housing program → Thank you. We have your information.
☐ In a home or in a self-paid hotel or motel → Thank you. You are not in the targeted group.
☐ Other Location → Please continue.

Is this person currently unsheltered?

☐ Yes
☐ No

First 3 letters of Last Name? ¹ <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	How many people in the Household? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Date of Birth? <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	Age of this Person <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
--	---	---	--

¹ If person is part of a household, use the first three letters of the last name of the head of household (or first person interviewed) for entire HH.

Gender (may select multiple) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	Relationship to Head of Household <input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected
---	---

Race (if multiple, select one Primary & one Secondary) <div style="display: flex; justify-content: space-between;"> P S </div> <input type="checkbox"/> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> <input type="checkbox"/> Asian <input type="checkbox"/> <input type="checkbox"/> Black or African American <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> <input type="checkbox"/> Client refused <input type="checkbox"/> <input type="checkbox"/> Data not collected	Ethnicity <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

The following questions are for all adults and minor heads of household:

<p>Do you have a monthly income?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>	<p>Primary source of monthly income? <i>(If applicable, choose only one)</i></p> <p><input type="checkbox"/> Employment (earned income)</p> <p><input type="checkbox"/> Retirement/Social Security/VA Retirement</p> <p><input type="checkbox"/> Disability/SSDI-SSDI/VA Disability</p> <p><input type="checkbox"/> Public Assistance/TANF</p> <p><input type="checkbox"/> Other (alimony, child support, panhandling, unemployment)</p>
<p>Employed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>	<p>Have you ever been on Active Duty in the United States Military?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>

Subpopulations	Yes	No	Unknown	Client doesn't know	Client refused	Data not collected
Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Domestic Violence victim/survivor?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes for DV victim/survivor, currently fleeing?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual became homeless from an institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Ever been in the foster care system?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A	N/A

Disabilities	Yes	No
Substance Abuse Disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Seriously Mental Ill?	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition?	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

<p>Continuously Homeless since January 2018?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>	<p>How many times have you been homeless since January 2016?</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4+</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>	<p>How many months have you spent homeless since January 2016? <i>(Please provide number of months if less than 12)</i></p> <p><input type="checkbox"/> Less than 12 months:</p> <p><input type="checkbox"/> 12 months or more</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>
--	--	---

For Staff use only questions	Yes	No	Client doesn't know	Client refused	Data not collected
Does the person have a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of homelessness meet the time criteria for CH? ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the person chronically homeless under FINAL RULE?	<input type="checkbox"/>	<input type="checkbox"/>			

² An individual or a household, currently in shelter or place not meant for human habitation, in which at least one adult member or the minor head of household has a disability (must be checked under "subpopulations" above) and which has either been **continuously homeless for at least 1 year** or has had **4 episodes of homelessness totaling 12 months in the past 3 years**.

FREDERICK COUNTY COALITION FOR THE HOMELESS

POINT-IN-TIME SURVEY – JANUARY 2019

Name: _____ Date: _____

Name of Parent or Guardian if a Child: _____

Staff Member Assisting with Survey: _____

Household type (check one):	<input type="checkbox"/>	Household without Children (Single adults)
	<input type="checkbox"/>	Household with Adults and Children (Families)
	<input type="checkbox"/>	Household with ONLY Children (No adults age 18 or over)

Where are you currently sheltered (check one):	<input type="checkbox"/>	Unsheltered / On the Streets
	<input type="checkbox"/>	Emergency Shelter
	<input type="checkbox"/>	Cold Weather, Hypothermia or Temporary Shelter
	<input type="checkbox"/>	Transitional Shelter or Transitional Housing
	<input type="checkbox"/>	Permanent Supportive Housing

Name of Shelter Facility <u>or</u> Location if Unsheltered:	
--	--

Age (check one):	<input type="checkbox"/>	Under 18
	<input type="checkbox"/>	18 to 24
	<input type="checkbox"/>	25 to 34
	<input type="checkbox"/>	35 to 44
	<input type="checkbox"/>	45 to 54
	<input type="checkbox"/>	55 to 61
	<input type="checkbox"/>	62+

Gender (check one):		Male
		Female
		Transgender
		Gender Non-Conforming

Ethnicity (check one):		Non-Hispanic / Non-Latino
		Hispanic / Latino

Race (check one):		White
		Black or African-American
		Asian
		American Indian or Alaskan Native
		Native Hawaiian or other Pacific Islander
		Multiple Races
		Don't Know / Refused

Monthly Income: (check one)		Yes
		No
		Don't Know / No Response

What is your <u>primary</u> source of income (check ONLY ONE):		Employment
		Social Security, Retirement, Pension, Social Security Survivor Benefits, VA Retirement
		SSI, SSDI, TDAP, Disability Income
		TANF, TCA, Public Assistance
		Other – alimony, child support, unemployment, panhandling, etc.
		Don't Know / No Response

Are you currently employed (check one):		Yes
		No
		Don't Know / No Response

Chronically Homeless Status: <i>(see definition on last page)</i> <i>Complete 1 box for single adults and complete 2 boxes for family members</i> <u>ADULTS & CHILDREN COMPLETE</u>		Chronically Homeless – Individual
		Chronically Homeless – Member of a Family Unit
		Chronically Homeless – Number of Persons in a Chronically Homeless Family

Subpopulations – Choose <u>only</u> 1 of the 4 answers: <u>ADULTS & CHILDREN COMPLETE</u>		Substance Use Disorder
		Serious Mental Illness
		Co-Occurring Disorder – Substance Use Disorder and Serious Mental Illness
		None of the above

Subpopulations (check all issues or problems that apply): <u>ADULTS ONLY COMPLETE</u>		HIV or AIDS
		Domestic Violence History – Any time in the past
		Domestic Violence – Current Episode
		Physical Disability
		Chronic Health Condition
		Limited English
		Foster Care Adults – Adults who have been in foster care at any time in the past
		Formerly Institutionalized – Current episode of homelessness ¹
		Veteran ²
		Other:
		None of the above

¹ Adults who were discharged directly into this current episode of homelessness from prison, jail, hospitals, mental institutions, foster care, or long-term care facilities.

² Veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Definition of Chronically Homeless – (1) An homeless individual with a **DISABILITY** who lives in a place not meant for human habitation, a safe haven or an emergency shelter; and has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months; (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) A family with an adult head of household (HOH)(or if there is no adult in the family, a minor HOH) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the HOH has been homeless.

NOTE: Persons under the age of 18 MAY be counted as chronically homeless.

Persons in Transitional Housing SHOULD NOT be counted as chronically homeless.

There are no Safe Haven projects or facilities in Frederick County.



Loudoun County Continuum of Care

Point-in-Time Count Survey

2019

Wednesday January 23, 2019

We are conducting a count of individuals and families that are experiencing a housing crisis and/or homelessness in Loudoun County. Responses to the survey will help inform programming design, resource development and other key areas of housing and supportive services for households in our community.

Date Survey was completed: _____
Organization: _____

Staff Completing Survey: _____
Email Address: _____

Instructions:

Please complete one form per person. For households with multiple people, please staple surveys together.
Remember to answer each question.

Have you already taken this survey? ☐ Yes ☐ No

Please complete one survey per person

Q1. Where did you sleep on the night of January 23, 2019?

- | | |
|---|---|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> House or Townhouse |
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Unsheltered / Homeless |
| <input type="checkbox"/> Cold Weather Shelter | <input type="checkbox"/> Car / Vehicle |
| <input type="checkbox"/> 'Couch-surfing' | <input type="checkbox"/> Condo or Apartment |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Rental Unit (including room/basement for rent) |

Q2. Age of Respondent: _____

Q3. Date of Birth: ____ / ____ / ____
MM DD YYYY

Q4. How many people are in this household? _____

Q5. First Three Letters of LAST NAME: ____ - ____ - ____ **First Three Letters of FIRST NAME:** ____ - ____ - ____

Q6. Is this individual the Head of Household? **Q7. Is this a single female head of household?**

☐ Yes ☐ No

☐ Yes ☐ No

Q8. Is this individual between the ages of 18 to 24? ☐ Yes ☐ No

Q9. Indicate Household Type:

- ☐ Household w/ at least one adult and one child (Family)
☐ Household without children (Singles) ☐ Household with **only** children

Q10. Gender of Respondent: ☐ Male ☐ Female ☐ Refused/No Response ☐ Transgender ☐ Gender non-conforming

Q11. Race of Respondent:

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Multiple Races |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Refused |

Q12. Is this individual of Hispanic or Latino heritage? ☐ Yes ☐ No

Q13. Has this individual ever served on active duty in any branch of the United States Armed Forces? ☐ Yes ☐ No

Q14. Are there children under age of 18 in the household? ☐ Yes ☐ No *If yes, please list all minors in the household*

DOB	Gender	Age	School of Enrollment
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____



Loudoun County Continuum of Care Point-in-Time Count Survey 2019

Q15. Is this individual/household currently unsheltered? ☐ Yes ☐ No

Q16. How long has the individual/household lived in Loudoun Co.? _____

Q17. Does this individual meet all requirements for HUD's chronically homeless* definition? ☐ Yes ☐ No

Chronic Homeless Definition: Literally homeless for 12 consecutive months OR been literally homeless on four (4) separate occasions within the past three years (all four occasions must total 12 months).

Q18. Check all subpopulations that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Chronically Homeless | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Seriously Mentally Ill |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Transition-Age Youth | <input type="checkbox"/> Over age 60 |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Ever in Foster Care | <input type="checkbox"/> Discharged from an Institution |

Q19. Including this time, how many separate times has the individual been homeless (street/shelter) in the past three (3) years? ☐ Less than 4 ☐ 4 or more times ☐ Don't know/refused

Q20. Is this individual/household currently homeless as a result of domestic violence? ☐ Yes ☐ No

Q21. Is this individual currently employed? ☐ Yes ☐ No

Q22. If yes, specify employment type: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Temporary ☐ N/A

Q23. Does this individual have a monthly income? ☐ Yes ☐ No

Q24. What is the primary source of income?

<input type="checkbox"/> Alimony	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Panhandling
<input type="checkbox"/> Child Support	<input type="checkbox"/> Medicare	<input type="checkbox"/> Public Assistance (TANF, SNAP, etc.)
<input type="checkbox"/> Disability/SSI/SSDI	<input type="checkbox"/> Friends / Family	<input type="checkbox"/> Retirement Social Security
<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other: _____

Q25. Please indicate which of the following community service organizations the household is currently working with: *Check all that apply.*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Crossroads Employment | <input type="checkbox"/> Friends of Loudoun Mental Health | <input type="checkbox"/> INMED Partnerships for Children | <input type="checkbox"/> Tree of Life Ministries |
| <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Volunteers of America Chesapeake | <input type="checkbox"/> Department of Family Services | <input type="checkbox"/> Loudoun Cares |
| <input type="checkbox"/> Mobile Hope | <input type="checkbox"/> The Good Shepherd Alliance | <input type="checkbox"/> HealthWorks of Northern Virginia | |
| <input type="checkbox"/> Loudoun Hunger Relief | <input type="checkbox"/> Loudoun Free Clinic | <input type="checkbox"/> Loudoun Abused Women's Shelter (LAWS) | |
| <input type="checkbox"/> Loudoun YMCA | <input type="checkbox"/> Windy Hill Foundation | <input type="checkbox"/> Loudoun Youth | |
| <input type="checkbox"/> Women Giving Back | <input type="checkbox"/> PATH Mental Health | <input type="checkbox"/> ECHO Employment Services | |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Loudoun Veteran Services | <input type="checkbox"/> Local Faith-Based Organization: _____ | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | |

Q26. Based on responses to previous survey questions, which type of housing do you believe would be most sustainable in the long-term for this household:

- | | |
|---|---|
| <input type="checkbox"/> Assisted Living Facility | |
| <input type="checkbox"/> Rental Unit with <u>no</u> subsidy (<i>household can maintain housing independent of assistance</i>) | |
| <input type="checkbox"/> Rental Unit with subsidy (<i>household may need additional supports to maintain housing such as temporary/long-term subsidy i.e. Housing Choice Voucher formerly Section 8, Veterans VASH Voucher, etc.</i>) | |
| <input type="checkbox"/> Shared Living Arrangement with family/friends | <input type="checkbox"/> Pre-workforce Housing / Transition-Age Youth (18 - 24) |
| <input type="checkbox"/> Detox / Residential Treatment Living Facility | <input type="checkbox"/> Housing Stabilization and Diversion Services |
| <input type="checkbox"/> Transitional Housing Program (<i>24-months of subsidized housing including supportive services</i>) | |
| <input type="checkbox"/> Permanent Supportive Housing (<i>permanent housing for persons with a documented disability and a history of chronic homelessness</i>) | |
| <input type="checkbox"/> Other Permanent Housing | |
| <input type="checkbox"/> Senior Living Community with supportive services | |

Thank you for your time. That concludes the survey.

Montgomery County PIT Unsheltered Homeless Screening Form

Date: 1/23/2019

Refused? Yes No

General Information: Where did you sleep last night? _____
(address, cross-street, business name, etc....)

Have you completed this survey within the last 8 hours? YES NO

Full Name (if uncomfortable giving at least last 3 letters of last name)	Nickname (if applicable)
Location of interview – be descriptive, list (nearby intersections, restaurants, buildings):	What language do you feel best able to express yourself? Can the client communicate well in English? YES NO

REFUSALS – if the person refuses, please use this box for your observations			
Is the person bedded down and appear to be planning to sleep at this location? YES NO			
Apparent Gender? M F T Estimated Age? _____ Apparent Race? _____			
Ethnicity? Hispanic Non-Hispanic			
Please provide a detailed physical observation of the person (clothing, hair color, skin color, eye color, weight, tattoos, grooming state, belongings etc...)			

General Information (Part 2)

Date of Birth	Age	Gender (M, F, Transgender, Gender Non-Conforming)		
Are you working w/any case manager? Whom?	Are you pregnant?	# of children	Marital Status	
Race, please circle <u>only one</u> : White, Black, Asian, American Indian or Alaskan Native, Native Hawaiian/Pacific Islander, Multi-race			Ethnicity: Hispanic or Non-Hispanic?	
What city or state was your last permanent address?	Have you ever served in the Military? YES NO			
	Did you serve in Active Duty? YES NO			
Did you become homeless directly after being released from jail, a hospital, residential or treatment program? YES NO	Have you ever been in foster care? YES NO			
Do you have income? YES NO If yes, what is the primary source – circle one: employment, social security/all retirement income, Disability SSDI/SSI, TANF/Public Assistance, TDAP, Other (child support, alimony, unemployment, panhandling)				

Are you currently employed? YES NO		
A. History of Housing and Homelessness		Refused
1. Since January 2016, how many times have you been housed and then homeless again? # of times _____		
2. Since January 2016, what was the amount of time you lived on the street or shelter? # of months / years _____.		
B. Risks	Response	Refused
3. Have you ever experienced domestic violence? YES NO If YES , did it cause this episode of homelessness? YES NO		
C. Wellness	Response (circle)	Refused
4. Do you have a long term physical disability (deaf, blind, and mobility limitations)?	YES NO	
5. Do you have any chronic medical conditions (Kidney Disease, Dialysis, Liver Disease, Heart Disease, Diabetes, Cancer, Hepatitis, Tuberculosis)	YES NO	
6. HIV +/-AIDS	YES NO	
Mental Health / Substance Use Concerns	Response (circle)	Refused
7. Have you ever had a problem with alcohol or drugs or been told you do?	YES NO	
8. Have you blacked out due to alcohol or drug use?	YES NO	
9. Ever been told you have a mental health condition or diagnosis?	YES NO	

Additional Questions if they are willing:

1. Can you please provide your social security number, if no, how about the last 4 numbers?

2. To locate you for additional services, housing, please give us an e-mail or phone #

3. To avoid answering these questions again, do we have your permission to enter this information into our homeless database system? _____
4. Provide any further detailed observations of the person and/or the location where they can be found. _____

Thank you for completing the survey! May I take your picture for our record?



Prince George’s County Department of Social Services 2019 Point-In-Time

Team# _____ Interviewers First Initial _____ Interviewers Last Initial _____

Instructions: Enter data for each person in a separate column. Circle the appropriate answer to each question.

Location of encounter (Please, DO NOT SKIP!)

Landmark _____ Street/Address _____ City/Town or Zip _____

Introduction:

Hello, my name is _____ and I’m a volunteer for the Prince George's County Department of Social Services. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and your responses to questions will not be shared with anyone outside of our team. I need to read each question all the way through. Can I have about 10 minutes of your time?

☐ Yes [Proceed with Survey] ☐ No [Thank Respondent and End Survey]

Notes: _____

1. Age in YEARS If unknown, please estimate. Round to the nearest year.					
	Age in Years	Age in Years	Age in Years	Age in Years	Age in Years
2. Relationship If there is more than one person in a group, please indicate the relationship each person has to Person 1 (Self).	SELF	Spouse Child Other	Spouse Child Other	Spouse Child Other	Spouse Child Other
3. Gender circle one response.	Male Female Transgender Unknown	Male Female Transgender Unknown	Male Female Transgender Unknown	Male Female Transgender Unknown	Male Female Transgender Unknown
4. Hispanic? Circle one response.	Hispanic Not Hispanic Unknown Refused	Hispanic Not Hispanic Unknown Refused	Hispanic Not Hispanic Unknown Refused	Hispanic Not Hispanic Unknown Refused	Hispanic Not Hispanic Unknown Refused
5. Race What race is the individual. Circle all that apply.	White Black Asian/Pacific Islander American Indian/Alaskan Other Unknown	White Black Asian/Pacific Islander American Indian/Alaskan Other Unknown	White Black Asian/Pacific Islander American Indian/Alaskan Other Unknown	White Black Asian/Pacific Islander American Indian/Alaskan Other Unknown	White Black Asian/Pacific Islander American Indian/Alaskan Other Unknown
6. Subpopulations Indicate whether or not the individual is in one of the following subpopulations. Circle ONE response for each subpopulation.					
Chronic Substance Abuser Has an alcohol or drug abuse problem expected to be of long-continued and indefinite duration and sustainability impedes a client’s ability to live independently.	Y – Chronic Substance Abuser N – Not a chronic substance abuser U – Unknown	Y – Chronic Substance Abuser N – Not a chronic substance abuser U – Unknown	Y – Chronic Substance Abuser N – Not a chronic substance abuser U – Unknown	Y – Chronic Substance Abuser N – Not a chronic substance abuser U – Unknown	Y – Chronic Substance Abuser N – Not a chronic substance abuser U – Unknown
Seriously Mentally Ill Has a mental health problem expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. May include serious depression, anxiety, violent behavior, and thoughts of suicide.	Y – Yes seriously mentally Ill N – Not seriously mentally Ill U – Unknown	Y – Yes seriously mentally Ill N – Not seriously mentally Ill U – Unknown	Y – Yes seriously mentally Ill N – Not seriously mentally Ill U – Unknown	Y – Yes seriously mentally Ill N – Not seriously mentally Ill U – Unknown	Y – Yes seriously mentally Ill N – Not seriously mentally Ill U – Unknown
HIV/AIDS Individual is HIV positive or AIDS diagnosed.	Y – HIV/AIDS N – No HIV/AIDS U – Unknown	Y – HIV/AIDS N – No HIV/AIDS U – Unknown	Y – HIV/AIDS N – No HIV/AIDS U – Unknown	Y – HIV/AIDS N – No HIV/AIDS U – Unknown	Y – HIV/AIDS N – No HIV/AIDS U – Unknown
Domestic Violence Individual is homeless as a result of domestic violence.	Y – Domestic Violence N – No Domestic Violence U – Unknown	Y – Domestic Violence N – No Domestic Violence U – Unknown	Y – Domestic Violence N – No Domestic Violence U – Unknown	Y – Domestic Violence N – No Domestic Violence U – Unknown	Y – Domestic Violence N – No Domestic Violence U – Unknown
Physical Disability Individual with a vision, hearing, or other sensory impairment that	Y – Physical Disability N - No Physical	Y – Physical Disability N - No Physical	Y – Physical Disability N - No Physical	Y – Physical Disability N - No Physical	Y – Physical Disability N - No Physical



Prince George’s County Department of Social Services 2019 Point-In-Time

Team# _____ Interviewers First Initial _____ Interviewers Last Initial _____

Instructions: Enter data for each person in a separate column. Circle the appropriate answer to each question.

substantially interferes with or limits one or more major life activities.	Disability U – Unknown	Disability U – Unknown	Disability U – Unknown	Disability U – Unknown	Disability U – Unknown
Chronic Health Problems Individual with chronic health problems such as diabetes, cancer, asthma, and arthritis.	Y – Chronic Health Problem N – No Chronic Health Problem U – Unknown	Y – Chronic Health Problem N – No Chronic Health Problem U – Unknown	Y – Chronic Health Problem N – No Chronic Health Problem U – Unknown	Y – Chronic Health Problem N – No Chronic Health Problem U – Unknown	Y – Chronic Health Problem N – No Chronic Health Problem U – Unknown
Veteran Status (prior active duty) Has the individual ever served on active duty in the U.S. Armed forces.	Y – Yes, Prior Active Duty N – No Prior Active Duty U – Unknown	Y – Yes, Prior Active Duty N – No Prior Active Duty U – Unknown	Y – Yes, Prior Active Duty N – No Prior Active Duty U – Unknown	Y – Yes, Prior Active Duty N – No Prior Active Duty U – Unknown	Y – Yes, Prior Active Duty N – No Prior Active Duty U – Unknown
	Enter past 30 day income in dollars. Include wages, retirement, social security, alimony, child support, interest, etc.				
7. Income from Any Source How much income did this person receive in the past 30 days from all sources before taxes and deductions?	\$.00	\$.00	\$.00	\$.00	\$.00
8. Primary Source of Income what is the PRIMARY source of income for this individual? (Primary is the largest amount)	Employment Retirement/Soc. Sec. Disability, SSDI, SSI Public Asst./TANF Other (Alimony, Child Support, VA Benefits, unemployment)	Employment Retirement/Soc. Sec. Disability, SSDI, SSI Public Asst./TANF Other (Alimony, Child Support, VA Benefits, unemployment)	Employment Retirement/Soc. Sec. Disability, SSDI, SSI Public Asst./TANF Other (Alimony, Child Support, VA Benefits, unemployment)	Employment Retirement/Soc. Sec. Disability, SSDI, SSI Public Asst./TANF Other (Alimony, Child Support, VA Benefits, unemployment)	Employment Retirement/Soc. Sec. Disability, SSDI, SSI Public Asst./TANF Other (Alimony, Child Support, VA Benefits, unemployment)
9. Is this individual <u>chronically homeless</u>? Individual with a disability that has been continuously homeless unsheltered or in an emergency shelter for a year or more OR has had at least four (4) episodes of homelessness in the past 3 years. Circle ONE response.	Y – Yes, Chronically Homeless NF – Yes homeless, but not first time, and not chronically homeless N – Not Chronically Homeless U – Unknown	Y – Yes, Chronically Homeless NF – Yes homeless, but not first time, and not chronically homeless N – Not Chronically Homeless U – Unknown	Y – Yes, Chronically Homeless NF – Yes homeless, but not first time, and not chronically homeless N – Not Chronically Homeless U – Unknown	Y – Yes, Chronically Homeless NF – Yes homeless, but not first time, and not chronically homeless N – Not Chronically Homeless U – Unknown	Y – Yes, Chronically Homeless NF – Yes homeless, but not first time, and not chronically homeless N – Not Chronically Homeless U – Unknown
10. Is this individual currently unsheltered? Individual resides in a place not meant for human habitation, such as cars, parks, and abandoned buildings; also persons living on the street, under bridges, in impoverished quarters, or tents. Circle ONE response.	Y – Yes, Unsheltered N – Not unsheltered U – Unknown	Y – Yes, Unsheltered N – Not unsheltered U – Unknown	Y – Yes, Unsheltered N – Not unsheltered U – Unknown	Y – Yes, Unsheltered N – Not unsheltered U – Unknown	Y – Yes, Unsheltered N – Not unsheltered U – Unknown
11. Length of Time Homeless Indicate the estimated amount of time the client has been homeless in the current time. (i.e. 10 days, 3 months, etc.)					
12. Indicate the type of housing that is most appropriate for this individual today (regardless of the type of availability of that type of housing): Circle ONE response.	Emergency Shelter Safe Haven Transitional Housing Permanent Supportive Housing Other Housing	Emergency Shelter Safe Haven Transitional Housing Permanent Supportive Housing Other Housing	Emergency Shelter Safe Haven Transitional Housing Permanent Supportive Housing Other Housing	Emergency Shelter Safe Haven Transitional Housing Permanent Supportive Housing Other Housing	Emergency Shelter Safe Haven Transitional Housing Permanent Supportive Housing Other Housing



Prince George’s County Department of Social Services 2019 Point-In-Time

Team# _____ Interviewers First Initial _____ Interviewers Last Initial _____

Instructions: Enter data for each person in a separate column. Circle the appropriate answer to each question.

13. Where did you stay the previous night? Indicate where the individual spent the previous night. (i.e. street, car, emergency shelter, family or friends, other, etc.)					
14. Additional Contact Information If client would like to provide any contact information for future contact please fill-in. (phone, email)					

PRINCE WILLIAM COUNTY

POINT IN TIME COUNT: January 23, 2019 ***Please Answer Every Question.** *Denotes: Required **Must Have Information**

Have you already taken this survey this week? (If yes, when? _____) Thank you we only need 1 survey. If no, Please Continue)

Reviewer Initials _____

Program: _____ Agency: _____ Person Collecting Information: _____

*1. Where did you sleep on the night of January 23, 2019 date of the count? (Check 1)

Shelter, Transitional Housing, Campsite, Car or other unsheltered in Prince William Area, Manassas City or Manassas Park

Emergency Shelter _____ Overnight Shelter _____ Other temporary cold weather shelter _____

Transitional Housing _____ Other _____

Unsheltered: Eastern PW _____ Western PW _____ Manassas City _____ Manassas Park _____

*2. Demographic Information

Name, Date of Birth, Age, Veteran Status	Gender	Choose Primary Race (1st box) and any other Races that apply (2nd Box)	Hispanic or Latino?
<div>First _____ Middle _____ Last _____</div> <div>Date of Birth _____</div> <div>Ages <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-61 <input type="checkbox"/> 62+</div> <div>Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> <input type="checkbox"/> Asian <input type="checkbox"/> <input type="checkbox"/> Black/African American <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused

*3. Do you have a have Monthly Income?

☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

*4. Primary Source of Household Income (If more than 1 select the highest amount)

- ☐ Employment
☐ Social Security/Other Retirement (includes VA retirement & Social Security survivor benefits)
☐ Disability income (SSI/SSDI, VA Disability income)
☐ Public Assistance/TANF
☐ Other (alimony, child support, unemployment, panhandling) _____
☐ No Income
☐ Client Doesn't Know
☐ Client Refused

*5. Are You Employed?

☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

*6. Subpopulations (Check all that apply)

Limited English speaking proficiency: (Does the person have difficulty speaking or understanding English?)

- ☐ Yes
☐ No

Formerly Institutionalized: During this episode of homelessness were discharged into homelessness from foster care, prison/jail, mental institutions, or long-term care facilities?

☐ Yes ☐ No

Domestic Violence Victim: Have you been a victim of Domestic Violence?

- ☐ Yes ☐ No

If Yes, check Past or Current

- ☐ **Past** Victim of Domestic Violence
☐ **Current** Victim of Domestic Violence

Foster Care: Have you been in Foster Care at any time?

☐ Yes ☐ No

Disability or Substance Abuse☐ Yes ☐ NoIf yes, check all that apply:

- ☐ Alcohol Abuse
- ☐ Both Alcohol & Drug Abuse
- ☐ Drug Abuse
- ☐ Developmental Disability
- ☐ HIV/AIDS
- ☐ Mental Health Problem (including post-traumatic stress disorder)
- ☐ Physical disability (impairment or immobilization of part of the body that is not short term, or hearing, vision or sensory impairment that interferes or limits one or more major life activities)
- ☐ Chronic Health Condition (such as diabetes, cancer, asthma, arthritis)

Disability is evidenced by one of the following:

- ☐ Client Self Report
- ☐ Receives SSI benefits
- ☐ Receives Social Security Disability benefits
- ☐ Receives VA Disability benefits
- ☐ Receives other Disability benefits _____
- ☐ Disability Determination has been made by a professional licensed in the medical or mental health field

7. Extent of Homelessness – answers required for 7a, 7b & 7c*7.a** When did this homeless episode begin?

Approximate date _____

☐ Client Doesn't Know ☐ Client Refused**7.b.** Total number of months homeless on the street or ES in the past 3 years.☐ 1 month, this is the first month (1 day qualifies as 1 month)

If 2-12 Months write the # of months _____

☐ More than 12 months ☐ Client Doesn't Know ☐ Client Refused**7.c.** Regardless of where they stayed last night -- Number of times the client has been homeless on the streets or ES in the past three years including today.
(Today = 1 Time)☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ Client Doesn't Know ☐ Client Refused***8. Zip Code where you last lived for 90 days or more before you became homeless** _____
If Zip not known, indicate _____

City

State

☐ Client Doesn't Know☐ Client Refused***9. Did you participate in the PIT Count last year (January 24, 2018)?**

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused

Comments / Notes:

APPENDIX C: HOMELESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

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

City of Alexandria, Virginia

Description of Homeless Services

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

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

CITY OF ALEXANDRIA HOUSING CRISIS RESPONSE SYSTEM SERVICE COMPONENTS

<u>COMPONENTS</u>	<u>DESCRIPTION</u>
<u>Projects for Assistance in Transition from Homelessness (PATH)</u>	Outreach and assistance provided to adults with serious mental illness who are experiencing homelessness or who are at risk of becoming homeless. Services include community-based outreach, mental health, substance abuse, case management and other supportive services, and a limited set of housing services.
<u>Substance Abuse Peer Support Outreach</u>	Outreach and assistance provided to adults with a Substance Abuse disorder who are experiencing homelessness or at risk of becoming homeless. Services include community-based outreach, referral to mental health, substance abuse, case management and other supportive services, and a limited set of housing services.
<u>Day Shelter</u>	Facility providing services to meet the basic needs of unsheltered homeless individuals including access to showers, laundry machines, lockers, phone and voicemail services, mailing address, case management, outreach, and linkage and referral to community resources.

<u>Homeless Services Assessment Center</u>	Assistance for persons experiencing or at-risk of homelessness to determine the best immediate next step to effectively address the housing crisis. Services include screening for diversion services and emergency shelter as appropriate, basic needs assessment, and mainstream and community resource linkages and referrals.
<u>Diversion and Prevention Services</u>	Temporary support to persons at-risk of homelessness including housing location, case management, housing counseling, linkage to mainstream resources, landlord-tenant mediation, job search assistance and employment services, budgeting/ financial management and financial assistance.
<u>Emergency Shelter</u>	Temporary lodging and supportive services for homeless individuals and families.
<u>Domestic Violence Program</u>	Crisis intervention and supportive counseling services to victims of domestic and sexual violence. Services include temporary accommodations, 24-hour hotline, individual counseling, support groups, and court and medical facility accompaniment.
<u>Rapid Re-housing Assistance</u>	Temporary supportive services and limited financial assistance to aid persons experiencing homelessness to quickly return to and remain in permanent housing.
<u>Winter Shelter</u>	Seasonal shelter from November 1 to April 15 to protect persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.
<u>Safe Haven</u>	Supportive housing for hard-to-reach homeless individuals with serious mental illness who have been unable or unwilling to participate in housing or supportive services.
<u>Transitional Housing</u>	Extended supportive housing targeting homeless individuals and families needing longer-term assistance to facilitate a move to permanent housing.
<u>Permanent Supportive Housing</u>	Permanent housing with supportive services including barrier-free units for individuals designed to allow formerly homeless adults with children and individuals with serious mental illness to live in the community as independently as possible.
<u>Other Permanent Housing Resources</u>	Public housing units with and without supportive services; private income-based apartment units; Housing Choice voucher-subsidies; as well as rent relief subsidy for seniors and the disabled.

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 46 beds (14 for male households without children and 32 for households with adults and children). Since the 2018 PIT enumeration, Alexandria has decreased Transitional Housing for households without children from 16 to 14 beds.

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 50 undesignated seasonal beds to protect unsheltered persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.

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

<u>INVENTORY TYPE</u>	<u>Units for Households with Adults & Children</u>	<u>Beds for Households with Adults & Children</u>	<u>Beds for Households without Children</u>	<u>Year-Round Beds</u>
<u>Winter Shelter</u>	-	14*	36*	-
<u>Emergency Shelter</u>	-	54	70+	124
<u>Domestic Violence Program Shelter</u>	-	14	7	21
<u>Transitional Housing</u>	10	32‡	14	46
<u>Safe Haven</u>	-	-	12	12
TOTAL	12	129	151	213

- Not Applicable

* These numbers represent a combined total of 50 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 2018 WINTER ENUMERATION

PROJECT BASED RENTAL ASSISTANCE PROGRAM (PBRAP)

The City of Alexandria's Office of Housing developed a pilot program created to provide rental assistance to households qualified through a coordinated process among the City of Alexandria's Department of Community and Human Services (DCHS), the Office of Housing (Housing) and participating non-profit housing developers in the City.

Qualified households will pay at least 30% of their income for rent and the City will provide a monthly rental-assistance payment to subsidize tenant payments up to the approved rent level. By creating deep affordability, the assistance is intended to serve those at the lowest income levels who face substantial housing barriers. In addition, as appropriate to help those assisted attain their potential maximum level of independence and self-sufficiency, a range of case management services and other support services and other support will be coordinated through DCHS.

This program will provide rental subsidy to ten formally homeless adults in the redeveloped Carpenter's Shelter.

HOMELESS SERVICES ASSESSMENT CENTER & COORDINATED ENTRY

The Homeless Services Assessment Center (HSAC) is a low-barrier, coordinated entry point serving all of Alexandria City, and ensures that all residents in housing crisis have assistance accessing the appropriate resources. HSAC staff assesses all persons for diversion first, then emergency services, with the ultimate goal of securing safe and stable housing.

Using the National Alliance to End Homelessness's Housing Prioritization Tool, fourteen questions are asked to determine housing services needed. The tool quantifies households' homeless history and vulnerability separately, before combining them to recommend transitional housing, rapid rehousing, or permanent supportive housing interventions. Based on the assessment households are referred to these programs, then accepted according to community priorities as funding or vacancies come available. Clients in need of crisis housing are referred to emergency shelter in the meantime, where case managers work with them toward the identified housing goal. The initial assessment is used as a guide and not a final housing plan, as further screenings may reveal other housing needs.

Additionally, HSAC has worked to increase access to homeless assistance for Alexandria residents, recently implementing a walk-in screening process for individuals experiencing homelessness. Removing the barrier of scheduled assessments reduced client wait-times and increased the number of persons HSAC has been able to successfully assess for crisis housing assistance.

HOMELESS POINT-IN-TIME RESULTS

The Partnership conducted the 2019 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 also gives the CoC the ability to conduct a Point-in-Time count on an ad-hoc basis, leaving potential for comparable Summer PIT data in the future. A manual count of unsheltered homeless persons was conducted under the leadership of the Office of Community Services and Homeless Services/PATH Coordinator. Reflected below are the demographic and sub-population comparisons from previous year enumerations.

HOMELESS COUNT BY HOUSEHOLD TYPE

A total of 198 persons experiencing homelessness were identified, a 12% decrease from 2018. There were no households with only children identified in the 2019 count. There were 124 households without children, an 13% decrease from 2018. There were 84 single men, a 15% decrease from 99 in 2018. There were 40 single women, a 5% decrease from 42 in 2018. Several factors may be contributing to the decrease in singles in our community, such as the changes to walk-in services for coordinated entry and an increase in the Rapid Re-Housing of singles this past fiscal year, from 23 to 54 positive exits.

On the night of the count 23 households with adults and children were literally homeless, a 21% decrease from 29 in 2018. The number of persons in families fell to 74 from 84, an 12% decrease from 2018. The number of adults decreased by 10% from 31 in 2018 to 28 in 2019. The number of children decreased to 46 from 53, a 13% decrease from 2018.

TOTAL COUNT AND BREAKOUT BY HOUSEHOLD TYPE

<u>PERSONS EXPERIENCING HOMELESSNESS</u>	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>		
Total Persons	416		267		224		211		226		198		
<u>HOUSEHOLDS WITHOUT CHILDREN</u>													
- -													
Men	198	75%	111	70%	97	75%	83	69%	99	70%	84	68%	
Women	66	25%	48	30%	32	25%	36	30%	42	30%	40	32%	
Transgender	0	0%	0	0%	0	0%	1	1%	1	1%	0	0%	
Total Households	264		159		129		120		142		124		
<u>HOUSEHOLDS WITH ADULTS & CHILDREN</u>													
- -													
Total Households	52		34		28		30		29		21		
Single Parent Households	46	88%	33	97%	26	93%	26	87%	27	93%	17	81%	
Adults	58	34%	37	34%	31	33%	35	38%	31	37%	28	38%	
Children	94	66%	71	66%	64	67%	56	62%	53	63%	46	62%	
Total Persons in Households	152		108		95		91		84		74		

Ninety-two percent of households without children were sheltered, while 8% were unsheltered on the street or in places unfit for human habitation. The number of unsheltered households without children decreased from 2018 by 33% from 15 to 10 people. One-hundred percent of households with adults and children were sheltered (61% in emergency shelters; 9% in the domestic violence program shelter; and 30% in transitional housing).

BREAKOUT BY LOCATION ON THE NIGHT OF THE COUNT

LOCATION ON THE NIGHT OF THE COUNT	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
Unsheltered	42	10%	23	9%	12	5%	18	9%	15	7%	10	5%
Sheltered	374	90%	244	91%	212	95%	193	91%	211	93%	188	95%
Total Persons	416		267		224		211		226		198	
<u>HOUSEHOLDS WITHOUT CHILDREN</u>	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
Place Not Meant for Human Habitation	42	16%	23	14%	12	9%	18	15%	15	11%	10	8%
Winter Shelter	57	22%	35	22%	31	24%	39	33%	37	26%	27	22%
Emergency Shelter	102	39%	71	45%	60	47%	39	33%	63	44%	63	51%
Emergency Shelter for Registered Sex Offenders	-	-	3	2%	4	3%	0	0%	0	0%	0	0%
Domestic Violence Program Shelter	*	*	3	2%	0	0%	3	3%	3	2%	0	0%
Transitional Housing	51	19%	15	9%	10	8%	10	8%	12	8%	13	10%
Safe Haven	12	5%	9	6%	12	9%	11	9%	12	8%	11	9%
Total Households	264		159		129		120		142		124	

HOUSEHOLDS WITH ADULTS & CHILDREN	2011		2015		2016		2017		2018		2019	
Number of Households	-											
Place Not Meant for Human Habitation	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Winter Shelter	0	0%	0	0%	0	0%	2	7%	2	7%	1	5%
Emergency Shelter	25	48%	15	44%	13	46%	15	50%	17	59%	11	52%
Domestic Violence Program Shelter	*	*	4	12%	3	11%	1	3%	3	10%	2	10%
Transitional Housing	27	52%	15	44%	12	43%	12	40%	7	24%	7	33%
Total Households	52		34		28		30		29		21	

HOMELESS COUNT BY SUBPOPULATION

As reflected in the chart below, the 2019 enumeration yielded an increase in counts in subpopulation categories, particularly surround Serious Mental Illness. We suspect that the increases are directly related to increased data quality in HMIS and understanding around co-occurring definitions, which has resulted in a more accurate count than in the past as well as increases in the SMI enumerations this year.

Thirty one percent of households without children met HUD's definition of "chronic homelessness," a 33% decrease from 2018. Eleven percent had a diagnosable substance use disorder, a 45% decrease from 2018; 33% had a serious mental illness; and 13% had a co-occurring diagnosable substance use disorder and serious mental illness. Eight percent had a physical disability, and 12% had chronic health conditions.

There were no household with adults and children identified as chronically homeless in 2019, a 100% decrease from the one family identified last year. One percent of households with adults and children were homeless as a direct result of fleeing domestic violence. This represents a decrease from 6 to 2 households and a decrease from 11 to 8 total people.

CHRONIC HOMELESS AND SUBPOPULATION BREAKOUT

<u>CHRONIC HOMELESSNESS</u>	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
Households without Children	109	41%	48	30%	47	36%	43	36%	57	40%	38	31%
Households with Adults & Children	0	0%	3	9%	0	0%	0	0%	1	3%	0	0%
<u>SUBPOPULATIONS (ALL ADULTS)†</u>	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
Veterans	27	14%	12	6%	5	3%	6	4%	8	5%	7	5%
Substance Use Disorder	91	46%	41	21%	27	17%	24	15%	31	18%	17	11%
Serious Mental Illness	54	28%	43	22%	42	26%	64	41%	36	21%	50	33%
Co-Occurring	45	23%	29	15%	18	11%	12	8%	22	13%	20	13%
Physical Disability	28	14%	16	8%	13	8%	13	8%	16	9%	12	8%
Chronic Health Conditions	78	40%	20	10%	15	9%	14	9%	22	13%	18	12%
HIV/AIDS	6	3%	1	1%	6	4%	4	3%	5	3%	4	3%
Limited English Proficiency	26	13%	11	6%	10	6%	2	1%	4	2%	10	7%
History of Foster Care	8	4%	7	4%	3	2%	12	8%	15	9%	12	8%
Institutional Discharge^	43	22%	16	8%	23	14%	14	9%	26	15%	18	12%

DOMESTIC VIOLENCE	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
<u>Homeless Due to Domestic Violence</u>	-	-										
Total Households	*	*	12	6%	4	3%	9	6%	6	3%	2	1%
Single Women	*	*	4	8%	1	3%	4	11%	3	7%	0	0%
Women w/Minor Children	*	*	8	25%	3	12%	5	19%	3	11%	2	25%
Children	*	*	20	28%	9	14%	14	25%	5	9%	6	13%
Total Persons	50	12%	32	12%	13	6%	23	11%	11	5%	8	4%

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

Twenty-seven percent of persons in households without children were employed in 2019. Forty-two percent of households without children reported receiving no income. Of the 56% receiving income, the majority (55%) reported a gross monthly income of \$501-\$1,000. Thirty-eight percent had a monthly gross income higher than \$1,000. Forty-three percent of persons receiving income reported employment as their primary or largest source. Thirty-nine percent reported disability income as the primary source, the same as in 2018.

Seventy percent of people reported as not being employed however, forty percent of those unemployed are receiving some sort of income. This leads us to believe that this sub-population is mainly receiving income from a disabling condition, making their ability to increase monthly income or secure employment much more challenging. This presence of disabilities and limited income for clients beyond those defined as chronically homelessness highlight a need for less restrictive supportive housing in the City.

EMPLOYMENT IN HOUSEHOLDS WITHOUT CHILDREN

EMPLOYMENT	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
Not Reported	0	0%	0	0%	0	0%	1	1%	2	1%	3	2%
No	182	69%	101	64%	94	73%	82	68%	100	70%	87	70%
Yes	82	31%	58	36%	35	27%	37	31%	40	28%	34	27%

GROSS MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

GROSS MONTHLY HOUSEHOLD INCOME	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
Not Reported	0	0%	2	1%	1	1%	3	3%	3	2%	3	2%
No	114	43%	71	45%	57	44%	52	43%	57	40%	52	42%
Yes	150	57%	86	54%	71	55%	65	54%	82	58%	69	56%
<u>Income Amount</u>												
\$1-150	10	7%	4	5%	0	0%	0	0%	0	0%	0	0%
\$151-250	13	9%	3	3%	5	7%	2	3%	2	2%	2	3%
\$251-500	20	13%	5	6%	7	10%	6	9%	5	6%	3	4%
\$501-1,000	68	45%	39	45%	39	55%	29	45%	43	52%	38	55%
\$1,001-1,500	18	12%	16	19%	9	13%	12	18%	18	22%	13	19%
\$1,501-2,000	17	11%	13	15%	11	15%	6	9%	5	6%	6	9%
More than \$2,000	4	3%	6	7%	0	0%	7	11%	8	10%	7	10%
<u>~Primary Source of Income</u>												
Wages	81	54%	58	67%	35	49%	34	52%	44	54%	30	43%
Retirement ⁺	2	1%	1	1%	6	8%	2	3%	3	4%	6	9%
Disability [^]	52	34.5%	24	28%	27	38%	25	38%	32	39%	27	39%
Public Assistance [*]	0	0%	0	0%	0	0%	0	0%	1	1%	5	7%
Other ^{**}	16	10.5%	3	3%	3	4%	3	5%	2	2%	1	1%
No Reported	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

Sixty-five percent of adults in households with adults and children were employed, an increase from 55% in 2018. Seventy-four percent of adults in households with adults and children reported receiving income, an increase from 68% in 2018. Of those receiving income, 87% reported employment as the primary source. The gross monthly income amount for households with adults and children has remained despite changes in the total number of families. Forty-eight percent of households with adults and children had an income greater than \$1501, the same as in 2018.

Seventy-four percent of our households with adults and children have a gross monthly income and sixty-five percent of that income is \$1k or more. This can be due to the increase in household size and there not being enough wages in the household to meet the needs of additional members. We have also seen a reduction in the affordable housing due to the redevelopment of properties in Alexandria.

EMPLOYMENT IN HOUSEHOLDS WITH ADULTS AND CHILDREN

EMPLOYMENT (ADULTS)	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
Not Reported	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No	21	41%	8	22%	12	39%	14	40%	14	45%	8	26%
Yes	37	73%	29	78%	19	61%	21	60%	17	55%	20	65%

GROSS MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

GROSS MONTHLY INCOME (ADULTS)	<u>2011</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
Not Reported	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No	8	15%	1	3%	4	13%	9	26%	10	32%	5	16%
Yes	44	85%	36	97%	27	87%	26	74%	21	68%	23	74%
<u>Income Amount</u>				*		*						
\$1-150	1	2%	0	0%	0	0%	1	4%	0	0%	0	0%
\$151-250	0	0%	0	0%	2	7%	3	12%	0	0%	0	0%
\$251-500	7	16%	7	19%	5	19%	3	12%	4	19%	4	17%
\$501-1,000	10	23%	11	31%	6	22%	3	12%	2	10%	4	17%
\$1,001-1,500	13	30%	10	28%	10	37%	5	19%	5	24%	4	17%
\$1,501-2,000	5	11%	5	14%	2	7%	4	15%	5	24%	6	26%
More than \$2,000	8	18%	3	8%	2	7%	7	27%	5	24%	5	22%
<u>~Primary Source of Income</u>												
Wages	35	79.5%	29	81%	19	70%	19	73%	17	81%	20	87%
Retirement ⁺	0	0%	0	0%	0	0%	0	0%	0	5%	0	0%
Disability [^]	0	0%	1	3%	1	4%	1	4%	1	5%	1	4%
Public Assistance [*]	7	16%	6	17%	7	26%	6	23%	1	5%	2	9%
Other ^{**}	2	4.5%	0	0%	0	0%	0	0%	2	10%	0	0%

HOMELESS POINT-IN-TIME RESULTS ANALYSIS

The data indicates the City of Alexandria is back on track at reducing homelessness following a brief numerical plateau in annual Point-in-Time results. The 2019 enumeration had a significant decrease in households without children compared to 2018, specifically the single male population residing in emergency shelters. This can be attributed to targeted housing policies for that population and some natural regression back to the mean.

Inflated counts in 2018 resulted from a change at coordinated entry that increased shelter access for single adults. Recognizing the pressure this change placed on the shelter system, the CoC adjusted allocation of Rapid Rehousing dollars in FY19 in order to house more households without children. Currently the CoC portions Rapid Rehousing funds to families or singles according to their representation in the shelter system. The 2019 enumeration highlights the impact this strategy has

produced on reducing homelessness in the City of Alexandria, specifically decreasing the number of households without children experiencing homelessness.

Another significant result is the increase in adults with a serious mental illness, and an increase in people with limited English proficiency in our adult population. This represents the need for housing solutions for people who may not fit the chronic homeless definition but need additional supports beyond a short term subsidy. Our chronic homeless population has decreased this year and the CoC credits our coordinated entry process and the ability to prioritize these clients for permanent housing opportunities that become available. Since the beginning of the fiscal year the CoC has moved 10 clients from its prioritized list into permanent housing, 2 more than the previous year.

HOMELESSNESS PREVENTION, SHELTER DIVERSION AND HOUSING PLACEMENT

PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS

To assist formerly homeless persons, the CoC currently operates 39 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** – 13 households totaling 51 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** – 24 households totaling 54 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** – As intended, the CoC saw a massive increase in the Rapid Re-Housing of singles with 54 exiting to permanent housing through three quarters this year, compared to just 23 during the same timeframe last year. This progress was a direct result of the CoC's strategic reallocation of Rapid Rehousing funds to serve the largest population in our shelters, single adults, and was highlighted by the decrease of that group on the 2019 PIT Enumeration. Rapid Re-Housing services included case management, housing search assistance, rental assistance and housing stability related financial aid.

It is clear that our rapid re-housing programs have a direct impact on reducing homelessness in the City of Alexandria, specifically decreasing the number of households without children

experiencing homelessness in FY19, but it is not without unique challenges: 1) Households still struggle to find affordable units for which they qualify; 2) The extent of need for rental assistance consistently exceeds original projections; 3) The assistance must be tailored to fit the household's budget and ability to sustain housing costs post-assistance, which often limits the household's ability to meet its housing need; and 4) Grantors' guidelines for rapid re-housing funding assistance dictate that rental subsidies not exceed fair market rents, which creates a barrier for households to access the limited permanent housing for which they qualify. This is a result of the City of Alexandria's high demand rental market where there is a huge gap between the fair market rents and the market rates.

FUTURE TRENDS IN HOMELESSNESS

The greatest barriers to 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 above, 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 \$110,300).

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 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 the continued advocacy 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 (\$110,300), 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, Virginia

Description of Homeless Services

The Arlington County Continuum of Care (CoC) has spent over a decade strengthening its crisis response system to prevent homelessness at every opportunity and resolve it swiftly by connecting individuals and families to permanent housing. The CoC has a clear mission to sustain an integrated, community-based support system which helps households at risk of homelessness keep their housing, and assist any household that does become homeless in regaining stable housing. Our mission is supported by a shared community responsibility, that includes collaborative planning, an alignment of stakeholders and resources essential to Arlington County's Action Plan on Ending Homelessness.

The Arlington County CoC includes:

- **Centralized Access System (CAS):** Provides access to services across the entire Arlington CoC, matching households, as quickly as possible, with the interventions that will most effectively and efficiently prevent or end their homelessness and lead to stability.
- **Street Outreach and Engagement:** Outreach workers connect with individuals living on the street and other outdoor environments to help navigate them towards a path of stability and housing.
- **Targeted Prevention:** Efforts to provide services to at-risk households in order to prevent homelessness before it occurs are an integral part of the Arlington CoC.
- **Shelters:** Five Arlington County homeless shelters provide a safe, structured environment for singles and families who are experiencing homelessness as well as survivors of domestic violence.
- **Transitional Housing:** Transitional housing programs provide housing services to help Arlington families and individuals prepare for permanent housing.
- **Rapid Re-housing:** Rapid Re-housing programs move households quickly out of shelter into housing with rental support and services to help families maintain housing.
- **Permanent Supportive Housing:** 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.

Arlington County has made several notable accomplishments since its last jurisdictional update in 2018. Below are just a few highlights of the County's successful efforts to serve its most vulnerable populations and build an inclusive community as a direct result of community and coordinated systems of engagement.

- Arlington County has the **lowest eviction rate (0.86%) in the state of Virginia** ¹among large communities that collect data.
- Partnering with the Department of Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH), Arlington County's local Housing Choice Voucher program, recognized as a *Public Housing Authority*, was awarded **15 HUD-VASH Vouchers** to house Veteran service members in April 2018.

¹ Based on the Eviction Lab at Princeton University's nationwide database of evictions.

- Arlington County's CoC partnered with the local Housing Choice Voucher program, the Department of Human Services and other private nonprofit partners to bring **40 Mainstream (Section 811) Vouchers** to Arlington County to serve non-elderly persons with disabilities who are transitioning out of institutional or other segregated settings, at risk of institutionalization, homeless, or at risk of becoming homeless.
- In October 2018, Arlington County received an **expansion grant for Permanent Supportive Housing** under Virginia's Department of Behavioral Health and Developmental Services to serve more individuals and families with high needs for supportive services.
- The Arlington County CoC transformed its governance structure to include a **Leadership Board** that can guide annual CoC priorities, make decisions regarding the allocation of resources, service needs and program components.
- Arlington County's CoC added a **Consumer Council** to its executive committee where individuals who are currently or formerly homeless are empowered to formally convey input and policy recommendations around local strategies to prevent and end homelessness.
- Arlington County's commitment to racial equity has been reaffirmed by its CoC as efforts are underway to **find solutions to address racial disparities** that impact African-Americans that enter the shelter system.
- The Arlington County CoC has added **additional Rapid Re-housing funding for single adults** experiencing homelessness through HUD's reallocation process.

This 2019 jurisdictional narrative report details Arlington County's Point-in-Time survey results as of January 23, 2019.

Current Inventory of Beds for Homeless Persons

The table below illustrates the County's current inventory of beds (emergency shelter and transitional housing) available within the continuum of care on the day of the count. There were modest changes in inventory from 2018 to 2019, including a reduction in 3 transitional housing beds for singles and the addition of 1 bed for families.

Year-Round and Winter Inventory of Beds				
	Beds for Singles	Beds for Families	All Year-Round Beds	Winter Beds
<i>Hypothermia/Overflow/Other</i> (Additional winter Capacity)	0	0	0	25
<i>Emergency Shelter Beds</i>	99	80	178	0
<i>Transitional Housing Beds</i>	9	8	21	0
TOTAL	<u>108</u>	<u>89</u>	<u>197</u>	<u>25</u>

Point-in-Time Count

Arlington County's Department of Human Services led the 2019 Point-in-Time (PIT) survey on January 23, 2019 in conjunction with the Metropolitan Washington Council of Governments (COG), local homeless non-profit partners and members of the community.

Arlington County experienced an overall decrease of 3% in the total number of persons experiencing homelessness counted:

Arlington County Point-in-Time Count						
	2015	2016	2017	2018	2019	% Change 2018-2019
<i>Singles</i>	164	124	147	144	149	3%
<i>Families</i>	75	50	85	77	66	-14%
TOTAL	<u>239</u>	<u>174</u>	<u>232</u>	<u>221</u>	<u>215</u>	-3%

Arlington County Point-in-Time Count						
	2015	2016	2017	2018	2019	% Change 2018-2019
<i>Sheltered</i>	200	155	199	186	179	-4%
<i>Unsheltered</i>	39	19	33	35	36	3%
TOTAL	<u>239</u>	<u>174</u>	<u>232</u>	<u>221</u>	<u>215</u>	-3%
<i>*Unsheltered: Singles or families experiencing homelessness in a place not meant for human habitation within and/or across jurisdictional boundaries.</i>						

Though slight, factors contributing to the decrease of overall homelessness include:

- **Shelter Diversion:** Arlington County continues to have creative problem-solving conversations at each point of entry that help people experiencing a housing crisis quickly identify and access safe alternatives, connect with community resources and family supports, and housing search.
- **Eviction/Prevention Services:** The Arlington County's CoC maintains a robust menu of targeted prevention services to assist households faced with eviction. Without these services, the Arlington CoC would have an increased number of individuals and families requesting and receiving emergency shelter services.
- **Housing Grants:** Unique to Arlington County, the Housing Grants program provides rental assistance to eligible low-income renters who are 65 years or older, totally and permanently disabled, working families with at least one child under age 18 or clients and patients of a

County-operated behavioral health program. These grants cover a portion of monthly rent, depending on household income, household size and maximum rent amounts.

- **Continuation of Housing First Approach:** Housing First emphasizes moving households into permanent housing as quickly as possible, and then providing ongoing services to help maintain housing while addressing personal needs/challenges. Households with leasing barriers (including little or no income), are quickly moved into permanent housing with rental assistance, service supports and a plan to sustain their housing.

Factors contributing to the five-person, or 3%, increase in the unsheltered population include:

- **Street Outreach:** Service workers continue to be proactive in their outreach efforts throughout the year, often encountering extremely difficult to engage persons. Many individuals living on the street are transient and connected to services in other jurisdictions. Street Outreach continues to move individuals into permanent housing with rental assistance and support services through different housing interventions.

Factors contributing to the one-person, or 3%, increase in the single adult population include:

- **Largest Population:** As noted by the National Alliance to End Homelessness, most of the people who experience homelessness are single adults, and Arlington is no exception to that trend. Single adults experiencing homelessness remain the largest population in the CoC.

Point-in-Time (PIT) Subpopulations Count

Chronically Homeless PIT Table						
	2015	2016	2017	2018	2019	% Change 2018 to 2019
<i>Chronically Homeless – Sheltered Households without Children</i>	79	45	61	57	74	30%
<i>Chronically Homeless – Sheltered Households with Children</i>	2	0	2	0	0	0%
TOTAL	<u>81</u>	<u>45</u>	<u>63</u>	<u>57</u>	<u>74</u>	<u>30%</u>

Chronically Homeless: For the purposes of the PIT, the chronically homeless count reflects self-reported information that is vetted through a by-names list and often results in a lower number of truly chronically homeless persons in the Arlington CoC. Arlington County estimates 25% of the chronically homeless individuals self-reported during the PIT count reside outside of the County's jurisdiction. Chronically homeless persons continue to remain to be prioritized for resources.

Veteran PIT Table						
	2015	2016	2017	2018	2019	% Change 2018 to 2019
<i>Veteran – Sheltered Households without Children</i>	17	6	10	8	9	12.5%
<i>Veteran – Sheltered Households with Children</i>	2	0	0	0	1	100%
TOTAL	<u>19</u>	<u>6</u>	<u>10</u>	<u>8</u>	<u>10</u>	<u>25%</u>

Veterans: For the purposes of the PIT, individuals self-identify Veteran status during the survey which is later vetted through a by-names list and frequently results in a lower number of VA-eligible Veterans. Arlington reached functional zero for homeless veterans in December 2015 and has largely continued to sustain functional zero since that time.

Domestic Violence PIT Table						
	2015	2016	2017	2018	2019	% Change 2018 to 2019
<i>Domestic Violence Current (DVC) Sheltered Households without Children</i>	14	5	6	3	6	100%
<i>Domestic Violence Current (DVC) – Sheltered Households with Children</i>	22	17	20	25	21	-16%
TOTAL	<u>36</u>	<u>22</u>	<u>26</u>	<u>28</u>	<u>27</u>	<u>-4%</u>

Domestic Violence (DV) Survivors: DVC households are those whose current episode of homelessness is a direct result of fleeing domestic violence. Comparing 2018 to 2019, the overall total number of homeless DVC households was a one-person, decrease of 4%.

Transition-Aged Youth (TAY) PIT Table						
	2015	2016	2017	2018	2019	% Change 2018 to 2019
<i>TAY Households without Children</i>	5	6	3	2	6	200%
<i>TAY Households with Children</i>	18	15	24	13	8	-38%
TOTAL	<u>23</u>	<u>21</u>	<u>27</u>	<u>15</u>	<u>14</u>	<u>-7%</u>

Transitioned-Aged Youth (TAY): Although the Arlington CoC experienced a 7% decrease from 2018 to 2019, we have recognized the vulnerability and difficulties reaching this population. In 2019, the Arlington CoC again applied strategies from Chapin Hall's Voices of Youth Count Toolkit to conduct its second targeted street count as a part of its PIT. Strategies included:

- A Come and Be Counted location at a local community center that served as safe place for youth to participate in the PIT survey
- Using 10 youth surveyors inclusive of the local teen network board and accompanied by Child and Family Services staff to conduct outreach at known youth frequented locations in the community
- An addendum to the standard PIT survey information collected by HUD to better understand the needs of those being surveyed

We have learned we must continue to be active and intentional towards identifying youth at risk for or experiencing homelessness but look beyond the Point-In-Time Count to quantify and inform the need in our community.

Arlington County Permanent Housing Inventory Chart

The chart below enumerates permanent housing options for homeless persons as of the day of the 2019 PIT count.

Arlington County Permanent Housing Inventory Chart			
Rapid Re-Housing Chart			
Singles		Families	
Number of Programs	Beds Utilized	Number of Programs	Beds Utilized
2	19	5	124
Permanent Supportive Housing Chart			
Singles		Families	
Number of Programs	Beds Utilized	Number of Programs	Beds Utilized
6	182	1	63

Other Permanent Housing Chart			
Singles		Families	
Number of Programs	Beds Utilized	Number of Programs	Beds Utilized
0	0	1	6
TOTAL Number of Programs	TOTAL Number of Beds Utilized	TOTAL Number of Programs	TOTAL Number of Beds Utilized
Singles		Families	
<u>8</u>	<u>202</u>	<u>7</u>	<u>193</u>

Individuals Exiting Shelter Connected to Permanent/Stable Housing Chart:

Individuals Exiting Shelter Connected to Permanent/Stable Housing Chart								
	FY 2015		FY 2016		FY 2017		FY 2018	
	# Exited	% Realize Housing	# Exited	% Realize Housing	# Exited	% Realize Housing	# Exited	% Realize Housing
<i>Family Shelters</i>	160	76%	138	82%	122	86%	145	86%
<i>Domestic Violence Shelter</i>	75	59%	68	53%	62	45%	47	51%
<i>Individual Shelters</i>	121	17%	200	36%	201	43%	183	45%

Conclusion

Arlington continued to see a moderate decrease in its Point-in-Time count numbers this year, with exception to the self-reported chronically homeless and veteran subpopulations. Arlington may explore adjusting its PIT methodology in future counts to determine where individuals not previously known to the CoC originated and spend additional time vetting those who self-report as chronically homeless or Veterans. We believe the success of these decreased trends are a result of crucial federal, state, local and private funding coupled with a commitment from service providers, landlord partners, volunteers, and community members. Permanent Supportive Housing and Rapid Re-housing have become essential interventions apart of our system that offer a rapid pathway out of homelessness to many of those we serve.

Challenges within Arlington County's CoC continue to include employment income maximization, families experiencing homelessness, immigrant households, survivors of domestic violence, youth homelessness, and the aging population. As Arlington is on the heels of functionally ending chronic homelessness, we expect a part of our focus to pivot towards single adults and families experiencing homelessness.

We know that housing affordability, domestic violence, healthcare, LGBTQ+, employment, criminal justice, and food insecurity all intersect homelessness. Through a diverse cross-sector approach Arlington County remains committed to working towards actionable strategies and solutions that are trauma-informed and racially equitable.

The District of Columbia

DESCRIPTION OF HOMELESS SERVICES

Homeward DC, the District of Columbia Interagency Council on Homelessness's strategic plan,² provides the continuum of care (CoC) with a framework for operating homeless services in the District, with the goals of ending chronic homelessness and making homelessness rare, brief, and nonrecurring.

In implementing these efforts, the District makes the following services available for residents facing housing crises: winter- and year-round emergency shelter, meal services, daytime services, street outreach, emergency rental assistance, targeted prevention assistance, transitional housing, rapid rehousing, targeted affordable housing,³ and permanent supportive housing. These services are available for unaccompanied adults, persons in families, unaccompanied youth, and pregnant and parenting youth. Moreover, the CoC targets many of its services to specific subpopulation groups such as veterans, the LGBTQ population, and survivors of domestic violence to better meet their unique service needs.

Families in the District seeking homeless services may visit the Department of Human Services' (DHS) Virginia Williams Family Resource Center for referral to preventative and emergency resources based on need. All families placed in shelter from Virginia Williams have access to rapid rehousing resources while a smaller subset are matched to longer-term interventions via the District's Coordinated Assessment and Housing Placement (CAHP) system.⁴

Since 2015, Mayor Muriel Bowser's Administration has made several policy shifts that have changed the District's approach to serving families experiencing homelessness. In 2015, the Administration reversed the District's policy of making placements into family shelter only during the winter months and now offers year-round access regardless of the weather. The District also launched the Homelessness Prevention Program (HPP), which aims to help families resolve a housing crisis before a shelter stay is necessary and connect them to shelter when there are no other safe options. The Administration also developed a citywide strategy to close the DC General Family Shelter and replace it with smaller, service-enriched, Short Term Family Housing (STFH) programs to improve the experience families have in shelter. In 2018, the District realized a major milestone with the closure of DC General and the opening of three STFH sites. STFH operates as emergency shelter in community-based locations serving approximately 50 families at each site as opposed to the 260 served at DC General. Families in STFH have access to more private space and neighborhood amenities while they receive services to support their exit to housing as quickly as possible.

² ich.dc.gov/page/homeward-dc-ich-strategic-plan-2015-2020

³ Targeted affordable housing is a permanent subsidy earmarked for use by the homeless services system that provides with light-touch services, targeted to those living with a disabling condition, who do not require the level of services associated with permanent supportive housing.

⁴ CAHP provides standardized access and coordinated referrals to the housing placement process that ensures that persons experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs.

Unaccompanied adults experiencing homelessness may access any of the District's low barrier emergency shelters for overnight accommodations and meals. In 2018, the District and The Community Partnership for the Prevention of Homelessness (TCP), DHS's prime contractor for homeless services, expanded staffing at year-round low barrier shelters, bringing on 23 more case managers to help reduce case management ratios and speed up system exits among those who have been in shelter the longest.

In an effort to further enhance service connectivity for unaccompanied adults experiencing homelessness, DHS opened in February 2019 a Downtown Day Services Center in partnership with the Downtown DC Business Improvement District and Pathways to Housing DC. The Center offers a variety of supportive services including those from the District Department of Employment Services, the Department of Health's Office of Vital Records, the Department of Motor Vehicles, DHS's Economic Security Administration, Unity Health Care, and the Washington Legal Clinic for the Homeless. The Center also provides meals and access to laundry and shower facilities building on the services offered at the Adams Place Day Center, which DHS opened in 2016.

2019 Continuum of Care Inventory

The following table shows the number of units for unaccompanied individuals and families (as well as beds within the family units) in the District's CoC. This inventory includes all programs dedicated to serving households who are currently are experiencing or who have experienced homelessness. Most of the District's resources receive funding from DHS, with additional funding coming from the U.S. Departments of Housing and Urban Development (HUD), Health and Human Services (HHS), and Veterans Affairs (VA), as well as from other private funding sources.

DISTRICT OF COLUMBIA 2018 SHELTER & HOUSING INVENTORY			
Category	Units for Individuals	Units for Families	Beds in Family Units
Winter Shelter	839	-	-
Emergency Shelter	2,384	667	2266
Transitional Housing	900	225	605
Rapid Rehousing	365	1,893	5,803
Permanent Supportive Housing	3,729	1,274	3,983
Other Permanent Housing	1,779	976	3,032

DHS works with TCP to implement CoC operations and programming. TCP is the CoC's Collaborative Applicant for HUD CoC Program funding, administers the District's Homeless Management Information System (HMIS), and conducts PIT on behalf of the District.

The District of Columbia is one of just a few jurisdictions nationally and the only jurisdiction in the Washington region that is legally required to provide low-barrier emergency shelter to all residents who need it. As such, the District adds 839 beds for unaccompanied individuals to its shelter capacity during the Hypothermia Season, which runs from November through March.⁵ The 839 winter shelter beds consist of a combination of “seasonal,” “Hypothermia alert,” and “overflow” beds. Seasonal beds are open nightly throughout the Hypothermia Season, while Hypothermia alert beds open when the actual or forecasted temperature is 32 degrees or below (as well as in other situations described in the footnotes below),⁶ with overflow beds added to the inventory when needed.

The CoC’s low barrier shelter model means shelter staff does not ask individuals for identification or documentation upon entry, with the goal of ensuring protection from cold weather injury or death for anyone who does not have a safe place to sleep. While the District does not have a set number of winter shelter units for families, the emergency shelter capacity for families is flexible throughout the year to meet the needs of households with children and women who are pregnant.

2019 POINT-IN-TIME RESULTS OVERVIEW

The number of persons who are experiencing homelessness in the District of Columbia on the night of PIT – those who were sleeping on the streets, in emergency shelters, or in transitional housing facilities – decreased by 5.5 percent from the 2018 count and is down by 11.9 percent from the PIT count conducted five years ago.

However, as was the case in 2018, the results of the 2019 count vary by population. Although the number of persons in families experiencing homelessness decreased by 15.6 percent from last year, the number of unaccompanied individuals increased by 2.8 percent. This mirrors last year’s PIT results when the CoC also saw a decrease among families but an increase in unaccompanied persons.

⁵ Defined in the *Homeless Services Reform Act* (HSRA).

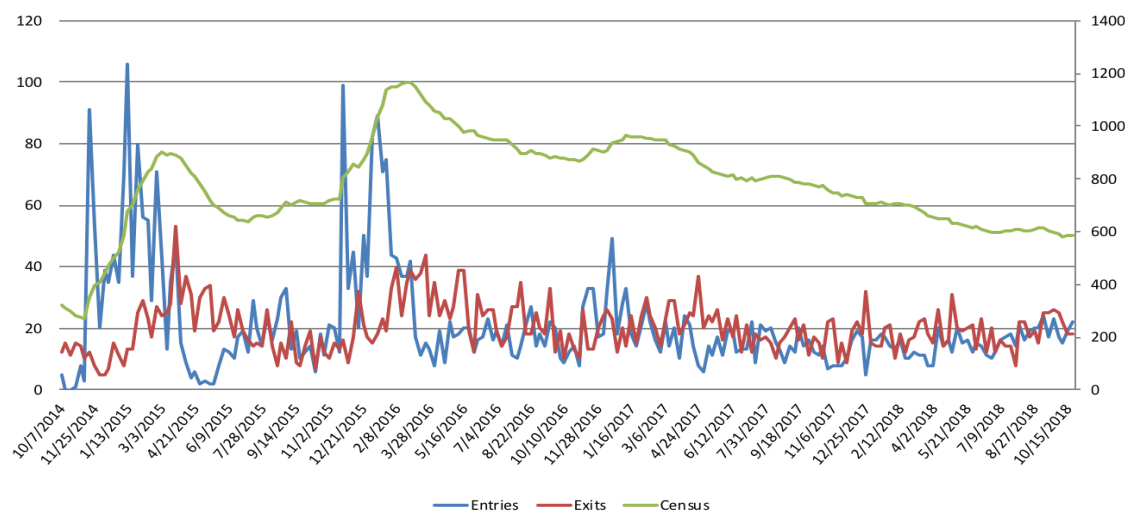
⁶ Activation of Hypothermia alert beds is determined through consultation between DHS, the District’s Homeland Security & Emergency Management Agency, and the National Weather Service. Activation of overflow beds is determined through monitoring nightly bed use as additional beds come online only as needed. DHS may also call an alert when the temperature is forecasted to be 40 degrees or below with a 50 percent chance or greater for precipitation. A Hypothermia alert was in effect on the night of the 2019 PIT count.

	POINT IN TIME COUNT BY CATEGORY						
	2015	2016	2017	2018	2019	% Change 2018-2019	% Change 2015-2019
Unaccompanied Individuals	3,821	3,683	3,583	3,770	3,875	2.8%	1.4%
Persons in Families	3,477	4,667	3,890	3,134	2,646	-15.6%	-23.9%
Total Persons Experiencing Homelessness	7,298	8,350	7,473	6,904	6,521	-5.5%	-11.9%

Families

The number of families (as distinct from *persons in families*) counted at PIT has decreased by 45 percent since 2016 when shelter occupancy was at its highest point over the last five PIT counts. As mentioned, in 2015 the District reversed its policy of making family shelter placements only during the Hypothermia season. Opening shelter to families in need of placement throughout the year has decreased the strain on the system previously seen in winter months because both shelter entries and exits now occur year-round. The chart below, which shows family shelter entries (in blue), exits (in red), and the weekly family emergency shelter census (in green), illustrates how shelter entries outnumbered exits in winter months leading to increased census counts. Since the shift to year-round placements, the number of families in emergency shelter has decreased overall through October 2018, with 635 families in emergency shelters at PIT 2019.

Chart: Family Emergency Shelter Use, October 2014-2018



This shift has benefitted families in need of services, as they are able to access shelter when they need it and not just during certain weather conditions. In turn, families entering shelter are able to access housing assistance that enables them to exit shelter quickly, and families served by prevention are able to get assistance that provides stability before a shelter placement is necessary.

POINT IN TIME COUNT, FAMILIES & PERSONS IN FAMILIES							
	2015	2016	2017	2018	2019	% Change 2018- 2019	% Change 2015- 2019
Families	1,131	1,491	1,166	924	815	-11.8%	-27.9%
Persons in Families	3,477	4,667	3,890	3,134	2,646	-15.6%	-23.9%

Families that access to rapid rehousing assistance enter their own housing while receiving rental assistance and case management. Once in housing, families can connect with more intensive service interventions through CAHP if households need deeper levels of service. Due to the limited amount of permanent housing resources available, the CoC reserves placements into permanent housing programs for families who are the most vulnerable and are at the greatest risk of returning to shelter without long-term supports.

Nearly 700 families exited the emergency shelter system for permanent destinations between PIT 2018 and PIT 2019. Among families exiting shelter in previous years, the CoC's HMIS data shows more than 84 percent retain their housing for at least two years after their rapid rehousing housing subsidy ends, with 86 percent of those receiving permanent supportive or targeted affordable housing subsidies retaining their housing long term as well.⁷

DHS's HPP has been a key resource in the District's work to end homelessness among families. Since the program launched, DHS staff and a network of providers have helped an average of nearly 1,100 families per year maintain their housing. DHS is also piloting a flexible rent subsidy program to support low-income households that are earning income but have trouble making ends meet. Increased prevention resources, along with a reformed shelter system and scaled housing resources to help families exit shelter, have each been instrumental in the success the CoC has seen within the family subsystem. This multifaceted approach highlights the importance of comprehensive system reform with various interventions working together simultaneously.

Unaccompanied Individuals

The CoC sees an average of 150 unaccompanied individuals experiencing homelessness exit homelessness for housing resources each month, yet the District's count of single men and women experiencing homelessness increased by 2.8 percent from 2018 and is up 1.4 percent from the count conducted five years ago. The CAHP system matches individuals to rapid rehousing, targeted

⁷ Per the System Performance Metrics as reported to HUD annually via the Homelessness Data Exchange.

affordable housing, and permanent supportive housing based on their service needs, and the CoC's HMIS data shows housing retention rates among individuals – 85 percent for time limited subsidy recipients and 94 percent for permanent subsidy recipients – is better than those seen in the family subsystem.⁸

While the CoC expected that this level of housing performance would result in the same kind of success seen among families, a persistent inflow of individuals newly experiencing homelessness or re-experiencing it after long periods of time continues to challenge the system. Despite the continued success in housing retention, the CoC has seen the number of individuals who newly enter the system in a given year increase from 5,588 in fiscal year 2015 to 6,933 in fiscal year 2018 – an increase of 24 percent.

To aid in the CoC's understanding and strategic planning efforts for this population, TCP conducted an analysis in 2018 of the inflow and system use patterns of the unaccompanied men and women counted during that year's PIT count.⁹ The analysis showed:

- 22 percent of men and 33 percent of women were in their first episode of homelessness which, at the time of PIT 2018, had lasted *fewer* than 12 months;
- 31 percent of men and 28 percent of women were in their first episode of homelessness which, at the time of PIT 2018, had lasted *more* than 12 months;
- 43 percent of men and 34 percent of women were in one of multiple episodes of homelessness (dating back to 2001) that were separated by more than 12 months between stays in shelter or transitional housing; and
- Four percent of men and five percent of women re-entered the system after previously exiting for permanent housing (permanent supportive housing, rapid rehousing, or housing on their own).

Past estimates developed for the CoC assumed 30 percent of those who use shelter over the course of the year would permanently self-resolve their experience of homelessness without the aid of temporary or permanent support, but this analysis suggests that the rate is actually much lower as many who appeared to self-resolve return to the CoC after long periods. Indeed, the inflow analysis found, among those with multiple episodes, 51 percent had two distinct episodes dating as far back as 2001, and some individuals had as many as six episodes over time. Among those with two episodes, the average time between episodes was four years, though some individuals had breaks in shelter use lasting as long as 12 years.

Among those in their first episode that lasted for fewer than 12 months, there were generally lower rates of reported disabilities seen as compared to other service-use cohorts. The median age for men in this group was 10 years younger than the other cohorts, and the median age of women in this cohort was 2-5 years younger. While individuals in this group appear to be less likely to experience long-term homelessness or to re-experience over time, the CoC recognizes pairing housing and diversion efforts with other supports are necessary to ensure that system exits are permanent. To address this need, in April 2019, the District launched Project Reconnect, a program to provide shelter diversion or rapid exit along with financial management services to at least 500 individuals experiencing homelessness.

⁸ Per the System Performance Metrics as reported to HUD annually via the Homelessness Data Exchange.

⁹ Results posted at www.community-partnership.org/facts-and-figures

Another analysis of shelter consumers in the District showed that about a quarter of all shelter recipients reported a zip code from outside of the District as their last place of residence at their original shelter intake in the District. In order to ensure no resident sleeps on the street because of entry restrictions, the District's shelter portfolio for accompanied adults is primarily low barrier. Few jurisdictions in the areas surrounding the District have this type of capacity, leading to inflow into the District's system from outside the jurisdiction. Indeed, there was at least one zip code from 49 of the 50 states recorded among those counted in this analysis.

Though the inflow analysis brought insight to the reasons for the CoC's increasing counts, it was less conclusive about causation and opportunities for prevention. To gain insight into these questions, TCP and DHS conducted a second, more qualitative analysis concurrently with PIT 2019. In this survey individuals largely pointed to economic issues as the primary cause of their experience of homelessness, and assistance in the form of employment/income support or rent/mortgage support as the types of help that would have prevented their experience altogether. The full results of this analysis will be available later in 2019.

2019 POINT-IN-TIME RESULTS: CHARACTERISTICS AND SERVICE NEEDS

Surveys conducted with adults – both unaccompanied and in families – during the PIT update and inform the CoC on the demographic make-up, service needs, barriers to housing, and economic indicators of persons experiencing homelessness. Publicly funded programs in the District that use the HMIS collect the same self-reported information year-round from program participants, while providers that do not use the HMIS (domestic violence programs, privately funded providers, etc.) send this information to TCP for the purposes of having similar information on the entire population to complete the PIT dataset.¹⁰

The following tables detail the rates at which persons reported living with various disabling conditions or their affiliation with various subpopulation categories. The CoC uses this information to develop programming that addresses the disability- or subpopulation specific-related service needs seen among the persons counted at PIT.

¹⁰ Information from domestic violence programs does not include the program participants' names or program locations.

REPORTED DISABLING CONDITIONS AMONG PERSONS EXPERINCING HOMELESSNESS

	Unaccompanied Persons-2019	Unaccompanied Persons-2018	Adults in Families-2019	Adults in Families-2018	TOTAL (All Adults)-2019	TOTAL (All Adults)-2018
Substance Abuse (SA) History	21.9%	30.4%	3.3%	1.7%	17.9%	23.4%
History of Mental Illness (MI)	30.8%	32.4%	19.0%	7.4%	28.2%	26.3%
Dual Diagnosis (SA & MI) ¹¹	12.5%	14.5%	1.9%	1.2%	10.2%	11.3%
Chronic Health Problem	21.1%	24.6%	6.5%	1.5%	17.9%	19.0%
Developmental Disability	4.0%	4.9%	2.3%	1.5%	3.6%	4.0%
Living with HIV/AIDS	3.0%	4.0%	1.1%	0.2%	2.6%	3.1%
Physical Disability	16.3%	18.0%	5.8%	3.1%	14.1%	14.4%

The characteristics and service needs reported during PIT are typically consistent from year to year, with disabling conditions and subpopulation affiliation being more prevalent (in most categories) among unaccompanied persons as opposed to adults in families. While this was still true in 2019, the rates at which adults in families reported disabling conditions was higher than what the CoC saw from the family subsystem in 2018, and rates reported among individuals in 2019 were lower than were seen among individuals counted in 2018.

TCP's analysis of the PIT data included looking at differences between unaccompanied men and women to understand the differing service needs between the two populations (as shown in the table below).

¹¹ Dual Diagnosis is a subset of both Chronic Substance Abuse (CSA) and Severe Mental Illness (SMI) categories. Persons counted in the Dual Diagnosis category are counted in both the CSA and SMI categories in these tables.

DISABLING CONDITIONS AMONG UNACCOMPANIED MEN & WOMEN			
	Unaccompanied Persons (all)- 2019	Unaccompanied Men-2019	Unaccompanied Women-2019
Substance Abuse (SA) History	21.9%	24.2%	15.4%
History of Mental Illness (MI)	30.8%	28.1%	37.9%
Dual Diagnosis (SA & MI)	12.5%	12.6%	11.9%
Chronic Health Problem	21.1%	18.7%	27.7%
Developmental Disability	4.0%	4.2%	3.6%
Living with HIV/AIDS	3.0%	2.7%	3.6%
Physical Disability	16.3%	16.0%	17.3%

As noted, the rates at which unaccompanied individuals and adults in families report affiliation with the various subpopulations tracked at PIT has historically differed between the two subsystem groups. Though this was true again in most of the 2019 results (e.g. veteran status, formerly resided in institutional settings), some categories show the affiliation rates becoming more similar between the two groups (formerly in foster care, speaks a language other than English).

REPORTED SUBPOPULATION AFFILIATION AMONG PERSONS EXPERINCING HOMELESSNESS						
	Unaccompanied Persons- 2019	Unaccompanied Persons- 2018	Adults in Families- 2019	Adults in Families- 2018	TOTAL (All Adults)- 2019	TOTAL (All Adults)- 2018
Domestic Violence History	20.7%	19.0%	32.3%	33.6%	23.2%	22.6%
Speaks a Language Other than English	4.0%	4.0%	5.7%	1.7%	4.4%	3.4%
U.S. Military Veteran	7.6%	8.0%	0.5%	0.3%	6.0%	6.2%
Formerly in Foster Care	9.4%	8.4%	9.7%	11.4%	9.5%	9.1%
Formerly Resided in an Institutional Setting	41.0%	49.6%	10.6%	22.2%	34.5%	43.0%

Similar to the information collected regarding persons living with disabling conditions, there were differences between unaccompanied men and women when looking at information on reported subpopulation affiliation, particularly for reported histories of domestic violence and having formerly resided in foster care or institutional settings.

DISABLING CONDITIONS AMONG UNACCOMPANIED MEN & WOMEN			
	Unaccompanied Persons (all)-2019	Unaccompanied Men-2019	Unaccompanied Women-2019
Domestic Violence (DV) History	20.7%	13.0%	42.2%
Speaks a Language Other than English	4.0%	4.4%	3.2%
U.S. Military Veteran	7.6%	9.0%	3.5%
Formerly in Foster Care	9.4%	7.9%	13.9%
Formerly Resided in an Institutional Setting	41.0%	43.7%	33.6%

Income & Employment

The tables below provide income information for unaccompanied individuals and adults in families, including whether or not they receive income, whether they are employed, and the primary income source for those with some type of income. While information collected at PIT continues to show that most persons experiencing homelessness have some type of income, only 20.7 percent of individuals and 29.0 percent of adults in families report having employment as an income source. The PIT results are consistent with other CoC data that shows that a third of unaccompanied individuals and nearly a quarter of adults in families served by the CoC in fiscal year 2018 increased their income overall, just 19.6 percent of individuals and 14.6 percent of adults in families increased income from employment specifically.¹²

The disparity between income and housing costs in the District – even among those with multiple income sources – is a key driver of homelessness in the community as it leads to both system inflow and makes system exits difficult for those who do not qualify for permanent financial supports. The CoC is engaged in continued work to connect persons with benefits and workforce programming as well as analyses of the efficacy of this work to ensure that it is having its intended benefit for recipients.

¹² Per the System Performance Metrics as reported to HUD annually via the Homelessness Data Exchange.

INCOME AND EMPLOYMENT			
	Unaccompanied Persons	Adults in Families	TOTAL (All Adults)
Receives Income	55.9%	83.2%	61.7%
Employed	20.7%	29.0%	22.5%
PRIMARY INCOME SOURCE			
From Employment	28.5%	35.2%	30.4%
Social Security/Retirement	2.0%	0.0%	1.4%
SSI/SSDI/Disability	34.4%	10.6%	27.5%
TANF/Public Assistance	33.5%	47.9%	37.7%
Other	1.6%	6.3%	2.9%

2019 PIT RESULTS: SUBPOPULATION HIGHLIGHTS

Veterans

The District's count of veterans experiencing homelessness has decreased by 27 percent over the last five years, which highlights all of the work the CoC has done via its Veterans Now and CAHP workgroups to end to veterans' homelessness in the CoC. However, the year-to-year decrease from 2018 is only 2.9 percent (down from 306 veterans in 2018 to 297 in 2019) despite connecting more than 300 veterans with housing between the 2018 and 2019 PIT counts.

Some 98 percent of the veterans experiencing homelessness in the District are unaccompanied individuals; as such, the CoC is experiencing the same challenges with inflow among veterans as was noted above in the section about unaccompanied individuals. Moreover, the ongoing work to ensure that all veterans experiencing homelessness are included on the CoC's By-Name List has kept our count higher as more people who have been served by the system for some time have just recently revealed their veteran status.

In the 2018 iteration of this narrative, the District noted that enhancing its information and understanding of this population would be critical to informing next steps. The inflow and causation analyses mentioned earlier will be instructive on that front as the CoC engages in further strategic planning for this population.

Youth

The District continues to bring locally and federally funded resources online to serve youth experiencing homelessness in accordance with *Solid Foundations DC*,¹³ the CoC's strategic plan focused on the unique needs of this subpopulation. The counts of Transition Age Youth (TAYs, young people aged 18 to 24 years) decreased between PIT 2018 and 2019, by 15.1 percent among unaccompanied TAYs and by 18.9 percent among families headed by TAYs. This decrease was expected as the CoC saw large increases from 2017 to 2018 when new, youth-focused resources began serving youth experiencing homelessness who often remained hidden in counts like PIT because they were staying in other, sometimes dangerous, situations rather than entering shelter.

Since PIT 2018, the CoC created a Youth Advisory Board called *Through the Eyes of Youth*, which ensures youth who have experienced homelessness have a role in planning services for this population. The CoC has also worked with TCP to conduct annual censuses of youth experiencing homelessness and housing insecurity to develop *Solid Foundations*. In turn, this plan has highlighted youth service needs leading to the establishment of a 24-hour youth drop in center, prevention and family reunification services, rapid rehousing for TAYs, and a new model called extended transitional housing which allows for longer lengths of stay with intensive supportive services, progressive engagement, and a housing first approach.

Chronic Homelessness

Chronic homelessness is defined by HUD as persons who have experienced homelessness for a year or more, or who have had four or more episodes of homelessness in three years (which total at least 12 months), and who are living with a disabling condition. Families are considered to be experiencing chronic homelessness if at least one adult person in the household meets the definition of chronic homelessness.

The CoC's 2019 count of unaccompanied individuals and families experiencing chronic homelessness appear to be counterintuitive when comparing year-to-year results. Indeed, while the CoC's overall count of unaccompanied individuals increased, the count of chronically homeless individuals *decreased* (from 1,586 in 2018 to 1,374 in 2019); while the number of families experiencing homelessness decreased, the number of families experiencing chronic homelessness *increased* (from 55 in 2018 to 98 in 2019).

CHRONIC HOMELESSNESS				
	Unaccompanied Persons 2019	Unaccompanied Persons 2018	Adults in Families 2019	Adults in Families 2018
Experiencing Chronic Homelessness	44.1%	51.4%	13.2%	8.7%

As noted for unaccompanied singles, inflow and returns to the CoC after long periods are

¹³ ich.dc.gov/page/solid-foundations-dc-comprehensive-plan-end-youth-homelessness

contributing to the increased overall number, but the CoC's work to move the most vulnerable individuals with chronic disabilities into permanent supportive housing (from which rates of return to the CoC are much lower) is contributing to lower incidents of chronic homelessness. Furthermore, greater use of rapid rehousing and transitional housing resources for individuals who may live with disabilities but who are less vulnerable is contributing as well.

As previously mentioned for families, there were higher rates of disabling conditions reported among adults in 2019 than in previous years. With fewer dedicated permanent supportive housing resources to connect households with children to, many families may be "timing in" to chronic status while they wait for a housing resource that comes with the supports that meets their needs.

The CoC's permanent supportive housing programs for families are at capacity and have high housing retention rates, which, while positive overall, means fewer resources become available over time through attrition. The CoC is taking a critical look at its portfolio of family housing resources to see where new resources are needed or where existing resources can be tailored to meet emerging needs.

PERMANENT HOUSING SOLUTIONS

As a part of the PIT count, TCP also counts formerly homeless persons – unaccompanied individuals and persons in families whose experience of homelessness ended upon entry into a dedicated housing resource. Most of these households would still be in emergency shelters, transitional housing, or living in unsheltered situations if not for these resources.

At PIT 2019, 5,424 formerly homeless unaccompanied individuals and 4,035 formerly homeless families were in permanent supportive housing, rapid rehousing, or other permanent housing programs (such as targeted affordable housing).

	Number of Unaccompanied Individuals	Number of Family Households
Other Permanent Housing (e.g., Targeted Affordable Housing)	1,545	941
Permanent Supportive Housing	3,592	1,260
Rapid Rehousing	287	1,834
TOTAL	5,424	4,035

Funding for these units comes primarily from the District, but also from HUD, the VA, and private sources. The resources have increased the number of permanent housing solutions the CoC is able to offer to persons experiencing homelessness, and the array of services provided at each have led to better matching of individuals and families to programs that meet their needs. While there is still work to do, the CoC recognizes resources like these are the key to achieving *Homeward DC's* overarching goal of quickly connecting residents to permanent housing with the supports needed to maintain that housing over time.

METHODOLOGY NOTES

As in previous years, TCP coordinated with both District and Federal agencies, the District of Columbia Interagency Council on Homelessness, 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 the PIT count. The District's permanent housing programs also provide information for determining the number of formerly homeless persons. To determine the unsheltered portion of the PIT count, TCP again engaged roughly 300 volunteers and professional outreach workers to canvass the District between 10:00 PM and 2:00 AM.

As in previous years, approximately 90 percent of the PIT information collected at shelter and supportive housing programs comes from HMIS, with service providers that use HMIS submitting rosters and demographic information of persons served on the night of the count. Providers that do not use the HMIS instead conduct PIT surveys with their program participants and submit these to TCP; TCP in turn aggregates this with HMIS information to produce the final, District-wide count and survey results.

This methodology ensures the PIT count is thorough, unduplicated, and accurately reflects the size and scope of the population of persons experiencing homelessness on a given night.

Fairfax County, Virginia

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 10 Year Plan to End Homelessness. OPEH supports the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness which engages nonprofits, businesses, faith-based communities, county agencies, and those with lived experience in its efforts to ensure that homelessness is brief, rare, and one time. OPEH also works closely with the independent Governing Board of the Fairfax-Falls Church Community Partnership as well as a wide range of committees and workgroups to build awareness and provide strong leadership to address community-wide goals. 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 (RRH), emergency shelter, hypothermia prevention, transitional housing, permanent supportive housing (PSH) 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, RRH, and the expansion of PSH. OPEH manages the Homeless Management Information System (HMIS) and acts as the CoC Lead Agency, preparing and submitting the CoC application and ensuring compliance with all US Department of Housing and Urban Development (HUD) mandates.

During 2018, the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness focused on the following core areas:

- **10-Year Retrospective** – As the end of the 10 Year Plan approached, the Partnership worked to assess progress, challenges, and future goals and plans for the community in preventing and ending homelessness. This process included OPEH staff and leadership, the Governing Board of the Partnership, nonprofit partners, and leadership from the faith community. In addition to reviewing the approaches that led to a 44% decrease in homelessness between the 2008 and 2019 Point-in-Time Counts, the Partnership also commenced an intensive look at equity and the causes and changes needed to alter disproportional numbers of African Americans in our homeless system. To analyze and communicate community progress on the goals of the 10 Year Plan and ongoing needs, a formal review was conducted, a report was produced, and a presentation and dialogue took place with the Board of Supervisors. The highlighted initiatives that contributed to the community's success were consolidated into 4 key strategies, including: (1) Prevention – keeping people from becoming homeless in the first place, (2) Preservation – increasing and preserving affordable housing, (3) Integration – delivering integrated social services to those who need it, and (4) Implementation – creating a community partnership to ensure accountability and funding.
- **Emergency Shelter Redevelopment and Supportive Housing Expansion** – A public finance bond that included four of Fairfax County's year-round emergency shelters passed in November 2016. The bond provides \$48 million over the next seven years to renovate the 30-year old shelters that serve both single individuals and families experiencing homelessness. The first shelter to be redeveloped is the Bailey's Crossroads Community shelter in Falls Church, a 50-bed facility that serves single adults experiencing homelessness. This new facility will also include the implementation of a new model, which

includes co-located emergency shelter (including four medical respite shelter beds) and permanent supportive housing. Not only will this project add 18 new units of permanent housing to the homeless services system, but the four medical respite beds will nearly double the system's capacity to serve those who are experiencing homelessness and recovering from illness, surgery, and other medically-related events. Construction is underway and this new site is expected to open in the fall of 2019. Planning has commenced for the other shelters included in the bond.

- **Coordinated Entry System** – The continued refinement of our Coordinated Entry System (CES) remained a top priority in 2018. The Coordinated Entry System Manager, based in OPEH, engaged direct service providers and other partners during the Bi-Annual CoC meeting in December 2018 to review and strengthen the eligibility and prioritization criteria established during the previous year. This included an extensive review of all project types. Feedback was incorporated into the 2nd edition of the Coordinated Entry Manual that was released in early 2019. In addition to the programs mandated to participate (all programs funded by the Federal, State or County Government), several collaborative partners are utilizing the CES to select participants for their programs because they recognize the efficiency and effectiveness of this newly designed system. Ongoing connection to housing resources has continued to be supported through Prioritization Pool and By-Name List meetings.
- **Built for Zero** – In 2017, the Fairfax-Falls Church Community Partnership implemented a new approach to the street outreach programs serving those experiencing unsheltered homelessness. A By-Name List was developed to track every individual known to the system, regardless of whether they are engaging in services with a local provider. OPEH and nonprofit outreach staff collaborate regularly to staff cases, assess outcomes, and ensure that the list is as up-to-date and accurate as possible. With this enhanced understanding of the needs of the unsheltered single adults in the community, OPEH joined the Built for Zero initiative. Built for Zero is part of a national change effort focused on ending veteran and chronic homelessness by enhancing and utilizing real time data, optimizing local housing resources, tracking progress against monthly goals, and accelerating achievement of established goals through the implementation of proven strategies.
- **Racial Equity Initiatives** – In recognizing the racial disparities in the local homeless service data, the Fairfax-Falls Church Community Partnership has convened a diverse representation of partners to focus on this issue. The efforts of this newly formed committee include analysis of homeless services data, coordination of trainings designed to educate homeless services leadership on the prevalence of racial disparities and importance of using a racial equity lens in system planning and development, and the overall planning process on how to promote and achieve equity in all aspects of homeless services.
- **HMIS Governance** – OPEH, as the HMIS Lead, implemented a new structure to its established HMIS Super User Committee. Several subcommittees were developed to focus on core system needs, including system administration and compliance, training, data quality, and data analysis. The chair of each subcommittee is held by a non-profit partner. Members of the Committee and Subcommittees serve as liaisons between OPEH HMIS staff and partner agencies/programs. This ensures that partners have the ability to make recommendations for changes and upgrades, enhance training curriculum development and

implementation, support the collection of high-quality data, and develop a deeper understanding of existing reports and data.

EMERGENCY SHELTER AND TRANSITIONAL HOUSING

Fairfax County has a total of ten shelters in its jurisdiction operating year-round. All shelters are operated by non-profit partner organizations, majority of which have funding through county contracts. There are two shelters that exclusively serve households without children. There is one shelter that serves both households with and without children, which also contains medical respite beds for single adults. There are three shelter programs serving households with children, two utilizing congregate facilities and one using leased apartments. Three facilities are dedicated to serving households with and without children fleeing domestic violence, one of which is a new addition this year. There is one shelter designated to youth ages 13-17. The emergency shelter capacity overview is also outlined below:

- Single adults (2 shelters);
- Single adults and Families (1 shelter);
- Families (3 shelters);
- Domestic Violence Survivors (3 shelters);
- Youth shelter (1 shelter, for ages 13 -17 years)

These shelters provide overflow beds as needed throughout the year. Overflow is primarily used during the winter but can be used for extreme heat or other emergencies as well. In addition, there are five hypothermia prevention programs designed to serve single adults that are operated in three fixed sites and two that rotate among faith-based congregations.

There are two transitional housing programs that serve single adults in Fairfax County. The programs serve transitioning age youth who are still attending Fairfax County Public Schools and no longer reside with their families. All other transitional housing programs for single adults have been closed over the past few years. There are six transitional housing programs for households with children. Two of these programs serve people impacted by domestic violence. Three serve very young mothers and their children and one serves families with many barriers to attaining and sustaining permanent housing. 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.

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)	340	80/not applicable	N/A	N/A
Emergency Shelter Beds (includes DV shelters)	159	344/97	511	N/A
Transitional Housing Beds	27	222/70	249	N/A
TOTALS	526	673/167	760	N/A

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

HOMELESS POINT-IN-TIME RESULTS

As shown in the table below, the overall PIT for 2019 increased from 2018, from 987 people to 1,034, an increase of 47 people or 5 percent.

HOMELESS COUNT BY CATEGORY					
Category	2019	2018	2017	% Change 2018 to 2019	% Change 2017 to 2019
Total Number Counted	1034	987	964	5%	7%
Total of Singles	508*	499**	492***	2%	3%
Total Number of Families	150	151	142	-1%	5%
Total of Persons in Families	526	488	472	7%	10%
Total Adults in Families	197	190	186	4%	6%
Total Children in Families	329	298	286	9%	13%

*includes one youth only household

**includes two youth only households

***includes three youth only households

This year's PIT enumeration documented an increase in the number of persons in families. Although there was one less household served during the 2019 Point-in-Time Count than in the 2018 Point-in-Time Count, there were increases to both the number of adults and children in the families. There has still been a multi-year reduction due to an increase of more permanent options (such as RRH and PSH) and decrease of transitional housing, implementation of the Coordinated Entry System, continued engagement with stakeholders and partners committed to making homelessness rare, brief, and one time, as well as an increased focus on system performance measures and data analysis.

There was also a very slight increase among the single adult population documented in the PIT count. There were similar utilization rates across program types in the 2018 and 2019 PIT Counts. Weather has consistently influenced the unsheltered count, although there was only a 3% increase between 2018 and 2019. This is following an 18% reduction between 2017 and 2018. Ongoing improvements to outreach and engagement, including the development of a By-Name List and the implementation of low barrier shelter policies may have contributed to a 6% increase in those accessing emergency shelter between 2018 and 2019. The change between 2018 and 2019 in access to hypothermia shelter was less than 1%.

The number of individuals experiencing chronic homelessness increased slightly as well; from 171 in 2018 to 235 (comprised of 213 individuals and 5 households) in 2019. This is the fourth year in which there was an increase in those experiencing chronic homelessness. The increase in numbers is partially due to an expanded knowledge of who in our community is experiencing homelessness due to our continued implementation of a Coordinated Entry System and improved data collection. In addition, although we have added 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 5 families experiencing chronic homelessness on the night of the PIT count.

Overall, single individuals represented 49 percent and people in families with children represented 51 percent of all people counted. There is a change from the previous year in which there were more single individuals than people in families. Among adults in families, 83 percent were female and 17 percent male. Among single individuals, 73 percent were male, 26 percent female, and 3 were transgendered or did not identify as male, female, or transgendered. Children under age 18 in families 32 percent of all persons counted. There was 1 unaccompanied minor 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 13 percent (20) of the families and 9 percent (48) of the single individuals. Our CoC added capacity to serve transition age youth in 2017 through a RRH project funded through reallocated CoC Program funding.

HOMELESS SUBPOPULATIONS			
	Individual Adults	Adults in Families	TOTAL
Substance Abuse Disorder	65	5	70
Severe Mental Illness	133	18	151
Physical Disability	88	11	99
Chronic Health Problems	93	11	104
Domestic Violence–History	55	94	149
Domestic Violence–Current	16	58	74
Limited English Proficiency	57	43	100
U.S. Military Veteran	34	7	41

The major subpopulations are noted in the chart above; they remain similar to previous years' numbers. In addition, among single adults, only 23 percent were reported as employed and 50 percent reported having any income. In families, 52 percent of persons age 18 and over were employed and 71 percent reported having some source of income. The percent of people in families who were employed and who have regular income increased slightly. For singles individuals the percentage of those working decreased slightly. For single individuals, 39 percent were reported as having a substance abuser disorder or were seriously mentally ill, or both, slightly less than the number from last year. Among families, 39 percent were homeless due to domestic violence, a small decrease from 46 percent last year.

The number of veterans reported to be experiencing homelessness on the PIT increased from 33 in 2018 to 41 in 2019. There has been a more substantial decrease since 2014 when 51 veterans were counted on the night of the PIT. 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.

PERMANENT, PERMANENT SUPPORTIVE HOUSING, AND RAPID RE-HOUSING PLACEMENTS

Our CoC continues to focus on moving people from homeless situations into permanent housing. During FY2018, a total of 808 households (1,373 persons) moved into permanent housing from County shelters. 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 RRH resources, PSH, and other permanent housing options.

During FY2018, a total of 97 households entered a PSH program via new funding opportunities or vacancies in existing programs. The ability to continue development of PSH in our community, as resources decline, will be an important part of ending chronic homelessness among singles and adequately serving families with heads of households with significant disabilities.

RRH continues to be an integral part of our CoC's homeless services system. During FY2018, a total of 799 households were served as part of a RRH program and exited to a permanent housing destination. This 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 RRH assistance, including the federal Emergency Solutions Grant (ESG) program 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, our community has obtained HUD CoC Program funds to create two new RRH projects that completed implementation in 2017; one is specifically designed to serve Transition Age Youth and the other prioritizes households that became homeless due to domestic violence. A third RRH project designated exclusively to households experiencing homelessness as a result of domestic violence, funded through the HUD CoC Program, will be implemented in 2019. Emphasis on this housing strategy produced a significant increase in RRH which was documented on our PIT and Housing Inventory Counts over the past several years.

Recent challenges to expanding permanent housing options include the increase in the already high local rental costs and the continuing shortage of very low-income housing in Fairfax County. Despite these significant challenges, progress is being made as our CoC continues to move forward with critical system changes and an ongoing commitment to preventing and ending homelessness in our community.

Frederick City and Frederick County, Maryland

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 of Frederick County, 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 for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional Winter Capacity)	0	0		0
Emergency Shelter Beds	110	52	162	0
Transitional Housing Beds	45	56	101	0
TOTALS	155 beds	108 beds	263 Beds	0 beds

HOMELESS POINT-IN-TIME RESULTS:

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 23, 2019. 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 people experiencing homelessness; however, shelter staff could utilize HMIS or administrative data if a person was unable to directly complete the survey. A total of 286 persons experiencing homelessness (comprised of 240 adults and 46 children) completed the point-in-time survey; the largest household type was 212 single-individuals. Again this year, the FCCH made a better use of available HMIS data, which improved the accuracy of the PIT count.

The Point-in-Time Survey instrument contains specific questions regarding all HUD-defined homeless subpopulations (e.g., veterans, 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 collected: 62 respondents reported a substance abuse problem/addiction; 86 adult respondents reported chronic health problems; 37 adult respondents reported serious mental health problems; 29 adult respondents reported substance abuse problems and co-occurring mental health problems; 4 respondents reported that they are veterans; and a total of 39 respondents reported being “chronically homeless” for one (1) year or longer.

HOMELESS COUNT BY CATEGORY				
Category	2019	2018	2017	% Change 2017 to 2019
Total Number Counted	286	316	309	-7.5%
Total Number of Singles Individuals	212	207	217	-2.4%
Total Number of Families	27	36	32	-16.7%
Total of Persons in Families	74	109	92	-19.6%
Total Adults in Families	28	47	39	-28.3%
Total Children in Families	46	62	53	-13.3%

EMPLOYMENT	
Category	Total Number Employed
Total Number of Single Individuals	31
Total Number of Adults in Families	23
Total Number of Children in Families	1

SUBPOPULATION DATA			
Subpopulations	Single Individuals	Persons in Families	Total
Substance Abuse	59	3	62
Serious Mental Illness	30	7	37
Dually Diagnosed	26	3	29
U.S. Veteran (adults only)	4	0	4
Living with HIV/AIDS (adults only)	0	0	0
Domestic Violence Survivor – Current Episode (adults only)	17	9	26
Physical Disability (adults only)	40	0	40
Chronic Health Problem (adults only)	84	2	86
Limited English (adults only)	0	3	3
Chronically Homeless	37	2	39

According to the 2019 Point-In-Time data, homelessness in Frederick County decreased by a total of 30 persons from the 2018 PIT count of 316 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 local providers and advocates have submitted an application to the U.S. Interagency Council on Homelessness (USICH) in order to declare that Frederick County has “effectively ended veteran homelessness”. The application was submitted to the USICH on December 6, 2017.

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, Behavioral Health Administration. The CoC Housing Program serves both families and individuals experiencing homelessness and diagnosed with a serious behavioral health issue. The program has 4 units with 8 beds for homeless families and 19 units with 19 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 21 units with a total of 26 beds (two units are two-bedroom units that are shared by unrelated roommates and two units are currently leased to couples). At present, the Frederick Community Action Agency is partnering with the Housing Authority of the City of Frederick in order to apply for HUD Housing Choice Vouchers specifically designated for people with disabilities who are homeless.

Rapid Re-Housing (RRH) programs are gaining acceptance in Frederick County, but low vacancy rates in rental housing combined with high rents for the housing that is available are making the program more difficult to implement. Both Advocates for Homeless Families and Heartly House have established RRH programs and the programs are growing as more resources are devoted to RRH. However, gentrification, combined with virtually no efforts to preserve affordable rental housing, is having a devastating impact on lower-income renters in Frederick County; families are being “priced-out” of the rental housing market, especially in downtown Frederick.

Loudoun County, Virginia

The Loudoun County Continuum of Care (CoC) provides a broad range of services to the community to assist residents that experience a housing crisis. With over 50 partner organizations the Continuum of Care is a network of community-based providers that work together to address the needs of households at-risk of becoming homeless or experience a housing crisis that resulted in homelessness. The following is a description of the Homeless Services provided by the Loudoun County Continuum of Care. All programs are accessible through the Coordinated Entry System.

- ❖ Cold Weather Shelter

A seasonal (November - March) emergency shelter that allows for residents in the community to have a warm place to go during winter months. Due to facility constraints there is currently no Cold Weather Shelter available for families needing to access this service. However, partners throughout the Northern Virginia region work diligently with our providers to ensure that no household is turned away.

- ❖ Coordinated Entry System Intake Line

Coordinated Entry is a streamlined system developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and supportive services based on their strengths and presenting need. The Coordinated Entry System operates as the single point-of-entry for all homeless services.

- ❖ Drop-In Center

The Drop-In Center addresses the needs of residents in the community to provide a safe and dignified place for individuals experiencing homelessness to go during the day to take care of everyday needs and access services and supports. The Drop-In Center provides access to Case Management, Mental Health Services, Hot Meals, Shower and Laundry Facilities, Employment Assistance and other on-site services.

- ❖ Emergency Shelter

Emergency Shelter is designed to provide short-term emergency shelter for residents in the County that are experiencing a housing crisis that has resulted in homelessness. The program provides households with housing-focused case management services for employment, housing location assistance, transportation and other critical areas of service to assist with housing stabilization.

- ❖ Homeless Management Information System (HMIS) Database

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

- ❖ Permanent Supportive Housing (PSH)

Permanent Supportive Housing is permanent housing with indefinite leasing or rental assistance paired with supportive services. The program assists persons (or families) that have an adult or child with a documented disability, and individuals with a history of chronic homelessness. The PSH program differs from other supportive housing programs due to the federally mandated eligibility criteria.

- ❖ Homeless Prevention & Diversion Services
Prevention and Diversion Services are designed to assist individuals and families at risk of losing their housing. The program provides short-term financial assistance based on eligibility criteria long with case management services to stabilize housing, prevent rental evictions and divert households from entering the Emergency Shelter. The goal of the Homeless Prevention and Diversion program is assist households with stabilizing their housing to minimize the likelihood of emergency shelter entry.
- ❖ Rapid Re-Housing (RRH)
Rapid Re-Housing is an intervention, informed by a Housing First approach that is a critical part of our community's Coordinated Entry System. The Rapid Re-Housing program quickly connects families and individuals to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid Re-Housing also provides a Housing Locator to locate and advocate with landlords and property managers on behalf of households that may have significant barriers to housing.
- ❖ Outreach and Engagement
The Continuum of Care partners with the Project Assistance to Transition from Homelessness (PATH) Program in the Mental Health, Substance Abuse and Developmental Services Department to conduct outreach and engagement to persons in the community that are unsheltered and experiencing some type of serious mental health.

During the Fall of 2018, the Loudoun Homeless Services Center underwent renovations to update emergency shelter facilities. The Homeless Services Center supports the Emergency Shelter, Permanent Supportive Housing and several other programs that are available to residents of the community. All programs continued operations during the renovations. For the Housing Inventory Count (HIC), there was a temporary reduction of 14 beds during the renovation process. The timing of the renovations coincided with the Cold Weather Shelter which allowed for residents of the community to still access shelter accommodations.

Through strategic partnerships and support from community partners, Emergency Shelter services continue to be offered to community residents. The Housing Inventory table reflected below indicates the total number of beds and units that were available to residents of the community experiencing a housing crisis that has resulted in homelessness on the night of January 23, 2019.

Table 1

Housing Inventory Count (based on available bed capacity on the night of January 23, 2019)				
Year-Rounds Beds Emergency Shelter*	Year-Round Beds Transitional Housing	Cold Weather Shelter Beds November - March	Permanent Supportive Housing Beds**	Domestic Violence Emergency Shelter Beds
67	38	23	24	12
*Reflects the temporary reduction of beds due to Emergency Shelter renovations **Reflects two PSH units that were offline temporarily due to renovations				

Over the past year, the Loudoun County Continuum of Care has made significant advances in providing comprehensive and inclusive services to expand the diversity of programming available to residents of the community. In November 2018, the U.S. Department of Housing and Urban Development (HUD) announced awards for the Family Unification Program (FUP). The Loudoun County Continuum of Care was one of only two CoC's in the Commonwealth awarded these vouchers. Loudoun County received 10 Family Unification Program vouchers totaling \$136,834¹⁴. Family

¹⁴ *U.S. Department of Housing and Urban Development - HUD Archives: News Releases
https://www.hud.gov/press/press_releases_media_advisories/HUD_No_18_139

Unification Program vouchers provide rental assistance to households with children struggling to maintain stable housing. Additionally, this funding can be used to help provide stable housing for young adults (ages 18-24) who have aged-out of the foster care system.

In August 2018, the Loudoun County Department of Family Services opened a second office to increase services and outreach to residents of Eastern Loudoun. With the second location, residents are able to access many of the same services available in Leesburg, with the added benefit of a reduction in travel time. As avenues of transportation continue to evolve, providing a second site for residents to access services, provides a unique opportunity to reduce challenges faced by households with limited transportation options.

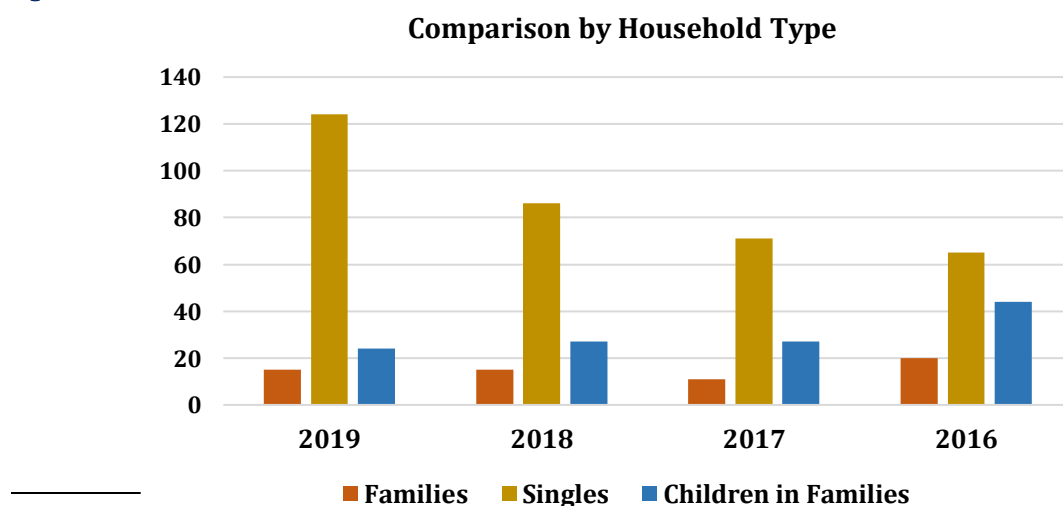
One of the programs staffed at the Eastern Loudoun site is the Information and Referral (I&R) Line which will serve as a single point-of-entry for community-wide information and referrals. The Department of Family Services works closely with community providers to ensure that residents in need of assistance are able to access needed resources in a comprehensive and efficient manner. The Information and Referral Line will serve all residents of the community and will streamline access to services for those seeking assistance.

Point-in-Time Count Results

The Loudoun County Continuum of Care (CoC) along with CoC's across the nation conducted the annual HUD Point-in-Time (PIT) Count on night of Wednesday, January 23, 2019. The methodology used for data analysis was provided through hardcopy surveys completed by staff at partnering organizations and throughout various county departments. There was a coordinated effort with local law enforcement, hospitals, nonprofits and others to ensure that unsheltered persons were connected to services and appropriate resources.

A total of 169 persons were experiencing homelessness in Loudoun County during the 2019 Point-in-Time Count. Of those, 124 were single adult households and 15 were identified as family households. There were 24 children and 21 adults represented in those households with a total of 45 persons in family households experiencing homelessness on that night. These numbers represent a 26% increase in the number of households that were homeless compared to the 2018 PIT Count. The chart below reflects comparison totals for the PIT Count by household type over the past four years:

Figure 1

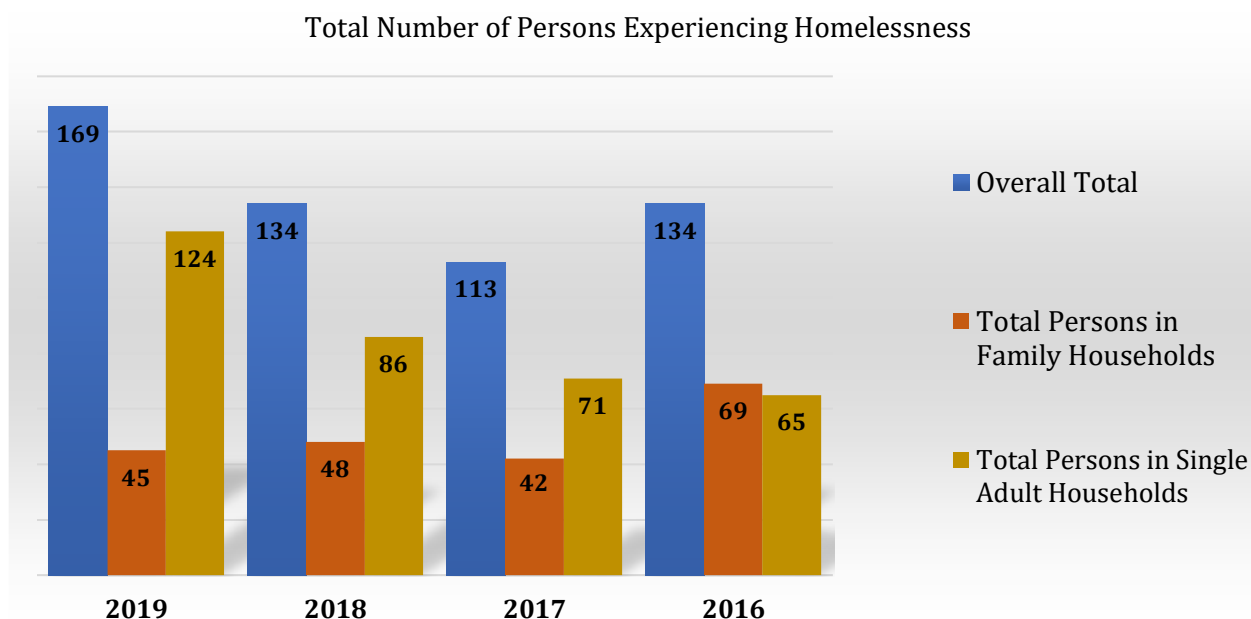


In Loudoun County, the overall number of persons experiencing homelessness on the night of the Point-in-Time Count has increased over the past three years. However, for families experiencing homelessness, the totals continue to decline.

The efforts of the Point-in-Time Count reflect two categories of households experiencing homelessness. The first category is households that are sheltered, yet still meet the criteria of homeless per the HUD definition (e.g. residing in an emergency shelter, Transitional Housing program or hotel/motel being paid for by a third party). The second category is persons that are unsheltered and residing in places not intended for human habitation (e.g. tents, vehicles, parking garages, etc.). Loudoun County currently has two Emergency Shelters (ES) and one Domestic Violence (DV) shelter.

The following chart depicts the overall count for persons experiencing homelessness in Loudoun County over the past four years:

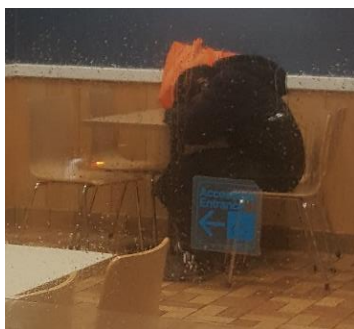
Figure: 2



There are several reasons that may have contributed to the increase, most notably is the increase in the number of service providers that contributed to this year's outreach efforts. While the Continuum of Care supports homeless services throughout the county, there are numerous nonprofits and other organizations that provide services to residents that may be experiencing a housing crisis that has resulted in homelessness. Faith-based organizations and local nonprofits play a significant role in assisting households that are struggling to maintain stable housing, by providing resources, financial assistance and advocacy to meet the unique needs of this target population.

On the night of the Point-in-Time Count, several Outreach Teams canvassed the community to assist residents that were unsheltered homeless. There was an overall increase in the number of unsheltered residents that were sleeping in their vehicles and outdoors. During the 2019 PIT Count, there were 71 single adults households identified as unsheltered homeless on the night of the Count. As in previous years, there were no unsheltered families located in the County. The primary goal in conducting outreach during the winter season is to ensure that any resident that is unsheltered is aware of services available and encourage them to come in from the elements.

Unsheltered Outreach teams spoke with many individuals throughout the community that were unsheltered on the night of the count, to complete surveys and connect individuals with resources. Teams from Loudoun Abused Women's Shelter, Good Shepherd Alliance, Mobile Hope, the Windy Hill Foundation, Loudoun County Department of Family Services, and the Department of Mental Health, Substance Abuse and Development Services worked together to locate and assist residents that were unsheltered by providing toiletries, non-perishable food items and other resources. Below are a few pictures taken during the unsheltered outreach:



Individual sleeping at a fast food restaurant.

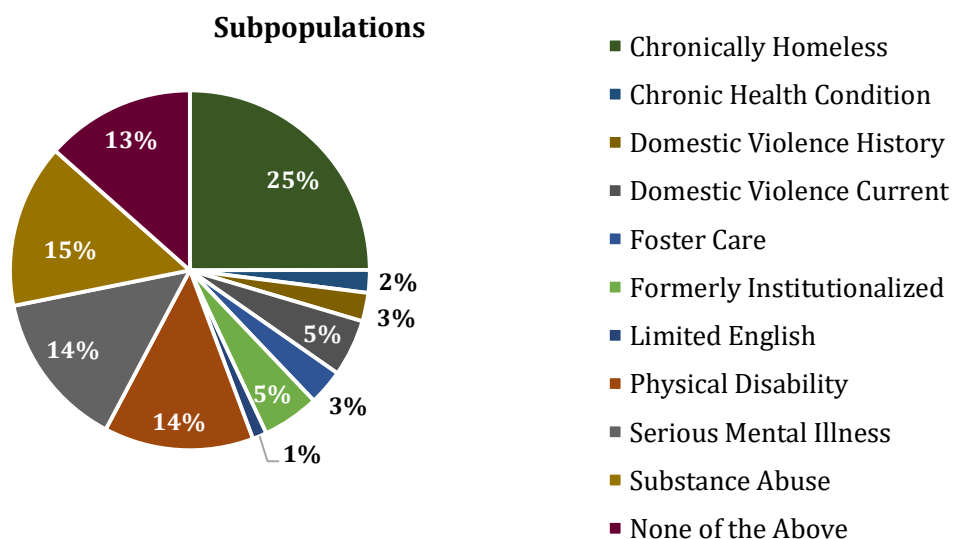


Tent of an individual sleeping outdoors in Leesburg.

Demographics and Subpopulations

The most commonly reported subpopulation among households (including both single and family households) for the 2019 PIT Report is chronically homeless, with a total of 37 households. The second highest reported subpopulation among all households is Substance Abuse with a total of 23 households, and the third most common is households where the Head of Household has a Serious Mental Illness diagnosis (SMI), with a total of 22 households. Below is a breakdown of subpopulations reported during the 2019 PIT Count:

Figure 3



The subpopulations reflected in the report represent all adults in each household, including both single adults and families. Children in family households are not reflected in the total count of subpopulation results. The largest subpopulation decrease for the 2019 PIT report in single adult households, were households that became homeless as a direct result of domestic violence, with an 80% decrease. The largest decrease in subpopulations for adults in family households is Serious Mental Illness with a 100% decrease. Specific comparisons of subpopulations between the 2019 and 2018 Point-in-Time Count are provided below.

Table: 2

Subpopulations*						
Category	Single Adult Households		Percent Change	Adults in Families		Percent Change
	2019	2018		2019	2018	
Chronically Homeless	37	22	68%	2	2	0
Chronic Health Condition	3	7	-57%	0	0	0
Domestic Violence (History)	3	6	-50%	1	14	-92%
Domestic Violence (Current Episode)	2	10	-80%	6	5	20%
Foster Care	5	3	66%	0	0	0
Formerly Institutionalized	8	7	14%	0	0	0
Limited English	1	0	∞	1	2	-50%
Physical Disability	18	11	63%	2	5	-60%
Serious Mental Illness	22	16	37.5%	0	1	-100%
Substance Abuse	23	10	130%	0	0	0
None of the Above	12	30	-60%	9	8	12.5%

*More than one person may identify with multiple subpopulations

For the past several years, there have been questions as to the number of households that may not be considered homeless per the HUD definition, yet are in living situations that are unstable, sporadic or temporary. For 2019, the Point-in-Time Count committee included the subcategory of couch-surfing on the PIT Count survey. Couch-surfing is typically a temporary stay in a series of other people's homes (e.g. friends, family, co-workers, etc.), by making use of improvised sleeping arrangements.

During the 2019 PIT Count, there were 22 households that were counted as meeting the criteria of couch-surfing. Of households that were couch-surfing on the night of the count, 9 were family households and 13 were single adult households. Although reporting the number of households that are couch-surfing is not federally required, including this number helps to create a clearer picture of how many households in the community are having difficulty stabilizing their housing. It is important to note that the Point-in-Time Count is a one-day snapshot of residents in the community experiencing a housing crisis that has resulted in homelessness and most likely, does not adequately represent the full scope of the issue.

Employment

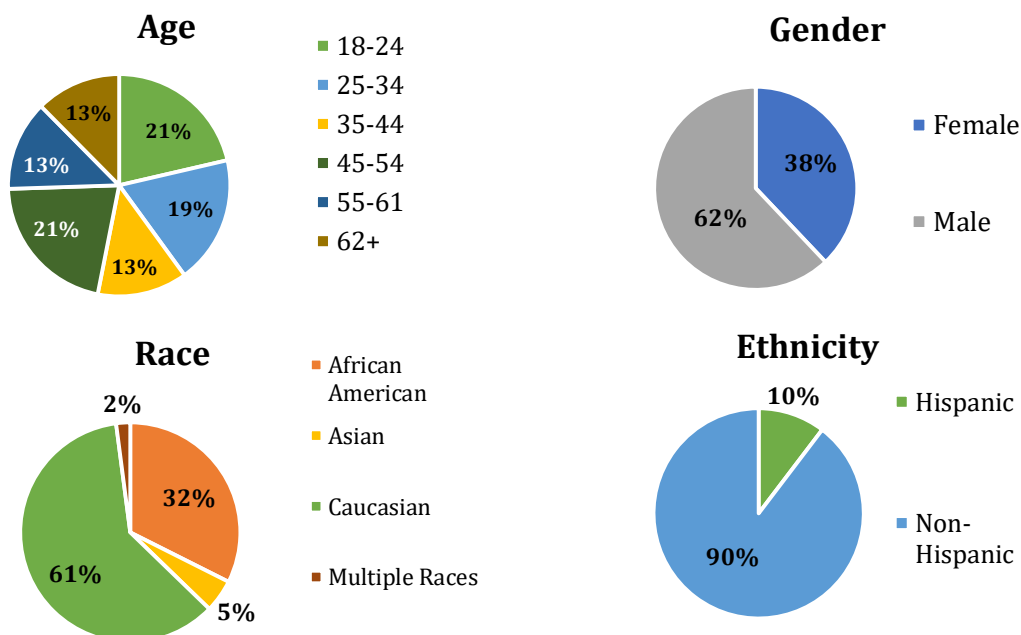
Of the 124 single adult households that were counted, 50 of those individuals were employed or 41.6%. While individuals experiencing homelessness may be employed, it is often difficult to secure housing within the county that is sustainable on a single income. Many single adult households are working two or three part-time jobs to make ends meet. With limited housing options and few single resident occupancy (SRO) units, many single adults are faced with minimal options.

Of the 15 households with children, there was a total of 13 Heads of Households that were employed or 86.6%. This number remains unchanged from the 2018 Point-in-Time Count in which 13 Heads of Household were also employed for households with children. While employment income alone cannot fully support housing costs, many families and single adults also connect with

mainstream benefits to help with household needs. Supplemental services such as Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP) and other programs often contribute to the overall household income.

The Point-in-Time Count gathers demographic data to assess the diversity of households experiencing homelessness on the night of the count. The following charts indicate several categories included in the PIT Count. These data points are required by HUD and reflect only those persons that were included in the 2019 PIT Count as either sheltered or unsheltered.

Figure 4



Housing Programs and Supportive Services

Permanent Housing

Permanent Housing is housing that households are able to access and maintain with little to no outside support. The ultimate goal for all Continuum of Care (CoC) programs is to ensure that households that access homeless services receive the necessary tools while enrolled in the various programs, to help them achieve self-sufficiency upon program exit. All CoC programs, utilize a Housing First approach that aims to ensure stable housing first and then provide wraparound services to support the household in remaining housed.

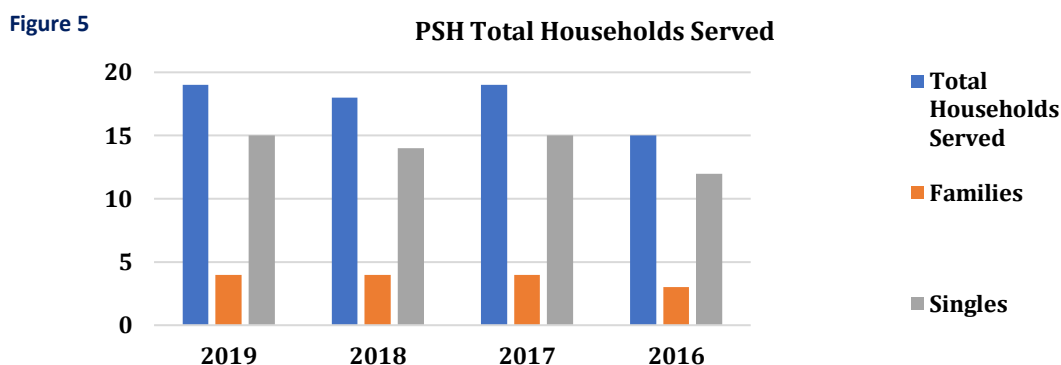
There are many conversations across the region addressing the affordable housing need. However, the language of ‘affordable’ housing tends to be subjective based on the specific demographics of the population. For households exiting homelessness, affordability and accessibility often go hand-in-hand. Many households accessing services are struggling to cover rising housing costs while earning minimum wage salaries.

Permanent Supportive Housing (PSH)

The Permanent Supportive Housing (PSH) program is a federally funded program designed to serve residents of the community that have a history of chronic homelessness and a documented long-term disability. Residents enrolled in the program are able to remain stably housed with ongoing supportive services to ensure that they remain connected to needed resources. Permanent Supportive Housing is a long-term program where case management services are combined with mental/ behavioral health support to provide holistic care to program participants.

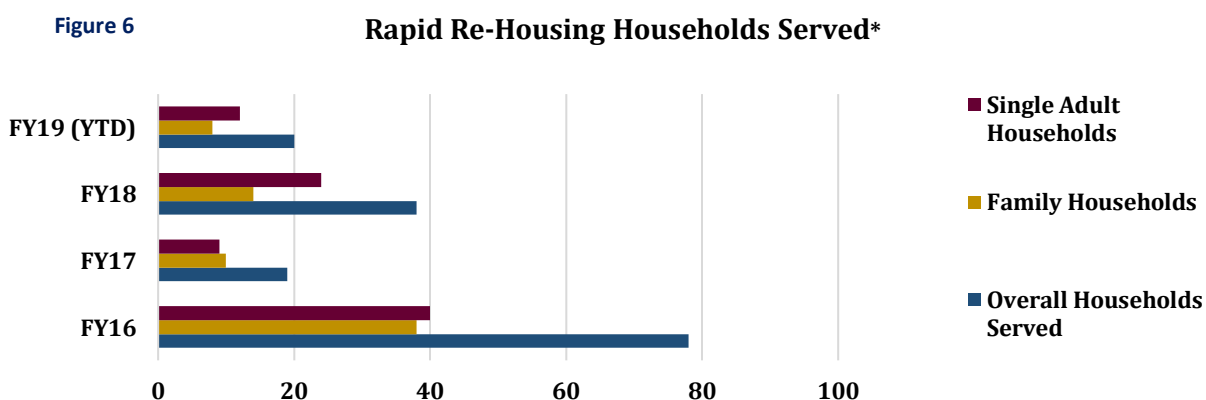
Loudoun County currently has 17 Permanent Supportive Housing units with a total of 24 beds within those units. There has been no increase in the number of Permanent Supportive Housing (PSH) beds and/or units during FY19. The program accepts both single adults and families and is open to residents of Loudoun County. The program is operated under contract with Volunteers of America Chesapeake in conjunction with the Loudoun County Department of Family Services and Loudoun County Mental Health, Substance Abuse and Developmental Services. The program has 8 units that are located on-site at the Loudoun Homeless Services Center and 9 units that are located throughout the community.

Below is a chart reflecting the total number of households served in the PSH program over the past few years:



Rapid Re-Housing (RRH)

The Rapid Re-Housing program is a national best practice model that aims to transition households from homelessness to housing quickly and with needed supports. The main criteria for the Rapid Re-Housing program is that the household meet the HUD definition of literally homeless to enroll in the program. Loudoun County currently has one (1) Rapid Re-Housing program that is provided through contract with a local nonprofit organization. The RRH program also provides Housing Location assistance to work with households in locating and securing viable housing options. Below is an overview of households served by the program over the past several years:



*Households served includes financial assistance and case management services.

Homeless Prevention and Diversion

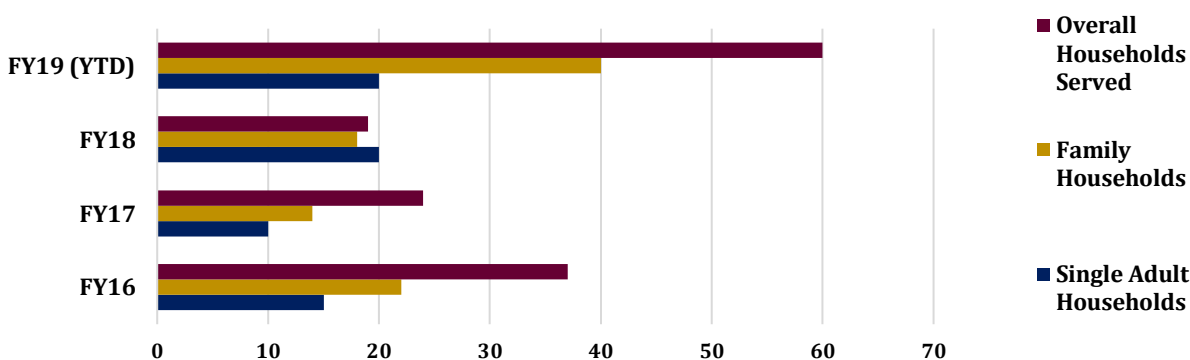
The Homeless Prevention and Diversion program is a program that works to reduce the number of households that become literally homeless and enroll in the emergency shelter program. The goal of the Homeless Prevention and Diversion program is to prevent community residents from entering

shelter by providing case management along with short-term financial assistance to help families and single adults remain housed. The program focuses on community outreach and engagement to ensure that households facing rental eviction or displacement are able to connect with case management staff and receive needed assistance and support.

Another component of the program is to divert households that are experiencing a housing crisis (expected to lose housing within 14 days) from becoming homeless. Diversion may include mediation with family or friends, advocating with landlords or property managers and many other strategies designed to keep households stably housed. Prevention and Diversion case management is designed to prevent households from becoming homeless and divert them from enrolling in the Emergency Shelter through proactive engagement and strategic advocacy in a timely fashion.

Figure 7

Homeless Prevention and Diversion Program Households Served*

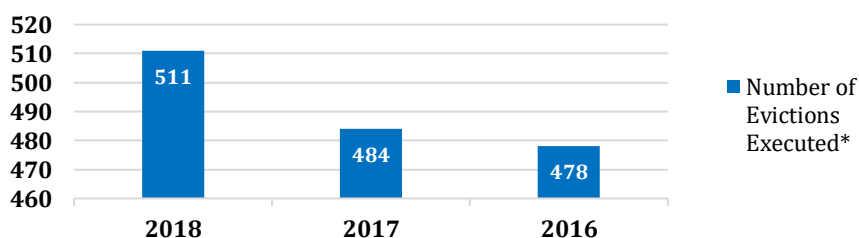


*Households served includes financial assistance and case management services.

While rental evictions are not the leading cause of homelessness, it does impact a household's ability to secure housing moving forward after an eviction has been noted on credit reports. The Homeless Prevention and Diversion program works with tenants, landlords and property managers to prevent homelessness and rental evictions, by providing case management, outreach services, community engagement and short-term assistance to help households remain stably housed. Information provided by county resources reflects, the number of evictions served in Loudoun County over the past few years.

Figure 8

Countywide Evictions by Year



*Totals reflect number of persons per unit, not individual properties and includes foreclosures, evictions for lease violations and tenants in arrears of rent.

Loudoun County has a limited number of Transitional Housing (TH) units through partnership with local nonprofits that provide supportive housing with wraparound services. There are currently six Transitional Housing units with a total of 38 beds available for families and single adult households. With a decrease in federal funding for Transitional Housing programs, there is a need for strategic

partnerships to help fill the gap of supportive housing for households that may need additional time to stabilize and increase their income.

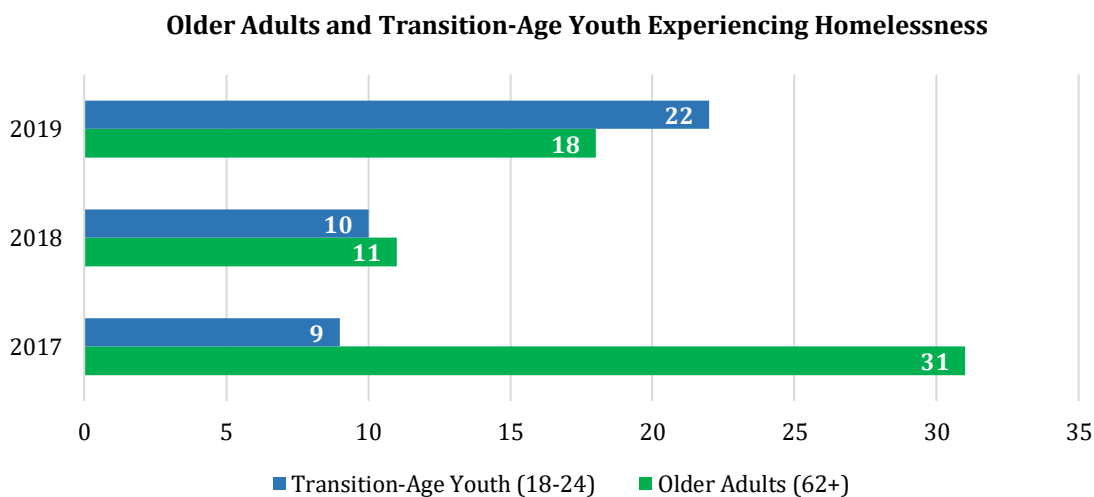
Older Adults, Transition-Age Youth and Unmet Housing Needs

There continues to be an increase in the number of Older Adults (62+) accessing homeless services. For 2019 PIT Count, 18 individuals were included that were 62 or older. The most senior single adult included in the count was an 80-year-old gentleman located living out of his car. While the youngest individual included in this year's Count was a 19-year-old single adult enrolled in a Transitional Housing program.

The housing needs of both populations can vary based on the unique household needs, however one consistency in both demographics is the need for stable income to assist with housing costs. While some Older Adults may be limited in terms of increasing their income due to physical limitations or health issues, Transition-Age Youth are often just launching in terms of establishing credit, exploring a career path and navigating the process of starting to live independently.

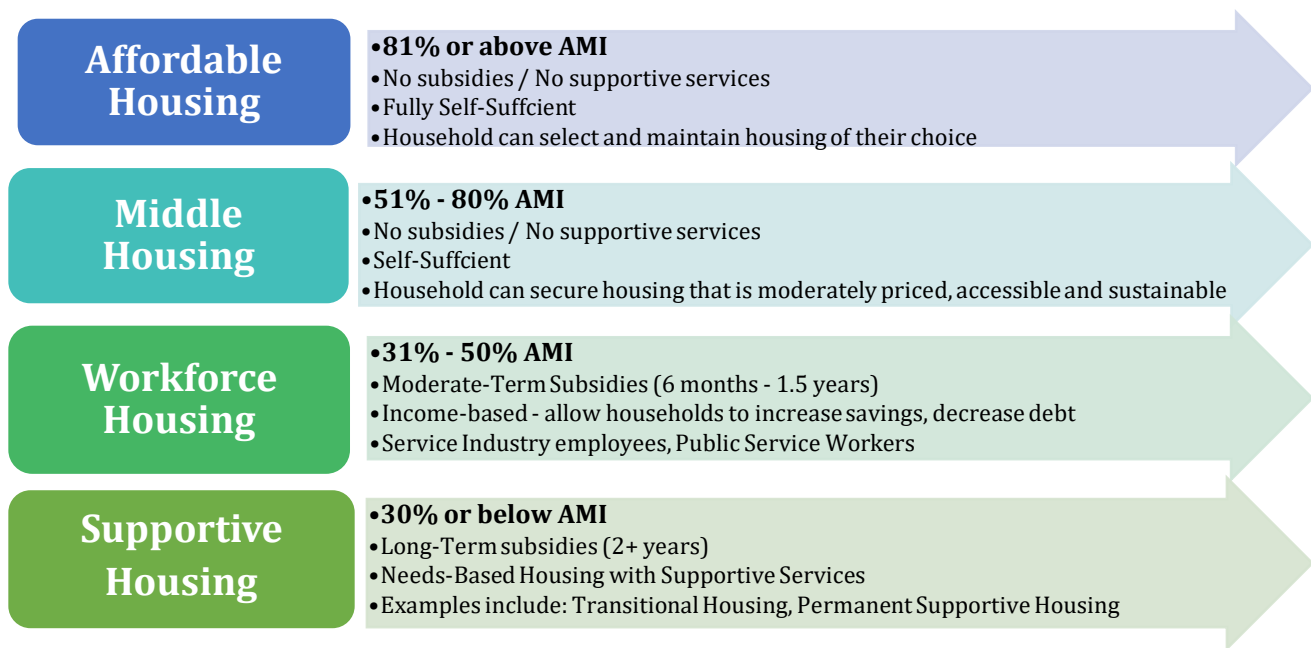
The Continuum of Care partners with youth services organizations within the community and throughout the region to serve youth and young adults that are on brink of homelessness or have become homeless due to a variety of circumstances. Services for those 62 and up includes collaboration with numerous community-based organizations to provide supportive services and assistance to Older Adults in the community in need of stabilizing their housing. Below is a chart reflecting the number of Older Adults and Transition-Age Youth experiencing homelessness over the past few years as indicated in the Point-in-Time Count:

Figure 9



While there are several programs to assist community residents in need of housing such as the Affordable Dwelling Unit (ADU) Program and the Housing Choice Voucher (HCV) Program, many of the households accessing Continuum of Care programs do not qualify for those programs due to various barriers and long waitlists. The language of affordable housing tends to be subjective based on the population demographic. Redefining what 'affordable housing' means in real world investments and housing stock diversity could be as simple as restructuring operational definitions for addressing a communities housing needs such as:

Figure 10



Addressing the unmet housing needs for households at or below 30% Area Median Income (AMI), is a critical component to reducing the number of persons experiencing a housing crisis. No community is immune to homelessness. In order to adequately address housing deficiencies, localities should explore diversification of housing stock to meet the needs of all community residents.

Montgomery County, Maryland

DESCRIPTION OF HOMELESS SERVICES

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

The CoC envisions a place where the experience of homelessness is rare, brief, and one-time only. They strive to be leading community in the work to end homelessness across our nation, where the commitment and collaboration creates effective systems that prevent and end homelessness for everyone in Montgomery County. The CoC has set the following bold goals:

- Prevent and end homelessness among Veterans by 2015.
- Finish the job of ending chronic homelessness by the end of 2018.
- Prevent and end homelessness for families, youth, and children by 2020.
- Prevent and end homelessness for unaccompanied youth 2022.
- Prevent and end homelessness among seniors 2022.
- Set a path to ending all types of homelessness 2023.

A broad array of services is offered to help achieve the goals of the CoC including homeless prevention, diversion, street outreach, temporary shelter, shallow and deep housing subsidies, and supportive services. The CoC embraces the Housing First philosophy and continues to align all programs with the principles of low barrier access to housing and services, consumer choice, community integration, and housing orientation.

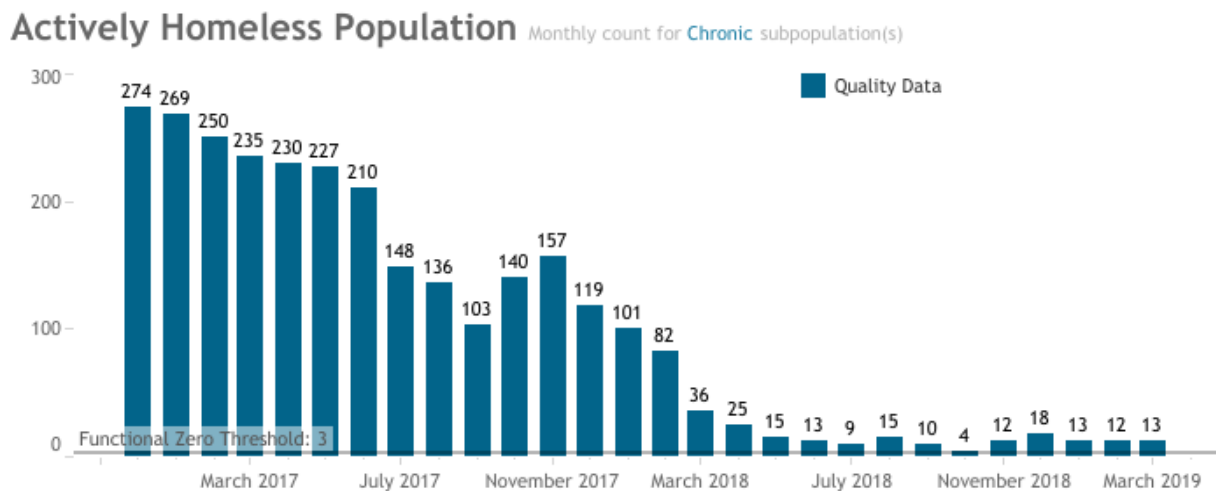
The ***Housing for All = A Stronger Montgomery*** campaign embodies the vision of the Montgomery County CoC. In 2017, Services to End and Prevent Homelessness (SEPH) began to restructure programs that implement this vision and are in alignment with the new federal mandates on Coordinated Entry Systems (CES) for both single adults and families with minor children. The restructure builds on this vision and utilizes the guiding principles and shared values of our CoC including:

- A person-centered system of care which includes low barrier access, standardized intake and assessment, housing prioritization, and evaluation;
- Commitment to a comprehensive crisis response system, including increased access to shelter, housing, and services;
- Concentrated effort to reduce the racial disparities in the homeless continuum, and
- Expansion of prevention, diversion, and permanent housing solutions that are based on need.



Inside (not Outside) Initiative

The Inside (not Outside) Initiative is Montgomery County’s campaign to end chronic homelessness. In January 2016, the Montgomery County CoC committed to the ambitious goal of ending long-term homelessness for people with disabilities. As of April 2019, 411 people have been housed through this initiative and 11 households are remaining to be housed. Although the CoC has not officially met the target for “functional zero”, Montgomery County has consistently had less than 13 unhoused people identified as chronic since May of 2018. See the run chart below.



The CoC will continue with a sense of urgency until “functional zero” on chronic homelessness is achieved. Strategies of the Inside (not Outside) initiative included the following:

- Created a By Name list to identify, track and follow all chronically homeless and “at risk of chronic homeless” individuals.
- Conducted an analysis of the homeless system to identify gaps and utilize data to inform programming and funding. This included consumer and provider focus groups.
- Tripled the street outreach capacity including in-reach to meal programs, more flexible hours during extreme weather conditions, and ensure all staff provide targeted, housing-focused case management to all unsheltered persons.
- Partnered with community housing agencies such as the local housing authority - Housing Opportunities Commission and the Dept. of Housing and Community Affairs to increase the availability of low-income housing rental subsidies including a Move-up Program for those households ready to graduate from Permanent Supportive Housing.
- Focused on intensive landlord recruitment and retention efforts including hiring a Housing Coordinator to oversee the efforts of all community housing locators.
- Held multiple “Lease-up” events that allowed 20-30 people to identify housing units on the same day or the day after the event.



At Home Together Initiative

The At Home Together Initiative is Montgomery County's campaign to prevent and end homelessness for families with children. The CoC has committed to this bold goal and recognizes the need to intensify partnerships with other systems of care. Unlike the previous initiatives addressing Veteran and chronic homelessness, success is not defined by a "functional zero" number but instead by making the experience rare, brief, and one-time only. Montgomery County will measure success by reducing the length of time a family experiences homelessness and rate of returns to homelessness for families with children.

Other Important Initiatives

- In April 2018, Montgomery County partnered with The National Center for Children and Families and the Maryland Youth Reach staff to conduct a youth count. Youth Reach Montgomery is a statewide effort by the Maryland Department of Housing and Community Development and coordinated by the Institute for Innovation and implementation at the University of Maryland School of Social Work. Improving Maryland's understanding of youth homeless became a legislative priority in Maryland in 2013. Different from the PIT, the youth count was conducted over a 2-week period beginning April 2nd through April 15th. In addition, a street outreach component occurred April 6th and 7th. The result was a total of 317 youth experiencing or at risk of homelessness with 15% identifying as LGBTQ and 87% as persons of color.
- For the past year, the CoC has been engaged in restructuring the Interagency Commission on Homelessness, the governing body of the CoC. This restructure included changes to membership to be more inclusive of critical stakeholders, redesign of the committee structure to distribute the workload, and the development of the "People's Committee" to ensure the voices of people with lived experience are heard.

Emergency Shelter

The CoC continues to provide emergency shelter to households with minor children through three year-round family shelters, one domestic violence shelter, and limited hotel subsidies used as overflow. During hypothermia, additional overflow shelter is provided via a non-profit organization. During this year's enumeration, a total of 47 households with minor children were residing emergency, overflow shelter, or DV shelter which is a significant decrease (32%) from 2018.

Emergency shelter capacity for adults without children remains 140 for year-round capacity. This includes the DV shelter with 5 beds designated for this household type, 3 designated as medical beds, and 2 designated for older adults or people with disabilities. During hypothermia season from November 1 to March 31st, capacity expands to 383 beds. On the day of the 2019 enumeration, there were 298 emergency shelter and overflow beds occupied; a decrease of 4% from 2018 and 15% from 2017.

Over the last few years, the CoC has reallocated funding from Safe Havens and Transitional Housing to permanent housing programs. This partially accounts for the decrease in the number of people served on the night of the PIT. On the night of the PIT, the bed capacity for transitional shelter and Safe Haven was 88 which does include funding for Veteran Safe Havens which has four beds in Montgomery County. On the day of the enumeration, there were 46 beds occupied. The continued decrease during the past two years' enumerations highlights the need to explore alternative uses for transitional housing facilities. The summary below represents the literal homeless capacity.

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)	244	70/18	0	346
Emergency Shelter Beds	140	143/41	283	0
Transitional / Safe Haven Beds	88	46/8	134	0
TOTALS	472	285/80	417	346

HOMELESS POINT-IN-TIME RESULTS

Montgomery County's homeless point in time survey was conducted on January 23, 2019. A total of 647 homeless persons were counted that day, a decline of 23% from 2018 and 28% from 2017 count. This significant decline in homelessness can be attributed to a multipronged approach to ensuring that all residents experiencing a housing crisis and entering the homeless services system are supported and housed as quickly as possible. Since January of 2016, more than 400 people experiencing homelessness have been placed in permanent housing through the Inside (not Outside) Initiative. In addition to the concentrated effort to end long-term homelessness, the CoC instituted a shelter diversion program for families, leading to a reduction in the number of households entering the homeless continuum. Staff offer support in problem solving and conflict resolution that allows families to resolve their housing crisis quickly. A similar approach is used at the single adult emergency shelters resulting in shorter length of stay. Lastly, the CoC has increased the number of Rapid Rehousing units and made the program more flexible to meet the varying needs of all households.

Households without children experienced an 22% decrease in 2019 from 568 in 2018 to 441 in 2019. There was a decrease of 44% in the number of unsheltered population, 75 in 2019 compared to 133 in 2018. In addition to the annual enumeration Montgomery County plans to conduct quarterly "head counts" of unsheltered persons to identify, engage, and track those experiencing street homelessness.

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

MONTGOMERY COUNTY'S HOMELESS COUNT BY CATEGORY					
Category	2017	2018	2019	Percent Change 2017 to 2019	Percent Change 2018 to 2019
Total Number Counted	894	840	647	-28%	-23%
Total Individuals	616	568	441	-28%	-22%
Total Number of Families	84	86	61	-27%	-29%%
Total Persons in Families	278	278	206	-26%	-26%
Total Adults in Families	106	93	76	-28%	-18%
Total Children in Families	172	185	130	-24%	-30%

The number of households with children headed by transition age youth (18-24 years old) decreased 82% from 11 in 2018 to 2 during the 2019 enumeration. This is an 85% decrease from 2017 enumeration. However, it is not clear that the number of transition age parenting youth households has decreased so drastically. In calendar year 2018, a total of 57 youth-headed households were served in the continuum which is similar to previous years. In July 2018, the CoC began implementing homeless diversion for families with children. Preliminary numbers suggest that nearly 2/3 of all households seeking shelter can resolve their housing crisis without needed emergency shelter. If the trend continues, the CoC will attribute the decline in transition age youth headed households with children to this change in practice. The number of unaccompanied transition age youth decreased in 2019 to 20 (31%) from 2018.

MONTHLY INCOME AND EMPLOYMENT

Among all household types without children including those who are unsheltered, veterans, and transition age youth, 225 or 51% reported some type of monthly income. This is a small increase from 50% in 2018 and a decrease from 52% in 2017. However, of those reporting monthly income 43% reported income from employment compared to 35% percent in 2017. The CoC has recognized the need to support homeless persons in obtaining eligible benefits. A total of 48% percent reported income from Social Security Retirement, Social Security or Veteran Disability, and/or Temporary Disability Assistance Program as their primary source of income. Montgomery County supports

Housing First philosophy and though income is not required to be for permanent supportive housing or rapid rehousing, the CoC has made a concerted effort to connect homeless persons with vocational and employment supportive services. Additionally, emergency shelter staff are more focused on addressing the immediate barriers to housing such as income in their efforts to help individuals rapidly exit.

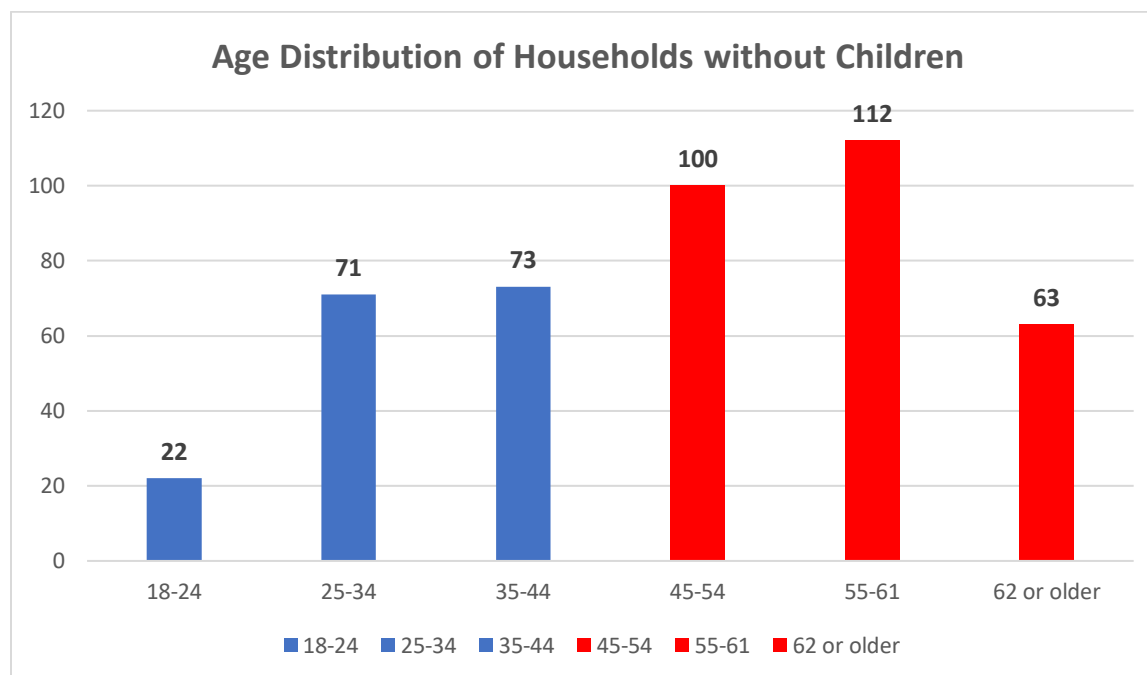
Among households with children including veterans and transition age youth, the number of adults reporting monthly income was 56 (74%) which increased from 70% in 2018. In addition, 22 (39%) reported income from employment, which is a decrease over the 2018 which was 40%, and a very large decline compared to the 54% income from employment in 2017. Work force development has been identified as a gap in the CoC and must continue to be a priority for all household types. Employment specialist and vocational services are incorporated into Rapid Re-housing and permanent supportive housing contracts. The other primary source of income for households with families included Temporary Aide to Needy Families, Social Security Retirement, Social Security Disability / Survivor benefits which accounted for the income of 36% of this cohort.

SUBPOPULATIONS

Montgomery County saw declines in every subpopulation with one exception. The greatest decreases were with adults reporting chronic substance abuse, adults living with HIV/AIDS and chronic health conditions. There was a 73% decreased in those reporting substance abuse and a 48% percent decrease in adults reporting chronic health problems. There was a 28% decrease in adults reporting serious mental illness from the 2017 enumeration. There was a 28% decrease in adults reporting co-occurring disorders from 2017. Such significant declines can be attributed to full implementation of the Coordinated Entry System that prioritizes those households with the highest acuity for permanent housing.

	Adults Only in all Households FY17	Adults Only in all Households FY18	Adults Only in all Households FY19	Percent Change 2017 - 2019
Chronic Substance Abuse (CSA)	104	66	28	-73%
Severe Mental Illness (SMI)	175	170	126	-28%
Dual Diagnosis (CSA&SMI)	101	97	73	-28%
Chronic Health Problem	162	144	84	-48%
Living with HIV/AIDS	8	6	2	-75%
Physical Disability	76	110	136	+44%
Domestic Violence Victim History	146	147	106	-27%
Limited English	56	63	32	-43%
U.S. Veterans	33	13	13	-61%
Chronically Homeless	167	124	11	-93%

In the 2019 enumeration, there was a 44% increase in those reporting physical disabilities. This number has been steadily increasing since 2017. This may be a result of the increasing number of older adults entering the homeless system. More than half (62%) of all adults without children are over 45 years old, 40% are over 55, and 14% are older than 62 years old. Research states that people experiencing homelessness die an average of 30 years younger than the average person in the United States. This means that individuals with a history of homelessness age at an increased rate, so those 45 years old may have similar health issues as someone in their 70s.



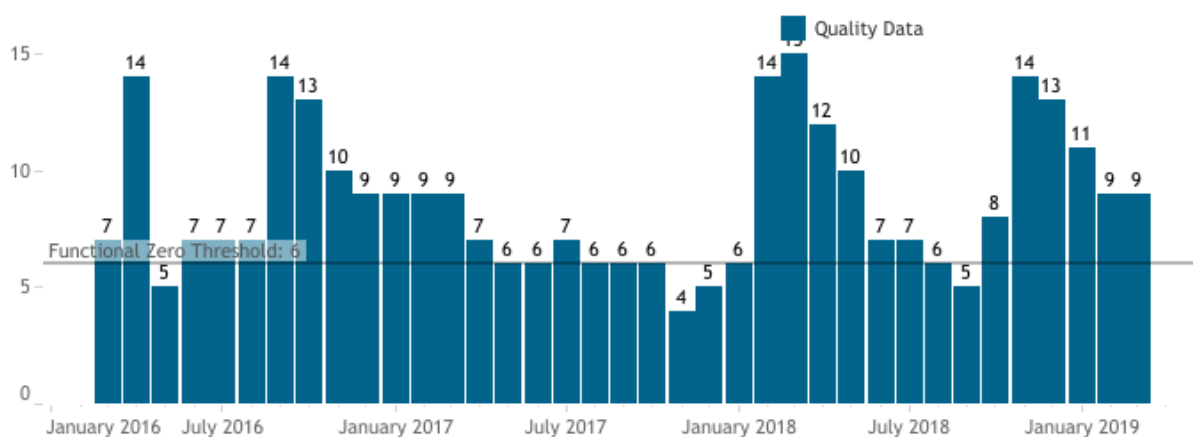
Over the past three years, the number of persons fleeing domestic violence has fluctuated, increasing in some years and decreasing in others. This year there was a 69% decrease in the 2019 enumeration from 26 in 2019 to 83 adults in 2018. From 2017 to 2018, the number of persons fleeing domestic violence increased by 35%. The percent of adults reporting a history of domestic violence decreased by 27% since 2017. The CoC cannot attribute the changes to any specific reasons. The CoC continues to prioritize the limited scattered site transitional housing for DV households with minor children and undocumented households.

The number of persons experiencing chronic homelessness decreased by 93% during this enumeration. This decrease directly correlates to the efforts of the Inside (not Outside) initiative to end chronic homelessness. Since January 2016, Montgomery County has permanently ended homelessness for over 400 individuals. Regarding households with minor children, the County has monitored this closely and utilized permanent supportive housing options to re-house. Therefore, during this enumeration, there were no chronically homeless households with minor children.

Though Montgomery County achieved the goal of ending Veteran Homelessness in December 2015, sustaining functional zero requires continual monitoring and tracking. During the 2019 enumeration, 13 homeless veterans were counted. This is the same number as the 2018

enumeration. To maintain functional zero, the CoC should average no more than 6 Veterans experiencing homelessness at any given time. As of April 12, 2019, 4 of the 13 homeless veterans have been housed and six are approved for housing with VASH subsidies and through SEPH's permanent supportive non-profit providers.

Actively Homeless Population Monthly count for Veteran subpopulation(s)



PERMANENT HOUSING

From 2017 to 2019, the number of units of permanent housing in Montgomery County has increased by 16% from 1,138 to 1,361. County officials remain committed to investing new local resources for permanent supportive housing, rapid rehousing, and shallow subsidies. As stated earlier, the CoC seeks to provide access to housing to all people experiencing homelessness. This requires creativity and an ability to leverage federal and state resources. Montgomery County continues to receive funding from the Maryland Department of Housing and Community Development and hopes to increase the amount in future years. Additionally, the Housing Opportunities Commission, the local public housing authority was awarded 99 new non-elderly disabled vouchers, resulting in 24 known homeless households being selected to receive a housing voucher. Lastly, SEPH continues to advocate for a revision to the County Rental Assistance Program to all for larger subsidies and more flexibility. Currently the program provides a maximum of \$200 shallow subsidy for households with minor children, or households without minor children that have a disability or are at least 62+ years of age. Of the program participants, 42% are over 62 years of age.

Rapid Re-housing

Montgomery County remains a high cost geographical area which poses challenges for households with minimal education and income to obtain and maintain housing without an on-going subsidy. Although Montgomery County has begun to increase the number of Rapid Rehousing slots, there is

still a gap of approximately 350 units for both individuals and families according to the 2017 gap analysis of the CoC.

Beginning in August 2017, Montgomery County began a re-design of the RRH program from a fixed subsidy (\$400 per month for singles, \$600 per month for families) program to a flexible subsidy with re-evaluations of subsidy and need every ninety days. The program will also accept households with no income and work with them in obtaining temporary eligible benefits and on-going employment and pays the security deposit and first month rent to allow the household to transition from homelessness into stable housing. In coordination with the Learning Collaborative and the Coordinated Entry policy, the County has increased staffing to include a housing locator for landlord engagement and to develop a “housing stock”. The goal is to serve more households more effectively by reducing the length of stay from 12 months to 4-6 months.

Permanent Supportive Housing and Other Permanent Housing

Through the Inside (not Outside) Initiative, Montgomery County created more permanent supportive housing by increasing funding for the Housing Initiative Program (HIP). The program is unique in that the support services and reimbursement rates are based on acuity and change over time. By basing reimbursement rates on acuity, the program can serve more households more effectively. This allows providers to increase or decrease services depending on need.

In the 2018 HUD Continuum of Care Competition, Montgomery County was awarded \$538,250 for a new permanent supportive housing program to serve 21 adults with chronic substance use. In addition, Montgomery County applied to the State of Maryland Assistance in Community Integration Services (ACIS) Pilot. The 1115 Medicaid Waiver allows states to bill Medicaid for housing support services including pre-tenancy supports and housing case management. Montgomery County has been approved to provide services to 110 individuals in permanent supportive housing and rapid rehousing programs. This additional resource has allowed the County to reinvest the savings from supportive services into housing subsidies and increase the stock of permanent housing.

Prince George's County, Maryland

DESCRIPTION OF HOMELESS SERVICES

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

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

- Street Outreach , Mobile Crisis and SOAR;
- 24/7/365 intake through the "Homeless Hotline" and Coordinated Entry;
- Integrated Diversion and Homeless Prevention Services;
- One (1) 35 bed emergency and one (1) 25-bed hypothermia overnight shelter in partnership with 50 faith-based organizations;
- Seven (7) 24-hour emergency shelters including 1 specifically for veterans, 1 for DV / trafficking survivors, and 2 for unaccompanied youth;
- Six (6) Rapid Re-Housing Programs including 3 specifically for veterans and 1 for unaccompanied youth;
- Five (5) transitional housing programs including 3 specifically for unaccompanied youth; and
- Thirteen (13) permanent supportive housing programs.

The County's strategic plan was derived from best practices evolving locally as well as nationwide and focuses on six (6) key strategies that have proven to be effective in reducing homelessness: 1. coordinated entry, 2. prevention assistance, 3. shelter diversion, 4. rapid re-housing, 5. permanent housing, and 6. improved data collection and performance measures. In addition, accommodations were made for five (5) 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, human trafficking and other violent crimes, 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	40	20	0	60
Emergency Shelter Beds	69	127	196	0
Transitional Housing Beds	23	130	153	0
TOTAL	132	277	349	60

*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 23, 2019. 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 13 teams each targeting specific zip codes within 6 County zones. A database of "hot spot" locations within each County zone was made available to each team which included known encampments, shopping malls, metro stations, libraries, soup kitchens and other areas where homeless have been known to gather. Teams were disbursed from 6:00 am until midnight and included teams from Police, Fire/EMS mobile integrate health and community health workers from the Department of Health. The unsheltered count included an interview component to gather pertinent demographic, subpopulation, employment and other relevant data used to generate comparable data for this report and a command center was established as a point of contact for team leaders to call with any questions, emergencies, supply needs or assistance during the count.

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 2019 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 23, 2019 a total of 447 homeless adults and children were counted in Prince George's County, Maryland; (199 single adults, 86 adults in families, 161 children in families and 1 unaccompanied child) reflecting a 6.5% decrease from 2018. Of this number, 374 (84%) were sheltered and 73 (16%) were unsheltered and living on the streets and public places not meant for human habitation. The following charts provide a comparison of the 2017, 2018, and 2019 counts. In spite of having the highest number of cost burdened households amongst neighboring jurisdictions, the overall number of homeless continues to show a slight decline over prior year counts.

PRINCE GEORGE'S COUNTY HOMELESS COUNT BY CATEGORY				
Category	2019	2018	2017	% Change - 2018 to 2019
Total Number Counted	447	478	532	-6.5%
Total Number of Singles	199	203	193	-2.0%
Total TAY (18-24)	18	21	19	.05%
Total Veterans	23	27	21	-15%
Total Number of Families	81	88	103	-8%
Total Number Persons in Families	247	273	338	-10%
Total Adults in Families	86	97	124	-12%
Total Number of Children in Families	161	176	214	-9%
Total TAY (18-24) – Head of Household	12	16	15	-25%
Total TAY (18-24) – Children in Household	17	21	17	-19%
Total Veterans – Head of Household	5	2	0	150%
Total Veterans – Children in Household	13	5	0	160%
Total Children w/ONLY Children	1	2	3	-50%

*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 however this is closely followed by SSI / SSDI (the growth in the elderly and disabled population was statistically significant at 72% and is the largest sub-population growth area in the homeless system in the last three years). SSI/SSDI and employment sources represent 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	212		73	
Income	84	40%	26	36%
Employment	42	22%	7	10%
Social Security /Retirement	1	>1%	5	8%
SSI / SSDI	19	9%	7	10%
TANF / Public Assistance	3	1.5%	2	2.5%
Other Sources *	19	9%	5	8%
Don't know / refused / no income	128	60%	47	64%

*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 severe mental illness (19%) and physical disability (14%) as presenting the greatest barriers to permanent housing

and independence while for adults in families, the highest barrier remained domestic violence (this episode) (19%) followed by severe mental illness (15%).

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)	86	0	126	73	285
Chronic Homeless *	2	0	12	0	14
Veteran	5	0	17	6	28
TAY	13	0	16	2	31
Substance use Disorder	0	0	0	6	6
Severe mental Illness	13	0	24	13	50
Co-occurring Disorder	0	0	0	13	13
HIV/AIDS	0	0	0	2	2
DV History (<i>any time in the past</i>)	1	0	0	11	12
Domestic Violence (<i>this episode</i>)	16	0	5	0	21
Physical Disability	6	0	16	12	34
Chronic Health Condition	4	0	0	0	4
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	51	0	95	25	171

*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 2018, the County's Continuum of Care system continued to emphasize expansion of rapid re-housing beds and new supportive housing beds for high risk singles which represent the largest population of the County's known chronic homeless unsheltered population.

PRINCE GEORGE'S COUNTY PERMANENT SUPPORTIVE HOUSING (PSH) BED INVENTORY *				
	2019	2018	2017*	% Change 2018 to 2019
Beds for Individual	136	116	93	17%
Beds for Families	150	160	149	-6%
TOTAL	286	276	242	4%

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

PRINCE GEORGE'S COUNTY RAPID-REHOUSING (RRH) BED INVENTORY				
	2019	2018	2017*	% Change 2018 to 2019
Beds for Individual	54	12	0	450%
Beds for Families	125	56	46	225%
TOTAL	179	68	46	264%

PRINCE GEORGE'S COUNTY OTHER PERMANENT HOUSING BED (OPH) INVENTORY				
	2019	2018	2017*	% Change 2018 to 2019
Beds for Individual	9	9	43	No change
Beds for Families	188	188	142	No change
Total	197	197	185	No change

OTHER NOTEWORTHY CONTINUUM OF CARE ACTIVITIES

The County has identified five (5) homeless sub-populations for targeted program development and has made significant progress in the past five years as a result of that intentional focus. County highlights include but are not limited to:

1. *Domestic violence and Human Trafficking:*

- Partnership with the National Alliance for Safe Housing (NASH) to develop a comprehensive and coordinated County response to the housing needs of survivors of domestic violence, sexual assault, and human trafficking;
- Launch of a very aggressive "Stop the Silence" campaign to raise awareness and ensure victims get connected quickly to the help they need (Survivors of domestic violence can get confidential help 24/7/365 through the County's 2-1-1 service);
- Creation of a domestic violence and human trafficking supportive services division within the HHS network to ensure survivors are connected to care and immediate resources;
- Set aside vouchers for persons impacted by violence who are homeless and unable to stabilize using traditional CoC housing options;
- Establishment of a Family Justice Center that has DV experts in place to assist with individual cases;
- Established a SAFE Center for victims of trafficking; 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:*

- Completed the national 100 day challenge to end youth homelessness with a focus on higher education;
- 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;
- Launch of 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 6 annual County-wide counts of homeless and unaccompanied youth ages 13-24 (the last three 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;
- Secured 60 Family Unification Program (FUP) vouchers for former foster youth experiencing homelessness;
- Established a Crossover Youth Practice Model; and
- Launched the Homeless Youth Action Board to ensure youth with lived experience are engage in all facets of system design.

3. *Veterans:*

- Established a Veteran Court which strategically aligns legal response systems to these strategies;
- Set aside housing vouchers for veterans who are homeless and unable to stabilize using traditional CoC housing options;
- Awarded 2 SSVF and 1 GPD program for veterans;
- Increased local allocation of VASH vouchers;
- Secured faith based funding for homeless prevention, rapid re-housing and other crisis intervention efforts;
- Established a veteran only coordinated entry team to ensure rapid linkages to housing; and
- Host 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).

4. *Chronically homeless and other homeless persons experiencing severe behavioral health challenges:*

- Established a multi-disciplinary care coordination team to staff complicated high acuity cases;
- Make 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;
- Secured a SAMSHA system of care grant to improve local pathways to treatment;
- 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;
- Led Maryland in successful SOAR applications with an approval rate of 100% and 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;
- Executed a multi-system data sharing agreement and begun data integration efforts to identify high system utilizers for care coordination and targeted intervention, and began

- working on a telehealth model of care to supplement the work of the street outreach teams;
- Assisted in the creation of an 1115 waiver for supportive services to high system utilizers experiencing homelessness and one of 4 pilot locations in the State testing the new ACIS program;
 - Selected as one of 6 Pay For Success sites across the Country; and
 - Invited to be a Data Driven Justice Initiative jurisdiction.

5. *Returning citizens:*

- 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;
- Opened the "Bridge at Adams House" in Suitland to centralize services to persons returning to the community from incarceration.

Prince William County, Virginia

The Prince William Area (PWA) Continuum of Care (CoC) is comprised of nonprofit, faith-based and government agencies (Prince William County and cities of Manassas and Manassas Park). The CoC has a total of three (3) emergency shelter facilities that serve singles and families, a Domestic Violence shelter (singles/families) and an Overnight Shelter that serves single adults only. Hypothermia shelters are opened as needed by volunteer faith-based organizations. The CoC has a total 286 beds of emergency shelter and transitional housing which is broken down as follows:

- 81 emergency shelter beds (dedicated to singles);
- 108 emergency shelter beds(dedicated to families);
- 1 domestic violence shelter beds (dedicated to singles);
- 18 domestic violence shelter beds (dedicated to families);
- 6 transitional housing beds (dedicated to singles); and
- 72 transitional housing beds (dedicated to families).

Four (4) programs within the CoC receives funding from the US Department of Housing and Urban Development (HUD), to provide permanent supportive housing and rapid re-housing services. Additionally, the CoC receives HUD's Emergency Solutions Grant that supports emergency shelter, transitional housing and rapid re-housing services. Lastly, the CoC receives rapid re-housing and prevention funding through the Virginia Department of Housing and Community Development (DHCD). PWA's local governments also provides funding to support local shelter operations, transitional housing services, permanent supportive housing, and rapid re-housing initiatives. The Prince William County Department of Social Services operates the PWA Coordinated Entry System (CES) with local tax support. All services specific to prevention, emergency shelter, rapid re-housing and permanent housing programs are planned through the CES System.

PIT COUNT RESULTS

On January 23, 2019, the 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 2019 PIT counted 277 homeless persons in the Prince William Area which is summarized as follows:

- **Emergency & Domestic Violence Shelter:** 169 persons (75 individuals and 94 persons in family). This represents a 4% decrease of shelter bed utilization from the 2017 PIT Count (176 persons counted).
- **Transitional Housing:** A total of 71 persons (four (5) individuals and 66 persons in family) were counted, representing a 16% decrease in the utilization of transitional housing services from the 2018 PIT (85 persons counted).
- **Unsheltered homeless:** The count totaled 37 persons which represents a decrease of 67% from the 2018 PIT count (113 persons counted).

COORDINATED ENTRY SYSTEM

The Prince William County Department of Social Services/Homeless Services Division operates Coordinated Entry System which is based on best practices for housing assistance and follows a single point of entry call center concept. Households seeking assistance in the PWA now contact a central number to gain access to services specific to prevention and homeless services. Since operations began in March of 2018, CES has taken over 9,000 calls from callers seeking assistance for homeless prevention, emergency shelter and other assistance.

PERMANENT SUPPORTIVE HOUSING

The PWA CoC has five (5) permanent supportive housing programs: three (3) are funded by HUD, one is funded by the Prince William County Government, and one is privately funded. The permanent supportive housing programs are scattered site housing coupled with housing focused case management. These programs provide individuals the opportunity to remain integrated within the community while achieving individual goals and developing life skills. The CoC recognized the need to provide housing for the medically fragile (homeless individuals with chronic health conditions). The CoC has one privately funded medically fragile permanent supportive housing project with (5) beds dedicated to serving the medically fragile homeless population. Permanent supportive housing programs provide housing for individuals or families that have a history of homelessness with a disabling condition, which may create barriers to sustaining housing. With a total of 24 persons identified as chronically homeless in the 2019 PIT, there is still a great need for permanent supportive housing in the PWA.

RAPID RE-HOUSING

The CoC has incorporated a Housing First model within all programs. The CoC Rapid Re-Housing (RRH) do not have participation requirements or pre-conditions to entry, such as sobriety or minimum income threshold, and prioritizes rapid placement and stabilization in permanent housing. The CoC has established the following priority populations for all Rapid Re-housing programs: Families with children with greatest service need, Transitioned Aged Youth (TAY) ages 18-24, Veterans (regardless of discharge status), Aging households with a disability and Households without income. The CoC's RRH programs provide rental assistance, rental arrears, security deposits, utility deposits and housing focused case management. The CoC's rapid re-housing providers worked in collaboration to permanently house 476 persons in FY18.

PERMANENT HOUSING

An affordable housing inventory remains limited and a needed resource within PWA. The CoC covers 360 square miles which includes the cities of Manassas and Manassas Park. Prince William County (PWC) is considered one of the 25 wealthiest counties in America. The median income in PWC is \$93,744, making it the twelfth wealthiest county in the United States. Despite the DC/Maryland/Virginia area having professional careers, many of the households served by the CoC will secure low wage paying jobs. The households are employed mainly by the service industry which does not allow households to earn a livable wage to afford housing. This makes it difficult for low-income households to reside and maintain housing in the PWA. Rents in the Northern Virginia area continue to be high. In PWC, housing is in high demand with rental rates that are not affordable to low-income households. For a single person, the monthly rent is \$1,170/ month which makes it difficult for anyone on a fixed income of SSI or benefit income. For large households, the monthly rent for a

three-bedroom unit is \$1,755/month and a four-bedroom unit is \$2,119/month. In addition to the rent, households pay gas and/or electric as an expense. Since the PWA does not have an established subsidy program outside of the Housing Choice Voucher-HCV (currently closed), a household's ability to maintain housing can become exceptionally difficult.

The CoC recognizes the need to have resource to assist household obtain and maintain housing. The CoC has funded two housing locator positions to establish relationships with area landlords and to develop a housing inventory list for households experiencing homelessness. The PWA receives Emergency Food and Shelter Grant funding from the Department of Homeland Security. The PWA Emergency Food and Shelter Program –Local Board dedicated a total of \$31,429 of Phase 35 - Emergency Food and Shelter Program Grant for rental and mortgage assistance to support homeless prevention services within the Prince William Area. The CoC also partners with local nonprofit organizations to offer limited one-time assistance to households at risk of homelessness through private resources.

VETERANS

To better service veterans, CoC agencies work closely with community partners such as the Veterans Administration and Supportive Services for Veteran Families (SSVF) providers. CoC partners actively make appropriate referrals for veterans in need of mental health, substance abuse, medical, benefits, housing, and stabilization services. The CoC worked closely with the Virginia Department of Veteran Services and the Prince William County Office of Housing and Community Development to obtain four additional VASH vouchers for FY18. The CoC also works closely with the Supportive Services for Veteran Families (SSVF) to house homeless veterans and their families. A total of 93 formally homeless person in veterans households were permanently housed through the VASH and SSVF programs during the FY19 PIT- Housing Inventory Count (HIC). In addition to VASH and SSVF funds, the CoC has funding through the DHCD's Virginia Homeless Solutions Program Grant to specifically re-house veterans and their families. At total of 12 formally homeless persons in veteran households were permanently housed through the VHSP grant during the FY 19 PIT-HIC.

OUTREACH EFFORTS

During the 2019 PIT, the CoC coordinated outreach teams to canvas the homeless campsites located in the eastern and western end of the PWA. The count was conducted over multiple days to identify unsheltered homeless. The CoC worked in collaboration with local law enforcement and outreach organizations to actively map unsheltered campsites. The campsite maps are updated annually prior to the PIT Survey to ensure that outreach teams engage all active campsites. Outreach efforts include luncheon and dinner events at area churches and restaurants to encourage participation of unsheltered homeless. The DSS, the CoC, and faith-based organizations support a year-round daytime Drop-In Center program for homeless individuals. The Drop-In Center program offers showers, meals, life skills classes, wellness groups, peer substance abuse groups, mental health services and referrals to shelter and housing services.

Prince William Area Bed Inventory

PRINCE WILLIAM COUNTY'S YEAR-ROUND AND WINTER BED INVENTORY - 2019				
	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Emergency Shelter Beds	81	108	189	0
Domestic Violence Shelter Beds	1	18	19	0
Transitional Housing Beds	6	72	78	0

Point-In-Time Trends

<u>Category</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	Change in Persons 2018- 2019	Percentage Change 2018- 2019
Total Number Counted	400	400	374	277	-97	-26%
Total Number Singles	187	197	190	117	-73	-38%
Total Number of Person in Households with Children Only	0	0	2	0	+2	-100%
Total Number of Persons in Families	213	203	182	160	-22	-12%
Total Number Families	24	53	54	46	-8	-15%
Total Adults in Families	78	72	70	59	-11	-16%
Total Children in Families	135	131	112	101	-11	-10%

Sup-populations

Category	2016	2017	2018	2019	Change in Persons 2018-2019	Percentage Change 2018-2019
Chronically Homeless	52	76	42	24	-18	-43%
Chronic Substance Abusers (CSA)	29	31	23	11	-12	-52%
Severe Mental Illness (SMI)	24	26	36	26	-10	-28%
Co -Occurring Disorder	15	17	10	12	+2	20%
Chronic Health Problems	24	36	39	19	-20	-51%
Living with HIV/AIDS	0	0	0	0	0	0%
Physical Disability	19	19	31	16	-15	-48%
Domestic Violence Victims*	9	8	18	33	+15	83%
Limited English	24	15	29	22	-7	-24%
Veterans	31	22	36	10	-26	-72%

Subpopulations by Household

Category	Singles	Families	TOTAL
Chronically Homeless	19	5	24
Chronic Substance Abusers (CSA)	11	0	11
Severe Mental Illness (SMI)	22	4	26
Co -Occurring Disorder	10	2	12
Chronic Health Problems	17	2	19
Living with HIV/AIDS	0	0	0
Physical Disability	15	1	16
Domestic Violence Victims*	14	19	33
Limited English	16	6	22
Veterans	8	2	10

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