# Homelessness in Metropolitan Washington

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> Results and Analysis from the 2014 Point-in-Time Count of Homeless Persons in the Metropolitan Washington Region

> > Metropolitan Washington Council of Governments

> > > May 14, 2014



METROPOLITAN WASHINGTON

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Results and Analysis from the 2014 Point-in-Time Count of Homeless Persons in the Metropolitan Washington Region



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

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For the 14th 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 29, 2014. The report provides a oneday "snapshot" (i.e., Point-in-Time) of the region's homeless population within nine metropolitan Washington area jurisdictions, which are each organized into a Continuum of Care (CoC). A CoC is a system for organizing and delivering housing services tailored to the needs of homeless people.

It is important to note that the Point-in-Time "snapshot" by definition provides one perspective on the state of homelessness in the metropolitan Washington region on only one day and the count may be influenced by numerous variables, such as weather and current bed availability by jurisdiction.

The 2014 Point-in-Time (PIT) Enumeration resulted in a total count of 11,946 literally homeless individuals. Compared to last year, the region's homeless population increased by 3.5 percent (or 399 people). This reverses the improvement noted in the 2013 PIT, when the homeless population decreased by 2.4 percent. Since 2010, the population of literally homeless persons has increased by 1.5 percent (or 172 people). Although the increase in the homeless population affects the entire region, in seven of nine of the region's Continua of Care jurisdictions, the count on January 29th reflected a decrease in the homeless population from 2013. The increase in the total homeless population is attributed primarily to a higher count in the District of Columbia (13 percent or 883 additional persons). As in past years, the District of Columbia has the largest proportion

of the region's homeless population (65 percent). Loudoun County also experienced an increase from 2013 (8 percent) but this is based upon 13 individuals and therefore the population size is too small to be significant.

There are important accomplishments to recognize during the past year, however. The region measured success by the 2,392 persons whowereinpermanentsupportivehousing, 2, 532 persons in rapid re-housing, and 393 persons in other permanent housing on the night of the PIT and are no longer considered homeless. This brings the regional total of formerly homeless persons to 12,140. For the first time in 2014, the region collected data on the number of individuals and families who were participants in rapid re-housing programs, which are designed to end homelessness quickly, primarily for persons facing a short-term economic crisis. Rapid rehousing includes housing identification, rent and move-in assistance, and case management and services.<sup>1</sup>

Arlington County achieved the greatest percentage decrease (39 percent) in its literally homeless population this year. Arlington County, Fairfax County and Montgomery County achieved the greatest reduction in the number of homeless persons (188 persons, 125 persons and 113 persons respectively) this year. The 2014 enumeration also showed an impressive 25 percent reduction in the unsheltered homeless population. The employment picture is mixed; although the economy is slowly recovering, it has not yet had a significant impact on decreasing unemployment and increasing earned income among the homeless. Data collected this year confirm what each jurisdiction has observed in practice, that the greatest barrier to ending homelessness in our communities is the

<sup>1</sup> National Alliance to End Homelessness 2014, http://b.3cdn. net/naeh/c0e8d7de219f84a117\_4vm6bnyxn.pdf



### lack of fixed, affordable permanent housing opportunities for the lowest income households.

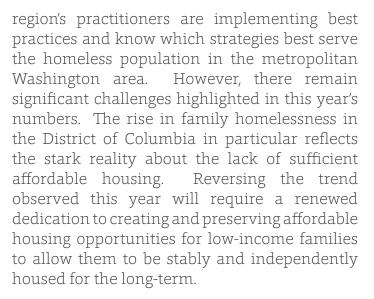
The 2014 report highlights three key, recurring themes:

1. The significant increase in the number of formerly homeless persons in permanent and permanent supportive housing;

2. The positive impact of shelter diversion and homeless prevention programs; and

3. The need to bolster and sustain successes brought by federal Rapid Re-housing funds.

Dedication to addressing the region's homelessness challenges has resulted in steady, measurable progress in providing shelter and comprehensive wrap-around services to homeless individuals and families. The





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

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

Formerly homeless people now living in permanent supportive housing or other permanent housing who are receiving supportive social services.

Note: The map (left) represents those jurisdictions which are members of the Metropolitan Washington Council of Governments. However, Charles County data is not included in this Point-in-Time report. Unlike the other jurisdictions, Charles County provides its homelessness data to the Baltimore HUD Field Office.





The 2014 Point-in-Time Enumeration provides information on the number of unsheltered persons in the region as well as figures on how many persons utilize winter shelters, year-round emergency shelters, safe havens, transitional housing and permanent supportive housing. The PIT also provides information on the extent to which homeless persons in each jurisdiction live with disabling conditions or belong to various subpopulations.

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

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

Although Charles County, Maryland is a COG member, the County's homeless enumeration figures are not tracked as part of this report.

Charles County submits its enumeration results to the Baltimore, Maryland HUD office and not the Washington, DC HUD office, unlike the other COG member jurisdictions.

The includes report narratives that were prepared by each of the respective jurisdictions. The narratives briefly describe each jurisdiction's homeless Continuum of Care and provide detailed explanations of their respective enumeration results. Some of the region's jurisdictions use a Homeless Management Information System (HMIS) to count their homeless population, in addition to other methodologies. HMIS is an electronic data collection system that 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 2014 count does not include people who "double up" with relatives or friends, in accordance with HUD guidelines that mandate that jurisdictions conduct Point-in-Time counts at least biennially. HUD's requirements for conducting the annual Point-in-Time count can be found in its Standard and Methods for Point-in-Time Counts of Homeless Persons and Annual Housing Inventory Updates at **www.onecpd.info.** 

Due to the high housing cost burden and reduced affordable housing options, several local jurisdictions and service providers are concerned that many more of the region's residents are "at risk" of becoming homeless. While not yet considered homeless, many households are believed to be "doubled up" 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't or no longer will 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 in this report, include single individuals, families and 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, are currently in a rapid re-housing program or other permanent housing designated for homeless persons. This does not include homeless persons who are able to secure other permanent housing outside of the homeless system, including a nonsubsidized apartment or room, moving in with a relative or friend, or receiving a mainstream rental subsidy.

Data for the 2014 enumeration were collected in the following three categories, as defined by HUD: 1. **Households Without Children.** Households without children consist of only adults age 18 or over. In this report, we also refer to households without children as "single adults." The vast majority of households without children are single persons, although this category may include couples without minor children or a parent and an adult child over the age of 18. These households are counted as single adults for purposes of the Point-in-Time count.

2. **Households With Adults and Children**. Households with adults and children contain at least one adult age 18 or over and at least one child under age 18. In this report, we also refer to households with adults and children as "homeless families."

3. **Households With** *Only* **Children**. Households with only children contain no adults age 18 or over, only persons under age 18, including teenage parents under 18 with at least one child, or other households with only persons under age 18. In this s report, we also refer to households with only children as "unaccompanied youth."



### How Many Local Residents are Homeless?

As of January 29, 2014, 11,946 people throughout the metropolitan Washington region indicated that they were homeless, an increase of 3.5 percent from 2013. Table 1 illustrates the region's 2014 homeless enumeration across jurisdictions compared to last year.

Arlington County experienced the largest percentage decrease in its homeless population count since last year, reducing its literally homeless population by 39 percent. Several other CoCs experienced reductions in their homeless populations, such as in Montgomery County and Frederick County (both at 11 percent), Fairfax County (nine percent), and Prince George's County (five percent). Arlington County (188 persons), Fairfax County (125 persons) and Montgomery County (113 persons)

achieved the largest reductions in the number of homeless individuals from 2013 to 2014.

The District of Columbia and Loudoun County were the only jurisdictions which experienced an increase in their literally homeless populations from 2013 to 2014. The change in Loudoun County (13 persons) is too small to be significant. The District of Columbia experienced a 13 percent increase (883 additional literally homeless persons) since 2013. The same trend is true for the five year period of 2010 to 2014, as shown in Table 2, which illustrates the numerical and percentage change in the region's homeless population.

2013 - 2014							
Jurisdiction	2013	2014	Change in Number of Persons 2013-2014	Percent Change 2013 - 2014			
Alexandria	275	267	-8	-3%			
Arlington County	479	291	-188	-39%			
District of Columbia	6,865	7,748	883	13%			
Fairfax County	1,350	1,225	-125	-9%			
Frederick County	275	246	-29	-11%			
Loudoun County	166	179	13	8%			
Montgomery County	1,004	891	-113	-11%			
Prince George's County	686	654	-32	-5%			
Prince William County	447	445	-2	0%			
TOTAL	11,547	11,946	399	3.5%			

TARLE 1- LITERALLY HOMELESS BY IURISDICTION



### How Has the Region's Homeless Population Changed?

Seven of nine of COG's CoCs experienced decreases in their homeless populations between 2010 and 2014. Arlington County and the City of Alexandria have the largest percentage decreases in their homelessness populations at 45 percent and 26 percent, respectively. Arlington County attributes the large reduction in its homeless population to several factors, including a change in the classification of housing for 97 persons in families in 2014 from transitional to rapid re-housing; success from community efforts to house chronically homeless individuals by participating in Arlington's 100 Homes Campaign; and a decrease in the unsheltered count due to the severely cold temperatures on January 29, 2014, which may have depressed the unsheltered count as individuals "doubled up" or combined resources for the night to escape the weather.

The City of Alexandria attributes its decrease in sheltered persons experiencing homelessness on the night of the count in part to the efforts of its Housing Crisis Response System, which has been in place since 2013. This system allows the City to more efficiently and effectively assess the needs of persons seeking shelter and best utilize community resources by offering diversion services to reduce the number of households entering the shelter system.

Fairfax County, Arlington County, Montgomery County and Prince George's County achieved the greatest reductions in terms of the total numbers of homeless persons from 2010 to 2014 (319 persons, 240 persons, 173 persons and 135 persons respectively). Fairfax County attributes the decrease in homeless persons in families to strong prevention efforts, prioritizing rapid rehousing from family shelters, and strategically reducing the numbers of transitional housing units. The decrease in single adults is due primarily to the successful 100,000 Homes Campaign which brought attention to the need to house the county's most vulnerable homeless neighbors and prioritized their placement in all permanent supportive housing vacancies and new openings.

Montgomery County attributes the decrease in its homeless single adult population primarily to the decline of unsheltered persons. The CoC's concerted effort to address this issue with new funding for permanent supportive housing and other permanent housing options that does not require a disability has made a significant





Outreach volunteers visit a camp site in Frederick, Maryland on January 29, 2014. Credit: Harriet Wise Photography



impact. The continued outreach effort to engage unsheltered homeless persons has also been beneficial. Montgomery County also achieved a reduction in homeless households with adults and children and attributes this success to several factors, including: re-designing the Emergency Solutions Grant (ESG) Rapid Rehousing Program, which assisted in providing nine households to become stably housed directly from emergency shelter; prevention and diversion efforts to place families in the community; and, an increase in permanent supportive housing through the county's Housing Initiative Program.

The region's increased supply of permanent supportive housing and homeless prevention and diversion efforts account for some other jurisdictions' consistent declines in homelessness.

### Why Did the Regional Homeless Population Increase in 2014?

The region's overall 3.5 percent increase in its 2014 homeless population from the 2013 enumeration can be attributed primarily to the increased count in the District of Columbia. A number of complex factors, including a history of high poverty rates and a loss of affordable housing units<sup>2</sup>, have contributed to the

increase in the District of Columbia's homeless population.<sup>3</sup> Tools that are important to the success in preventing and ending homelessness in the region include the continued use of local and federal dollars to prevent homelessness and rapidly re-house persons who become homeless, and the provision of permanent supportive housing to the chronically homeless and persons with disabling conditions.

Increases, however, in the region's alreadyhigh rents make it very difficult for extremely low income households to find or maintain housing that they can afford, limiting the possibility of achieving greater reductions in the homeless population. In addition, wages have not increased to keep pace with the rising cost of housing. A shortage of living wage jobs further compounds the difficulty in finding and maintaining affordable housing. Federal spending cuts due to sequestration enacted in 2013 have frozen or reduced the availability of Housing Choice Vouchers throughout the region. A lack of affordable, permanent housing opportunities remains the most significant and persistent obstacle to ending homelessness.

3 http://www.dcfpi.org/what-can-dc-do-to-stop-the-dramatic-rise-in-family-homelessness

TABLE 2: LITERALLY HOMELESS BY JURISDICTION, 2010-2014								
	2010	2011	2012	2013	2014	Percent Change 2010 - 2014		
Alexandria	359	416	352	275	267	-26%		
Arlington County	531	461	451	479	291	-45%		
District of Columbia	6,539	6,546	6,954	6,865	7,748	18%		
Fairfax County	1,544	1,549	1,534	1,350	1,225	-21%		
Frederick County	303	280	285	275	246	-19%		
Loudoun County	157	156	164	166	179	14%		
Montgomery County	1,064	1,132	982	1,004	891	-16%		
Prince George's County	789	773	641	686	654	-17%		
Prince William County	488	566	467	447	445	-9%		
TOTAL	11,774	11,879	11,830	11,547	11,946	1.5%		

#### 2 The District of Columbia lost 51% (36,100 units) of its low cost rental

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housing stock between 2000 and 2010. Source: http://www.dcfpi.org/ disappearing-act-affordable-housing-in-dc-is-vanishing-amid-sharplyrising-housing-costs

### The Region's Homeless by Total Population

Table 3 highlights the number of homeless people counted in the metropolitan Washington region as a percentage of its total population. Including the District of Columbia, there was a 0.23 percent incidence of homelessness in the region. This figure remains unchanged from last year. Excluding the District, the incidence of homelessness is 0.09 percent for the region's suburban population, which is essentially unchanged and represents a slight decrease from 0.10 percent in 2013.

HUD's 2013 Continuum of Care Point-in-Time data state that there are 610,042 homeless people in the country. This figure represents 0.19 percent of the nation's total population of 316,128,839 (as of July 2013), compared to the region's rate of 0.23 percent. the region, 2.3 persons are homeless. The District of Columbia has the largest local incidence of homelessness within the metropolitan Washington region, accounting for 65 percent of the region's total homeless population. Of every 1,000 people in the District, approximately 12 are homeless, an increase from last year when it was 10.9.

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 between 11,000 and 12,000. However, as shown in Figure 1, the region's population has grown dramatically over this period, without a similar rate of growth in persons experiencing homelessness. Therefore, compared to population growth, the rate of homeless persons

TABLE 3: 2014 SHARE OF POPULATION THAT IS HOMELESS							
Jurisdiction	2013 Total Population*	2014 Literally Homeless	Homeless as Percent of Total Population	Homeless Persons per 1,000 People			
Alexandria	148,892	267	0.18%	1.8			
Arlington County	224,906	291	0.13%	1.3			
District of Columbia	646,449	7,748	1.20%	12.0			
Fairfax County <sup>1</sup>	1,168,405	1,225	0.10%	1.0			
Frederick County	241,409	246	0.10%	1.0			
Loudoun County	349,679	179	0.05%	0.5			
Montgomery County	1,016,677	891	0.09%	0.9			
Prince George's County	890,081	654	0.07%	0.7			
Prince William County <sup>2</sup>	496,434	445	0.09%	0.9			
Region with D.C.	5,182,932	11,946	0.23%	2.3			
Region without D.C.	4,536,483	4,198	0.09%	0.9			

\*Source: Table 1. Annual Estimates of the Resident Population for the Metropolitan Washington Council of Governments: April 1, 2010 to July 1, 2013. U.S. Census Bureau, Population Division, March 2014.

1) Includes the Cities of Fairfax and Falls Church 2) Includes the Cities of Manassas and Manassas Park



As shown in Table 3, of every 1,000 residents in

per thousand (also described in Table 3) has declined over time.

### **Household Composition**

Table 4 compares the 2010 through 2014 enumeration survey responses from the three main categories of homeless households. Family homelessness (the number of persons in homeless families) in the region increased 8.8 percent from 2013 to 2014, and 17.7 percent since 2010. In contrast to the metropolitan Washington region, at the national level, family homelessness declined by seven percent between 2012 and 2013 and eight percent between 2010 and 2013.<sup>4</sup>

### **Family Households**

Tables 5 and 6 illustrate the 2014 survey responses from the region's homeless families. As of January 29th, 2014, a total of 1,885 families were counted as homeless, an increase of 11 percent from 2013. One distinguishing characteristic of homeless families is that the age of adults in homeless families tends to be much younger than of homeless single adults. For example, in the District of Columbia, the 4 https://www.onecpd.info/resource/3031/pit-and-hicdata-since-2007/

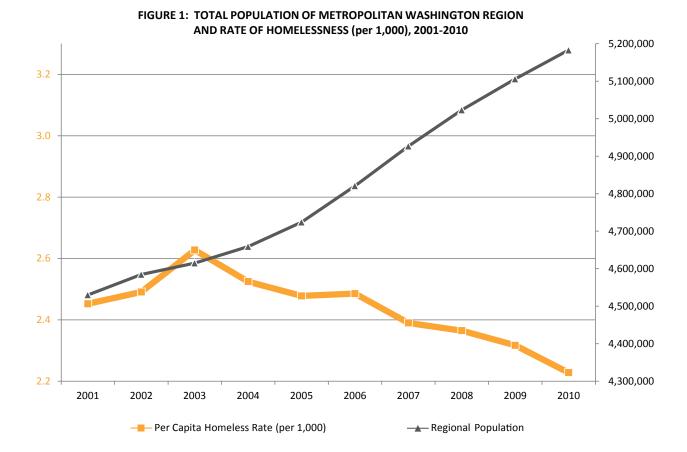
median age of a homeless single adult is 51, but the median age of a homeless adult with children is 28. For the 2014 enumeration, 34 percent of homeless households with adults and children in the region were between the ages of  $18 \text{ and } 24.^{5}$ 

The count of homeless families increased most significantly from 2013 to 2014 in the District of Columbia and Prince George's County (20 and 19 percent respectively). Since 2010, all of the region's CoCs have recorded reductions in family homelessness, with the exception of the District of Columbia (50 percent increase), Prince George's County (19 percent increase), and Loudoun County (19 percent, although the total number of family households counted, 31 in 2014, is the smallest in the region).

The region's ability to achieve a reduction in family homelessness in the majority of its CoCs is attributed to a combination of prevention efforts, Rapid Re-housing, and permanent supportive housing. A contributing factor to the trend of increasing numbers of homeless families in the District of Columbia and Prince George's County is a loss of affordable housing units (both subsidized and market rate) that

5 The Community Partnership for the Prevention of Homelessness, Homelessness in the District of Columbia, The 2013 Point in Time Enumeration: http://www.community-partnership.org/facts-and-figures

TABLE 4: HOMELESS HOUSEHOLD COMPOSITION							
		Total Persons in Households with ONLY Children	Total Single Adults	Total Persons in Families	Regional Total		
	2014	9	6,057	5,880	11,946		
	2013	27	6,115	5,405	11,547		
MWCOG REGION	2012	15	6,204	5,611	11,830		
REGION	2011	26	6,647	5,206	11,879		
	2010	16	6,763	4,995	11,774		
2010 - 2014 Percent Change		-43.8%	-10.4%	17.7%	1.5%		



	FAMILIES B		MELESS PER	
Jurisdiction	Number of Families	Adults in Families	Children in Families	Persons in Families
Alexandria	32	36	52	88
Arlington County	35	43	70	113
District of Columbia	1,231	1,559	2,236	3,795
Fairfax County	211	288	407	695
Frederick County	36	41	64	105
Loudoun County	31	40	62	102
Montgomery County	91	100	188	288
Prince George's County	144	168	273	441
Prince William County	74	92	161	253
ALL COG COCs	1,885	2,367	3,513	5,880



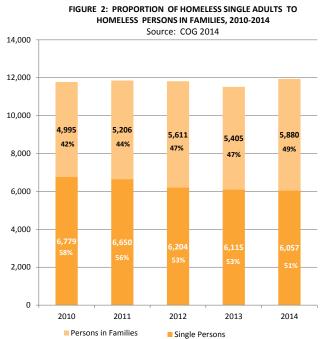
cannot be overcome with the use of short-term rental subsidies.

According to the U.S. Census Bureau's 2012 American Community Survey, the Washington metropolitan median MSA's monthly homeownership costs are \$2,242 and median monthly gross rent is \$1,424. More than 30 percent of the region's households pay more than a third of their incomes to satisfy these monthly housing costs. In the District of Columbia, a person earning the minimum wage (\$8.25) would need to work 3.4 full-time jobs to be able to afford a two-bedroom apartment at the Fair Market Rent.<sup>6</sup> The region's lowestincome households face significant challenges affording housing, especially as the area's increased housing demand drives up rental rates. This trend makes otherwise affordable units unaffordable for households, especially as they compete with the general population for housing.

### **Children in Homeless Families**

It is important to note that children face particular adverse effects of homelessness. Children are often dislocated from familiar surroundings,

6 http://nlihc.org/oor/2014



relatives, friends, and neighborhood schools when their families become homeless. Children must also contend with the stigma associated with being homeless when navigating their new surroundings and making friends. COG's 2014 enumeration identified 3,513 homeless children. Children accounted for 29 percent of the region's total homeless population (11,946), which remains essentially unchanged (28 percent) from last year. Children account for 61 percent of all people in homeless families; this percentage has remained consistent since 2010. Figure 2 below shows the gradual change in the proportion of homeless families to single adult homeless persons between 2010 and 2014.

Some of the region's public schools have reported higher numbers of homeless children than reported in the annual Point-in-Time. The primary reason for this is that area public schools track the number of homeless children on a cumulative basis throughout the school year, compared to the 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 homeless according to the

ICOTH	, 2010 0		
Jurisdiction	2013	2014	Absolute Change 2013 - 2014
Alexandria	0	0	0
Arlington County	2	0	-2
District of Columbia	6	5	-1
Fairfax County	0	0	0
Frederick County	0	0	0
Loudoun County	0	0	0
Montgomery County	0	0	0
Prince George's County	18	4	-14
Prince William County	1	0	-1
TOTAL	27	9	-18

#### TABLE 7: UNACCOMPANIED HOMELESS YOUTH, 2013 and 2014

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HUD definition, and may be living in doubled up situations. The National Center for Homeless Education reported that during the 2011-2012 school year, 75 percent of students that selfidentified as being homeless reported they were doubled up with family or friends.<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.

### **Unaccompanied Youth**

The region's Continua began providing data to HUD regarding unaccompanied homeless youth (Households with Only Children) in 2012. In 2014, the Point-in-Time enumeration captured 9 homeless unaccompanied youth. Of these 9 children, all were single individuals and none of the households were comprised of multiple children. The region's CoCs are working to eliminate the numbers of homeless unaccompanied youth in order to avoid a future adulthood of chronic homelessness. Table 7 provides a breakdown of unaccompanied youth by jurisdiction.

The small number of unaccompanied children counted in 2014 reflects the challenges of <sup>7</sup> http://wamu.org/news/14/03/18/dc\_by\_the\_numbers\_many\_students\_are\_well\_schooled\_on\_being\_homeless

counting homeless youth accurately. One difficulty is the HUD definition of homelessness, which excludes persons who are "doubled up" or "couch surfing," a form of shelter often used by youth. Also, methods often used for counting homeless adults don't accurately capture survival strategies particularly common to youth, such as being mobile and transient, latching on to friends and staying in groups, or trying to hide in plain sight. In addition, many homeless youth don't want to be found because they may be fleeing abuse or fear being placed in foster care. Most aren't 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>8</sup>

There are many challenges with counting homeless youth, and because their experiences with homelessness are episodic, single pointin-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>9</sup>

<sup>8</sup> The Urban Institute, Youth Count! Process Study: 10. 9 http://www.healthycal.org/archives/11079

TABLE 6: C	HANGE		RALLY HOM	ELESS PERS	SONS IN FA	MILIES BY
Jurisdiction	2010	2011	2012	2013	2014	Percent Change 2010-2014
Alexandria	151	152	139	90	88	-42%
Arlington County	184	193	188	211	113	-39%
District of Columbia	2,523	2,688	3,187	3,169	3,795	50%
Fairfax County	892	883	837	747	695	-22%
Frederick County	111	111	116	104	105	-5%
Loudoun County	86	70	95	85	102	19%
Montgomery County	372	374	381	366	288	-23%
Prince George's County	370	344	362	370	441	19%
Prince William County	306	391	306	263	253	-17%
ALL COG COCs	4,995	5,206	5,611	5,405	5,880	18%



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

For the first time in 2014, we are reporting questions regarding ethnicity and race in addition to age and gender. The ethnic and racial categories included in the Point-in-Time questionnaire were specified by HUD and generally reflect a social definition of race recognized in this country and are not an attempt to define race biologically, anthropologically, or genetically. The survey question on ethnicity asks respondents to identify whether or not they are Hispanic or Latino (people who identify their ethnic origin as Hispanic or Latino may be of any race <sup>10</sup>). In addition, the categories of the race item include racial and national origin or sociocultural groups. Race and ethnicity were self-reported and individuals were able to choose "multiple races" to indicate their racial heritage, such as "American Indian" and "White."

Of the 6,057 homeless single adults (Figure 3), 91 percent were over the age of 24, and 73 percent were male. For those who responded to the question regarding ethnicity, 88 percent selfidentified as non-Hispanic or non-Latino. The racial breakdown included 69 percent African-American, 22 percent white, and three percent as multiple races. Three percent declined to respond or the information was not recorded. The remaining categories (Asian, American Indian or Alaska native, Native Hawaiian or Other Pacific Islander) all were one percent or less of the total literally homeless single adult population. In Frederick and Fairfax Counties, the single adult racial profile differs slightly from the rest of the region. In Frederick, 74 percent of single homeless adults are white and 24 percent are African-American or black; in Fairfax County, 50 percent of the single homeless adults identified racially as white and 43 percent identified as African-American or black.

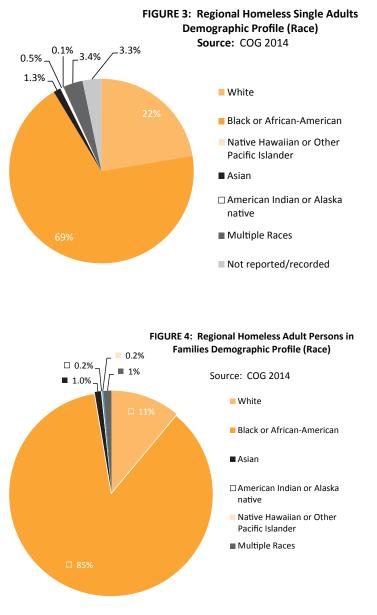
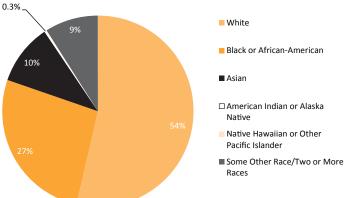


FIGURE 5: Regional Total Population Demographic Profile (Race) Source: American Community Survey 2008 - 2012 5-Yr Estimates



10 http://www.census.gov/population/race/

The demographic profile of homeless families (Figure 4) differs from that of single adults in a few key characteristics. In homeless families, the majority of adults (80 percent) are female. The age of the adult in a homeless family also tends to be younger. Fourteen percent are aged 18 to 24 and 27 percent are over age 24. Ethnically, 93 percent of adults in homeless families are Non-Hispanic/Non-Latino, and racially, 85 percent are African-American. White homeless adults in families make up 11 percent of the regional literally homeless family population, with the other racial categories all one percent or less.

Again, the demographic profile of homeless adults in families in Frederick County and

Fairfax County differ from the rest of the region. In Frederick County, 65 percent of homeless adults in families are white and 35 percent are African-American or black, and in Fairfax County, 47 percent of adults in families are white and 48 percent are African-American or black.

In contrast, the region's racial breakdown (Figure 5) shows that 58 percent of the population is white and only 27 percent is African-American or black. With the exception of Frederick County, homeless persons are disproportionately more likely to be black or African-American than they are in the general metropolitan Washington regional population.







## 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 2014 was 5.1 percent, compared to 6.7 percent for the nation. The region's unemployment rate decreased slightly, by 0.4 percentage points, from 5.5 percent in February 2013. While the region's unemployment rate has remained largely unchanged over the last year, the impact of the 2009 recession is still severely felt by the region's most vulnerable populations.

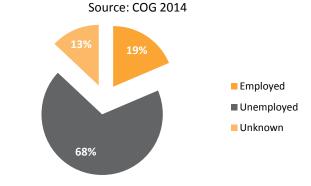
Figures 6 through 10 illustrate the employment status (including full- and part-time employment) for homeless single adults and homeless families throughout the region. Also included are percentages for homeless persons for whom employment was unknown.

Approximately 19 percent of all homeless single adults are employed, a slight decrease of one percent from 2013 (Figure 6). The lower rate of employment for homeless single adults (compared to adults in families) may be attributed to higher incidences of conditions that make securing and maintaining employment difficult, such as physical disabilities, multiple behavioral and chronic health issues, including substance abuse and mental illness. Approximately 68 percent of single adults are unemployed, and employment status could not be determined for 13 percent of the adults in this category.

Data from the 2014 enumeration suggests that 34 percent of homeless adults in families with children are employed (Figure 7), but the picture varies significantly by jurisdiction. In the City of Alexandria, for example, 70 percent of these adults are employed, compared to 23 percent in the District of Columbia (Figure 8). Approximately 63 percent of adults in these families

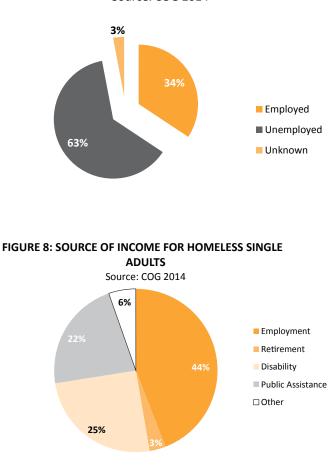
#### **15** | Homelessness in Metropolitan Washington

#### FIGURE 6: EMPLOYED SINGLE HOMELESS ADULTS



#### FIGURE 7: EMPLOYED ADULTS IN HOMELESS FAMILIES

Source: COG 2014





region-wide are unemployed and employment status is unknown for three percent.

None of the youth in the region's households with only children are employed. This is attributed to the youths' age, levels of employability, and housing status.

While the Washington region – when compared to other national metropolitan areas - has a lower unemployment rate, it remains one of the country's most expensive areas in which to live. Coupled with a slow economic recovery, the area's high housing costs further constrain a low income household's ability to remain housed. The reality is stark for the region's homeless households as evidenced in the following charts. Figure 8 shows that, in seven of nine of the region's participating CoCs, less than 30 percent of single homeless adults are employed. This trend remains unchanged from the past two years, although rates have varied slightly for individual jurisdictions. For example, Montgomery County's single adult employment percentage fell from 29 percent in 2013 to 22 percent in 2014.

In contrast, in six of nine local jurisdictions, more than 50 percent of adults in homeless family households are employed (Figure 9). Prince William County had the greatest gain in this category, with an increase in eight percent over last year. Employment also rose for homeless adults in families in the City of

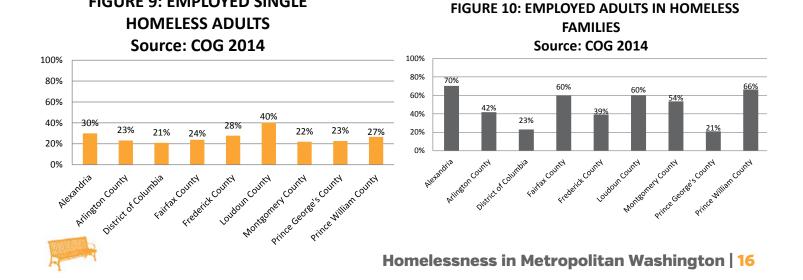
**FIGURE 9: EMPLOYED SINGLE** 

Alexandria, Fairfax County, Frederick County, and Montgomery County. The overall picture of employment is mixed, however. In three jurisdictions, although the percentage of working homeless adults in families remained above 50 percent, it decreased from 2013. For example, in the City of Alexandria, homeless adult employment went from 86 percent in 2011 to 70 percent in 2014, a decrease of 16 percent. The availability of living wage jobs remains a key obstacle to ending homelessness, even for those individuals who are already employed.

### Income

While a portion of the region's homeless population reports receiving monthly income, a large number of homeless people do not receive any monthly income. In 2014, 75 percent of adults in families reported having income, but only 40 percent of single adults reported income.

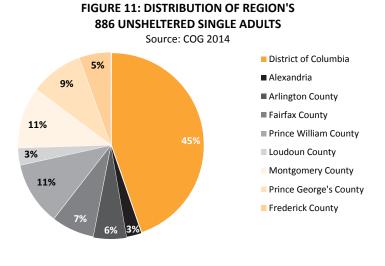
Approximately 44 percent of all homeless adults who have income reported that employment wages and salaries were their primary source of income. The next largest sources of primary income following employment were: disability (such as Supplemental Security Income), followed closely by public assistance (such as Temporary Assistance for Needy Families), "other" sources of income, and retirement (such as Social Security). Figure 10 illustrates the primary source of income for the 4,187 homeless people who provided this information.





On January 29th, outreach workers and volunteers for the region's Continua of Care went into their communities to participate in the Point-in-Time count of the area's unsheltered homeless population. Outreach workers counted people living on the streets, in alleys, under bridges, in local parks, in camp sites, and in other places frequented by homeless people. According to the 2014 count, 983 persons (approximately seven percent of the region's 11,946 homeless people) were unsheltered. Of these, 886 were single adults, 96 were persons in 29 families with adults and children, and one unaccompanied youth were unsheltered. The 983 unsheltered persons counted represent a significant 25 percent decrease from 2013.

The decreased unsheltered homeless population recorded in 2014 may be attributed to several factors. A number of jurisdictions achieved success in housing the most vulnerable chronically homeless during the past year as part of the 100,000 Homes Campaign. Arlington County, the District of Columbia, Fairfax County, Frederick City, Montgomery County, Prince George's County and Prince William County have joined the campaign. Complimentary efforts, such as the "1,000 Homes for 1,000



Virginians" <sup>11</sup>, have contributed to reductions in the number of unsheltered homeless persons as well. Other factors that may have contributed to this year's decreased unsheltered count include the severely cold temperatures on the night of the count, which may have caused individuals to "double up" or combine resources for the night to escape the cold weather, an increase in utilization of emergency beds, and an increase in housing options this year.

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

Figure 11 provides the distribution of the region's total unsheltered homeless single adults by locality. The District of Columbia accounts for 45 percent of the region's unsheltered homeless single adults. This figure increased from 39 percent of the region's total in 2013, although the total number of unsheltered persons decreased (from 512 to 396). Fairfax County's share of the region's unsheltered homeless single adult population decreased from 12 percent last year to seven percent this year.

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

Table 8 provides the breakdown of the number and percentage of unsheltered homeless single adults within each locality from 2010 to 2014. Prince William County was the only jurisdiction that experienced an increase (11 percent) in its unsheltered population during the fouryear period, although the total numbers are small (88 persons in 2010 and 98 persons in

<sup>11</sup> http://www.vceh.org/1000-homes/1000-homes-for-1000-virgin-



2014). Arlington County recorded the greatest percentage decrease in its unsheltered homeless population (77 percent) followed by Fairfax County (53 percent), Montgomery County (48 percent), the City of Alexandria (39 percent), and Prince George's County (35 percent). Overall, the region's percentage of unsheltered homeless single adults decreased by 32 percent from 2010 to 2014. Table 9 represents the percentage of each individual jurisdiction's literally homeless population that was unsheltered between 2010 and 2014.

It is important to note that although most individuals who are unsheltered are single adults, there were families with adults and children (29 households, or a total of 96 adults and children <sup>12</sup>) and one unaccompanied youth counted on the night of the Point-in-Time count on January 29th.

12 All 29 unsheltered homeless families were counted in Prince George's County in 2014. All were offered placement in the hypothermic shelter but opted to find shelter with family or friends on the night of the count and were provided assessment and case management the following morning.

TABLE 8: COMPARISION OF UNSHELTERED SINGLE ADULTS BY JURISDICTION, 2010-2014								
Jurisdiction	2010	2011	2012	2013	2014	Percent Change 2010 - 2014		
Alexandria	38	42	22	29	23	-39%		
Arlington County	223	137	131	146	51	-77%		
District of Columbia	430	305	679	512	396	-8%		
Fairfax County	140	135	178	104	66	-53%		
Frederick County	51	44	70	69	49	-4%		
Loudoun County	27	29	29	38	26	-4%		
Montgomery County	181	226	130	143	95	-48%		
Prince George's County	126	102	166	168	82	-35%		
Prince William County	88	101	89	110	98	11%		
TOTAL	1,304	1,121	1,494	1,319	886	-32%		

TABLE 9: UNSHELTERED SINGLE ADULTS AS A PERCENTAGE OFTOTAL HOMELESS BY JURISDICTION, 2010-2014							
Jurisdiction	2010	2011	2012	2013	2014		
Alexandria	10.6%	10.1%	6.3%	10.5%	9%		
Arlington County	42.0%	29.7%	29.0%	30.5%	18%		
District of Columbia	6.6%	4.7%	9.8%	7.5%	5%		
Fairfax County	9.1%	8.7%	11.6%	7.7%	5%		
Frederick County	16.8%	15.7%	24.6%	25.1%	20%		
Loudoun County	17.2%	18.6%	17.7%	22.9%	15%		
Montgomery County	17.0%	20.0%	13.2%	14.2%	11%		
Prince George's County	16.0%	13.2%	25.9%	24.5%	13%		
Prince William County	18.0%	17.8%	19.1%	24.6%	22%		





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

Numerous studies have found that housing the most vulnerable chronically homeless individuals can achieve significant reductions in the overall homeless population as well as help communities save money on services. One recent study, completed by the University of North Carolina at Charlotte in February 2014, found that an 85-bed facility for chronically homeless individuals saved \$1.8 million in health care costs, with 447 fewer emergency room visits (a 78 percent reduction) and 372 fewer days in the hospital (a 79 percent reduction) in its first year of operations.<sup>13</sup>

### **Chronically Homeless Single Adults**

Twenty-one percent of the region's homeless single adults are chronically homeless. The total represents a two percent decrease from last year and a four percent decrease since 2010. The decrease in chronically homeless

13 http://www.huffingtonpost.com/2014/03/25/housing-first-homelesscharlotte\_n\_5022628.html and http://inside.uncc.edu/news/item/chhsstudy-demonstrates-housing-program-helps-save-lives-money single adults may be attributable to Rapid Re-housing, permanent supportive housing placements, and other housing options. Several of the region's CoCs also attribute success in reducing their chronically homeless population due to participation in the 100,000 Homes Campaign<sup>14</sup>. The 100,000 Homes Campaign has developed a methodology to end homelessness by prioritizing who to house according to who is most vulnerable. Eight of the nine jurisdictions experienced decreases in their chronically homeless single adult counts since 2013. The two jurisdictions with the greatest percent reductions since 2013 are Arlington County (53 percent) and Prince George's County (36 percent).

Table 11 provides the sheltered status breakdown of the chronically homeless single adults counted as part of the 2014 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.

<sup>14</sup> www.100khomes.org

### Chronically Homeless Families

Most chronically homeless families across the region reside in emergency and/or winter shelters. There were 141 chronically homeless families (201 adults and children) counted in the region in 2014. The largest number of these families

(113 of 141) was in the District of Columbia. The City of Alexandria, Arlington County, Loudoun County, and Prince William County did not count any chronically homeless families. One chronically homeless family was unsheltered, a change from 2013 when none of the chronically homeless families were unsheltered.

TABLE 10: CHRONICALLY HOMELESS SINGLE ADULTS BY JURISDICTION, 2010 - 2014							
Jurisdiction	2010	2011	2012	2013	2014	Percent Change 2010 - 2014	
Alexandria	80	109	60	69	63	-21%	
Arlington County	113	154	175	156	74	-35%	
District of Columbia	2,097	2,093	1,870	1,764	1,785	-15%	
Fairfax County	242	258	353	243	196	-19%	
Frederick County	54	88	95	58	90	67%	
Loudoun County	21	22	18	28	20	-5%	
Montgomery County	180	344	199	222	176	-2%	
Prince George's County	124	134	102	73	47	-62%	
Prince William County	61	87	55	47	38	-38%	
All COG CoCs	2,972	3,289	2,927	2,660	2,489	-16%	

TABLE 11: 2014 SHELTER STATUS OF CHRONICALLY HOMELESS SINGLE
ADULTS

Jurisdiction	Total Chronically Homeless Single Adults	Number of Shel- tered* Chronically Homeless Single Adults	Number of Unshel- tered Chronically Homeless Single Adults
Alexandria	63	45	18
Arlington County	74	38	36
District of Columbia	1,785	1,428	357
Fairfax County	196	156	40
Frederick County	90	57	33
Loudoun County	20	10	10
Montgomery County	176	124	52
Prince George's County	47	13	34
Prince William County	38	12	26
All COG CoCs	2,489	1,883	606

\*Refers to chronically homeless persons residing in Emergency, Winter Shelters and Safe Haven.





According to the 2014 enumeration, the majority of the region's homeless population suffers from physical disabilities, substance use disorders, severe mental illness, or were formerly institutionalized and discharged directly into homelessness. A majority (83 percent) of the City of Alexandria's homeless households without children reported having a substance use disorder, serious mental illness, or co-occurring disorders, and 22 percent reported chronic health problems and/or a physical disability. In Montgomery County, 60 percent of the jurisdiction's homeless single individuals were reported as suffering from a substance use disorder, serious mental illness, or both. The pattern of a high incidence of substance use disorders, severe mental illness or co-occuring disorders among the homeless population is similar in the seven other CoCs in the region. Nationally, approximately 25% of the homeless population suffers from some form of severe mental illness.<sup>15</sup> However, during the 2014 enumeration, the two most prevalent characteristics among households without children were being formerly institutionalized or having a physical disability. A formerly institutionalized person may have been released from a treatment facility due to a mental or physical illness or was formerly incarcerated and released directly into homelessness. A possible solution for this problem is better discharge planning from institutions like correctional facilities and more housing options.

Among families, the most defining characteristic is an incidence of domestic violence, either the current episode which led to homelessness on the night of the enumeration, or having

a history of domestic violence. Forty-four percent of the families who responded in the subpopulation categories indicated having experienced domestic violence. Beginning with the 2013 enumeration, HUD requested data on persons who had a history of domestic violence. Historically, the regional enumeration has only reported on persons whose current episode of homelessness was due to domestic violence. In order to maintain base data for trend comparison, both elements are collected and are shown in the subpopulations for Figure 12. As expected, the number of persons with a history of domestic violence at any time (DV-H) is much higher than the number for whom domestic violence is the reason for the current episode of homelessness (DV-CE). Regionally, the number of single adults who became homeless as a result of domestic violence increased 27 percent from 97 in 2013 to 123 in 2014, although it is still below the number recorded in 2012 of 317. However, the number of single adults (625) who were identified as having a history of domestic violence at any time is nearly six times the number of single adults whose current episode of homelessness was caused by domestic violence. There was a similar pattern for persons in families, though less pronounced. The numbers of persons in families who became homeless as a result of domestic violence dropped from 750 in 2013 to 261, a significant 65 percent decrease, but in the 2014 Enumeration, 593 persons in families were identified as having a history of domestic violence at any time. In 2013, 1,491 persons in families reported having a history of domestic violence at any time, which represents a decrease of 60 percent in 2014.

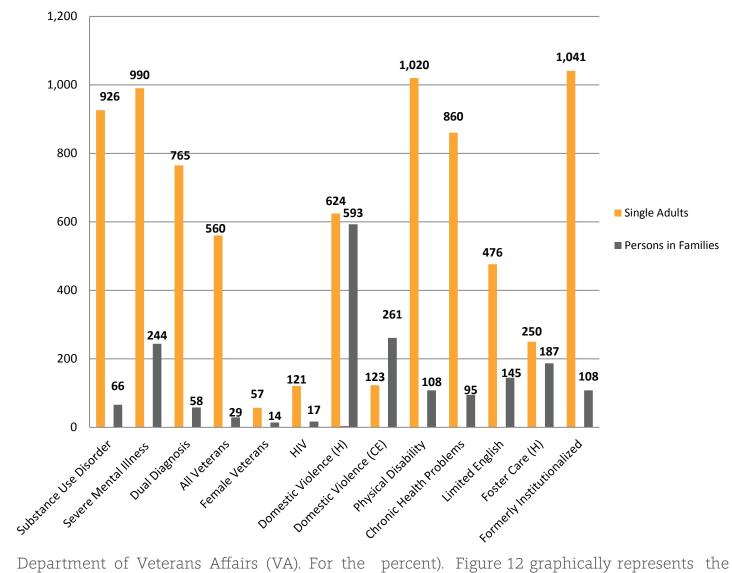
Veterans are another subset of the homeless population tracked by HUD and the U.S.



<sup>15</sup> http://www.nationalhomeless.org/publications/facts/Mental\_Illness.pdf

#### FIGURE 12: THE REGION'S HOMELESS SUBPOPULATIONS

Source: COG 2014



Department of Veterans Affairs (VA). For the first time in 2014, 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, veterans represent approximately 12 percent of the homeless population.<sup>16</sup> In contrast, the percentage of homeless veterans in the metropolitan Washington region is five percent in 2014, a slight reduction of one percent from 2013. Of the total 589 homeless veterans included in the 2014 enumeration, 71 were women (or 12

percent). Figure 12 graphically represents the homeless subpopulations; veterans are broken out separately as individuals in Households without Children as well as Households with Adults and Children. Female veterans are a subset of the "All Veterans" category. Homeless veterans, like other homeless persons, have a high incidence of substance use disorders, severe mental illness, or co-occurring disorders, as shown in Figures 12 and 13. The second most distinguishing characteristic for homeless veterans without children was having a physical disability.

<sup>16</sup> http://nchv.org/index.php/news/media/background\_and\_statistics/



TABLE 12: HOM	IELESS	VETERA	<b>NS BY</b>	JURISD	ICTION,	2009-	
Jurisdiction	2009	2010	2011	2012	2013	2014	Percent Change 2009 - 2014
Alexandria	23	19	27	20	11	18	-22%
Arlington County	25	17	29	24	14	21	-16%
District of Columbia	702	512	515	531	499	408	-42%
Fairfax County	89	66	55	60	67	51	-43%
Frederick County	12	12	7	7	13	10	-17%
Loudoun County	8	4	10	8	9	7	-13%
Montgomery County	64	56	41	37	31	34	-47%
Prince George's County	47	32	15	24	25	21	-55%
Prince William County	34	0	40	27	23	19	-44%
TOTAL	1,004	718	739	738	692	589	-41%

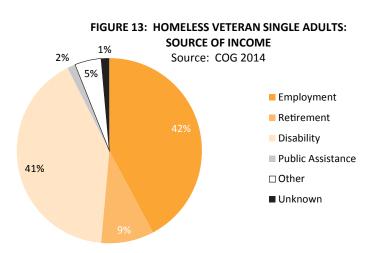
The likelihood of having a disability is reflected in the veteran populations' source of income, for those persons who reported receiving income. A nearly equal percentage of veterans received income from employment (42 percent) as from SSDI/SSI/VA disability (41 percent), as shown in Figure 14.

The majority of homeless veterans who reported their race selected Black or African-American (72 percent of single adults and 81 percent of adults in families). White veterans made up the next largest group, with 20 percent of single veterans and 16 percent of adult veterans in families, as shown in figures 15 and 16.

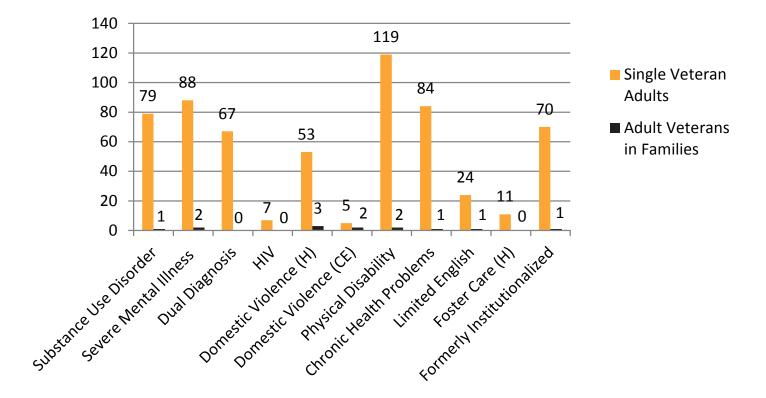
HUD and the VA, through the VA's Supportive Housing program (VASH) and Supportive Services for Veteran Families (SSVF), have focused efforts to increase the supply of housing choice vouchers to put more homeless veterans into permanent housing. The VASH and SSVF programs are the only voucher programs that have been spared in recent federal budget cuts. For that reason, with a coordinated, concerted effort, there is an opportunity for the region's CoCs to house significantly more homeless veterans during 2014.

Table 12 demonstrates that during the period of 2009 to 2014, the region reduced the number of homeless veterans by an impressive 41 percent. This exceeds reductions achieved at the national level (24 percent since 2010).<sup>17</sup>

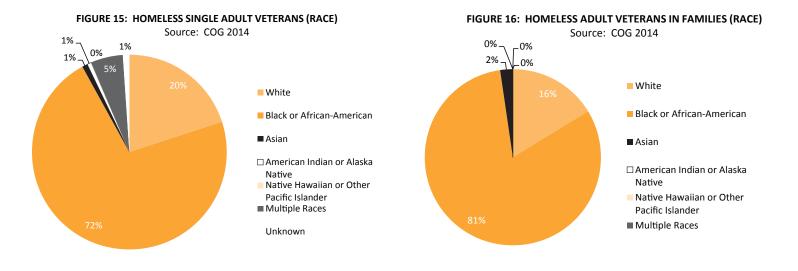
Newer veterans' programs, such as the Supportive Services for Veterans and Families (SSVF) and the VA's Supportive Housing program (VASH), may have contributed to the region's decrease in homeless veterans. Not all jurisdictions have access to these programs, however.



<sup>17</sup> http://nchv.org/index.php/news/headline\_article/va\_and\_hud\_announce\_24\_reduction\_in\_veteran\_homelessness\_since\_2010/



#### FIGURE 14: THE REGION'S VETERAN SUBPOPULATIONS Source: COG 2014



# Continua of Care in the Washington Metropolitan Region

The metropolitan Washington region's inventory The region continued to lose transitional of facilities to shelter the homeless and house housing, short-term shelter with services, from the formerly homeless has moved well beyond 2010 through 2014. During this period, the the 1980s model which primarily focused on region provided 1,344 fewer beds, or a 27 percent emergency shelters. The current multi-faceted decrease. The reduction in transitional housing Continuum of Care (CoC) model focuses heavily beds is due to several factors. One main factor is a on transitional and permanent supportive resource reallocation to focus on prevention and housing while continuing to provide emergency permanent supportive housing. An additional shelter. The model for assisting the homeless factor is the high operating costs for transitional population has changed in part due to recognizing beds. Each year, operating costs increase. As the difficulty of addressing the systemic and funding to support transitional housing declines, personal problems many homeless people the region's jurisdictions are faced with the have with the emergency shelter-based model. need to eliminate beds as a result. In several Emergency shelters cannot provide the intensive jurisdictions (such as Arlington County and the longer-term assistance many homeless people District of Columbia) some transitional housing need in order to become more self-sufficient. units have been converted in the past year into Transitional and permanent supportive housing rapid re-housing units. Overall, the reduction programs provide this assistance.

Table 13 provides the region's 2014 distribution of emergency, winter, transitional, safe haven, and The percentage distribution of the region's permanent supportive housing beds for homeless homeless bed/facility type remains relatively individuals and families. These facilities were unchanged from 2012. Permanent supportive available in the winter months during the Point- housing beds in 2014 comprise 39 percent of In-Time enumeration and during the year's the region's inventory serving homeless and warmer months from April to October.

Between 2010 and 2014, the region added 2,373 inventory in 2013. This is primarily attributable permanent supportive housing beds to its year- to the count in the District of Columbia, which round facility inventory. This represents a 34 has the greatest number of beds in the region. percent increase over four years. The region's In previous years, rapid re-housing placements increased supply of permanent supportive were included in the permanent supportive housing beds is consistent with the national housing count. In 2014, these categories are initiative to use a Housing First model. Persons broken out, resulting in a decrease in the in permanent supportive housing are no longer number of permanent supportive housing beds. considered homeless; they are counted as Transitional housing beds comprised 15 percent formerly homeless persons. For the first time in of the region's homeless beds, which represents 2014, the regional inventory includes rapid re- a reduction of seven percent from last year. The housing beds for families. The region recorded distribution of emergency and winter shelter 1,206 winter/hypothermia-prevention beds in beds increased by three percent last year, from 2014, an increase in 57 percent since 2010. The 32 percent to 35 percent. The region currently increased use of winter beds on the night of has 24,305 beds, including winter beds, for its January 29th may be due in part to the severe homeless population across each of the facility cold (below 15 degrees Fahrenheit) on the night categories; this number has increased by 2,773 of the count.

in transitional housing beds reflects a change in approach that emphasizes Housing First.

formerly homeless households. This represents a decrease of seven percent from 46 percent of the beds since 2013.



TABLE 13: 2014 WINTER AND YEAR ROUND INVENTORY OF BEDS IN THE WASHINGTON   REGION								
		Beds for Singles	Beds for Unaccom- panied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribu- tion in Winter	All Beds: Warm Months	Percent Distribu tion in Warm Months
Winter Beds	2014	1,671	0	1,636	3,307	14%		1
-	2013	1,371	0	284	1,655	7%		
	2012	1,387	0	737	2,124	10%		
	2011	1,557	0	663	2,220	11%		
-	2010	1,465	n/a	636	2,101	11%	-	
Emergency	2014	2,772	19	2,344	5,135	21%	5,135	24%
Shelter Beds	2013	2,783	6	2,354	5,143	22%	5,143	25%
	2012	2,777	16	1,676	4,469	22%	4,469	25%
	2011	2,941	22	1,343	4,306	22%	4,306	24%
	2010	2,965	n/a	1,315	4,280	23%	4,280	26%
Transitional	2014	1,311	0	2,416	3,727	15%	3,727	18%
Housing Beds	2013	1,392	2	3,269	4,663	22%	4,663	24%
	2012	1,541	13	2,775	4,329	22%	4,329	24%
	2011	1,738	4	3,605	5,347	27%	5,347	30%
	2010	1,826	n/a	3,245	5,071	27%	5,071	31%
Safe Haven	2014	66	n/a	n/a	66	0.3%	66	0.3%
	2013	66	n/a	n/a	66	0.3%	66	0.4%
-	2012	64	n/a	n/a	64	0.3%	65	0.4%
	2011	65	n/a	n/a	65	0.3%	65	0.4%
Permanent Supportive	2014	5,020	0	4,408	9,428	39%	9,428	45%
Housing Beds	2013	4,867	0	5,138	10,005	45%	8,960	50%
	2012	4,448	0	4,512	8,960	45%	8,960	50%
	2011	4,507	6	3,612	8,125	41%	8,125	46%
	2010	4,139	n/a	2,916	7,055	38%	7,055	42%
Rapid Re-	2014	127	0	2,515	2,642	11%	2,642	13%
Housing Beds	2013	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	2012	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ī	2011	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	2010	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TOTALS	2014	10,967	19	13,319	24,305	****	20,998	****
	2013	10,479	29	11,045	21,532		17,822	
	2012	10,217	29	9,700	19,946		17,823	1
	2011	10,808	n/a	9,223	19,998	]	17,778	
ſ	2010	10,395	n/a	8,112	18,507	1	16,610	1
Percent Change Since 2010		6%	n/a	64%	31%	1	26%	



# Permanent Supportive Housing

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

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

The ultimate goal of the metropolitan Washington region's homeless Continua of Care is to move people out of homelessness into a level of independent living. Permanent supportive housing provides formerly homeless residents with much needed wrap-around supportive 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 14 provides information on the region's formerly homeless residents living in permanent supportive housing.

According to the 2014 enumeration, there are 9,131 formerly homeless people currently residing in permanent supportive housing in the region; this represents a slight decrease of 386 people (4 percent) from 2013. This may be attributable in part due to the fact that persons in permanent supportive housing and rapid rehousing programs were counted together prior to 2014 in the District of Columbia. Table 14 cites the region's number of formerly homeless living in permanent supportive housing.

Between 2010 and 2014, the metropolitan Washington region's supply of permanent

TABLE 14: FORMERLY HOMELESS PEOPLE IN PERMANENT SUPPORTIVE HOUSING							
		Households without Children	Households with Adults and Children	Total			
	2014	4,835	4,296	9,131			
	2013	4,488	5,029	9,517			
ALL COG CoCs	2012	4,240	4,417	7,702			
	2011	4,244	3,458	7,702			
	2010	3,871	2,868	6,739			
Percent Change Since 2010   25%   50%   35%							



supportive housing beds increased by 34 percent or 2,373 beds. The region currently has 9,428 permanent supportive housing beds, representing 39 percent of the region's total bed inventory (see Figure 17).

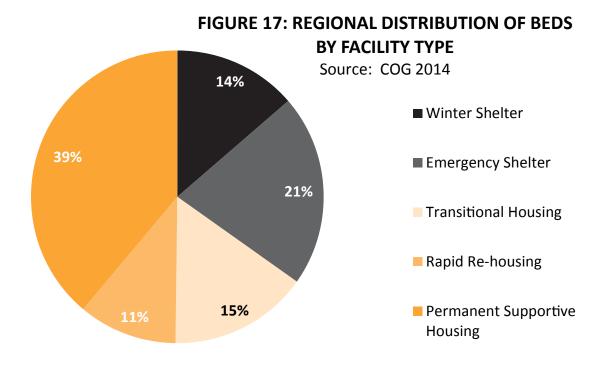
According to Figure 17, 35 percent of the region's distribution of beds is for winter and emergency shelter. This remains similar to the previous two years. A new bed category in 2014, Rapid rehousing, accounts for 21 percent. Transitional housing comprises 15 percent of the region's bed inventory; this figure decreased seven percent from last year.

The District of Columbia's 6,416 permanent supportive housing beds represent 68 percent of the region's total number of permanent supportive housing beds, which is a three percent decrease from last year. As described previously, this is due to the way in which permanent housing was counted in the District of Columbia in prior years. In 2013, permanent supportive housing and rapid rehousing beds were counted together. In 2014, when the permanent supportive housing and rapid re-housing beds were counted separately, the permanent supportive housing bed count declined slightly.

Montgomery County has 20 percent of the region's permanent supportive housing beds at 1,883 beds, an increase of two percent from last year. This increase supports the County's commitment to its Housing First Initiative which gives priority to the continued creation of more permanent supportive housing.

Figure 18 compares the literally homeless and formerly homeless populations from 2010 through 2014. The totals of literally and formerly homeless adults are mutually exclusive and should not be combined. According to HUD, formerly homeless people living in permanent supportive housing are not counted as part of the literally homeless that live on the streets, in emergency shelter, or in transitional programs. By definition, the formerly homeless includes people presently living in permanent housing following a period of living on the street or in emergency or transitional shelter.

In the past four years, there has been a significant increase in the region's formerly homeless population living in permanent supportive housing. In 2014, despite the challenging





budget environment, there were 9,131 formerly homeless persons living in permanent supportive housing. This is consistent with the regional goal of increasing permanent supportive placements and other permanent housing options.

In 2014, for the first time, the nine participating Continua of Care gathered data on other permanent housing options in addition to permanent supportive housing. Other permanent housing options include rapid rehousing, which primarily serves homeless families, and other supportive housing options. When the definition of permanent housing is expanded beyond permanent supportive housing to include rapid re-housing and other permanent housing, the total number of beds in the region increases from 9,428 to 12,595 and the total number of persons placed in permanent housing solutions increases from 9,131 to 12,140. This represents an additional 2,807 beds and an additional 3,009 formerly homeless persons.

As mentioned previously, it is important to note that the Point-in-Time count is only a one-day snapshot of the homeless population in the metropolitan Washington region. Although the number of literally homeless has remained stable for the past four years, people become homeless every day and this number is fluid. The lingering effects from the 2009 recession continue to negatively impact employable homeless households, and the lack of living wage jobs remains a critical obstacle to ending homelessness. The region's focus on preventing homelessness, rapid re-housing and creating more permanent supportive housing has constrained the number of literally homeless and prevented it from growing unchecked.

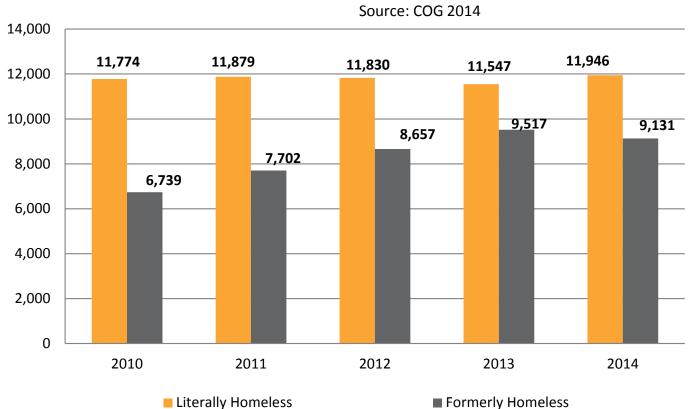


FIGURE 18: REGION'S LITERALLY AND FORMERLY HOMELESS IN PERMANENT SUPPORTIVE HOUSING

29 | Homelessness in Metropolitan Washington



## Conclusions and Recommendations

As of January 29, 2014, 11,946 people throughout the metropolitan Washington region were homeless. This was a slight increase of 3.5 percent over last year's count of 11,547 homeless people. Two factors may explain the region's slight increase in its homeless population. First, high rents that continue to climb make it very difficult for extremely low income households to find or maintain housing that they can afford, and wages have not increased to keep pace with the rising cost of housing. Second, the region's declining supply of affordable housing continues to expand the gap between the options available for the lowest-income households and the increasing need. Seven jurisdictions experienced a decline in their homeless populations in 2014. The regional increase is attributed primarily to the increased number of homeless persons, predominantly families, counted in the District of Columbia this year. In Loudoun County, the overall numbers are too small (a difference of 13 people since 2013) to be significant. The decreased homeless count experienced in the other seven CoCs can 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. The severely cold weather on the night of January 29th may also have depressed the unsheltered count slightly as individuals "doubled up" or combined resources for the night to escape the cold weather.

The Homeless Services Planning and Coordinating Committee recommends that each jurisdiction continues its efforts to reach out, assess, and house unsheltered homeless people. The region's CoCs have in place, or are developing, systems to rapidly rehouse homeless people from emergency shelters into appropriate permanent housing.

Emergency shelters do not provide the intensive longer-term assistance many chronically homeless persons need in order to become more self-sufficient. As a result, CoCs in the region are increasingly focusing on permanent supportive housing while continuing to provide emergency shelter. As reflected in this year's report, since 2010, 2,392 additional formerly homeless persons were placed in permanent supportive housing. The Committee recommends that each of the region's CoC jurisdictions continuously increase its permanent housing inventory. supportive The provision of supportive wrap-around services as part of this approach helps homeless people become more confident and independent once their challenges are diagnosed and addressed.

Permanent supportive housing is one solution to ending homelessness that is particularly effective for individuals who suffer from chronic homelessness. However, most individuals in emergency shelter do not require the high level of care associated with permanent supportive housing. The greatest need in the metropolitan Washington region is housing that is affordable to the lowest-income households, combined with a subsidy to be able to support the housing costs in this region and remain independently housed for the long-term. Rapid re-housing is a new approach in our region to ending homelessness for families facing a short-term economic crisis. However, without adequate affordable housing options, we will not be successful in assisting these families achieve self-sufficiency and preventing a future return to homelessness.



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

In addition to sharing approaches to ending homelessness through prevention, rapid rehousing and providing additional permanent supportive housing, a number of the region's CoCs are members of the 100,000 Homes Campaign. The 100,000 Homes Campaign is a national movement of communities working together to find permanent homes for 100,000 of the country's most vulnerable homeless individuals and families by July of 2014.18 The Campaign's approach embraces a Housing First model, and has developed a methodology to prioritize who to house according to who is most Arlington County, the District of vulnerable. Columbia, Fairfax County, Montgomery County, Prince William County and Frederick County are members of the 100,000 Homes Campaign. Prince George's County joined in late April 2014. Several of the region's CoCs participated in the Virginia Learning Collaborative's Rapid Rehousing Challenge between October 17, 2013 and January 24, 2014, which permanently housed 545 families in the Commonwealth of Virginia in 100 days.19 These are only two of several initiatives undertaken by the region's CoCs to prevent and end homelessness.

Last, and equally important, HUD implemented the new HEARTH Act definition of homeless effective January 2012. This change affected eligibility for homeless services and programs but did not change the definition of literally homeless for the Point-In-Time count. The same holds true for the 2014 enumeration. The impact of the HEARTH Act implementation may <u>affect the Continua</u> of Care's ability to provide

18 http://100khomes.org 19 http://www.endhomelessness.org/library/entry/Virginia-Learning-Collaborative-Rapid-Re-Housing-Challenge the same level of services and resources, and is an important ongoing concern.

In conclusion, the nine jurisdictions comprising COG's Continuum of Care worked hard to decrease the region's homeless rate over the past year. Although the 2014 regional homeless population increased by 3.5 percent, seven of the nine metropolitan Washington region CoCs decreased their literally homeless count from last year. For the past several years, the CoCs implemented HUD's Homeless Prevention and Rapid Re-housing Program to provide homelessness prevention assistance to households who would otherwise become homeless - many due to the economic crisis and to provide assistance to rapidly re-house persons who did become homeless. In past years, the federal government's stimulus funds were a critical support to the region's efforts to provide more permanent housing and supportive services to its homeless population and to prevent homelessness. The HUD Emergency Solutions Grant (ESG) will provide the region's CoCs with additional resources to reduce and eliminate homelessness throughout the metropolitan Washington region. The ESG program can be used to support homelessness prevention and rapid re-housing, enabling jurisdictions to continue successful programs initiated with the HPRP stimulus funding. However, funding challenges at the federal level have the potential to stall gains seen in providing housing to homeless persons during the past five years.

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



# TABLE 15: LIVING UNSHELTERED, IN WINTER BEDS, IN EMERGENCYSHELTER, IN SAFE HAVENS, OR IN TRANSITIONAL HOUSING

Jurisdiction/Yea	r	Single Persons	Unaccompa- nied Youth	Persons in Families	All Persons
	2014	179	0	88	267
	2013	185	0	90	275
Alexandria	2012	213	0	139	352
	2011	264	0	152	416
	2010	208	0	151	359
2010-2014 Percent (	Change	-13.9%	N/A	-41.7%	-25.6%
	2014	178	0	113	291
	2013	266	2	211	479
Arlington County	2012	263	0	188	451
	2011	268	0	193	461
	2010	347	0	184	531
2010-2014 Percent Change		-48.7%	N/A	-38.6%	-45.2%
	2014	3,948	5	3,795	7,748
	2013	3,690	6	3,169	6,865
District of Columbia	2012	3,754	13	3,187	6,954
Coluliola	2011	3,832	26	2,688	6,546
	2010	4,001	15	2,523	6,539
2010-2014 Percent (	Change	-1.3%	N/A	50.4%	18.5%
	2014	530	0	695	1,225
	2013	603	0	747	1,350
Fairfax County	2012	696	1	837	1,534
Fairiax County	2011	666	0	883	1,549
	2010	651	1	892	1,544
2010-2014 Percent (	Change	-18.6%	N/A	-22.1%	-20.7%
Frederick County	2014	141	0	105	246
	2013	171	0	104	275
	2012	169	0	116	285
	2011	169	0	111	280
	2010	141	0	111	252
2010-2014 Percent Change		0.0%	N/A	-5.4%	-2.4%



# TABLE 15: LIVING UNSHELTERED, IN WINTER BEDS, IN EMERGENCYSHELTER, IN SAFE HAVENS, OR IN TRANSITIONAL HOUSING

Jurisdiction/Yea	ır	Single Persons	Unaccompa- nied Youth	Persons in Families	All Persons
	2014	77	0	102	179
	2013	81	0	85	166
Loudoun County	2012	69	0	95	164
	2011	86	0	70	156
	2010	71	0	86	157
2010-2014 Percent	Change	8.5%	N/A	18.6%	14.0%
	2014	603	0	288	891
	2013	638	0	366	1004
Montgomery	2012	600	1	381	982
County	2011	761	0	374	1,135
	2010	692	0	372	1,064
2010-2014 Percent Change		-12.9%	N/A	-22.6%	-16.3%
	2014	209	4	441	654
	2013	298	18	370	686
Prince George's County	2012	279	0	362	641
County	2011	429	0	344	773
	2010	419	0	370	789
2010-2014 Percent Change		-50.1%	N/A	19.2%	-17.1%
	2014	192	0	253	445
D	2013	183	1	263	447
Prince William County	2012	161	0	306	467
County	2011	175	0	500	675
	2010	182	0	306	488
2010-2014 Percent	Change	5.5%	N/A	-17.3%	-8.8%
ALL COG CoCs	2014	6,057	9	5,880	11,946
	2013	6,115	27	5,405	11,547
	2012	6,204	15	5,611	11,830
	2011	6,650	26	5,206	11,882
	2010	6,779	0	4,995	11,774
2010-2014 Percent	Change	-10.7%	N/A	17.7%	1.5%

# Homelessness Enumeration Narrative Reports



#### Description of Homeless Services

The Partnership to Prevent and End Homelessness in the City of Alexandria (The Partnership) is 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 and serves as the homeless services Continuum of Care (CoC). The Partnership develops and implements the strategic plan and coordinates and oversees the delivery of homeless services to persons experiencing or at-risk of homelessness in the City of Alexandria.

The Housing Crisis Response System (formerly the Homeless Services Centralized Intake 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 seeking shelter receive consideration for diversion services, creating an opportunity to address the housing crisis with targeted assistance while averting unnecessary entry into the shelter system. Intended outcomes include 1) a reduction in the number of first-time shelter entries, 2) the prevention of reoccurring episodes of homelessness, and 3) shortened lengths of homelessness.

The three emergency shelters provided a total of 162 year-round beds (98 for households without children and 64 for those with adults and children). From November 1 to April 15, an additional 67 undesignated beds are provided through Winter Shelter to protect persons experiencing homelessness from exposurerelated conditions such as hypothermia and frostbite during cold weather months. Combined, the transitional housing programs provided 87 beds (29 for households without children and 58 for households with adults and children).

Program conversions and building renovations resulted in an overall reduction of 8 transitional housing beds for households without children in the CoC inventory at the time of the 2014 enumeration. The changes were due to: 1) the reallocation of funds to support the addition of two permanent supportive housing beds designated to serve chronically homeless individuals, based on a demonstrated community need; and 2) the building renovation of one program temporarily removing four of eight program beds.



# Table 16: City of Alexandria Continuum of Care Service ComponentDescriptions

-	Descriptions
Components	Description
Outreach	Engagement with the unsheltered homeless to provide assistance including advocacy, assessment, linkage to mainstream benefits and community services and assistance navigating application processes.
Homeless Services Assessment Centers	Assistance to determine the best immediate next step to effectively address the housing crisis. Services include screening and basic needs assessment, mainstream and community resource linkages and referrals for diversion services or emergency shelter as appropriate
Diversion / Prevention	Temporary intervention to persons at-risk of homelessness including linkage to mainstream resources, financial assistance, landlord-tenant intervention, job search assistance and employment services, budgeting/financial management and housing counseling.
Emergency Shelter	Seasonal shelter including workshops and linkage to community services from November 1 to April 15 to protect persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.
Emergency Shelter	Temporary shelter and supportive services for homeless individuals and families including a dedicated program for persons fleeing domestic violence.
Rapid Re-housing	Financial assistance and/or temporary supportive services to help homeless persons quickly return to and successfully remain in permanent housing.
Winter Shelter	Seasonal shelter and linkage to community resources from November 1 to April 15 to protect persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.
Safe Haven	Supportive housing for hard-to-reach homeless individuals with serious mental illness who have been unable or unwilling to participate in housing or supportive services.
Traditional Housing	Temporary supportive housing targeting homeless individuals and families needing extended assistance to facilitate a move to permanent housing, including special needs populations of transition-aged youth and persons in substance use treatment.
Permanent Supportive Housing	Permanent housing with supportive services designed to allow formerly homeless adults with children and individuals serious mental illness to live in the community as independently as possible. Includes barrier-free "housing first" units for individuals.
Permanent Housing Resources	Housing Choice voucher-subsidies; public housing units with and without supportive services; private income-based units; as well as rent relief subsidy and rapid re-housing programs.

#### Significant Accomplishments Since the 2013 Count

PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS In 2012 the first two beds designated to serve chronically homeless individuals were added to the continuum's 25 permanent supportive housing (PSH) bed inventory through a 2011 HUD-funded bonus project. In 2013 the CoC reviewed a six-year comparison and found that on average 36% of individuals counted during the PIT enumerations were chronically homeless. After further analyzing the housing need of persons experiencing homelessness and the efficiency of homeless bed utilization,



TABLE 17: CITY OF ALEXANDRIA CONTINUUM OF CARE HOMELESS SERVICES UNIT & BED INVENTORY								
Inventory Type	Units for Households with Adults and Children	Beds for Households with Adults and Children	Beds for Households without Chil- dren	Year-Round Beds				
Winter Shelter	n/a	19*	48*	n/a				
Emergency Shelter	n/a	64	100	162				
Transitional Housing	20	58**	35	87				
Safe Haven	n/a	n/a	12	12				
TOTAL	20	141	189	261				

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

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

it elected to bolster the permanent supportive housing inventory to better serve chronically homeless individuals many of whom are unsheltered, and therefore, the most vulnerable in our community.

- In 2013 through a HUD-funded reallocation, two additional PSH beds designated to serve the chronically homeless were added.
- In 2014 through a HUD-funded reallocation, an additional eight beds designated to serve the chronically will be added.

The designation of ten additional permanent supportive housing beds to serve the chronically homeless increases the bed coverage from 7% to 32%, aligning it with the demonstrated community need. To date there has not been a demonstrated need to designate PSH beds to serve chronically homeless households with adults and children.

### Homeless Prevention, Diversion and Rapid Re-Housing

Since the 2013 count 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**-93households(18withoutchildren and 75 with adults and children) totaling 281 people were at-risk of homelessness aided to retain permanent housing. Services included linkage to mainstream resources, financial assistance, landlord-tenant intervention, job search assistance, employment services, budgeting/financial management and housing counseling.
- **Diversion** 180 households with children sought shelter and 101 (56%) were diverted from entering the City of Alexandria's shelter system. Diversion methods included 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** – 63 households (41 without children and 22 with adults and children) totaling 109 people were assisted to swiftly return to permanent housing after



becoming homeless. Services included case management, housing search assistance and housing stability related financial aid.

### 2013 Annual Homeless Assessment Report to Congress (AHAR)

The City of Alexandria successfully contributed data in all possible categories to the 2013 Annual Homeless Assessment Report and the 2013 Veterans Annual Homeless Assessment Report. Each report consisted of the following six categories plus report summaries: 1) Emergency Shelters for Families; 2) Emergency Shelters for Individuals; 3) Transitional Housing for Families; 4) Transitional Housing for Individuals; 5) Permanent Supportive Housing for Families; and 6) Permanent Supportive Housing for Individuals.

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

### Homeless Point-in-Time Results

The Partnership conducted the 2014 Winter Point-in-Time count by collecting data through the Homeless Management Information System (HMIS) as well as manual surveys completed by homeless services program staff (i.e., outreach, day, winter and emergency shelter, transitional housing, and safe haven). A manual count of unsheltered homeless persons was conducted with the leadership of the Alexandria Community Services Board Comprehensive Recovery Team Leader. Reflected below are the demographic and sub-population comparisons of the 2012, 2013 and 2014 counts.

Table 18:	Tota	l Cour	nt an	d Bre	akou	t by H	ousehold Ty	ре
Persons Experiencing Homelessenss	20	012	20	013	20	)14	% Change 2012 - 2013	% Change 2013 - 2014
Total Persons	3	52	2	75	2	67	-25%	-3%
		H	louseho	ld Dem	ograph	ics		
Men	157	74%	135	73%	128	72%	-14%	-5%
Women	56	26%	50	27%	51	28%	-11%	2%
Total Households	20	)13	1	41	1	79	-13%	-3%
		House	holds w	vith Adu	ılts & C	hildren		
Total Households	4	19	3	33	3	32	-33%	-3%
Single Parent Households	47	96%	31	94%	30	94%	-34%	-3%
Adults	5	51	3	8	3	36	-25%	-5%
Children	8	38	5	52	5	52	-41%	0%
Total Persons in Households	1	39	9	0	8	38	-35%	-2%



# Homeless Count by Household Type

Atotal of 267 persons experiencing homelessness were identified, a 3% decrease from 2013 and a 24% decrease from 2012. There were no households with only children identified in the 2014 count. There were 179 households without children, a total 3% decrease from 2013 and a 16% decrease from 2012. There were128 single men, a 5% decrease from 135 in 2013 and an 18% decrease from 157 in 2012. There were 51 single women, a 2% increase from 50 in 2013, and a 9% decrease from 56 in 2012.

On the night of the count 32 households with adults and children were literally homeless, a 3% decrease from 2013 and a 32.6% decrease from

2012. The number of persons in families slightly decreased by 2% from 90 in 2013 to 88 and by 37% from 139 in 2012; and the number of adults decreased by 5% from 38 in 2013 to 36 and by 29% from 51 in 2012. The number of children in households with adults and children remained the same at 52 from 2013 to 2014, which is a 41% decrease from 88 in 2012.

Ninety-one percent of households without children were sheltered, while 9% were unsheltered on the street or in places unfit for human habitation. Unsheltered households without children decreased by 21% from 29 in 2013 to 23, which is a 5% increase from 2012. One hundred percent of households with adults and children were sheltered (37.5% in emergency shelters and 62.5% in transitional housing

Table 19 Bro	eako	ut by	Loca	tion o	on the	e Nigh	t of the Cou	Int
Location on the Night of the Count	20	012	20	013	2	014	% Change 2012 - 2013	% Change 2013 - 2014
Unsheltered	22	6%	29	11%	23	9%	32%	-21%
Sheltered	330	94%	246	89%	244	91%	-25%	-1%
Total Persons	3	52	2	75	2	267	-22%	-3%
		Hous	eholds	Withou	t Child	ren	-	÷
Unsheltered	22	10%	29	16%	23	13%	32%	-21%
Winter Shelter	48	22%	35	19%	40	22%	-27%	14%
Emergency Shelter	78	37%	81	44%	89	50%	4%	10%
Emergency Shelter for Registered Sex Offenders			4	2%	2	1%		50%
Transitional Housing	53	25%	24	13%	15	8%	-55%	-38%
Safe Haven	12	6%	12	6%	10	6%	0%	-17%
Total Households	2	13	1	85	1	179	-13%	-3%
	]	Househo	olds wi	th Adul	ts & Ch	ildren	-	·
Unsheltered	0	0%	0	0%	0	0%	0%	0%
Winter Shelter	0	0%	0	0%	0	0%	0%	0%
Emergency Shelter	24	49%	15	45%	12	37.5%	-38%	-20%
Transitional Housing	25	51%	18	55%	20	62.5%	-28%	11%
Total Households	4	19		33		32	-35%	-3%



#### programs).

Chronic							% Change	% Change
Homelessness	20	012	20	013	2	014	2012 - 2013	
Households without Children	60	28%	69	37%	63	35%	15%	-9%
Households with Adults & Children	0	0%	1	<1%	0	0%	0%	-100%
		Subp	opulati	ons (Al	Adult	(s) *		
Veterans	20	8%	11	5%	18	8%	-45%	64%
Chronic Substance Abuse	61	23%	48	22%	53	25%	-21%	10%
Serious Mental Illness	45	17%	44	20%	65	30%	-2%	48%
Co-Occurring (formerly dual diagnosis)	50	19%	25	11%	32	15%	-50%	28%
Physical Disability	17	6%	11	5%	19	9%	-35%	73%
Chronic Health Conditions	43	16%	36	16%	23	11%	-16%	-36%
HIV / AIDS	10	4%	6	3%	4	2%	-40%	-33%
Limited English	13	5%	6	3%	12	6%	-54%	100%
Formerly Institutionalized **	46	22%	33	15%	14	6.5%	-28%	-58%
		Househ	olds wit	th Adult	s & Ch	ildren		
Total Households	27	10%	16	7%	11	5%	-41%	-31%
Single Women	8	14%	4	8%	3	6%	-50%	-25%
Women w/ Minor Children	19	41%	12	39%	8	28%	-37%	-33%
Children	32	32%	20	38%	11	21%	-38%	-45%
Total Persons	59	17%	36	13%	22	8%	-39%	-39%

\* Persons counted includes singles and adults in families and may be counted in more than one sub population.` \*\* Discharged to homelessness from a hospital, jail / prison, mental health facility, foster care, long-term care facility, etc.



Outreach volunteers prepare to count the unsheltered homeless on the night of January 29, 2014. Photo credit: US Veterans Administration



TABLE 21: GRC	)SS M	IONTI		NCOMI HILDRI		R HOU	SEHOLDS W	ΙΤΗΟυΤ
Gross Monthly Household Income	2(	012	2	013	20	014	% Change 2012 - 2013	% Change 2013 - 2014
Not Reported	0	0%	8	4%	2	1%	-	-75%
No	64	30%	76	41%	77	43%	19%	1%
Yes	149	70%	101	55%	100	56%	-32%	-1%
			Inc	ome Amo	ount			
\$1-150	1	1%	3	3%	0	0%	200%	-100%
\$151-250	5	4%	5	5%	8	8%	0%	60%
\$251-500	12	8%	7	7%	13	13%	-42%	86%
\$501-1,000	96	64%	58	57%	61	61%	-40%	5%
\$1,001-1,500	23	15%	17	17%	11	11%	-26%	-35%
\$1,501-2,000	7	5%	8	8%	4	4%	14%	-50%
More than \$2,000	5	3%	3	3%	3	3%	-40%	0%
		P	rimary	Source o	f Incor	ne		
Wages / Earned Income	83	55%	54	53.5%	51	51%	-35%	-6%
Retirement Income	4	3%	2	2%	8	8%	-50%	-300%
Disability Income	58	39%	42	41.5%	34	34%	-28%	-19%
Public Assistance*	1	1%	0	0%	0	0%	-100%	0%
Other**	3	2%	3	3%	6	6%	0%	100%
Not Reported	0	0%	0%	0%	1	1%	0%	-

\* General Relief or Refugee Support \*\* Spousal Support, Panhandling, etc.

### **Homeless Count by Subpopulation**

Thirty-five percent met HUD's definition of "chronic homelessness," a 9% decrease from 2013. Twenty-five percent had a diagnosis of substance use disorder; 30% had a serious mental illness; and 15% had a co-occurring substance use disorder and serious mental illness. Nine percent had a physical disability, and 11% had chronic health conditions.

There were no chronically homeless households with adults and children identified in 2014, as was the case in 2012. In 2013 there was one household identified, representing less than

1% of households with adults and children that year. Five percent of households were homeless as a direct result of domestic violence, all of which were single parent female households, a decrease from 2013. Nineteen percent of adults in households with children had such a limitation in English proficiency that it posed a major barrier to the access of services. In 2013 12% had an English language barrier, and this was true for 24% in 2012. Limited English proficiency also posed a barrier to services for 6% percent of adults in households without children this year.

Fifty-six percent of persons in households without children received income. Of those receiving income, 51% reported employment as their primary source of income. Thirty percent



			AND	CHILE	DREN			
Gross Monthly Household Income	20	012	2	013	2	014	% Change 2012 - 2013	% Change 2013 - 2014
Not Reported	0	0%	0	0%	0	0%	0%	0%
No	4	8%	3	9%	4	12.5%	-25%	33%
Yes	45	92%	30	91%	28	87.5%	-33%	-7%
			Inc	ome Am	ount			
\$1-150	0	0%	0	0%	0	0%	0%	0%
\$151-250	0	0%	0	0%	1	3.5%	0%	0%
\$251-500	3	7%	5	17%	2	7%	67%	-60%
\$501-1,000	15	33%	12	40%	5	18%	-20%	-58%
\$1,001-1,500	17	38%	4	13%	8	28.5%	-76%	100%
\$1,501-2,000	10	22%	7	23%	7	25%	-30%	0%
More than \$2,000	0	0%	2	7%	5	18%	-	150%
		P	rimary	Source of	of Incor	ne		
Wages	41	91%	26	87%	23	82%	-37%	-12%
Social Security / Retirement	0	0%	0	0%	0	0%	0	0%
Disability	0	0%	0	0%	1	4%	0%	-
Public Assistance*	4	9%	4	13%	2	7%	0%	-50%
Other**	0	0%	0	0%	2	7%	0%	-

TABLE 22: GROSS MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

\* General Relief or Refugee Support

\*\* Spousal Support, Panhandling, etc.

were employed (4% of the unsheltered, 12.5% of persons in winter shelter, 39.5% of persons in emergency shelters, and 73% percent of persons in transitional housing), a decrease from 32% in 2013. As in 2013 100% of the safe haven residents were unemployed; however, seven of the ten residents received income (90% was disability income and 10% retirement), a 16% decrease from 2013 and 2012. Of the persons in households without children having a monthly income, 61% reported their monthly gross in the range of \$501-\$1000. Forty-three percent reported receiving no income. One percent refused to provide income information, 100% of whom were unsheltered.

Eighty-seven percent of adults in households with adults and children received income. Seventy-two percent were employed. Down from 87% in 2013, this year's count indicated that for 82% employment was the primary source of income (57% of persons in emergency shelter and 82% of those in transitional housing). For 7% of households with income, TANF was the primary source; for 4% disability income; and for 7% another form of income was the primary source. There was a decrease in the number of adults employed in households with children, and an overall increase in the gross monthly income (3.5% = \$151 to \$250; 7% = \$251 to \$500; 18% = \$501 to \$1,000; 28.5% = \$1,001 to \$1,500; 25% = \$1,501 to \$2,000; and 18% = greater than \$2,000).

### **Housing Need**

The greatest barrier to ending homelessness in our community continues to be a 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 \$107,500). For households without children, 28% needed permanent supportive housing; 25% needed affordable permanent housing; 18% needed transitional housing (the majority for substance use treatment); 9% needed safe haven, and 2% needed emergency shelter triage and additional assessment. For households with adults and children, 63% needed affordable permanent housing, 25% needed transitional housing; 3% needed permanent supportive housing, and 9% needed emergency shelter triage and additional assessment.

To assist formerly homeless persons, the CoC currently operates 29 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 89% of the beds were occupied. One household (3%) of persons in permanent supportive housing was identified as ready to move on to permanent housing, but could not due to the lack of affordable housing.

# **Effects of CoC Efforts**

At 267, the 2014 count is at its lowest in seven years, and has continued to decline for the third year. We attribute the decrease in sheltered persons experiencing homelessness on the night of the count in large part to the efforts of the Housing Crisis Response System, which allows the CoC to more efficiently and effectively assess the needs of persons seeking shelter and best utilize community resources by offering diversion services to reduce the number of households entering the shelter system. Additional contributing factors include continued prevention and rapid-re-housing efforts, the funding for which has supplemented existing resources and strengthened the continuum's efforts toward ending the homelessness. For FY2013 and FY2014 the CoC received a combined total of \$352,976 in Emergency Solutions Grant funding with a focus of Prevention and Rapid Re-Housing. Prevention funds in the amount of \$52,976 and Rapid Re-Housing funds in the amount of \$250,000 were allocated for housing stabilization services and financial assistance.

# Future Trends in Homelessness

For the majority of households without children the gross monthly income is between \$500 and \$1,000. The majority of those with adults and children have a gross monthly income between \$1,001 and \$2,000. According to the Out of Reach 2014 report released by National Low Income Housing Coalition, renters in the City of Alexandria must have a gross monthly income of \$4,896.67 (\$28.25 per hour) to afford a basic two-bedroom rental apartment. This is more than three-and-a-half times the federal and Virginia state minimum wage of \$7.25. At \$28.25, the Washington-Arlington-Alexandria, DC-VA-MD HUD Metro Fair Market Rent Area has the highest Housing Wage in the state of Virginia, which has the highest Housing Wage among all of the states in the Southeast and is the 10th least affordable state in the nation. The Housing Wage is more than \$9 above the National Housing Wage of \$18.92.





#### Description of Homeless Services

#### 10 YEAR PLAN TO END HOMELESSNESS

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

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

Four 10 Year Plan committees and an executive committee support implementation of goals

by ensuring that best practice solutions are used within the continuum of care (CoC). Best practice approaches being implemented include coordinated intake and assessment, outcome-focused and data-driven decision making, permanent supportive housing for the chronically homeless, and rapid re-housing for families and individuals. The 10 Year Plan committees work in concert to ensure that available federal, state and local resources are used strategically to meet the needs of Arlington homeless households and those at risk of becoming homeless.

The County's Department of Human Services coordinated the 2014 Point-in-Time (PIT) survey on January 29, 2014 in conjunction with the Metropolitan Washington Council of Governments (COG).

#### CONTINUUM OF CARE

Arlington's continuum of care is a network of interconnected programs and services to assist people who are homeless or at risk of becoming homeless. It provides a foundation for the broader community partnership working toward the shared goals of the 10 Year Plan Consortium. Arlington's CoC program areas and operating entities include: street outreach and

TABLE 23: YEAR-ROUND AND WINTER INVENTORY OF BEDS								
Inventory Type	Beds for Individuals	Beds for Families	All Year- Round Beds	Winter Beds				
Hypothermia /. Overflow / Other (Additional winter Capacity)	0	0	0	73				
Emergency Shelter Beds	44	82	126	0				
Transitional Housing Beds	12	42	54	0				
Safe Haven	6	0	0	0				
Total	62	124	180	73				



engagement, homeless prevention and rapid re-housing, shelters, transitional housing, Safe Haven, and permanent supportive housing.

# Highlights

Arlington County has housed 84 homeless persons identified as vulnerable through the Arlington 100 Homes Campaign initiated in October 2011. Outreach workers, shelter and housing providers and mental health and substance abuse specialists continue to track the vulnerable homeless population on the street, assign them a lead worker, and work toward bringing them in off the streets.

Arlington County experienced improved key outcomes for families exiting shelter. Almost 85% of all households exiting family shelters went to permanent housing. And, among adults exiting family shelters, 63% were employed. Two providers of transition in place services shifted programming to the rapid re-housing model and participated in the 10-month Rapid Re-housing Learning Collaborative for the State of Virginia, led by the National Alliance to End Homelessness.

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

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

#### HPRP:

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

# **Point-in-Time Results**

Arlington County experienced a significant drop in the number of total persons counted in 2014.

For the **singles** the factors contributing to the dramatic drop include:

- Community efforts to house homeless individuals are working: The 100 Homes Campaign, programs for homeless veterans, and local permanent supportive housing have significantly reduced the number of chronically homeless individuals in this year's count.
- Weather: The severe cold and snow the night of the count may have resulted in a lower

TABLE 24: ARLINGTON COUNTY POINT IN TIME COUNT								
Category	2011	2012	2013	2014	% Change 2013-2014			
Total Number Counted	461	451	479	291	-39%			
Singles	268	263	268	178	-34%			
Families	193	188	211	113	-46%			

#### 100 Homes Project:



TABLE 25: ARLINGTON COUNTY CHRONICALLY HOMELESS COUNT							
Household Type	2012	2013	2014	% Change 2013-2014			
Sheltered Households without Children	175	156	62	-52%*			
Totals	175	156	74	-52%			

street count, as people may have moved into overnight housing with friends, family or others.

• **PIT counting period:** The 2014 count was conducted from sundown to sunup according to U.S. Department of Housing and Urban Development guidelines.

For **families** the factors contributing to the dramatic drop include:

- A change in PIT counting methodology for families: A housing category previously counted as homeless was reclassified for 2014, resulting in 97 individuals in families who would have been considered homeless in prior years being classified as housed for 2014. This number would have been flat if not for the change in classification. The change in counting methodology was mandated by the U.S. Department of Housing and Urban Development.
- Strategies for housing families are shifting: Previous focus was on transitional/ temporary housing; now it is permanent housing with time-limited supports.

For the **chronically homeless** the factors contributing to the drop include:

Efforts to **house individuals and weather factors**, as noted above.

Successful Permanent Supportive Housing Program: In FY 2013, there were 179 formerly homeless people in Arlington's three PSH programs, an increase of 32 people (22%) over the number of formerly homeless people in PSH in FY 2012. Many 100 Homes clients now live in PSH.

Housing Homeless Veterans: Re-focused efforts to house homeless veterans in collaboration with the Veteran Affairs Administration resulted in eight veterans receiving VASH vouchers. Expectations are to house an additional four to five individuals with VASH vouchers over the course of the next six to 12 months. Outreach workers continue to reach out to veterans to link them with employment and other benefits for which they may be eligible.

Arlington numbers conclusion, In are encouraging and show promise in new strategies to prevent and end homelessness. However, a single night and one year's count does not tell the complete story of this complex issue. Much work remains to be done. Affordable housing is a primary component of Arlington's strategy and the development of affordable housing continues to be a costly endeavor. The 10 Year Plan looks forward to completion of Arlington's Affordable Housing Study, which is now underway and will present the County's future plans to maintain affordable housing. The CoC will continue to evaluate and refine strategies to ensure community needs are met.





#### Description of Homeless Services

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

The Community Partnership for the Prevention of Homelessness (TCP) has been the designated lead agency of the CoC since the model was implemented in the District. As part of its role as the CoC lead agency, TCP is responsible for the management, oversight, and operation of the programming funded by HUD and the District of Columbia Department of Human Services (DHS) pursuant to a competitively procured contract with District government. As CoC lead, TCP has completed Point in Time on behalf of the District of Columbia annually since 2001.

TCP additionally manages the District's Homeless Management Information System (HMIS), the city's primary repository for client level information provided by consumers of homeless services. The District's Point in Time information is collected primarily through the HMIS. TCP was one of the first CoC nationally to use the HMIS to conduct Point in Time; in the 2014 count, nearly 80 percent of the information collected was submitted through the HMIS (the remaining information was submitted by providers via phone interviews or through paper form surveys conducted with consumers in their respective programs). Utilization of the HMIS at Point in Time helps TCP ensure that the District's count is comprehensive and that the results accurately reflect the size of the city's homeless population on a given single day. The results of Point in Time are, in turn, used regularly by TCP, city leaders and stakeholders in implementing services for homeless persons living in the District.

### **Changes Since Point-in-Time** 2013

Since the 2013 Point in Time, the District and TCP converted a large transitional housing program to rapid rehousing, which was successful in moving nearly 200 families to permanent housing. Relatedly, the number of units and beds for family transitional housing has decreased since the 2013 count was conducted. However, demand for shelter among families newly entering the homeless services system has increased, and the CoC added family emergency shelter units at motels to accommodate the families facing housing crises in winter 2013-2014.

The extreme weather that occurred in winter 2013-2014 moved the District government to add additional hypothermia shelter space for single, unaccompanied men and women at the District's recreation centers and churches. In cases when the temperature dropped below 15 degrees Fahrenheit (as it did on the night



of Point in Time) the District also opened additional warming centers at District facilities and on Metro busses for additional health and safety shelter for those out in the cold (persons utilizing these sites were counted as sheltered during Point in Time).

Since last year's count, the District has also implemented a coordinated intake process for single persons facing housing crises (coordinated intake for families has existed in the District since the 1980s, and is currently operated out of the Virginia Williams Family Resource Center). This allows for homeless persons seeking shelter, visiting drop-in centers, or accessing meal programs to be assessed with a uniform screening tool to determine need, assign priority, and appropriately target resources.

### Shelter and Housing Inventory

The District of Columbia CoC includes 2,221 emergency shelter beds for unaccompanied persons that operate year-round. From November through March, an additional 218 additional seasonal emergency shelter beds for unaccompanied persons are opened nightly, and another 405 hypothermia alert beds open on nights when the actual or forecasted temperature or wind chill is 32 degrees or below. As stated, due to the extremely cold weather during winter 2013-14, the District added additional warming center sites when the temperature or wind chill was 15 degrees or lower. Two hundred seventeen (217) of these beds were open on PIT 2014 as was the entirety of the emergency shelter resources mentioned above.

The District's housing inventory for families on the night of Point in Time was 915 units of emergency shelter, including space at motels for 470 families experiencing housing crises that began during winter 2013-14. The DC General Shelter serves families year round and its capacity changes with demand throughout the year; on PIT 2014, the facility served 298 families.

There are 984 transitional housing units for unaccompanied men and women and another 427 for families that are available year round. The programs in District's transitional housing inventory work with special populations and or persons living with disabilities such as mental health conditions or histories of substance abuse. Included in these units are 96 beds for homeless veterans and 107 units for unaccompanied youth (under age 18) and young adults (age 18 -24).

The District's housing inventory includes a substantial investment in local- and federally-funded permanent supportive housing and rapid rehousing (the latter was counted separately from the former for the first time in 2014).

TABLE 26: SHELTER & HOUSING INVENTORY								
Category	Units / Beds for Singles	Units for Families	Beds in Family Units					
Winter Shelter	840	470	1,531					
Emergency Shelter	2,221	445	1,405					
Transitional Housing	984	427	1,130					
Rapid Rehousing	65	635	2,118					
Permanent Supportive Housing	3,639	871	2,777					



At Point in Time, there were 3,639 units of permanent supportive housing for individuals and 871 units for families operating in the District, as well as 65 units of rapid rehousing for individuals and 635 for families.

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

In order to obtain a count of whom HUD defines as the literally homeless, counting and surveying of consumers of homeless services was conducted in all of the District's emergency shelters and transitional housing facilities on the night of January 29, 2014. Moreover, from 10:00 PM to 2:00 AM, nearly 200 professional outreach workers and trained volunteers canvassed the city, counting and engaging those who were seen outside during those hours in order to determine a count of unsheltered homeless persons. To augment this effort, counting and surveying was completed in meal programs and drop-in centers the following day, where persons reported where they had spent the previous night in addition to taking the survey.

The 2014 count of literally homeless persons in the District of Columbia was 7,748 – up 12.9 percent from the 2013 count. This is due to an increase in families in emergency shelter, a subset of the total literally homeless population that grew as newly homeless families entered the shelter system.

There were 1,231 homeless families counted in emergency shelter and transitional housing at PIT; this is a 25.2 percent increase from last year's count. No unsheltered families were seen by the outreach workers and volunteers that conducted the street count, nor did any of the meal programs or drop in centers report serving a family that spent the previous night outside of shelter or housing.

This 25 percent increase is a result of the increase in the emergency shelter population mentioned above, though the increase would have been significantly higher had efforts not been made to house 200 families counted in transitional housing during Point in Time 2013.

The number of unaccompanied homeless persons counted at PIT was 3,953, which was an increase of seven percent from the 2013 count of 3,696.

The count of unaccompanied persons included 396 unsheltered persons, 2,828 men and women in emergency shelter, hypothermia shelter and warming centers, as well as 729 men and women in transitional housing.

TABLE 27: HOMELESS COUNT BY CATEGORY									
Category	2013	2014	% Change						
Total Number Counted	6,865	7,748	+12.9%						
Total Number of Singles	3,696	3,953	+7.0%						
Total Number of Families	983	1,231	+25.2%						
Total of Persons in Families	3,169	3,795	+19.8%						
Total Adults in Families	1,301	1,559	+19.8%						
Total Children in Families	1,868	2,236	+19.7%						



#### Disabling Conditions and Homeless Subpopulations

Point in Time results indicated that many homeless persons are living with disabling conditions, though their prevalence differs between unaccompanied persons and persons in families. The disabling conditions tend to be more prevalent among unaccompanied persons than persons in families; however histories of domestic violence histories are consistently reported more regularly among homeless families than among unaccompanied persons. Other homeless subpopulations, including veterans of the United States Armed Forces and persons for whom limited English proficiency is a barrier for service, were also tracked during Point in Time. These subpopulations were seen more often among unaccompanied individuals than persons in families.

The table below charts the results of the disabilities and subpopulations portion of the

Point in Time survey.

### **Chronic Homelessness**

There are 1,785 unaccompanied homeless adults and 133 families in the District who meet the federal definition of chronic homelessness. HUD defines chronic homelessness as an adult person, or family with at least one adult person who is disabled and who has been continuously homeless for a year or more, or who has had four or more episodes of homelessness within the past three years.

# **Income and Employment**

Among those surveyed at Point in Time who responded to questions about income and employment, 21.6 percent reported that they were employed at the time of count. Consistent with last year's count, income from employment

TABLE 28: DISABILITIES & SUBPOPULATIONS					
	Unaccompanied Single Persons	Adults in Families	Total (All Adults)		
Chronic Substance Abuse (CSA)	12.0%	2.2%	9.4%		
Severe Mental Illness (SMI)	12.6%	10.8%	12.4%		
Dual Diagnosis (CSA & SMI)	12.4%	2.3%	9.7%		
Chronic Health Problem	11.0%	1.3%	8.5%		
Living With HIV/AIDS	2.8%	0.8%	2.3%		
Physical Disability	18.3%	5.2%	14.9%		
Domestic Violence (DV) History	10.4%	22.7%	6.6%		
Homeless Due to DV	1.1%	8.1%	2.3%		
Limited English Proficiency	7.2%	1.5%	5.7%		
U.S. Military Veterans	10.0%	0.9%	7.6%		



was the most common income source reported among unaccompanied homeless adults, and Temporary Assistance for Needy Families (or TANF) was the most commonly reported income source among adults in families. Fortytwo percent of all homeless adults reported that they had no income of any kind, though this was true of just 15 percent of adults in families as opposed to 55 percent of unaccompanied persons.

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

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

During Point in Time 2014, a total of 3,500 formerly homeless unaccompanied men and women were in permanent supportive housing, as were 858 formerly homeless families, which include 1,028 adults and 1,709 children.

The 2014 count also included rapid rehousing as a distinct subset of the formerly homeless for

the first time in 2014. At the time of the count, 65 unaccompanied veterans were in their own housing as a result of VA funded rapid rehousing, as were 16 families with veterans in the household. In addition, 23 families were in rapid rehousing units funded by HUD's Rapid Rehousing Demonstration Project and the DHS funded Family Rehousing and Stabilization Program (FRSP) was housing nearly 600 families who had previously been residing in the District's family emergency shelters.

The District of Columbia's plan to end homelessness includes using permanent housing, permanent supportive housing, and rapid rehousing to meet the needs of the literally homeless families and individuals served throughout the year. Steps taken at coordinated intake for both individuals and families will ensure that prioritized placements are made in to the most appropriate program are made to facilitate connecting homeless persons with the resources and supports they need. The Community Partnership and the District of Columbia see housing - whether through prevention, rehousing, or supportive housing - as the solution to homelessness in our city. As the city's homeless population changes, as highlighted through Point in Time, we continue to work to change the services offered to address, prevent and end further homelessness for the residents of the District of Columbia.



Outreach workers interview an unsheltered homeless person on January 29, 2014 in the District of Columbia. Photo credit: U.S. Veterans Administration





# **Fairfax County, VA**

### Description of Homeless Services

In 2008, the Fairfax County Board of Supervisors established the Office to Prevent and End Homelessness (OPEH) to manage, coordinate and monitor day-to-day implementation of the community's plan to end homelessness within the next 10 years. OPEH supports the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness which engages nonprofits, businesses, faith-based communities and county agencies in its efforts to implement the 10-Year plan, which focuses on rapid re-housing and prevention by increasing the availability of permanent affordable housing. OPEH also works closely with the independent Governing Board of the Community Partnership 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 new 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 service providers who provide the entire range of homeless services, including prevention, community outreach, case management, housing locators network, rapidrehousing, emergency shelter, hypothermia prevention, transitional housing programs, permanent supportive housing and affordable permanent housing. OPEH manages the HMIS and acts as the CoC lead, preparing and submitting the Continuum of Care application and ensuring compliance with all HUD mandates.

During2013, the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness continued progress in implementing the Ten-Year Plan. Significant accomplishments include:

- The 100,000 Homes Fairfax campaign was kicked off in February 2013 with over 200 volunteers from the community participating in a week-long outreach effort to survey and better understand the needs of the most vulnerable and chronically homeless individuals. Community Solutions welcomed Fairfax County into the 2.5% Club, acknowledging the extraordinary and successful efforts to house those identified as vulnerable. Fairfax County met its target of housing 50 of the most vulnerable individuals by the end of the first year of the campaign.
- In FY 2013, a total of 754 people moved into permanent housing from the county's shelters for families with children and single adults, representing a twenty-six percent increase from the previous year.
- The county's homeless family shelters improved efficiency in serving and rapidly moving people into permanent housing as the average length of stay in shelter decreased from 96 days in FY 2012 to 79 days in FY 2013.
- Mondloch Place, the first supportive housing facility of its kind in Fairfax County, opened its doors in November 2013 to provide 20 fully-furnished efficiency rental units with onsite support services to formerly homeless individuals.
- Construction is underway on Kate's Place, six units of Permanent Supportive Housing for families, with completion projected for fall



TABLE 29: YEAR-ROUND AND WINTER INVENTORY OF BEDS					
Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year- Round Beds	Winter Beds	
Hypothermia/Overflow/Other (additional winter capacity)	269	11/4	*	269	
Emergency Shelter Beds (includes DV shelters)	136	278/81	414	(included in winter overflow)	
Safe Haven	8	0	8	n/a	
Transitional Housing Beds	49	493/152	542	n/a	
TOTAL	462	782/237	964	269	
*Overflow beds are available for bo	oth individuals and	persons in familie	s as necessary.		

2014.

- Our CoC was awarded a new PSH project as part of the 2012 HUD CoC Program Competition; 18 chronically homeless vulnerable individuals will receive permanent housing as result of this new program which began housing people in February 2014.
- Two HUD CoC Program transitional housing projects were reallocated to PSH as part of the 2013 competition and should be operational in 2015.

There are currently 8 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 women impacted by domestic violence providing a total of 65 beds in 27 units. There are three family shelter programs, two utilizing congregate facilities and one using leased apartments. Their combined capacity is 47 units with 166 beds. In addition, there is one shelter facility which serves both families and single male and female adults, with a capacity of 10 units with 40 beds for families and 24 beds for single adults. This shelter also contains a medical respite section for those in need of nursing care; it has

the ability to serve 5 people at a time. There are two emergency shelter facilities that serve male and female adults with a combined capacity of 92.

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, there are 5 hypothermia prevention programs operated in three fixed sites and two that rotate among faith based congregations. During the 2014 PIT there were 11 people in 4 families in motels and 269 single adults in overflow and hypothermia programs.

Fairfax County has one Safe Haven which serves 8 chronically homeless, seriously mentally ill men and women. In addition, there is a small facility with 9 beds, targeting a chronically homeless seriously mentally ill population. Our range of shelter programs includes an eight-bed shelter for homeless youth owned and operated by a nonprofit. As the beds are not designated to serve only people homeless under the HUD definition this population is not counted in the PIT enumeration. Overall, emergency shelter capacity remains the same as previous years.



TABLE 30: HOMELESS COUNT BY CATEGORY							
Category	2014	2013	2012	% Change 2013-2014	% Change 2012-2014		
Total Number Counted	1,225	1,350	1,534	-9%	-20%		
Total Singles	530	603	697	-12%	-24%		
Total Number of Families	211	230	249	-8%	-15%		
Total Persons in Families	695	747	837	-7%	-17%		
Total Adults in Families	288	295	332	-2%	-13%		
Total Children in Families	407	452	505	-11%	-19%		

There are a total of 49 beds of transitional housing for singles available in Fairfax County. Two of these programs serve veterans specifically and another one serves young adults who are still attending Fairfax County Public Schools and no longer reside with their families. In addition, there are a total of 152 units of transitional housing with 493 beds available for people in families. Five programs serve people impacted by domestic violence, one serves female veterans and their families, and one serves young mothers and their children. These programs are operated by non-profit and government agencies with various combinations of HUD CoC Program funds, private funding, and contracts with the county. Overall, transitional housing inventory for both single individuals and families has decreased slightly due to a grant amendment which reduced capacity in one HUD CoC Program project and the reallocation of another HUD CoC Program project from transitional housing for singles and families to PSH for chronically homeless individuals.

# **Point-in-Time Results**

As shown in the table above, the overall pointin-time count for 2014 has declined significantly from 2013, from 1,350 people to 1,225 which is a 9% overall reduction. This number includes a decrease of 52 people in families and a decrease of 73 single adults for a total of 125 persons in the past year. This continues a pattern since 2009 of

a decline in the number of families and persons in families, combined with a decrease in the number of single individuals since 2013 as well.

The decrease in persons in families is largely due to strong prevention efforts, prioritizing rapid rehousing from family shelters, and strategically reducing the numbers of transitional housing units. The decrease in single adults is due primarily to the successful 100,000 Homes Campaign which brought attention to the need to house our most vulnerable homeless neighbors and prioritized their placement in all Permanent Supportive Housing vacancies and new openings.

The number of homeless individuals sheltered through winter seasonal overflow and hypothermia prevention programs was 1 person more in 2014 than in 2013, increasing from 268 to 269 on the day of the count, following a significant increase from 2012 to 2013. This data suggests that intensified outreach efforts continue to be successful and that our winter seasonal and hypothermia preventions programs are meeting the needs of this population. The number of individuals who were identified as unsheltered decreased from 104 to 66. This noteworthy reduction appears to be a direct result of identifying and housing the long term and most vulnerable unsheltered homeless population in our community. This approach has also produced a substantial reduction in the number



of chronically homeless individuals, from 243 in 2013 to 196 in 2014, a 19% decrease. In addition there was one two person chronically homeless family.

Overall, single individuals represented 43% and families represented 57% of all people counted. Among adults in families, 78% were female and 21% were between the ages of 18-24. Children under age 18 in families were 33% of all persons counted, remaining the same as last year. Among single individuals, 73% were male and 27% were female; there was one transgendered individual as well. Of this population 9% were between the ages of 18 -24.

The major subpopulations are noted in the chart above. For single individuals, 55% were reported as chronic substance abusers, seriously mentally ill, or both, a slight decrease from 2013. Among all persons in families, 33% were homeless due to domestic violence and 42% had a history of domestic violence in the past. Limited English proficiency was an issue for 27% of adults in families, but only 14% of single individuals. The 2014 count included 51 veterans or 9% of all adults; this is a decrease from 67 in 2013. Among single adults, only 24% were reported as employed and 56% reported having any income. In families, 59% of persons age 18 and over were employed and 80% reported having some source of income. These numbers are basically consistent with last year's numbers.

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

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

During FY2013 510 people were moved from

TABLE 31: HOMELESS SUBPOPULATIONS					
	Individual Adults	Adults in Families	Children in Families*	Total	
Chronic Substance Abuser	109	12	-	121	
Severe Mental Illness	139	24	-	163	
Dually Diagnosed	46	3	-	49	
Living With HIV/AIDS	3	2	-	5	
Physical Disability	72	9	-	91	
Chronic Health Problems	98	17	-	115	
Domestic Violence - History	52	117	174	343	
Domestic Violence - Current	22	83	148	253	
Limited English Proficiency	74	78	-	152	
U.S. Military Veterans	45	6	-	51	
*Children under 18. Adult child	ren 18 and over l	iving in families	are counted with a	adults in families.	



emergency shelter or transitional to other permanent housing as separate from PSH and RRH. A new permanent housing program was created by a non-profit partner that is currently serving 3 families. With this new HUD designation our community is in the process of identifying current resources that are utilized in this manner to be counted in future Housing Inventory Counts.

In addition, 60 people moved into PSH including VASH. The transformation of a family shelter into a congregant living facility containing 20 units of PSH for formerly homeless individuals was completed and fully leased after the end of FY2013. This is an important addition to our housing inventory.

Finally, hundreds of people moved into permanent housing through Rapid Rehousing.

Our community successfully participated in the Commonwealth of Virginia's Rapid Rehousing Challenge; assisting more families move to permanent housing following considerably shorter stays in homelessness.

One of the key sources of ongoing rental subsidies, the Housing Choice Program, was drastically curtailed this past year due to sequestration. As our Public Housing Authority has maintained a homeless preference for a number of years the elimination of this housing option had a significant impact on the number of homeless moving to permanent housing. In addition, although we continue to document substantial achievements in our efforts to prevent and end homelessness, extremely high rental costs and the severe shortage of very low-income housing in Fairfax County remain major challenges in full implementation of our 10-Year Plan.





# Frederick County, MD

#### Description of Homeless Services

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

Established in 1983, the Frederick County Coalition for the Homeless (FCCH) is the oldest local coalition working to end homelessness in Maryland. The FCCH is a coalition comprised of governmental and non-profit human service and community development organizations, religious institutions, for-profit businesses such as banks, local government officials, interested citizens, and homeless and formerly homeless persons. The FCCH meets monthly in order to coordinate the planning of local homeless services, discuss local needs and approve new projects, and advocate for additional resources to address homelessness.

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

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 29, 2014. 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

TABLE 32: YEAR-ROUND AND WINTER INVENTORY OF BEDS					
Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year- Round Beds	Winter Beds	
Hypothermia/Overflow/Other (additional winter capacity)	65	0/0		65	
Emergency Shelter Beds	15	39/13	54	0	
Transitional Housing Beds	43	101/33	144	0	
TOTAL	123 beds	140 beds 46 units	198 beds	65 beds	



TABLE 33: HOMELESS COUNT BY CATEGORY					
Category	2014	2013	2012	% Change 2012-2014	
Total Number Counted	246	275	285	-13.7%	
Total Number of Singles	141	171	169	-16.6%	
Total Number of Families	36	38	39	-7.7%	
Total of Persons in Families	105	104	116	-9.5%	
Total Adults in Families	41	39	42	-2.4%	
Total Children in Families	64	65	74	-13.5%	

TABLE 34: EMPLOYMENT				
Category	Total Number Employed			
Total Number of Single Individuals	33			
Total Number of Adults in Families	23			

possible, surveys were to be completed directly by the people that were homeless; however, shelter staff could utilize administrative or HMIS data if a person was unable to directly complete the survey. A total of 246 homeless persons (comprised of 182 adults and 64 children) completed the point-in-time survey; the largest household type was 141 single-individuals.

The Point-in-Time Survey instrument contains specific questions regarding all HUD-defined homeless subpopulations (e.g., veteran, alcohol abuse problem, drug abuse problem) and contains specific questions about the length of time that a respondent has been homeless. With regard to disabling conditions, the following data was reported: 72 respondents reported a substance abuse problem/addiction; 44 respondents reported chronic health problems; 22 respondents reported having physical disabilities; 22 respondents reported severe mental health problems; 32 respondents reported substance abuse problems and co-occurring mental health problems; 27 respondents (including children) reported

that they are survivors of current domestic violence; 10 respondents reported that they are veterans; 0 respondents reported a diagnosis of HIV or AIDS, and a total of 90 respondents (all single individuals) reported being "chronically homeless".

#### Permanent and Permanent Supportive Housing Placements

The availability of affordable or subsidized permanent housing continues to be a major problem in Frederick County. Subsidized permanent housing is provided by the Housing Authority of the City of Frederick (public housing and Housing Choice Vouchers), Frederick County Department of Housing and Community Development (Housing Vouchers), Frederick Community Choice Action Agency (Project-Based Section 8), Interfaith Housing Development Partnership, and by private landlords under contract with the U.S. Department of Housing and Urban Development. The Housing Authority of the City of Frederick currently completing an ambitious \$16,000,000 HOPE VI project that is committed to providing one-for-one replacement housing for each public housing unit that was demolished for redevelopment. At present, the Housing Authority of the City of Frederick is developing market-rate and homeownership units in order to establish "mixed-income" communities on large sites that were once exclusively occupied by public housing.



TABLE 35: SUBPOPULATION DATA						
Subpopulations	Single Individuals	Persons in Families	Total			
Chronic Substance Abuse	72	0	72			
Severe Mental Illness	18	4	22			
Dually Diagnosed	27	5	32			
U.S. Veterans	9	1	10			
Living with HIV/AIDS	0	0	0			
Domestic Violence Survivor, (including children)	2	25	27			
Physical Disability	20	2	22			
Chronic Health Problem	39	5	44			
Limited English (adults only)	0	4	4			
Chronically Homeless	90	0	90			

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

Special needs housing providers operating in Frederick County include the Way Station, Family Services Foundation, Community Living, and the Frederick Community Action Agency. The Maryland Mental Hygiene Administration administers 21 HUD Shelter Plus Care vouchers in Frederick County and the Frederick Community Action Agency administers 19 units/23 beds of Housing First permanentsupportivehousingforindividuals that are disabled and chronically homeless. The following table provides additional data on formerly homeless persons now residing in permanent supportive housing through the Shelter Plus Care and Housing First Programs.

# TABLE 36: FORMERLY HOMELESSPERSONS NOW RESIDING INPERMANENT SUPPORTIVE HOUSING

Persons served as single individuals	36
Persons served as members of a family (adults and children)	13
Chronic Substance Abuser (CSA)	4
Severe Mental Illness (SMI)	15
Dually Diagnosed (CSA & SMI)	20
Chronic Health Problem	14
Living With HIV/AIDS	0
Physical Disability	7
Domestic Violence Survivor	2
Limited English	0
U.S. Veterans	4





# **Description of Homeless**

# Services

Loudoun's continuum of homeless services includes seasonal cold weather shelter, "dropin" services, emergency shelter, and transitional housing. Volunteers of America (VOA), under contract with Loudoun County Department of Family Services (DFS), operates the following programs at the County-owned Homeless Services Center: emergency shelter for women and families, emergency shelter for men, transitional housing (includes a scattered-site apartment program), "drop-in" program, and seasonal cold weather shelter for adults. Loudoun Abused Women's Shelter (LAWS) operates a 12bed shelter for women and children who are domestic violence victims. The Good Shepherd Alliance (GSA) provides emergency shelter for single women and families, transitional housing for single women, and transitional housing for single pregnant women and pregnant women with one infant or toddler. GSA also operates four scattered-site family transitional homes. INMED's Opening Doors program provides intensive case management for families with young children living in Loudoun emergency homeless shelters and transitional housing facilities. Services are focused on helping families gain stability and achieving the selfsufficiency that will allow them to obtain and maintain permanent housing.

Prevention and Rapid Re-housing are available through several programs. Loudoun DFS has local funds that can be used for first month's rent or eviction prevention. The state-funded Homeless Prevention Program (HPP) provides financial assistance and housing-focused case management to divert households from entering shelter and to prevent loss of housing. A unique service for low-income families at imminent risk of homelessness is provided Homelessness through INMED's Family Prevention program. Intensive home-based case management is provided to help families maintain housing stability by connecting them to employment, financial assistance, child care, medical assistance, and other supportive services; skill-building in the areas of saving, budgeting, reducing debt and goal setting is also part of the program.

Rapid Re-housing Services were provided by The Good Shepherd Alliance (via Emergency Solutions Grant Funds) and by DFS (via state Homeless Solutions Grant funding).

TABLE 37: YEAR-ROUND AND WINTER INVENTORY OF BEDS					
Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year- Round Beds	Winter Beds	
Hypothermia/Overflow/Other (additional winter capacity)	16	2 units overflow (hotel/motel)		16	
Emergency Shelter Beds	19	63	82	0	
Transitional Housing Beds	9	82	91	0	



# **Point-in-Time Results**

The January 29, 2014 count identified 179 persons (77 singles and 102 persons in families) experiencing homelessness. Compared to 2012 results when 164 persons were counted, there was a 9 percent increase overall in the number of literally homeless persons. For the one-year period from 2013 to 2014 the results document a 5 percent decrease in the number of homeless Between 2012 and 2014 family singles. homelessness increased by 7 percent (from 29 families up to 31 families). The number of chronically homeless individuals identified for 2014 is 20 and represents a 29 percent decrease from 2013 when 28 persons were identified as chronically homeless. No chronically homeless families were identified.

The employment rate among all homeless adults is 54 percent for 2014, a significant increase over 2013 when only 46 percent of homeless adults were employed. Employment among single homeless adults rose to 40 percent in 2014, up from 38 percent in 2013. Adults in families show a 60 percent rate of employment for 2014, representing a decrease from 2013 when 69 percent of adults in families were employed. The decrease in employment among adults in family households may be accounted for due to the fact that a great number of these adults reported chronic health problems, physical disabilities, or a language barrier. Employment is the most common source of income among all homeless adults in 2014.

The most commonly occurring sub-populations among homeless adults for 2014 by order of prevalenceareChronicHealthProblem,Domestic Violence Victim and Chronic Substance Abuse. In 2013 the top three sub-populations by order of prevalence were Domestic Violence Victim, Chronic Health Problem and Severe Mental Illness. The number of single adults reporting Severe Mental Illness is consistent with that seen last year (19 in 2014 vs.18 in 2013). Among single adults the numbers reporting Serious Mental Illness and Dual Diagnosis decreased as compared to 2013. The table below provides more detail on sub-populations.

#### **Summary of Results**

The number of homeless persons increased from 166 in 2013 to 179 for 2014. Both the number of homeless families and the total number of persons in the families have increased significantly since last year. The number of homeless families counted for 2014 was 31 (containing 102 total persons) up from 2013 when 24 homeless families (containing 85 persons) were counted. A decrease in the number of homeless singles was observed between 2013 and 2014 (from 81 in 2013 down to 77 in 2014). The decrease in homelessness among singles is most evident in the lower number of unsheltered adults (from 38 in 2013

TABLE 38: HOMELESS COUNT BY CATEGORY					
Category	2014	2013	2012	% Change 2012-2014	
Total Number Counted	179	166	164	9	
Total Number of Singles	77	81	69	12	
Total Number of Families	31	24	29	7	
Total of Persons in Families	102	85	95	7	
Total Adults in Families	40	29	35	14	
Total Children in Families	62	56	60	3	



TABLE 39: 2014 HOMELESS SUBPOPULATIONS					
	Individual Adults	Adults in Families	Children in Families	Total	
Chronic Substance Abuser (CSA)	16	3	0	19	
Severe Mental Illness (SMI)	15	1	0	16	
Dually Diagnosed (CSA & SMI)	10	0	0	10	
Chronic Health Problem	21	6	0	27	
Living with HIV/AIDS	0	0	0	0	
Physical Disability	5	4	0	9	
Domestic Violence Victim	12	10	12	34	
Limited English	2	5	0	7	
U.S. Veterans	6	1	0	7	

down to 24 in 2014). The severe winter weather occurring during the time of the PIT Count most likely resulted in persons seeking alternatives to remaining unsheltered. Rapid Re-housing and supportive housing resources targeted to single adults during the year may have also contributed to the decrease in the number of single adults for the 2014 PIT. The increase in the number of homeless between 2013 and 2014 is evident primarily within the number of households with children served in Transitional Housing (TH). The number of families in TH for 2013 was 12 (with 16 adults and 34 children), and for 2014 the number rose to 19 families (with 24 adults and 38 children). Changes in the TH inventory between 2013 and 2014 account for the increase in families served. In 2013 renovations to one TH program resulted in 4 TH units being unavailable for occupancy. Two additional TH units were also added to the inventory during the year. The TH inventory available at the time of the 2014 PIT was greater than in 2013 and was fully utilized.

The number of homeless identified during

the 2014 PIT count represents a significant increase over the prior three years in which the number remained fairly stable. During the past three years Loudoun County's population grew more than any other county in Virginia. As the population has grown, the overall number of individuals and families in poverty has also grown. Households in poverty are more likely to experience homelessness and housing instability than higher income households, and this factor has likely contributed to the increase for 2014. It is difficult to predict if an increase in homelessness will be repeated in the future.

#### Permanent Housing and Permanent Supportive Housing

The number of households exiting from Emergency Shelter into permanent housing is 56. The number of households exiting from the Good Shepherd Alliance Transitional Housing Program during the year is 9. The VOA-operated Loudoun Transitional Housing program exited 40 persons (or 74% of all persons exiting) to

#### permanent housing.

Access to affordable housing and subsidized housing options continues to be limited in Loudoun. The federally funded Housing Choice Voucher (HCV) Program currently serves 635 households. Three of ten "homeless set-aside" HCV vouchers are currently in use. The HCV wait list is closed to new applicants at this time. Reductions in federal funding for this program have resulted in a reduction in the number of households served and increased wait times for those on the wait list. Three small subsidized seniorhousingprojects also exist, serving persons aged 60 and over. The Affordable Dwelling Unit (ADU) rental program provides 336 rental units to households at income levels between 30 and 50 percent of Area Median Income (AMI). The majority of Loudoun's homeless have incomes at 0 to 30 percent of AMI, a level too low to qualify for the ADU rental program. One new rental unit serving household income of 0 to 30 percent of AMI became available during the year. A Housing Stakeholders Group was formed under direction of the Loudoun County Board of Supervisors during the year. One general goal of the group is to explore options that could increase the availability of affordable housing for low and very low income households. The Loudoun CoC continues to advocate and to explore funding sources for the development of housing options affordable to persons with extremely low incomes, to include Permanent Supportive Housing.



Photo credit: Paul DesJardin, Council of Governments

# Permanent Supportive Housing

The inventory of permanent supportive housing is unchanged from last year. Mental Health (MH) Residential Services provides 14 permanent supportive housing (PSH) beds for individuals in group homes, supervised apartments, and private residences. This housing is not specifically for homeless persons, but homeless persons with severe mental illness, developmental disabilities or chronic substance abuse issues may be served if there are openings, and if eligibility criteria are met. This year 5 formerly homeless persons are being served by the MH residential program as compared to 2 persons in 2013. Department of Family Services plans to add two units of supportive housing for homeless persons with disabilities during the year. Additional units of PSH are under development based on a pending reallocation of HUD Continuum of Care grant funding.

# **Rapid Re-Housing**

Rapid Re-housing (RRH) services were available during the year for both single individuals and family households through The Good Shepherd Alliance and the Loudoun County Department of Family Services. For Fiscal Year 2013 a total of 24 families and 13 single individuals obtained housing through RRH services. RRH services have resulted in ending homelessness quickly for these households, and in some cases freeing up shelter resources for persons with critical needs.



# 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. Montgomery County Department of Health and Human Services (DHHS) Special Needs Housing (SNH) serves as both the Collaborative Applicant and Homeless Management Information System (HMIS) Lead, and manages the CoC Coordinated Assessment system. The CoC continues to provide a full continuum of housing services to homeless persons including outreach and engagement, emergency and transitional shelter, safe havens, rapid re-housing, permanent supportive housing and permanent housing with supports. Case management is provided at all levels of the continuum with an emphasis on removing housing barriers and connecting homeless persons with housing, employment, disability entitlements, and other behavioral health services. The continuum also utilizes a range of homelessness prevention initiatives including emergency financial assistance, shallow rent subsidies, and energy assistance designed to prevent the loss of permanent housing.

During 2013 Montgomery County CoC launched its 100,000 Homes Campaign with several members attending the "Boot Camp" in California and Virginia. Registry week was held November 4 – 6, 2013 and resulted in the completion of 369 surveys. Utilizing the CoC's approved vulnerability definition, 159 (43%) of

those surveyed were considered vulnerable. Following registry week, the CoC held its third "Homeless Resource Day" and continued its efforts to utilize innovative ways to reach out to, and provide assistance to, persons experiencing homelessness. More than 319 households attended this highly successful event. Participants were connected to a wide range of community resources and supports including vision and health screenings, mainstream benefits, legal assistance, employment guidance, haircuts and more.

As part of its commitment to ending homelessness for the most vulnerable and chronically homeless, Montgomery County approved a special appropriation to provide permanent supportive housing to a minimum of 15 of the most vulnerable homeless adults and has begun development of a 21-bed Personal Living Quarter facility slated to open in 2016. In addition, CoC housing providers have agreed to prioritize vacancies in their existing programs for those experiencing chronic homelessness. Furthermore, the local housing authority, Housing Opportunities Commission is exploring prioritizing homeless persons identified as vulnerable homeless for housing choice vacancies.

Montgomery County continues its efforts to meet the needs of homeless veterans living in Montgomery County via its one-stop center, in collaboration with the U.S. Department of Veterans Affairs, where veterans can apply for benefits, get linked to housing and receive case management. This past year, Montgomery County was awarded additional VASH vouchers, bringing the total number received over the past four years to 80. In March 2014, Montgomery County Coalition for the Homeless opened a Veteran Safe Haven to



TABLE 40: MONTGOMERY COUNTY'S YEAR-ROUND AND WINTER INVENTORY OF BEDS					
Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds	
Hypothermia/Overflow/Other (additional winter capacity)	260	59/17	0	319	
Emergency Shelter Beds	140	144/41	284	0	
Transitional/Safe Housing Beds	170	140/47	310	0	
TOTAL	570	343/105	594	319	

provide shelter for fifteen (15) homeless veterans, which further increases options to serve this population.

The County continues to provide emergency shelter to households with children through three family shelters with the capacity to serve 27 families. An additional 15 families can be served through the County's domestic violence shelter. During this year's enumeration, sixteen (16) families were residing in motels which serve as overflow when shelters are at capacity, a reduction over the previous year.

Emergency shelter capacity for adults without children expanded to 140 year round beds (5 designated for domestic violence victims) due to the addition of 10 additional year round beds for men. During hypothermia season from November to March, capacity further expands to 400 beds. On the day of the 2014 enumeration, there were 352 emergency shelter beds occupied, 209 of which were designated as seasonal or hypothermia beds.

Transitional housing and Safe Havens programs provide 170 beds for households without children. On the day of the enumeration, there were 156 beds occupied. . The National Center for Children and Families (NCCF) developed a new transitional program targeted toward families headed by transition-aged youth mothers between 18 – 24 years old. This program will provide 8 additional beds. The Rapid Re-

housing Demonstration grant that is provided by NCCF is no longer considered transitional housing by HUD therefore the number of units for households with children has decreased.

Montgomery County in consultation with the CoC has developed a Rapid Re-housing program operated by Special Needs Housing to serve 20 family and single households. Participants receive a shallow rental subsidy (\$400 for singles, \$600 for families) coupled with case management for up to twelve months.

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

Montgomery County's homeless point in time survey was conducted on January 30, 2014. A total of 891 homeless persons were counted that day. This is an 11 percent decrease since The overall decrease in the 2013 count. homelessness could be attributed to several factors including an increase in permanent supportive housing and additional units that were created via the Housing Initiative Program (HIP) Medical component and the Veterans Affairs Supportive Housing Program (VASH). Another indirect factor may have been severe winter weather. The number of unsheltered persons decreased by approximately one-third (34%) from 143 in 2013 to 95 in 2014. In response to the frigid weather, local outreach teams were out on a daily basis encouraging people to accept shelter and local police units were provided the



TABLE 41: MONTGOMERY COUNTY'S HOMELESS COUNT BY CATEGORY						
Category	2014	2013	2012	% Change 2012-2014	% Change 2013-2014	
Total Number Counted	891	1004	982	-9%	-11%	
Total Individuals	603	638	600	0%	-5	
Total Number of Families	91	117	126	-28%	-22%	
Total Persons in Families	288	366	381	-24%	-21%	
Total Adults in Families	100	137	152	34%	27%	
Total Children in Families	188	229	229	-18%	-18%	

location of "hot spots" / encampment areas to ensure that unsheltered persons were provided transportation to shelter or additional blankets if refused. Despite this effort, the sheltered number only increased slightly 4 percent.

Households without children experienced a 5 percent reduction from 638 in 2013 to 603 in 2014. As noted above the most significant part of the decrease was due to the decline of unsheltered persons. The CoC's concerted effort to address this issue with new funding for permanent supportive housing and permanent housing with supports has made a significant impact and the continued outreach efforts to engage unsheltered has also been beneficial.

This enumeration indicated a 22 percent decrease in the overall number of homeless households with children from 117 households in 2013 to 91 households in 2014. This decrease can be attributed to several factors: 1) Re-design of the ESG Rapid Re-housing Program, which as of the enumeration assisted in providing 9 households to become stably housed directly from emergency shelter; 2) prevention and diversion efforts to place families in the community; and 3) increase in permanent supportive housing via our Housing Initiative Program.

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

During this year's enumeration, there was a change in the classification of the Rapid Re-

Housing Demonstration Grant from transitional housing to its own separate classification. This change reduced the number of families that would have been considered literally homeless by a total of 20 persons and a total of 7 families. Despite this reclassification, the total number of homeless persons in Montgomery County has decreased. It is anticipated with the increased community support generated by the 100,000 Homes Campaign, the development of additional private living quarters, and the use of Emergency Solutions Grants for rapid re-housing that the decrease in the homeless population will continue.

# **Subpopulations**

Six-three (63%) percent of Montgomery County homeless households without children reported chronic substance abuse, serious mental health issues, or co-occurring disorders, which is a decrease from the previous year when 68% reported these conditions. This decrease could be attributed to increased outreach to engage persons in accessing behavioral health treatment. During this enumeration Montgomery County made an increased effort to collect information about chronic health conditions and / or physical disabilities. Fortytwo percent of homeless households without children reported having these challenges.

Twenty-nine percent of the County's households without children counted during the enumeration met the criteria for chronic homelessness, which is a decrease from 2013



TABLE 42: MONTGOMERY COUNTY'S HOMELESS SUBPOPULATIONS						
	Individual Adults	Adults in Families	Children in Families	Total		
Substance Use Disorder (previously chronic substance abuse )	90	3	N/A	93		
Severe Mental Illness (SMI)	156	9	N/A	165		
Dually Diagnosed (CSA & SMI)	114	9	N/A	123		
Chronic Health Problem	157	7	N/A	164		
Physical Disability	97	2	N/A	99		
Domestic Violence Victim*	32	17	83	132*		
Limited English	75	10	N/A	85		
U.S. Veterans	34	1	N/A	35		

when thirty-five percent were reported to be chronically homeless.

Although Montgomery County has seen an increase in the number of immigrant families, only three percent reported limited English proficiency as a barrier to housing, similar to the four percent noted last year. The number of households without children reporting limited English proficiency as a barrier to housing decreased to 12 percent in 2014 from 14 percent in 2013.

The veteran population increased during this enumeration by 13 percent for households without children from 31 in 2013 to 35 in 2014. This increase could be attributed to an improved definition and the "one stop" drop-in center created for veterans to improve access and coordination of services. Overall, the percent of homeless veterans remains low at four percent.

HUD did not require domestic violence be counted during this enumeration; however, it is considered valuable information toward understanding the factors that lead to homelessness. There was an slight increase to five percent of households without children and a decrease to 19% of households with children

reporting that domestic violence contributed to their current episode of homelessness. Two (2) families were identified as chronically homeless. Both chronically homeless families were reported a history of domestic violence, which highlights additional challenges this population faces.

In comparison to last year, 48 transitional aged youth were identified which is an increase from the 43 identified in 2013. Continuing with the decrease in households with children only eighteen percent were households headed by a transitional aged youth compared to twentyfive percent in 2013. During the County FY13 as of January 31, 2013 there were 75 households headed by transitional aged youth compared to 58 in 2014. Many entered the system with no income and receive support in applying for Temporary Cash Assistance and engaging in employment services.

#### **Employment and Monthly Income**

*Employment* – The number of households without children reporting employment decreased to 22 percent in 2014 from 27 percent in 2013. There has been a concerted effort to



connect homeless persons with vocational and employment supportive services, but it has not yielded consistent results. However, employment among adults in households with children has consistently increased over the past few years to 53 percent in 2014 from 48 percent in 2013 and 46 percent in 2012.

*Monthly Income* – Among households without children including the unsheltered, the number reporting monthly income decreased to 52 percent in 2014 from 58 percent in 2013. Eightysix percent of adults in household with children reported some form of monthly income. Unchanged from last year's enumeration, HUD required collection of demographic information about transitional age youth (18 -24).

#### Permanent and Permanent Supportive Housing Placements

#### **Permanent Housing**

In Montgomery County there has been little change in the availability of affordable housing for persons with low to extremely-low incomes. The high cost of housing in Montgomery County is a significant barrier to preventing and ending homelessness. A household would need to earn more \$56,400 annually to be able to afford the HUD Fair Market Rent of \$1,469 per month for a two-bedroom apartment. For many residents, living in Montgomery County this not possible without on-going financial support.

The local housing authority, Housing Opportunities Commission (HOC), continues to play vital role in making housing affordable in Montgomery County. HOC is exploring adopting a housing priority for homeless persons as their vacancies become available. Considering the housing authority waitlist has not opened in the past six years, this is a tremendous step forward.

Other housing options include the Rapid Rehousing Program, which has increased options

for households who do not need a permanent subsidy. In consultation with the CoC, this program can serve up to 15 families and five individuals at one time. Another permanent housing option, the State Rental Allowance Program, which provides twelve months of subsidy. The County Rental Assistance program provides shallow rent subsidy to households with children and special populations. The Department of Housing and Community Affairs operates a Moderately-Priced Dwelling Unit program which offers units at reduced rates.

According to HMIS data, from 7/1/2013 through to the PIT date, 60% of households with children that exited homelessness, left for a permanent housing destination. Of those, 31% exiting permanent housing including returning to family or friends and 29% to permanent supportive housing, including VASH. For households without children, 67% of those exiting to a known destination went to permanent housing. Of those, 38% housing options including returning to friends or family; while 29% exited to permanent supportive housing including VASH.

#### **Permanent Supportive Housing**

The number of persons residing in permanent supportive housing increased to 1,771 in 2014 from 1,695 in 2013. This represents a 4% over 2013 and 7% percent over 2012. This increase reflects the continued commitment of Montgomery County to increasing the supply of permanent housing. The Montgomery County CoC strategic plan to end homelessness continues to emphasize the need to increase the number of permanent supportive beds. Current activities include the development of a new 21-bed Personal Living Quarter and increased funding for permanent supportive housing for 15 vulnerable homeless adults and outreach to private landlords who will accept homeless persons with multiple housing barriers.





#### **Description of Homeless Services**

The Prince George's County Continuum of Care (CoC) is coordinated through the Homeless Services Partnership. The Homeless Services Partnership (HSP) began in the 1980s as The Homeless Advisory Board. In 1994, The Homeless Advisory Board was renamed the Homeless Services Partnership (HSP) and became the official Advisory Board to the County Executive. In 1998, the County received its first U.S. Department of Housing and Urban Development (HUD) grant for a Continuum of Care program. In 1999, County Resolution CR-68-1999 was proposed by the County Executive and unanimously passed by the County Council emphasizing the County's commitment to alleviating homelessness in Prince George's County. In 2012, the County adopted a HEARTH - friendly "10 Year Plan to Prevent and End Homelessness" and began re-tooling its entire system of care. The Prince George's County Department of Social Services is the lead administering agency for the County's CoC

and also serves as the Homeless Management Information System (HMIS) administrator; the Collaborative Applicant (CA) for the annual HUD Homeless Assistance grant application process; Co-Chair of the HSP; and the Maryland State Department of Human Resources' (DHR) local administrating agency for homeless assistance programs in Prince George's County.

The County's CoC has more than 100 partner public, private, non-profit, faith and citizen representatives and its services are provided through a combination of street outreach, rapid re-housing, prevention, diversion, hypothermia and emergency shelter, transitional housing, permanent supportive housing and permanent housing interventions. All CoC services are coordinated through a central intake system (the "Homeless Hotline") which is accessible 24/7/365. The system currently includes:

TABLE 43: PRINCE GEORGE'S COUNTY YEAR-ROUND AND WINTER BED INVENTORY					
Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds	
Hypothermia/Overflow/Other (additional winter capacity)	40	10	0	50	
Emergency Shelter Beds	54	142/28	196	0	
Transitional/Safe Housing Beds	60	190/59	250	0	
TOTAL	154	332/87	446	50	





- 24/7/365 centralized shelter intake through the "Homeless Hotline";
- 24/7/365 centralized prevention / diversion / rapid re-housing intake through "2-1-1";
- Two (2) 25-bed overnight hypothermia shelters (November to April) in partnership with 30 faith-based organizations;
- Three (3) 24-hour emergency shelters;
- Four (4) transitional housing programs;
- One (1) veterans only transitional housing program;
- A new system of shelter and services for homeless and unaccompanied youth and young adults 14-24 which includes 2 emergency shelters and 2 transitional housing programs, and
- Fourteen (14) permanent supportive housing programs.

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

The Prince George's County homeless pointin-time count was conducted on January 29, 2014. The survey counted and interviewed unsheltered homeless persons living on the streets and sheltered individuals and families in overnight hypothermia shelters, 24-hour emergency shelters and transitional housing programs. A diverse group of volunteers and providers met weekly through conference calls and face to face sessions to plan and develop strategies for conducting the count. The County's HMIS system was used to conduct the sheltered count and volunteers were divided into teams for the unsheltered street count: each targeting specific zip codes and locations within in the County including known encampments, shopping malls, metro stations, libraries, soup kitchens and other areas where unsheltered homeless gather. Additional sites were identified by the police who were included on the teams assigned to visit those isolated campsites. The unsheltered count included an interview

component to gather pertinent demographic, subpopulation, employment and other relevant data used to generate comparable data for this report.

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 2014 unsheltered count. Training sessions not only prepared volunteers and team leaders to effectively use the electronic devices but enabled them to review and provide feedback about the survey questions in advance of the count. HMIS Data Specialists were assigned to each team on the day of the count to assist with user questions and overflow survey input to ensure accountability. Unlike traditional paper forms, the new electronic format allowed the HMIS team to make real time. updates which were immediately available on volunteer iPads and iPhones while in the field, program special settings that kept volunteers from accidently overlooking questions which could have resulted in incomplete surveys, and ensure accuracy of data collection and analysis since responses were now typed and not handwritten.

On January 29, 2014 a total of 654 homeless persons were counted in Prince George's County (209 single adults, 168 adults in families, 273 children in families and 4 unaccompanied children) reflecting a 5% decrease from 686 in 2013. Of this number, 27% (179) were unsheltered (a reduction of 4% from 2013) and the remaining 73% (475) were sheltered (a reduction of 5% for the same period) and staying at County hypothermia, emergency shelter and transitional housing programs. The following chart provides a comparison of the 2012, 2013 and 2014 counts and it is clear that the County has remained diligent and focused on the issues

TABLE 44: PRINCE GEORGE'S COUNTY HOMELESS COUNT BY CATEGORY					
Category	2013	2012	2011	% Change 2013-201	
Total Number Counted	654	686	641	-4.6%	
Total Number of Singles	209	298	279	-29.9%	
Total Number of Families	144	123	113	17.1%	
Total Persons in Families	441	370	362	19.2%	
Total Adults in Families	168	137	124	22.6%	
Total Children in Families	273	233	238	17.2%	
Total Young Adults (18-24)	26	N/A	N/A	N/A	
Total Children w/ONLY Children	4	18	0	-77.8%	

of homelessness. In spite of having the highest number of cost burdened households amongst neighboring jurisdictions and the largest foreclosure rate in the metropolitan area, the numbers of homeless show a slight decline over the prior year count.

The following chart provides a summary of those surveyed by income type and as in prior years, the largest source of income remains employment, followed closely by SSI / SSDI:

This last chart provides a summary of barriers impacting those surveyed on the night of the

count. When reporting barriers, single adults reported severe mental illness (22%), chronic substance abuse (17%), physical disability (15%), and history of institutionalization (14%) as presenting the greatest barriers to permanent housing and independence. For adults within families, the percentages and types of barriers topping the list changed starting with severe mental illness and chronic health problems (19% each), followed closely by domestic violence – past or current (17%), and ending with chronic substance abuse (7%).

#### **Permanent and Permanent**

TABLE 45: HOMELESS COUNT BY INCOME TYPE – ADULTS ONLY					
Catagony	Shelt	tered	Unsheltered		
Category	Individuals	%	Individuals	%	
Total Number of Adults	255		122		
Income	128	50%	44	36%	
Employment	62	49%	17	40%	
Social Security / Retirement	1	>1%	6	14%	
SSI / SSDI	35	27%	9	20%	
TANF / Public Assistance	13	10%	5	11%	
Other Sources *	17	13%	6	14%	
Have Income but source unknown	0	0%	1	>1%	
Don't know / refused	13	5%	7	6%	
No Income	114	45%	71	58%	

\* Other sources include unemployment, child support, and panhandling



TABLE 46: PRINCE GEORGE'S COUNTY HOMELESS SUB-POPULATION(S)						
	Individual Adults	Adults in Families	Children in Families	Unaccompanied Youth	Total	
Chronic Substance Abuser	36	12	0	0	48	
Severe Mental Illness	45	32	0	0	77	
Co-occurring Disorders	10	4	0	1	15	
Chronic Health Problems	17	32	0	0	49	
Living With HIV/AIDS	0	0	0	0	0	
Physical Disability	32	4	0	0	36	
Domestic Violence (DV) History	12	29	8	2	51	
DV - Current Episode	3	6	12	0	21	
Foster Care	3	3	0	0	6	
Former Institutionalized	29	1	0	0	30	
Limited English Proficiency	7	3	0	0	10	
U.S. Veterans	20	1	1	0	22	
U.S. Veterans – Females	0	0	0	0	0	

### Supportive Housing Placements

In 2013, a total of 289 households exited the shelter system into permanent housing from the County's emergency and transitional housing programs. Of those, 88.5% secured long term unsubsidized permanent housing; (11%) entered permanent supportive or other subsidized housing and.5% became new homeowners.

success with unsubsidized and non-traditional permanency efforts, there are clearly those individuals and families who require a more structured housing plan and because of that, the County's Continuum of Care system continues to emphasize the importance of permanent supportive housing. In 2014, the CoC successfully increased the number of supportive housing beds by 12% (up from 284 in 2013 to 318 in 2014).

While the County has experienced significant

TABLE 47: PRINCE GEORGE'S COUNTY PERMANENT SUPPORTIVE HOUSING BED INVENTORY							
2012 2013 2014 % Change 2013-2014							
Beds for Individuals	84	79	129	61%			
Beds for Families	181	205	189	-9%			
TOTAL	265	284	318	12%			



# **Other Noteworthy Continuum of Care Activities**

- Closing the front door: The County's diversion, prevention and rapid re-housing initiatives prevented 507 households in FY 2013 from ever entering the shelter system; 364 (72%) through non-financial diversion efforts and 143 (28%) through financial prevention and re-housing efforts. In addition, HSP partner agencies managed an estimated 500 non-CoC beds for mentally ill, substance abusing, dually diagnosed and /or physically challenged persons who were homeless or at risk of homelessness and 120 VASH vouchers for homeless veterans further reducing new entries and system recidivism. Services provided by these programs include mobile street outreach and engagement, psychiatric evaluation and assessment, medication management, daily living skills, health promotion and guidance, psychotherapy and supportive counseling, 24 -hour crisis intervention, specialized case management, advocacy, and after care.
- Faith Partnership: The County's Faith Based Outreach Initiative (FBOI) which is staffed by the Department of Social Services has strong member representation on the CoC and is an integral part of the homeless service delivery system. Established in 1995, the FBOI is made up of more than 400 partner faith organizations representing all denominations, including Christianity, Judaism, Islam, and Hinduism, and has been providing integrated public-private health and human services programs and services for more than 17 years. The FBOI hosts the County's church based hypothermia programs, provides volunteer staffing for the annual PIT, conducts street outreach, ministry and mentoring to the vulnerable and hard-to-reach homeless (including chronically mentally ill, non-English

speaking, fragile seniors and disenfranchised youth), provides meeting space for homeless events, funds homelessness prevention / intervention services, and is working with the CoC to develop a plan for homeless outreach activities.

• Re-Entry: Most returning citizens do not go back to family or friends, resulting in homelessness and/or an increased risk of falling into circumstances that lead them back to a life of crime so in 2012, the County restructured its' Reentry Roundtable and created a new "Office of Re-Entry". Together, these two entities are working to improve the collaboration between criminal justice agencies, community organizations and service providers and to promote successful re-entry and integration of returning citizens to their families and community by focusing on the following key areas:

1. Developing a structured re-entry process since the current process is fragmented;

2. Increasing collaboration between all organizations that specialize in returning citizens;

3. Initiating the development of an Individual Service Plan upon entry into the system.

4. Focusing effort on the subset of the population that are likely to remain in County facilities (many of those who are incarcerated will be sentenced to a facility outside of the County);

5. Finalizing a discharge plan that ensures returning citizens are not discharged into homelessness; and

6. Increasing housing and resource opportunities for returning citizens by submitting grant applications for new funding opportunities.



Homeless and Unaccompanied Youth and Young Adults ages 14-24: In response to the lack of dedicated youth/young adult housing options, the CoC lead agency (Prince George's County Department of Social Services) created the Homeless Youth Workgroup comprised of 20 youth serving agency partners which, in the past 36 months has:

1. Produced a strategic plan to prevent and end youth and young adult homelessness,

2. Established a Training Academy that organizes and conducts quarterly trainings on youth and young adult related issues for providers serving youth to expand both capacity and competency,

3. Conducted 3 annual County-wide counts of homeless and unaccompanied youth ages 13-24,

4. Created a public relations campaign with a toll-free 24/7/365 hotline,

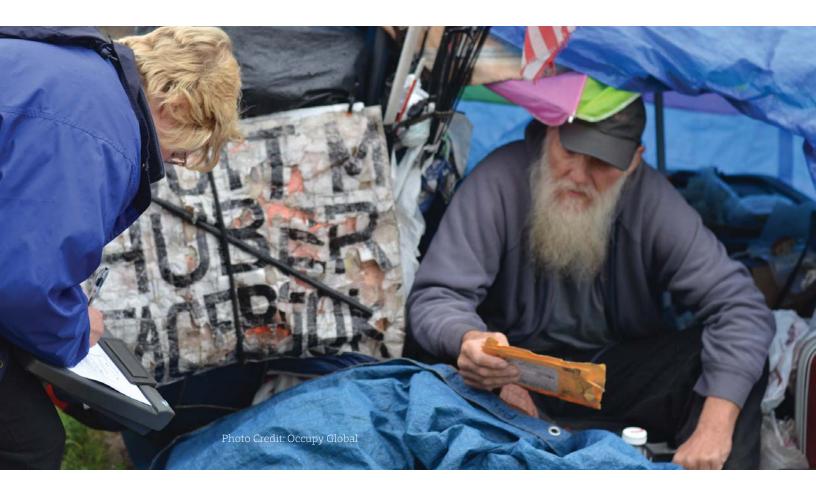
5. Renovated a 4,000 sq. ft. county facility to create new youth shelter space,

6. Received HHS funding for 2 basic centers (a host home model with 4 beds and a congregate model with 10 beds) and 1 maternal group home (4 beds),

7. Secured 39 Family Unification Program (FUP) vouchers that provided 18 months of subsidized housing for former foster youth experiencing homelessness,

8. Re-purposed 12 SHP-TH beds for UHY ages 18-24, and

9. Developed an additional 23 privately funded TH beds.



# Prince William County, VA

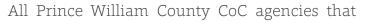
#### Description of Homeless Services

Prince William County Area Continuum of Care (CoC) is comprised of nonprofit, faith based and government agencies. The Prince William County CoC has a total of three emergency shelter facilities for singles and families, two Domestic Violence shelters and a Winter Shelter program that operates annually from November 1st through March 31st. The Winter Shelter and one of the emergency shelters are owned and overseen by Prince William County Department of Social Services (DSS) and the remaining two emergency shelters are owned and operated by CoC nonprofit agencies. The Prince William County CoC has a total of 48 individual emergency shelter beds and a total of 130 family emergency shelter beds. There are a total of eight Transitional Housing programs within the Prince William County CoC, seven of the Transitional Housing programs serve families and one program provides services for single males. The Prince William County CoC has a total of three individual transitional housing beds and a total of 167 family transitional housing beds. A total of six programs within the CoC receive funding from the Department of Housing and Urban Development (HUD), to provide Permanent Supportive Housing and Transitional Housing programs in the Prince William County.

Prince William County CoC recognized the need to provide housing for medically fragile homeless individuals with chronic health conditions. A Prince William County CoC nonprofit agency secured a private grant, funded though the Potomac Health Foundation, to provide four permanent supportive housing beds and two temporary emergency beds for

medically fragile homeless individuals. The permanent supportive housing beds provide housing for individuals that have disabling/ chronic medical conditions that create a barrier to the individual's ability to be self-sufficient without assistance. The temporary emergency beds are reserved to provide temporary shelter for medically fragile homeless individuals being discharged from hospitals. Individuals that no longer meet the inpatient criteria but are in need of continued medical attention and are not medically well enough to return to the streets or campsites. Two of the permanent supportive housing beds and one temporary emergency bed became available on September 1, 2013. The remaining two permanent supportive housing beds and one temporary emergency bed became available October 15, 2013.

In 2013 Prince William County CoC rapidly rehoused a total of 105 individuals and families through the Virginia Department of Housing and Community Development- Homeless Solution Grant (HSG) and the HUD -Emergency Solution Grant (ESG). A total of three CoC agencies provide permanent supportive housing services throughout Prince William County in scattered site locations. Prince William County CoC offers Homeless Prevention services which are funded through the Virginia Department of Housing and Community Development. The Prince William County CoC also provides a daytime Drop-In Center program for homeless individuals, which is operated by a faith based organization in partnership with the Prince William County Department of Social Services. The Drop-In Center program offers case management services, showers, meals, life skills classes, wellness groups, peer substance abuse groups, and mental health services.





provide homeless services and receive local, state, and federal funding are required to enter data in the Prince William County Homeless Management Information System (HMIS) database. Prince William County HMIS database is partially funded by HUD. HMIS provides data support to all programs that provide Transitional Housing, Emergency Shelter, Permanent Supportive Housing, and Rapid Rehousing in Prince William County. HMIS also provides data support to programs that provide supportive services, which includes but is not limited to mental health, case management, and education liaison services. To ensure HMIS data quality all CoC agencies providing the above mentioned services are required to complete HMIS data inputs by 2pm each business day. The CoC has actively used HMIS to aide in the collection of needed data for the Annual Homeless Assessment Report (AHAR) and the Point-In Time (PIT) reports that are submitted to HUD annually. The HMIS systems will also be used to manage the Prince William CoC County Centralized Intake System which launched on March 24, 2014. HMIS will play a key role in management of a county wide waitlist for emergency shelter services, prevention/ diversion services, and will also be used to make referrals for homeless individuals and families to appropriate services within the Prince William County CoC. The Centralized Intake System was developed in roughly two years and the Prince William County CoC is excited to have officially launched the Centralized Intake System and believes that this system will greatly improve the delivery of services to homeless individuals/ families and those at risk of becoming homeless.

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

On January 29, 2014 Prince William County CoC conducted the annual PIT Count. The PIT Count is comprised of the sheltered homeless individuals and families and unsheltered homeless individuals and families. The PIT

Count total for Prince William County totaled 445 homeless persons accounted for on the January 29, 2014. The Prince William County CoC emergency shelters had 44 beds occupied by individuals and 115 beds were occupied by families on the night of the PIT. The Transitional Housing programs had a total of 3 individual beds occupied and a total of 138 family beds occupied on the night of the PIT Count. The Prince William County Winter Shelter had a total of 47 beds occupied on the night of the PIT Count. A total of 98 unsheltered persons were accounted for on January 29, 2014. Although the temperatures were extremely cold the day of the PIT Count the CoC had outreach teams visit area campsites count the unsheltered. The Prince William County CoC coordinated outreach teams to canvas the homeless campsites located in the eastern and western end of the county to ensure an accurate count of the unsheltered homeless population. There was also collaboration with faith based community partners to provide luncheons and dinner functions at area churches to encourage participation of homeless individuals and families. The results of 2014 emergency shelter occupancy for the 2014 PIT Count totaled 159 emergency shelter beds occupied; this is an increase of 18.66% from the 2013 PIT Count of emergency shelter bed occupancy which totaled 134 during the 2013 PIT Count. The results of the 2014 unsheltered person count totaled 90; this is a decrease of 18.4% from the 2013 PIT Count of unsheltered persons which totaled 110 during the 2013 PIT Count. The results of the 2014 count of Transitional Housing beds occupied totaled 141 this is a decrease of 9.93% from the 2013 count of Transitional Housing beds occupancy which totaled 155 during the 2013 PIT Count. There was a decrease in unemployment reports during the 2014 PIT Count compared to unemployment reports during the 2013 PIT Count by a total of 6.942%. There was an increase in employment reports during the 2014 PIT Count compared to employment reports during the 2013 PIT by a



total of 20.432% persons employed.

# **Permanent Housing**

Permanent Housing remains a limited and needed resource within Prince William County. The CoC is actively researching and discussing needed resources to incorporate more affordable housing within Prince William County. In 2013 a total of 300 individuals and families entered into permanent housing without subsidies after program (emergency shelter, transitional housing permanent supportive housing etc ...) completion. These individuals reported having their own rental/housing unit and/or reported residing permanently with family or friends. Homeless persons that obtained rentals without ongoing subsidy at program completion totaled 224 persons. Homeless persons that obtained permanent housing with family upon program completion totaled 50 persons. Homeless person that obtained permanent housing with friends totaled 26 persons.

# Permanent Supportive Housing

Several Prince William County CoC agencies provide permanent supportive housing programs. A total of three CoC permanent supportive housing programs are funded by HUD and two programs are funded by the Prince William County Government. The permanent supportive housing programs are offered through scattered site housing and are coupled with intensive case management. These programs provide individuals the opportunity to remain integrated within the community while achieving individual goals and developing life skills. Prince William County CoC added four additional permanent supportive beds for individuals that are medically fragile in FY 2013 and will add an additional four beds for chronically homeless individuals in the Spring of FY 14. There is still a great need for Permanent Supportive Housing in Prince William County as reflected in the results of the 2013 PIT. Homeless

service providers in the Prince William CoC are networking to provide the necessary resources needed to develop additional permanent supportive housing and affordable housing to provide the stable housing for Prince William County homeless individuals and families.

# **Rapid Re-Housing**

Prince William County CoC Rapid Re-housing programs provide funding assistance for rental arrears, security deposits, utility deposits, and rental payments for homeless families and individuals. The Prince William County CoC agencies have worked in collaboration to rapidly rehouse a total of 105 individuals and families in FY14. The Prince William County CoC has one homeless prevention program that is funded through the Virginia Department of Housing and Community Development. In FY 13 a total of 234 persons have been assisted with homeless prevention services.

# **Efforts to Reduce Homelessness in Veterans**

The HUD Veterans Affairs Supportive Housing Program (VASH) is relatively new to Prince William County, having received the first VASH vouchers in 2012. In 2012, Prince William County CoC received and issued ten VASH vouchers and all ten veteran recipients have remained stably housed. One of the veterans who received a voucher in 2012 has graduated from the program, having obtained full time employment and Veteran Affairs (VA) benefits, which put him over income for the program. He was able to maintain his monthly rental payments without a subsidy. This individual's voucher was then reissued to another homeless veteran, who remains stably housed with the assistance of the VASH voucher. In 2013, Prince William County received 20 vouchers and 19 veterans have been stably housed. In addition to those veterans who have received vouchers directly from Prince William County VASH Vouchers, there are also veterans who have moved to Prince William County using



vouchers ported from other jurisdictions. To better service veterans, Prince William County CoC agencies work closely with community partners such as the Veterans Administration and agencies that serve veterans in the areas of mental health, substance abuse, medical, benefits, housing, and stabilization. With these

partnerships, Prince William County CoC is able to link veterans to the services that are needed to rapidly rehouse them and their families. These connections are vital to the success of veterans as they reenter the community.

# **Charts Year Round**

TABLE 48: PRINCE WILLIAM COUNTY'S YEAR-ROUND AND WINTER BED INVENTORY						
Beds for Inventory TypeBeds for IndividualsBeds/Units for Persons in FamiliesAll Year-Round 						
Hypothermia/Overflow/Other (additional winter capacity)	48	-	-	48		
Emergency Shelter Beds	48	130	178	-		
Transitional Housing Beds	3	167	170	_		

TABLE 49: PRINCE WILLIAM COUNTY'S HOMELESS COUNT BY CATEGORY					
Category	2014	2013	2012	% Change 2013-2014	
Total Number Counted	445	447	467	1%	
Total Individuals	192	183	161	1%	
Total Number of Families	74	79	88	< 1%	
Total Persons in Families	253	263	306	1%	
Total Adults in Families	92	95	103	1%	
Total Children in Families	161	168	203	1%	
Total Number of Persons in Households with Children Only	0	1	0	0	

TABLE 50: PRINCE WILLIAM COUNTY'S HOMELESS SUBPOPULATIONS						
	Individual Adults	Adults in Families	Children in Families	Total		
Chronic Substance Abusers (CSA)	28	2	-	30		
Severe Mental Illness (SMI)	16	-	-	16		
Dually Diagnosed (CSA & SMI)	12	-	-	12		
Chronic Health Problem	43	0	-	43		
Living with HIV/AIDS	-	1	-	1		
Physical Disability	28	1	-	29		
Domestic Violence Victim*	7	7	14	28		
Langue Minority	5	0	-	5		
U.S. Veterans	17	2	-	19		

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

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