

# HOMELESSNESS IN METROPOLITAN WASHINGTON

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

May 2018



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

This year's enumeration and survey occurred on January 24, 2018. The report provides a one-night "snapshot" of the region's homeless population within nine metropolitan Washington area jurisdictions. It is important to note that this "snapshot," by definition, provides one perspective on the state of homelessness in 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 2018 Point-in-Time (PIT) Enumeration follow below:

### *Literally Homeless Count:*

- The 2018 Point-in-Time (PIT) Enumeration resulted in a total count of **10,480 literally homeless individuals**.
- The region's number of persons experiencing homelessness **decreased by 6 percent (or 648 people) from 2017**.

This decrease follows a similar reduction recorded in 2017, when the PIT count found the number of persons experiencing homelessness decreased by nine percent and 1,087 persons. Five of nine jurisdictions recorded decreases in the number of persons experiencing homelessness in 2018 from the 2017 count.

### *Short-term Changes in the Homeless Enumeration, 2017 to 2018:*

- The District of Columbia had the greatest reduction in the number of persons experiencing homelessness from 2017 to 2018 (569 fewer individuals), followed by Prince George's County (54 fewer persons) and Montgomery County (54 fewer persons counted).
- The greatest reduction in the percentage rate of persons experiencing homelessness was recorded in Prince George's County (ten percent).
- Those jurisdictions which recorded increases in 2018 had relatively small changes (City of Alexandria, Fairfax, Frederick and Loudoun counties) of 15 persons, 23 persons, 7 persons and 21 persons respectively.

### *Longer Term Changes in the Homeless Enumeration, 2014 to 2018:*

- **Eight of nine jurisdictions experienced a decline in the number of people experiencing homelessness between the 2014 and 2018 enumerations.**
- During the period from 2014 to 2018, the District of Columbia experienced the greatest reduction in persons experiencing homelessness, counting 844 fewer individuals. The District of Columbia also has the largest proportion of the region's residents experiencing homelessness (66 percent). Fairfax County had the second largest reduction between 2014

to 2018, with 238 fewer homeless persons counted, followed by Prince George's County (176 persons) and Prince William County (71 persons).

- Prince George's County reported the highest percentage reduction in its literally homeless count from 2014 to 2018 (27 percent).
- Frederick County was the only jurisdiction to observe an increase in persons counted during the Point-in-Time enumerations of 2014 and 2018 (28 percent increase, or 70 more persons).

#### *Veterans Experiencing Homelessness:*

In a change from the downward trend noted in 2017, the region's progress reducing the number of veterans experiencing homelessness halted in 2018.

- In 2018, the total number of veterans counted on the night of the PIT was 441, or 33 more individuals than were counted in 2017 (eight percent increase); only three jurisdictions recorded a reduction between 2018 and 2017 (only four fewer persons total).
- The total number of veterans experiencing homelessness counted in 2018 remains below the number recorded during the Point-in-Time counts in 2014, 2015, and 2016.
- **The region overall has reduced the incidence of veteran homelessness by 25 percent since 2014, despite the one-year increase noted above.**

The increase noted in 2018 reflects a national trend. The U.S. Department of Housing and Urban Development reported on the first increase in seven years of veterans experiencing homelessness in the national 2017 Point-in-Time results.

The increase may be attributed in part to fewer housing resources (such as Veterans Affairs Supportive Housing (VASH) vouchers) and a lack of options for permanent housing solutions.<sup>1</sup> In addition, jurisdictions note the importance of prevention in sustaining progress toward the goal of ending veteran homelessness.

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 2014, however. The Continuum of Care (CoCs) in the metropolitan Washington region will continue to implement proven strategies by placing veterans in permanent housing, given access to adequate and available resources.

#### *Chronically Homeless:*

The trend noted for the number of persons counted as chronically homeless mirrored the results for veterans in 2018.

Although the regional number of chronically homeless persons in Households Without Children increased by 38 persons (two percent) between 2017 and 2018, the region still experienced a nine

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<sup>1</sup> For example, the extremely limited stock of housing affordable to the lowest-income residents prevents veterans from moving to housing without a subsidy; therefore, fewer vouchers become available to assist others.

percent reduction overall in the number of persons counted as chronically homeless during the longer period of 2014 to 2018, with 200 fewer chronically homeless persons in 2018 than in 2014.

- **Eight of the nine participating jurisdictions experienced decreases in their chronically homeless single adult counts since 2014, and five of nine jurisdictions experienced decreases between the PIT counts of 2017 and 2018.**
- Montgomery County had the greatest reduction in the region in the number of chronically homeless single adults from 2014 to 2018 (52 fewer persons counted in 2018), followed by Frederick County and Fairfax County, (51 and 25 fewer chronically homeless persons respectively).
- The jurisdiction with the greatest percentage reduction in chronically homeless single adults since 2014 is Frederick County (57 percent), representing a decrease of 51 individuals.

Like the challenges noted previously with veterans, 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 then meet the HUD definition for chronically homeless. It is a conundrum faced nationwide in communities with high housing costs.

#### *Formerly Homeless:*

The number of individuals who are in permanent housing and no longer experiencing homelessness continued its positive upward trend in 2018. The region measured an increase of 14 percent 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, up from 12 percent in 2017.

In addition, in 2018:

- 6,360 formerly homeless individuals were rapidly re-housed, a 16 percent increase, which was the same increase recorded from 2016 to 2017); and
- 4,480 formerly homeless persons were counted in other permanent housing (a slight two percent increase from 2017).

**This brings the regional total of formerly homeless persons in 2018 to 21,882, an additional 2,746 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**

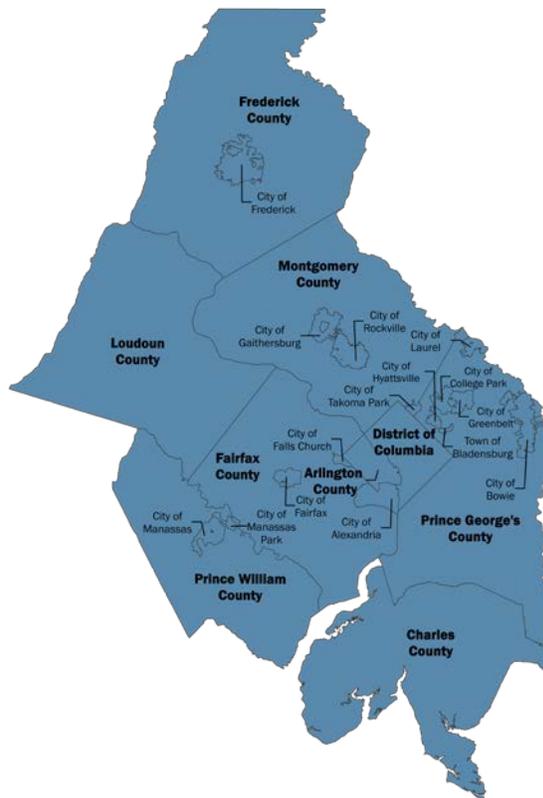
Data collected this year confirm what each jurisdiction has observed in practice, that the single greatest barrier to ending homelessness in our communities is the limited and diminishing number of affordable and available permanent housing opportunities for the lowest income households. The 2018 report highlights several key, recurring themes:

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

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

- Unsheltered persons living on the streets, including parks, alleys, and camp sites;
- Staying in an emergency or hypothermia shelter or safe haven;
- Living in transitional housing where they receive supportive services designed to help them move into some form of permanent housing;
- Formerly homeless people now living in permanent supportive housing or other permanent housing who are receiving supportive social services.



Dedication to addressing the region's homelessness challenges has resulted in steady, measurable progress in providing shelter and wrap-around services to homeless individuals and families. However, there remain significant challenges highlighted in this year's numbers. Accurately counting and addressing the needs of homeless unaccompanied youth remains problematic, not just for our region, but nationwide. The continued challenge of preventing and ending homelessness throughout the region reflects the stark reality about the lack of sufficient affordable housing. The number of families counted in 2018 represents an improvement from the 2017 PIT count, but challenges in maintaining that trend are not insignificant. Preventing the slight upturn recorded this year in the number of veterans and people considered chronically homeless from becoming a trend will require a continued focus on creating and preserving affordable housing opportunities for low-income individuals and families to allow them to be stably and independently housed for the long-term.

*Note: The map (above) 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.*

# INTRODUCTION

The 2018 Point-in-Time (PIT) Enumeration provides information on the number of unsheltered persons in the region as well as figures on how many persons utilize winter shelters, year-round emergency shelters, safe havens, transitional housing, and several permanent housing solutions. The PIT also provides information on the extent to which homeless persons in each jurisdiction live with disabling conditions or whose special needs are represented among various subpopulations. There is no “one size fits all” housing solution, and the region’s Continua of Care (COC) respond with different housing types 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 homeless CoC and provide detailed explanations of their respective enumeration results. Some of the region’s jurisdictions use a Homeless Management Information System (HMIS) to count their homeless population, in addition to other methodologies. HMIS is an electronic data collection system that is used to produce an unduplicated count of homeless people for the respective jurisdictions, improve program operations, measure program performance, and coordinate services community-wide.

Similar to past enumerations, the 2018 count *does not* include people who “double up” with relatives or friends, in accordance with HUD guidelines. HUD’s requirements for conducting the annual Point-in-Time count can be found in its Standard and Methods for Point-in-Time Counts of Homeless Persons and Annual Housing Inventory Updates at [www.hudexchange.info](http://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, due to difficult economic conditions. Homelessness is often the next step for such households once the family members or friends who have been sheltering them can or will no longer do so.

## How We Define Homelessness

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

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

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

Data for the 2018 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.

## HOW MANY LOCAL RESIDENTS ARE EXPERIENCING HOMELESSNESS?

As of January 24, 2018, 10,480 people throughout the metropolitan Washington region indicated that they were homeless, a decrease of six percent (642 persons) from 2017. Table 1 illustrates the region's 2018 homeless enumeration across jurisdictions compared to last year.

The District of Columbia, Prince George's County, and Montgomery County experienced the largest decrease in the number of literally homeless counted from the previous year's enumeration. Several other CoCs experienced reductions in the number of people experiencing homelessness, such as in Prince William County (26 fewer persons) and Arlington County (11 fewer persons).

Four of nine CoCs experienced an increase in their literally homeless counts from 2017 to 2018, although the total numbers are relatively small. The largest increase in persons counted (23) was in Fairfax County. Frederick County experienced the largest percentage increase (19 percent) in its 2018 literally homeless count.

The same trend is not true for the period of 2014 to 2018, 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, 2017 - 2018				
Jurisdiction	2017	2018	Change in Number of Persons 2017-2018	Percent Change 2017 - 2018
City of Alexandria	211	226	15	7%
Arlington County	232	221	-11	-5%
District of Columbia	7,473	6,904	-569	-8%
Fairfax County	964	987	23	2%
Frederick County	309	316	7	2%
Loudoun County	113	134	21	19%
Montgomery County	894	840	-54	-6%
Prince George's County	532	478	-54	-10%
Prince William County	400	374	-26	-7%
<b>TOTAL</b>	<b>11,128</b>	<b>10,480</b>	<b>-642</b>	<b>-6%</b>

Source: COG 2018

Eight of nine CoCs experienced decreases in the number of people experiencing homelessness between 2014 and 2018. Prince George's County, Loudoun County and Arlington County had the largest and similar percentage decreases in the number of people experiencing homelessness at 27 percent, 25 percent and 24 percent, respectively.

The District of Columbia, Fairfax County, and Montgomery County experienced the largest decrease in the total number of people experiencing homelessness during the same four-year period. The District of Columbia counted 844 fewer individuals in 2018 than in 2014, followed by Fairfax County (238 fewer individuals) and Prince George’s County (176 fewer individuals).

Only one CoC, Frederick County, experienced an increase in the number of persons experiencing homelessness between the 2014 and the 2018 enumerations. In 2018, Frederick County counted 70 more individuals, for a 28 percent increase, compared to 2014.

<b>TABLE 2: Literally Homeless by Jurisdiction, 2014-2018</b>							
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Change in Number of Persons 2014 - 2018</b>	<b>Percent Change 2014 - 2018</b>
City of Alexandria	267	267	224	211	226	-41	-15%
Arlington County	291	239	174	232	221	-70	-24%
District of Columbia	7,748	7,298	8,350	7,473	6,904	-844	-11%
Fairfax County	1,225	1,204	1,059	964	987	-238	-19%
Frederick County	246	311	349	309	316	70	28%
Loudoun County	179	168	134	113	134	-45	-25%
Montgomery County	891	1,100	981	894	840	-45	-5%
Prince George's County	654	627	544	532	478	-176	-27%
Prince William County	445	409	400	400	374	-71	-16%
<b>TOTAL</b>	<b>11,946</b>	<b>11,623</b>	<b>12,215</b>	<b>11,128</b>	<b>10,480</b>	<b>-1,460</b>	<b>-12%</b>

Source: COG 2018

The District of Columbia attributes the decrease in persons experiencing homelessness primarily to the reduction in the numbers of homeless families. As reported in 2017, the District of Columbia implemented policy and program changes, such as providing 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.

Fairfax County attributes the decrease in persons experiencing homelessness between 2014 and 2018 to continued systems change that focuses on specific outcomes, such as providing permanent housing using a “housing first” approach. Permanent housing strategies include efforts by housing locators and case managers to find affordable housing in the rental market, as well as increasing access to rapid re-housing resources, permanent supportive housing, and other permanent housing options.

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.

Only one jurisdiction, Frederick County, recorded an increase in the number of people experiencing homelessness since 2014. In Frederick County, the increase during the previous four years is the result of 70 individuals or 28 percent. Frederick County attributes this increase to several factors. First, the county changed its street outreach methodology because of the blizzard in 2016 that delayed the Point-in-Time count by one day. It also revised its use of HMIS data to help ensure greater accuracy on the night of the PIT. This more comprehensive approach to outreach, combined with a more detailed use of HMIS data, has captured more persons experiencing homelessness in Frederick as a result. Third, two shelters serving families experiencing homelessness have opened since 2014. These two facilities provide 35 beds for persons in families in emergency shelter and in a transitional housing program. This increased capacity to serve families has also contributed to the rise in the number of persons counted in Frederick who have experienced homelessness since 2014.

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 may result in the further loss of rental subsidies and contribute to rising homelessness during 2018.



*(Photo courtesy of the Frederick News-Post)*

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

## THE REGION'S HOMELESS BY TOTAL POPULATION

The prevalence of homelessness can also be understood by determining the number of persons experiencing homelessness counted in the metropolitan Washington region as a percentage of its total population. Including the District of Columbia, there was a 0.19 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 0.08 percent for the region's suburban population, which remains unchanged since 2016.

HUD's national 2017 CoC Point-in-Time data state that there were 553,742 people experiencing homelessness in the country. This figure represents 0.17 percent of the nation's total population of 324,810,000 (as of January 2017), compared to the region's rate of 0.19 percent.

As shown in Table 3, of every 1,000 residents in the region, 1.9 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, 9.9 are homeless, a decrease from last year when it was 11.

TABLE 3: 2018 Share of Population That Is Experiencing Homelessness				
Jurisdiction	2017 Total Population*	2018 Literally Homeless	Homeless as Percent of Total Population	Homeless Persons per 1,000 People
City of Alexandria	160,035	226	0.14%	1.4
Arlington County	234,965	221	0.09%	0.9
District of Columbia	693,972	6,904	0.99%	9.9
Fairfax County <sup>1</sup>	1,187,113	987	0.08%	0.8
Frederick County	252,022	316	0.13%	1.3
Loudoun County	398,080	134	0.03%	0.3
Montgomery County	1,058,810	840	0.08%	0.8
Prince George's County	912,756	478	0.05%	0.5
Prince William County <sup>2</sup>	521,115	374	0.07%	0.7
<b>Region with D.C.</b>	<b>5,418,868</b>	<b>10,480</b>	<b>0.19%</b>	<b>1.9</b>
<b>Region without D.C.</b>	<b>4,724,896</b>	<b>3,576</b>	<b>0.08%</b>	<b>0.8</b>

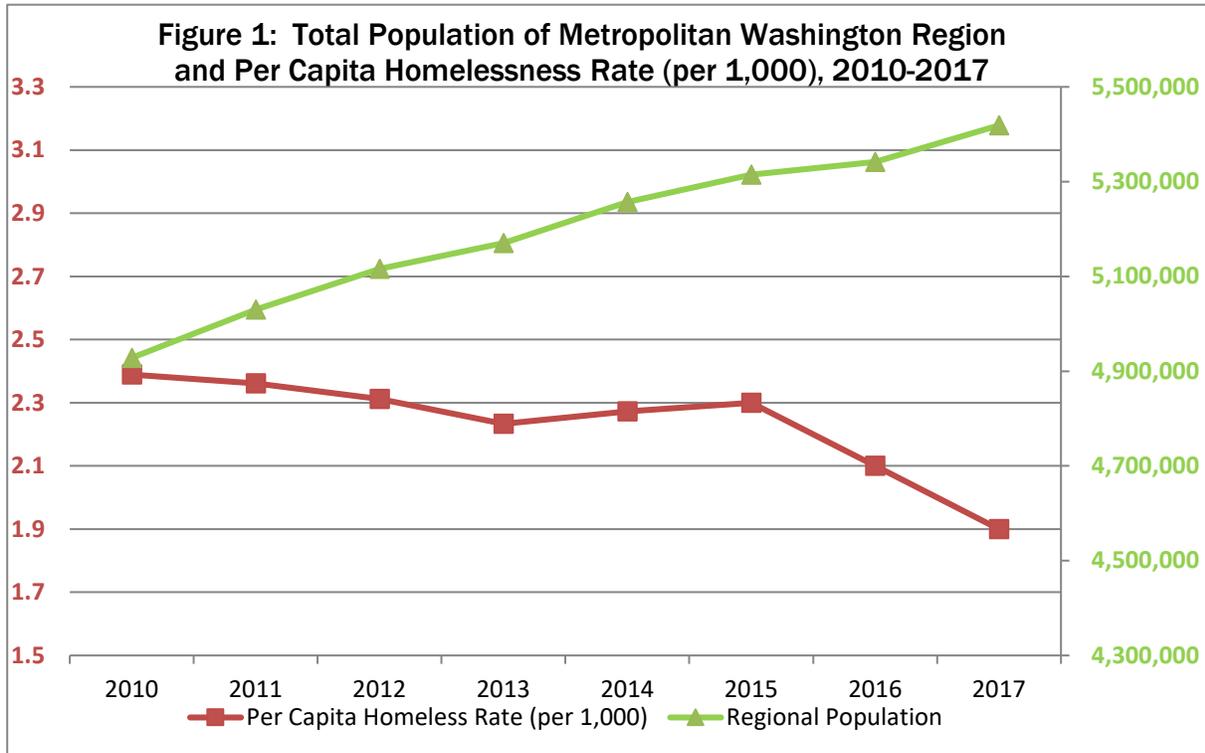
\*Source: Table 1. Annual Estimates of the Resident Population for the Metropolitan Washington Council of Governments: April 1, 2010 to July 1, 2017. U.S. Census Bureau, Population Division, March 2018.

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

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

Another way to evaluate the size of the literally homeless population over time is to compare it to the region's population growth. Since the first regional enumeration in 2001, the total number of literally homeless persons has remained steady between 11,000 and 12,000, while the region's population has grown dramatically. Figure 1 visually illustrates the rate of homelessness compared to the rate of regional population growth since the end of the Great Recession in 2009/2010. Therefore,

compared to population growth, the rate of homeless persons per thousand (also described in Table 3) has declined over time.



Source: COG 2018

## Household Composition

Table 4 compares enumeration survey responses from the three main categories of homeless households from 2014 to 2018. Regional family homelessness (the number of persons in homeless families) decreased 15 percent from 2017 to 2018, replicating a similar decrease noted between 2017 and 2016. The longer-term trend from 2014 to 2018 represents a significant 20.5 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 2013 and 2017 and declined 5 percent between 2016 and 2017.<sup>2</sup>

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

<b>TABLE 4: Household Composition</b>					
		<b>Total Households without Children</b>	<b>Total Persons in Households with Adults and Children</b>	<b>Total Persons in Households with ONLY Minor Children* (Unaccompanied Minors)</b>	<b>Regional Total</b>
<b>COG REGION</b>	<b>2018</b>	5,798	4,667	15	<b>10,480</b>
	<b>2017</b>	5,630	5,489	9	<b>11,128</b>
	<b>2016</b>	5,764	6,435	16	<b>12,215</b>
	<b>2015</b>	5,929	5,678	16	<b>11,623</b>
	<b>2014</b>	6,057	5,880	9	<b>11,946</b>
<b>2014 - 2018 Percent Change</b>		<b>-4.3%</b>	<b>-20.5%</b>	<b>6</b>	<b>-12.2%</b>

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

Source: COG 2018

## Family Households

Families represent 45 percent of all persons experiencing homelessness in the metropolitan Washington region. Tables 5 and 6 (following pages) illustrate the 2018 survey responses from the region's homeless families. As of January 24, 2018, a total of 1,410 family households were counted as homeless, a decrease of 15 percent from 2017. This marks the second year in a row of recorded declines in families experiencing homelessness. The regional decrease recorded again this year is attributed primarily to the 19 percent decrease (756 fewer persons in families) in the District of Columbia from 2017 to 2018.

One distinguishing characteristic of homeless families is that the age of adults in homeless families tends to be much younger than of homeless single adults. For example, 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.

Three jurisdictions, Frederick County, Fairfax County and Loudoun County experienced an increase in the number of homeless persons in families from 2017 to 2018 although the overall numbers may be too small to be significant – there were an additional 17 persons in Frederick, 16 persons in Fairfax and six persons counted in Loudoun families. Fairfax County attributes this change to an increase in capacity to serve people fleeing domestic violence both in emergency shelter and transitional housing. This was in response to an identified community need. During the longer period of 2014 to 2018, however, both Fairfax and Loudoun Counties have reduced the total number of persons in families experiencing homelessness by 207 and 54 fewer persons respectively.

Reductions in the one-year rate of family homelessness were greatest in Prince George's County and the District of Columbia, which both counted 19 percent fewer persons. Prince William County (10 percent), the City of Alexandria (eight percent) and Arlington County (seven percent) also noted

reductions in their one-year rate of family homelessness.

TABLE 5: 2018 Literally Homeless Persons In Families By Jurisdiction				
Jurisdiction	Number of Families	Adults in Families	Children in Families	Persons in Families
City of Alexandria	29	31	53	84
Arlington County	28	31	46	77
District of Columbia	924	1,210	1,924	3,134
Fairfax County	151	190	298	488
Frederick County	36	47	62	109
Loudoun County	15	21	27	48
Montgomery County	85	92	180	272
Prince George's County	88	97	176	273
Prince William County	54	70	112	182
<b>ALL COG COCs</b>	<b>1,410</b>	<b>1,789</b>	<b>2,878</b>	<b>4,667</b>

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

The same positive trend is reflected in the longer period of 2014 to 2018, when eight of the nine regional CoCs recorded decreases in family homelessness during this time. During this period, Frederick County experienced an increase of four percent (or 17 persons).

According to the U.S. Census Bureau's 2015 American Community Survey 1-Year Estimates, the Washington Metropolitan Statistical Area's (MSA) median monthly homeownership costs are \$2,260 and median monthly gross rent is \$1,570. Nearly 30 percent of the region's households pay more than a third of their incomes to satisfy these monthly housing costs. Almost half (48 percent) of all renter households in the region, many of whom are very low income, have struggled with high housing costs, including more than 150,000 with a severe housing cost burden (i.e. paying more than 50 percent of monthly income towards housing costs).<sup>3</sup> In the District of Columbia, a person earning the minimum wage (\$12.50 per hour) in 2017 would need to work 107 hours per week to be able to afford a two-bedroom apartment at the Fair Market Rent.<sup>4</sup> The region's lowest-income households face significant challenges affording housing, especially as the area's increased housing demand drives up rental rates. This trend makes otherwise affordable units unaffordable for households, especially as they compete with the general 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

<sup>3</sup> [http://www.urban.org/research/publication/housing-security-washington-region/view/full\\_report](http://www.urban.org/research/publication/housing-security-washington-region/view/full_report)

<sup>4</sup> <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.<sup>5</sup> 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.<sup>6</sup> Combined, these conditions eliminate feelings of safety and predictability that are important for healthy growth.

COG’s 2018 enumeration identified 2,883 children experiencing homelessness, representing 27 percent of the region’s total homeless population (10,480). This represents a slight decrease of two percent from last year, duplicating the results recorded during the 2017 enumeration. Children account for 62 percent of all people in homeless families; this proportion of persons in homeless families rose slightly from 60 percent in 2017 but has otherwise remained consistent since 2010.

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

Jurisdiction	2014	2015	2016	2017	2018	Percent Change 2014-2018
City of Alexandria	88	108	95	91	84	-5%
Arlington County	113	75	50	83	77	-32%
District of Columbia	3,795	3,477	4,667	3,890	3,134	-17%
Fairfax County	695	715	575	472	488	-30%
Frederick County	105	130	100	92	109	4%
Loudoun County	102	88	69	42	48	-53%
Montgomery County	288	502	358	278	272	-6%
Prince George's County	441	359	308	338	273	-38%
Prince William County	253	224	213	203	182	-28%
<b>ALL COG COCs</b>	<b>5,880</b>	<b>5,678</b>	<b>6,435</b>	<b>5,489</b>	<b>4,667</b>	<b>-26%</b>

Source: COG 2018

Some of the region’s public schools have reported higher numbers of homeless children than are reported in the annual Point-in-Time. The primary reason for this is that area public schools track the number of homeless children on a cumulative basis throughout the school year, compared to the one-day snapshot of the region’s homeless provided by the Point-in-Time count. Also, the self-reported homeless information used by public schools is based upon definitions provided by the U.S. Department of Education. Children counted by public schools may or may not be literally homeless per the HUD definition, and may be living in doubled up situations. The National Center for Homeless Education reported that during the 2014-2015 school year, 76 percent of students that self-identified as being homeless reported they were “doubled up” with family or friends; and, the population of homeless and enrolled students rose 4 percent from the 2012-2013 school year to the

<sup>5</sup> National Center for Homeless Education, <http://center.serve.org/nche/briefs.php>, *Domestic Violence, Homelessness, and Children’s Education*: 1.

<sup>6</sup> <http://www.apa.org/pi/families/poverty.aspx>

2014-2015 school year.<sup>7</sup> Based upon 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 2018 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,”<sup>8</sup> a form of shelter often used by youth. Also, methods often used for counting homeless adults do not accurately capture survival strategies particularly common to youth, such as being mobile and transient, latching onto friends and staying in groups, or trying to hide in plain sight. In addition, many homeless youth do not want to be found because they may be fleeing abuse or fear being placed in foster care. Most are not connected to formal supports such as the child welfare, juvenile justice, and mental health systems and many avoid or are unaware of available services.<sup>9</sup>



(Homeless Children’s Playtime Project)

**Children account for 62 percent of all people in homeless families and represent nearly one-third of all persons experiencing homelessness in the metropolitan Washington region in 2018.**

There are many challenges with counting homeless youth, and because their experiences with homelessness are episodic, single point-in-time counts will always underestimate the true number of homeless youth. Taking note of seasonal conditions that affect whether youth will seek shelter or stay on the street, some homelessness researchers make sure they count in more than one season.<sup>10</sup>

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 five to date since 2011 and the District of Columbia has held three since 2015.

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

<sup>7</sup> 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>

<sup>8</sup> 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.

<sup>9</sup> The Urban Institute, *Youth Count! Process Study*: 10.

<sup>10</sup> <http://www.healthycal.org/archives/11079>

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.

<b>TABLE 7: Households with Only Children Under Age 18 By Jurisdiction, 2016 - 2018</b>				
<b>Jurisdiction</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Absolute Change 2016 - 2018</b>
City of Alexandria	0	0	0	0
Arlington County	0	0	0	0
District of Columbia	10	5	9	-1
Fairfax County	3	3	2	-1
Frederick County	0	0	0	0
Loudoun County	0	0	0	0
Montgomery County	0	0	0	0
Prince George's County	3	1	2	-1
Prince William County	0	0	2	2
<b>TOTAL</b>	<b>16</b>	<b>9</b>	<b>15</b>	<b>-7</b>

Source: COG 2018

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 2 unsheltered youth and young adults who met the HUD definition of literally homeless during the 2018 PIT but reported 40 unsheltered youth and young adults during its most recent youth only count.<sup>11</sup>

Prince George’s County is one of six CoCs in the State of Maryland which has participated in the Youth REACH (Reach out, Engage, Assist and Count to End Homelessness) demonstration pilot since 2015 to count unaccompanied homeless youth and young adults and now serves as one of three regional team leaders providing technical assistance to Maryland CoCs doing the count for the first time.<sup>12</sup> The enumeration involved surveying youth through shelter counts, service-based counts (meaning youth/young adults who used services from participating providers during the count), and kick-off/magnet events and street counts.<sup>13</sup> Further, results from this state-wide effort concluded that

<sup>11</sup> <http://dhcd.maryland.gov/HomelessServices/Documents/Meetings/2017-09/Youth-REACH-Presentation.pdf>

<sup>12</sup> <http://www.youthreachmd.com/>

<sup>13</sup> *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>

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.<sup>14</sup>

The District of Columbia has conducted three youth counts; the most recent count took place during September 2017. The third homeless youth count 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 668 literally homeless youth, who were residing in emergency shelter (52 percent), transitional housing (36 percent), or were unsheltered (12 percent) during the nine-day count. District of Columbia outreach partners and service providers also counted 449 unstably-housed youth. The largest number of youth counted in one category (372 persons or 33 percent of the total population of youth counted and 56 percent of the literally homeless youth counted) were single transition aged youth who were literally homeless between the ages of 18 to 24. The youngest literally homeless person counted was 13 years old when surveyed.

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.<sup>15</sup>

Some jurisdictions, such as Arlington County, held separate events for youth during the night of the Point-in-Time count to try and improve the accuracy of the youth count on the night of January 24, 2018.



Survey volunteers prepare for the unsheltered portion of the Point-in-Time count in Montgomery County, Maryland, on January 24, 2018. (Montgomery County Department of Health and Human Services)

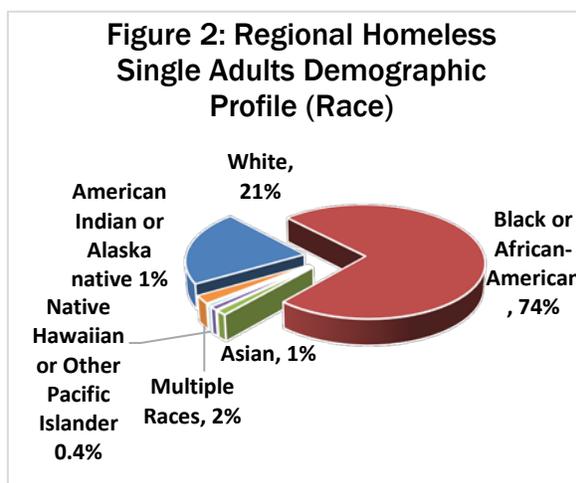
<sup>14</sup> Ibid.

<sup>15</sup> <http://www.youthreachmd.com/content/wp-content/uploads/2018/02/YRMD-2017-Report-Executive-Summary-FINAL.pdf>

## Demographic Profile of the Region’s Residents Experiencing Homelessness

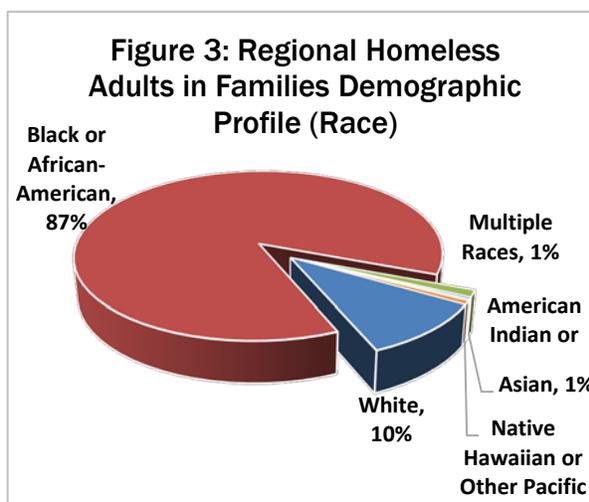
In 2014, COG began reporting questions regarding ethnicity and race in addition to age and gender. HUD specified the ethnic and racial categories included in the Point-in-Time questionnaire and generally reflect a social definition of race recognized in this country and are not an attempt to define race biologically, anthropologically, or genetically. The survey question on ethnicity asks respondents to identify whether they are Hispanic or Latino (people who identify their ethnic origin as Hispanic or Latino may be of any race<sup>16</sup>). In addition, the categories of the race item include racial and national origin or sociocultural groups. Race and ethnicity were self-reported and individuals could choose “multiple races” to indicate their racial mixture, such as “American Indian” and “White.”

Of the 5,799 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) was male. For those who responded to the question regarding ethnicity, 90 percent self-identified as non-Hispanic or non-Latino. The racial breakdown included 74 percent African-American, 21 percent white, and two percent as multiple races. Less than one percent declined to respond, or the information was not recorded. The remaining categories (Asian, American Indian or Alaska native, Native Hawaiian or Other Pacific Islander) all were one percent or less of the total literally homeless single adult population.



Source: COG 2018

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 (65 and 56 percent respectively), and in Prince William County and Fairfax County, nearly 50 percent of the single homeless adults identified racially as white (49 percent and 42 percent).



Source: COG 2018

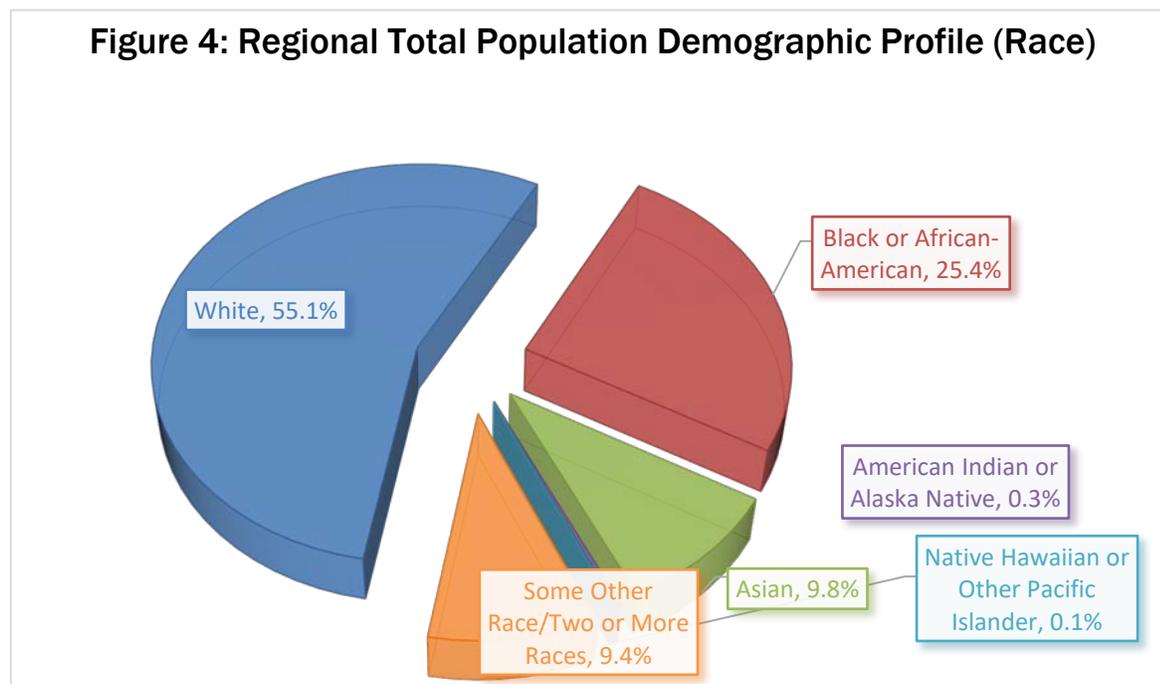
The demographic profile of families experiencing homelessness (Figure 3) differs from that of single adults in a few key characteristics. In homeless families, the majority of adults (80 percent) are female. The age of the adult in a homeless family also tends to be younger.

<sup>16</sup> <http://www.census.gov/population/race/>

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, 87 percent are African-American. White adults in families experiencing homelessness make up 10 percent of the regional literally homeless family population, one percent is Asian, one percent are multiple races, with the other racial categories all one percent or less.

Again, the demographic profile of adults experiencing homelessness in families in Frederick County and Loudoun County differ from the rest of the region. In Frederick County, 56 percent of homeless adults in families are white and 36 percent are African-American or black. In Loudoun County, 67 percent of adults in families are white, and 33 percent are African-American or black.

In contrast, the region’s racial breakdown (Figure 4) shows that 56 percent of the population is white and only 25 percent is African-American or black. With the exceptions of Frederick and Loudoun Counties, homeless persons are disproportionately more likely to be black or African-American than they are in the general metropolitan Washington regional population.



Source: American Community Survey 2012 - 2016 5-Yr Estimates

This disproportionality is not unique to the metropolitan Washington region, however. 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.<sup>17</sup>

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

<sup>17</sup> 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>

account for more than 40% of the homeless population, suggesting that poverty rates alone do not explain the over-representation.”<sup>18</sup>

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.<sup>19</sup>

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.<sup>20</sup> 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, such as Fairfax County’s “One Fairfax” initiative as well as in Montgomery County, and the City of Takoma Park in Montgomery County, have adopted an “equity policy” that will consider how elected officials’ (and in Fairfax County, the School Board) decisions impact equity and may result in a disparate impact on its residents.

## 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.<sup>21</sup>

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.”<sup>22</sup>

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<sup>18</sup> Ibid.

<sup>19</sup> <https://endhomelessness.org/time-change-findings-sparc-study-race-homelessness/>

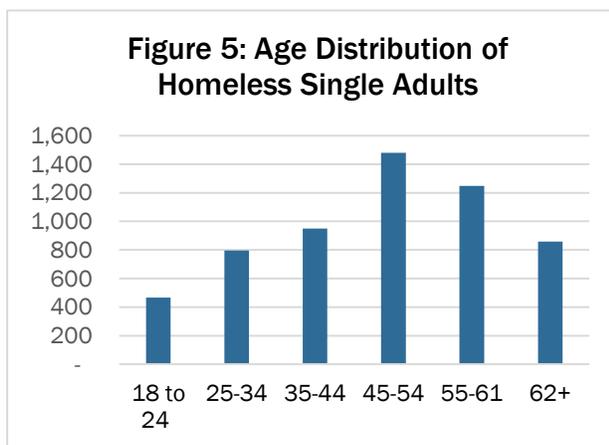
<sup>20</sup> Center for Social Innovation, SPARC, *Supporting Partnerships for Anti-Racist Communities, Phase One Study Findings, March 2018*. Accessed April 2017. <http://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-March-20181.pdf>

<sup>21</sup> <http://www.seniornavigator.org/article/12426/special-concerns-elderly-who-are-homeless>

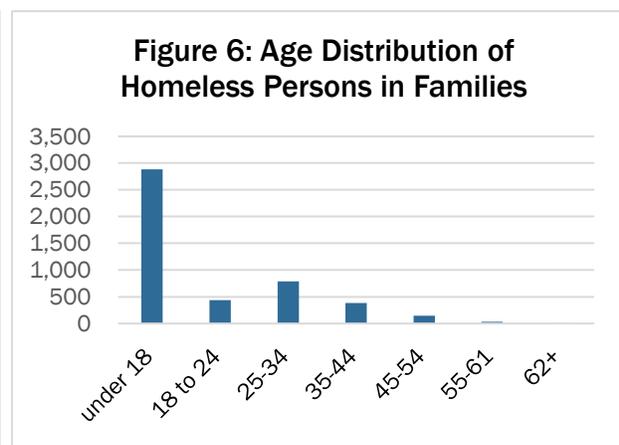
<sup>22</sup> M William Sermons and Meghan Henry, *Demographics of Homelessness Series: The Rising Elderly Population*, National Alliance to End Homelessness, Homeless Research Institute. Accessed at [http://www.endhomelessness.org/page/-/files/2698\\_file\\_Aging\\_Report.pdf](http://www.endhomelessness.org/page/-/files/2698_file_Aging_Report.pdf)

In the metropolitan Washington region, 15 percent of persons in Households without Children (607 individuals) were over the age of 62, an increase of three percent from 2017, and 143 seniors were unsheltered, more than double the number counted in 2017 when 70 seniors without children were counted as unsheltered. For the second year in a row, the region counted seniors over the age of 80 experiencing homelessness in more than one CoC. A total of eight persons over 80 years old were in emergency shelter on the night of the Point-in-Time count. The oldest senior experiencing homelessness was 89 years old.

For the first time in 2018, the nine-member CoCs in the metropolitan Washington region provided a more detailed age breakdown for the regional report in order to monitor these data more closely and determine how best to respond to changing demographic needs. Figures 5 and 6 below illustrate the range of ages of people experiencing homelessness on January 24, 2018.



Source: COG 2018



Source: COG 2018

The number of facilities which are set aside to house seniors are limited; one example of an organization that serves seniors experiencing homelessness is So Others Might Eat (SOME) in the District of Columbia. It can temporarily house 42 persons but has closed its waiting list because it became too oversubscribed.<sup>23</sup> Most CoCs in the region have medical respite beds for persons discharged from the hospital who need rest to recover which elderly persons may be able to use. However, many seniors require ongoing medical assistance and lack access to adequate care. The region’s CoCs are working to address the unique needs of senior citizens while anticipating a growing need to expand resources to assist this subpopulation in the future.

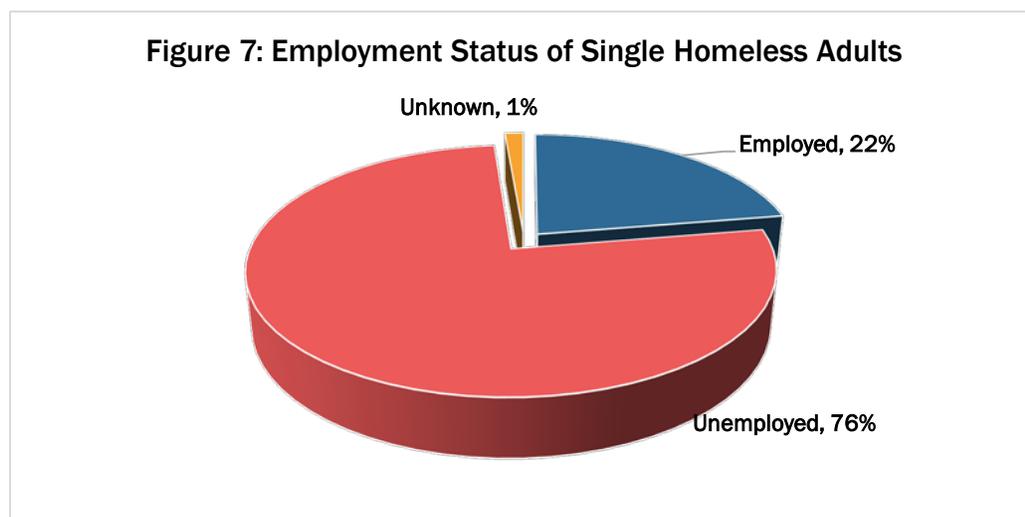
<sup>23</sup> Zelinsky, Alex., “Solving the Growing Health Needs of America’s Elderly Homeless”, Accessed at <https://thinkprogress.org/solving-the-growing-health-needs-of-americas-elderly-homeless-3814a6eca60d>

## 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 unemployment rate for February 2018 was 3.6 percent, compared to 4.1 percent for the nation. The region's unemployment rate decreased slightly, by 0.3 percentage points, from 3.9 percent in February 2017.<sup>24</sup> While the region's unemployment rate has remained largely unchanged over the last year, this obscures the economic outlook for many of the region's residents who struggle with housing instability. In particular, unemployment continues to be a concern for those without a high school diploma, bachelors or advanced degree. Employment rates for workers with less than a high school degree have fallen 9 percent since the great recession in 2009.<sup>25</sup>

Overall, 22 percent of adults experiencing homelessness are employed; employment status could not be determined for one percent. The rates of employment vary by household type; Figures 7 through 9 illustrate the employment status (including full- and part-time employment) for homeless single adults, homeless adults in families, and households with only children throughout the region. Also included are percentages for homeless persons for whom employment status was unknown.

Approximately 22 percent of all single adults experiencing homelessness are employed, which remains unchanged since 2016 (Figure 7). The lower rate of employment for homeless single adults (compared to adults in families) is attributed to higher incidences of conditions that make securing and maintaining employment difficult, such as physical disabilities, and multiple behavioral and chronic health issues, including substance abuse and mental illness.



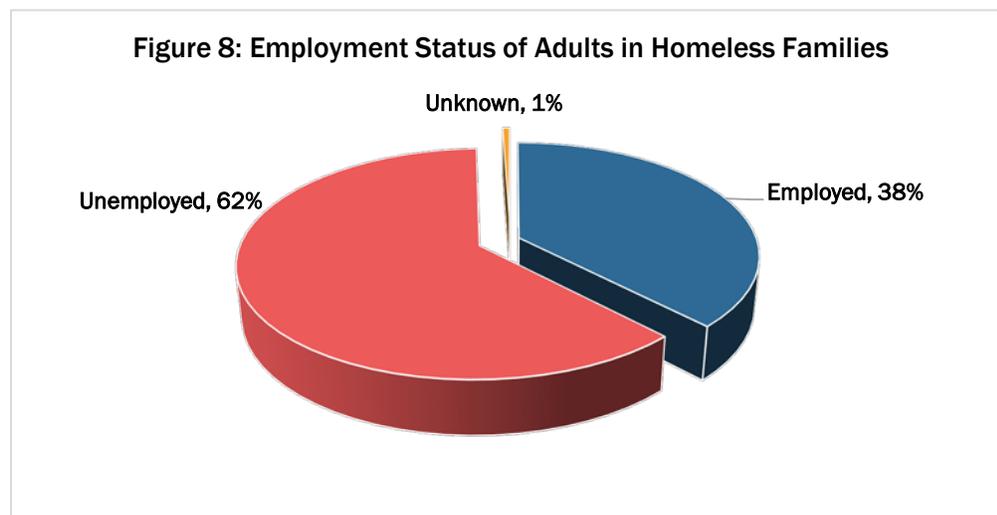
Source: COG 2018

Data from the 2018 enumeration suggests that 38 percent of all homeless adults in families with children are employed (Figure 8), but the picture varies significantly by jurisdiction.

<sup>24</sup> <https://www.bls.gov/web/metro/laummtrk.htm>

<sup>25</sup> The Commonwealth Institute, DC Fiscal Policy Institute and Maryland Center on Economic Policy, *Bursting the Bubble, The Challenges of Working and Living in the National Capital Region*: 5.

In Frederick County, for example, 66 percent of these adults are employed, compared to 33 percent in the District of Columbia (Figure 9). Approximately 62 percent of adults in these families region-wide are unemployed and employment status is unknown for less than one percent. Although the total numbers are small (two), two jurisdictions recorded children in homeless families who were employed on the night of the enumeration.



Source: COG 2018

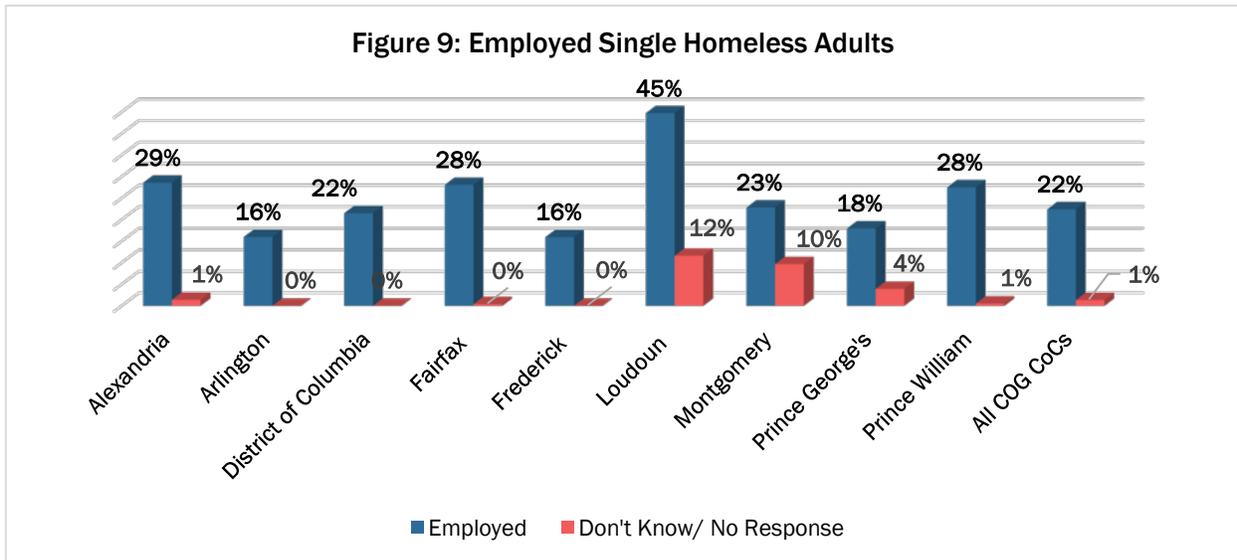
Only two unaccompanied minors in the region's Households with Only Children were employed on the day of the PIT. This is attributed to the youths' age, levels of employability, and housing status.

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. Coupled with slow wage growth, particularly for the lowest income workers, the area's high housing costs further constrain a household's ability to remain housed.<sup>26</sup> The reality is stark for the region's homeless households as evidenced in the following charts.

Figure 9 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, Loudoun County's single adult employment percentage increased from 26 percent in 2017 to 45 percent in 2018. This may be attributed in part to Loudoun's targeted efforts to increase earned income through focusing on employment and linking residents to mainstream benefits. 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.

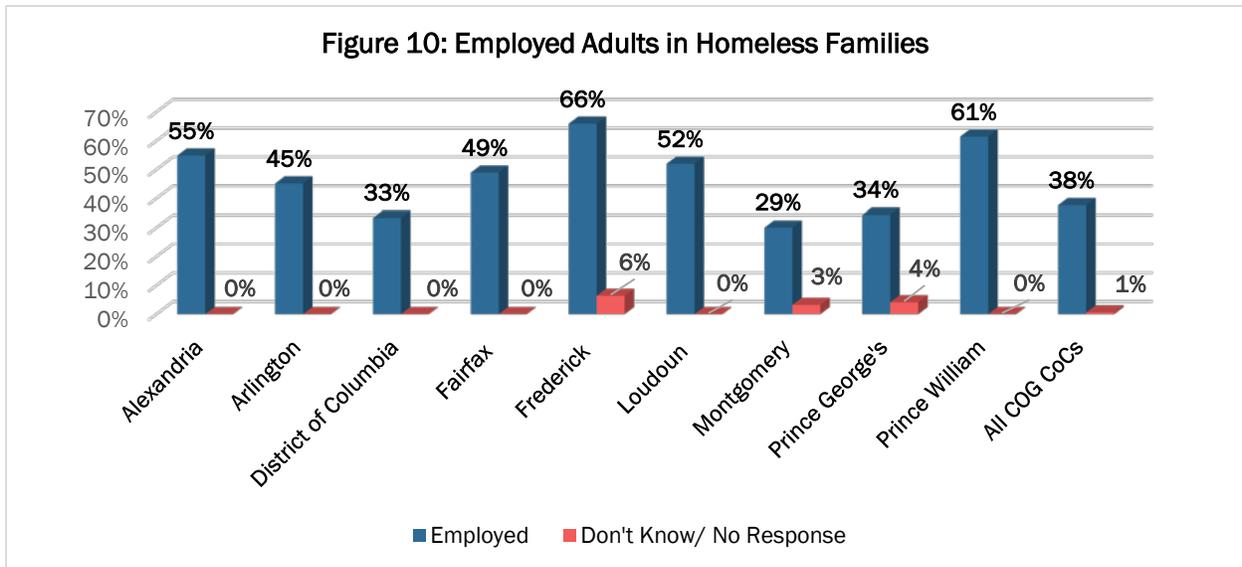
In contrast, in six of nine local jurisdictions, more than 40 percent of adults in family households are employed (Figure 10). Several CoCs experienced gains since the 2017 PIT, such as Montgomery County (12 percent increase), the District of Columbia (8 percent), Frederick County (12 percent), Prince William and Prince George's counties, which both recorded a 7 percent increase in 2018.

<sup>26</sup><http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>



Source: COG 2018

As a region, the percentage of employed adults in families increased 6 percent since 2017. 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. The availability of living wage jobs remains a key obstacle to ending homelessness, even for those individuals who are already employed.



Source: COG 2018

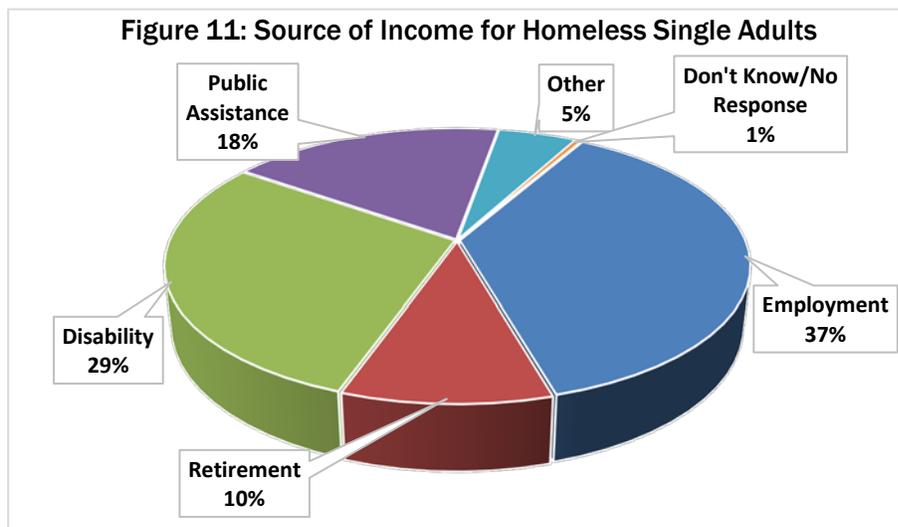
## Income

While a portion of the region’s homeless population reports receiving monthly income, many people experiencing homelessness do not receive any monthly income. In 2018, 68 percent of adults in families reported having income, but only 41 percent of single adults reported income.

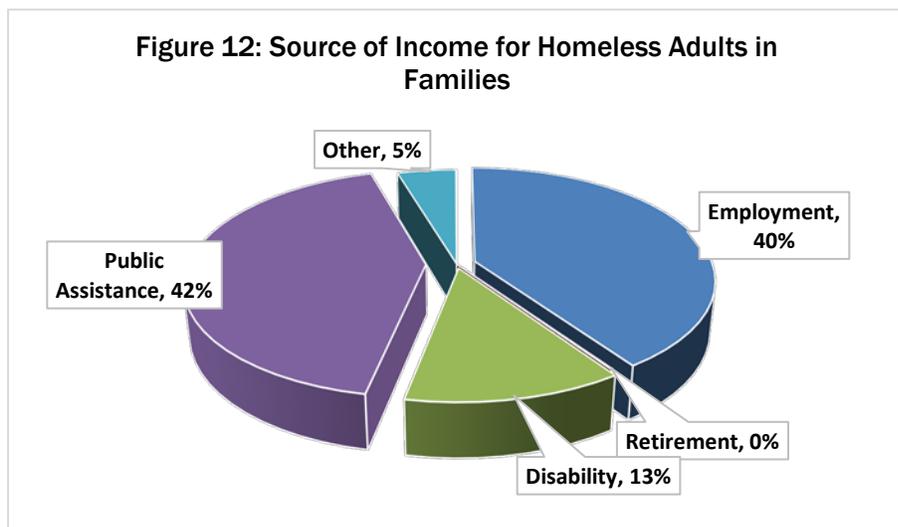
Nearly half (48 percent) of all homeless adults report having some form of monthly income. Among single adults experiencing homelessness, 37 percent reported that employment wages and salaries were their primary source of income (see Figure 11). The next largest sources of primary income following employment 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, 40 percent reported the primary source of income being from employment. However, nearly the same proportion of families (42 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 11 illustrates the primary source of income for the 3,851 single homeless people who provided this information; Figure 12 represents the responses from 1,789 adults in homeless families.



Source: COG 2018



Source: COG 2018

## UNSHELTERED HOMELESS

On January 24<sup>th</sup>, 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 2018 count, 1,174 persons (approximately 11 percent of the region's 10,480 homeless people) were unsheltered. Of these, 1,171 were single adults, three were persons in one family with adults and children, and no children from Households with Only Children were unsheltered. The 1,174 unsheltered single



(City of Alexandria, Department of Community and Human Services)

persons counted is lower than the number of unsheltered adults in Households without Children counted in 2017 (22 percent decrease). This may be attributable to the significantly different weather conditions on the night of the PIT count in 2018 and 2017. In 2017, the PIT count took place on a day when the weather was unseasonably warm. On January 24, 2018, the weather was cold and typical for a night during the metropolitan Washington region's winter. Overall, regional homelessness among unsheltered single adults increased by 32 percent during the period between 2014 and 2018. The increase may also be attributed to better survey methodologies, volunteer training and improved processes to ensure that every person experiencing homelessness outside of the shelter system was counted.

The fact that the unsheltered count decreased from the Point-in-Time of 2017 may be attributed to a variety of factors. Typically, the number of

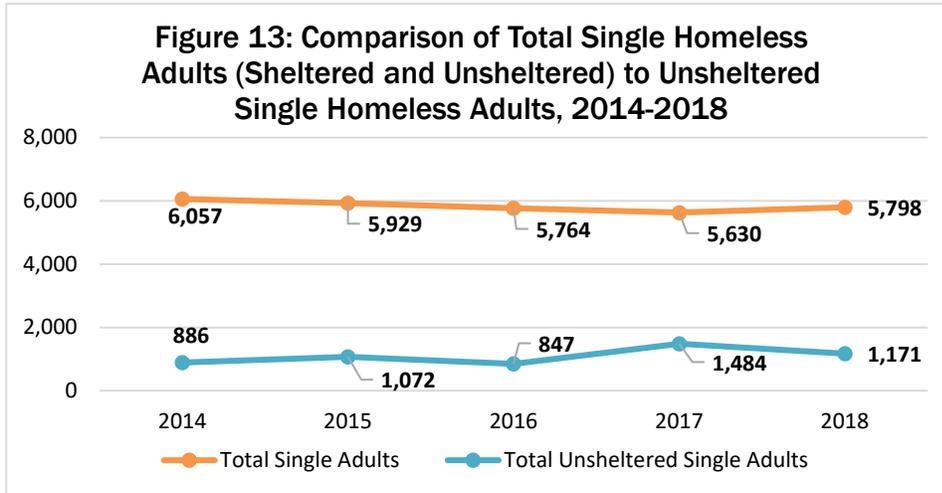
individuals counted residing in areas unfit for human habitation can depend on weather conditions, the number of surveyors employed for the count, and methodology (complete coverage or sampling.) In 2017, the most significant factor affecting the count was the unseasonably warm weather, with temperatures recorded as a high of 61 degrees and a low of 45 degrees.<sup>27</sup> A return to more typically cold January temperatures in 2018 undoubtedly 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

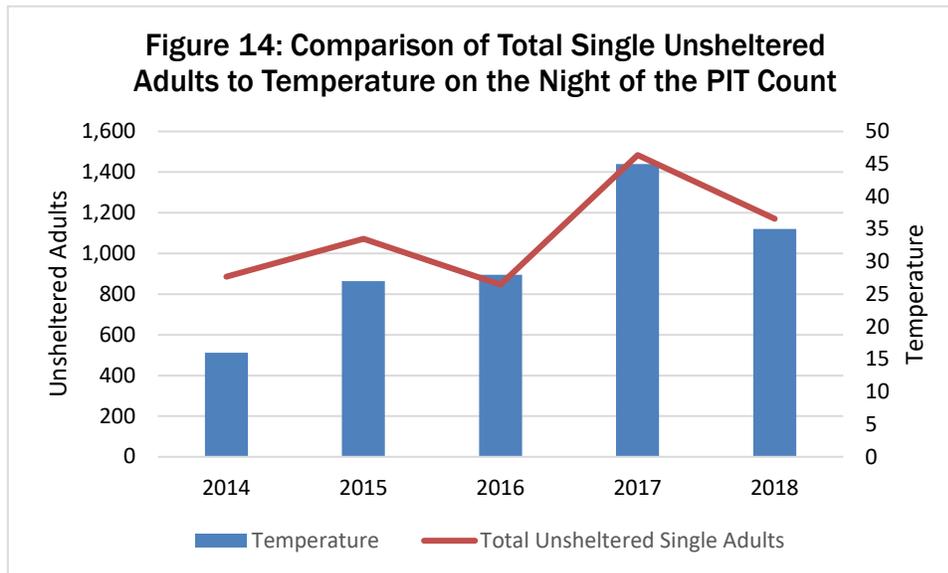
<sup>27</sup> <http://www.accuweather.com/en/us/washington-dc/20006/month/327659?monyr=1/01/2017>

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.

Figure 14 shows a correlation, however, between temperature on the night of the enumeration and the number of persons experiencing homelessness in places not meant for human habitation.



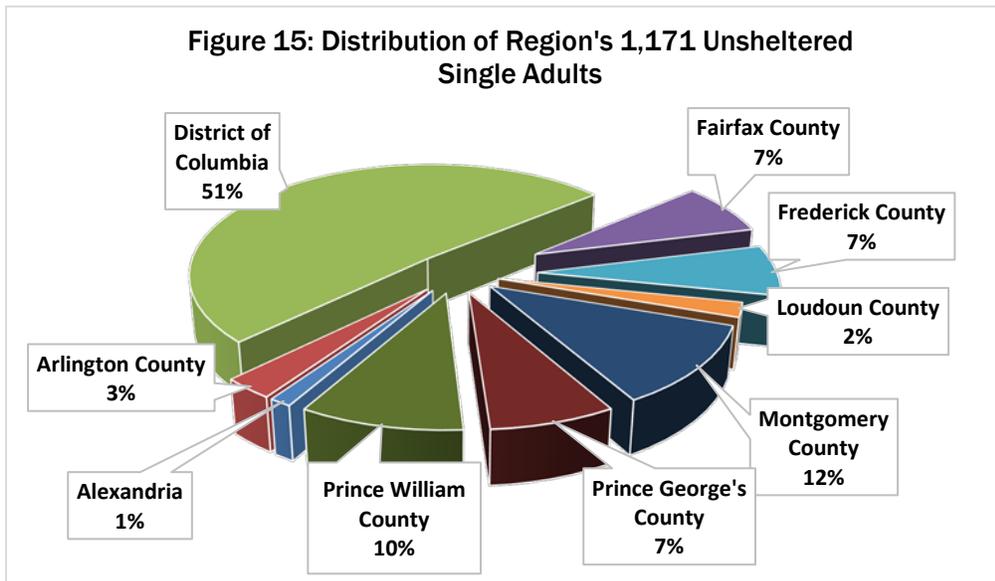
Source: COG 2018



Source: COG 2018 and TimeandDate.com

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

Where are people experiencing homelessness outside the shelter system in the metropolitan Washington region? Figure 15 indicates where survey volunteers interviewed persons experiencing homelessness in places not meant for human habitation, such as streets, parks, alleys, abandoned buildings, stairways, and rural campsites. The District of Columbia accounts for 51 percent of the region’s unsheltered homeless single adults. This figure decreased from 60 percent of the region’s total in 2017.



Source: COG 2018

Unlike in 2017, a majority of five of nine CoCs recorded reductions in their unsheltered counts, while four noted increases. Overall, the region counted 21 percent fewer unsheltered single adults in 2018 than in 2017. The largest reduction from 2017 to 2018 recorded was in the District of Columbia (298 fewer persons); the largest increase during the same period was in Prince George's County (an increase of 12 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 2014 to 2018, a minority of three of nine jurisdictions recorded reductions in their unsheltered counts.



A makeshift shelter in Loudoun County, VA on January 24, 2018 (Loudoun County Department of Family Services)

The City of Alexandria recorded the greatest decline in its rate (35 percent) although this represents a difference of eight fewer people counted in 2018 than in 2014. Arlington County had similar results; in 2018, Arlington's CoC reduced its rate of unsheltered single adults by 31 percent or 16 fewer persons. Loudoun County experienced a decrease of two persons during the same period. The District of Columbia recorded the greatest increase in the number of unsheltered single adults experiencing homelessness (203), followed by Montgomery County (38 more individuals). Frederick County noted an increase of 35 additional individuals (71 percent increase compared to 2014). Overall, the region's percentage of unsheltered homeless single adults increased by 32 percent from 2014 to 2018.

Table 8 presents the number and percentage of single adults experiencing homelessness by CoC from 2014 to 2018. Table 9 represents the percentage of each individual jurisdiction's literally homeless population that was unsheltered during the same period.

<b>TABLE 8: Comparison of Unsheltered Single Adults by Jurisdiction, 2014-2018</b>							
<b>Jurisdiction</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Change in Number of Persons 2014 - 2018</b>	<b>Percent Change 2014 - 2018</b>
City of Alexandria	23	23	12	18	15	-8	-35%
Arlington County	51	39	19	33	35	-16	-31%
District of Columbia	396	544	318	897	599	203	51%
Fairfax County	66	68	74	105	86	20	30%
Frederick County	49	60	129	103	84	35	71%
Loudoun County	26	38	19	16	24	-2	-8%
Montgomery County	95	103	96	126	133	38	40%
Prince George's County	82	113	97	73	85	3	4%
Prince William County	98	84	83	113	110	12	12%
<b>TOTAL</b>	<b>886</b>	<b>1,072</b>	<b>847</b>	<b>1,484</b>	<b>1,171</b>	<b>285</b>	<b>32%</b>

Source: COG 2018

It is important to note that although the majority of individuals who are unsheltered are single adults, there was one family with two adults and one child counted as unsheltered on the night of the 2018 Point-in-Time enumeration. Although this represents fewer families counted than in 2017, this is the fifth year in a row that the region counted unsheltered homeless persons in families.

<b>TABLE 9: Unsheltered Single Adults as a Percentage of Total Homeless By Jurisdiction, 2014 - 2018</b>					
<b>Jurisdiction</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
City of Alexandria	9%	9%	5%	7%	7%
Arlington County	18%	16%	11%	16%	16%
District of Columbia	5%	7%	4%	9%	9%
Fairfax County	5%	6%	7%	9%	9%
Frederick County	20%	19%	37%	27%	27%
Loudoun County	15%	23%	14%	18%	18%
Montgomery County	11%	9%	10%	16%	16%
Prince George's County	13%	18%	18%	18%	18%
Prince William County	22%	21%	21%	29%	29%
<b>TOTAL</b>	<b>7%</b>	<b>9%</b>	<b>7%</b>	<b>13%</b>	<b>11%</b>

Source: COG 2018

## CHRONIC HOMELESSNESS

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

Numerous studies<sup>28</sup> have found that housing chronically homeless individuals helps these individuals lead a more stable and independent life, can achieve significant reductions in the overall 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 2017<sup>29</sup>, 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. Average supportive housing costs are \$12,800, resulting in a net savings of roughly \$4,800 per year.<sup>30</sup> 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.

<b>TABLE 10: Chronically Homeless Single Adults By Jurisdiction, 2014 – 2018</b>						
<i>Source: COG 2018</i>						
<b>Jurisdiction</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Percent Change 2014 - 2018</b>
City of Alexandria	63	48	47	43	57	<b>-10%</b>
Arlington County	74	68	41	63	57	<b>-23%</b>
District of Columbia	1,609	1,593	1,501	1,470	1,586	<b>-1%</b>
Fairfax County	196	203	146	150	171	<b>-13%</b>
Frederick County	90	89	133	72	39	<b>-57%</b>
Loudoun County	20	20	16	15	22	<b>10%</b>
Montgomery County	176	156	145	158	124	<b>-30%</b>
Prince George's County	47	34	20	28	26	<b>-45%</b>
Prince William County	38	60	47	76	31	<b>-18%</b>
<b>All COG CoCs</b>	<b>2,313</b>	<b>2,271</b>	<b>2,204</b>	<b>2,075</b>	<b>2,113</b>	<b>-9%</b>

<sup>28</sup><http://www.endhomelessness.org/library/entry/supportive-housing-is-cost-effective> and <http://www.upenn.edu/pennnews/news/housing-homeless-mentally-ill-pays-itself-according-university-pennsylvania>

<sup>29</sup> <https://www.unitedwayoc.org/wp-content/uploads/2017/08/united-way-cost-study-homelessness-2017-report.pdf>

<sup>30</sup> <https://www.hope4restoration.org/taxpayers.html>

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<sup>31</sup>.

## Chronically Homeless Single Adults

Twenty percent of the region's literally homeless population were chronically homeless single adults on the night of the PIT count in 2018. This represents a slight one percent increase from 2017, although the total number of single adults counted as chronically homeless is still below the number counted in all the previous PIT counts since 2014. Among all single adults experiencing homelessness, however, the incidence of being chronically homeless is much higher – 36 percent.

Five of the nine jurisdictions experienced decreases in their chronically homeless single counts since 2017 and eight of nine experienced decreases between 2014 and 2018. The two jurisdictions with the greatest reductions in total persons counted as chronically homeless single adults since 2017 are Prince William County (45 fewer persons) and Montgomery County (34 fewer persons). The District of Columbia experienced the largest increase in the number of chronically homeless single adults from 2017, counting an additional 116 persons; Fairfax County had the second highest increase with 21 additional persons counted.

The region's CoCs attribute the slight increase in the number of residents counted as chronically homeless from 2017 to 2018 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 is that although Permanent Supportive Housing is prioritized for persons considered chronically homeless, those who are not chronically homeless or don't have access to this resource may become chronically homeless as they wait for a permanent housing option to become available.

Overall, the region has worked successfully to decrease the number of chronically homeless single adults since 2014 by nine percent. Although the total number increased slightly this year over 2017, the longer-term trend 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 2014 and 2018 to participation in several successive nation-wide campaigns, such as Built for Zero and the successful precursor effort Zero: 2016.<sup>32</sup> Montgomery County, Maryland created its own campaign, called

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<sup>31</sup> 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>

<sup>32</sup><https://www.community.solutions/what-we-do/built-for-zero>

Inside/Not Outside in its efforts to end the experience of chronic homelessness during 2018 in the county.<sup>33</sup>

Table 11 provides the sheltered status breakdown of the chronically homeless single adults counted as part of the 2018 Point-In-Time Enumeration. Most chronically homeless residents suffer from severe physical health and mental health-related impediments. Health impediments may include physical disabilities and substance use disorders. The problem is more acute when individuals suffer from multiple challenges. To provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals are adequately screened and diagnosed. Additionally, in many cases, people need medical assistance and/or other regimented methods of care and counseling. People may not immediately respond to the care they receive, or their care may be required for the remainder of their lives. In such instances, proper case management services are essential.

<b>TABLE 11: 2018 Shelter Status of Chronically Homeless Single Adults</b>				
<b>Jurisdiction</b>	<b>Total Chronically Homeless Single Adults</b>	<b>Number of Sheltered* Chronically Homeless Single Adults</b>	<b>Number of Unsheltered Chronically Homeless Single Adults</b>	<b>Percentage of Chronically Homeless Single Adults Who Are Unsheltered</b>
City of Alexandria	57	48	9	16%
Arlington County	57	30	27	47%
District of Columbia	1,586	1,286	300	19%
Fairfax County	171	117	54	32%
Frederick County	39	21	18	46%
Loudoun County	22	15	7	32%
Montgomery County	124	94	30	24%
Prince George's County	26	14	12	46%
Prince William County	31	16	15	48%
<b>All COG CoCs</b>	<b>2,113</b>	<b>1,641</b>	<b>472</b>	<b>22%</b>

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

Source: COG 2018

## Chronically Homeless Families

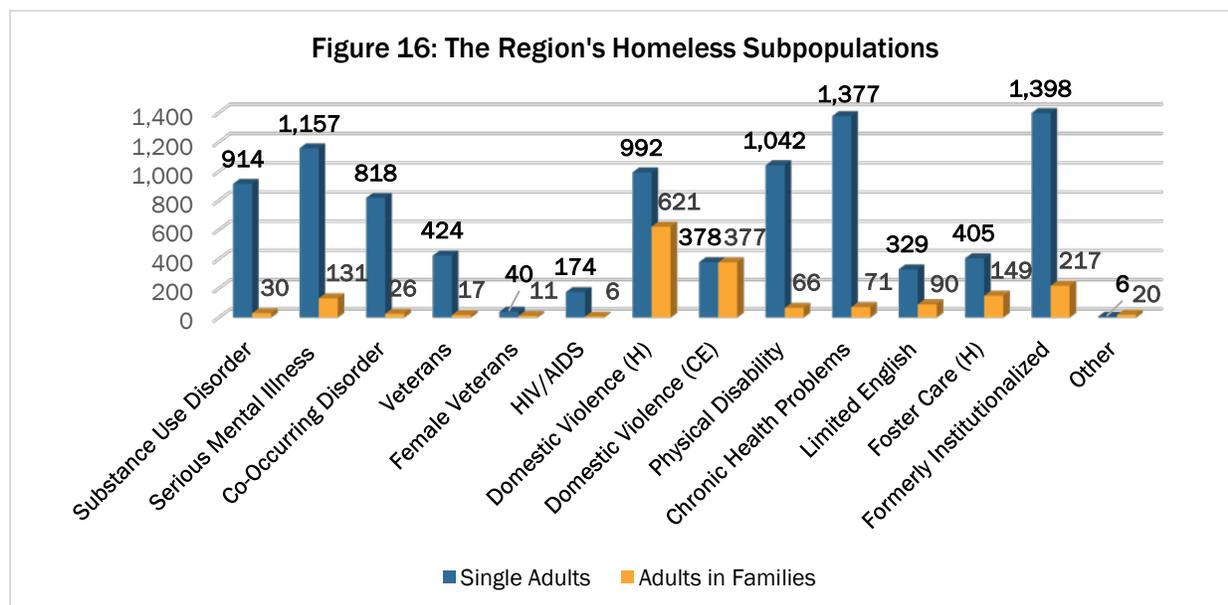
Most chronically homeless families across the region reside in emergency and/or winter shelters. There were 66 chronically homeless families (or 229 persons in families) counted in the region in 2018, a reduction from the 130 families (357 adults and children) counted in chronically homeless families in 2017. In 2018, three Continua (Arlington County, Montgomery County, and Prince George's County) did not count any chronically homeless families. None of the chronically homeless families were unsheltered on January 24, 2018.

<sup>33</sup> <https://www.montgomerycountymd.gov/homelessness/InsideNotOutside.html>

## SUBPOPULATIONS

According to the 2018 enumeration, a significant number of the region’s homeless population suffers from chronic health conditions, physical disabilities, substance use disorders, severe mental illness, or were formerly institutionalized and discharged directly into homelessness. The high incidence of substance use disorders, severe mental illness, or co-occurring disorders among the homeless population is similar among all CoCs in the region. Nationally, conservative estimates are that 25 percent of people experiencing homelessness suffers from some form of severe mental illness<sup>34</sup>, compared to only four percent who suffer from serious mental illness in the general population overall.<sup>35</sup>

Further, the experience of homelessness can exacerbate poor mental health - the stress of being without housing can contribute to anxiety, depression, sleeplessness, or lead to substance abuse.<sup>36</sup> During the 2018 enumeration, as in 2017, the most prevalent characteristic among Households without Children was an experience of being formerly institutionalized. A formerly institutionalized person may have been released from a treatment facility due to a mental or physical illness or was formerly incarcerated and released directly into homelessness. CoCs in the region are working to ensure there is better coordination for discharge planning from institutions like correctional facilities and hospitals with more housing options 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 violence trauma, followed by a co-occurring disorder (people who suffer from a substance use disorder and mental illness).



Source: COG 2018

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

<sup>34</sup> <http://www.treatmentadvocacycenter.org/fixing-the-system/features-and-news/3965-research-weekly-homelessness-increases-among-individuals-with-serious-mental-illness->

<sup>35</sup> [http://www.nationalhomeless.org/publications/facts/Mental\\_Illness.pdf](http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf)

<sup>36</sup> <http://homelesshub.ca/about-homelessness/topics/mental-health>

Among families, the most defining characteristic is an incidence of domestic violence, either as a contributing factor to the current episode of homelessness on the night of the enumeration or having a history of domestic violence. Thirty-five percent of the adults in families who responded in the subpopulation categories indicated having experienced domestic violence in the past, and 21 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 16 (previous page). Regionally, the number of single adults who were homeless as a result of a current episode of domestic violence (DV-CE) increased in 2018 from 276 in 2017 to 378 in 2018. This may be due in part to increased capacity in some CoCs to serve victims fleeing domestic violence. However, the number of single adults (992) 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 (7 percent).

## Homeless Veterans



Veterans Stand Down Homeless Services Day (Maryland GovPics)

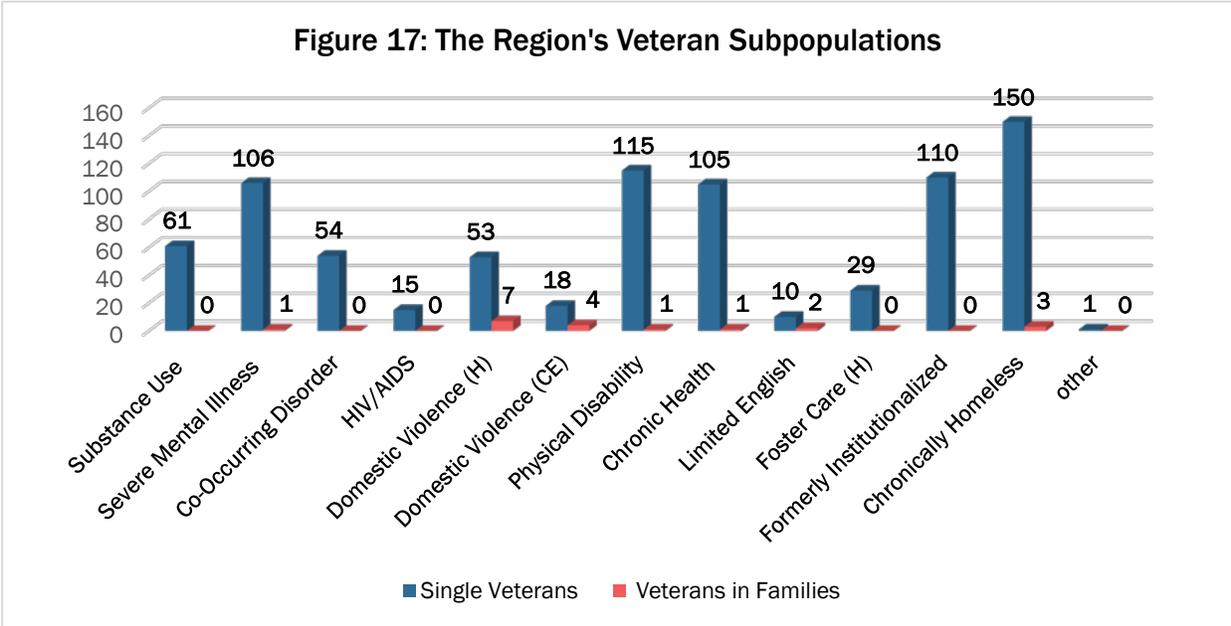
Veterans are another subset of the homeless population tracked by HUD and the U.S. Department of Veterans Affairs (VA). This is the fifth year that the region's CoCs collected separate data on single adult homeless veterans as well as homeless veterans in families to better understand this subpopulation.

Nationally, as of 2017, veterans represent approximately 7 percent of the total number of persons experiencing homelessness.<sup>37</sup> In contrast, the percentage of veterans experiencing homelessness in the metropolitan Washington region was 4

percent as of the Point-in-Time count in 2018, which remains unchanged from 2016. Of the total 441 self-reported veterans experiencing homelessness in the 2018 enumeration, 51 were women (12 percent). Figure 16 (previous page) graphically represents this homeless population; veterans are broken out separately as individuals in Households without Children as well as Households with Adults and Children. Female veterans are a subset of the "All Veterans" category. Homeless veterans, like other persons experiencing homelessness, have a high incidence of being formerly institutionalized, have substance use disorders and severe mental illness, or co-occurring disorders, as shown in Figure 17. However, veterans in Households without Children were more likely than others to have chronic health problems or a physical disability.

<sup>37</sup> As of the 2016 Point-in-Time Count. See <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>

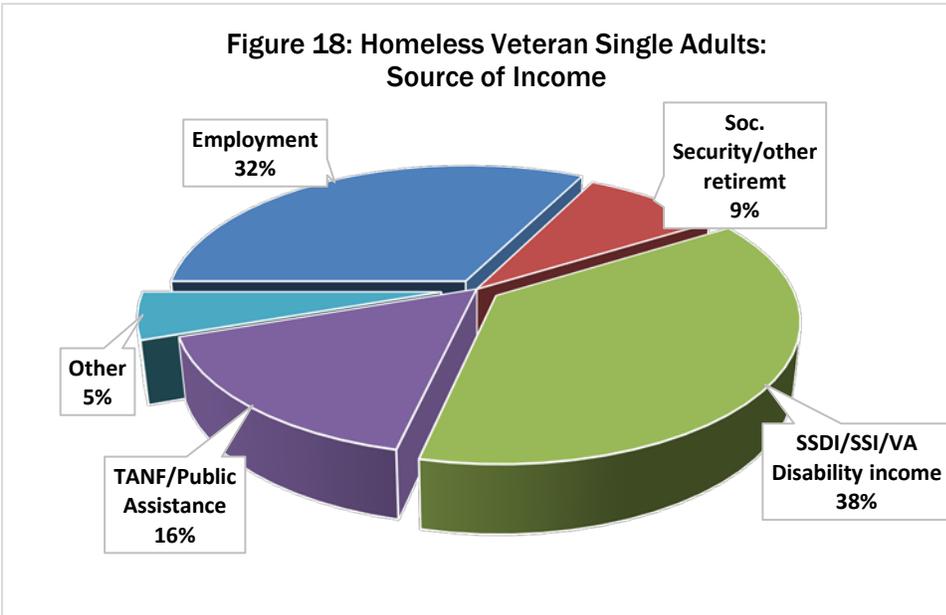
**Figure 17: The Region's Veteran Subpopulations**



Source: COG 2018

For those single veterans who reported having income in 2018, 32 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; 38 percent of veterans with income noted SSDI/SSI/VA disability and retirement as their primary source of income, as shown in Figure 18.

**Figure 18: Homeless Veteran Single Adults: Source of Income**

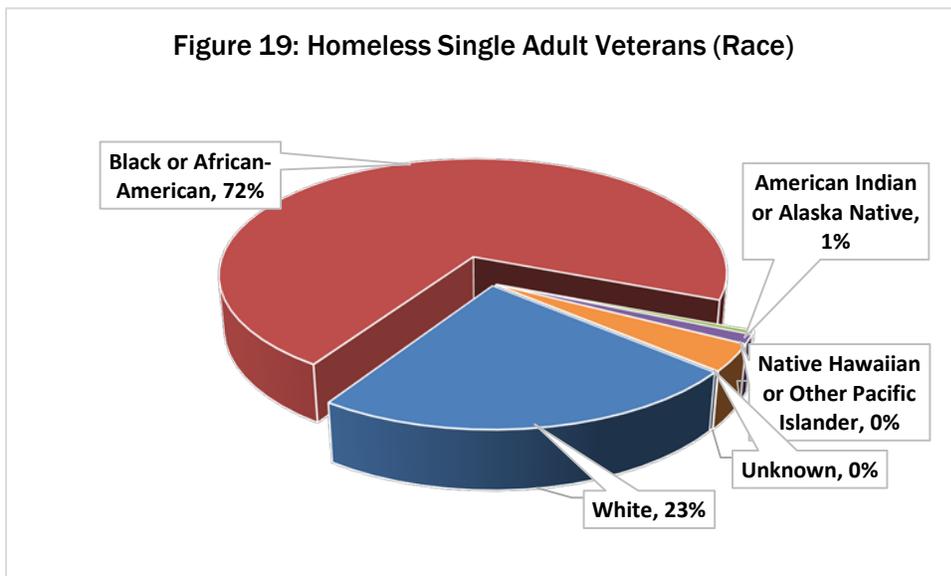


Source: COG 2018

The majority of homeless veterans who reported their race selected Black or African-American (72 percent of single adults and 80 percent of adults in families).

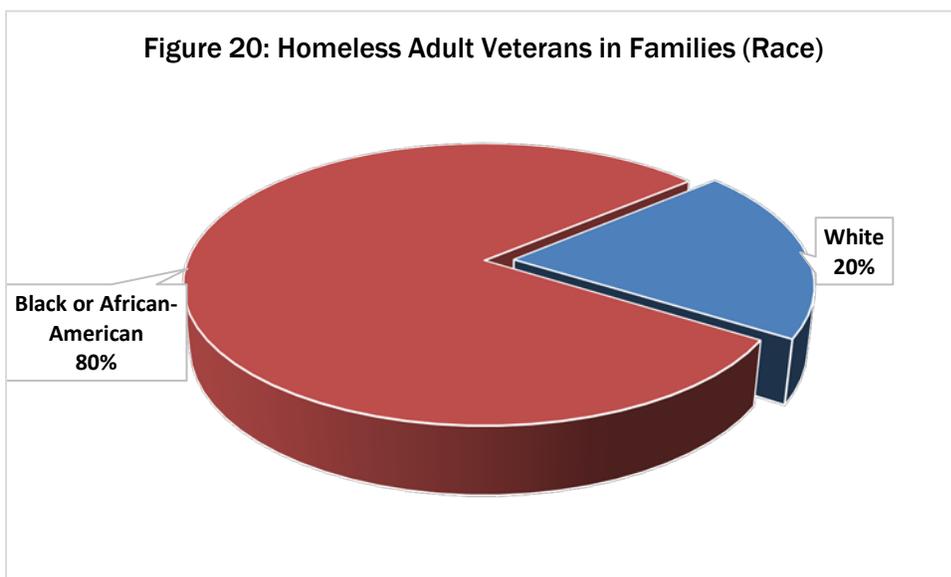
White veterans made up the next largest group, with 23 percent of single veterans and 20 percent of adult veterans in families (see Figures 19 and 20, following page). This remains essentially unchanged from 2017.

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.



Source: COG 2018

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.



Source: COG 2018

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.

Three of nine CoCs reported small reductions in the number of veterans experiencing homelessness from 2017 to 2018. For example, Arlington County recorded two fewer homeless veterans in 2018 than 2017; Fairfax and Frederick Counties both recorded reductions of one veteran each. Those CoCs which did not record reductions measured increases in relatively small numbers as well. The District of Columbia had the greatest one-year increase in the number of veterans experiencing homelessness (21 persons). This increase mirrors national-level results from the 2017 Point-in-Time count, when the number of veterans experiencing homelessness rose for the first time in seven years.<sup>38</sup>

However, the longer-term trend as shown in Table 12 demonstrates that during the period of 2014 to 2018, the region reduced the number of veterans experiencing homelessness by 25 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 2014 and 2018 enumerations. Not all jurisdictions have access to these programs, however. For example, Loudoun County will receive its first-ever allocation of five VASH vouchers in 2018.

TABLE 12: Homeless Veterans by Jurisdiction, 2014 - 2018							
Jurisdiction	2014	2015	2016	2017	2018	Change in Persons 2014 - 2018	Percent Change 2014 - 2018
City of Alexandria	18	12	5	6	8	-10	-56%
Arlington County	21	19	5	10	8	-13	-62%
District of Columbia	408	408	350	285	306	-102	-25%
Fairfax County	51	46	37	34	33	-18	-35%
Frederick County	10	13	12	10	9	-1	-10%
Loudoun County	7	6	4	6	6	-1	-14%
Montgomery County	34	24	17	14	18	-16	-47%
Prince George's County	20	34	26	21	29	9	45%
Prince William County	19	18	28	22	24	5	26%
<b>TOTAL</b>	<b>588</b>	<b>580</b>	<b>484</b>	<b>408</b>	<b>441</b>	<b>-147</b>	<b>-25%</b>

Source: COG 2018

<sup>38</sup> <https://www.militarytimes.com/veterans/2017/12/06/number-of-homeless-veterans-nationwide-rises-for-first-time-in-seven-years/>

## 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.<sup>39</sup>

At the national level, every year, approximately 24,000 youth age out of foster care and are expected to transition to independent living. Of those youths aging out, approximately one in five will experience homelessness.<sup>40</sup>

In 2018, the region counted 1,311 persons who were between the ages of 18 and 24, representing 12 percent of the total literally homeless population and 28 percent of the total persons in homeless families. Unlike in 2017, persons who fit this age category were more likely to be single adults than adults in families; 57 percent of all homeless adults in TAY households were single young adults. Similar to other homeless families, 59 percent of persons in homeless TAY families are children.

<b>TABLE 13: Homeless Transition Age Youth (TAY) By Jurisdiction: 2018</b>			
<b>Jurisdiction</b>	<b>Single Adults (TAY)</b>	<b>Persons in Families (TAY)</b>	<b>Total (TAY)</b>
City of Alexandria	7	13	20
Arlington County	2	13	15
District of Columbia	309	674	983
Fairfax County	51	62	113
Frederick County	19	7	26
Loudoun County	7	8	15
Montgomery County	29	31	60
Prince George’s County	21	37	58
Prince William County	18	3	21
<b>TOTAL</b>	<b>463</b>	<b>848</b>	<b>1,311</b>

Source: COG 2018

<sup>39</sup> <http://youth.gov/youth-topics/transition-age-youth>

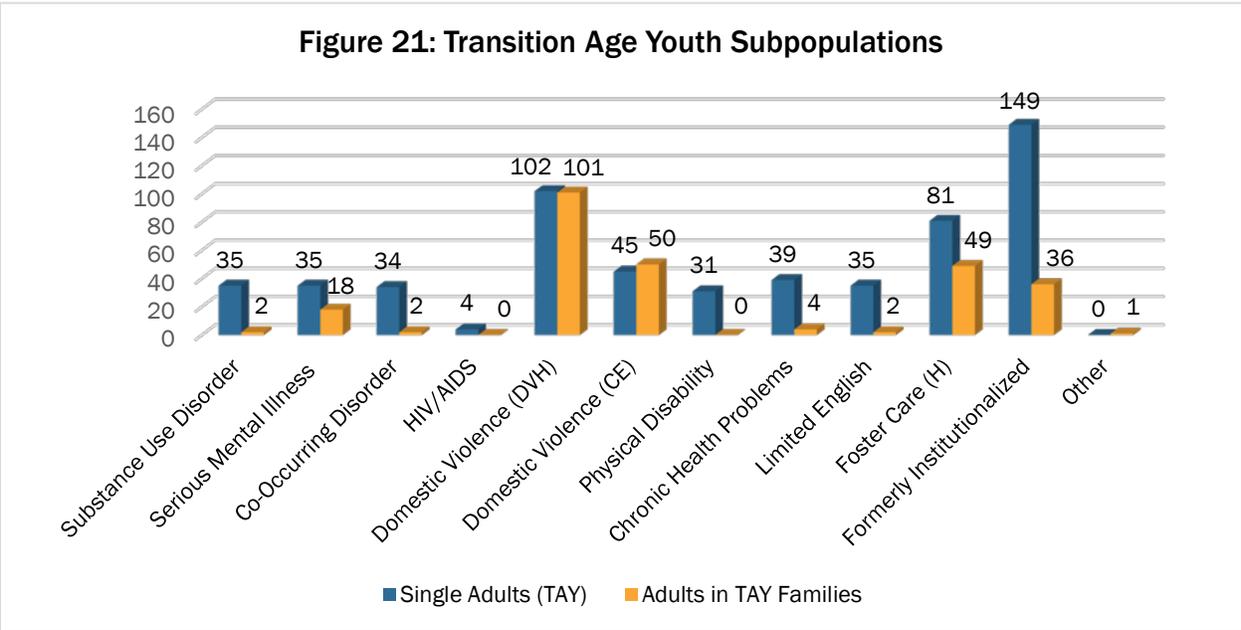
<sup>40</sup> <https://www.nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/>

TABLE 14: Homeless Transition Age Youth (TAY) By Jurisdiction: 2015 -2018					
Jurisdiction	2015	2016	2017	2018	Change in Persons 2015 - 2018
City of Alexandria	33	26	17	20	-13
Arlington County	23	21	27	15	-8
District of Columbia	1103	1,416	1,102	983	-120
Fairfax County	119	93	104	113	-6
Frederick County	22	26	29	26	4
Loudoun County	16	4	13	15	-1
Montgomery County	114	75	79	60	-56
Prince George's County	60	88	51	58	-2
Prince William County	49	29	16	21	-28
<b>TOTAL</b>	<b>1,539</b>	<b>1,778</b>	<b>1,438</b>	<b>1,311</b>	<b>-230</b>

Source: COG 2018

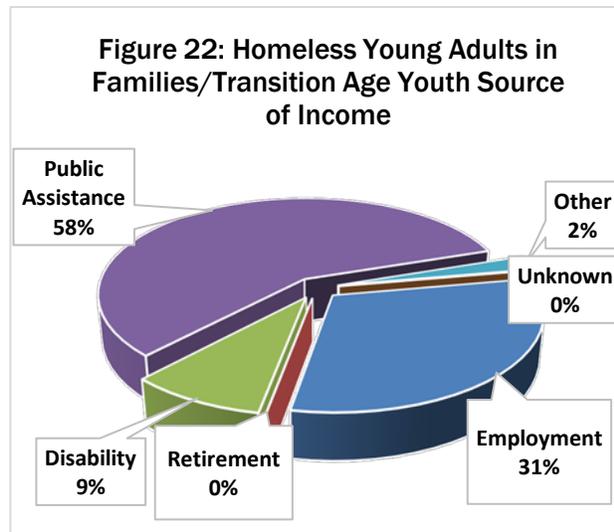
Single adult TAYs have one subpopulation characteristic that distinguishes them from the other single homeless adults: they are more likely to have a history of foster care (Figure 21). Like the larger adult single homeless population, they were also likely to have been formerly institutionalized and to have experienced trauma in the form of domestic violence.

Homeless adults in TAY families were most likely to have experienced domestic violence in the past, followed by having an episode of domestic violence, which led to their current experience of homelessness on the night of the count. This is shown in Figure 21 (below).

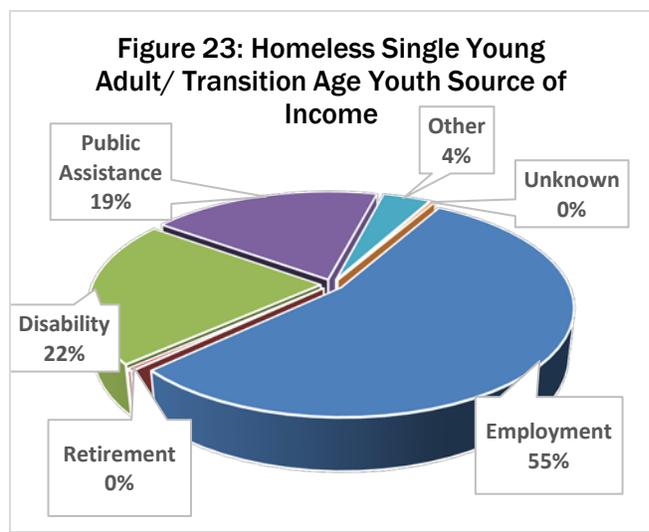


Source: COG 2018

Transition Age Youth, or young adults in Households without Children who report having income were most likely (55 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). A little more than a third of 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 disability at 22 percent, followed closely by public assistance/TANF (19 percent). None of the adult TAYs reported receiving income from retirement. See Figures 22 and 23.

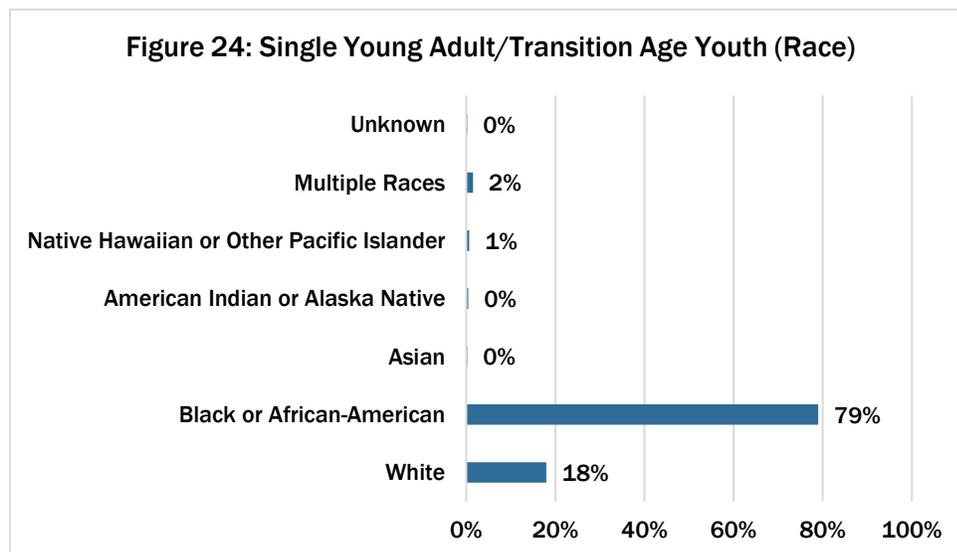


Source: COG 2018



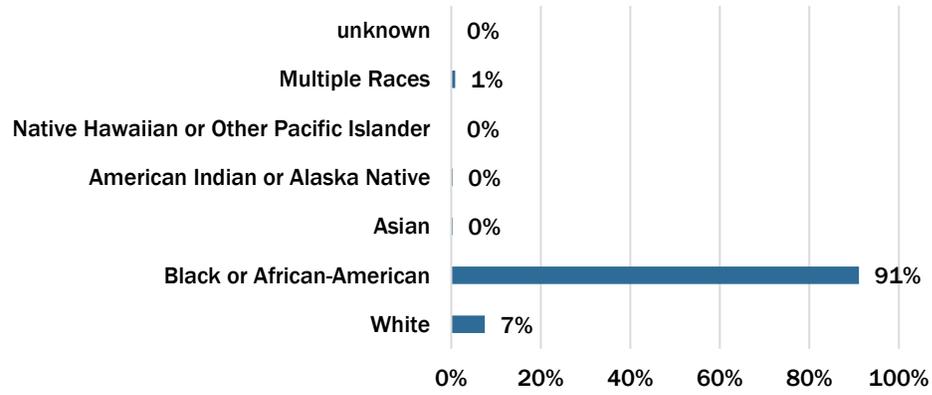
Source: COG 2018

Reflecting the same characteristics as the larger homeless population, the majority of single TAY adults who reported their race selected Black or African-American (79 percent) as well as adults in TAY families (91 percent). White Transition Age Youth made up the next largest group, with 18 percent of single adult TAYs and seven percent of adult TAYs in families. These percentages remain essentially unchanged from 2016.



Source: COG 2018

**Figure 25: Young Adult/Transition Age Youth in Families (Race)**



Source: COG 2018



(Homeless Children's Playtime Project)

# SHELTER FACILITIES AND PERMANENT HOUSING SOLUTIONS

The metropolitan Washington region’s inventory of facilities to shelter those residents experiencing homelessness and house the formerly homeless has moved well beyond the 1980s model which primarily focused on emergency shelters. The current multi-faceted Continuum of Care 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 changed in part due to the recognition that it is difficult to adequately address the systemic and personal problems many people without permanent housing have with the emergency shelter-based model. Emergency shelters cannot provide the intensive longer-term assistance many people experiencing homelessness need in order to become more self-sufficient. Housing models such as transitional, rapid re-housing, and permanent supportive housing programs can provide this assistance, based on each individual’s needs and circumstances.

Table 15 provides the region’s 2018 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 2014 and 2018, the region added 2,392 permanent supportive housing beds to its year-round facility inventory. This represents a 25 percent increase since 2014.

The region also added 1,294 rapid re-housing beds in 2018, bringing the total inventory of permanent supportive housing and rapid re-housing beds to 18,576. 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 options. The region’s increased supply of permanent housing is consistent with the national initiative to use a Housing First<sup>41</sup> 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 8,405 emergency, seasonal and overflow beds in 2018, representing a decrease of 798 beds since 2017 and a slight decrease of 37 beds since 2014.

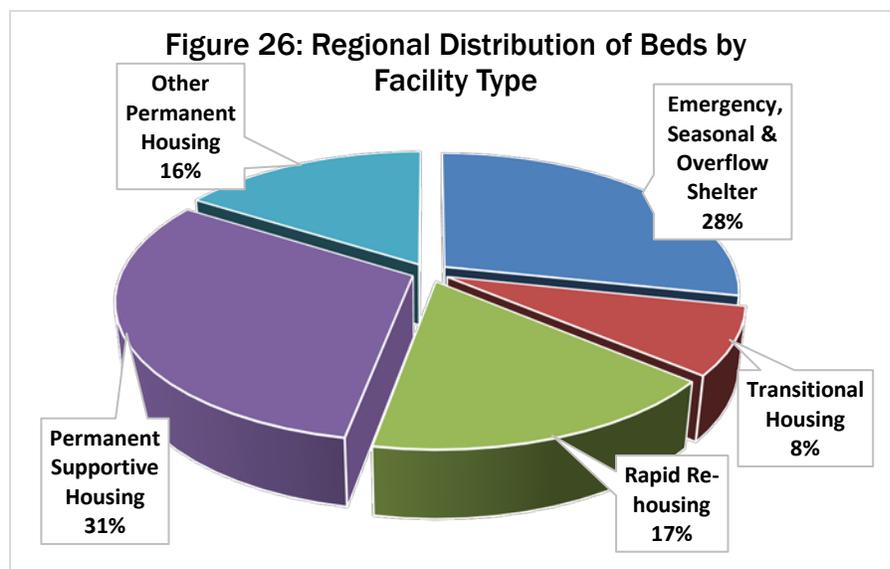
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<sup>41</sup> Housing First is an approach to solving homelessness that emphasizes providing housing first, and making use of clinical services optional. This strategy has proven successful in stabilizing persons experiencing homelessness, lowering returns to homelessness, and reducing the use of crisis services. For more information: [http://usich.gov/usich\\_resources/fact\\_sheets/the\\_housing\\_first\\_checklist\\_a\\_practical\\_tool\\_for\\_assessing\\_housing\\_first\\_in](http://usich.gov/usich_resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in) and <http://www.endhomelessness.org/library/entry/what-is-housing-first>

The region continued to lose transitional beds from 2014 through 2018. During this period, the region provided 1,353 fewer beds, or a 36 percent decrease. The reduction in transitional housing beds is due to several factors. One main factor is a resource reallocation to focus on prevention and permanent supportive housing. As funding to support transitional housing declines, primarily due to changed policy and practice at HUD, the region’s jurisdictions are faced with the need to eliminate beds as a result. In several jurisdictions, some transitional housing units have been converted to better meet the identified individual CoC needs, such as providing more rapid re-housing or permanent supportive housing. Overall, the reduction in transitional housing beds reflects a change in approach that emphasizes permanent housing solutions, as transitional housing programs are inconsistent with a Housing First approach. Permanent supportive housing beds in 2018 comprise 31 percent of the region’s inventory serving homeless and formerly homeless households. This percentage remains unchanged from 2017.

Other permanent housing was included in Table 15 for the first time in 2017. Other permanent housing is housing that is specifically targeted for persons experiencing homelessness. Examples of other permanent housing in the metropolitan Washington region includes non-profit agency partners purchasing housing units and designating them for persons who are formerly homeless and using project-based Housing Choice Vouchers to provide a longer-term rental subsidy. The data on other permanent housing are also reported to HUD and reflect a more complete picture of the number of formerly homeless beds available in the metropolitan Washington region. Including other permanent housing in the bed count shows an additional 3,472 beds that would otherwise not be counted.

Transitional housing beds comprised 8 percent of the region’s literally homeless beds in winter in 2018, reflecting the same proportion as in 2017. The distribution of emergency, seasonal and overflow shelter beds also remained unchanged from last year at 28 percent. The region currently has a total of 32,873 beds for its residents currently or formerly experiencing homelessness across each of the facility categories; this number has increased by 8,127 beds since 2013. Table 15 on the following page represents this regional resource for persons who are literally or formerly homeless.



Source: COG 2018

Between 2014 and 2018, the metropolitan Washington region’s supply of permanent housing beds increased by an impressive 76 percent or 9,537 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 22,048 permanent housing beds, representing 67 percent of the region's total bed inventory.

According to Figure 26, 28 percent of the region's distribution of beds is for emergency, seasonal and overflow shelter. A new bed category in 2014, rapid re-housing now accounts for 17 percent of the region's inventory, a percentage that remains unchanged from 2017. Transitional housing comprises 8 percent of the region's bed inventory, which is also unchanged from the 2017 PIT count.

**TABLE 15: 2014 - 2018 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
<i>Beds for Literally Homeless</i>								
Emergency, Seasonal & Overflow Beds	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%		
	2014	4,443	19	3,980	8,442	69%		
Transitional Housing Beds	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%
	2014	1,311	0	2,416	3,727	30%	3,727	30%
Safe Haven	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%
	2014	66	0	n/a	66	1%	66	0.5%
Subtotal: Beds for Literally Homeless	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	
	2014	5,820	19	6,396	12,235		12,235	
Percent Change Since 2014		-4%	89%	-19%	-12%		-12%	

The District of Columbia's 8,369 permanent supportive housing beds for single adults and families represent 71 percent of the region's total number of permanent supportive housing beds, which is a four percent increase from last year.

Montgomery County has 17 percent of the region's permanent supportive housing beds at 2,053 beds, a number that represents a slight decrease from 17 percent in 2017.

**TABLE 15: 2014 - 2018 Winter And Year-Round Inventory Of Beds In The Washington Region (Continued)**

<i>Beds for Formerly Homeless</i>								
Permanent Supportive Housing Beds	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%
	2014	5,020	0	4,408	9,428	75%	9,428	75%
Rapid Re-Housing & RRH Demonstration Beds	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%
	2014	127	0	2,515	2,642	21%	2,642	21%
Other Permanent Housing	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%
	2014	141	0	300	441	4%	441	4%
Subtotal: Beds for Formerly Homeless	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	
	2014	5,288	0	7,223	12,511		12,511	
TOTAL - All beds (literally and formerly homeless)	2018	11,288	36	21,549	32,873		32,873	
	2017	13,238	39	19,266	32,543		32,543	
	2016	10,956	30	15,654	30,464		30,464	
	2015	10,278	30	13,962	24,270		26,761	
	2014	11,108	19	13,619	24,746		24,746	
Percent Change Since 2014		2%	89%	58%	33%		33%	

## PERMANENTLY HOUSED: THE FORMERLY HOMELESS

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



(Tim Parkinson/Flickr)

Housing First is an alternative model to the emergency shelter or transitional housing model. A core principle of the Housing First model is that the most vulnerable person experiencing homelessness is more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary or transitional housing facilities. Under a Housing First model, homeless individuals can 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 a level of independent living. Permanent supportive housing provides formerly homeless residents with much needed wrap-around services to assist them in their efforts to live as independently as possible. Some of these services may include substance abuse counseling, life skills training, health care, mental health services, and job training. Many of these crucial supportive services and housing subsidies are provided by the region’s CoCs, comprised of local governments, nonprofits, and other human services agencies. Table 15 (previous page) provides information on the region’s formerly homeless residents living in permanent supportive housing.

According to the 2018 enumeration, there are 21,882 formerly homeless people currently residing in some form of permanent housing; this represents an increase of 2,746 people (14 percent) from 2017. 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.

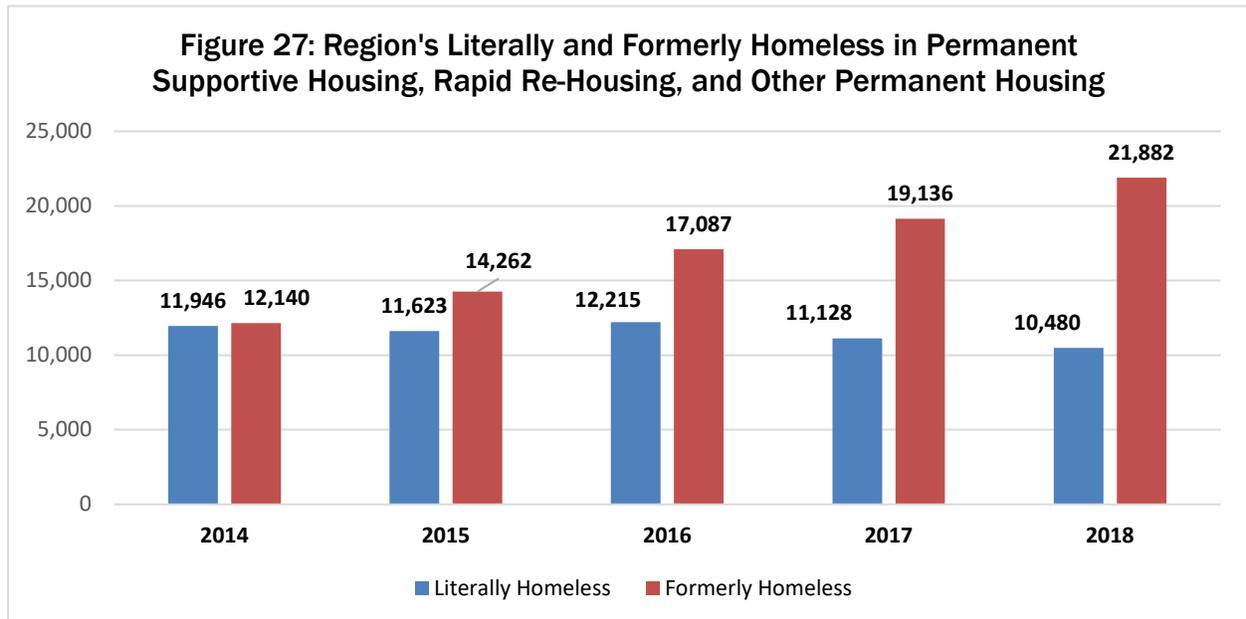
Figure 27 compares the literally homeless and formerly homeless populations from 2014 through 2018. The totals of literally and formerly homeless adults are mutually exclusive and should not be combined. The data for formerly homeless for 2014 through 2018 reflect not only persons in permanent supportive housing, but other forms of permanent housing such as rapid re-housing and other permanent housing. According to HUD, formerly homeless people living in permanent housing are not counted as part of the literally homeless that live on the streets, in emergency shelter, or in transitional programs. By definition, the formerly homeless includes people presently living in permanent housing following a period of living on the street or in emergency or transitional shelter. Beginning in 2014, the nine participating 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**

		<b>Permanent Supportive Housing (PSH):</b> Persons in Households Without Children	<b>PSH:</b> Persons in Households with Adults and Children	<b>Rapid Re-Housing (RRH):</b> Persons in Households Without Children	<b>RRH:</b> Persons in Households with Adults and Children	<b>Other Permanent Housing (OPH):</b> Persons in Households Without Children	<b>OPH:</b> Persons in Households With Adults and Children	<b>Total Permanent Housing</b>
<b>ALL COG CoCs</b>	<b>2018</b>	4,954	6,088	326	6,034	1,501	2,979	<b>21,882</b>
	<b>2017</b>	4,552	4,663	497	4,980	1,798	2,646	<b>19,136</b>
	<b>2016</b>	4,747	4,922	524	4,195	1,585	1,114	<b>17,087</b>
	<b>2015</b>	4,287	4,300	336	3,448	1,519	372	<b>14,262</b>
	<b>2014</b>	4,835	4,296	115	2,501	115	278	<b>12,140</b>
<b>Percent Change Since 2014</b>		<b>2.5%</b>	<b>41.7%</b>	<b>-3.0%</b>	<b>21.2%</b>	<b>-16.5%</b>	<b>12.6%</b>	<b>80.2%</b>

Source: COG 2018

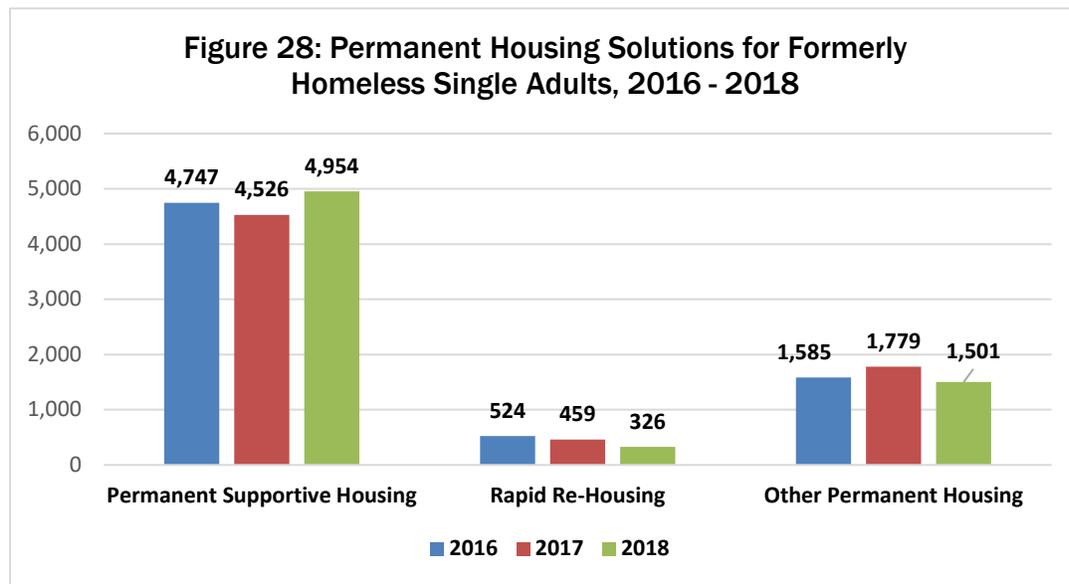
When the definition of permanent housing is expanded beyond permanent supportive housing to include rapid re-housing and other permanent housing, the total number of beds in the region increases from 11,820 to 22,048 and the total number of persons placed in permanent housing solutions increases from 11,042 to 21,882. This represents an additional 10,228 beds and an additional 10,840 formerly homeless persons. The differences in the rates of use of permanent supportive housing and other permanent housing strategies by household type are represented graphically by Figures 28 and 29.



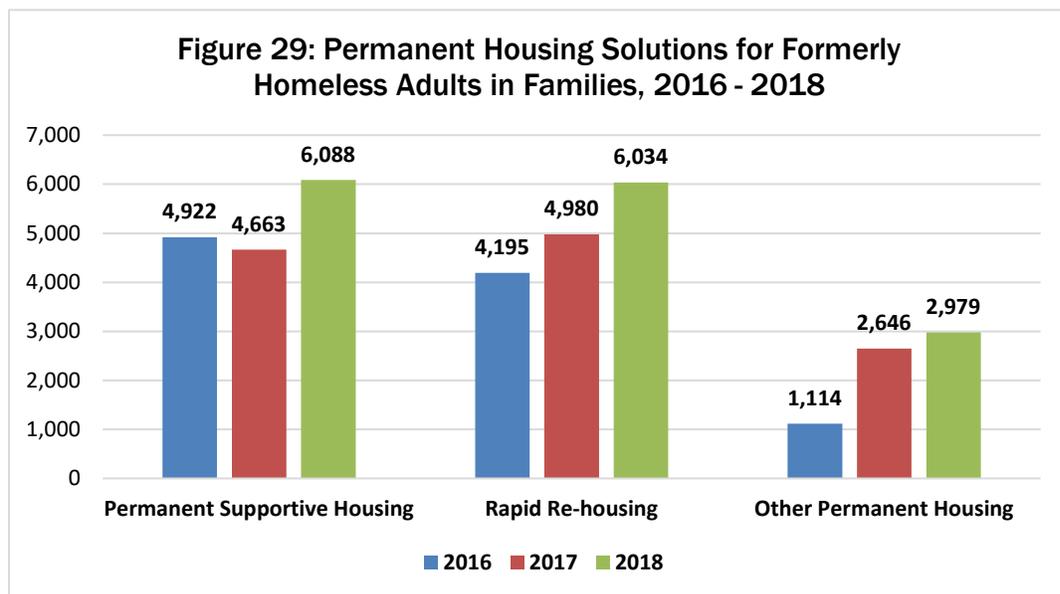
Source: COG 2018

As mentioned earlier in this report, it is important to note that the Point-in-Time count is only a one-day snapshot of the homeless population in the metropolitan Washington region. Although the number of literally homeless has remained stable for the past several years, people become

homeless every day and this number is fluid. Growing pressures on the region’s competitive housing market and increasing rents continue to negatively impact employable homeless households and the stagnant or declining growth in wages for lower-skilled jobs remains a critical obstacle to ending homelessness. The region’s focus on preventing homelessness, rapidly re-housing those residents who do experience homelessness, and creating more permanent supportive housing has constrained the number of literally homeless and prevented it from growing unchecked.



Source: COG 2018



Source: COG 2018

## CONCLUSIONS AND RECOMMENDATIONS

As of January 24, 2018, 10,480 people throughout the metropolitan Washington were experiencing homelessness. This represents a decrease of six percent over last year's count of 11,128 people experiencing homelessness. Five jurisdictions experienced a decline in their homeless populations in 2018 on the night of the count. The decreases in most of the region may be attributed in part to the continued use of local and federal dollars to prevent homelessness, to rapidly re-house persons who become homeless, and to provide permanent supportive housing to chronically homeless individuals and others with disabling conditions. These proven best practices, in use throughout the metropolitan Washington region, have kept the 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 six percent decrease in the regional homeless population is the fact that over 21,000 formerly homeless people were residing in some form of permanent housing on the night of the count in 2018.

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,<sup>42</sup> and wages that have not increased to keep pace with the rising cost of housing, particularly for less-educated workers.<sup>43</sup> 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. Recent 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 metro 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.<sup>44</sup>

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 from emergency shelters into appropriate permanent housing.

Emergency shelters do not provide the intensive longer-term assistance many chronically homeless persons need in order to become more self-sufficient. As a result, CoCs in the region are increasingly focusing on permanent supportive housing while continuing to provide emergency shelter. As reflected in this year's report, since 2014, 9,742 additional formerly homeless persons were placed in some form of permanent housing. **The Committee recommends that each of the region's CoC jurisdictions continuously increase its permanent supportive housing, rapid re-housing and other permanent housing inventory.** The provision of supportive wrap-around services as part of this approach helps people experiencing homelessness become more confident and independent once their challenges are diagnosed and addressed.

Permanent supportive housing is one solution to ending homelessness that is particularly effective for individuals who suffer from chronic homelessness. However, some individuals in emergency

<sup>42</sup> [http://www.urban.org/research/publication/housing-security-washington-region/view/full\\_report](http://www.urban.org/research/publication/housing-security-washington-region/view/full_report), p. 5

<sup>43</sup> <http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>

<sup>44</sup> "Rising Rents Mean Larger Homeless Population", Accessed April 2018 at <https://www.zillow.com/research/rents-larger-homeless-population-16124/>

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 achieve self-sufficiency and preventing a future return to homelessness. **As such, affordable housing for all income levels, including subsidized housing targeted for extremely low-income households, must be available across the region for metropolitan Washington to realistically reduce and eliminate homelessness. Resources from the local, state, and federal level should be maximized to achieve an end to homelessness.**

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

In conclusion, the nine jurisdictions comprising COG’s Continuum of Care worked hard to decrease the region’s homeless rate over the past year. For the past several years, the CoCs implemented HUD’s Homeless Prevention and Rapid Re-housing Program to provide homelessness prevention assistance to households who would otherwise become homeless and to provide assistance to rapidly re-house persons whose housing crisis could not be averted and experienced homelessness. In past years, the federal government’s stimulus funds were a critical support to the region’s efforts to provide more permanent housing and supportive services to its homeless population and to prevent homelessness. However, funding challenges at the federal level have the potential to stall gains seen in providing housing to homeless persons during the past five years. 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, 2014- 2018**

Jurisdiction/Year		Households Without Children	Unaccompanied Youth/ Households with Only Children	Households with Adults and Children	All Persons
City of Alexandria	2018	142	0	84	226
	2017	120	0	91	211
	2016	129	0	95	224
	2015	159	0	108	267
	2014	179	0	88	267
<b>2014-2018 Percent Change</b>		<b>-20.7%</b>	<b>N/A</b>	<b>-4.5%</b>	<b>-15.4%</b>
Arlington County	2018	144	0	77	221
	2017	149	0	83	232
	2016	124	0	50	174
	2015	164	0	75	239
	2014	178	0	113	291
<b>2014-2018 Percent Change</b>		<b>-19.1%</b>	<b>N/A</b>	<b>-31.9%</b>	<b>-24.1%</b>
District of Columbia	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
	2013	3,948	5	3,795	7,748
<b>2014-2018 Percent Change</b>		<b>-4.7%</b>	<b>N/A</b>	<b>-17.4%</b>	<b>-10.9%</b>
Fairfax County	2018	497	2	488	987
	2017	489	3	472	964
	2016	481	3	575	1,059
	2015	488	1	715	1,204
	2014	530	0	695	1,225
<b>2014-2018 Percent Change</b>		<b>-6.2%</b>	<b>N/A</b>	<b>-29.8%</b>	<b>-19.4%</b>
Frederick County	2018	207	0	109	316
	2017	217	0	92	309
	2016	249	0	100	349
	2015	181	0	130	311
	2014	141	0	105	246
<b>2014-2018 Percent Change</b>		<b>46.8%</b>	<b>N/A</b>	<b>3.8%</b>	<b>28.5%</b>

**TABLE 17: Literally Homeless by Jurisdiction, 2014- 2018**

Jurisdiction/Year		Households Without Children	Unaccompanied Youth/ Households with Only Children	Households with Adults and Children	All Persons
Loudoun County	2018	86	0	48	134
	2017	71	0	42	113
	2016	65	0	69	134
	2015	80	0	88	168
	2014	77	0	102	179
<b>2014-2018 Percent Change</b>		<b>11.7%</b>	<b>N/A</b>	<b>-52.9%</b>	<b>-25.1%</b>
Montgomery County	2018	568	0	272	840
	2017	616	0	278	894
	2016	623	0	358	981
	2015	598	0	502	1,100
	2014	603	0	288	891
<b>2014-2018 Percent Change</b>		<b>-5.8%</b>	<b>N/A</b>	<b>-3.5%</b>	<b>-5.7%</b>
Prince George's County	2018	203	2	273	478
	2017	193	1	338	532
	2016	233	3	308	544
	2015	260	8	359	627
	2014	209	4	441	654
<b>2014-2018 Percent Change</b>		<b>-2.9%</b>	<b>N/A</b>	<b>-38.1%</b>	<b>-26.9%</b>
Prince William County	2018	190	2	182	374
	2017	190	0	203	393
	2016	187	0	213	400
	2015	185	0	224	409
	2014	192	0	253	445
<b>2014-2018 Percent Change</b>		<b>-1.0%</b>	<b>N/A</b>	<b>-28.1%</b>	<b>-16.0%</b>
COG REGION	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
	2014	6,057	9	5,880	11,946
<b>2014-2018 Percent Change</b>		<b>-4.3%</b>	<b>N/A</b>	<b>-20.5%</b>	<b>-12.3%</b>

## **APPENDIX: HOMELESSNESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS**

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

# City of Alexandria, VA

## Description of Homeless Services

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

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

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

<b><u>COMPONENTS</u></b>	<b><u>DESCRIPTION</u></b>
<b><u>Projects for Assistance in Transition from Homelessness (PATH)</u></b>	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.
<b><u>Day Shelter</u></b>	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.
<b><u>Homeless Services Assessment Center</u></b>	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.
<b><u>Diversion and Prevention Services</u></b>	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.
<b><u>Emergency Shelter</u></b>	Temporary lodging and supportive services for homeless individuals and families.
<b><u>Domestic Violence Program</u></b>	Crisis intervention and supportive counseling services to victims of domestic and sexual violence. Services include temporary accommodations, 24-hour hotline, individual counseling, support groups, and court and medical facility accompaniment.
<b><u>Rapid Re-housing Assistance</u></b>	Temporary supportive services and limited financial assistance to aid persons experiencing homelessness to quickly return to and remain in permanent housing.

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

The CoC provided a combined total of 124 emergency shelter beds including 124 year-round beds (70 for households without children and 54 for households with adults and children). Combined, the transitional housing inventory consisted of 56 beds (18 for male households without children and 38 for households with adults and children). Since the 2017 PIT enumeration, Alexandria has decreased seasonal Winter Shelter Program beds from 67 to 50 beds and our Transitional Housing for households without children from 18 to 16 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**

<b><u>INVENTORY TYPE</u></b>	<b><u>Units for Households with Adults &amp; Children</u></b>	<b><u>Beds for Households with Adults &amp; Children</u></b>	<b><u>Beds for Households without Children</u></b>	<b><u>Year-Round Beds</u></b>
<b><u>Winter Shelter</u></b>	-	14*	36*	-
<b><u>Emergency Shelter</u></b>	-	54	70+	<b>124</b>
<b><u>Domestic Violence Program Shelter</u></b>	-	18	3	<b>21</b>
<b><u>Transitional Housing</u></b>	12	38‡	16	<b>54</b>
<b><u>Safe Haven</u></b>	-	-	12	<b>12</b>
<b>TOTAL</b>	<b>12</b>	<b>129</b>	<b>151</b>	<b>213</b>

- Not Applicable

\* These numbers represent a combined total of 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 2017 WINTER ENUMERATION**

### **2017 ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS (AHAR)**

The City of Alexandria successfully contributed data in all possible categories to the 2017 Annual Homeless Assessment Report and the 2017 Veterans Annual Homeless Assessment Report. Each report consisted of the following six categories plus report summaries: 1) Emergency Shelters for Families; 2) Emergency Shelters for Individuals; 3) Transitional Housing for Families; 4) Transitional Housing for Individuals; 5) Permanent Supportive Housing for Families; and 6) Permanent Supportive Housing for Individuals.

The AHAR provides Congress with communities' universal and program specific HMIS data at the end of each Federal Fiscal Year to highlight nationwide trends in homelessness. Information includes the number of persons experiencing homelessness on a single night (at several points-in-time), analyze clients' characteristics and service needs, and the capacity and utilization of homeless housing programs. This is significant since only CoCs with adequate data quality are eligible to participate. HUD strongly encourages data contributions to the AHAR and awards bonus points in the CoC grant application for CoCs that do so, considering participation a benchmark of a high-quality HMIS implementation.

### **HOMELESS 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 2018 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 Alexandria Community Services Board 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 226 persons experiencing homelessness were identified, a 7% increase from 2017. There were no households with only children identified in the 2018 count. There were 142 households without children, an 18% increase from 2017. There were 99 single men, a 19% increase from 83 in 2017. There were 42 single women, a 17% increase from 36 in 2017. Several factors may be contributing to the increase in singles in our community, such as the changes to walk-in services for coordinated entry and a decrease in the Rapid Re-Housing of singles this past fiscal year, from 60 to 19 singles.

On the night of the count 29 households with adults and children were literally homeless, a 3% decrease from 30 in 2017. The number of persons in families fell to 84 from 91, an 8% decrease from 2017. The number of adults decreased by 11%, from 35 in 2017 to 31. The number of children decreased to 53 from 56, a 5% decrease from 2017.

**TOTAL COUNT AND BREAKOUT BY HOUSEHOLD TYPE**

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

Ninety-three percent of households without children were sheltered, while 7% were unsheltered on the street or in places unfit for human habitation. The number of unsheltered households without children decreased from 2017 by 17% from 18 to 15 people. One-hundred percent of households with adults and children were sheltered (66% in emergency shelters; 10% in the domestic violence program shelter; and 24% in transitional housing).

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

LOCATION ON THE NIGHT OF THE COUNT	2011		2015		2016		2017		2018	
Unsheltered	42	10%	23	9%	12	5%	18	9%	15	7%
Sheltered	374	90%	244	91%	212	95%	193	91%	211	93%
<b>Total Persons</b>	<b>416</b>		<b>267</b>		<b>224</b>		<b>211</b>		<b>226</b>	
HOUSEHOLDS WITHOUT CHILDREN	2011		2015		2016		2017		2018	
Place Not Meant for Human Habitation	42	16%	23	14%	12	9%	18	15%	15	11%
Winter Shelter	57	22%	35	22%	31	24%	39	33%	37	26%
Emergency Shelter	102	39%	71	45%	60	47%	39	33%	63	44%
Emergency Shelter for Registered Sex Offenders	-	-	3	2%	4	3%	0	0%	0	0%
Domestic Violence Program Shelter	*	*	3	2%	0	0%	3	3%	3	2%
Transitional Housing	51	19%	15	9%	10	8%	10	8%	12	8%
Safe Haven	12	5%	9	6%	12	9%	11	9%	12	8%
<b>Total Households</b>	<b>264</b>		<b>159</b>		<b>129</b>		<b>120</b>		<b>142</b>	
HOUSEHOLDS WITH ADULTS & CHILDREN	2011		2015		2016		2017		2018	
<b>Number of Households</b>										
Place Not Meant for Human Habitation	0	0%	0	0%	0	0%	0	0%	0	0%
Winter Shelter	0	0%	0	0%	0	0%	2	7%	2	7%
Emergency Shelter	25	48%	15	44%	13	46%	15	50%	17	59%
Domestic Violence Program Shelter	*	*	4	12%	3	11%	1	3%	3	10%
Transitional Housing	27	52%	15	44%	12	43%	12	40%	7	24%
<b>Total Households</b>	<b>52</b>		<b>34</b>		<b>28</b>		<b>30</b>		<b>29</b>	

### HOMELESS COUNT BY SUBPOPULATION

As reflected in the chart below, the 2018 enumeration yielded an increase in counts in some of the subpopulation categories. We suspect that the increases are directly related to compliance with the new HUD standards, which, as anticipated by HUD, have resulted in a more accurate count than in the past, as well as increases in overall enumerations this year.

Forty percent of households without children met HUD’s definition of “chronic homelessness,” a 33% increase from 2017. Eighteen percent had a diagnosable substance use disorder, a 29% increase from 2017; 21% had a serious mental illness; and 13% had a co-occurring diagnosable substance use disorder and serious mental illness. Nine percent had a physical disability, and 13% had chronic health conditions.

There was one household with adults and children identified as chronically homeless in 2018. In 2015 there were three households identified, representing less than 9% of households with adults and children that year. Three percent of households with adults and children were homeless as a direct result of fleeing domestic violence. This represents a decrease from 9 to 6 households and a decrease from 19 to 11 total people.

### CHRONIC HOMELESS AND SUBPOPULATION BREAKOUT

CHRONIC HOMELESSNESS	2011		2015		2016		2017		2018	
Households without Children	109	41%	48	30%	47	36%	43	36%	57	40%
Households with Adults & Children	0	0%	3	9%	0	0%	0	0%	1	3%
SUBPOPULATIONS (ALL ADULTS) *	2011		2015		2016		2017		2018	
Veterans	27	14%	12	6%	5	3%	6	4%	8	5%
Substance Use Disorder	91	46%	41	21%	27	17%	24	15%	31	18%
Serious Mental Illness	54	28%	43	22%	42	26%	64	41%	36	21%
Co-Occurring	45	23%	29	15%	18	11%	12	8%	22	13%
Physical Disability	28	14%	16	8%	13	8%	13	8%	16	9%
Chronic Health Conditions	78	40%	20	10%	15	9%	14	9%	22	13%
HIV/AIDS	6	3%	1	1%	6	4%	4	3%	5	3%
Limited English Proficiency	26	13%	11	6%	10	6%	2	1%	4	2%
History of Foster Care	8	4%	7	4%	3	2%	12	8%	15	9%
Institutional Discharge <sup>A</sup>	43	22%	16	8%	23	14%	14	9%	26	15%
DOMESTIC VIOLENCE	2011		2015		2016		2017		2018	
<b>Homeless Due to Domestic Violence</b>										
Total Households	*	*	12	6%	4	3%	9	6%	6	3%
Single Women	*	*	4	8%	1	3%	4	11%	3	7%
Women w/Minor Children	*	*	8	25%	3	12%	5	19%	3	11%
Children	*	*	20	28%	9	14%	14	25%	5	9%
<b>Total Persons</b>	<b>50</b>	<b>12%</b>	<b>32</b>	<b>12%</b>	<b>13</b>	<b>6%</b>	<b>19</b>	<b>9%</b>	<b>11</b>	<b>5%</b>

### **EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN**

Twenty-eight percent of persons in households without children were employed, a decrease from 31% in 2017. Forty percent of persons in households without children reported receiving no income. Of the 58% receiving income, the majority (52%) reported a gross monthly income of \$501-\$1,000. Forty percent had a monthly gross income higher than \$1,000. Fifty-four percent of persons receiving income reported employment as their primary or largest source. Thirty-nine percent reported disability income as the primary source.

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

### EMPLOYMENT IN HOUSEHOLDS WITHOUT CHILDREN

EMPLOYMENT	2011		2015		2016		2017		2018	
	Count	Percentage								
Not Reported	0	0%	0	0%	0	0%	1	1%	2	1%
No	182	69%	101	64%	94	73%	82	68%	100	70%
Yes	82	31%	58	36%	35	27%	37	31%	40	28%

### GROSS MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

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

<sup>~</sup>Primary Source is the largest amount.

<sup>+</sup>Social Security, Military Pension, Annuity, etc.

<sup>^</sup>SSI, SSDI/VA, or Other Disability Income.

<sup>\*</sup>General Relief or Refugee Support.

<sup>\*\*</sup>Alimony, Unemployment, Panhandling, etc.

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

Fifty-five percent of adults in households with adults and children were employed, a decrease from 60% in 2017. Sixty-eight percent of adults in households with adults and children reported receiving income, a decrease from 74% in 2017. Of those receiving income, 81% reported employment as the primary source. Additionally, there was an overall increase in the gross monthly income amount. Forty-eight percent of households with adults and children had an income greater than \$1501, an increase from 42% in 2017.

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

**EMPLOYMENT IN HOUSEHOLDS WITH ADULTS AND CHILDREN**

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

**GROSS MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN**

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

<sup>~</sup>Primary Source is the largest amount.

<sup>+</sup>Social Security, Military Pension, Annuity, etc.

<sup>^</sup>SSI, SSDI/VA or Other Disability Income.

<sup>\*</sup>General Relief, Refugee Support or TANF

<sup>\*\*</sup>Alimony, Child Support, Unemployment, Panhandling, etc.

**HOMELESS POINT-IN-TIME RESULTS ANALYSIS**

The data indicates the City of Alexandria is at a numerical plateau for the annual Point-in-Time results. The 2018 enumeration had an increase in households without children, specifically the single male population residing in emergency shelters. This is attributed to several system level changes made during 2017 fiscal year. In July 2017, the Continuum of Care made a significant change to coordinated entry access for households without children. By eliminating the appointment process, HSAC saw an increase in the number of singles households assessed for homeless services. From July 1 through February 28 the CoC coordinated assessment center screened 62 more people than during the same time period the year prior. During the past fiscal year, fewer households without children were enrolled in Rapid Re-Housing programs, compared to numbers enrolled during this time last year. As a result of this, the CoC has made adjustments to the allocation of Rapid Rehousing dollars by household type to reflect the population being served in the community. The 2018 enumeration reinforces the impact rapid re-housing has on reducing homelessness in the City of Alexandria, specifically decreasing the number of households without children. Another significant

result is the increase in adults with a co-occurring disability of substance abuse and a serious mental illness, and an increase in people with a physical disability in our adult population. This represents the need for housing solutions for people who may not fit the chronic homeless definition and need additional supports beyond what an emergency shelter can provide. Our chronic homeless population has increased this year and will look to our coordinated entry process to prioritize these clients for permanent housing opportunities that become available.

## **HOMELESSNESS PREVENTION, SHELTER DIVERSION AND HOUSING PLACEMENT**

### **PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS**

To assist formerly homeless persons, the CoC currently operates 47 permanent supportive housing beds for households without children and 3 permanent supportive housing units totaling 8 beds for households with adults and children whose heads of household have a serious mental illness. On the night of the count 98% of the beds were occupied.

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

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

- ***Prevention*** – 6 households (1 without children and 5 with adults and children) totaling 19 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*** – 13 households (3 without children and 10 with adults and children) totaling 50 people were diverted from experiencing homelessness this past fiscal year. Diversion methods include financial and/or case management services to obtain or maintain housing, and when appropriate, linkage to supports and resources in communities of origin.
- ***Rapid Re-Housing*** – We have seen a decrease in the Rapid Re-Housing of singles, from 60 to 19 this past year, that were assisted to quickly return to permanent housing after becoming homeless. This decrease in numbers is reflected in our overall increase in numbers. 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 an direct impact on reducing homelessness in the City of Alexandria, specifically decreasing the number of households without children; however, it is not without its unique challenges: 1) Households still struggle to find affordable units for which they qualify; 2) The extent of need for rental assistance consistently exceeds original projections; 3) The assistance must be tailored to fit the household's budget and ability to sustain housing costs post-assistance, which often limits the household's ability to meet its housing need; and 4) Grantors' guidelines for rapid re-housing funding assistance dictate that rental subsidies not exceed fair market rents, which creates a barrier for households to access the limited permanent housing for which they qualify. This is a result of the City of Alexandria's high demand rental market where there is a huge gap between the fair market rents and the market rates.

## FUTURE TRENDS IN HOMELESSNESS

The greatest barriers to ending homelessness in our community are 1) extremely low incomes (i.e., low fixed income and the lack of a living wage received by persons experiencing homelessness); and as reflected in the charts 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-housing assistance as well as seeking federal, state and local funding to this end.

## Arlington County, VA

### From A Passage Way Home to Within Our Reach

Implemented in 2008, *A Passage Way Home – A 10-Year Plan to End Homelessness*, provided the Arlington County Continuum (CoC) an opportunity to strengthen its system of care for persons and families experiencing homelessness. As the 10-Year Plan closes, fulfilling our original goal of eliminating homelessness in Arlington is *Within Our Reach*, provided we can continue to work together as a community to support and assist our neighbors in need. Building on our past work, the mission of *Within Our Reach – A Three-Year Strategic Plan* remains: to sustain an integrated, community-based support system which will help households at risk of homelessness keep their housing and will assist any household that does become homeless in regaining stable housing within 30 days.

The principles that will continue to guide our work to prevent and end homelessness include:

- Commitment from all sectors of the community
- Use of best practice, evidence-based solutions in shaping programs and services
- Ensuring the availability of affordable, appropriate housing options
- Using culturally competent and consumer-centered services
- Committing sufficient financial resources to sustain our work

The Arlington County CoC ensures that available federal, state and local resources are used strategically to meet the needs of Arlington homeless individuals and households and those at risk of becoming homeless. This 2018 jurisdictional narrative report details Arlington County's Point-in-Time survey results as of January 24, 2018.

### Description of Homeless Services

Arlington County's CoC is a network of interconnected programs and services to assist people who are homeless or at risk of becoming homeless. The Arlington 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:** Service workers connect with persons living on the street and other outdoor environments to help put individuals on the path to stability and housing.
- **Homelessness Prevention:** Efforts to provide services to at-risk households in order to prevent homelessness before it occurs are an integral part of the 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.

**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.

Year-Round and Winter Inventory of Beds				
	Beds for Singles	Beds for Families	All Year-Round Beds	Winter Beds
<i>Hypothermia/Overflow/Other (Additional winter Capacity)</i>	0	0	0	25
<i>Emergency Shelter Beds</i>	99	80	178	0
<i>Transitional Housing Beds</i>	12	8	21	0
<b>TOTAL</b>	<b><u>111</u></b>	<b><u>88</u></b>	<b><u>199</u></b>	<b><u>25</u></b>

**Point-in-Time Count**

Arlington County’s Department of Human Services led the 2018 Point-in-Time (PIT) survey on January 24, 2018 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 in the total number of persons counted of 5%:

Arlington County Point-in-Time Count							
	2013	2014	2015	2016	2017	2018	% Change 2017-2018
<i>Singles</i>	268	178	164	124	147	144	-2%
<i>Families</i>	211	113	75	50	85	77	-9%
<b>TOTAL</b>	<b><u>479</u></b>	<b><u>291</u></b>	<b><u>239</u></b>	<b><u>174</u></b>	<b><u>232</u></b>	<b><u>221</u></b>	<b>-5%</b>

Arlington County Point-in-Time Count							
	2013	2014	2015	2016	2017	2018	% Change 2017-2018
<i>Sheltered</i>	333	240	200	155	199	186	-7%
<i>Unsheltered</i>	146	51	39	19	33	35	6%
<b>TOTAL</b>	<b><u>479</u></b>	<b><u>291</u></b>	<b><u>239</u></b>	<b><u>174</u></b>	<b><u>232</u></b>	<b><u>221</u></b>	<b>-5%</b>
<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 individual and family homelessness include:

- **Diversion:** As part of the CAS, the Arlington CoC uses diversion as a strategy to assess households. Through the assessment, a determination is made for a household to be diverted from emergency shelter, when safe and appropriate. As a result, only households most in need of emergency shelter access the shelters.
- **Eviction/Prevention Services:** The Arlington CoC has a robust menu of prevention services to assist households maintain their existing housing. Without these services, the Arlington CoC would have an increased number of individuals and families requesting and receiving emergency shelter services.
- **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 two- person, or 6%, increase in the unsheltered population include:

- **Street Outreach:** Street Outreach continues to invest more robust and proactive 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.

### Point-in-Time (PIT) Subpopulations Count

Chronically Homeless PIT Table						
	2014	2015	2016	2017	2018	% Change 2017 to 2018
<i>Chronically Homeless – Sheltered Households without Children</i>	74	79	45	61	57	-7%
<i>Chronically Homeless – Sheltered Households with Children</i>	0	2	0	2	0	-100%
<b>TOTAL</b>	<b>74</b>	<b>81</b>	<b>45</b>	<b>63</b>	<b>57</b>	<b>-10%</b>

**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 chronically homeless persons in the Arlington CoC. Chronically homeless persons continue to remain a top priority for the CoC as reflected by the 10% decrease from 2017 to 2018.

Veteran PIT Table						
	2014	2015	2016	2017	2018	% Change 2017 to 2018
<i>Veteran – Sheltered Households without Children</i>	19	17	6	10	8	-20%
<i>Veteran – Sheltered Households with Children</i>	3	2	0	0	0	0%
<b>TOTAL</b>	<b><u>22</u></b>	<b><u>19</u></b>	<b><u>6</u></b>	<b><u>10</u></b>	<b><u>8</u></b>	<b><u>-20%</u></b>

**Veterans:** Since 2014, there has been a 64% reduction in the number of homeless veterans counted as a result of the Arlington CoC Zero 2016 campaign. Arlington reached functional zero for homeless veterans in FY16 and continues to work diligently to ensure that we remain at functional zero.

Domestic Violence PIT Table						
	2014	2015	2016	2017	2018	% Change 2017 to 2018
<i>Domestic Violence Current (DVC) – Sheltered Households without Children</i>	6	14	5	6	3	-50%
<i>Domestic Violence Current (DVC) – Sheltered Households with Children</i>	10	22	17	20	25	25%
<b>TOTAL</b>	<b><u>16</u></b>	<b><u>36</u></b>	<b><u>22</u></b>	<b><u>26</u></b>	<b><u>28</u></b>	<b><u>8%</u></b>

**Domestic Violence (DV) Survivors:** DVC households are those whose current episode of homelessness is a direct result of fleeing domestic violence. Comparing 2017 to 2018, the overall total number of homeless DVC households was an increase of 8%. There has been an increase in beds provided within the DV shelter, however, on the night of this year’s PIT, our DV shelter received requests for placement that exceeded availability capacity. This resulted in coordination of placement at a local emergency shelter and out of jurisdiction partner.

Transition-Aged Youth (TAY) PIT Table						
	2014	2015	2016	2017	2018	% Change 2017 to 2018
<i>TAY Households without Children</i>	N/A	5	6	3	2	-33%
<i>TAY Households with Children</i>	N/A	18	15	24	13	-46%
<b>TOTAL</b>	<b><u>N/A</u></b>	<b><u>23</u></b>	<b><u>21</u></b>	<b><u>27</u></b>	<b><u>15</u></b>	<b><u>-44%</u></b>

**Transitioned-Aged Youth (TAY):** Although the Arlington CoC experienced a 44% decrease from 2017 to 2018, we have recognized the vulnerability and difficulties reaching this population. In 2018, the Arlington CoC used strategies from Chapin Hall's Voices of Youth Count Toolkit to conduct its first ever 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 while participating in an open mic session to share their stories
- Using 15 youth surveyors inclusive of the local teen network board and formerly homeless youth 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.

There were several lessons learned as a result of these efforts, such as:

- Convenient youth-friendly location
- Plenty of food
- Planned activities for all ages
- Compensating recipients who've been surveyed

With an active and intentional focus towards identifying youth homelessness, the Arlington CoC continues to become enriched with promising lessons learned about how to most effectively engage with this complex and deeply hidden subpopulation.

**Arlington County Permanent Housing Inventory Chart**

The chart below enumerates permanent housing options for homeless persons as of the day of the 2018 PIT count.			
<b>Arlington County Permanent Housing Inventory Chart</b>			
<b>Rapid Re-Housing Chart</b>			
<b>Singles</b>		<b>Families</b>	
<b>Number of Programs</b>	<b>Beds Utilized</b>	<b>Number of Programs</b>	<b>Beds Utilized</b>
1	22	5	172
<b>Permanent Supportive Housing Chart</b>			
<b>Singles</b>		<b>Families</b>	
<b>Number of Programs</b>	<b>Beds Utilized</b>	<b>Number of Programs</b>	<b>Beds Utilized</b>
6	192	2	5
<b>Other Permanent Housing Chart</b>			
<b>Singles</b>		<b>Families</b>	
<b>Number of Programs</b>	<b>Beds Utilized</b>	<b>Number of Programs</b>	<b>Beds Utilized</b>
0	0	1	20
<b>TOTAL Number of Programs</b>	<b>TOTAL Number of Beds Utilized</b>	<b>TOTAL Number of Programs</b>	<b>TOTAL Number of Beds Utilized</b>
<b>Singles</b>		<b>Families</b>	
<u>7</u>	<u>214</u>	<u>8</u>	<u>197</u>

### **What We're Working On**

Despite the successes, Arlington County has had with the 10-Year Plan, work remains to be done through the Three-Year Plan, especially in the following areas:

#### **Disproportionate Number of African-American Persons in Need Homeless Services:**

Consistent with national trends, 65% of the persons provided emergency shelter in Arlington were African-American in 2017, despite a 2015 estimation that African-Americans only represent 8.5% of the County's population. The Arlington CoC will apply a racial equity lens and adopt informed approaches to strategically address this imbalance and the needs of this population.

**Employment:** An increasing number of persons served by Arlington CoC programs have a limited path to employment – this can be due to a lack of citizenship, educational attainment, limited work experience and/or other barriers. The Arlington CoC will broaden the entry level skills and employment path for those being served while examining successful programs in other localities to determine applicability for Arlingtonians.

**Recidivism:** The Arlington CoC benchmarks the number of persons who were homeless and entered permanent housing but returned to homelessness within two years. In 2015, the percentage of persons returning to homelessness was 25 percent, decreasing slightly to 22 percent in 2016. The CoC will explore reasons for returns to homelessness and develop strategies to reduce recidivism.

**Family Homelessness:** Roughly 60% of family households served in Arlington County's family shelters are children. According to studies, homelessness can lead to developmental delays in toddlers and impact the social, physical, and academic lives of school-age children. It may also lead to repeating the cycle of homelessness as adults. The Arlington CoC will develop a campaign to end family homelessness and develop specific supportive services to meet the complex needs of these families.

**Youth Homelessness:** While Arlington did not have any Unaccompanied Youth under 18 or unsheltered TAY at the time of the 2018 PIT count, we learned that this special subpopulation does not necessarily identify as "homeless," but rather "housing unstable". The Arlington CoC hopes to establish a more robust process for identifying the extent to which unaccompanied homeless youth and TAY are in our community, and how the CoC will work to meet their needs.

**Aging Population:** Of the 461 persons served in 2017, 29% were 55 years of age or older. Many of whom have medical issues requiring specialized housing placements and/or supportive services. The Arlington CoC will identify and "early warning system" that can identify, intervene, and track persons who are at risk of becoming homeless – with an emphasis on the elderly population living on fixed incomes.

**Immigrant Households:** As an inclusive community, Arlington has a significant immigrant population; the Census Bureau estimated that 23 percent of all Arlingtonians were foreign-born as of July 1, 2016. The Arlington CoC intends to bring greater focus and collective problem-solving to address barriers to safety and housing faced by these members of our community.

**Domestic Violence:** Domestic violence is one of the leading causes of homelessness in families, and the leading cause of homelessness for women. Our strategic efforts to support

households experiencing these forms of abuse are vital. The Arlington CoC will provide solutions to homelessness that: are trauma-informed, support survivor's long-term safety, and reduce cycles of violence that often destabilize housing and other basic needs.

### **Conclusion**

Arlington continues to reduce its Point-in-Time homeless count. This is the result of significant hard work from service providers, a legion of volunteers, and great community support along with federal, state, county, and private funding. Emphasizing housing first strategies, prevention services and permanent supportive housing continue to show promise. Challenges remain for families in Rapid Re-housing including obtaining a livable wage to be able to afford the high cost of rental housing in Arlington, even when they transition to the local Housing Grants program.

In fall 2015, the County Board adopted an *Affordable Housing Master Plan* that makes the prevention and ending of homelessness a County objective and makes practices such as housing first, permanent supportive housing, homelessness prevention and safety net services – formal County policy. Implementation of the plan is critical to ensuring housing stability for formerly homeless households and new homeless households who come into the system.

Arlington county firmly believes a well-functioning system of providing housing and services to people who are experiencing homelessness or who are at-risk of becoming homelessness is essential. People who are homeless need homes and jobs. The Arlington County CoC will begin efforts to better match people with the resources we have in our community and look for innovative, creative ways to bridge the gaps that still exist. While much work remains to be done, Arlington is optimistic through the launch of its new Three-Year strategic plan that ending homelessness is *Within Our Reach*.

## District of Columbia

As outlined in the *Homeward DC* strategic plan,<sup>1</sup> the District of Columbia Continuum of Care (CoC) provides persons experiencing or at risk of experiencing homelessness a range of services with the goal of making homelessness in the District rare, brief, and nonrecurring. Services include homelessness prevention assistance, street outreach, daytime drop-in services and meals, winter and emergency shelter, transitional housing, rapid rehousing, targeted affordable housing,<sup>2</sup> and permanent supportive housing. These services and interventions are available to both families and unaccompanied individuals (including unaccompanied youth), with many programs focused on providing service to a particular subpopulation, such as persons experiencing chronic homelessness, veterans, or LGBTQ youth.

Families facing a housing crisis in the District can visit the Department of Human Services' (DHS) Virginia Williams Family Resource Center where they can connect with homelessness prevention assistance (whenever possible) or receive a shelter placement. All families entering shelter have immediate access to rapid rehousing assistance, with deeper interventions, such as permanent supportive housing, allocated via the District's Coordinated Assessment and Housing Placement (CAHP) system.<sup>3</sup>

In contrast to the centralized approach for families, the system for unaccompanied adults uses a "no wrong door" approach. Individuals in need of shelter may access any of the District's emergency shelters for overnight accommodation and meals. Housing resources for unaccompanied persons experiencing homelessness are allocated through the District's CAHP system. More than 100 homeless assistance agencies and partners – ranging from street outreach providers, shelter case managers, staff at daytime drop-in centers, hospital social workers, justice system partners, etc. – are trained to administer the CoC's triage tool to ensure that the person being assessed appears in the CAHP registry and is considered for a match to permanent housing assistance. With far more individuals in need of housing assistance than available resources, the District prioritizes access to its more intensive resources based on vulnerability and chronicity.

### *2018 Continuum of Care Inventory*

The following table shows the number of units for unaccompanied individuals and the number of units (and beds within those units) for families in the District's CoC inventory. All units within this table are dedicated for persons experiencing homelessness.

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<sup>1</sup> [ich.dc.gov/page/homeward-dc-ich-strategic-plan-2015-2020](http://ich.dc.gov/page/homeward-dc-ich-strategic-plan-2015-2020)

<sup>2</sup> Targeted affordable housing is a permanent subsidy with light-touch services, typically targeted to seniors and persons with a disabling condition who do not require the level of services associated with permanent supportive housing or to those who are already connected to services through another agency or program. Unlike regular housing vouchers available through the District of Columbia Housing Authority, targeted affordable housing resources are earmarked for use by the homeless services system.

<sup>3</sup> CAHP provides standardized access and coordinated referrals to the housing placement process which ensures that persons experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs. For more information on the District's CAHP system, visit: [coordinatedentry.com](http://coordinatedentry.com).

DISTRICT OF COLUMBIA 2018 SHELTER & HOUSING INVENTORY			
Category	Units for Individuals	Units for Families	Beds in Family Units
Winter Shelter	821 <sup>4</sup>	- <sup>5</sup>	-
Emergency Shelter	2,394	809	2,821
Transitional Housing	889	195	551
Rapid Rehousing	80	1,711	5,220
Permanent Supportive Housing	3,235	1,346	5,134
Other Permanent Housing	1,515	961	2,689

As one of three jurisdictions in the nation that is required by law to meet their community's full presenting need for emergency shelter, the District must add significant additional capacity during the winter months. The 821 winter shelter beds listed in the CoC inventory table include all beds activated for the District of Columbia's Hypothermia Season, which runs annually from November through March.<sup>6</sup> These beds operate as "low barrier," meaning program administrators do not ask individuals for any identification or documentation upon entry, with the goal of ensuring protection from cold weather injury or death for anyone that does not have a safe place to sleep.

These extra resources are funded, in large part, through public sources, though some are funded privately. DHS and the US Department of Housing and Urban Development (HUD) are the primary funding agencies, although the US Departments of Health and Human Services (HHS) and Veterans Affairs (VA), and the DC Department of Behavioral Health (DBH) provide additional CoC resources as well.

Service providers that receive public dollars either contract directly with the funding agency or receive their funding through a subcontract with The Community Partnership for the

<sup>4</sup> The 821 Winter Shelter beds listed in the CoC Inventory table include 201 "seasonal" beds and 620 "hypothermia alert" beds, with additional "Cold Emergency" beds brought online on an as needed basis. Seasonal beds are open nightly throughout Hypothermia Season. Hypothermia alert beds are opened when an alert is called, specifically when the actual or forecasted temperature is 32 degrees or below (though DHS will also call an alert when the temperature is forecasted to be 40 degrees or below with a 50 percent chance or greater for precipitation). Cold Emergencies are called when the temperature or wind chill is 15 degrees or below (or 20 degrees with heavy snow, snow accumulation, or other meteorological threats as determined by the District's Homeland Security and Emergency Management Agency (HSEMA)). The activation of these resources is determined through consultation with HSEMA and the National Weather Service and through close monitoring of bed utilization (as additional beds are brought online only as they are needed). A hypothermia alert was in effect on the night of the 2018 PIT count but a Cold Emergency was not.

<sup>5</sup> In previous years, the family winter shelter number reported in this narrative has consisted of the units/beds provided for families that were placed in shelter during the District's Hypothermia Season as distinct from the emergency shelter programs that operated year round. This was in keeping with the (now reversed) policy of limiting new placements into family shelter to the winter months. While the number of units of family emergency shelter in the District has always been flexible to meet demand, the District began fully implementing year-round access to family emergency shelter in 2015; relatedly, all available shelter units are now recorded in the emergency shelter category.

<sup>6</sup> As defined by the *Homeless Services Reform Act* (HSRA).

Prevention of Homelessness (TCP). TCP serves as the HUD Collaborative Applicant and is the Prime Contractor for Management and Oversight of the DHS-funded Continuum of Care (CoC). TCP is also the Lead Agency for the CoC's Homeless Management Information System (HMIS), is the administrator for the CoC's CAHP system, and has conducted Point in Time (PIT) on behalf of the District since 2001.

## 2018 Point-in-Time Results Overview

The number of persons experiencing homelessness in the District of Columbia on the night of PIT – i.e., persons sleeping on the streets, in emergency shelters, or in transitional housing – decreased by 7.6 percent from the 2017 count and is 10.9 percent lower than count done in 2014. While the number of persons in families experiencing homelessness in the District was down 19.4 percent from 2017, the number of unaccompanied individuals counted is 5.2 percent higher in 2018 than 2017, though it is still 4.6 percent lower than it was in 2014. See the table below for additional detail.

<b>POINT IN TIME COUNT BY CATEGORY</b>							
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>% Change 2017-2018</b>	<b>% Change 2014-2018</b>
Unaccompanied Individuals	3,953	3,821	3,683	3,583	3,770	5.2%	-4.6%
Persons in Families	3,795	3,477	4,667	3,890	3,134	-19.4%	-17.4%
<b>Total Persons Experiencing Homelessness</b>	<b>7,748</b>	<b>7,298</b>	<b>8,350</b>	<b>7,473</b>	<b>6,904</b>	<b>-7.6%</b>	<b>-10.9%</b>

Within the family subsystem, the reforms made under the *Homeward DC* strategic plan are having a significant impact, namely the creation of targeted homelessness prevention programming and the investments in housing assistance to help families quickly exit shelter.

The number of families (as distinct from persons in families) experiencing homelessness in the District has decreased by 20.8 percent since the 2017 PIT count and by 38.0 percent since 2016. The decreases from year to year are driven by the decrease in the number of chronically homeless<sup>7</sup> families in shelter, which was 53.0 percent lower in 2018 than 2017.

<sup>7</sup> Chronic homelessness is defined by HUD to mean 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.

POINT IN TIME COUNT, FAMILIES & PERSONS IN FAMILIES							
	2014	2015	2016	2017	2018	% Change 2017-2018	% Change 2014-2018
Families	1,231	1,131	1,491	1,166	924	-20.8%	-24.9%
Persons in Families	3,795	3,477	4,667	3,890	3,134	-19.4%	-17.4%

Since 2015, the District has provided year-round access to its shelter system for families facing housing crises. Prior to 2015, placements into family shelter were limited to the District’s Hypothermia Season. Although this led to a spike in families in emergency shelter in 2016, the ongoing implementation of this policy and the creation of a homelessness prevention program and other reforms has led to overall reductions in family homelessness. Today, families in need of shelter can access it year-round, which means the CoC can intervene as a housing crisis occurs, instead of waiting months while a family’s situation deteriorates. Further, this normalization of inflow into the system throughout the year makes it easier to accommodate and serve families newly entering the system each month without a dramatic strain on operations.

Year-round access and prevention also provides families the assurance that if the prevention services did not work to stabilize their housing situation, they are still able to access shelter, regardless of the time of year. Since the launch of *Homeward DC* in 2015, over 5,000 families received assistance to re-stabilize in housing and consequently avoided a shelter stay.

Finally, substantially increased investments in housing assistance are helping those families that do enter shelter exit it more quickly. More than 520 families exited family shelter to permanent housing destinations between the 2017 and 2018 PIT counts. All families entering shelter in the District have immediate access to rapid rehousing assistance (i.e., security deposit assistance, rental assistance, and case management services for up to 12 months). For families with higher acuity levels, interventions that are more intensive are subsequently allocated via the CAHP system. Since permanent subsidies are limited, this progressive engagement model helps ensure all families receive assistance to exit shelter and stabilize, while reserving the most intensive resources for those families at greatest risk of recidivism.

Within the unaccompanied individuals subsystem, the challenges are more complex. Thanks to significant investments in housing resources and the much-improved targeting of those resources through our CAHP system, over 3,500 individuals have exited the streets or shelter for permanent housing destinations since the launch of *Homeward DC* in 2015. This includes 1,200 unaccompanied men and women housed between the 2017 and 2018 PIT counts alone, many of whom were sleeping on the streets of the District for years, or even decades in some cases.

While housing placements of this magnitude should lead to an overall reduction in the number of unaccompanied individuals experiencing homelessness (like it has on the family side), the District’s count for individuals increased between 2017 and 2018 – meaning there

are more individuals entering the system than exiting it. There are at least two major factors at play.

First, nearly all the District's emergency shelter stock for unaccompanied persons is low barrier. While the intent of this policy is to ensure no District resident has to sleep on the street because of a lack of paperwork or identification, the reality is the District's low barrier shelter system is available for anyone who needs assistance – not just District residents. Further, few jurisdictions in the surrounding states add capacity to their shelter system as the local demand increases; this coupled with a nation-wide affordable housing crisis means that in all likelihood the District experiences inflow from surrounding areas.

The District uses low barrier shelters for unaccompanied adults because requiring any sort of documentation to enter shelter – especially in a system where there is a higher prevalence of mental health and substance use disorders – could have the unintended consequence of blocking access to a critical lifesaving services for District residents and may also result in higher levels of unsheltered homelessness.

Second, the District's use of the “no wrong door” approach is also intentional as there is concern that by making individuals go through a single point of entry may cause some to opt out of the shelter system altogether, choosing to sleep on the street. This is especially a concern for individuals with long histories of homelessness that have become habituated to accessing the site of their choice. However, under this type of decentralized system, it is much more difficult to conduct the type of prevention and diversion work that has been so effective within the District's family system with unaccompanied persons who are experiencing homelessness for the first time.

While these challenges are unique to the District's low barrier shelter system, the data point to some important changes as the District looks towards the next phase of *Homeward DC* implementation.

### **2018 Point-in-Time Results: Characteristics and Service Needs**

Adult persons, both unaccompanied and in families, who were counted during PIT were surveyed to provide information on their demographic make-up, subpopulation affiliation, service needs, causes of homelessness, and other economic indicators. This information, in turn, helps the District identify any gaps in the system and to develop interventions that address those gaps.

The following tables detail the rates at which persons reported living with various disabling conditions recognized by HUD or their affiliation with one or more subpopulation categories. Publicly funded programs in the District that use the HMIS collect this same level of information year-round from program participants, while non-HMIS providers send this information to TCP for the purposes of having similar information on the entire population to complete the PIT count.

## REPORTED DISABLING CONDITIONS AMONG PERSONS EXPERINCING HOMELESSNESS

	Unaccompanied Persons-2018	Unaccompanied Persons-2017	Adults in Families-2018	Adults in Families-2017	TOTAL (All Adults)-2018	TOTAL (All Adults)-2017
<b>Chronic Substance Abuse (CSA)</b>	30.4%	28.9%	1.7%	3.5%	23.4%	19.3%
<b>Severe Mental Illness (SMI)</b>	32.4%	34.7%	7.4%	13.3%	26.3%	26.5%
<b>Dual Diagnosis (CSA &amp; SMI)<sup>8</sup></b>	14.5%	14.1%	1.2%	1.6%	11.3%	9.4%
<b>Chronic Health Problem</b>	24.6%	19.6%	1.5%	2.9%	19.0%	13.3%
<b>Developmental Disability</b>	4.9%	4.6%	1.5%	3.5%	4.0%	4.2%
<b>Living with HIV/AIDS</b>	4.0%	4.1%	0.2%	0.3%	3.1%	2.7%
<b>Physical Disability</b>	18.0%	20.3%	3.1%	4.4%	14.4%	14.3%

The characteristics and service needs reported during the 2018 PIT count were relatively consistent with previous years in that rates of reported disabilities were higher in all categories for unaccompanied individuals than for adults in families. Some 85 percent of the adults in families reported no disabling conditions compared to just over seven (7) percent of accompanied adults.

The fact that unaccompanied individuals served by the CoC tend to be older and are living with more disabling conditions than their counterparts in families adds more complexity to the singles subsystem and necessitates greater and varied levels of support. Another layer to this work is accounting for the distinct needs of unaccompanied men and unaccompanied women. The PIT survey results showed that there are areas of service needs where the two groups are similar but others in which there are vast differences that will require different supports.

<sup>8</sup> 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 also counted in both the CSA and SMI categories in these tables.

<b>DISABLING CONDITIONS AMONG UNACCOMPANIED MEN &amp; WOMEN</b>			
	<b>Unaccompanied Persons (all)-2018</b>	<b>Unaccompanied Men-2018</b>	<b>Unaccompanied Women-2018</b>
<b>Chronic Substance Abuse (CSA)</b>	30.4%	33.2%	19.7%
<b>Severe Mental Illness (SMI)</b>	32.4%	28.2%	44.8%
<b>Dual Diagnosis (CSA &amp; SMI)</b>	14.5%	14.0%	16.3%
<b>Chronic Health Problem</b>	24.6%	23.2%	26.3%
<b>Developmental Disability</b>	4.9%	4.8%	5.6%
<b>Living with HIV/AIDS</b>	4.0%	4.0%	3.9%
<b>Physical Disability</b>	18.0%	17.2%	20.3%

Reported subpopulation affiliation is historically more common among unaccompanied persons than among adults in families with the exception of reported histories of domestic violence. While this was true again in 2018, the rates at which identification with these subpopulation categories were reported are differed from the 2017 PIT count in several of the categories. There were lower rates of adults reporting that they had limited proficiency with English to the point that it was a barrier to receiving services, while there were increased rates of persons reporting that they had formerly resided in institutional settings. More than a third of adults in families reported a history of domestic violence, up from roughly 26 percent last year.

<b>REPORTED SUBPOPULATION AFFILIATION AMONG PERSONS EXPERINCING HOMELESSNESS</b>						
	<b>Unaccompanied Persons-2018</b>	<b>Unaccompanied Persons-2017</b>	<b>Adults in Families-2018</b>	<b>Adults in Families-2017</b>	<b>TOTAL (All Adults)-2018</b>	<b>TOTAL (All Adults)-2017</b>
<b>Experiencing Chronic Homelessness</b>	51.4%	36.1%	19.3%	28.2%	43.4%	33.0%
<b>Domestic Violence History</b>	19.0%	19.5%	33.6%	25.7%	22.6%	21.7%
<b>Limited English Proficiency</b>	4.0%	9.0%	1.7%	5.8%	3.4%	7.9%
<b>U.S. Military Veteran</b>	8.0%	9.4%	0.3%	0.2%	6.2%	6.2%
<b>Formerly in Foster Care</b>	8.4%	8.8%	11.4%	7.5%	9.1%	8.3%
<b>Formerly Resided in an Institutional Setting</b>	49.6%	35.2%	22.2%	8.3%	43.0%	24.8%

Similar to the information collected regarding persons living with disabling conditions, there were differences between unaccompanied men and women in terms of reported subpopulation affiliation. This is most pronounced in the rate at which having a history of domestic violence is reported by women as compared to men.

<b>DISABLING CONDITIONS AMONG UNACCOMPANIED MEN &amp; WOMEN</b>			
	<b>Unaccompanied Persons (all)- 2018</b>	<b>Unaccompanied Men-2018</b>	<b>Unaccompanied Women-2018</b>
<b>Experiencing Chronic Homelessness</b>	51.4%	51.7%	50.5%
<b>Domestic Violence (DV) History</b>	19.0%	10.6%	39.5%
<b>Limited English Proficiency</b>	4.0%	4.2%	3.6%
<b>U.S. Military Veteran</b>	8.0%	9.9%	3.0%
<b>Formerly in Foster Care</b>	8.4%	7.5%	9.4%
<b>Formerly Resided in an Institutional Setting</b>	49.6%	51.1%	36.9%

### *Income & Employment*

Some 80 percent of adults in families and 76 percent of unaccompanied individuals reported that they receive income of some kind, marking increases among both populations from year to year. However, most households with income are receiving benefits as opposed to employment, and among those who are employed there is still a large disparity between earnings and housing costs in the District.

<b>INCOME AND EMPLOYMENT</b>			
	<b>Unaccompanied Persons</b>	<b>Adults in Families</b>	<b>TOTAL (All Adults)</b>
<b>Receives Income</b>	75.9%	80.2%	77.0%
<b>Employed</b>	21.5%	33.6%	24.0%
<b>PRIMARY INCOME SOURCE</b>			
<b>From Employment</b>	34.0%	26.0%	31.8%
<b>Soc. Sec./Retirement</b>	4.8%	0.0%	3.4%
<b>SSI/SSDI/Disability</b>	32.9%	12.1%	27.1%
<b>TANF/Public Assistance</b>	23.2%	57.4%	32.7%
<b>Other</b>	5.1%	4.5%	5.0%

### **2018 PIT Results: Subpopulation Highlights**

Although the District's overall number continues trending downward, as summarized above, it is important to look at trends by subpopulation. The section below highlights key changes in policy, program investments, and system improvements implemented between PIT 2017

and 2018.

### *Veterans*

The District continues to work tirelessly to end homelessness among veterans. Between 2014 and 2018, the District saw a 25.0 percent decrease in homelessness among veterans in the PIT count. On the night of the 2017 PIT count, the District identified 285 veterans experiencing homelessness. As of the 2018 PIT count, this number had increased to 306, a seven (7) percent increase despite helping 449 veterans exit homelessness to permanent housing during the year between PIT 2017 and 2018.

The District anticipated it would be closer to “functional zero”<sup>9</sup> by this time, but due to the sustained high levels of inflow (over 120 new veterans access homeless services in the District each month), combined with the slowdown of federal resources available to serve this population, the District’s PIT number remains stubborn. The District made a concerted effort to enhance data collection on this population. Indeed, the work to improve identification of veterans in the District’s homeless services system has likely contributed to the increased PIT count of veterans (as more people are revealing their status as veterans though they have been served by the system for some time). However, understanding that there is no single formula for ending homelessness – each community has a unique set of opportunities, constraints, and resources – the enhanced data quality will be critical to informing the District’s next steps.

### *Unaccompanied Women*

Within the District CoC, men make up roughly 73 percent of all unaccompanied adults experiencing homelessness. Accordingly, when looking at data for unaccompanied adults, the data skews toward the experiences and outcomes of men. To have better information on the unique needs of women experiencing homelessness, TCP and its partners in the women’s service provider community conducted a Women’s Needs Assessment in 2017. This project highlighted high rates of repeated incidents of violence and sexual abuse experienced by women that either caused their homelessness or happened during their homelessness, which in turn demonstrated a significant need for programming that focuses on addressing trauma. To that end, the CoC established a Women’s Task Force to continue to look at these issues in the CoC.

The development of the Women’s Needs Assessment<sup>10</sup> survey tool also informed the CoC on ways to improve question phrasing and survey administration to garner increased and more complete responses from participants on sensitive questions such as domestic violence histories. These methods were incorporated into survey training for PIT and led to greater response rates to these questions among all persons in 2018.

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<sup>9</sup> “Functional Zero” is a term used to define when a community has reach an end to homelessness. Similar to the concept of “full employment,” it acknowledges that there will always be some movement through the homeless services system as people who have lost their housing work to access new housing. When a community has fully addressed long-term homelessness and has a system (and the resources) in place to quickly address any new episodes of homelessness, it will have achieved functional zero.

<sup>10</sup> [community-partnership.org/facts-and-figures](http://community-partnership.org/facts-and-figures)

## Youth

In 2017, the District of Columbia released *Solid Foundations DC*<sup>11</sup> – the first-ever plan in the District focused on the unique needs and circumstances of unaccompanied youth experiencing homelessness. In alignment with the *Solid Foundations DC* plan, since the 2017 PIT count the District has added more programming for both parenting and unaccompanied youth (under the age of 25) to better serve the needs of this population. This has included additional emergency shelter and transitional housing resources, with rapid rehousing and permanent housing resources in the pipeline that will help to house and stabilize more youth experiencing homelessness in the year ahead – putting them on more solid ground as they transition into adulthood.

This new, more targeted programming has helped encourage youth facing housing crises to present for services, whereas in past years, this population often remained more hidden from the public eye – “couch surfing” with friends and/or engaging in risky behaviors such as survival sex instead of entering shelters. Accordingly, they were not easily captured in exercises like the PIT count. Due in large part to the creation of these youth-specific programs, the CoC saw a 38.6 percent increase in the number of unaccompanied transition aged youth during the 2018 PIT count as compared to 2017. As discussed in the *Solid Foundations* plan, this increase is fully anticipated as we create new programming for this population and is expected to level off within the first couple years of plan implementation to reveal our true baseline.

As part of the work laid out in the *Solid Foundations* plan, TCP and the CoC conducts an annual census of youth experiencing homelessness over a nine-day period in late summer. The methodology used for the census helps us capture more accurate information on the nature and scope of homelessness among youth in the District than what can typically be collected during PIT. Similar to the Women’s Needs Assessment, the Homeless Youth Census<sup>12</sup> not only helps ensure that we have a better understanding of the needs of this population, but it also helps inform strategies for counting youth when conducting the federally-required PIT count to ensure that the count is as accurate and thorough as possible.

### **Permanent Housing Solutions**

Funding from the District, HUD, and the VA for permanent supportive housing, rapid rehousing, and targeted affordable housing have supported the continued growth of permanent housing solutions to house some of the most vulnerable persons in the District. Further, many providers have made changes to their service models such as converting transitional housing programs (which historically have screened out the most vulnerable clients) to “housing first” oriented rapid rehousing and permanent supportive housing programs, adding to the inventory of these programs operating in the District.

### *Counts of Formerly Homeless Persons Housed in CoC-Funded Units*

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

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<sup>11</sup> [ich.dc.gov/page/solid-foundations-dc-comprehensive-plan-end-youth-homelessness](http://ich.dc.gov/page/solid-foundations-dc-comprehensive-plan-end-youth-homelessness)

<sup>12</sup> [community-partnership.org/facts-and-figures](http://community-partnership.org/facts-and-figures)

At PIT 2018, a total of 4,696 formerly homeless unaccompanied individuals and 3,650 formerly homeless families were in permanent supportive housing, rapid rehousing, or other permanent housing (such as targeted affordable housing).

	Number of Unaccompanied Individuals	Number of Family Households
Other Permanent Housing (e.g., Targeted Affordable Housing)	1,442	788
Permanent Supportive Housing	3,174	1,274
Rapid Rehousing	80	1,588
<b>TOTAL</b>	<b>4,696</b>	<b>3,650</b>

*Methodology notes*

As in previous years, TCP coordinated with both District and Federal agencies, the District of Columbia Interagency Council on Homelessness (the CoC’s Board), and the CoC’s public and privately funded outreach providers, meal programs and drop in centers, winter and emergency shelters, and transitional housing programs to complete PIT count. The District’s other permanent, permanent supportive housing, and rapid rehousing programs also provide information for determining the number of formerly homeless persons.

To determine the unsheltered portion of the PIT count, TCP engaged 300 volunteers and professional outreach workers to canvass the District between 10:00 PM and 2:00 AM. The District’s meal programs, daytime drop in centers, and other locations such as libraries also surveyed their program participants during the week of PIT count to augment the volunteer outreach event and to inform the overall count.

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

This methodology ensures that 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, VA

## Description of Homeless Services

In 2008, the Fairfax County Board of Supervisors established the Office to Prevent and End Homelessness (OPEH) to manage, coordinate and monitor day-to-day implementation of the community's plan to end homelessness within the next 10 years. OPEH supports the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness which engages nonprofits, businesses, faith-based communities and county agencies in its efforts to implement the 10-year plan, which focuses on prevention when possible, increasing affordable housing opportunities, and delivering integrated services to support those who find themselves experiencing homelessness. OPEH also works closely with the independent Governing Board of the Community Partnership as well as a wide range of committees and workgroups to build awareness and provide strong leadership for the plan. In addition, OPEH supports a homelessness prevention and rapid-rehousing model (regional Housing Opportunities Support Teams or HOST) that provides services and resources to at-risk and homeless families and individuals, thus preventing them from becoming homeless, or ending their homelessness quickly. OPEH partners with a wide range of non-profit and governmental partners who provide the entire range of homeless services, including homeless outreach, homelessness prevention, rapid re-housing, emergency shelter, hypothermia prevention, transitional housing, permanent supportive housing and other permanent housing. Our Continuum of Care (CoC) continues to increase the number of people moving into permanent housing by applying Housing First strategies, including the utilization of mainstream resources, rapid rehousing, and the expansion of permanent supportive housing. OPEH manages the Homeless Management Information System (HMIS) and acts as the CoC lead, preparing and submitting the CoC application and ensuring compliance with all US Department of Housing and Urban Development (HUD) mandates.

During 2017, the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness continued progress in implementing the Ten-Year Plan. Highlights include:

- **10-Year Plan Update** - As the end of the Ten Year Plan timeline approached, the Partnership embarked on a strategic planning process in 2017. This process included OPEH staff and leadership, the Governing Board of the Partnership, nonprofit partners and leadership from the faith community. Discussions to evaluate our efforts and effectiveness to date and to identify priorities and strategies for moving forward were the focus of these critical discussions. This process will continue in 2018.
- **New Bailey's Emergency Shelter and Supportive Housing facility** - A public finance bond that included four of Fairfax County's six regular year-round emergency shelters passed in November 2016. It will provide \$48 million over the next eight years to renovate these 30 year old shelters that serve both single individuals and families experiencing homelessness. The 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. The new facility, as with all of the future shelter redevelopment projects, will include co-located emergency shelter and permanent supportive housing, as well as four medical respite shelter beds. Not only will this project add 18 new units of permanent housing to our homeless services system, but the four medical respite beds will double the system's capacity to serve those who are experiencing homelessness and recovering from illness, surgery, and other medically-related events. The new site is expected to open in the fall of 2019.

- **Coordinated Entry System** – The continued development of our Coordinated Entry System (CES) was of top priority in 2017 and the CoC made extraordinary progress. We dedicated a full time staff position to be the Coordinated Entry System Manager. We fully and successfully implemented improved coordinated entry policies and procedures in all Permanent Supportive Housing Programs. The majority of our programs for Households with Children had established coordinated entry policies and procedures prior to 2017 and have been fine tuning those as we fully implement the CES. We have made significant strides in our Adult Only programs and through the CES have established a prioritized access system for shelter vs. the historic first come-first served model. In addition to the programs mandated to participate (all programs funded by Federal, State or County), several collaborative partners are participating in our CES for access to their programs because they recognize its value to the community.
- **Outreach to those Experiencing Unsheltered Homelessness** – On July 1, 2017, the Fairfax-Falls Church Community Partnership introduced our new CES for our street outreach program that serves those experiencing unsheltered homelessness. This new system is intended to account for and identify every individual who is unsheltered at any point throughout the year, whether or not they are engaged in services with a local provider. Through this process, we have also created a By-Name-List of everyone experiencing unsheltered homelessness. OPEH and nonprofit outreach staff come together every other week to review the list, staff cases, review outcomes, and ensure that the list is as up-to-date and accurate as possible. Through this new method, our system has learned much more about the true scope of unsheltered homelessness in Fairfax, with upwards of 200 people living in places not meant for human habitation on any given night during the warmer months. Between July 1 and December 31 of 2017, outreach staff successfully moved 37 people directly from the streets to permanent housing, with many more entering emergency shelter or other sheltered locations.
- **HMIS Super User Design Group** - The HMIS Super User Design Group reconvened in October and developed a draft of the HMIS Policy and Procedure Manual and the HMIS Governance Charter which will be recommended to the CoC for approval in June 2018. Through the HMIS Super User Design Group, the HMIS Super User Committee, a new advisory committee made up of a wide-range of representatives from the CoC, was created. Members of this HMIS Super User Committee will function as liaisons between OPEH HMIS staff and partner agencies/programs, will make recommendations for changes and upgrades to the HMIS system and HMIS policies, will participate in training curriculum development and implementation, will

make recommendations on how to address future needs and requirements and will be an added benefit to the CoC and to their organization.

**- Emergency Shelter and Transitional Housing**

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

These shelters have the capacity to provide overflow beds as needed throughout the year. They are primarily used during the winter but are used for extreme heat or other emergencies as well. Our county also maintains a motel program as overflow for families. In addition, for single adults, there are five hypothermia prevention programs operated in three fixed sites and two that rotate among faith based congregations.

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

There is one transitional housing program that serves single adults in Fairfax County. It serves 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 families with children. Three of these programs serve people impacted by domestic violence; one of which was initiated this year to meet an identified need. Two 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.

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

<b>Year-Round and Winter Inventory of Beds</b>				
	<b>Beds for Individuals</b>	<b>Beds/Units for Persons in Families</b>	<b>All Year-Round Beds</b>	<b>Winter Beds</b>
<b>Hypothermia/Overflow/Other (Additional winter Capacity)</b>	251	31/10	*	282
<b>Emergency Shelter Beds (includes DV shelters)</b>	145	341/95	486	Counted in hypothermia/overflow
<b>Transitional Housing Beds</b>	23	251/80	274	n/a
<b>TOTALS</b>	<b>419</b>	<b>623/185</b>	<b>760</b>	<b>282</b>
*Overflow beds are available for both individuals and persons in families as necessary throughout the year.				

As shown in the table below, the overall point-in-time count for 2018 increased slightly from 2017, from 964 people to 987, an increase of 23 people or two percent.

HOMELESS COUNT BY CATEGORY					
Category	2018	2017	2016	% Change 2017 to 2018	% Change 2016 to 2018
Total Number Counted	987	964	1,059	2%	-7%
Total of Singles	499	492	482	1%	4%
Total Number of Families	151	142	179	6%	-2%
Total of Persons in Families	488	472	577	3%	-15%
Total Adults in Families	190	186	236	2%	-19%
Total Children in Families	298	286	341	4%	-13%

This year's PIT enumeration documented a small increase in the number of families experiencing homelessness. This primarily was due to the increase in capacity of emergency shelter beds dedicated to people fleeing domestic violence. In addition, the suspension of homeless preference for Housing Choice Vouchers, reduced the number of permanent housing options for this population. There has still been a multi-year reduction due to continued development of a unified approach across the family homeless services system; contracts with specific outcomes which have led to systemic change; increased homelessness prevention and rapid re-housing efforts; and most importantly the strategic reduction in the number of transitional housing units for families.

There was also a very slight increase among the single adult population documented in the PIT count. A much higher percentage of those counted were sheltered on the night of the PIT and there was a significant reduction in those who were unsheltered. This is due to the improved ongoing outreach and engagement, including instituting a By-Name-List and implementation of low barrier shelter policies as a result of the Emergency Shelter Learning Clinic sponsored by the Virginia Department of Housing and Community Development and the National Alliance to End Homelessness. In addition, the weather was much colder during the 2018 count as compared to 2017 resulting in more people accessing shelter on the night of the PIT count. This year 86 unsheltered people were counted; in 2017 there were 105, a reduction of 18%.

The number of individuals experiencing chronic homelessness increased slightly as well; from 150 in 2017 to 171 in 2018. 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 was one family experiencing chronic homelessness on the night of the PIT count.

Overall, single individuals represented 51 percent and people in families with children represented 49 percent of all people counted. Among adults in families 85 percent were female and 15 percent male. Among single individuals 76 percent were male, 14 percent

female, one was transgendered and one individual doesn't identify as male, female, or transgendered. Children under age 18 in families were once again 30 percent of all persons counted. There were 2 unaccompanied minors in emergency shelter on the night of the PIT count. Youth households, consisting of families where all members were under the age of 25, comprised 16 percent (24) of the families and 10 percent (51) of the single individuals. Our CoC has adding capacity to serve this population as a new rapid rehousing project funded through reallocated CoC Program funding which targets transitioning age youth was fully implemented in 2017.

HOMELESS SUBPOPULATIONS			
	Individual Adults	Adults in Families	TOTAL
Chronic Substance Abuser	53	1	54
Severe Mental Illness	106	22	128
Dually Diagnosed	62	1	63
Living With HIV/AIDS	5	1	6
Physical Disability	84	6	90
Chronic Health Problems	83	12	95
Domestic Violence—History	59	103	162
Domestic Violence—Current	25	77	102
Limited English Proficiency	63	37	100
U.S. Military Veteran	31	2	33

The major subpopulations are noted in the chart above; they remain similar to previous years' numbers. In addition, among single adults, only 28 percent were reported as employed and 49 percent reported having any income. In families, 49 percent of persons age 18 and over were employed and 66 percent reported having some source of income. The percent of people in families who were employed and who have regular income decreased slightly. For singles individuals the percentage of those working increased slightly and those with any source of income remained the same. For single individuals, 44 percent were reported as chronic substance abusers, seriously mentally ill, or both, identical to the number from last year. Among families, 46 percent were homeless due to domestic violence, a small increase from 42 percent last year.

The number of veterans reported to be experiencing homelessness on the PIT decreased very slightly from 34 in 2017 to 33 in 2018. There has been a more substantial decrease since 2014 when 51 veterans were counted on the night of the PIT, a 35 percent decrease. This is driven by two variables; the additional resources dedicated to this population as well the continuing collaboration amongst the community partners that serve veterans and their families.

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

Our CoC continues to focus on moving people from homeless situations into permanent housing. During FY 2017 a total of 1,580 people were moved from emergency shelter to permanent housing, a minor decrease of one percent. This represents an increase of 22 percent from FY 2015. Various strategies were used, including efforts by our housing locators and case managers to find affordable housing in the rental market, as well as

increasing access to rapid re-housing resources, permanent supportive housing, and other permanent housing options.

During FY 2017 a total of 148 individuals entered PSH programs 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.

Rapid Re-housing (RRH) continues to be an integral part of our CoC's homeless services system. During FY 2017 a total of 1,143 individuals were served as part of a RRH program and exited to a permanent housing destination, which includes any individual who received housing search and placement services, housing stability case management, or rental assistance. A range of funding was utilized to provide 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 reallocated 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. Emphasis on this housing strategy produced a significant increase in RRH which was documented on our Point-in-Time and Housing Inventory Count this year. On the night of the PIT in 2017 there were 39 families consisting of 137 people as well as 73 single individuals in RRH programs. On the night of the PIT in 2018 there were 100 families consisting of 359 people as well as 106 single individuals in RRH programs.

Recent challenges to expanding permanent housing options include lack of new HUD CoC Program resources, reduction of Housing Choice Vouchers, 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 in our efforts to prevent and end homelessness in our community as we continue to move forward with critical system changes.

# Frederick City and Frederick County, MD

## Description of Homeless Services:

Frederick County, Maryland is fortunate to have a wide-range of governmental, private non-profit, and faith-based organizations that together have established an almost seamless service delivery system targeted to addressing the needs of homeless individuals and families. Major providers of homeless services include the Advocates for Homeless Families, Frederick Community Action Agency, Frederick Rescue Mission, Heartly House, Religious Coalition for Emergency Human Needs, Mental Health Management Agency of Frederick County, Student Homelessness Initiative Partnership 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/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional Winter Capacity)	1	7/1		0
Emergency Shelter Beds	87	64/13	151	0
Transitional Housing Beds	40	83/29	123	0
<b>TOTALS</b>	<b>128 beds</b>	<b>154 beds 43 units</b>	<b>274 Beds</b>	<b>0 beds</b>

## Homeless Point-In-Time Results:

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 24, 2018. Survey tools were distributed and thoroughly discussed at a regular monthly meeting of the Frederick County Coalition for the Homeless (FCCH). All emergency shelter, transitional housing, permanent supportive housing, and motel placement providers were instructed on how to use the survey instrument and when to conduct the Point-in-Time Survey. Whenever possible, surveys were to be completed directly by 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 316 persons experiencing homelessness (comprised of 254 adults and 62 children) completed the point-in-time survey; the largest household type was 207 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: 59 respondents reported a substance abuse problem/addiction; 82 adult respondents reported chronic health problems; 47 adult respondents reported having physical disabilities; 34 adult respondents reported serious mental health problems; 36 adult respondents reported substance abuse problems and co-occurring mental health problems; 5 respondents (not including any children) reported that they are survivors of a current domestic violence episode; 9 respondents reported that they are veterans; 1 respondent reported a diagnosis of living with HIV or AIDS, and a total of 52 respondents reported being “chronically homeless” for one (1) year or longer.

<b>HOMELESS COUNT BY CATEGORY</b>				
<b>Category</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>% Change 2016 to 2018</b>
Total Number Counted	316	309	349	-9.5%
Total Number of Singles Individuals	207	217	249	-16.9%
Total Number of Families	36	32	32	12.5%
Total of Persons in Families	109	92	100	9%
Total Adults in Families	47	39	41	14.6%
Total Children in Families	62	53	59	5.1%

<b>EMPLOYMENT</b>	
<b>Category</b>	<b>Total Number Employed</b>
Total Number of Single Individuals	33
Total Number of Adults in Families	29
Total Number of Children in Families	1

SUBPOPULATION DATA			
Subpopulations	Single Individuals	Persons in Families	Total
Substance Abuse	55	4	59
Serious Mental Illness	30	4	34
Dually Diagnosed	30	6	36
U.S. Veteran (adults only)	7	2	9
Living with HIV/AIDS (adults only)	1	0	1
Domestic Violence Survivor – Current Episode (adults only)	3	2	5
Physical Disability (adults only)	44	3	47
Chronic Health Problem (adults only)	77	5	82
Limited English (adults only)	2	0	2
Chronically Homeless	39	13	52

According to the 2018 Point-In-Time data, homelessness in Frederick County decreased by a total of 33 persons from the 2016 PIT count of 349 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. Conversely, homelessness among “transition age youth” (defined as ages 18-24) appears to be increasing in Frederick County. This is a difficult population to accurately count because many youths move between being doubled-up with families or friends and being literally homeless in accordance with the HUD definition of homelessness. During March-April 2018, the FCCH and local provider agencies are participating in the Youth REACH Maryland survey of unaccompanied homeless youth encountered in Frederick County. Locally, the Youth REACH Survey is being coordinated by the Student Homelessness Initiative Partnership of Frederick County.

### **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 3 units with 6 beds for homeless families and 18 units with 18 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 20

units with a total of 22 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, VA

## Description of Homeless Services

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 30 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. In FY17 over 150 Loudoun County households were successfully housed in regular permanent housing as reported in the Housing and Urban Development (HUD) Annual Progress Report (APR).

The following is a description of the Homeless Services provided by the Loudoun County Continuum of Care:

- ❖ 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/Information & Referral Services  
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.
- ❖ 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  
The Emergency Shelters in Loudoun County offer families and single individuals with temporary housing while providing supportive services to assist households in achieving housing stability. The program provides households with 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  
A Homeless Management Information System is a local information technology system used to collect client-level and program-level data on the provision of housing and services to individuals and families.
- ❖ 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.

- ❖ Prevention & Diversion Services  
Prevention and Diversion Services are designed to assist individuals and families at the greatest risk of losing their housing in order to prevent households from entering the shelter system. The program provides short-term assistance and case management services to stabilize housing, prevent rental evictions and divert households from entering the Emergency Shelter.
- ❖ 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 robust Coordinated Entry/Information & Referral System. Rapid Re-Housing rapidly 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.
- ❖ Street Outreach and Engagement  
The Continuum of Care works with the Project Assistance to Transition from Homelessness (PATH) Program in the Mental Health, Substance Abuse and Developmental Services Department to conduct regular street outreach and engagement to persons in the community that are unsheltered.

*Domestic Violence Services*

The Loudoun County Continuum of Care partners with the Loudoun Abused Women’s Shelter (LAWS) to ensure that households actively fleeing domestic violence living situations are quickly linked to services and emergency shelter. The Loudoun Abused Women’s Shelter operates a 12-bed shelter for families that are in need of emergency shelter.

**Program Occupancy Capacity**

<b>Year-Rounds Beds <i>Emergency Shelter</i></b>	<b>Year-Round Beds <i>Transitional Housing</i></b>	<b>Cold Weather Shelter Beds <i>November - March</i></b>	<b>Permanent Supportive Housing Beds</b>	<b>Domestic Violence Emergency Shelter Beds</b>
<b>87*</b>	<b>38</b>	<b>16</b>	<b>26</b>	<b>12</b>

\*3 new shelter beds will be added 2018

*Housing First Approach*

Continuum of Care Programs continue to utilize a Housing First Approach in service delivery. The Housing First model encourages staff to work with households on securing stable housing first and then ensure that supportive services are in place to assist households in maintaining stable housing. This model is a proven intervention for those experiencing a housing crisis.

The Housing First model does not require persons experiencing homelessness to address all of their barriers before they can access housing. The Housing First approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter.

*Landlord Outreach*

Continuum of Care (CoC) Programs often conduct targeted outreach and engagement efforts to landlords in the community that are open to leasing available units to households that are served through CoC Programs. An important factor in Landlord Outreach is to provide

education and awareness to the unique barriers faced by households served through Continuum of Care Programs.

### **Enhancing Continuum of Care Services**

#### *Coordinated Entry / Information & Referral System*

In July 2017, the Continuum of Care launched the Coordinated Entry/Information & Referral (CE/I&R) System that allows for streamlined access to services for community residents. The Coordinated Entry/Information & Referral System covers the full geographical area of Loudoun County, Virginia and is available to all residents of the community.

Since launching, the CE/I&R Intake Line has received over 700 calls from community residents experiencing a housing crisis and households that are on the brink of becoming homeless. Staff that receive the calls complete a Standardized Assessment Tool to evaluate the immediate household need and based on the information provided, triage the referral to the appropriate community-based service provider.

One component of the work that is unique to the Loudoun County CoC compared to other jurisdictions, is the sparsely populated areas of Western Loudoun that are also served by Continuum of Care Programs. While the majority of the population lives in Eastern Loudoun, there are less dense communities that also require outreach and services to assist residents in maintaining stable housing.

#### *Veterans Access Center*

In February 2018, Loudoun County hosted the official ribbon-cutting ceremony for the Veterans Access Center in Leesburg, Virginia. The Center serves as a comprehensive service center for Veterans and their families in need of assistance. The new Veterans Access Center will serve Veterans as well as Active Duty Military personnel and their families in Loudoun, Clarke and western Fairfax counties. The Center will provide certified counseling services for Veterans, Active Duty Military, and their families with mental health needs. Veterans needing to contact the Center are encouraged to call 304-263-6776 for an appointment.

Another significant accomplishment to Continuum of Care Services is the addition of federally-funded Veteran Affairs Supportive Housing (VASH) Vouchers to assist Veterans and their families in securing stable housing. The HUD-VASH Program combines the Department of Housing and Urban Development (HUD) and Housing Choice Voucher (HCV) rental assistance for homeless Veterans and their families with case management and clinical services. Loudoun County will be receiving a total of five (5) HUD-VASH vouchers in 2018. This is also significant as this is the first-time that HUD-VASH Vouchers have been allocated to Loudoun County Veterans.

### **Point-in-Time Count Results**

The Continuum of Care (CoC) along with several partner organizations conducted the annual Point-in-Time (PIT) Count on Wednesday, January 24, 2018 through manual surveys completed by staff at partnering organizations and staff from the Loudoun County Department of Family Services. There was a coordinated effort with local law enforcement, hospitals and others to ensure that persons that were unsheltered on the night of The Count were connected to services and appropriate resources.

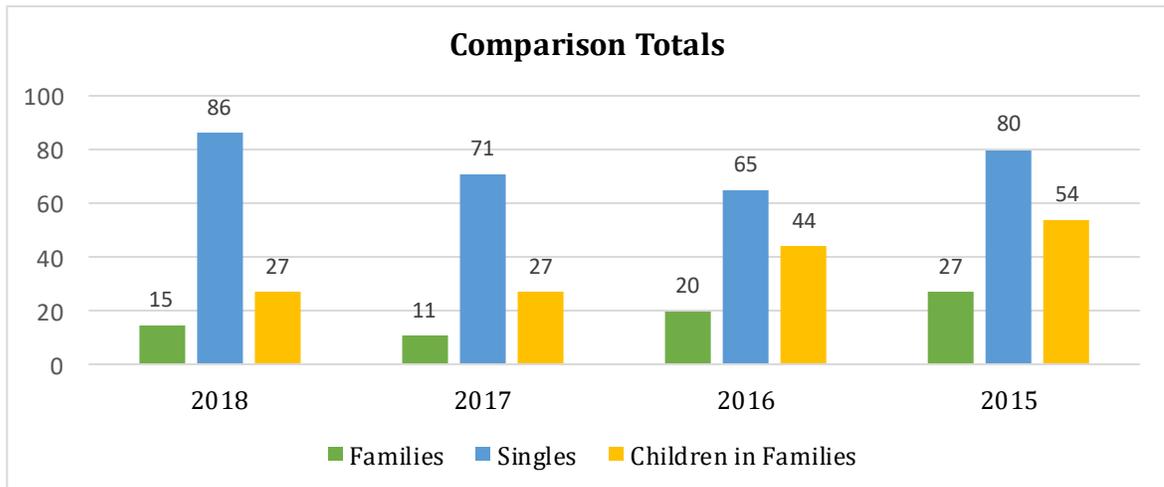
A total of 134 persons were experiencing homelessness in Loudoun County during the 2018 Point-in-Time Count. Of those, 86 were single adult households and 15 were identified as family households. There were 27 children and 21 adults represented in the 15 family

households. These numbers represent an 18.5% increase in the number of households that were homeless compared to the 2017 PIT Count.

The table and chart below indicate comparison results from recent years:

Totals by Category				
	2018	2017	2016	2015
Overall Total	134	113	134	168
<i>Family Households</i>	15	11	20	27
<i>Single Adult Households</i>	86	71	65	80
Persons in Families	48	42	69	88
<i>Adults in Families</i>	21	15	25	34
<i>Children in Families</i>	27	27	44	54

Overall totals for the 2018 PIT Count increased from previous years, with the exception of the total number of children in households remaining unchanged from the 2017 Count. There was a 21% increase in the number of single adult households experiencing homelessness on the night of The Count and a 36% increase in the number of families.

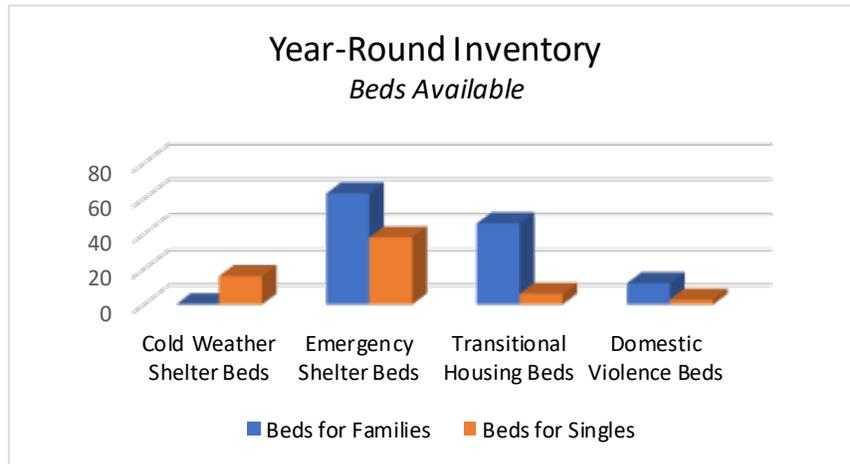


Unsheltered Outreach Teams canvassed the community to assist residents that were sleeping unsheltered on the night of The Count. Below are two photographs of a make-shift shelter that was located by Outreach Teams while conducting The Count:



Loudoun County has two (2) Emergency Homeless Shelters: The Loudoun Homeless Services Center and The Good Shepherd Alliance. There will be three (3\*) new Emergency Shelter beds added in 2018; all three beds will be added to the Hebron Shelter operated by The Good Shepherd Alliance.

The following chart indicates the breakdown of Year-Round Inventory for the total number of beds available to residents in the community by program type:



**Employment**

Of the 86 adult households (singles) that were counted, 34 of those individuals were employed or 39.5%. There are a number of reasons that contribute to employment for households that we serve including, transportation, mental health, disability status and other critical areas of support. While the remaining 52 single adult households were not employed, other income sources such as Social Security, Unemployment, Disability Income or Temporary Assistance for Needy Families (TANF) can also supplement overall household income.

Of the 21 adults in households with children (families) there were a total 13 Heads of Households (HoH's) that were employed (61%). This represents a 15% increase in the total number of employed adults in families from the 2017 report. A key factor in this increase is due to performance measures and program outcomes requiring CoC Partner Organizations to track increased household income in efforts to more accurately reflect the self-sufficiency component of outcome measures.

**Subpopulations**

The most commonly reported subpopulation among households (including single and family households) for the 2018 PIT Report is Chronically Homeless, with a total of 24 households or 23.7% of the overall total number of households. The second highest reported subpopulation among all households is Serious Mental Illness with a total of 17 households or 16.8% of overall total households. The third most common is households whose homelessness was a direct result of fleeing domestic violence; with a total of 15 households or 14.8%.

2018 Subpopulations				
Category	Adults in Families	Single Adults Includes Veterans and Chronically Homeless Persons	2017 Results Singles & Adults in Families	% Change 2017 - 2018
Chronic Health Condition	0	7	3	133%
Chronically Homeless	2	22	15	60%
Co-Occurring Disorder	0	3	3	0
Domestic Violence <i>(Current Episode)</i>	5	10	7	114%
Domestic Violence <i>(History)</i>	14	6	18	11%
Formerly Institutionalized	0	7	5	40%
Foster Care	0	3	3	0
Limited English	2	0	2	0
Living with HIV/AIDS	0	0	0	0
None of the Above	8	30	61	38%
Other	0	0	0	0
Physical Disability	5	11	5	220%
Serious Mental Illness	1	16	14	21.4%
Substance Abuse Disorder	0	10	2	400%

#### Veterans

There were 5 literally homeless Veteran households reported during the 2018 Point-in-Time Count which represents a 16% decrease from last year's numbers. Of those five (5) households, four (4) were single adult households and one (1) was a family household with two Veterans in the household.

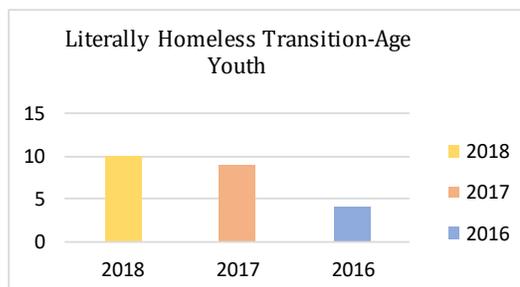
#### Older Adults Age 62+

There were 11 literally homeless adults over the age of 62 representing a 57.6% increase from last year's totals. One of the fastest growing populations accessing Homeless Services in Loudoun County are Older Adults age 62+. With the cost of housing continually increasing, it is often difficult for Older Adults on fixed incomes to continue to support independent housing without financial assistance.

#### Transition-Age Youth (TAY) (Age 18 - 24)

For the 2018, PIT Count there were 10 homeless youth identified on the night of The Count as literally homeless. This represents an 11% increase since 2017.

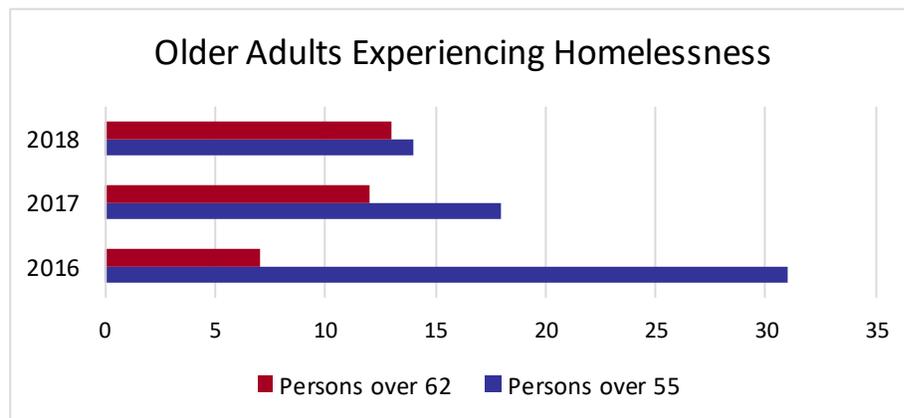
The Continuum of Care works with Mobile Hope Loudoun to ensure that the housing needs of this population are met and that supportive services are in place to provide efficient links to stable housing. The number of literally homeless Transition-Age Youth has increased during each Point-in-Time Count since 2016. While TAY households are often expected to be independent, few have acquired the skills or ability to earn the income needed to live on their own. Below is a chart reflecting the increase in the number of Transition-Age Youth experiencing homelessness:



## Trends in Housing Needs and Homeless Services

Based on the data reflected in the report, there is an increased need for supportive housing programs that specifically address the unique needs of Persons age 62+, Transition-Age Youth and Veterans. While there are current programs that address the needs of the general population, there is a trend in specialized populations that require unique and innovative services to appropriately meet their needs.

For example, households with Persons Age 62+ often have more barriers to securing housing due to living on fixed incomes, limited avenues to increase income, healthcare or medical issues that require ongoing financial obligations or support and several other key determinants that contribute to housing independence. Many of these households are limited in terms of transportation, income and struggle to navigate a complex system of support networks. One of the top priority reasons for the expansion of the Coordinated Entry/Information & Referral System is to assist residents in accessing services to make the process less cumbersome; call one number – complete a Standardized Assessment Tool to evaluate the immediate need – be directly triaged to the services that can resolve the need.



The above chart reflects the overall trend in the number of Older Adults accessing Continuum of Care Programming in order to prevent homelessness and stabilize housing. While there has been a steady decline in the number of Persons over age 50, there is an uptick in the number of Persons age 62+ accessing services. One unique factor in serving this population is that many Older Adults have never had to access social services before. For many of them, overwhelming housing burdens have forced them to reach out for support where historically they would have found a way to stabilize housing without assistance. The rising housing costs in the county are not only impacting the up-and-coming workforce, but also many residents that have spent their lives in Loudoun and are no longer able to afford living in the community where they grew up and also raised their families.

## Housing Resources

### *Permanent Housing*

Permanent Housing (PH) in Loudoun County is available although not always affordable for households served through Continuum of Care services. Between 2016 and 2018, the average cost for a two-bedroom rental unit Loudoun County, jumped 10.47% from \$1,623 to \$1,793. For households struggling to make ends meet that can mean the difference

between putting gas in the car to get to-and-from work or risk falling behind in rent and having late fees accrue.

Loudoun County offers the Housing Choice Voucher (HCV) Program (formerly Section 8) for residents in the community that meet eligibility requirements. While the Housing Choice Voucher Program is an option, there are often long waitlists that are unable to address the more immediate need for residents at-risk of becoming homeless. The HCV Program currently serves over 550 households in the community with housing subsidies.

Habitat for Humanity Loudoun is a Continuum of Care Partner that has a long history of serving the residents of Loudoun County by providing stable and affordable housing. Habitat recently celebrated its 25<sup>th</sup> year of serving the Loudoun community and continues to work with households in need to ensure that they are connected to housing resources and financial education courses to maintain long-term permanent housing. Since 2016, Loudoun Habitat has successfully housed over eight (8) families in Loudoun County.

*Permanent Supportive Housing*

The Permanent Supportive Housing (PSH) Program in Loudoun County currently has 14 units with a total of 26 beds. There are 8 units on-site at the Loudoun Homeless Services Center and 6 units off-site that are scattered throughout the community. The Permanent Supportive Housing Program serves residents of the community that have a documented disability and a history of chronic homelessness.

The PSH Program is a partnership of the Department of Family Services, PATH Mental Health, INMED Partnerships for Children and others who work together to ensure that households in the program receive supportive services and resources in order to maintain stable housing. Based on the data reflected, there is a need for increased PSH beds and units within the county.

*Rapid Re-Housing*

The Rapid Re-Housing (RRH) program assists households with moving quickly into permanent housing, reducing the length of stay in emergency shelter and providing time-limited assistance to support stable housing. The RRH Program also provides Housing Locator Services that can often serve as the liaison between community residents seeking housing and landlords with units available for rent. Below is a table reflecting recent RRH Program Totals:

<b>Rapid Re-Housing Totals By Year</b>			
	2018	2017	2016
	<i>YTD</i>		
<b>Total Number of Households Served</b>	28	19	78
<b>Total Number of Families</b>	12	10	38
<b>Total Number of Singles</b>	15	9	40

*Community Support*

The Loudoun County community provided countless support to the 2018 Point-in-Time Count to ensure that Outreach Workers as well as persons that were unsheltered or at-risk of becoming homeless were able to receive the tools and resources necessary to connect them to housing programs and supportive services.

One such example of this support came from Alexia ‘Lexi’ Glancey. Lexi, is an eleven-year-old resident of the Loudoun community who took overwhelming initiative in providing over 300

care packages to be distributed to those in need. Each care package contained toiletries and other essential items that many of us can often take for granted yet can make a tremendous difference in the lives of those served by Continuum of Care Programs. To further her efforts of showing kindness to those in need, Lexi made sure that a handwritten note of encouragement was placed in each care package: *'You are valuable!'*, *'Be happy! Be kind! Be you!'*, *'Be the reason someone smiles'*, are just a few of the notes of inspiration that were included to brighten the day of those in need.

Outreach Teams that canvassed the community on the night of the Point-In-Time Count were able to provide these care packages with notes of encouragement to the unsheltered residents of the community. In an affluent county such as Loudoun, persons that are experiencing homelessness or are at-risk of becoming homeless may not receive the attention or care that a housing crisis often inflicts. Yet, what started as an idea, turned into a true labor of love to extend kindness and compassion to residents of the community that were truly in need. In the words of Lexi, "We can't do everything, but everyone can do something." Thank you, Lexi, for being an example to us all!

# MONTGOMERY COUNTY, MD

## DESCRIPTION OF HOMELESS SERVICES

The Montgomery County Homeless Continuum of Care (CoC) is a public-private partnership that includes state and local government agencies, non-profit service providers, landlords, and other stakeholders who have a role in preventing and ending homelessness. The Interagency Commission on Homelessness (ICH) serves as the CoC's governing board and oversees the community's strategic plan that focuses on four overarching goals:

- Sustaining "Functional Zero" for veteran homelessness.
- Finish the job of ending chronic homelessness by the end of 2017.
- Prevent and end homelessness for families, youth, and children by 2020.
- Set a path to ending all types of homelessness.

To better reflect the goals outlined above, the ICH supported the decision to rename and restructure the Division previously known as Special Needs Housing to Services to End and Prevent Homelessness (SEPH). SEPH is committed to making homelessness for all residents rare, brief, and non-recurring by offering a broad array of services including homeless prevention, diversion, street outreach, temporary shelter, shallow and deep housing subsidies, and supportive services. The CoC embraces the Housing First philosophy and 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:

- Operation of a person-centered system of care which included implementation of a "no wrong door" process, standardized access and assessment, housing prioritization, and evaluation;
- Commitment to a comprehensive crisis response system, including increased access points to shelter, housing, and services; and
- Expansion of prevention, diversion, and permanent housing solutions that are based on need.

### *Inside (not Outside) Initiative*

In January 2016, Montgomery County CoC committed to ending chronic homelessness by December 2018. To market the efforts to achieve this ambitious goal, the campaign was named the "Inside (not Outside)" Initiative. After experiencing some hurdles in 2017, Montgomery County's ICH approved the extension of ending chronic homelessness from December 2017 to March 31, 2018. As of April 7, 2018, Montgomery County housed 347 chronically homeless households and 26 individuals remain. The CoC will continue with a sense of urgency until "functional zero" on chronic homelessness has been achieved. Strategies of the Inside (not Outside) initiative included the following:

- Conducted a comprehensive analysis of the homeless system to identify gaps and utilize data to inform programming and funding. This included consumer and provider focus groups.
- Enhanced street outreach including in-reach to meal programs, more flexible hours on during extreme weather conditions, and ensures all staff provide targeted, housing-focused case management to all unsheltered persons.
- Partnered with community housing agencies like the Public Housing Authority, Housing Opportunities Commission and the Dept. of Housing and Community Affairs to increase the availability of low income housing rental subsidies including a Move-up Program for those households ready to graduate from Permanent Supportive Housing.
- Created a By Name list to identify track and follow all chronically homeless and “at risk of chronic homeless” by 3/31/2018.
- Focused on intensive landlord recruitment and retention efforts including hiring a Housing Coordinator to oversee the efforts of all community housing locators.

### ***Other Important Initiatives***

- The seventh annual “Nadim Khan Memorial Homeless Resource Day” (HRD) held on November 16, 2017. Approximately 430 residents and 530 volunteers attended this successful event. The participation of Social Security and Motor Vehicle Administrations this year enhanced the services households could access at one time. In addition, they continued to have access to health screenings, flu shots, applications for mainstream benefits, personal care services (podiatry and haircuts) and much more. In 2016, the County included on-site completion of the Vulnerability Index – Service Prioritization Decision Assistance Tool, which identified 31 new homeless persons and during the 2017 HRD, 18 new homeless were identified.
- In 2017 Montgomery County in partnership with Pathways to Housing DC were awarded a Substance Abuse Mental Health Services Administration (SAMHSA) Grant for the Benefit of Homeless Individuals. Pathways to Housing DC provides intensive outreach services to homeless individuals that have a history of substance use or co-occurring disorders. In providing these targeted supports, Pathways will be able to assist homeless individuals obtaining housing link to necessary care, support with activities of daily living, medication education, and a warm hand off to on-going housing stabilization services.
- Montgomery County is also participating in the National Alliance to End Homelessness (NAEH) Rapid Re-housing Learning Collaborative. The Collaborative is an opportunity to work with the NAEH and other organizations to improve rapid re-housing services and outcomes for our customers, receive support and training from our peers and experts, and enhance evaluation tools to document the validity of the program.
- In April 2018, Montgomery County will partner 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 MD 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 will be conducted over a 2-week period beginning April 2<sup>nd</sup> through April 15<sup>th</sup>. In addition, a street outreach component will be conducted April 6<sup>th</sup> and 7<sup>th</sup>.

### ***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 69 households with minor children were in residing emergency, overflow shelter, or DV shelter which is a slight increase (3%) from 2017.

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 for Healthcare for the Homeless beds, and 2 designated for Aging and Disability. During hypothermia season from November 1 to March 31<sup>st</sup>, capacity expands to 383 beds. On the day of the 2018 enumeration, there were 309 emergency shelter and overflow beds occupied; a decrease of 12% from 2017 and 18% from 2016.

During 2017, the CoC re-allocated funding from Safe Haven and Transitional Housing for the 2017 HUD NOFA for Rapid Re-housing. There were four houses providing 40 beds for Safe Havens and this number will reduce to 20 beds by June 30, 2018. On the night of the PIT, the bed capacity for transitional shelter and Safe Haven was 154 which does include funding for Veteran Safe Havens which has four beds in Montgomery County. On the day of the enumeration, there were 126 beds occupied. The continued decrease during the past two years’ enumerations highlights the analysis of transitional housing programs for possible bridge housing to rapid or permanent housing.

For households with children, The House of Divine Guidance closed the Lighthouse Transitional housing reducing capacity to 50 beds for this household type. The summary below represents the literal homeless capacity.

<b>MONTGOMERY COUNTY’S YEAR-ROUND AND WINTER INVENTORY OF BEDS</b>				
	<b>Beds for Households w/o Children</b>	<b>Beds\Units for Households w/children</b>	<b>Total Year-Round Beds</b>	<b>Total Winter Beds</b>
<b>Hypothermia/Overflow/Other (Additional winter Capacity)</b>	243	96/31	0	339
<b>Emergency Shelter Beds</b>	140	143/41	283	283
<b>Transitional / Safe Haven Beds</b>	154	50/16	204	204
<b>TOTALS</b>	<b>537</b>	<b>289/88</b>	<b>487</b>	<b>826</b>

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

Montgomery County’s homeless point in time survey was conducted on January 24, 2018. A total of 840 homeless persons were counted that day, a decline of 6% from 2017 and 14% from 2016 count. This continued decline in homelessness can be attributed to the

reallocation of funding toward permanent housing and the Inside (not Outside) campaign to end chronic homelessness. As providers have removed barriers to housing, including obtaining birth certificates, income, and required abstinence time, Montgomery County has prioritized the most vulnerable and get them in housing.

Households without children experienced an 8% decrease in 2018 from 616 in 2017 to 568 in 2018. This decrease is significant in that Montgomery County changed the Point in Time methodology for counting unsheltered individuals to more accurately reflect the number of people experiencing street homelessness. Changes included a more robust data collection, increased volunteers, and wider coverage during the night of the count. There was an increase of 6% in the number of unsheltered population, 133 in 2018 compared to 126 in 2017. The inclusion of the unsheltered hopes to provide more accurate count of the number of persons and their locations so that continued outreach and engagement can occur. The count of 133 count serves as a base line and in early May 2018, an unsheltered count is scheduled to begin to track if the unsheltered number is going down. In addition to the annual enumeration and this count in May, Montgomery County plans to conduct a quarterly “head counts” of unsheltered persons in an effort identify, engage, and track those experiencing street homelessness.

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

<b>MONTGOMERY COUNTY'S HOMELESS COUNT BY CATEGORY</b>					
<b>Category</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Percent Change 2016 to 2018</b>	<b>Percent Change 2017 to 2018</b>
<b>Total Number Counted</b>	981	894	840	-14%	-6%
<b>Total Individuals</b>	623	616	568	-9%	-8%
<b>Total Number of Families</b>	109	84	85	-21%	1%
<b>Total Persons in Families</b>	358	278	272	-22%	-2%
<b>Total Adults in Families</b>	128	106	92	-28%	-13%
<b>Total Children in Families</b>	230	172	180	-22%	5%

The number of households with children headed by transition age youth (18-24 years old) decreased 15% from 13 in 2017 to 11 during the 2018 enumeration. This is a 39% decrease from 2016 enumeration. However, in general the number of transition age parenting youth households has not decreased. In FY16 there was 52 parenting households served and in FY17, 70 households served and as of March 31, there have been 47 household served in this age category. The decrease is likely do to the targeted Rapid Re-

housing that the continuum provides which includes a state Emergency Solutions grant. The number of unaccompanied transition age youth decreased in 2018 to 29 (10%) from 2017 and 17% increase from the 2016 enumeration. As noted above, there is a youth count scheduled in April 2018, to gain knowledge and understanding of this population as they have not utilized our emergency or transitional shelters.

## **MONTHLY INCOME AND EMPLOYMENT**

Among all household types without children including those who are unsheltered, veterans, and transition age youth, 284 or 50% reported some type monthly income. This is a decline from 52% in 2017 and 55% in 2016. However, of those reporting monthly income 40% 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 56% percent reported income from Social Security Retirement, Social Security or Veteran Disability, and/or Temporary Disability Assistance Program income was the primary source of income. Montgomery County supports Housing First philosophy and though income is not required to be housed, the CoC has made a concerted effort to connect homeless persons with vocational and employment supportive services, but this remains a challenge. The CoC will continue to explore best practices including Supported Employment and Employment First programs to increase income for all households.

Among households with children including veterans and transition age youth, the number of adults reporting monthly income was 65 (70%) which declined from 75% in 2017. In addition, 26 (40%) reported income from employment, which is a decrease over the 2017 which was 54%, and a very large decline compared to the 59% income from employment in 2016. 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 was 41%.

## **SUBPOPULATIONS**

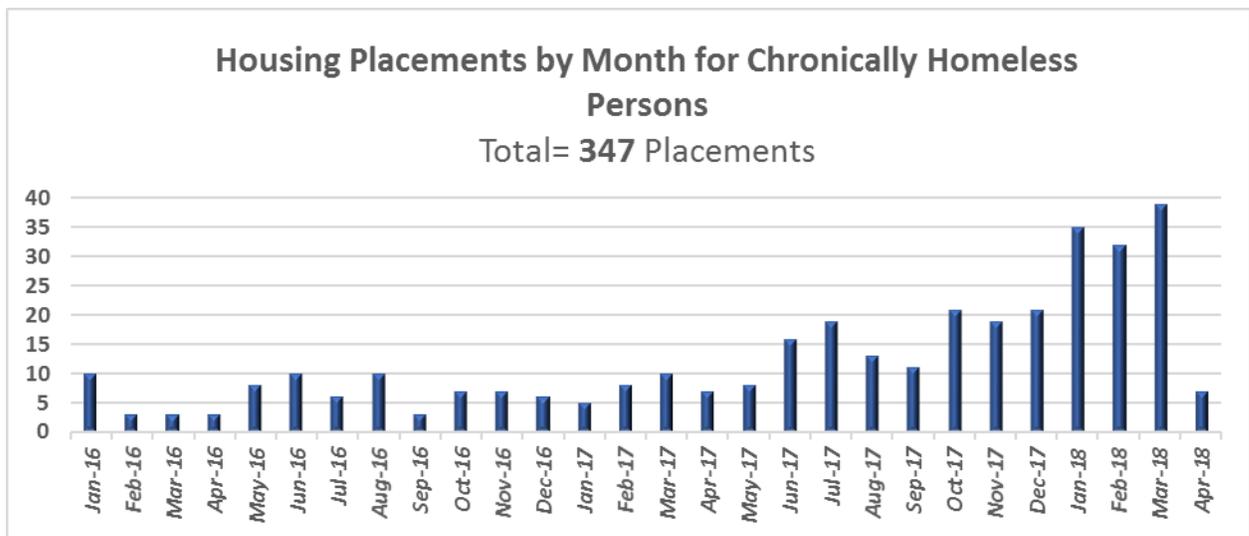
In general Montgomery County saw a decline in behavioral health conditions. There was a 37% decrease in those reporting substance abuse which we hope indicates some recovery from the Opiate epidemic. Abstinence as a criterion to housing has been removed from most of the CoC programs and the County moves toward a person-centered approach that includes Harm Reduction. In adults reporting serious mental illness there was a slight 3% decrease from 2017 and a 6% decrease in comparison to 2016 enumeration. There was a 4% decrease in adults reporting co-occurring disorders from 2017 but a 15% decrease from 2016 enumeration. In the 2018 enumeration, there was a 45% increase in those reporting physical disabilities. Though this number has fluctuated for several years, this is the highest number (110) since 2011.

Over the past four years, the number of persons fleeing domestic violence has fluctuated as well, increasing in some years and decreasing in others. This year there was a 1% increase in the 2018 enumeration from 147 in 2018 to 146 adults in 2017. This would be a 14% increase from 127 in 2016. There has not been any specific reasoning as to why the general increase in the CoC's domestic violence, though trends to indicate an increase in the fall

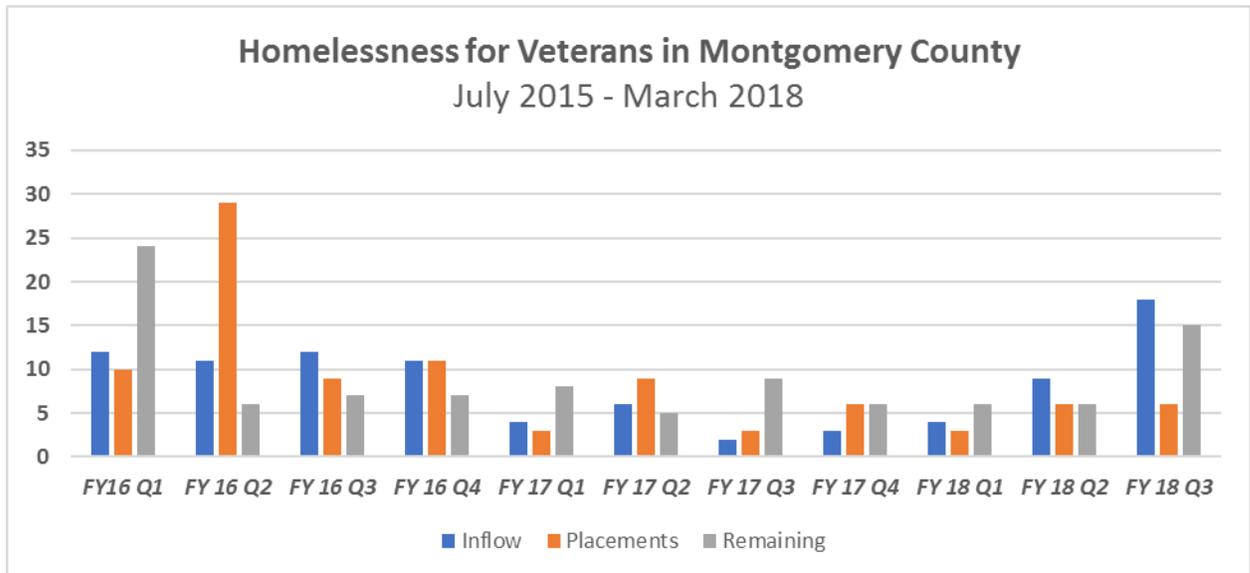
when school starts. The CoC continues to prioritize the limited scattered site transitional housing for DV households with minor children and undocumented households.

	Adults Only in all Households FY17	Adults Only in all Households FY18	Percent Change 2017- 2018
Chronic Substance Abuse (CSA)	104	66	-37%
Severe Mental Illness (SMI)	175	170	-3%
Dual Diagnosis (CSA&SMI)	101	97	-4%
Chronic Health Problem	162	144	-11%
Living with HIV/AIDS	8	6	-25%
Physical Disability	76	110	45%
Domestic Violence Victim History	146	147	1%
Limited English	56	63	13%
U.S. Veterans	14	18	28%
Chronically Homeless	159	124	-22%

The number of persons experiencing chronic homelessness decreased by 22% during this enumeration. This decrease directly correlates to the efforts to achieve chronic homelessness by March 31, 2018. Though the County, has not reached that goal, it has housed 347 as of April 8, 2018. During the months of February and March, the County held Leasing Events with the attendance of multiple landlords participating. In addition, the County utilized “holding” fees to maintain a stock of available units for homeless persons to have personal choices. These efforts lead to over 100 people being housed since the enumeration. The age population of those being housed ranged from 20 to 70+. The largest age population was 50 - 59 years; however, the next population for households without minor children was those 60+ years of age. During this year’s enumeration of total persons counted, 13% were age 62+ years which may indicate a need for senior supported services. 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 2018 enumeration, 18 homeless veterans were counted that included 4 newly identified homeless veterans. This is an increase by 4 (28%) from the 2017 PIT. To maintain functional zero, the CoC should not have more than 6 Veterans experiencing homelessness at any given time. As of March 30th, 7 of the 18 homeless veterans were housed and 8 are approved for housing with VASH subsidies and SEPH permanent supportive non-profit providers.



## RAPID RE-HOUSING AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS

### *Rapid Re-housing*

Montgomery County remains a high cost geographical area which can be a challenge for households with minimal education and income to obtain and maintain housing without an on-going subsidy. Montgomery County completed a gap analysis which indicated a significant need to increase Rapid Re-housing subsidies to exit households quickly out of homelessness. During the 2017 NOFA application, SEPH as the Collaborative Applicant submitted a new project with Catholic Charities of Washington DC to provide Rapid Re-housing (RRH) for all household types. Montgomery County was awarded \$534,500 from HUD and will provide additional County funding to serve at least 75 households with RRH subsidies and supportive services. Additionally, the results of the gaps analysis will result in the County revising the County Rental Assistance Program to allow larger subsidies and more flexibility. Currently the program provides a maximum of \$200 shallow subsidy for household with minor children, or households without minor children that must have a disability or at least 62+ years of age.

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 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 1<sup>st</sup> month rent to allow the family to transition from homelessness in 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 6-8 months on average. RRH inventory has continued to increase over the past three years with the addition of State ESG, HUD and County funding to include eighty-nine subsidies for households with minor children. The HUD funding this year will address the gap to RRH for singles.

### ***Permanent Supportive Housing and Other Permanent Housing***

As stated, the vision of Montgomery County CoC ***Housing for All = A Stronger Montgomery*** emphasizes a variety of objectives including increased access to housing options. Several strategies used to end chronic homelessness including “move up” strategy to move households out of PSH to other permanent housing (PH), required acuity tool for on-going case management / housing supports, and increase housing inventory. Montgomery County Public Housing Authority, Housing Opportunities Commission, increased the number McKinney housing subsidies and allocated ten housing choice vouchers toward the “move up”; and Montgomery County Council, increased funding for the Housing Initiative Program added 160 deep subsidies versus. The acuity scale indicates the level of need for housing supports / case management services and reimbursement to providers. Participants with higher acuity will receive housing support services at a greater frequency and intensity. Those with lower acuity will receive less services. By basing reimbursement rates on acuity, the program can serve more households more effectively.

In addition, Montgomery County applied to the State of Maryland Assistance in Community Integration Services. 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 75 individuals in permanent supportive housing programs. This additional resource has allowed the County to reinvest the savings from supportive services into housing subsidies and increase the stock of permanent supportive housing by at least 15 units.

# PRINCE GEORGE'S COUNTY, MD

## Description of Homeless Services

The Prince George's County Continuum of Care (CoC) for homeless persons is coordinated through the County's Homeless Services Partnership (HSP); the local Homeless Advisory Board for the County Executive. The mission of the HSP is to ensure that episodes of homelessness are rare, brief and non-reoccurring and to that end, the HSP is responsible for needs assessments, gap analysis, service coordination, resource development, drafting and adoption of policy, and system performance evaluation of all homeless services. Membership includes over 100 public and private organizations, consumers and concerned citizens with expertise in relevant impact areas including homelessness, mental health, substance use, behavior health services, street outreach, benefit assistance, youth services, and criminal justice 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) 30 bed emergency and two (2) 25-bed hypothermia overnight shelters 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 2 specifically for veterans and 1 for unaccompanied youth;
- Five (5) transitional housing programs including 2 specifically for unaccompanied youth and 2 for veterans; and
- Fifteen (15) 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	30	20	0	50
Emergency Shelter Beds	69	127	196	0
Transitional Housing Beds	34	139	173	0
<b>TOTAL</b>	<b>133</b>	<b>286</b>	<b>369</b>	<b>50</b>

\*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 24, 2018. 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 2018 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 24, 2018 a total of 478 homeless adults and children were counted in Prince George’s County, Maryland; (203 single adults, 97 adults in families, 176 children in families and 2 unaccompanied children) reflecting a 10.1% decrease from 2017. Of this number, 393 (82.2%) were sheltered and 85 (17.8%) were unsheltered and living on the streets and public places not meant for human habitation. The following charts provide a comparison of the 2016, 2017, and 2018 counts. In spite of having the highest number of cost burdened households amongst neighboring jurisdictions and the largest foreclosure rate in the metropolitan area, the overall number of homeless continues to show a slight decline over prior year counts.

PRINCE GEORGE’S COUNTY HOMELESS COUNT BY CATEGORY				
Category	2018	2017	2016	% Change - 2017 to 2018
Total Number Counted	478	532	544	-10.1%
Total Number of Singles	203	193	233	9.5%
Total TAY (18-24)	21	19	22	9%
Total Veterans	27	21	26	23%
Total Number of Families	88	103	105	-14.6%
Total Number Persons in Families	273	338	308	-19.3%
Total Adults in Families	97	124	118	-21.8%
Total Number of Children in Families	176	214	190	-17.8%
Total TAY (18-24) – Head of Household	16	15	25	.6%
Total TAY (18-24) – Children in Household	21	17	41	23%
Total Veterans – Head of Household	2	0	0	200%
Total Veterans – Children in Household	5	0	0	500%
Total Children w/ONLY Children	2	3	8	-33%

\*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

HOMELESS COUNT BY INCOME TYPE - ADULTS ONLY				
Category	Sheltered		Unsheltered	
	Individuals	%	Individuals	%
Total Number of Adults	215		85	
Income	117	54%	26	31%
Employment	60	28%	3	3.5%
Social Security /Retirement	4	2%	2	2.5%
SSI / SSDI	42	19%	9	10.5%
TANF / Public Assistance	7	3%	5	6%
Other Sources *	4	2%	1	1.2%
Don't know / refused / no income	0	0%	6	7%

statistically significant at 72% and is the largest sub-population growth area in the homeless system in the last three years). SSI/SSDI continues to represent the largest source of income for the unsheltered followed closely by relatively equal proportions of the remaining income categories:

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

This following chart provides a summary of barriers impacting sheltered and unsheltered adults surveyed on the night of the count. When reporting barriers, single adults reported physical disability (16.3%), severe mental illness (15.6%) and Substance Abuse (10%) as presenting the greatest barriers to permanent housing and independence while for adults in families, the highest barrier remain severe mental illness (14.4%).

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)	97	0	118	85	300
Chronic Homeless *	0	0	14	12	26
Veteran	2	0	19	8	29
TAY	16	0	19	2	37
Substance use Disorder	0	0	8	22	30
Severe mental Illness	14	0	25	8	47
Co-occurring Disorder	0	0	0	11	11
HIV/AIDS	0	0	1	1	2
DV History ( <i>any time in the past</i> )	0	0	3	15	18
Domestic Violence ( <i>this episode</i> )	0	0	2	8	10
Physical Disability	5	0	26	18	49
Chronic Health Condition	4	0	8	37	49
Limited English	0	0	0	18	18
Foster Care**	0	0	0	0	0
Former Institutionalized***	0	0	0	0	0
None of the above	75	0	52	0	127

\*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 2017, 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 *				
	2018	2017	2016*	% Change 2017 to 2018
Beds for Individual	116	93	93	19.8%
Beds for Families	160	149	204	7.5%
<b>TOTAL</b>	<b>276</b>	<b>242</b>	<b>297</b>	<b>14%</b>

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

PRINCE GEORGE'S COUNTY RAPID-REHOUSING (RRH) BED INVENTORY				
	2018	2017	2016	% Change 2017 to 2018
Beds for Individual	12	0	0	<100%
Beds for Families	56	46	30	22%
<b>TOTAL</b>	<b>68</b>	<b>46</b>	<b>30</b>	<b>48%</b>

PRINCE GEORGE'S COUNTY OTHER PERMANENT HOUSING BED (OPH) INVENTORY				
	2018	2017	2016	% Change 2017 to 2018
Beds for Individual	9	43	43	0%
Beds for Families	188	142	142	0%
<b>Total</b>	<b>197</b>	<b>185</b>	<b>185</b>	<b>6.5%</b>

### OTHER NOTEWORTHY CONTINUUM OF CARE ACTIVITIES

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

**Track 1 – Regional Solutions:** The County is serving with Montgomery County and the District of Columbia on a high level Regional Action Council on Homelessness to develop and implement an actionable plan to ensure regional episodes of homelessness are rare, brief and non-recurring. The homeless charter which established this collaborative in March of 2015, targeted four strategic areas; each offering opportunities for sharing of data and best practices, regional planning and development, collaborative client focused system of services and joint funding and fundraising: 1. Affordable Housing; 2. Workforce Development (livable wage jobs; 3. Economic Development and 4. Coordinated Services (including specialized chronic homeless and behavioral health responses).

During the past 2 years, the partner jurisdictions have created an outline of a strategic plan, executed a regional data sharing agreement, secured funding for a regional pay for success initiative, passed an 1115 waiver that creates billable opportunities in Maryland for certain supportive services to the homeless, and opted in to the National Data Driven Justice Initiative focused on identification of, and targeted service delivery to, high system users.

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

1. *Domestic Violence and Human Trafficking:*

The County has launched a very aggressive “Stop the Silence” campaign to raise awareness and ensure victims get connected quickly to the help they need (Survivors of domestic violence can get confidential help 24/7/365 through the County’s 2-1-1 service). A County-wide task force that includes decision making representatives from the state’s attorney’s office, the Court system, health and human service agencies, the CoC, the military, Crisis Response, DV shelters and other direct service providers, human trafficking service providers and public safety has developed a series of

strategies targeting reduction in new incidents of domestic violence and elimination of repeat episodes. Over the past three years, the County has: created a domestic violence and human trafficking supportive services division within the HHS network to ensure survivors are connected to care and immediate resources, created set aside vouchers for persons impacted by violence who are homeless and unable to stabilize using traditional CoC housing options, established a Family Justice Center that has DV experts in place to assist with individual cases, 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*: The County has a countywide taskforce comprised of decision making representatives from the public school system, health and human service agencies, youth providers (including those addressing human trafficking, gangs, LGBTQ and unaccompanied minors), HHS and HUD funded shelter providers, the CoC, public safety, youth employers, post-secondary educational institutions, youth ministries, and the juvenile justice system that has developed a strategic plan to build a comprehensive system of care for this population including magnet events and street outreach at places where youth are currently known to congregate. Over the past five years, this taskforce has established a Training Academy that provides key trainings on youth and young adult related issues for providers serving youth to expand both capacity and competency, conducted 5 annual County-wide counts of homeless and unaccompanied youth ages 13-24 (the last two of which were done as part of a pilot statewide count (“Youth REACH MD”), renovated a 4,000 sq. ft. county facility to create an emergency shelter for youth, established 2 emergency and 2 transitional programs for homeless youth and raised more than \$1 million dollars in federal, state, local and private funding to support those operations, opted into the HUD demonstration project extending Family Unification Program (FUP) vouchers for youth from 18 months to 5 years of subsidized housing for former foster youth experiencing homelessness, established a Crossover Youth Practice Model, and established a Homeless Youth Action Board that is actively engaged in service development and outreach.
3. *Veterans*: The County has a taskforce comprised of decision making representatives from the Veterans Administration, veteran services and all SSVF providers, HUD shelter providers, RRH and prevention assistance providers, the CoC, the Department of Health and Mental Hygiene/Maryland’s Commitment to Veterans, the Maryland Department of Veteran Affairs, Retired military organizations, and veterans that is developing a series of strategies for eliminating homelessness among veterans. Over the past five years, the County has hosted the annual veterans stand down (a daylong event that provides a one-stop location where veterans can access a multitude of services including: VA benefits, haircuts, medical and dental care, mainstream benefits, housing assistances, linkages with employers, counseling and legal support), established a Veteran Court which strategically aligns legal response systems to these strategies, set aside housing vouchers and increased VASH vouchers to support homeless veterans unable to stabilize using traditional CoC housing options, established two transitional housing initiatives solely for this sub-population and secured funding for homeless prevention, rapid re-housing and other crisis intervention efforts.

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

## Prince William Area, VA

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. In the fall of 2017, the Prince William County Winter Shelter Program was transitioned into the Overnight emergency shelter. The CoC has a total 298 beds of emergency shelter and transitional housing which is broken down as follows:

- 84 emergency shelter beds (dedicated to singles);
- 106 emergency shelter beds (dedicated to families);
- 3 domestic violence shelter beds (dedicated to singles);
- 15 domestic violence shelter beds (dedicated to families);
- 6 transitional housing beds (dedicated to singles); and
- 84 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, 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 services and permanent housing programs are planned through the CES System.

### PIT count results

On January 24, 2018, 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 2018 PIT counted 374 homeless persons in the Prince William Area which is summarized as follows:

- **Emergency & Domestic Violence Shelter:** 176 persons (78 individuals and 98 persons in family). This represents a 5% increase of shelter bed utilization from the 2017 PIT Count (168 persons counted).
- **Transitional Housing:** A total of 85 persons (four (4) individuals and 81 persons in family) were counted, representing a 27% decrease in the utilization of transitional housing services from the 2017 PIT (116 persons counted).
- **Unsheltered homeless:** The count totaled 113 persons which represents a decrease of 3% from the 2017 PIT count (116 persons counted).

### **Coordinated Entry System**

The CoC officially launched its Coordinated Entry System (CES) in the winter of 2018, thanks to the Prince William County Board of Supervisors. Over \$500,000 of local tax support has been dedicated for a CES Supervisor and a team of five (5) CES Intake Specialist. The Prince William County Department of Social Services/Homeless Services Division operates CES 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.

### **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). A CoC provider secured a private grant to fund five (5) permanent supportive housing beds dedicated to serving the medically fragile homeless population. Permanent supportive housing programs provide housing for individuals that have disabling condition, which may create barriers to sustaining housing. With a total of 42 persons identified as chronically homeless in the 2018 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 for Rapid Re-Housing (RRH). This means households 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 738 persons in FY17.

### **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. The unemployment rate is three percentage (3%) as of December 2017. 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 incomes 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 has funded two housing locator positions to establish relationships with area landlords and to develop a housing inventory list. In 2017, a total of 167 persons were assisted with housing location services and exited to permanent housing. Homeless persons that obtained permanent housing with family or friends upon program discharge totaled 111 persons. Homeless persons that self-resolved and exited into permanent housing without subsidy totaled 56. The CoC also offers homeless prevention services which is funded through DHCD. In FY17, a total of 201 persons received homeless prevention services.

### **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 FY17. A total of 32 formally homeless veteran households were permanently housed through the VASH program on the night of the FY18 Housing Inventory Count (HIC). In addition to VASH and SSVF funds, the CoC has funding through the DHCD to specifically re-house veterans and their families.

### **Outreach Efforts**

During the 2018 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**

<b>PRINCE WILLIAM COUNTY'S YEAR-ROUND INVENTORY</b>				
	<b>Beds for Individuals</b>	<b>Beds/Units for Persons in Families</b>	<b>All Year-Round Beds</b>	<b>Winter Beds</b>
Emergency Shelter Beds	84	106	190	0
Domestic Violence Shelter Beds	3	15	18	0
Transitional Housing Beds	6	84	90	0

### Point-In-Time Trends

Category	2015	2016	2017	2018	Change in Person 2017-2018	Percentage Change 2017-2018
Total Number Counted	409	400	400	374	-26	-7%
Total Number Singles	185	187	197	190	-7	-4%
Total Number of Person in Households with Children Only	0	0	0	2*	2	200%
Total Number of Persons in Families	224	213	203	182	-21	-10%
Total Number Families	71	24	53	54	+1	2%
Total Adults in Families	85	78	72	70	-2	-3%
Total Children in Families	139	135	131	112	-19	-14%

\*Youth for Tomorrow: The emergency shelter program for Youth Traffic victims counted two individual households.

### Sup-populations

Category	2015	2016	2017	2018	Change in Person 2017-2018	Percentage Change 2017-2018
Chronically Homeless	60	52	76	42	-34	-45%
Chronic Substance Abusers (CSA)	30	29	31	23	-8	-26%
Severe Mental Illness (SMI)	42	24	26	36	10	38%
Co -Occurring Disorder	2	15	17	10	-7	-41%
Chronic Health Problems	24	24	36	39	3	8%
Living with HIV/AIDS	0	0	0	0	0	0
Physical Disability	22	19	19	31	12	63%
Domestic Violence Victims*	46	9	8	18	10	125%
Limited English	6	24	15	29	14	93%
Veterans	21	31	22	36	14	64%

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