

Homelessness in Metropolitan Washington



Results and Analysis from the
2015 Point-in-Time Count of Persons Experiencing
Homelessness in the Metropolitan Washington Region



METROPOLITAN WASHINGTON
Council of Governments

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of Persons Experiencing Homelessness in the
Metropolitan Washington Region

Prepared by
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Governments' Homeless Services
Planning and Coordinating Committee

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EXECUTIVE SUMMARY

For the 15th consecutive year, the Metropolitan Washington Council of Governments' (COG) Homeless Services Planning and Coordinating Committee has conducted a regional enumeration of the area's homeless and formerly homeless population.

This year's enumeration and survey occurred on January 28, 2015. The report provides a one-day "snapshot" of the region's homeless population within nine metropolitan Washington area jurisdictions. It is important to note that this "snapshot" by definition provides one perspective on the state of homelessness in the metropolitan Washington region on only one day, and the count may be influenced by numerous variables, such as weather and bed availability by jurisdiction.

The 2015 Point-in-Time (PIT) Enumeration resulted in a total count of 11,623 literally homeless individuals. The region's population of persons experiencing homelessness decreased by 2.7 percent (or 323 people) from 2014. This is an improvement from the 2014 PIT, when the number of persons experiencing homelessness increased by 3.5 percent. Since 2011, the population of literally homeless persons has decreased by 2.2 percent (or 256 people). Six of nine jurisdictions recorded decreases in the number of persons experiencing homelessness in 2015. In the City of Alexandria, decreases in one demographic were offset by increases another, resulting in no change in the total number of homeless persons counted. As in past years, the District of

Columbia has the largest proportion of the region's homeless population (63 percent). Montgomery County experienced a 23 percent increase (209 persons) primarily due to an increase in homeless families. Frederick County, Maryland also experienced an increase from 2014 (26 percent) but this is based upon 65 individuals and therefore the population size may be too small to be truly significant.

The region measured success not just by the 2.7 percent decrease in the regional total of persons experiencing homelessness, but also by the 8,587 single individuals and family members who were counted in permanent supportive housing on the night of the PIT and are no longer considered homeless. In addition, in 2015, 3,784 formerly homeless individuals were rapidly re-housed and an additional 1,891 formerly homeless persons were counted in other permanent housing. This brings the regional total of formerly homeless persons in 2015 to 14,262, an additional 2,619 people housed than at this time last year. The significant number of people placed in permanent housing has constrained the incidence of homelessness in the region and helped prevent it from growing unchecked.

Yet another regional success story is the continued decline in chronic homelessness. The number of chronically homeless persons declined by 1,030 (31 percent) between 2011 and 2015 and by 230 persons (9 percent) from 2014 to 2015. Success is attributed in part to additional HUD-VASH (Veterans Administration Supportive Housing) vouchers, HUD Continuum of Care program funding targeting the chronically homeless, participation by most of the

region's Continuum of Care in the 100,000 Homes Campaign and related efforts, and an increase in permanent supportive housing options.

Coordinated efforts from the local all the way to the federal level at the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs have also had a positive impact on reducing the number of veterans experiencing homelessness in our region. Between 2011 and 2015, the region counted 138 fewer homeless veterans (19 percent reduction). This demonstrates the success that the region can achieve in ending homelessness with access to additional dedicated housing resources, such as HUD-VASH vouchers.

For the first time in 2015, as required by HUD, the region collected more detailed demographic data on Transition Age Youth (TAY); young adults aged 18 to 24. Transition Age Youth are more likely to be in families than single, and gathering more detailed information about them will inform efforts to respond appropriately to their unique needs. This year the region counted 1,538 Transition Age Youths.

Arlington County achieved the greatest percentage decrease (18 percent) in its literally homeless population this year, while the District of Columbia recorded the greatest decrease in the number of persons experiencing homelessness (450 fewer persons) this year.

The employment picture is mixed; although the economy is recovering in many sectors, it has not had a significant impact on decreasing unemployment and increasing earned income among persons experiencing homelessness. **Data collected this year**

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

The 2015 report highlights several key, recurring themes:

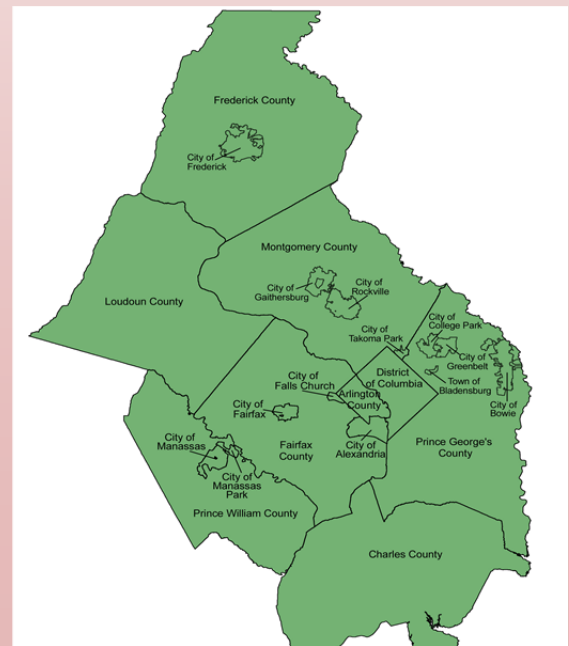
1. The significant increase in the number of formerly homeless persons in permanent and permanent supportive housing;
2. The positive impact of shelter diversion and homeless prevention programs;
3. The lack of living wage jobs continues to prevent people experiencing homelessness from achieving housing stability; and
4. The need for additional resources to increase the supply of affordable housing available to the lowest-income households.

Dedication to addressing the region's homelessness challenges has resulted in steady, measurable progress in providing shelter and wrap-around services to homeless individuals and families. The region's practitioners are implementing best practices and know which strategies best serve people experiencing homelessness in the metropolitan Washington area. However, there remain significant challenges highlighted in this year's numbers. Accurately counting and addressing the needs of homeless unaccompanied youth remains problematic,

not just for our region, but nationwide. The rise in family homelessness throughout the region in particular reflects the stark reality about the lack of sufficient affordable housing. Reversing the trend in rising family homelessness observed during the past four years will require a renewed dedication to creating and preserving affordable housing opportunities for low-income families to allow them to be stably and independently housed for the long-term.

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

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



Note: The map (right) 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.

INTRODUCTION

The 2015 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 City and County, Maryland;
- Loudoun County, Virginia;
- Montgomery County, Maryland;
- Prince George's County, Maryland, including data from the City of Bowie; and
- Prince William County, Virginia, including data from the City of Manassas and the City of Manassas Park.

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

The report includes narratives that were prepared by each of the respective jurisdictions. The narratives briefly describe each jurisdiction's homeless 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 2015 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 experiencing homelessness. While not yet considered homeless, many households are believed to be doubled up and/or living in overcrowded situations, due to difficult economic conditions. Homelessness is often the next step for such households once the family members or friends who have been sheltering them can or 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, which may also be referred to as "homeless" in this report, include Households without Children, Households with Adults and Children and Households with Only Children, who may be **sheltered** or **unsheltered**, as described above.

Formerly Homeless persons in this report include those who, on the night of the PIT, had moved into permanent supportive housing, were rapidly rehoused, or moved into other permanent housing 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 non-subsidized apartment or room, moving in with a relative or

friend, or receiving a mainstream rental subsidy.

Data for the 2015 enumeration were collected in the following three categories, as defined by HUD:

1. ***Households without Children.*** Households without children consist of only adults age 18 or over. In this report, we also refer to households without children as "single adults." The vast majority of households without children are single persons, although this category may include couples without minor children or a parent and an adult child over the age of 18. These households are counted as single adults for purposes of the Point-in-Time count.
2. ***Households with Adults and Children.*** Households with adults and children contain at least one adult age 18 or over and at least one child under age 18. In this report, we also refer to households with adults and children as "homeless families."
3. ***Households with ONLY Children.*** Households with ONLY children contain no adults age 18 or over, only persons under age 18, including teenage parents under 18 with at least one child, or other households with only persons under age 18.

HOW MANY LOCAL RESIDENTS ARE EXPERIENCING HOMELESSNESS?

As of January 28, 2015, 11,623 people throughout the metropolitan Washington region indicated that they were homeless, a decrease of 2.7 percent from 2014. Table 1 illustrates the region's 2015 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 18 percent. Several other CoCs experienced reductions in their homeless populations, such as in Prince William County (8 percent), the District of Columbia and Loudoun County (both at 6 percent), Prince George's County (4 percent), and Fairfax County (2 percent). In the City of Alexandria, decreases in one demographic were offset by increases in another, resulting in no change in the total number of homeless persons counted.

Montgomery County and Frederick County were the only jurisdictions which experienced an increase in their literally homeless

populations from 2014 to 2015. The change in Frederick County (65 persons) is relatively small. The greatest increase was in Montgomery County, which experienced a 23 percent increase (209 additional literally homeless persons) since 2014. The same trend is not true for the five

year period of 2011 to 2015, as shown in Table 2, which illustrates the numerical and percentage change in the region's homeless population.

How Has the Region's Homeless Population Changed?

Six of nine of COG's CoCs experienced decreases in their homeless populations between 2011 and 2015. Arlington County and the City of Alexandria have the largest percentage decreases in the number of people experiencing homelessness at 48 percent and 36 percent, respectively. Arlington County attributes the large reduction in its homeless population to several factors, including successful street outreach efforts, community efforts to house chronically homeless individuals as part of the 100,000 Homes national campaign, and a strategies shift, as the CoC has worked during the past two years to change transitional housing programs over to rapid re-housing. This year, the last transitional housing program was converted which resulted in an additional 48 persons being counted as formerly homeless.

TABLE 1: LITERALLY HOMELESS BY JURISDICTION 2014 - 2015

Jurisdiction	2014	2015	Change in Number of Persons 2014-2015	Percent Change 2014 - 2015
City of Alexandria	267	267	0	0%
Arlington County	291	239	-52	-18%
District of Columbia	7,748	7,298	-450	-6%
Fairfax County	1,225	1,204	-21	-2%
Frederick County	246	311	65	26%
Loudoun County	179	168	-11	-6%
Montgomery County	891	1,100	209	23%
Prince George's County	654	627	-27	-4%
Prince William County	445	409	-36	-8%
TOTAL	11,946	11,623	-323	-2.7%

The City of Alexandria attributes its decrease in sheltered persons experiencing homelessness on the night of the count in part to the efforts of its Housing Crisis Response System, which has been in place since 2012. This system allows the City to more efficiently and effectively assess the needs of persons seeking shelter and best utilize community resources by offering diversion services to reduce the number of households entering the shelter system.

Fairfax County, Arlington County, and Prince William County achieved the greatest reductions in terms of the total numbers of homeless persons from 2011 to 2015 (345 persons, 222 persons, and 157 persons respectively). Fairfax County attributes the decrease in homeless single adults primarily to the successful 100,000 Homes Campaign effort, increased and reallocated HUD funding for permanent supportive housing programs targeting this population, and additional HUD-VASH (Veterans Administration Supportive Housing) vouchers allocated over the past few years. The number of people in families decreased due to enhanced prevention and diversion

efforts, deliberate reductions in transitional housing, implementation of strong rapid rehousing interventions, and strategic use of mainstream resources such as housing choice vouchers.

Three jurisdictions, the District of Columbia, Loudoun County, and Frederick County, experienced increases in their homeless populations since 2011. In Loudoun and Frederick Counties, the increase during four years is the result of 12 and 31 individuals respectively; therefore, the population size may be too small to be truly significant. The District of Columbia has the largest local percentage increase in homeless people in the region, and accounted for 752 additional literally homeless persons during the same period.

A combination of factors, including the region's increased supply of permanent supportive housing, increased use of rapid re-housing, and homeless prevention and diversion efforts account for some other jurisdictions' consistent declines in homelessness and the region's 2.7 percent reduction from 2014.

TABLE 2: LITERALLY HOMELESS BY JURISDICTION, 2011-2015						
	2011	2012	2013	2014	2015	Percent Change 2011 - 2015
City of Alexandria	416	352	275	267	267	-36%
Arlington County	461	451	479	291	239	-48%
District of Columbia	6,546	6,954	6,865	7,748	7,298	11%
Fairfax County	1,549	1,534	1,350	1,225	1,204	-22%
Frederick County	280	285	275	246	311	11%
Loudoun County	156	164	166	179	168	8%
Montgomery County	1,132	982	1,004	891	1,100	-3%
Prince George's County	773	641	686	654	627	-19%
Prince William County	566	467	447	445	409	-28%
TOTAL	11,879	11,830	11,547	11,946	11,623	-2.2%

Significant challenges remain, however. Increases in the region's already-high rents make it very difficult for extremely low income households to find or maintain housing that they can afford. In addition, wages have not increased to keep pace with the rising cost of housing. A shortage of living wage jobs compounds the difficulty in finding and maintaining affordable housing. 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 in our region.



A volunteer surveyor visits a campsite in Prince William County, Virginia, on January 28, 2015.



Photo credit: Bart Everson, 2007.

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 0.22 percent incidence of homelessness in the region. This figure is essentially unchanged and represents a slight decrease from 0.23 in 2014. Excluding the District, the incidence of homelessness is 0.09 percent for the region's suburban population, which is unchanged from 2014 as well as 2013.

HUD's 2014 Continuum of Care Point-in-Time data state that there are 640,466 homeless people in the country. This figure represents 0.2 percent of the nation's total population of 318,881,992 (as of July 2014),

compared to the region's rate of 0.22 percent.

As shown in Table 3, of every 1,000 residents in the region, 2.2 persons are homeless. The District of Columbia has the largest local incidence of homelessness within the metropolitan Washington region, accounting for 63 percent of the region's total homeless population. Of every 1,000 people in the District, 11 are homeless, a decrease from last year when it was 12.

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

TABLE 3: 2015 SHARE OF POPULATION THAT IS HOMELESS				
Jurisdiction	2014 Total Population*	2015 Literally Homeless	Homeless as Percent of Total Population	Homeless Persons per 1,000 People
Alexandria	150,575	267	0.18%	1.8
Arlington County	226,908	239	0.11%	1.1
District of Columbia	658,893	7,298	1.11%	11.1
Fairfax County ¹	1,175,622	1,204	0.10%	1.0
Frederick County	243,675	311	0.13%	1.3
Loudoun County	363,050	168	0.05%	0.5
Montgomery County	1,030,447	1,100	0.11%	1.1
Prince George's County	904,430	627	0.07%	0.7
Prince William County ²	503,349	409	0.08%	0.8
Region with D.C.	5,256,949	11,623	0.22%	2.2
Region without D.C.	4,598,056	4,325	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, 2014. U.S. Census Bureau, Population Division, March 2015.				

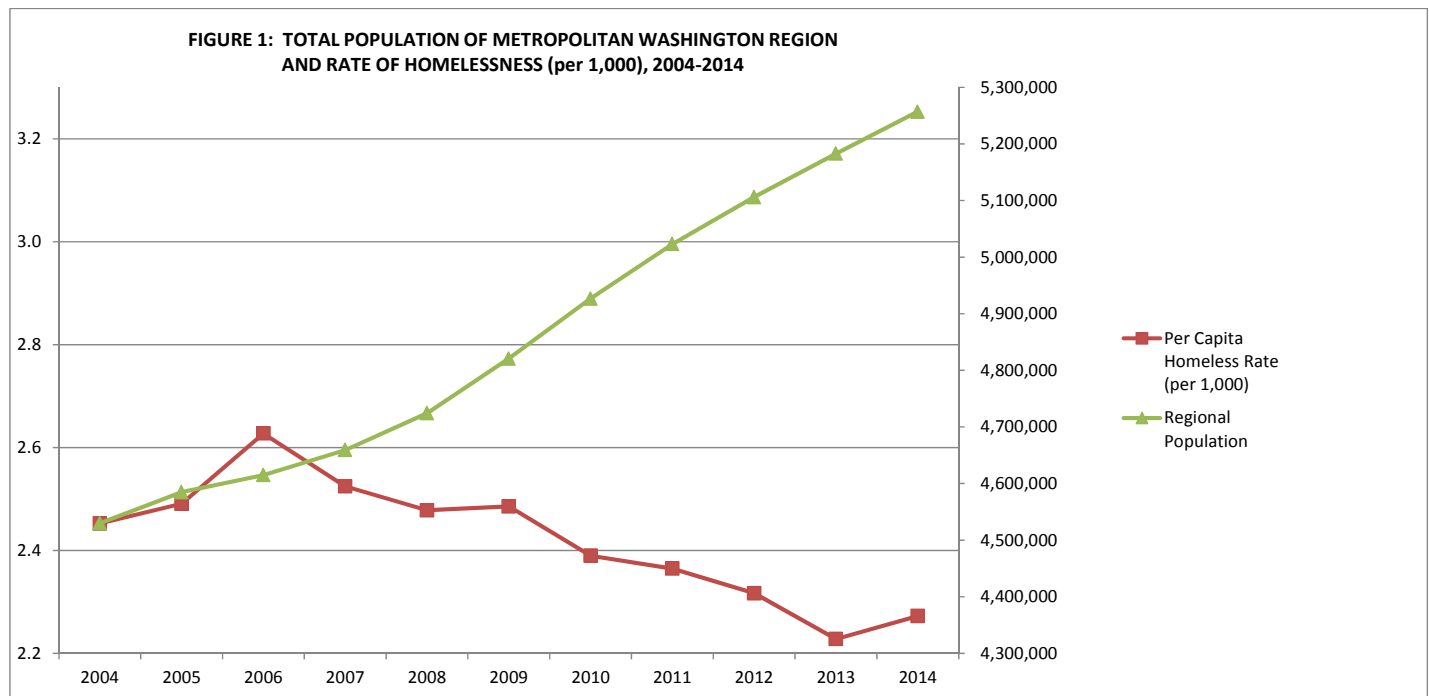
¹ Includes the Cities of Fairfax and Falls Church

² Includes the Cities of Manassas and Manassas Park

literally homeless persons has remained steady between 11,000 and 12,000, while the region's population region has grown dramatically (Figure 1). Therefore, compared to population growth, the rate of homeless persons per thousand (also described in Table 3) has declined over time.

Family Households

Tables 5 and 6 illustrate the 2015 survey responses from the region's homeless families. As of January 28, 2015, a total of 1,806 family households were counted as homeless, a decrease of 4 percent from 2014. The regional decrease recorded this year is attributed primarily to the 8 percent



Household Composition

Table 4 compares the 2011 through 2015 enumeration survey responses from the three main categories of homeless households. Family homelessness (the number of persons in homeless families) decreased 3.4 percent from 2014 to 2015, but increased 9.1 percent between 2011 and 2015. In contrast to the metropolitan Washington region, at the national level, family homelessness declined by 11 percent between 2010 and 2014 and three percent between 2013 and 2014.¹

¹ <https://www.onecpd.info/resource/3031/pit-and-hic-data-since-2007/>

reduction (318 persons in families) in the District of Columbia.² 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

² For much of the year following Point in Time 2014, the daily occupancy of shelter and housing programs in the District of Columbia were lower than the occupancy on the same day in the previous year (as was the case on PIT 2015). This was largely due to households moving from the shelter system and into permanent housing resources. While the CoC continues to see more new households enter the system, the increased rate of exit, particularly for many long-staying persons and families, kept year-to-year counts lower in FY2015 for most of the winter. (See District of Columbia Jurisdictional Narrative in the appendix of this report for additional information).

Columbia, the median age of a homeless single adult is 49, but the median age of a homeless adult with children is 25.³ For the

homelessness during this time, resulting in an overall regional increase in homeless families of 9.1 percent. The largest

increases in the number of homeless persons in families occurred in the District of Columbia (789 persons, or 29 percent) and Montgomery County (128 persons, or 34 percent). Frederick, Loudoun and Prince George's Counties recorded smaller increases of 19

persons, 18 persons, and 15 persons, respectively. The City of Alexandria, Arlington County, Fairfax County, and Prince William County all recorded reductions in family homelessness during the same four-year period (29 percent, 61 percent, 19 percent, and 43 percent respectively).

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

More populous jurisdictions, such as Montgomery County and the District of Columbia, are faced with higher numbers of homeless families as well as increased competition for a diminishing number of affordable housing units (both subsidized and market rate), which is a major

TABLE 4: HOUSEHOLD COMPOSITION

		Total Single Adults	Total Persons in Families	Total Persons in Households with ONLY Children	Regional Total
MWCOG REGION	2015	5,929	5,678	16	11,623
	2014	6,057	5,880	9	11,946
	2013	6,115	5,405	27	11,547
	2012	6,204	5,611	15	11,830
	2011	6,647	5,206	26	11,879
2011 - 2015 Percent Change		-10.8%	9.1%	-38.5%	-2.2%

2015 enumeration, 25 percent of adults in homeless families were between the ages of 18 and 24.

Four jurisdictions – the City of Alexandria, Fairfax County, Frederick County, and Montgomery County – experienced an increase in the number of homeless persons in families from 2014 to 2015. The count of homeless persons in families increased most significantly since 2014 in Montgomery County (74 percent). Five of the nine CoCs recorded reductions from 2014 to 2015: Arlington County (34 percent); the District of Columbia (8 percent); Loudoun County (14 percent); Prince George's County (19 percent); and Prince William County (11 percent).

The picture changes slightly when viewing the data during the longer period of 2011-2015, however. Five of the nine regional CoCs recorded increases in family

³ The Community Partnership for the Prevention of Homelessness, *Homelessness in the District of Columbia, The 2014 Point in Time Enumeration*: <http://www.community-partnership.org/facts-and-figures>

contributor to the growth in family homelessness recorded during this period.⁴ Other contributing factors include a reduction in available Housing Choice Vouchers from local public housing authorities due to federal budget cuts (sequestration) and a rise in young adult heads of household (age 18-24) with limited education and work experience who have exhausted the ability to stay doubled up with friends or family.

region's households pay more than a third of their incomes to satisfy these monthly housing costs. Almost half of all renter

TABLE 5: 2015 LITERALLY HOMELESS PERSONS IN FAMILIES BY JURISDICTION

Jurisdiction	Number of Families	Adults in Families	Children in Families	Persons in Families
City of Alexandria	34	37	71	108
Arlington County	22	26	49	75
District of Columbia	1,131	1,428	2,049	3,477
Fairfax County	213	285	430	715
Frederick County	37	43	87	130
Loudoun County	27	34	54	88
Montgomery County	159	184	318	502
Prince George's County	112	139	220	359
Prince William County	71	85	139	224
ALL COG COCs	1,806	2,261	3,417	5,678

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

According to the U.S. Census Bureau's 2013 American Community Survey, the Washington Metropolitan Statistical Area's (MSA) median monthly homeownership costs are \$2,176 and median monthly gross rent is \$1,481. More than 30 percent of the

households in the region, many of whom are very low income, have struggled with high housing costs, including more than 150,000 with a severe housing cost burden (i.e. paying more than 50 percent of monthly income towards housing costs).⁵ In

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

Jurisdiction	2011	2012	2013	2014	2015	Percent Change 2011-2015
City of Alexandria	152	139	90	88	108	-29%
Arlington County	193	188	211	113	75	-61%
District of Columbia	2,688	3,187	3,169	3,795	3,477	29%
Fairfax County	883	837	747	695	715	-19%
Frederick County	111	116	104	105	130	17%
Loudoun County	70	95	85	102	88	26%
Montgomery County	374	381	366	288	502	34%
Prince George's County	344	362	370	441	359	4%
Prince William County	391	306	263	253	224	-43%
ALL COG COCs	5,206	5,611	5,405	5,880	5,678	9%

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

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

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.⁶ The region's lowest-income households face significant challenges affording housing, especially as the area's increased housing demand drives up rental rates. This trend makes otherwise affordable units unaffordable for households, especially as they compete with the general population for housing. In a study released in 2014, the Urban Institute found that 40 percent of units in the region that were affordable to extremely low-income renters were occupied by higher-income households.⁷

Children in Homeless Families

It is important to note that children face particular adverse effects of homelessness. Children are often dislocated from familiar surroundings, relatives, friends, and neighborhood schools when their families become homeless. Children must also contend with the stigma associated with being homeless when navigating their new surroundings and making friends. Children experiencing homelessness may have poor nutrition, increased incidence of health impairments, higher exposure to violence and severe emotional distress.⁸ These conditions eliminate feelings of safety and predictability that are important for healthy growth.

COG's 2015 enumeration identified 3,417 homeless children, representing 29 percent

of the region's total homeless population (11,623), which remains unchanged from last year. Children account for 60 percent of all people in homeless families; this percentage has remained consistent since 2010.

Figure 2 on the following page shows the gradual change in the proportion of homeless families to single adult homeless persons between 2011 and 2015.



Photo credit: Homeless Children's Playtime Project

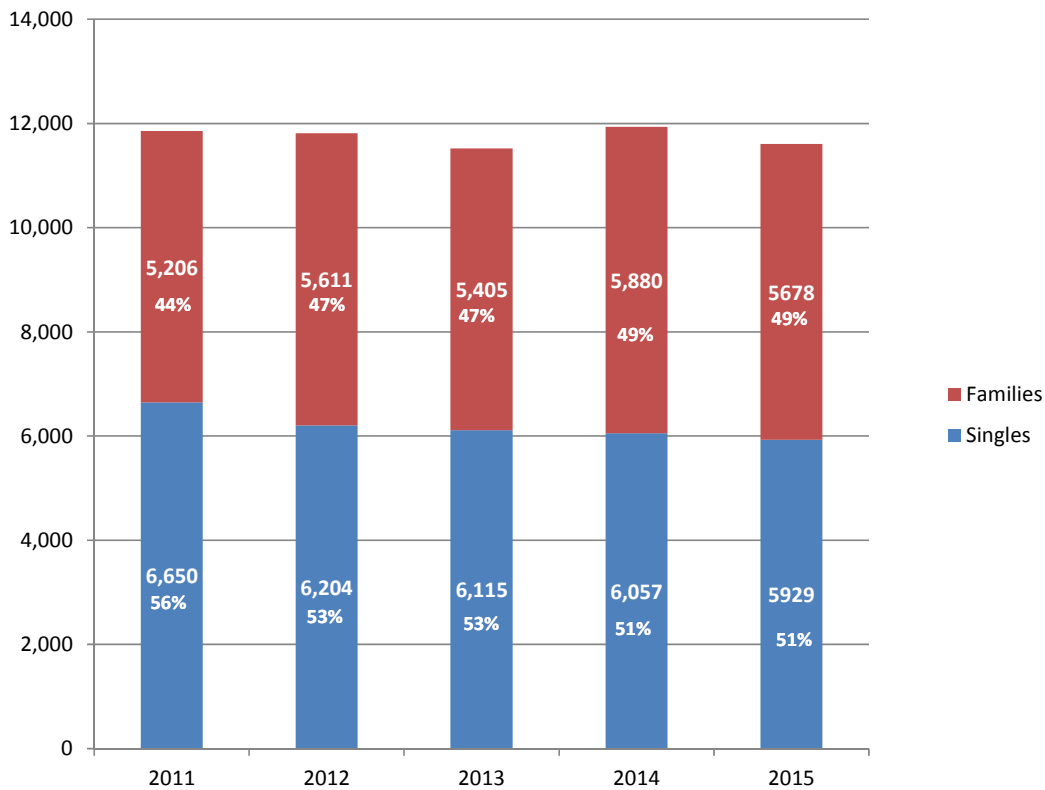
⁶ <http://nlihc.org/oor/2014>

⁷ http://www.urban.org/research/publication/housing-security-washington-region/view/full_report

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

FIGURE 2: PROPORTION OF HOMELESS SINGLE ADULTS TO HOMELESS PERSONS IN FAMILIES, 2011-2015

Source: COG 2015



Some of the region's public schools have reported higher numbers of homeless children than are reported in the annual Point-in-Time. The primary reason for this is that area public schools track the number of homeless children on a cumulative basis throughout the school year, compared to the one-day snapshot of the region's homeless provided by the Point-in-Time count. Also, the self-reported homeless information used by public schools is based upon definitions provided by the U.S. Department of Education. Children counted by public schools may or may not be literally homeless according to the HUD definition, and may be living in doubled up situations. The National Center for Homeless Education reported that during the 2011-2012 school year, 75 percent of students that self-identified as being

homeless reported they were "doubled up" with family or friends;⁹ and, as reported by the U.S. Department of Education, the population of homeless students rose again in the subsequent 2012-2013 school year, with similar unstable housing conditions.¹⁰ Based upon HUD's guidelines, local jurisdictions cannot count people who live in doubled up situations for the Point-in-Time count.

Children in Households with Only Children (Unaccompanied Minors)

The region's Continuum began providing data to HUD regarding homeless children in

⁹ http://wamu.org/news/14/03/18/dc_by_the_numbers_many_students_are_well_schooled_on_being_homeless

¹⁰ <http://www.usnews.com/news/blogs/data-mine/2014/09/23/there-are-more-homeless-students-now-than-ever-before>

households without adults in 2012. In 2015, the Point-in-Time enumeration captured 16 homeless persons in Households with Only Children. Of these 16 children, 11 were single individuals and one household was comprised of multiple children. The region's CoCs are working to eliminate the numbers of homeless households with only children in order to avoid a future adulthood of chronic homelessness.

Table 7 provides a breakdown of households of homeless children without adults by jurisdiction. In 2015 for the first time, the region also counted participants in Runaway and Homeless Youth (RHY) programs funded by the U.S. Department of Health and Human Services (HHS). HHS defines homeless youth slightly differently than HUD; these youth are individuals who are "not more than 21 years of age...for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement." This definition includes only those youth who are unaccompanied by families or caregivers.¹¹ The small number

of Households with Only Children counted in 2015 reflects the challenges of counting homeless youth accurately. One difficulty is the HUD definition of homelessness, which excludes persons who are "doubled up" or "couch surfing," a form of shelter often used by youth. Also, methods often used for counting homeless adults do not accurately capture survival strategies particularly common to youth, such as being mobile and transient, latching onto friends and staying in groups, or trying to hide in plain sight. In addition, many homeless youth do not want to be found because they may be fleeing abuse or fear being placed in foster care. Most are not connected to formal supports such as the child welfare, juvenile justice, and mental health systems and many avoid or are unaware of available services.¹²

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



Photo credit: Elvert Barnes

TABLE 7: HOUSEHOLDS WITH ONLY CHILDREN UNDER AGE 18 BY JURISDICTION, 2014 and 2015			
Jurisdiction	2014	2015	Absolute Change 2014 - 2015
Alexandria	0	0	0
Arlington County	0	0	0
District of Columbia	5	7	2
Fairfax County	0	1	1
Frederick County	0	0	0
Loudoun County	0	0	0
Montgomery County	0	0	0
Prince George's County	4	8	4
Prince William County	0	0	0
TOTAL	9	16	7

¹¹ http://findyouthinfo.gov/youth-topics/runaway-and-homeless-youth/federal-definitions#_ftn

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

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

Demographic Profile of the Region's Homeless Population

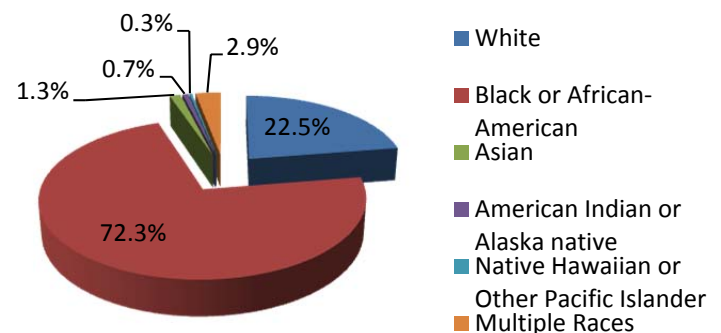
In 2014, we began reporting questions regarding ethnicity and race in addition to age and gender. The ethnic and racial categories included in the Point-in-Time questionnaire were specified by HUD and generally reflect a social definition of race recognized in this country and are not an attempt to define 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 race¹⁴). 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 mixture, such as “American Indian” and “White.”

Of the 5,929 homeless single adults (Figure 3) who responded to these questions, 93 percent were over the age of 24, and the majority (74 percent) was male. For those who responded to the question regarding ethnicity, 91 percent self-identified as non-Hispanic or non-Latino. The racial breakdown included 72 percent African-American, 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 Loudoun

Counties, the single adult racial profile differs slightly from the rest of the region. In Frederick and Loudoun, the majority of single adults experiencing homelessness are white (71 and 61 percent respectively), and in Fairfax County, 49 percent of the single homeless adults identified racially as white and 44 percent identified as African-American or black.

FIGURE 3: Regional Homeless Single Adults Demographic Profile (Race)

Source: COG 2015



The demographic profile of families experiencing homelessness (Figure 4, following page) differs from that of single adults in a few key characteristics. In homeless families, the majority of adults (82 percent) are female. The age of the adult in a homeless family also tends to be younger. Thirty-one percent are aged 18 to 24 and 67 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.

¹⁴ <http://www.census.gov/population/race/>

White adults in families experiencing homelessness make up 11 percent of the regional literally homeless family population, two percent are Asian, with the other racial categories all one percent or less.

Again, the demographic profile of adults experiencing homelessness in families in Frederick County and Loudoun County differ from the rest of the region. In Frederick County, 56 percent of homeless adults in families are white and 42 percent are African-American or black, and in Loudoun County, 56 percent of adults in families are white, and 38 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 26 percent is African-American or black. With the exceptions of Frederick and Loudoun Counties, homeless persons are disproportionately more likely to be black or African-American than they are in the general metropolitan Washington regional population.

FIGURE 4: Regional Homeless Adult Persons in Families Demographic Profile (Race)

Source: COG 2015

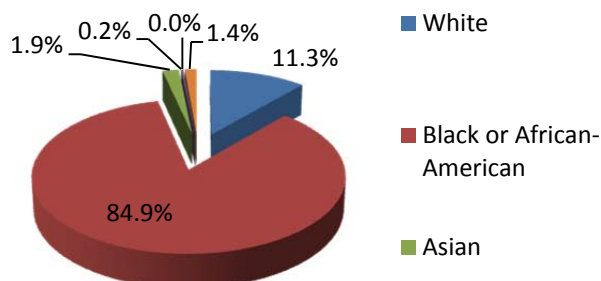
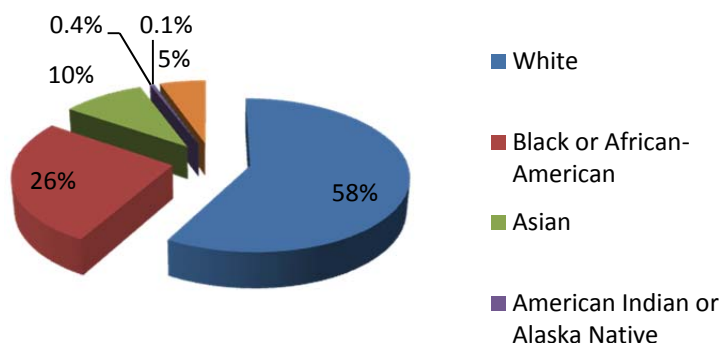


FIGURE 5: Regional Total Population Demographic Profile (Race)

Source: American Community Survey 2009 - 2013
5-Yr Estimates



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 2015 was 4.9 percent, compared to 5.5 percent for the nation. The region's unemployment rate decreased very slightly, by 0.2 percentage points, from 5.1 percent in February 2014. While the region's unemployment rate has remained largely unchanged over the last year, this obscures the economic outlook for many of our region's residents who struggle with homelessness. In particular, unemployment continues to be a concern for those without a high school diploma, bachelors or advanced degree. Employment rates for workers with less than a high school degree have fallen 9 percent since the great recession in 2009.¹⁵

Overall, 24 percent of adults experiencing homelessness are employed; employment status could not be determined for 12 percent. The rates of employment vary by household type, however. Figures 6 through 9 illustrate the employment status (including full- and part-time employment) for homeless single adults, homeless families, and households with only children throughout the region. Also included are percentages for homeless persons for whom employment status was unknown.

Approximately 20 percent of all single adults experiencing homelessness are

employed, a slight increase of one percent from 2014 (Figure 6). The lower rate of employment for homeless single adults (compared to adults in families) is attributed to higher incidences of conditions that make securing and maintaining employment difficult, such as physical disabilities, and multiple behavioral and chronic health issues, including substance abuse and mental illness. Approximately 67 percent of single adults are unemployed, and employment status could not be determined for 13 percent of the adults in this category.

Figure 6: Employed Single Homeless Adults

Source: COG 2015

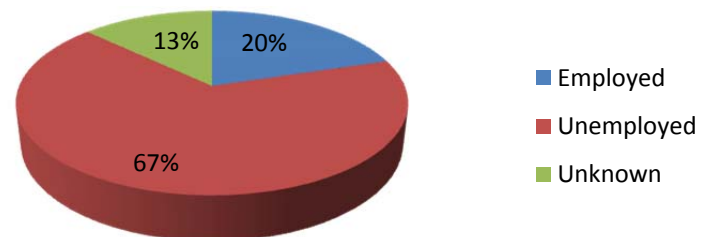
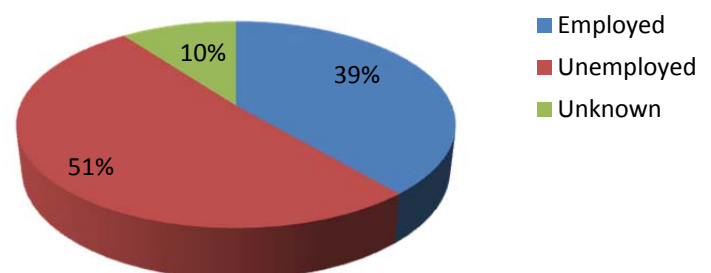


Figure 7: Employed Adults in Homeless Families

Source: COG 2015



¹⁵ The Commonwealth Institute, DC Fiscal Policy Institute and Maryland Center on Economic Policy, *Bursting the Bubble, The Challenges of Working and Living in the National Capital Region*: 5.

Data from the 2015 enumeration suggests that 39 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

families region-wide are unemployed and employment status is unknown for 10 percent. Although the total numbers are small (18), five jurisdictions recorded children in homeless families who were

Figure 8: Employed Single Homeless Adults

Source: COG 2015

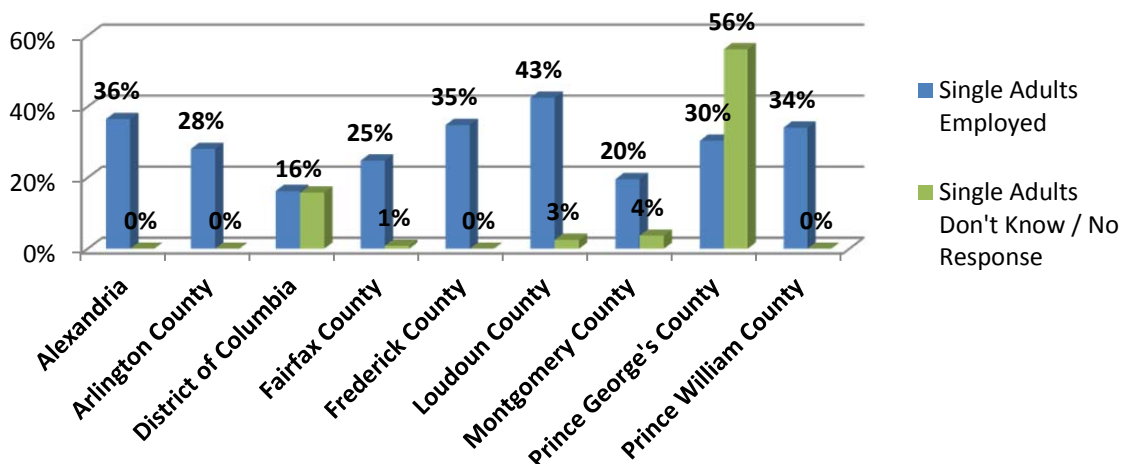
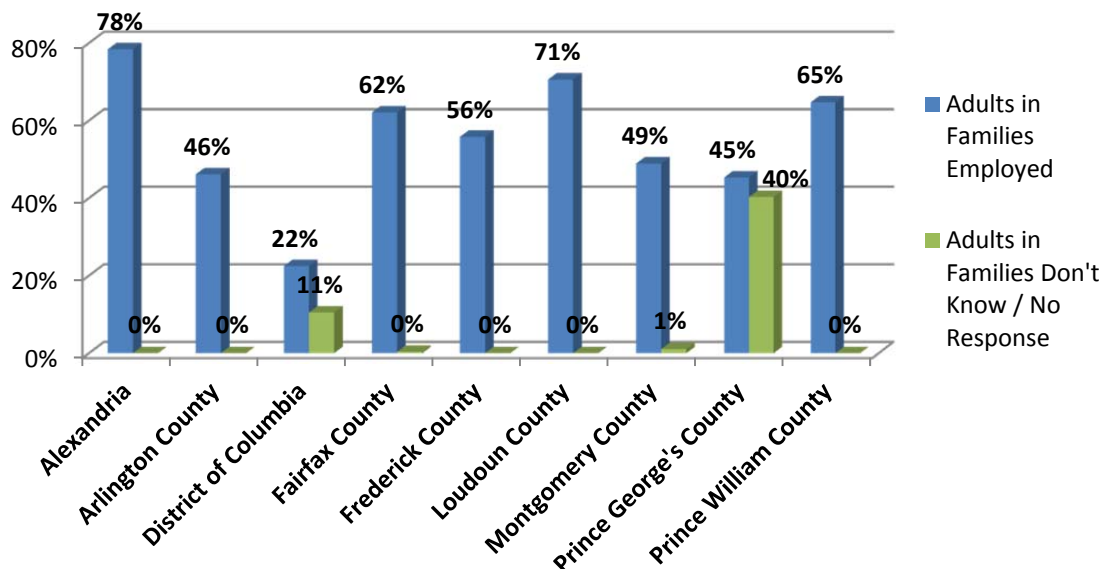


Figure 9: Employed Adults in Homeless Families

Source: COG 2015



example, 78 percent of these adults are employed, compared to 22 percent in the District of Columbia (Figure 9). Approximately 51 percent of adults in these

employed on the night of the enumeration.

None of the youth in the region's households with only children

(unaccompanied minors) 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 slow or negative wage growth, particularly for the lowest-income workers, the area's high housing costs further constrain a low income household's ability to remain housed.¹⁶ The reality is stark for the region's homeless households as evidenced in the following charts.

Figure 8 shows that, in eight of nine of the region's participating CoCs, less than 40 percent of single homeless adults are employed. This trend remains essentially unchanged from the past two years, although rates have varied for individual jurisdictions. For example, Prince George's County's single adult employment percentage rose from 23 percent in 2014 to 30 percent in 2015.

In contrast, in six of nine local jurisdictions, more than 50 percent of adults in family households are employed (Figure 9). Again, Prince George's County had the greatest gain in this category, with a 55 percent increase over last year. Employment also rose for homeless adults in families in the City of Alexandria, Arlington County, the District of Columbia, Fairfax County, Frederick County, and Loudoun County. Only two jurisdictions, Montgomery County and Prince William County, had decreases in their percentages of adult homeless family

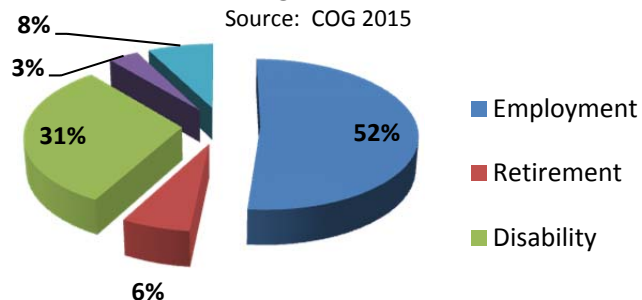
members who were employed, and those changes were small (4 percent and 2 percent respectively). Although the percentage of employed adults in families increased (3 percent) in 2015, the overall picture of employment remains challenging. The availability of living wage jobs remains a key obstacle to ending homelessness, even for those individuals who are already employed.

Income

While a portion of the region's homeless population reports receiving monthly income, a large number of homeless people do not receive any monthly income. In 2015, 78 percent of adults in families reported having income, but only 40 percent of single adults reported income.

Over half (52 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 by "other" sources of income, retirement (such as Social Security) and last, public assistance (such as Temporary Assistance for Needy Families). Figure 10 illustrates the primary source of income for the 4,187 homeless people who provided this information.

Figure 10: Source of Income for Homeless Single Adults



¹⁶<http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>

UNSHELTERED HOMELESS

On January 28th, outreach workers for the region's Continuum of Care went into their communities to count the area's unsheltered persons experiencing homelessness. Outreach workers counted people living on the streets, in alleys, under bridges, in local parks, in camp sites, and in other places frequented by homeless people. According to the 2015 count, 1,118 persons (approximately ten percent of the region's 11,623 homeless people) were unsheltered. Of these, 1,072 were single adults, 39 were persons in 9 families with adults and children, and seven children from Households with Only Children were unsheltered. The 1,118 unsheltered persons counted represent a 26 percent increase from 2014, but is still below levels recorded during 2010 to 2013. Overall, regional homelessness among single adults declined by 4 percent during the four year period between 2011 and 2015.

The fact that the unsheltered count rose from the Point-in-Time of 2014 may be attributed to a variety of factors, such as the weather conditions on the night of January 28, 2015, and an increased number of volunteer surveyors on the night of the count. The District of Columbia recorded the greatest number of volunteer surveyors in 2015 than they had ever managed in the past. The trend of declining unsheltered persons during the prior four year period is encouraging; however, the difference is due to only 49 fewer persons and is therefore essentially unchanged.

In those jurisdictions that recorded a decrease in the unsheltered count, a

number attributed their success in part to housing the most vulnerable chronically homeless during the past year as part of the 100,000 Homes Campaign. Arlington County, the District of Columbia, Fairfax County, Frederick City, Montgomery County, and Prince William County joined the successful campaign, which met its goal in the summer of 2014. Several CoCs are participating in the subsequent campaign, Zero: 2016. The Zero: 2016 campaign is an effort to end chronic and veteran homelessness outright by December 2016.¹⁷

Distribution of Region's Unsheltered Homeless Single Adults

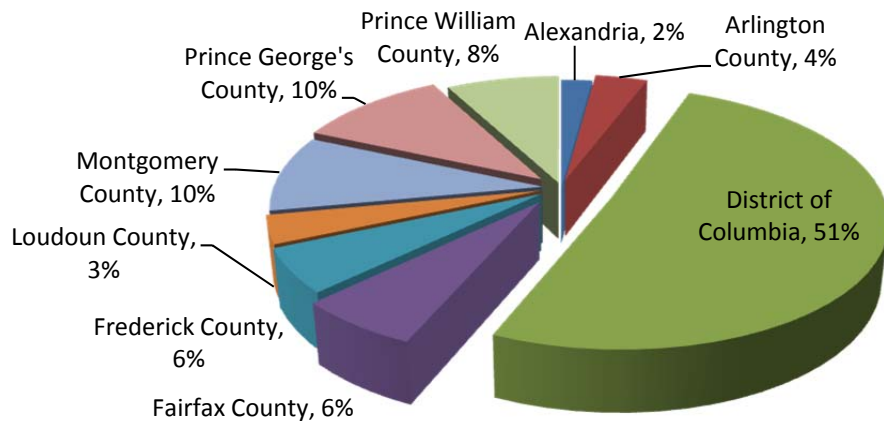
Figure 11 provides the distribution of the region's total unsheltered homeless single adults by locality. The District of Columbia accounts for 51 percent of the region's unsheltered homeless single adults. This figure increased from 45 percent of the region's total in 2014. Five jurisdictions' (Alexandria City, Arlington County, Fairfax County, Montgomery County, and Prince William County) share of the region's unsheltered homeless single adult



A volunteer Point-in-Time surveyor in Frederick County, Maryland (January 2014). Credit: Harriet Wise Photography

Figure 11: Distribution of Region's 1,072 Unsheltered Single Adults

Source: COG 2015



proportion of the population decreased from the count last year, while one (Frederick County) remained unchanged.

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 2011 to 2015. Four jurisdictions experienced an increase in their unsheltered populations during the four-year period: the District of Columbia (239), Frederick County (16), Prince George's

County (11), and Loudoun County (9). Arlington County recorded the greatest percentage decrease in its unsheltered homeless population (72 percent), followed by Montgomery County (54 percent), Fairfax County (50 percent), the City of Alexandria (45 percent), and Prince William County (17 percent). Overall, the region's percentage of unsheltered homeless single adults decreased by 4 percent from 2011 to 2015. Table 9 represents the percentage of each individual jurisdiction's literally homeless population that was unsheltered between 2010 and 2014.

TABLE 8: COMPARISON OF UNSHELTERED SINGLE ADULTS BY JURISDICTION, 2011-2015

Jurisdiction	2011	2012	2013	2014	2015	Percent Change 2011 - 2015
Alexandria	42	22	29	23	23	-45%
Arlington County	137	131	146	51	39	-72%
District of Columbia	305	679	512	396	544	78%
Fairfax County	135	178	104	66	68	-50%
Frederick County	44	70	69	49	60	36%
Loudoun County	29	29	38	26	38	31%
Montgomery County	226	130	143	95	103	-54%
Prince George's County	102	166	168	82	113	11%
Prince William County	101	89	110	98	84	-17%
TOTAL	1,121	1,494	1,319	886	1,072	-4%

It is important to note that although most individuals who are unsheltered are single adults, there were families with adults and children (9 households, or a total of 39 adults and children) as well as three Households with Only Children, for a total of seven unaccompanied minors, counted on the night of the Point-in-Time enumeration on January 28th. Although the total numbers are small, this is the second year in a row that the region counted unsheltered homeless persons in families.



Photo credit: Elvert Barnes Photography, 2007.

TABLE 9: UNSHELTERED SINGLE ADULTS AS A PERCENTAGE OF TOTAL HOMELESS BY JURISDICTION, 2011-2015						
Jurisdiction	2011	2012	2013	2014	2015	Percent Change 2011-2015
City of Alexandria	10%	6%	11%	9%	9%	-15%
Arlington County	30%	29%	31%	18%	16%	-45%
District of Columbia	5%	10%	8%	5%	7%	59%
Fairfax County	9%	12%	8%	5%	6%	-35%
Frederick County	16%	25%	25%	20%	19%	23%
Loudoun County	19%	18%	23%	15%	23%	22%
Montgomery County	20%	13%	14%	11%	9%	-53%
Prince George's County	13%	26%	25%	13%	18%	37%
Prince William County	18%	19%	25%	22%	21%	15%

CHRONIC HOMELESSNESS

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 an adult member of a family 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 studies¹⁹ have found that housing chronically homeless individuals helps these individuals lead a more stable and independent life, can achieve significant reductions in the overall homeless population and can help communities save taxpayers' money, particularly for medical and other emergency services. One recent study, completed by the University of North Carolina at Charlotte in February 2014, found that an 85-bed facility for chronically homeless individuals saved \$1.8 million in health care costs, with 447 fewer emergency room visits (a 78 percent reduction) and 372 fewer days in the

TABLE 10: CHRONICALLY HOMELESS SINGLE ADULTS BY JURISDICTION, 2011 - 2015

Jurisdiction	2011	2012	2013	2014	2015	Percent Change 2011 - 2015
City of Alexandria	109	60	69	63	48	-56%
Arlington County	154	175	156	74	68	-56%
District of Columbia	2,093	1,870	1,764	1,609 ¹⁸	1,593	-24%
Fairfax County	258	353	243	196	203	-21%
Frederick County	88	95	58	90	89	1%
Loudoun County	22	18	28	20	20	-9%
Montgomery County	344	199	222	176	156	-55%
Prince George's County	134	102	73	47	34	-75%
Prince William County	87	55	47	38	60	-31%
All COG CoCs	3,289	2,927	2,660	2,313	2,271	-31%

¹⁸ The count of chronically homeless persons in the District of Columbia was corrected following the publication of the 2014 Point-in-Time enumeration results. The revised number is published above in Table 10.

¹⁹ <http://www.endhomelessness.org/library/entry/supportive-housing-is-cost-effective> and <http://www.upenn.edu/pennnews/news/housing-homeless-mentally-ill-pays-itself-according-university-pennsylvania>

hospital (a 79 percent reduction) in its first year of operations.²⁰

Chronically Homeless Single Adults

Nineteen percent of the region's homeless single adults are chronically homeless. The total represents a 2 percent decrease from last year and an 8 percent decrease since 2011. The decrease in chronically homeless single adults may be attributable to permanent supportive housing placements, in particular, increased availability of HUD-VASH (U.S. Department of Housing and Urban Development and Veterans Administration Supportive Housing) vouchers and other permanent housing options. Several of the region's CoCs also attribute success in reducing the number of persons experiencing chronic homelessness to participation in the 100,000 Homes Campaign, which successfully met its goal

to house 100,000 chronically homeless persons in June 2014.²¹ Six of the nine jurisdictions experienced decreases in their chronically homeless single counts since 2014 and eight of nine experienced decreases between 2011 and 2015. The two jurisdictions with the greatest percent reductions since 2014 are Prince George's County (28 percent) and the City of Alexandria (24 percent).

Table 11 provides the sheltered status breakdown of the chronically homeless single adults counted as part of the 2015 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

TABLE 11: 2015 SHELTER STATUS OF CHRONICALLY HOMELESS SINGLE ADULTS

Jurisdiction	Total Chronically Homeless Single Adults	Number of Sheltered* Chronically Homeless Single Adults	Number of Unsheltered Chronically Homeless Single Adults	Percentage of Chronically Homeless Single Adults Who Are Unsheltered
City of Alexandria	48	32	16	33%
Arlington County	68	49	19	28%
District of Columbia	1,593	1,273	320	20%
Fairfax County	203	155	48	24%
Frederick County	89	38	51	57%
Loudoun County	20	5	15	75%
Montgomery County	156	107	49	31%
Prince George's County	34	17	17	50%
Prince William County	60	13	47	78%
All COG CoCs	2,259	1,689	582	26%

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

²⁰ http://www.huffingtonpost.com/2014/03/25/housing-first-homeless-charlotte_n_5022628.html and <http://inside.uncc.edu/news/item/chhs-study-demonstrates-housing-program-helps-save-lives-money>

²¹ www.100khomes.org

multiple challenges. To provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals are adequately screened and diagnosed. Additionally, in many cases, people need medical assistance and/or other regimented methods of care and counseling. People may not immediately respond to the care they receive, or their care may be required for the remainder of their lives. In such instances, proper case management services are essential.

Chronically Homeless Families

Most chronically homeless families across the region reside in emergency and/or winter shelters. There were 84 chronically homeless families (244 adults and children) counted in the region in 2015, including 66 families in the District of Columbia. Frederick County, Maryland was the only jurisdiction that did not count any chronically homeless families. None of these families were unsheltered.



Photo credit: Elvert Barnes Photography, 2005.

SUBPOPULATIONS

According to the 2015 enumeration, a significant number of the region's homeless population suffers from physical disabilities, substance use disorders, severe mental illness, or were formerly institutionalized and discharged directly into homelessness. The high incidence of substance use disorders, severe mental illness, or co-occurring disorders among the homeless population is similar among all CoCs in the region. Nationally, approximately 25 percent of the homeless population suffers from some form of severe mental illness.²² During the 2015 enumeration, the two most prevalent characteristics among Households without Children were being formerly institutionalized or suffering from severe mental illness. 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 as a contributing factor to the current episode of homelessness on the night of the enumeration, or having a history of domestic violence. Thirty percent of the families who responded in the subpopulation categories indicated having experienced domestic violence in the past, and 19 percent reported their current episode of homelessness was related to

domestic violence. Beginning with the 2013 enumeration, HUD requested data on persons who had a *history* of domestic violence. In order to maintain base data for trend comparison, both elements are collected and are shown in the subpopulations for Figure 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 were homeless as a result of a current episode of domestic violence (DV-CE) increased 65 percent from 123 in 2014 to 203 in 2015, although it is still below the number recorded in 2012 of 317. However, the number of single adults (669) who were identified as having a history of domestic violence at any time (DV-H) is more than three times the number of single adults whose current episode of homelessness was caused by domestic violence. There was a similar pattern for persons in families, though less pronounced. The numbers of persons in families whose current episode of homelessness was the result of domestic violence rose from 261 in 2014 to 1,101, a significant 322 percent increase, and a 47 percent increase from 2013. In the 2015 Enumeration, 1,726 persons in families were identified as having a history of domestic violence at any time. In 2014, 593 persons in families reported having a history of domestic violence at any time, which represents an increase of 191 percent from 2014 to 2015, and a 16 percent increase from 2013 to 2015. Some jurisdictions have considered the possibility that the rise in the incidence of domestic violence may be attributed in part to

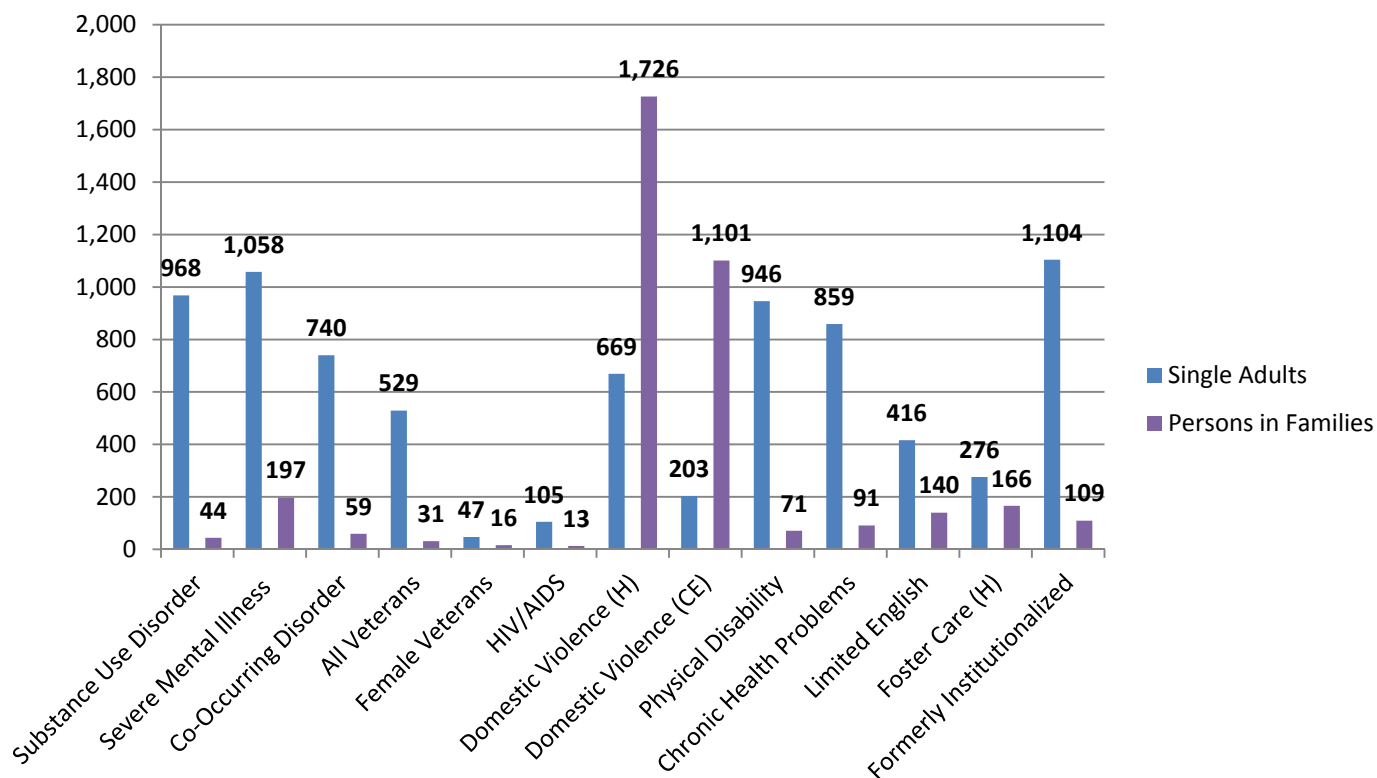
²²http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf

increased awareness of the issue stemming from publicity and media campaigns that arose in response to several incidents of domestic violence involving professional athletes in the past year.

veterans experiencing homelessness in the metropolitan Washington region is 5 percent in 2015, which is unchanged from 2014. Of the total 584 homeless veterans included in the 2015 enumeration, 68 were women (12 percent). Figure 12 graphically

Figure 12: The Region's Homeless Subpopulations

Source: COG 2015



Homeless Veterans

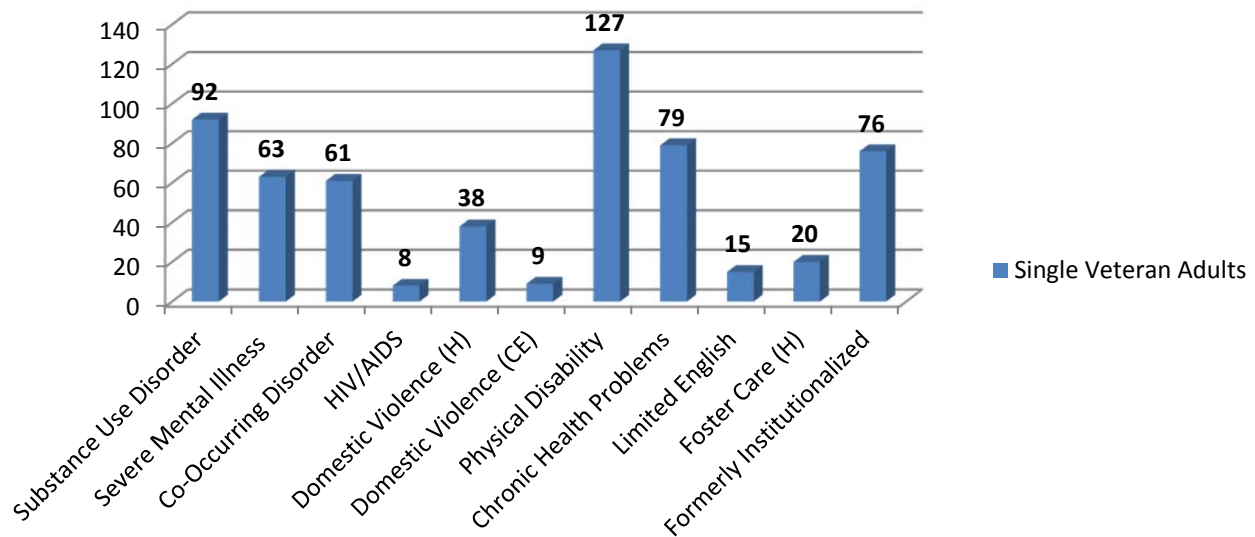
Veterans are another subset of the homeless population tracked by HUD and the U.S. Department of Veterans Affairs (VA). This is the second year that the region's CoCs collected separate data on single adult homeless veterans as well as homeless veterans in families to better understand this subpopulation.

Nationally, veterans represent approximately 9 percent of the homeless population. In contrast, the percentage of

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

Figure 13: The Region's Veteran Subpopulations

Source: COG 2015



For those veterans who reported having income, 45 percent reported that employment was the primary source of income. The likelihood of having a disability is reflected in the veteran populations' source of income; 34 percent of veterans with income noted SSVI/SSI/VA disability and retirement as their primary source of income, as shown in Figure 14.

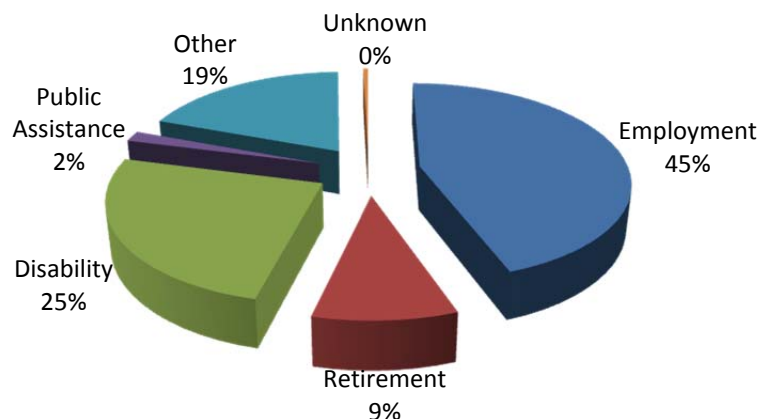
The majority of homeless veterans who reported their race selected Black or African-American (65 percent of single adults and 85 percent of adults in families). White veterans made up the next largest group, with 22 percent of single veterans and 13 percent of adult veterans in families (Figures 15 and 16, following page).

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 continue to make progress housing homeless veterans during 2015. A number of jurisdictions (Arlington County, the District of Columbia, and Montgomery County) have signed on to the Zero: 2016 campaign, pledging to end chronic and

Figure 14: Homeless Veteran Single Adults: Source of Income

Source: COG 2015



veterans' homelessness by the end of 2016. Still others have signed onto the Mayor's Challenge to End Veterans' Homelessness (City of Alexandria, Fairfax County, and the District of Columbia) by December 2015.

Table 12 on the following page demonstrates that during the period of 2010 to 2015, the region reduced the number of veterans experiencing homelessness by 19 percent. At the national level, veteran homelessness was reduced by 33 percent between 2010 and 2014.

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.

Figure 15: Homeless Single Adult Veterans (Race)

Source: COG 2015

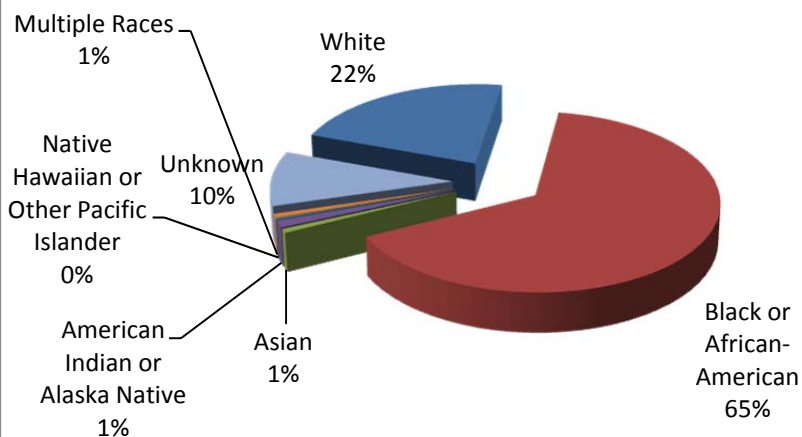


Figure 16: Homeless Adult Veterans in Families (Race)

Source: COG 2015

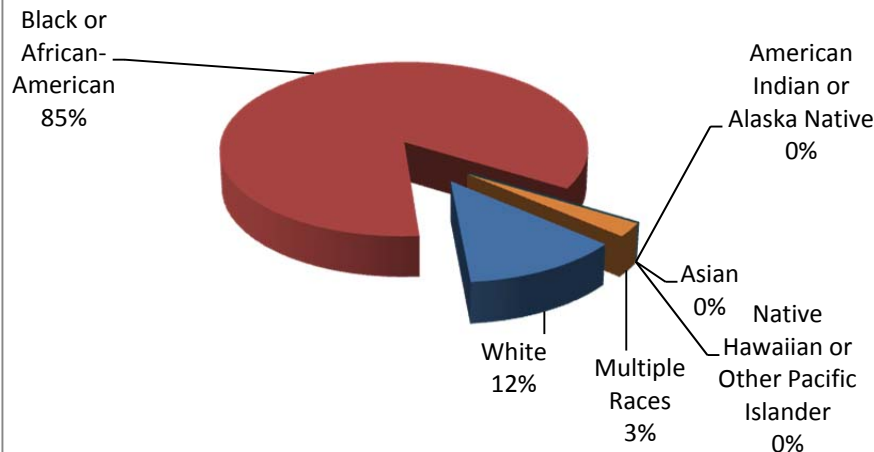


TABLE 12: HOMELESS VETERANS BY JURISDICTION, 2010-2015							
Jurisdiction	2010	2011	2012	2013	2014	2015	Percent Change 2010 - 2015
City of Alexandria	19	27	20	11	18	12	-37%
Arlington County	17	29	24	14	21	19	12%
District of Columbia	512	515	531	499	408	408	-20%
Fairfax County	66	55	60	67	51	46	-30%
Frederick County	12	7	7	13	10	13	8%
Loudoun County	4	10	8	9	7	6	50%
Montgomery County	56	41	37	31	34	24	-57%
Prince George's County	32	15	24	25	20*	34	6%
Prince William County	0	40	27	23	19	18	-55%**
TOTAL	718	739	738	692	588	580	-19%

*The total for Prince George's County was revised following the publication of the 2014 Point-in-Time enumeration results. The corrected number is reflected above.

**Prince William County's percent change covers the period 2011-2015, as there were zero homeless veterans counted there in 2010.

Transition Age Youth

For the first time in 2015, as required by HUD, the region's CoCs collected demographic information on persons experiencing homelessness who are considered young adults, or Transition Age Youth (TAY). Transition Age Youth are between the ages of 18 and 24 and face a number of unique challenges on their path to a successful adulthood, including finding employment with health benefits, as they may have become too old for Medicaid or SCHIP (State Children's Health Insurance Program). Youth who may be "aging out" of foster care (reaching age 18 without returning to their birth families or being adopted) or leaving juvenile detention facilities face significant challenges in finding affordable housing and employment as well.²³

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

In 2015, the region counted 1,539 persons who were between the ages of 18 and 24, representing 13 percent of the total literally homeless population and 21 percent of the total persons in homeless families. Persons who fit this age category were much more likely to be in families than single adults; 78 percent of all homeless persons in TAY households were in families.

²³ <http://findyouthinfo.gov/youth-topics/transition-age-youth>

²⁴ <http://findyouthinfo.gov/youth-topics/transition-age-youth/what-challenges-do-transition-age-youth-face-regarding-their-basic-needs-safety-and>

Just as in other homeless families, 60 percent of persons in homeless TAY families are children.

Single adult TAYs have two subpopulation characteristics that distinguish them from the other single homeless adults: they are more likely to have been institutionalized and have a history of foster care (Figure 17). Similar to the larger adult single homeless population, they were also likely to suffer from severe mental illness and to have experienced domestic violence in their past.

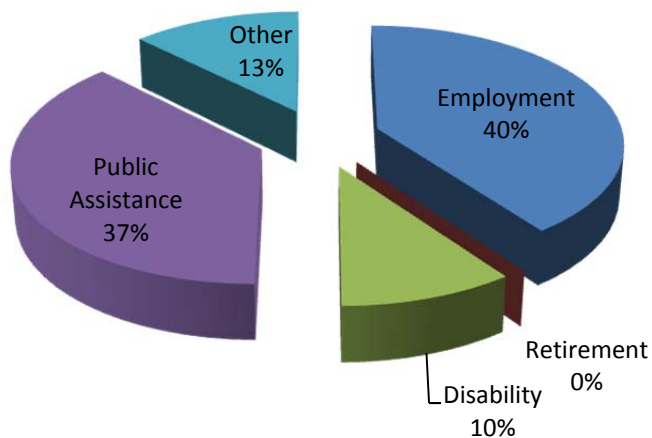
Homeless persons in TAY families were most likely to have experienced domestic violence in the past (at a rate of nearly three times those of single adult TAYs), followed by having an episode of domestic violence which led to their current experience of homelessness on the night of the count. They were slightly less likely than single adult TAYs to have a history of foster care. This is shown in Figure 18 (following page).

**TABLE 13: HOMELESS TRANSITION AGE YOUTH (TAY)
BY JURISDICTION: 2015**

Jurisdiction	Single Adults (TAY)	Persons in Families (TAY)	Total (TAY)
City of Alexandria	6	27	33
Arlington County	5	18	23
District of Columbia	193	910	1,103
Fairfax County	52	67	119
Frederick County	18	4	22
Loudoun County	7	9	16
Montgomery County	27	87	114
Prince George's County	15	45	60
Prince William County	20	29	49
TOTAL	343	1,196	1,539

Figure 17: Homeless Young Adult/Transition Age Youth: Source of Income

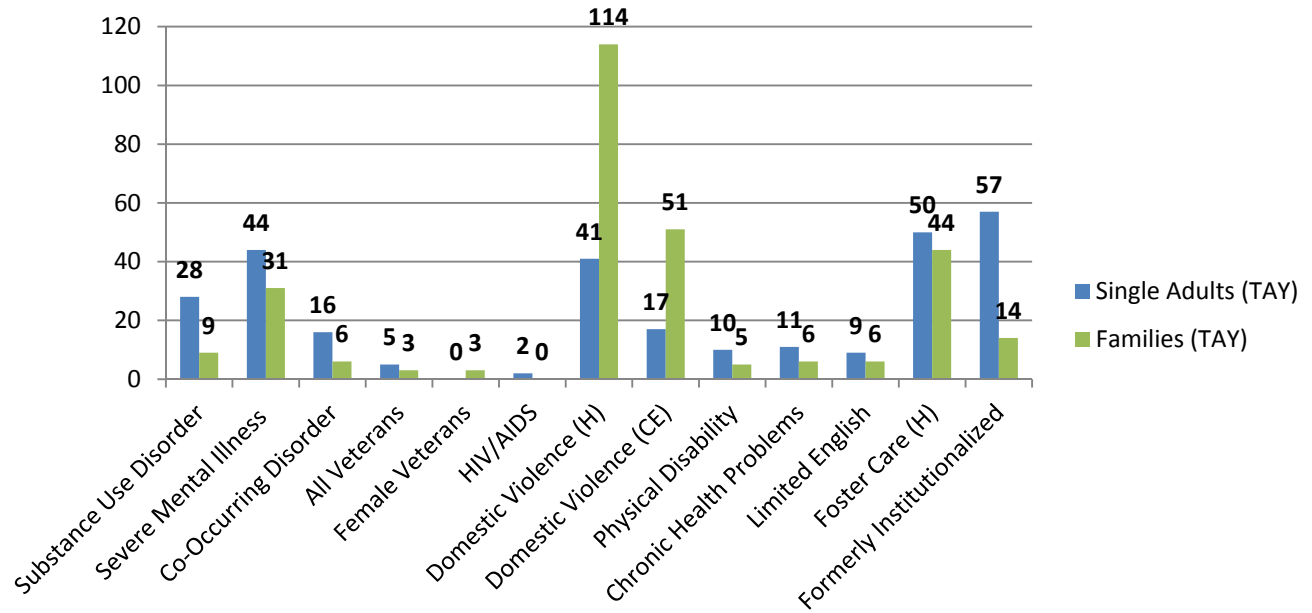
Source: COG 2015



Transition Age Youth, or young adults, who report having income were most likely (40 percent) to report their primary source of income was from employment. However, perhaps reflecting their young age, they were nearly as likely (37 percent) to be receiving some form of public assistance, such as TANF (Temporary Assistance for Needy Families). Similarly, none of the adult TAYs reported receiving income from retirement. Ten percent of those who responded reported disability funds as their primary source of income, with the remaining 13 percent as “other”.

Figure 18: Transition Age Youth Subpopulations

Source: COG 2015



Reflecting the same characteristics as the larger homeless population, the majority of single TAY adults who reported their race selected Black or African-American (73 percent) as well as adults in TAY families (94 percent). White Transition Age Youth made up the next largest group, with 22 percent of single adult TAYs and 5 percent of adult TAYs in families, as shown in Figures 19 and 20.

Figure 19: Single Young Adult/ Transition Age Youth (Race)

Source: COG 2015

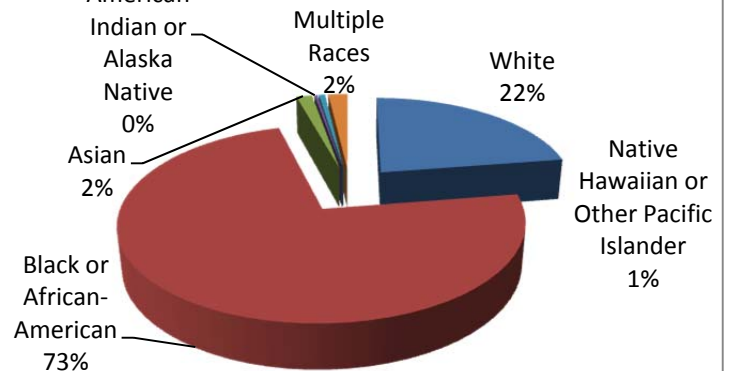
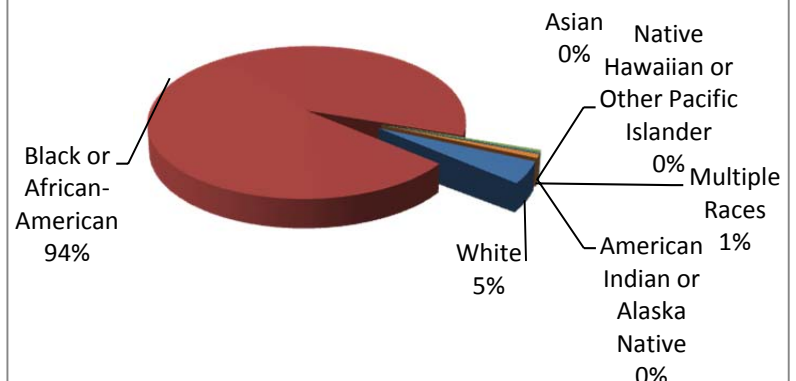


Figure 20: Young Adult/Transition Age Youth in Families (Race)

Source: COG 2015



CONTINUA OF CARE IN THE WASHINGTON METROPOLITAN REGION

The metropolitan Washington region's inventory of facilities to shelter those residents experiencing homelessness and house the formerly homeless has moved well beyond the 1980s model which primarily focused on emergency shelters. The current multi-faceted Continuum of Care (CoC) model focuses heavily on providing permanent housing solutions while continuing to provide emergency shelter. The model for assisting persons experiencing homelessness has changed in part due to the recognition that it is difficult to adequately address the systemic and personal problems many homeless people have with the emergency shelter-based model. Emergency shelters cannot provide the intensive longer-term assistance many people experiencing homelessness need in order to become more self-sufficient. Housing models such as transitional, rapid re-housing, and permanent supportive housing programs can provide this assistance.

Table 14 provides the region's 2015 distribution of emergency, winter, transitional, safe haven, rapid re-housing, and permanent supportive housing beds for homeless individuals, unaccompanied minors, and families. These facilities were available in the winter months during the Point-In-Time enumeration and during the year's warmer months from April to October.

Between 2011 and 2015, the region added 706 permanent supportive housing beds to its year-round facility inventory. This represents a smaller increase over the prior four year period, in part because for the

first time in 2014, the regional inventory included rapid re-housing beds. Some of the beds previously classified as permanent supportive housing are now classified as rapid re-housing. The region added 1,039 rapid re-housing beds in 2015, bringing the total inventory of permanent supportive housing and rapid re-housing beds to 12,512. This represents an increase of 54 percent from 2011 when the region counted a total of 8,125 permanent supportive housing beds. The region's increased supply of permanent supportive housing and rapid re-housing beds is consistent with the national initiative to use a Housing First²⁵ model. Persons in rapid re-housing and permanent supportive housing are no longer considered homeless; they are counted as formerly homeless persons. The region recorded 1,726 winter/hypothermia beds in 2015, a decrease of 22 percent since 2011.

The region continued to lose transitional beds from 2011 through 2015. During this period, the region provided 1,187 fewer beds, or a 31 percent decrease. The reduction in transitional housing beds is due to several factors. One main factor is a resource reallocation to focus on prevention and permanent supportive housing. An additional factor is the high

²⁵ Housing First is an approach to solving homelessness that emphasizes providing housing first, and making use of clinical services optional. This strategy has proven successful in stabilizing persons experiencing homelessness, lowering returns to homelessness, and reducing the use of crisis services. For more information: http://usich.gov/usich/resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in and <http://www.endhomelessness.org/library/entry/what-is-housing-first>

operating costs for transitional beds. Each year, operating costs increase. As funding to support transitional housing declines, the region's jurisdictions are faced with the need to eliminate beds as a result. In several jurisdictions some transitional housing units have been converted to better meet the identified individual CoC needs, such as providing more rapid re-housing (Arlington County) or permanent supportive housing (Fairfax County). Overall, the reduction in transitional housing beds reflects a change in approach that emphasizes permanent housing solutions.

The percentage distribution of the region's homeless bed/facility type remains relatively unchanged from 2011. Permanent supportive housing beds in 2015 comprise 36 percent of the region's inventory serving homeless and formerly homeless households. This represents a decrease of three percent since 2014. This

is primarily attributable to the fact that in previous years, rapid re-housing placements were included in the permanent supportive housing count. In 2014, these categories were broken out, resulting in a slight decrease in the number of reported permanent supportive housing beds.

Transitional housing beds comprised 15 percent of the region's homeless beds, which remains unchanged from last year. The distribution of emergency and winter shelter beds decreased by two percent last year, from 35 percent to 33 percent. The region currently has a total of 24,270 beds for its residents experiencing homelessness across each of the facility categories; this number has increased by 4,207 beds since 2011. Table 14 on the following page represents this regional resource.



Photo credit: Fairfax County & New Hope Housing

TABLE 14: 2015 WINTER AND YEAR ROUND INVENTORY OF BEDS IN THE WASHINGTON REGION								
		Beds for Singles	Beds for Unaccompanied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribution in Winter	All Beds: Warm Months	Percent Distribution in Warm Months
Winter Beds	2015	1,476	0	250	1,726	7%		
	2014	1,671	0	1,636	3,307	14%		
	2013	1,371	0	284	1,655	8%		
	2012	1,387	0	737	2,124	11%		
	2011	1,557	0	663	2,220	11%		
Emergency Shelter Beds	2015	2,727	30	3,552	6,309	26%	6,309	28%
	2014	2,772	19	2,344	5,135	21%	5,135	25%
	2013	2,783	6	2,354	5,143	24%	5,143	26%
	2012	2,777	16	1,676	4,469	22%	4,469	25%
	2011	2,941	22	1,343	4,306	21%	4,306	26%
Transitional Housing Beds	2015	1,249	0	2,418	3,667	15%	3,667	16%
	2014	1,311	0	2,416	3,727	15%	3,727	21%
	2013	1,392	2	3,269	4,663	22%	4,663	23%
	2012	1,541	13	2,775	4,329	22%	4,329	24%
	2011	1,738	4	3,605	5,347	27%	5,347	32%
Safe Haven	2015	56	0	n/a	56	0.2%	56	0.2%
	2014	66	0	n/a	66	0.3%	66	0.4%
	2013	66	0	n/a	66	0.3%	66	0.3%
	2012	64	0	n/a	64	0.3%	65	0.4%
	2011	65	0	n/a	65	0.3%	65	0.4%
Permanent Supportive Housing Beds	2015	4,442	0	4,389	8,831	36%	8,831	39%
	2014	5,020	0	4,408	9,428	39%	9,428	53%
	2013	4,867	0	5,138	10,005	46%	10,005	50%
	2012	4,448	0	4,512	8,960	45%	8,960	50%
	2011	4,507	6	3,612	8,125	40%	8,125	49%
Rapid Re- Housing Beds	2015	328	0	3,353	3,681	15%	3,681	16%
	2014	127	0	2,515	2,642	11%	2,642	15%
	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
	2011	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TOTALS	2015	10,288	30	13,962	24,270		22,554	
	2014	10,840	29	10,804	24,305		17,822	
	2013	10,477	8	11,045	21,532		19,876	
	2012	10,388	n/a	9,626	19,946		17,758	
	2011	10,808	n/a	9,223	20,063		16,610	
Percent Change Since 2011		-5%	n/a	51%	21%		36%	

PERMANENT SUPPORTIVE HOUSING – THE FORMERLY HOMELESS

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

skills training, health care, mental health services, and job training. Many of these crucial supportive services and housing subsidies are provided by the region’s CoCs, comprised of local governments, nonprofits, and other human services agencies. Table 15 provides information on the region’s formerly homeless residents living in permanent supportive housing.

Housing First is an alternative model to the emergency shelter or transitional housing model. A core principle of the Housing First model is that the most vulnerable homeless are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary or transitional housing facilities. Under a Housing First model, homeless individuals 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 Continuum of Care is to move people out of homelessness into a level of independent living. Permanent supportive housing provides formerly homeless residents with much needed wrap-around services to assist them in their efforts to live as independently as possible. Some of these services may include substance abuse counseling, life

TABLE 15: FORMERLY HOMELESS PEOPLE IN PERMANENT SUPPORTIVE HOUSING				
		Households Without Children	Households with Adults and Children	Total
ALL COG CoCs	2015	4,287	4,300	8,587
	2014	4,835	4,296	9,131
	2013	4,488	5,029	9,517
	2012	4,240	4,417	8,657
	2011	4,244	3,458	7,702
Percent Change since 2011		1.0%	24.3%	11.5%

According to the 2015 enumeration, there are 8,587 formerly homeless people currently residing in permanent supportive housing; this represents a decrease of 544 people (6 percent) from 2014. This may be attributable in part to the fact that persons in permanent supportive housing and rapid re-housing programs were counted together prior to 2014. Table 15 cites the region’s number of formerly homeless living in permanent supportive housing.

Between 2011 and 2015, the metropolitan Washington region’s supply of permanent supportive housing beds increased by 11.5

percent or 885 beds. The region currently has 8,831 permanent supportive housing beds, representing 37 percent of the region's total bed inventory (see Figure 21).

housing bed count declined slightly. This trend continues in 2015 as well.

Montgomery County has 22 percent of the region's permanent supportive housing

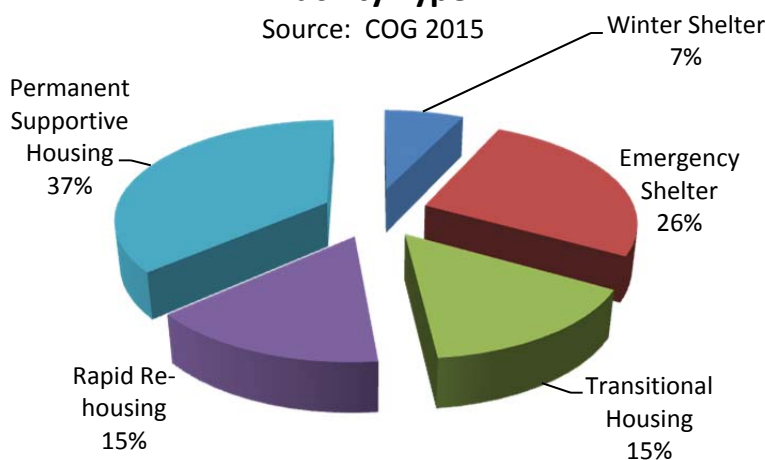
beds at 1,931 beds, an increase of two percent from last year. This increase supports the County's commitment to its Housing First Initiative which gives priority to the continued creation of more permanent supportive housing.

Figure 22 (following page) compares the literally homeless and formerly homeless

populations from 2011 through 2015. The totals of literally and formerly homeless adults are mutually exclusive and should not be combined. The data for formerly homeless for 2014 and 2015 reflect not only persons in permanent supportive housing, but other forms of permanent housing such as rapid re-housing and other permanent housing. According to HUD, formerly homeless people living in permanent housing are not counted as part of the literally homeless that live on the streets, in emergency shelter, or in transitional programs. By definition, the formerly homeless includes people presently living in permanent housing following a period of living on the street or in emergency or transitional shelter.

Figure 21: Regional Distribution of Beds by Facility Type

Source: COG 2015

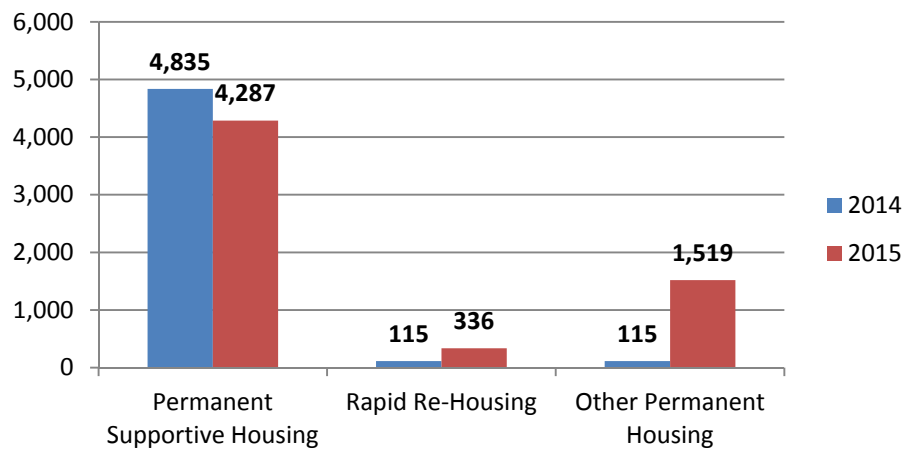


According to Figure 21, 33 percent of the region's distribution of beds is for winter and emergency shelter. This remains similar to the previous two years. A new bed category in 2014, Rapid re-housing accounts for 15 percent of the region's inventory. Transitional housing comprises 15 percent of the region's bed inventory; this figure remained unchanged from last year.

The District of Columbia's 5,680 permanent supportive housing beds represent 64 percent of the region's total number of permanent supportive housing beds, which is a two percent decrease from last year. As described previously, this is due to the way in which permanent housing was counted in in prior years. In 2013, permanent supportive housing and rapid re-housing beds were counted together. In 2014, when the permanent supportive housing and rapid re-housing beds were counted separately, the permanent supportive

Figure 22: Permanent Housing Solutions for Formerly Homeless Single Adults: 2014-2015

Source: COG 2015



In the past four years, there has been a significant increase in the region's formerly homeless population living in permanent supportive housing. In 2015, despite the challenging budget environment, there were 8,587 formerly homeless persons living in permanent supportive housing.

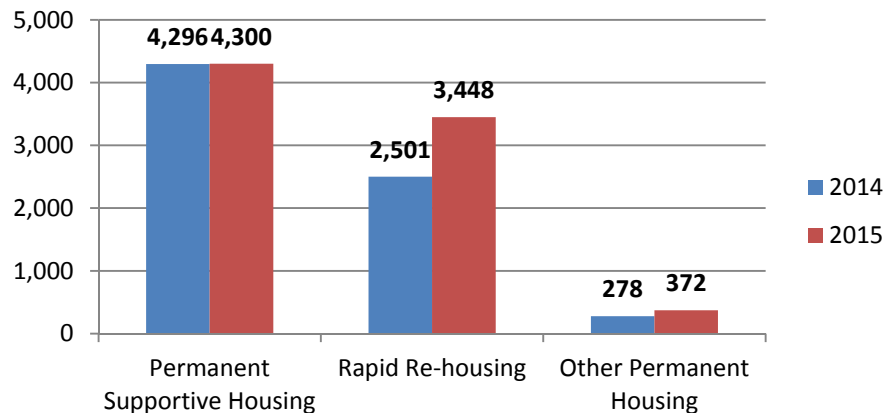
housing, the total number of beds in the region increases from 8,831 to 15,003 and the total number of persons placed in permanent housing solutions increases from 8,587 to 14,262. This represents an additional 6,172 beds and an additional 5,675 formerly homeless persons. The differences in the use of permanent

permanent supportive housing. Other permanent housing options include rapid re-housing, which primarily serves homeless families, and other supportive housing options. When the definition of permanent housing is expanded beyond permanent supportive housing to include rapid re-housing and other permanent

supportive housing and other permanent housing strategies are represented graphically by Figures 22 and 23.

Figure 23: Permanent Housing Solutions for Formerly Homeless Families: 2014-2015

Source: COG 2015



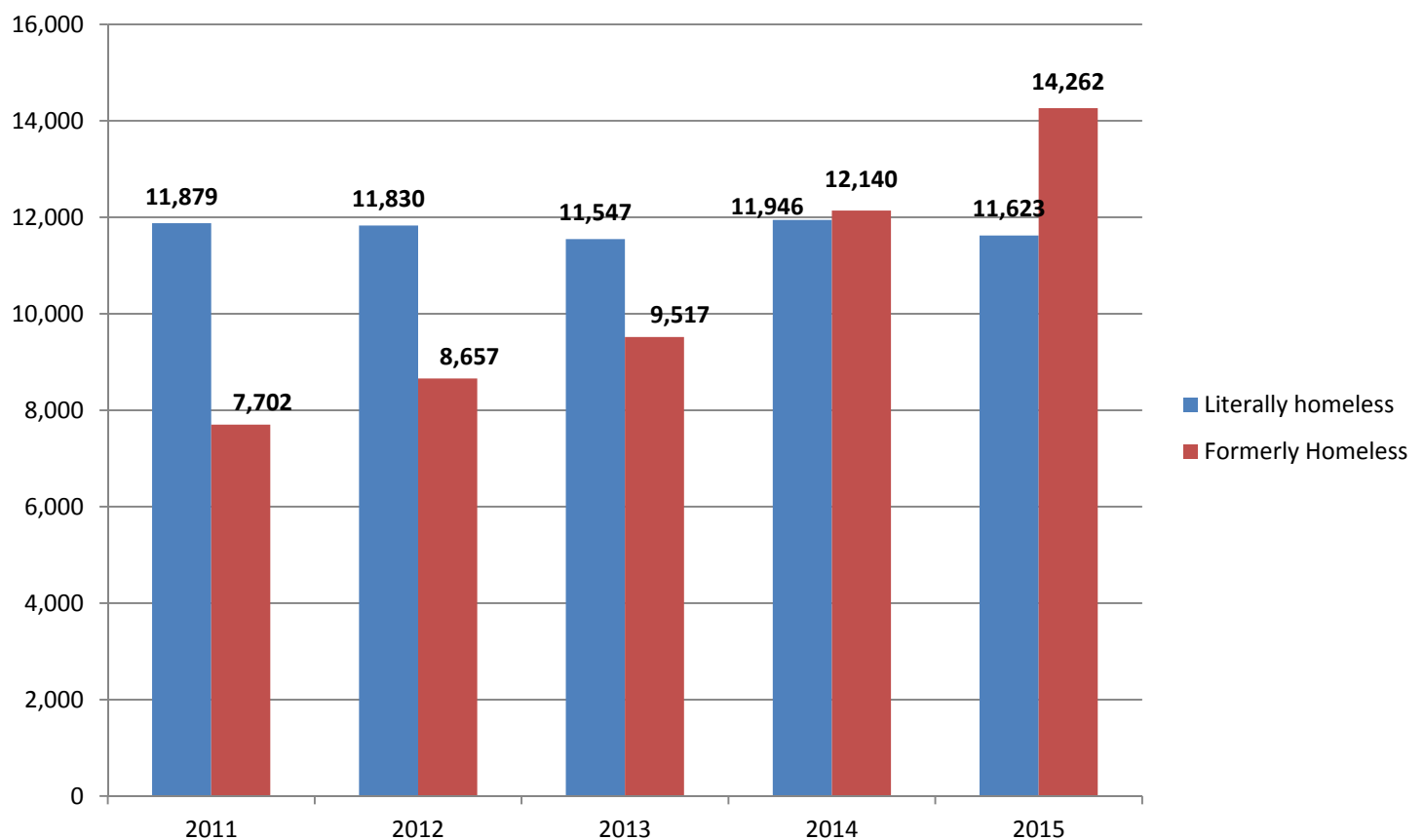
Beginning in 2014, the nine participating Continua of Care gathered data on other permanent housing options in addition to

of literally homeless has remained stable for the past four years, people become homeless every day and this number is fluid. The lingering effects from the great

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

recession in 2009 continue to negatively impact employable homeless households and the stagnant or declining growth in wages for lower-skilled jobs remains a critical obstacle to ending homelessness. The region's focus on preventing homelessness, rapidly re-housing those residents who do experience homelessness, and creating more permanent supportive housing has constrained the number of literally homeless and prevented it from growing unchecked.

Figure 24: Region's Literally and Formerly Homeless in Permanent Supportive Housing, Rapid Re-Housing & Other Permanent Housing* *Source: COG 2015*



**Note: data for 2014 and 2015 includes rapid re-housing and other permanent housing placements. Data collected prior to 2014 includes permanent supportive housing only.*

CONCLUSIONS AND RECOMMENDATIONS

As of January 28, 2015, 11,623 people throughout the metropolitan Washington region were homeless. This represents a slight decrease of 2.7 percent over last year's count of 11,946 homeless people. Six jurisdictions experienced a decline in their homeless populations in 2015 on the night of the count. The decreased homeless count may be attributed in part to the continued use of local and federal dollars to prevent homelessness, to rapidly re-house persons who become homeless, and to provide permanent supportive housing to chronically homeless individuals and others with disabling conditions. These proven best practices, in use throughout the metropolitan Washington region, have kept the homeless population from growing unchecked during a time of rapid population growth and increasing housing prices. In fact, what may be more significant than the 2.7 percent reduction in the regional homeless population is the fact that over 14,000 formerly homeless people were residing in some form of permanent housing on the night of the count in 2015.

Our region faces significant challenges in its efforts to end homelessness. Several of these key challenges include high rents that continue to climb and make it very difficult for extremely low income households to find or maintain housing that they can afford,²⁶ and wages that have not increased to keep pace with the rising cost of housing, particularly for less-educated workers.²⁷ In

addition, the region's declining supply of affordable housing continues to expand the gap between the options available for the lowest-income households and the increasing need.

To address these challenges, and others, ***the 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 re-house homeless people from emergency shelters into appropriate permanent housing.

Emergency shelters do not provide the intensive longer-term assistance many chronically homeless persons need in order to become more self-sufficient. As a result, CoCs in the region are increasingly focusing on permanent supportive housing while continuing to provide emergency shelter. As reflected in this year's report, since 2011, 6,560 additional formerly homeless persons were placed in some form of permanent housing. ***The Committee recommends that each of the region's CoC jurisdictions continuously increase its permanent supportive housing inventory.*** The provision of supportive wrap-around services as part of this approach helps homeless people become more confident and independent once their challenges are diagnosed and addressed.

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

²⁶ http://www.urban.org/research/publication/housing-security-washington-region/view/full_report, p. 5

²⁷ <http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>

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

In addition to sharing approaches to ending homelessness through prevention, Rapid Re-housing and providing additional permanent supportive housing, a number of the region's CoCs participated in the 100,000 Homes Campaign. The 100,000 Homes Campaign worked to find permanent homes for 100,000 of the country's most vulnerable homeless individuals and families and achieved its goal in June of 2014.²⁸ The Campaign's approach embraces a Housing First model, and has developed a methodology to prioritize who to house according to who is most vulnerable. Arlington County, the

District of Columbia, Fairfax County, Montgomery County, Prince William County, and Frederick County were members of the 100,000 Homes Campaign. Prince George's County joined in late April 2014. Several of the region's CoCs have also signed on to the Zero: 2016 Campaign, the successor to the 100,000 Homes Campaign. Its goal is to end veterans and chronic homelessness by the end of 2016. Several have signed the HUD Mayor's Challenge to end homelessness for veterans by the end of 2015 (City of Alexandria, District of Columbia, and Fairfax County). These are only two of several initiatives undertaken by the region's CoCs to prevent and end homelessness throughout the year.

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

In conclusion, the nine jurisdictions comprising COG's Continuum of Care worked hard to decrease the region's homeless rate over the past year. For the past several years, the CoCs implemented HUD's Homeless Prevention and Rapid Re-housing Program to provide homelessness prevention assistance to households who would otherwise become homeless – many due to the economic crisis – and to provide assistance to rapidly re-house persons who did become homeless. In past years, the federal government's stimulus funds were a

²⁸ <http://100khomes.org>

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



Photo credit: Paul DesJardin, MWCOG, Point-in-Time count 2015

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

Jurisdiction/Year		Single Persons	Unaccompanied Youth	Persons in Families	All Persons
Alexandria	2015	159	0	108	267
	2014	179	0	88	267
	2013	185	0	90	275
	2012	213	0	139	352
	2011	264	0	152	416
2011-2015 Percent Change		-39.8%	N/A	-28.9%	-35.8%
Arlington County	2015	164	0	75	239
	2014	178	0	113	291
	2013	266	2	211	479
	2012	263	0	188	451
	2011	268	0	193	461
2011-2015 Percent Change		-38.8%	N/A	-61.1%	-48.2%
District of Columbia	2015	3,814	7	3,477	7,298
	2014	3,948	5	3,795	7,748
	2013	3,690	6	3,169	6,865
	2012	3,754	13	3,187	6,954
	2011	3,832	26	2,688	6,546
2011-2015 Percent Change		-0.5%	N/A	29.4%	11.5%
Fairfax County	2015	488	1	715	1,204
	2014	530	0	695	1,225
	2013	603	0	747	1,350
	2012	696	1	837	1,534
	2011	666	0	883	1,549
2011-2015 Percent Change		-26.7%	N/A	-19.0%	-22.3%
Frederick County	2015	181	0	130	311
	2014	141	0	105	246
	2013	171	0	104	275
	2012	169	0	116	285
	2011	169	0	111	280
2011-2015 Percent Change		7.1%	N/A	17.1%	11.1%

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

Jurisdiction/Year		Single Persons	Unaccompanied Youth	Persons in Families	All Persons
Loudoun County	2015	80	0	88	168
	2014	77	0	102	179
	2013	81	0	85	166
	2012	69	0	95	164
	2011	86	0	70	156
2011-2015 Percent Change		-7.0%	N/A	25.7%	7.7%
Montgomery County	2015	598	0	502	1,100
	2014	603	0	288	891
	2013	638	0	366	1,004
	2012	600	1	381	982
	2011	761	0	374	1,135
2011-2015 Percent Change		-21.4%	N/A	34.2%	-3.1%
Prince George's County	2015	260	8	359	627
	2014	209	4	441	654
	2013	298	18	370	686
	2012	279	0	362	641
	2011	429	0	344	773
2011-2015 Percent Change		-39.4%	N/A	4.4%	-18.9%
Prince William County	2015	185	0	224	409
	2014	192	0	253	445
	2013	183	1	263	447
	2012	161	0	306	467
	2011	175	0	500	675
2011-2015 Percent Change		5.7%	N/A	-55.2%	-39.4%
MWCOG REGION	2015	5,929	16	5,678	11,623
	2014	6,057	9	5,880	11,946
	2013	6,115	27	5,405	11,547
	2012	6,204	15	5,611	11,830
	2011	6,650	26	5,206	11,882
2011-2015 Percent Change		-10.8%	N/A	9.1%	-2.2%

APPENDIX: HOMELESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

ALEXANDRIA, VA

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 prevention and homeless services to persons experiencing or at-risk of homelessness in the City of Alexandria.

The Housing Crisis Response System is the CoC's centralized and coordinated approach to addressing the needs of persons experiencing or at-risk of homelessness in the City of Alexandria. The comprehensive screening and assessment process ensures that all households seeking shelter are screened 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.

CITY OF ALEXANDRIA HOUSING CRISIS RESPONSE SYSTEM SERVICE COMPONENTS

COMPONENTS	DESCRIPTION
<u>Outreach</u>	Progressive engagement, mental health and substance abuse services, case management, and limited housing-related services for persons experiencing serious mental illnesses—including those with co-occurring substance use disorders—who are experiencing homelessness or are at risk of becoming homeless.
<u>Day Shelter</u>	Facility to meet the basic needs of chronically homeless individuals including showers, laundry, lockers, phone and voicemail services, mailing address, case management, outreach, and linkage and referral to community resources.
<u>Homeless Services Assessment Centers</u>	Assistance for persons experiencing or at-risk of homelessness to determine the best immediate next step to effectively address the housing crisis. Services include screening for diversion services or emergency shelter as appropriate, basic needs assessment, and mainstream and community resource linkages and referrals.
<u>Diversion & Prevention</u>	Temporary support to persons at-risk of homelessness including case management, housing counseling, linkage to mainstream resources, landlord-tenant mediation, job search assistance and employment services, budgeting/financial management, and financial assistance.
<u>Emergency Shelter</u>	Temporary lodging and supportive services for homeless individuals and families.

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

Combined, the two emergency shelters provided a total of 124 year-round beds (80 for households without children and 44 for households with adults and children). We attribute a consistent underutilization resulting in the 15 percent (21-bed) reduction to a combination of 1) efficiencies in preventing homelessness, diverting shelter entry and rapidly rehousing homeless persons; and 2) the increase in permanent supportive housing beds to serve the chronically homeless. There is a plan to reallocate 9 of the 21 beds to provide additional permanent support housing for singles.

The Domestic Violence Program shelter increased its inventory of undesignated year-round beds from 17 to 21 in response to the heightened need of persons in imminent danger of domestic or sexual violence. At the time of the 2015 enumeration, it also utilized two overflow beds to accommodate a large family of eight.

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

Combined, the transitional housing inventory consisted of 84 beds (22 for households without children and 62 for households with adults and children). Four of eight beds for single women that were taken offline in 2013 and intended to remain offline temporarily for renovation were yet unavailable as of the night of the 2015 enumeration due to a delay in the provider's building renovation project.

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

<u>INVENTORY TYPE</u>	<u>Units for Households with Adults & Children</u>	<u>Beds for Households with Adults & Children</u>	<u>Beds for Households without Children</u>	<u>Year-Round Beds</u>
<u>Winter Shelter</u>	-	19*	48*	-
<u>Emergency Shelter</u>	-	44	83+	124
<u>Domestic Violence Program Shelter</u>	-	20^	3	21
<u>Transitional Housing</u>	20	62	22	84
<u>Safe Haven</u>	-	-	12	12
TOTAL	20	145	168	241

- Not Applicable

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

*Three beds, which are not reflected in the year-round bed total, represent motel vouchers used to shelter three convicted sex-offenders who for safety reasons could not be housed in emergency shelter.

^This includes 2 overflow beds that were added to accommodate an 8-person household.

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

SIGNIFICANT ACCOMPLISHMENTS SINCE THE 2014 WINTER ENUMERATION

RIGHT-SIZING THE HOUSING CRISIS RESPONSE SYSTEM

The City of Alexandria has combined the Homeless Services Assessment Centers (HSAC) for families and singles under one roof. All households seeking shelter in the City of Alexandria are able to request assistance and an assessment at a centralized location. HSAC utilizes standardized assessment tools including the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) for singles to efficiently determine household needs and effectively provide assistance through diversion services, homeless prevention services, and as a last resort, emergency shelter.

PLAN TO END VETERAN HOMELESS

The City of Alexandria is working diligently to meet the goal of ending veteran homelessness in our community by 2016. In an effort to develop the most comprehensive plan possible, the CoC has developed and expanded partnerships with several veteran service providers including SSVF providers, the Veterans Administration, and the local housing authority. Targeted efforts have been made in quickly placing identified veterans experiencing or at-risk of homelessness into stable permanent housing. In partnership with the Alexandria Redevelopment and Housing Authority, we successfully housed four veterans using set-aside Housing Choice vouchers. Our homeless shelter providers have successfully assisted five additional veterans using VASH vouchers and SSVF Rapid Re-housing assistance. Since the 2014 enumeration, 56 percent of homeless veteran households in the City of Alexandria have 'made it home' to permanent housing.

2014 ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS (AHAR)

The City of Alexandria successfully contributed data in all possible categories to the 2014 Annual Homeless Assessment Report and the 2014 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 2015 Winter Point-in-Time count by collecting data through the Homeless Management Information System (HMIS) as well as manual surveys completed by homeless services program staff (i.e., outreach, day, winter and emergency shelter, transitional housing, and safe haven). A manual count of unsheltered homeless persons was conducted under the leadership of the Alexandria Community Services Board Homeless Services/PATH Coordinator. Reflected below are the demographic and sub-population comparisons of the 2013, 2014, and 2015 enumerations.

HOMELESS COUNT BY HOUSEHOLD TYPE

A total of 267 persons experiencing homelessness were identified, the same number as 2014 and a 3 percent decrease from 2013. There were no households with only children identified in the 2015 count. There were 159 households without children, an 11 percent decrease from 2014 and a 14percent decrease from 2013. There were 111 single men, a 13 percent decrease from 128 in 2014 and an 18 percent decrease from 135 in 2013. There were 48 single women, a 6percent decrease from 51 in 2014, and a 4 percent decrease from 50 in 2013. We attribute the decrease in large part to our increase of permanent supportive housing beds as well as improved screenings at the Homeless Services Assessment Center (HSAC) to more efficiently and effectively assess the needs of persons seeking shelter and best utilize community resources by offering diversion services to reduce the number of households entering the shelter system.

On the night of the count 34 households with adults and children were literally homeless, a 6 percent increase from 2014 and a 3 percent increase from 2013. The number of persons in families rose considerably to 108 from 88 in 2014, a 23 percent increase and from 90 in 2013. The number of adults increased by 3 percent from 36 in 2014 to 37 and decreased by 3 percent

from 38 in 2013. The number of children increased by a significant 37 percent from 52 in 2013 and 2014 to 71 in 2015 as a result of larger family sizes. We attribute the increase, which was observed in the emergency and Domestic Violence Program shelters, in part to the recent publicity and media campaigns in response to several incidents of domestic violence involving professional athletes.

TOTAL COUNT AND BREAKOUT BY HOUSEHOLD TYPE

<u>PERSONS EXPERIENCING HOMELESSNESS</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
Total Persons	275		267		267		-3%	0%
<u>HOUSEHOLD DEMOGRAPHICS</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
<u>HOUSEHOLDS WITHOUT CHILDREN</u>								
Men	135	73%	128	72%	111	70%	-5%	-13%
Women	50	27%	51	28%	48	30%	2%	-6%
Total Households	185		179		159		-3%	-11%
<u>HOUSEHOLDS WITH ADULTS & CHILDREN</u>								
Total Households	33		32		34		-3%	6%
Single Parent Households	31	94%	30	94%	33	97%	-3%	10%
Adults	38		36		37		-5%	3%
Children	52		52		71		0%	37%
Total Persons in Households	90		88		108		-2%	23%

Eighty-six percent of households without children were sheltered, while 14 percent were unsheltered on the street or in places unfit for human habitation. The number of unsheltered households without children was unchanged at 23 for 2014 and 2015, a decrease of 21 percent from 29 in 2013. One hundred percent of households with adults and children were sheltered (44 percent in emergency shelters; 12 percent in the domestic violence program shelter; and 44 percent in transitional housing).

BREAKOUT BY LOCATION ON THE NIGHT OF THE COUNT

<u>LOCATION ON THE NIGHT OF THE COUNT</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>% Change 2013 - 2014</u>	<u>% Change 2014 - 2015</u>
Unsheltered	29	11%	23	9%	23	9%	-21%	0%
Sheltered	246	89%	244	91%	244	91%	-1%	0%
Total Persons	275		267		267		-3%	0%
<u>HOUSEHOLDS WITHOUT CHILDREN</u>								
Unsheltered	29	15%	23	13%	23	14%	-21%	0%
Winter Shelter	35	19%	40	22%	35	22%	14%	-13%
Emergency Shelter	79	44%	87	49%	71	45%	10%	-18%
Emergency Shelter for Registered Sex Offenders	4	2%	2	1%	3	2%	-50%	50%
Domestic Violence Program Shelter	2	1%	2	1%	3	2%	0%	50%
Transitional Housing	24	13%	15	8%	15	9%	-38%	0%
Safe Haven	12	6%	10	6%	9	6%	-17%	-10%
Total Households	185		179		159		-3%	-11%
<u>HOUSEHOLDS WITH ADULTS & CHILDREN</u>								
Unsheltered	0	0%	0	0%	0	0%	0%	0%
Winter Shelter	0	0%	0	0%	0	0%	0%	0%
Emergency Shelter	13	39%	11	34.5%	15	44%	-15%	36%
Domestic Violence Program Shelter	2	6%	1	3%	4	12%	-50%	300%
Transitional Housing	18	55%	20	62.5%	15	44%	11%	-25%
Total Households	33		32		34		-3%	6%

- Data not collected.

HOMELESS COUNT BY SUBPOPULATION

As reflected in the chart below, the 2015 enumeration has yielded significantly lower counts in some of the subpopulation categories. We suspect that the substantial decreases are directly related to compliance with the new HUD standards, which, as anticipated by HUD, have resulted in a more accurate count than in the past.

Thirty percent of households without children met HUD's definition of "chronic homelessness," a 24percent decrease from 2014. Twenty-one percent had a diagnosable substance use disorder, a 23percent decrease from 2014; 22percent had a serious mental illness; and 15percent had a co-occurring diagnosable substance use disorder and serious mental illness. Eight percent had a physical disability, and 10percent had chronic health conditions.

There were two households with adults and children identified as chronically homeless in 2015. There were none identified in 2014. In 2013 there was one household identified, representing less than 1percent of households with adults and children that year. Six percent of households with adults and children were homeless as a direct result of domestic violence.

CHRONIC HOMELESS AND SUBPOPULATION BREAKOUT

<u>CHRONIC HOMELESSNESS</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
Households without Children	69	37%	63	35%	48	35%	-9%	-24%
Households with Adults & Children	1	<1%	0	0%	2	0%	-100%	-
<u>SUBPOPULATIONS (ALL ADULTS)†</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
Veterans	11	5%	18	8%	12	6%	64%	-33%
Chronic Substance Abuse	48	22%	53	25%	41	21%	10%	-23%
Serious Mental Illness	44	20%	65	30%	43	22%	48%	-34%
Co-Occurring (formerly Dual-Diagnosis)	25	11%	32	15%	29	15%	28%	-9%
Physical Disability	11	5%	19	9%	16	8%	73%	-16%
Chronic Health Conditions	36	16%	23	11%	20	10%	-36%	-13%
HIV/AIDS	6	3%	4	2%	1	1%	-33%	-75%
Limited English	6	3%	12	6%	11	6%	100%	-8%
Formerly Institutionalized^	33	15%	14	6.5%	16	8%	-58%	14%
<u>Homeless Due to Domestic Violence</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
Total Households	16	7%	11	5%	12	6%	-31%	9%
Single Women	4	8%	3	6%	4	8%	-25%	33%
Women w/Minor Children	12	39%	8	28%	8	25%	-33%	0%
Children	20	38%	11	21%	11	15%	-45%	0%
Total Persons	36	13%	22	8%	23	15%	-39%	5%

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

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

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

Thirty-six percent of persons in households without children were employed, an increase from 30percent in 2014.

Sixty-four percent of persons in households without children reported receiving no income. Of the 36percent receiving income, the majority (45percent) reported a gross monthly income of \$501-\$1,000. Forty-one percent had a monthly gross income higher than \$1,000. Sixty-seven percent of persons receiving income reported employment as their primary source. Twenty-eight percent reported disability income as the primary source.

EMPLOYMENT IN HOUSEHOLDS WITHOUT CHILDREN

<u>EMPLOYMENT</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
<u>HOUSEHOLDS WITHOUT CHILDREN</u>	185		179		159			
Not Reported	0	0%	2	1%	0	0%	-	-100%
No	126	68%	123	69%	101	64%	-2%	-18%
Yes	59	32%	54	30%	58	36%	-8%	7%

GROSS MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

GROSS MONTHLY HOUSEHOLD INCOME	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
HOUSEHOLDS WITHOUT CHILDREN	185		179		159			
Not Reported	8	4%	2	1%	2	1%	-75%	0%
No	76	41%	77	43%	71	45%	1%	-8%
Yes	101	55%	100	56%	86	54%	-1%	-14%
Income Amount								
\$1-150	3	3%	0	0%	4	5%	-100%	-
\$151-250	5	5%	8	8%	3	3%	60%	-63%
\$251-500	7	7%	13	13%	5	6%	86%	-62%
\$501-1,000	58	57%	61	61%	39	45%	5%	-36%
\$1,001-1,500	17	17%	11	11%	16	19%	-35%	45%
\$1,501-2,000	8	8%	4	4%	13	15%	-50%	225%
More than \$2,000	3	3%	3	3%	6	7%	0%	100%
Primary Source of Income								
Wages	54	53.5%	51	51%	58	67%	-6%	14%
Retirement	2	2%	8	8%	1	1%	300%	-88%
Disability	42	41.5%	34	34%	24	28%	-19%	-29%
Public Assistance*	0	0%	0	0%	0	0%	0%	0%
Other**	3	3%	6	6%	3	3%	100%	-50%
No Reported	0	0%	1	1%	0	0%	-	-100%

*General Relief or Refugee Support

**Spousal Support, Panhandling, etc.

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

Seventy-eight percent of adults in households with adults and children were employed, an increase from 72percent in 2014.

Ninety-seven percent of adults in households with adults and children reported receiving income, an increase from 86 percent in 2014. Of those receiving income, 75 percent reported employment as the primary source. For 17 percent TANF was the primary source; and disability income was the primary source for 3 percent. Despite the 6 percent increase in employment, there was an overall decrease in the gross monthly income amount (19 percent = \$251 to \$500; 31 percent = \$501 to \$1,000; 28 percent = \$1,001 to \$1,500; 14 percent = \$1,501 to \$2,000; and 8 percent = greater than \$2,000).

EMPLOYMENT (ADULTS)	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
HOUSEHOLDS WITH ADULTS & CHILDREN	38		36		37			
Not Reported	0	0%	0	0%	0	0%	0%	0%
No	12	32%	10	28%	8	22%	-17%	-20%
Yes	26	68%	26	72%	29	78%	0%	12%

GROSS MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

GROSS MONTHLY HOUSEHOLD INCOME	<u>2013</u>		<u>2014</u>		<u>2015</u>		% Change 2013 - 2014	% Change 2014 - 2015
HOUSEHOLDS WITH ADULTS & CHILDREN	38		36		37			
Not Reported	0	0%	0	0%	0	0%	0%	0%
No	8	21%	5	14%	1	3%	-38%	-80%
Yes	30	79%	31	86%	36	97%	3%	16%
<u>Income Amount</u>								
\$1-150	0	0%	0	0%	0	0%	0%	0%
\$151-250	0	0%	1	3%	0	0%	0%	-100%
\$251-500	6	20%	2	6%	7	19%	-67%	250%
\$501-1,000	12	40%	6	19%	11	31%	-50%	83%
\$1,001-1,500	3	10%	9	29%	10	28%	200%	11%
\$1,501-2,000	7	23%	8	26%	5	14%	14%	-38%
More than \$2,000	2	7%	5	16%	3	8%	150%	-40%
<u>Primary Source of Income</u>								
Wages	26	87%	23	82%	27	75%	-12%	17%
Retirement	0	0%	0	0	0	0%	0%	0%
Disability	0	0%	1	4%	1	3%	-	0%
Public Assistance*	4	13%	2	7%	6	17%	-50%	200%
Other**	0	0%	2	7%	0	0%	-	-100%

*General Relief, Refugee Support or TANF

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

HOUSING NEED

The greatest barriers to ending homelessness in our community are 1) extremely low incomes (i.e., low fixed income and the lack of a living wage received by persons experiencing homelessness), and 2) the lack of fixed affordable permanent housing opportunities for the lowest income households (i.e., those with an income 30 percent and below of the area median income of \$109,200). For households without children, 19 percent needed permanent supportive housing; 21 percent needed a rental subsidy; 29 percent needed affordable permanent housing; 2 percent needed assisted living; 4 percent needed transitional housing (the majority for substance use treatment); 14 percent needed safe haven; and 11 percent needed emergency shelter triage and additional assessment. For households with adults and children, 6 percent needed affordable permanent housing; 65 percent needed a rental subsidy; 20 percent needed transitional housing; and 9 percent needed permanent supportive housing.

To assist formerly homeless persons, the CoC currently operates 38 permanent supportive housing beds for households without children and 3 permanent supportive housing units totaling 8 beds for households with adults and children whose heads of household have a serious mental illness. On the night of the count 98 percent of the beds were occupied. The three households (100 percent) occupying the permanent supportive housing units were identified as ready to move on to permanent housing, but could not due to the lack of available affordable housing.

HOMELESSNESS PREVENTION, SHELTER DIVERSION AND HOUSING PLACEMENT

PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS

In 2013 the CoC reviewed a six-year comparison and found that on average 36 percent 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, 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. At the time of the 2015 count, a review of an eight-year comparison found that the average number of individuals experiencing chronic homelessness remains constant at 36percent.

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

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 & RAPID RE-HOUSING

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

- **Prevention** – 64 households (13 without children and 51 with adults and children) totaling 188 people at-risk of homelessness were aided to retain permanent housing. Services included case management, linkage to mainstream resources, financial assistance, landlord-tenant intervention, job search assistance, employment services, budgeting/financial management and housing counseling.
- **Diversion** – 123 households with children sought shelter and 54 households (44 percent) 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** – 42 households (30 without children and 16 with adults and children) totaling 71 people were assisted to swiftly return to permanent housing after becoming homeless. Services included case management, housing search assistance, rental assistance, and housing stability related financial aid.

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

FUTURE TRENDS IN HOMELESSNESS

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

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

Given the housing and economic factors, it is difficult to predict future trends of homelessness for the City of Alexandria. Although a continued public outcry in response to the decline of limited affordable housing opportunities has resulted in planning and development for households at 60 percent to 80 percent of the area median income (\$109,200), the cost of permanent housing is expected to remain high in general, particularly for the populations we serve with incomes of 30 percent of area median or less. Therefore, the City of Alexandria CoC is committed to finding innovative and non-traditional ways to continue providing prevention and rapid re-rehousing assistance as well as seeking federal, state and local funding to this end.

ARLINGTON COUNTY, VA

Description of Homeless Services

10-Year Plan to End Homelessness

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 led by the Executive Committee support the implementation of goals by ensuring that best practice solutions are used within the Continuum of Care (CoC). Best practice approaches include centralized intake and assessment, progressive engagement within all programs, rapid re-housing and permanent supportive programs, and use of outcome-focused data to determine the CoC's decision making. The 10 Year Planning 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 2015 Point-in-Time (PIT) survey on January 28, 2015 in conjunction with the Metropolitan Washington Council of Governments (COG) and the Arlington non-profit partners.

Continuum of Care

Arlington's CoC 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: homeless prevention, street outreach, emergency shelter, transitional housing, Safe Haven, and rapid re-housing and permanent supportive housing options.

Highlights

In June 2014, Arlington County reached its goal to house 100 homeless persons identified as vulnerable through the 100 Homes Campaign initiated in October 2011, and in doing so housed

the 100,000th vulnerable homeless person that helped the 100,000 Homes Campaign reach its goal. Even after reaching the goal, outreach workers, shelter and housing providers, and mental health and substance abuse specialists continued 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 sustained key outcomes for families. In FY 2014, almost 85 percent of all households exiting family shelters went to permanent housing. And among adults exiting family shelters and adults who left Rapid Rehousing the employment rates were 84percent and 89percent respectively. Another provider of transition in place services shifted programming to the rapid re-housing model.

Arlington County implemented its Centralized Assessment System (CAS) in September 2014. CAS provides one centralized intake process for households who need assistance because they are at risk of becoming homeless, are homeless and have nowhere to go, or have other housing related problems. Households are assessed and screened for specific housing options, including prevention assistance that helps households maintain existing housing or obtain other, more affordable housing; access to emergency shelter for those households who cannot be diverted from homelessness; and access to rapid re-housing and permanent supportive housing for households who must stay in emergency shelter. Diversion services are showing initial success, and a robust and collaborative case conferencing process is yielding results in working with the most difficult cases.

Current Inventory of Beds

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

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds for Families	All Year- Round Beds	Winter Beds
<i>Hypothermia/Overflow/Other (Additional winter Capacity)</i>	0	0	0	73
<i>Emergency Shelter Beds</i>	44	82	126	0
<i>Transitional Housing Beds</i>	12	4	16	0
<i>Safe Haven</i>	6	0	0	0
TOTAL	<u>62</u>	<u>86</u>	<u>142</u>	<u>73</u>

Five Arlington homeless shelters provide a safe, structured environment for singles and families who are experiencing homelessness. The County is opening a new Homeless Services Center (HSC) in June 2015 which will replace the existing hypothermia shelter beds and the current day programming. The HSC has will have 50 emergency shelter beds, five medical respite beds, and capacity to accommodate an additional 25 individuals in extreme winter weather. The HSC

beds will be coordinated through the Centralized Access System.

Point in Time Count

Arlington County experienced a drop in the number of total persons counted for a second straight year.

Arlington County Point in Time Count					
	2012	2013	2014	2015	Percent Change 2014-2015
<i>Singles</i>	263	268	178	164	-8%
<i>Families</i>	188	211	113	75	-34%
TOTAL	<u>451</u>	<u>479</u>	<u>291</u>	<u>239</u>	-18%

The factors contributing to the reduction in the numbers include:

- **Street Outreach:** Successful street outreach efforts resulted in the 2015 PIT Survey yielding a count of 39 persons compared to 51 persons counted in 2014.
- **Community efforts to house homeless individuals are working:** The CoC has been a part of the 100,000 Homes national campaign, which resulted in over 100 persons being housed in Arlington. The CoC will continue this effort by participating in the Zero: 2016 national campaign that will focus on housing homeless veterans and the chronically homeless. Most households have been placed in permanent supportive housing or connected to a VASH voucher.
- **Strategies Shift:** Over the past two years, the CoC has worked to change transitional housing programs over to rapid re-housing. This year, the last program was converted which accounted for 48 fewer persons being counted.

Chronically Homeless, Veterans & Domestic Violence Sub-populations Count

Chronically Homeless Table				
	2013	2014	2015	Percent Change 2014 to 2015
<i>Chronically Homeless – Sheltered Households without Children</i>	156	74	79	7%
<i>Chronically Homeless – Sheltered Households with Children</i>	0	0	2	200%
TOTAL	<u>156</u>	<u>74</u>	<u>81</u>	<u>9%</u>

Veteran Table			
	2014	2015	<i>Percent Change 2014 to 2015</i>
<i>Veteran –Sheltered Households without Children</i>	19	17	-11%
<i>Veteran – Sheltered Households with Children</i>	3	2	-33%
TOTAL	<u>22</u>	<u>19</u>	<u>-14%</u>

Domestic Violence Current Table			
	2014	2015	<i>Percent Change 2014 to 2015</i>
<i>Domestic Violence Current (DVC) – Sheltered Households without Children</i>	6	14	133%
<i>Domestic Violence Current (DVC) – Sheltered Households with Children</i>	10	22	120%
TOTAL	<u>16</u>	<u>36</u>	<u>125%</u>

Arlington County experienced a slight (7 percent) increase in the number of persons being counted as chronically homeless and homeless veterans. The CoC is a participant in the national Zero: 2016 Campaign that focuses on housing veterans and the chronically homeless. The CoC will utilize permanent supportive housing, Supportive Services for Veterans Families, Veterans Affairs Supportive Housing (VASH) vouchers, and local housing assistance funds to house these households. The CoC did experience an increase in the number of persons with a current episode of domestic violence causing their homelessness which is in line with the reported increase in persons calling the DV hotline. The CoC has made DV households a priority population and will utilize rapid re-housing resources to house the individuals and families.

Conclusion

Arlington's numbers are encouraging and show promise in new strategies to prevent and end homelessness. However, a single night and one year's count do 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 the completion of Arlington's Affordable Housing Study, which is now being presented to the community and includes plans to maintain housing affordability. The CoC will continue to evaluate and refine strategies to ensure community needs are met.

DISTRICT OF COLUMBIA

Homeless Services in the District of Columbia

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 rehousing, permanent 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 address immediate barriers to stable housing while working with individuals and families experiencing homelessness to obtain and/or maintain permanent or supportive housing as quickly as possible.

The Community Partnership for the Prevention of Homelessness (TCP) has been the CoC Lead Agency since the model was implemented in the District. In this role 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.

Additionally, TCP is the District's Homeless Management Information System (HMIS) System Administrator. The HMIS is the District's primary repository for storing and tracking client level information provided by consumers of homeless services. The District's Point in Time information is collected primarily through the HMIS. The District was one of the first CoCs nationally to use the HMIS to conduct Point in Time; as of the 2015 count, 90 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 day. The results of Point in Time are used regularly by TCP, city leaders, and community stakeholders in implementing services for homeless individuals and families living in the District.

In its role as CoC Lead and the HMIS System Administrator, TCP has conducted the Point-in-Time count on behalf of the District of Columbia annually since 2001.

Changes since Point- in-Time 2014

Since the 2014 Point in Time, the District of Columbia CoC has:

- Adopted a new Strategic Plan which will guide the Continuum's work toward ending long-term homelessness and to make homelessness "rare, brief, and non-recurring"
- Increased its investment in permanent housing solutions, including:
 - a new 40-unit program serving chronically homeless men with a focus on

veterans implemented in partnership with the D.C. Department of Human Services (DHS), Department of Behavioral Health (DBH), the U.S. Department of Veteran's Affairs (VA), The Community Partnership, and Friendship Place;

- TCP secured funding via the HUD CoC Program Grant application process to implement a 22-unit permanent supportive housing program to serve chronically homeless veterans operated by Community Connections;
- DHS and TCP have increased their investment in the locally funded Family Rehousing Stabilization Program (FRSP), a rapid re-housing program serving homeless families in the District (this investment includes the implementation of an FRSP program that specifically serves families headed by transition aged youth);
- Increased its investment in services for both unaccompanied minors and transition age youth, including:
 - DHS and TCP implemented a 12-bed transitional housing program for LGBTQ transition aged youth; and
 - DHS and TCP implemented a 6-bed crisis program for minors.
- Fully implemented its Coordinated Assessment and Housing Placement (CAHP) System for singles and is developing protocols for housing homeless youth

For much of the year following the 2014 Point-in-Time count, the daily occupancy of shelter and housing programs in the District were lower than the occupancy on the same day in the previous year (as was the case on PIT 2015). This was largely due to households moving from the shelter system and into housing resources named above. While the CoC continues to see more new households enter the system, the increased rate of exit, especially for many long-staying persons and families, kept year-to-year counts lower in FY2015 for most of the winter.

Shelter and Housing Inventory in 2015

SHELTER & HOUSING INVENTORY			
Category	Units/Beds for Singles	Units for Families	Beds in Family Units
Winter Shelter	682	405	1,312
Emergency Shelter	2,256	406	1,295
Transitional Housing	950	428	1,190
Rapid Rehousing	185	888	2,736
Permanent & Permanent Supportive Housing	4,473	1,139	3,427

Point-in-Time Results

TCP coordinates with District and federal government agencies, professional outreach providers, and more than 300 trained community volunteers to conduct a census and survey of homeless persons living on the streets. On January 28, 2015, teams were dispatched to canvass the District from 10:00pm to 2:00am. Information was collected on paper survey forms; TCP transferred this data into the HMIS to produce the count of unsheltered persons on the night of Point-in-Time. These data were augmented by meal providers, drop-in centers, and the public library where staff conducted surveys on clients served the day after PIT who first indicated whether they had spent the night of the Point-in-Time on the street, in shelter, supportive housing, or in another housing arrangement so that they could be counted accordingly.

In order to get the full data set of the HUD-defined Literally Homeless population, TCP generated HMIS data for all HMIS participating emergency shelter and transitional housing providers for January 28, 2015. TCP created an Excel form for all non-HMIS participating or privately funded providers to provide data on clients served on the date of Point-in-Time (note: domestic violence providers only provide de-identified information). Data for the HUD Formerly Homeless population was collected in a consistent manner.

The table below details the total number of people counted during Point-in-Time 2015. The number of single persons, the number families, and the number of persons in those families are also included along with Point-in-Time 2014 information for the purposes of comparison. As shown, there were reductions among both single persons (-3.3 percent) and well as families (-8.4 percent) counted from year to year, though counts in both categories were higher than during the 2013 count.

HOMELESS COUNT BY CATEGORY			
Category	2015	2014	Percent Change
Total Number Counted	7,298	7,748	-5.8%
Total Number of Singles	3,821	3,953	-3.3%
Total Number of Families	1,131	1,231	-8.1%
Total of Persons in Families	3,477	3,795	-8.4%
Total Adults in Families	1,428	1,559	-8.4%
Total Children in Families	2,049	2,236	-8.4%

In addition to the count, unsheltered and sheltered persons were surveyed about their needs as a part of Point-in-Time. The following table shows the rates at which persons counted self-reported living with the HUD-recognized disabilities or that self-reported belonging to any of several HUD- and/or Metropolitan Washington Council of Governments-defined priority homeless subpopulations such as United States Military Veterans or persons for whom limited English proficiency is a barrier to receiving service.

DISABILITIES & SUBPOPULATIONS			
	Unaccompanied Single Persons	Adults in Families	Total (All Adults)
Chronic Substance Abuse (CSA)	14.9%	1.5%	11.2%
Severe Mental Illness (SMI)	13.3%	8.6%	12.0%
Dual Diagnosis (CSA & SMI)	11.1%	2.5%	8.8%
Chronic Health Problem	10.3%	1.8%	8.0%
Living With HIV/AIDS	2.1%	0.6%	1.7%
Physical Disability	16.9%	2.9%	13.0%
Domestic Violence (DV) History	10.7%	27.0%	15.1%
Homeless Due to DV	2.7%	15.3%	6.2%
Limited English Proficiency	7.4%	2.7%	6.1%
U.S. Military Veterans	10.3%	1.1%	9.5%

Chronic Homelessness

There were 1,593 unaccompanied homeless adults and 66 families in the District who met the federal definition of chronic homelessness at PIT. HUD defines the chronically homeless as persons who are disabled and who have been continuously homeless for a year or more, or who have been homeless four times within the past three years.

Income & Employment

Persons surveyed at Point-in-Time also responded to questions about income and employment. While 62.6 percent of single persons and 14.2 percent of adults in families reported that they had no income of any kind, 19.3 percent of singles reported that they were employed at PIT as were 25.1 percent of adults in families. Consistent with previous years' counts, income from employment 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.

Permanent Housing, Permanent Supportive Housing, and Rapid Rehousing Placements

At the Point-in-Time, TCP also counted persons in permanent housing, permanent supportive housing, and rapid rehousing programs to obtain a count of those HUD defines as 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 housing who likely still would be homeless were it not for these dedicated resources.

During Point-in-Time 2015, a total of 4,230 formerly homeless unaccompanied single men and women were in permanent and permanent supportive housing, as were 1,514 adults and 1,879 children in 1,128 formerly homeless families. The 2015 count of formerly homeless also included 185 single persons 888 families in rapid re-housing programs funded by the DC DHS, HUD and the VA.

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 outreach, homelessness prevention, rapid-rehousing, emergency shelter, hypothermia prevention, transitional housing programs, permanent supportive housing and affordable permanent housing. Our CoC continues 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. 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.

During 2014, the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness continued progress in implementing the Ten-Year Plan. Significant accomplishments include:

- Fairfax County met its target of housing 50 of the most vulnerable individuals by the end of the first year of its 100,000 Homes campaign. Many of those housed were among those who utilized the most services throughout the years and were also chronically homeless.
- In FY 2014, a total of 926 people moved into permanent housing from the county's shelters for families with children and single adults, representing a twenty-three percent increase from the previous year.
- In FY 2014, the county's homeless family shelters continued to improve efficiency in serving and rapidly moving people into permanent housing as the average length of stay in shelter was 70 days, a twenty-seven percent decrease from the previous year.
- Construction was completed on Kate's Place, six units of Permanent Supportive Housing for families built and supported by Fairfax County, co-located with a family emergency shelter. Families with a long history of homelessness and child welfare involvement will enter the program in early 2015.
- Fairfax County Chairman Sharon Bulova signed on to the Mayor's Challenge to End

Veteran's Homelessness. Fairfax County is coordinating with Veterans' Affairs, regional SSVF providers, the Commonwealth of Virginia, and a range of partners to achieve this goal locally by the end of 2015.

- The Office to Prevent and End Homelessness released a RFP for all county funded shelters, hypothermia prevention programs, PSH programs, community case management, housing location, and other homeless services which will provide better coordination of services and bring all contracts and operations in alignment with the Fairfax County 10-Year Plan.
- A new Coordinated Access, Assessment and Assignment system is under development. Building on the strides we have already made in this area, and with technical assistance from the Technical Assistance Collaborative, our CoC has launched a comprehensive plan to develop and implement a system based on best practices that will comply with HUD mandates.
- A collaborative process that included representatives from government and non-profit agencies resulted in the provision of a Hypothermia Prevention Program in 55 locations throughout the County, primarily in houses of worship. The collaborative established strategic processes for ensuring that locations not originally intended for overnight use met all applicable fire and building codes ensuring safe shelter for our hypothermia guests in an expedited manner. This approach is considered a best practice model that helped secure passage of a much needed change in the 2012 Virginia building code.
- Our CoC has continued to add Permanent Supportive Housing through both reallocations and new projects as part of the HUD CoC Program competitions. We received funding for new bonus projects in 2012 and 2014. In addition, four transitional housing grants were reallocated during 2013 and 2014. Altogether these new PSH projects, two of which are already operational, will provide PSH to 93 chronically homeless adults.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	255	0		255
Emergency Shelter Beds (includes DV shelters)	150	358/93	508	Counted in hypothermia/overflow
Transitional Housing Beds	27	433/135	460	n/a
TOTALS	432	791 / 228	968	255
*Overflow beds are available for both individuals and persons in families as necessary throughout the year.				

Emergency Shelter and Transitional Housing

There are currently 8 regular emergency shelter programs in Fairfax County operating year round. All shelters are operated by non-profit partner organizations with funding through county contracts with additional funding secured by the non-profits. Two of these facilities serve families with children and single adults impacted by domestic violence. There are three family shelter programs, two utilizing congregate facilities and one using leased apartments. In addition, there is one shelter facility which serves both families and single male and female adults. This shelter also contains a medical respite section for those in need of nursing care. There are two emergency shelter facilities that serve male and female adults.

These shelters have the capacity to provide overflow beds as needed throughout the year. They are primarily used during the winter but are used for extreme heat or other emergencies as well. Our county also maintains a motel program as overflow for families. In addition, there are 5 hypothermia prevention programs operated in three fixed sites and two that rotate among faith based congregations.

In 2014 our community's Safe Haven was reclassified as Permanent Supportive Housing; reflecting the way it had been operating for many years. The county does operate a small facility as a safe haven; targeting a chronically homeless seriously mentally ill population. Our range of shelter programs includes a shelter for homeless youth operated by a nonprofit. Following HUD guidance this program has been included in the 2015 PIT and HIC for the first time. In addition, a small program for veterans that was previously classified as transitional is now included as emergency shelter in accordance with HUD guidance. Overall, emergency shelter capacity remains basically the same as previous years. However, we continue to work to balance resources put towards shelter versus permanent housing.

There are three transitional housing programs that serve single adults in Fairfax County. One of these programs serve female veterans specifically, one serves young adults who are still attending Fairfax County Public Schools and no longer reside with their families, and one serves men recently released from correctional institutions. There are sixteen transitional housing programs for families. Six of these 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 due to shifting priorities and reallocations of HUD CoC Program funding.

Homeless Point-in-Time Results

As shown in the table below, the overall point-in-time count for 2015 declined from 2014, from 1,225 people to 1,204 people, an almost 2 percent reduction. This number includes an increase of 20 people in families, a decrease of 42 single adults, and an increase of one unaccompanied youth for a total decrease of 21 persons in the past year. There were two more families than

the previous year but the families had more members. This ends our continual decline in the number of families and number of people in families since 2008. The number of single adults continued to decline for the third consecutive year.

HOMELESS COUNT BY CATEGORY					
Category	2015	2014	2013	Percent Change 2014 to 2015	Percent Change 2013 to 2015
Total Number Counted	1,204	1,225	1,350	-2%	-11%
Total of Singles	488	530	603	-8%	-19%
Total Number of Families	213	211	230	1%	-7%
Total of Persons in Families	715	695	747	3%	-4%
Total Adults in Families	285	288	295	-1%	-3%
Total Children in Families	430	407	452	6%	-5%
Unaccompanied youth	1	0	0	n/a	n/a

The number of people in families is generally the same as the previous year. The main reason that there was not a decline was lack of access to our local homeless preference Housing Choice Vouchers, which were temporarily suspended due to federal sequestration. Despite this significant loss of resources, strong prevention efforts, prioritizing rapid re-housing from family shelters, and strategically reducing the numbers of transitional housing units has kept the family homeless population basically unchanged from last year. The decrease in single adults is due to the continued success of the 100,000 Homes Campaign, increased and reallocated HUD funding for PSH programs targeting this population, and additional VASH vouchers allocated during 2014.

The number of homeless individuals sheltered through winter seasonal overflow and hypothermia prevention programs decreased slightly this year. As those in emergency shelter and those unsheltered remained basically the same, this reflects the general decline in the homeless single adult population. 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 increased from 66 to 68. The number of chronically homeless individuals increased from 196 to 203. These slight increases in both populations maybe due to our improved and better coordinated outreach counting on the night of the PIT, in addition to the extra days allowed by HUD for counting the unsheltered. In addition, one program serving

veterans was reclassified by the VA and HUD as emergency shelter, which added to our chronic homeless numbers. Our CoC continues to have a minimal number of chronically homeless families; this year there were 6 chronically homeless families, comprising 16 adults and children on the night of the PIT.

Overall, single individuals represented 41 percent and families represented 59 percent of all people counted. Among adults in families 78 percent were female and 22 percent male. Among single individuals 73 percent were male, 27 percent female and there were two transgendered individuals as well. Children under age 18 in families were 36 percent of all persons counted, increasing slightly from last year. This number includes one unaccompanied minor. Youth households, consisting of families where all members were under the age of 25, comprised 4 percent (29) of the families and 11 percent (52) of the single individuals.

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families*	TOTAL
Substance Use Disorder	93	5	-	98
Severe Mental Illness	122	19	-	141
Co-occurring Disorder	53	2	-	55
Living With HIV/AIDS	5	1	-	6
Physical Disability	69	9	-	78
Chronic Health Problems	74	13	-	87
Domestic Violence--History	57	128	214	399
Domestic Violence--Current	22	100	190	312
Limited English Proficiency	55	58	-	113
U.S. Military Veteran	39	7	-	46
<i>*Children under 18. Adult children 18 and over living in families are counted with adults in families.</i>				

The major subpopulations are noted in the chart above. In addition, among single adults, only 25 percent were reported as employed and 48 percent reported having any income. In families, 62 percent of persons age 18 and over were employed and 81 percent reported having some source of income. These numbers are consistent with last year's numbers. For single individuals, 55 percent were reported as chronic substance abusers, seriously mentally ill, or both, the same as last year. Among all persons in families, 41 percent were homeless due to domestic violence, an increase from 33 percent last year. This increase in DV numbers reflects the expansion of capacity as programs have chosen to concentrate on serving those affected by domestic violence. Limited English proficiency was noted for 20 percent of adults in families, but only 11 percent of single individuals. The 2015 count included 46 veterans or 6 percent of all adults; this is a decrease from 51 in 2014.

Permanent, Permanent Supportive Housing and Rapid Re-housing Placements

Our 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 FY2014 a total of 926 people were moved from emergency shelter to permanent housing. Hundreds of these people were rapidly rehoused as our community continued the momentum of the Commonwealth of Virginia's Rapid Rehousing Challenge by launching a CoC challenge under the leadership of a non-profit partner. A range of funding was utilized to provide Rapid Rehousing, including the federal Emergency Solutions Grant program (ESG) and the Commonwealth of Virginia Homeless Solutions Program, along with funding from the County of Fairfax and private donations.

Permanent Supportive Housing resources were expanded by strategic utilization of HUD CoC Program funding. During FY 2014 100 people, 80 single individuals and 20 people in 6 families moved into PSH, via new programs and vacancies in continuing programs. In addition, VASH voucher expansion allowed for 65 additional people to be served by this significant resource. Additional VASH vouchers have already been allocated for utilization in 2015 and funding has already been secured for major expansion of PSH for chronically homeless single adults.

One of the key sources of ongoing rental subsidies, the Housing Choice Voucher Program, was drastically curtailed the past two years due to sequestration. As our Public Housing Authority has maintained a homeless preference for a number of years the elimination of this housing option has both contributed to the high number of families becoming homeless and has significantly impacted the number of homeless moving to permanent housing as well. 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. Major providers of homeless services include the Advocates for Homeless Families, Frederick Community Action Agency, Frederick Rescue Mission, Heartly House, Religious Coalition for Emergency Human Needs, Mental Health Management Agency of Frederick County, and the Student Homelessness Initiative Partnership - all of these agencies are active members of the Frederick County Coalition for the Homeless.

During 2014, the Religious Coalition for Emergency Human Needs (RCEHN) established a Family Emergency Shelter that rotates between various church facilities, but serves as a more cost-effective alternative to motel placements. In addition, the RCEHN expanded the Linton Emergency Shelter for adults from a winter-only shelter to a 12-month shelter that is open year-round. The Frederick Community Action Agency (FCAA) expanded its Housing First Program to a total of 25 beds in 21 units of permanent supportive housing (some are two-bedroom units).

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

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds/Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	80	0/0		80
Emergency Shelter Beds	1	61/15	62	0
Transitional Housing Beds	51	93/32	144	0
TOTALS	132 beds	154 beds 47 units	206 Beds	80 beds

Homeless Point-In-Time Results

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 28, 2015. Survey tools were distributed and thoroughly discussed at a regular monthly meeting of the Frederick County Coalition for the Homeless (FCCH). All emergency shelter, transitional housing, permanent supportive housing, and motel placement providers were instructed on how to use the survey instrument and when to conduct the Point-in-Time Survey. Whenever possible, surveys were to be completed directly by the people who were homeless; however, shelter staff could utilize administrative or HMIS data if a person was unable to directly complete the survey. A total of 311 homeless persons (comprised of 224 adults and 87 children) completed the point-in-time survey; the largest household type was 181 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: 67 respondents reported a substance abuse problem/addiction; 60 respondents reported chronic health problems; 36 respondents reported having physical disabilities; 44 respondents reported serious mental health problems; 41 respondents reported substance abuse problems and co-occurring mental health problems; 20 respondents (including children) reported that they are survivors of current domestic violence; 13 respondents reported that they are veterans; 1 respondent reported a diagnosis of HIV or AIDS; and a total of 89 respondents (all single individuals) reported being “chronically homeless”.

HOMELESS COUNT BY CATEGORY				
Category	2015	2014	2013	Percent Change 2013 to 2015
Total Number Counted	311	246	275	13.0%
Total Number of Singles Individuals	181	141	171	5.8%
Total Number of Families	37	36	38	-2.6%
Total of Persons in Families	130	105	104	25%
Total Adults in Families	43	41	39	10.3%
Total Children in Families	87	64	65	33.8%

EMPLOYMENT	
Category	Total Number Employed
Total Number of Single Individuals	17
Total Number of Adults in Families	24
Total Number of Children in Families	2

SUBPOPULATION DATA			
Subpopulations	Single Individuals	Persons in Families	Total
Substance Use Disorder	65	2	67
Serious Mental Illness	38	6	44
Co-Occurring Disorder	36	5	41
U.S. Veteran	13	0	10
Living with HIV/AIDS	1	0	1
Domestic Violence Survivor (including children) ¹	3	17	20
Physical Disability	36	0	36
Chronic Health Problem	56	4	60
Limited English (adults only)	0	1	1
Chronically Homeless	89	0	89

According to the 2015 Point-In-Time data, homelessness in Frederick County increased by a total of 36 persons from the 2013 PIT count of 275 persons. It is important to keep in mind that the Point-in-Time survey is a “one-day snapshot” of homelessness and may not be reflective of all trends experienced in a local jurisdiction.

¹ This figure includes adults and children who reported a current episode of domestic violence.

LOUDOUN COUNTY, VA

Description of Homeless Services

Loudoun's continuum of homeless services includes seasonal cold weather shelter for adults (16 beds; flexible capacity), emergency shelter for adults and families (79 beds), and transitional housing for adults and families (91 beds). Daytime "drop-in" services are also provided. Services are provided by Loudoun County Department of Family Services (DFS) under contract with Volunteers of America Chesapeake, The Good Shepherd Alliance, and Loudoun Citizens for Social Justice (12-bed domestic violence shelter). Homelessness prevention services are provided by DFS, and also by INMED Partnerships for Children (INMED). INMED's program provides longer-term case management to a smaller number of family households. INMED also provides intensive case management for families with young children living in Loudoun emergency homeless shelters and transitional housing facilities to help them gain stability to become self-sufficient in permanent housing. Rapid Re-housing assistance for adults and families is provided by The Good Shepherd Alliance and Volunteers of America at emergency shelter sites. Loudoun has been successful in launching a Permanent Supportive Housing Program for chronically homeless households by adding 4 PSH units serving chronically homeless households during the year. Funding has been obtained to expand this program by adding up to 15 units in Fiscal Year 2016; the expansion will be accomplished by converting one Transitional Housing Program to PSH.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	16			16 (flexible to serve more if needed)
Emergency Shelter Beds	13	66	79	0
Transitional Housing Beds	9	82	91	0

Homeless Point-in-Time Results

The January 28, 2015 count identified 168 persons (80 single adults and 88 persons in families) experiencing homelessness. Compared to 2014 results when 179 persons were counted, there was a 6 percent decrease in the number of literally homeless persons. For the one-year period from 2014 to 2015 the results document a 12 percent decrease in the number of homeless families and a 3.8 percent increase in the number of homeless singles. The number of chronically homeless individuals identified for 2015 is 20; the same number as in 2014, and

represents a 29 percent decrease from 2013 when 28 chronically homeless adults were identified. For 2015 one chronically homeless family was identified. The 2015 PIT results are consistent with the 2013 PIT results.

HOMELESS COUNT BY CATEGORY				
Category	2015	2014	2013	Percent Change 2013 to 2015
Total Number Counted	168	179	166	1%
Total of Singles	80	77	81	-1%
Total Number of Families	27	31	24	12.5%
Total of Persons in Families	88	102	85	3.5%
Total Adults in Families	34	40	29	17%
Total Children in Families	54	62	56	-4%

Employment among single homeless adults rose to 43 percent in 2015, up from 40 percent in 2014. Adults in families show a 71 percent rate of employment for 2015, representing a significant increase over 2014 when 60 percent of adults in families were employed. Employment is the most common source of income among *all* homeless adults in 2015, followed by Disability Income.

The most commonly occurring sub-populations among homeless adults for 2015 are Domestic Violence Victim (22 adults), Serious Mental Illness (22 adults), and Chronic Health Condition (22 adults). In 2014 the top three sub-populations by order of prevalence were Chronic Health Problem, Domestic Violence Victim, and Substance Use Disorder. The number of adults reporting Serious Mental Illness is up slightly from last year (22 in 2015 vs. 18 in 2014). The number of adults with a history of Domestic Violence is the same as last year (22 adults for 2014 and 2015). The number of adults with Substance Use Disorder decreased significantly over last year (9 in 2015 vs. 17 in 2014). For 2015, there is a slight increase in the number of adults with a Physical Disability (9 in 2014 vs. 13 in 2015). The table below provides more detail on sub-populations.

2015 HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Substance Use Disorder	9	0	0	9
Serious Mental Illness	22	0	0	22
Co-Occurring Disorder	12	0	0	12
Chronic Health Condition	20	2	0	22
Living With HIV/AIDS	0	0	0	0
Physical Disability	11	2	0	13
Domestic Violence Victim	9	13	7	29
Limited English	1	1	0	2
U.S. Veterans	4	1	0	5

Summary of Results

The number of homeless persons decreased from 179 in 2014 to 168 for 2015. Both the number of homeless families and the total number of persons in the families have decreased significantly since last year. The number of homeless families counted for 2015 was 27 (containing 88 persons) down from 2014 when 31 homeless families (containing 102 persons) were counted. A slight increase in the number of homeless singles was observed between 2014 and 2015 (from 77 in 2014 up to 80 in 2015). The increase in homelessness among singles is evident in the higher number of unsheltered adults counted this year (from 24 in 2014 up to 36 in 2015). The decrease in the number of homeless families reported this year may be due to shorter lengths of stays by families in Transitional Housing and shelter programs. The number of homeless identified during the 2015 PIT count represents a significant decrease from 2014, and the 2015 results are consistent with the 2013 PIT count results. The availability of Rapid Re-housing services at two emergency shelters is one factor that may have contributed to the lower number of homeless identified this year. The expansion of permanent supportive housing over the coming year should help to reduce the number of unsheltered chronically homeless adults by providing housing support to a population with many barriers to accessing housing. It is difficult to predict if homeless numbers will decrease in the future, however, the availability of resources dedicated to prevention of homelessness, rapid re-housing, permanent supportive housing, and increased coordination within the Loudoun Continuum of Care demonstrates a strong commitment to assisting persons to remain in and obtain permanent housing.

Permanent Housing

The number of households exiting to permanent housing (PH) from VOA-operated programs includes: 37 households from Emergency Shelter into PH and 4 households from Transitional Housing into PH. The Good Shepherd Alliance programs exited 15 households (combined total from Emergency Shelter and Transitional Housing) into PH.

Access to affordable housing and subsidized housing options continues to be limited in Loudoun. The federally funded Housing Choice Voucher (HCV) Program currently serves 623 households, with 75 of the vouchers designated for households with disabilities. The HCV wait list is closed to new applicants at this time. Reductions in federal funding for the program, coupled with high rental housing costs, limit the number of households that can be served and increase wait times for those on the wait list. Three small subsidized senior housing projects also exist, serving persons aged 60 and over. The Affordable Dwelling Unit (ADU) rental program provides 320 rental units to households at income levels between 30 and 50 percent of Area Median Income (AMI). The majority of Loudoun's homeless have incomes at 0 to 30 percent of AMI, a level too low to qualify for the ADU rental program. Developers of new rental housing units in Loudoun County have proffered some units for households at a variety of income limits including some units for households with extremely low and very low incomes. It is uncertain when these units will become available. A Housing Stakeholders Group (HSG), appointed by the Loudoun County Board of Supervisors, met over the course of 2014 and developed forty-five recommendations to help address affordable housing needs in Loudoun. The Board adopted several HSG recommendations in January 2015, and they will be implemented.

Permanent Supportive Housing

The inventory of permanent supportive housing (PSH) for homeless persons increased during the year. Four units of PSH for chronically homeless were added during the year, and the units were occupied by four adults as of January 28, 2015. Three of the rental units housing the PSH consumers are new rental units for households with incomes at 0 to 30 of AMI that became available in 2014. Through the reallocation of HUD CoC grant funds, the PSH program will expand by up to 15 additional units during FY 2016. In order to accomplish this expansion, one Transitional Housing Program will be converted to PSH. Mental Health (MH) Residential Services provides 14 permanent supportive housing (PSH) beds for individuals in group homes, supervised apartments, and private residences. This housing is not specifically for homeless persons, but homeless persons with severe mental illness, developmental disabilities, or chronic substance abuse issues may be served if there are openings, and if eligibility criteria are met.

Rapid Re-Housing

Rapid Re-housing (RRH) services are available for both single individuals and family households through The Good Shepherd Alliance and the Volunteers of America, Chesapeake (providers that also operate Emergency Shelter). Two regional Supportive Services for Veterans providers also offer RRH services to Veterans in Loudoun. On January 28, 2015 the number of formerly

homeless households receiving RRH financial assistance included 9 adult households (including 11 persons) and 7 family households (including 22 persons).² The number of households assisted with RRH in prior years includes 42 for FY 2014, and 32 for FY 2013.

² The January 28, 2015 RRH data includes only households receiving RRH financial assistance for January 2015; it is not a year-to-date figure.

MONTGOMERY COUNTY, MD

Description of Homeless Services

The Montgomery County Homeless Continuum of Care (CoC) is a public-private partnership that includes state and local government agencies, non-profit service providers, landlords, and other stakeholders who have a role in preventing and ending homelessness. During FY14, the County Council approved Bill 34-13 creating the County's Interagency Commission on Homelessness, which now serves as the Montgomery County Continuum of Care (CoC) governing board.

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.

Montgomery County 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. During FY14/FY15 the CoC finalized its Governance Charter in compliance with the Federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and established committees to implement the work. The CoC also adopted an updated Ten Year Strategic Plan to End Homelessness that sets priorities for the CoC.

As part of its commitment to ending homelessness Montgomery County held its fourth annual "Homeless Resource Day" continuing to reach out to residents experiencing homelessness and connect them with needed community resources and supports. More than 462 households attended this highly successful event and were able to receive health screenings, registration for mainstream benefits, legal assistance, employment, haircuts and much more. The event was supported by 271 volunteers from the community and 71 Service Providers or vendors.

Continuing its commitment to ending homelessness, Montgomery County Council approved a FY14/15 special appropriation of over \$649,000 to create permanent housing with supportive services for 15 additional homeless individuals identified as the most vulnerable. Additionally, in FY15, County Council approved funding in the amount of \$437,120 to serve 16 vulnerable and / or chronically homeless individuals in permanent supportive housing for a total of 31 slots.

Other new initiatives to address homelessness include the following:

- The relocation of two single adult transitional shelters, Dorothy Day Place and Bethesda House, to a new site in Rockville that serves a total of 18 men and 19 women.
- Montgomery County Department of Health and Human Services is working to renovate 3 – 4 homes located in downtown Rockville that will provide transitional housing for female headed households (transition aged young adults 18–25) with domestic violence issues and who need supportive services to stabilize.
- The scheduled 2016 relocation of Progress Place, which is comprised of two private partners, Interfaith Works Community Visions and Shepherds Table, to a new location in downtown Silver Spring. The site also includes a new single room occupancy program.

Partnering with the Montgomery County Coalition for the Homeless, the County's Veteran Collaborative, and Supportive Services for Veterans and Families, Montgomery County is participating in the Zero: 2016 campaign as part of its continued efforts to meet the needs of homeless veterans living in Montgomery County. Montgomery County has received a total of 80 veteran subsidies to serve individuals and veteran family households. In March 2014, Montgomery County Coalition for the Homeless opened a Veteran Safe Haven (which serves the metropolitan area including Baltimore County and City) to provide shelter for 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 14 families can be served through the County's domestic violence shelter. Due to increased demand in FY15, additional hotel beds were secured to expand overflow shelter capacity and a new non-profit partner agreed to provide overflow shelter located in a church. During this year's enumeration, 73 families were residing in hotels or overflow shelter which was over four times the number of families (16) in last year's enumeration. A review of those served found an increasing number of homeless families with the following characteristics:

- Headed by an adult between 18-24 years old who were put out by family and who had never lived independently, i.e. had never had a lease in their own name;
- Evicted from rental housing or had a property foreclosed upon, but had been living with family and/or friends temporarily just prior to entering homelessness;
- Relocated with other family members and then put out; and/or
- Legal immigrant who has not yet met the 5 year waiting period that makes them eligible for federal benefits. Of particular concern are those households where the sponsor, who had agreed to support them, does not fulfill their obligation and puts the household out.

Families in these categories are provided with temporary shelter and case management, but due to the variety of housing barriers, rapid re-housing and/or obtaining permanent housing is a challenge.

Emergency shelter capacity for adults without children expanded to 150 year-round beds including 15 additional year round beds for men, five designated for victims of domestic violence, three designated for Healthcare for the Homeless, and two designated for Aging and Disability. During hypothermia season from November to March, capacity further expands to 410 beds. On the day of the 2015 enumeration, there were 337 emergency shelter beds occupied, 194 of which were designated as seasonal or hypothermia beds.

Transitional shelter and Safe Havens programs provide 172 beds for households without children. On the day of the enumeration, there were 157 beds occupied. For households with children, The National Center for Children and Families (NCCF) developed a transitional program targeted toward families headed by transition-aged youth mothers between 18 – 24 years old. In addition, NCCF added two homes to serve undocumented families fleeing domestic violence who need additional time and supports to obtain permanent status or work permits for self-sufficiency. Therefore the number of transitional beds for household with children has increased.

MONTGOMERY COUNTY'S YEAR-ROUND AND WINTER INVENTORY OF BEDS				
	Beds for Households w/o Children	Beds\Units for Households w/children	Total Year-Round Beds	Total Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	260	221/73	0	481
Emergency Shelter Beds	150	132/41	282	0
Transitional / Safe Haven Beds	172	164/51	336	0
TOTALS	582	417/165	618	481

HOMELESS POINT-IN-TIME RESULTS

Montgomery County's homeless point in time survey was conducted on January 28, 2015. A total of 1,100 homeless persons were counted that day. This is a 23.5 percent increase since the 2014 count and a 9.6 percent increase since 2013. The overall increase in homelessness is attributed to the increase in households with children. In FY14 a total of 78 households with children headed by transition-aged youth (18–24 years old) were served; however in FY15 as of February 28, 2015 a total of 76 transition-aged youth households were served. This population has additional housing barriers that include limited education, little to no work experience, never lived independently, and minimal or no income. Montgomery County continues to experience high housing costs which make it difficult for households to obtain and maintain permanent housing. According to the National Low Income Housing Coalition, a family living in Montgomery County would need to earn a housing wage of \$28.25 per hour or \$58,760 annually to afford the fair market rent on a two-bedroom apartment of \$1,469 per month. In contrast, an extremely very low income household earning \$32,100 annually can afford to pay no more than \$803 monthly in rent. A household of four (mom and 3 children) receive \$762 in

Temporary Assistance to Needy Families (TANF) per month and the maximum Supplemental Security Benefit for an individual is \$721 which illustrates the inability to secure housing without additional income or rental subsidy.

Households without children experienced a slight reduction in 2015 to 598 from 603 in 2014 (1 percent) compared to a 6 percent decrease in 2013. This decrease is attributed to the CoC's concerted effort to increase the supply of permanent supportive housing which included the Housing Initiative Program (HIP) Medical component, the Veterans Affairs Supportive Housing Program (VASH), and the County Council appropriation of 31 units for chronically homeless and/or vulnerable adults.

This enumeration indicated a 36 percent increase in the overall number of homeless households with children from 117 households in 2014 to 159 households in 2015. As discussed above, this population increase is the primary reason for the overall increase in homelessness in Montgomery County. This increase can be attributed to several factors: 1) the reduction of federal funding to Public Housing Authorities affecting Housing Choice Vouchers and affordable housing to low-wage working families; 2) an increase in heads of households aged 18–24 with limited education and work experience; and 3) the exhaustion of family and or friends that could provide any financial resources or temporary housing.

The table on the following page provides a comparison of the past 3 years.

MONTGOMERY COUNTY'S HOMELESS COUNT BY CATEGORY					
Category	2015	2014	2013	Percent Change 2013 to 2015	Percent Change 2014 to 2015
Total Number Counted	1100	891	1004	10%	23.5%
Total Individuals	598	603	638	-6%	-1%
Total Number of Families	159	91	117	36%	75%
Total Persons in Families	502	288	366	37%	74%
Total Adults in Families	184	101	137	34%	82%
Total Children in Families	318	187	229	39%	70%

MONTHLY INCOME AND EMPLOYMENT

Among households without children including the unsheltered, veterans, and transition age youth, the number reporting monthly income was 327, a total of 55 percent. Of those reporting monthly income, 33 percent indicated the primary source of income was from employment. There has been a concerted effort to connect homeless persons with vocational and employment supportive services. Social Security and Veteran Disability income was the primary source of income (55 percent) reported by this population.

Among households with children including veterans and transition age youth, the number of adults reporting monthly income was 146 (79 percent). However 88 (48 percent) reported income from employment, a decrease from the 53 percent reported in 2014 and the same percent reported in 2013. Montgomery County recognizes the need to increase income given the high cost of living. Providers are partnering with employment specialists and job coaches to assist in obtaining and maintaining employment.

SUBPOPULATIONS

As in previous years, Montgomery County saw an increase in adults reporting serious mental illness from 165 in 2014 to 204 in 2015, a 24 percent change. In addition, there was a 17 percent increase in adults with co-occurring disorders despite an 18 percent decrease in chronic substance abuse only. Of concern is the 56 percent increase among adults reporting any history of domestic violence between 2015 and 2014. Adults experiencing domestic violence

also have additional barriers to obtaining housing as many are suffering from Post-Traumatic Stress Disorder, have limited resources, and limited work experience.

There was an overall decrease in the number of persons experiencing chronic homelessness in this year's enumeration, continuing a trend. Fifteen percent of the County's total homeless population met the criteria for chronic homeless. There were two households with children (4 persons), 111 sheltered adults without children and 49 unsheltered adults without children. This is an overall decrease of 11 percent and can be directly attributed to the CoC's collaboration to prioritize vacancies in permanent supportive housing for those experiencing chronic homelessness.

The veteran population also decreased 31 percent during this enumeration, from 35 in 2014 to 24 in 2015. This decrease could be attributed to an improved definition and coordination with the Veteran Collaboration, the "one stop" drop-in center created for veterans to improve access and coordination of services. Overall, the percentage of veterans in the total homeless population remains low, now at two percent.

	Households w/o Children FY14	Households with Children FY15	Percent Change 2014 – 2015
Substance Use Disorder (SUD)	93	76	-18%
Severe Mental Illness (SMI)	165	204	24%
Co-occurring Disorder (SUD & SMI)	123	144	17%
Chronic Health Problem	164	194	18%
Living with HIV/AIDS	5	15	200%
Physical Disability	99	80	-19%
Domestic Violence Victim History	187	291	56%
Limited English	85	73	-14%
U.S. Veterans	35	24	-31%
Chronically Homeless	181	162	-10.5%

Based on this year's data and the continued lack of affordable housing, the trend of homeless families is likely to increase. The County is attempting to address this growth by increasing a variety of housing options.

RAPID RE-HOUSING AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS

The Montgomery County Continuum of Care is committed to providing a variety of housing options to address the needs of households experiencing homelessness. The Rapid Re-housing program provides a time-limited, shallow rental subsidy (\$400 per month for singles, \$600 per month for families) and case management services for up to twelve months. This has been a

valuable resource for households who are not in need of permanent supportive housing but who cannot exit homelessness without assistance. Federal Emergency Solutions Grant funds support 22 subsidies – 15 for families and 7 for singles – while County funds support an additional 20 subsidies for families.

Additionally, Montgomery County Department of Health and Human Services has issued a Rapid Re-Housing proposal to serve an additional 20 young adult households with children. This model will provide a time limited housing subsidy, supportive services and case management strategies based on a multi-generational poverty strategy that addresses gaps in adult educational attainment and workforce preparedness. This is a longer term subsidy that will provide adequate time to address housing barriers while maintaining permanent housing.

Permanent Housing

In Montgomery County there has been little change in the availability of affordable housing for persons with low to extremely-low incomes. The CoC has been able to increase permanent supportive housing via County Council special appropriations and HUD funding.

As previously stated, the local public housing authority, Housing Opportunities Commission (HOC), continues to play a role in making housing affordable in Montgomery County. The housing authority waitlist has not opened in the past seven years; however, HOC has authorized 10 vouchers to be utilized for vulnerable homeless adults and this is a tremendous step forward.

The Department of Housing and Community Affairs (DHCA) operates a Moderately-Priced Dwelling Unit program which offers units at reduced rates. In collaboration with a private partner, ten units were provided for vulnerable adults. In addition, DHCA is collaborating to renovate a building and four units which will be set aside to house transition aged youth families.

The number of persons residing in permanent housing including RRH increased to 1,960 in 2015 from 1,771 in 2014, representing an 11 percent increase over 2014 and a 13.5 percent over 2013. This increase reflects the continued commitment of Montgomery County to increasing the supply of permanent housing. The Montgomery County CoC strategic plan to end homelessness continues to emphasize a variety of objectives including increased access to housing options, improved access to education and training, increased employment and community education, and strengthening the capacity of organizations by increasing knowledge about collaboration and homelessness.

PRINCE GEORGE'S COUNTY, MD

DESCRIPTION OF HOMELESS SERVICES

The Prince George's County Continuum of Care (CoC) for homeless persons is coordinated through the County's Homeless Services Partnership (HSP); the local Homeless Advisory Board for the County Executive. The HSP is responsible for needs assessments, gap analysis, service coordination, resource development, drafting and adoption of policy, and system performance evaluation of all homeless services. Membership includes over 100 public and private agencies, faith-based organizations, service providers, mainstream programs, consumers and concerned citizens which meet monthly and work collaboratively to establish strategic priorities, assess progress, and oversee full implementation of the County's efforts to end homelessness. The Prince George's County Department of Social Services is the lead administering agency for the County's CoC and serves as the Homeless Management Information System (HMIS) administrator; the Collaborative Applicant (CA) for the annual HUD Homeless Assistance grant application process; Co-Chair of the HSP; and the Maryland State Department of Human Resources' (DHR) local administering agency for homeless assistance programs in Prince George's County.

The County has a network of hypothermic, emergency, transitional, and permanent supportive housing facilities that are designed to provide a coordinated and systemic response to persons identified as literally homeless as well as a centralized intake and assessment system that ensures prioritization of the most vulnerable among this group. All CoC services are coordinated through a central intake system (the "Homeless Hotline") which is accessible 24/7/365. The system currently includes:

- 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 25-bed overnight hypothermia shelters (Nov. to April) in partnership with 30 faith-based organizations;
- Four 24-hour emergency shelters (1 specifically for veterans);
- Five transitional housing programs;
- 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 permanent supportive housing programs.

Much of this work is being guided by the County's Ten Year Plan to Prevent and End Homelessness³ which was derived from best practices evolving locally as well as from communities nationwide. The plan focuses on six key strategies that have proven to be effective in reducing homelessness: 1. coordinated entry, 2. prevention assistance, 3. shelter

³ 10 Year Plan to Prevent and End Homelessness in Prince George's County 2012 - 2021

diversion, 4. rapid re-housing, 5. permanent housing, and 6. improved data collection and performance measures. In addition, accommodations were made for six (6) subpopulations that have distinct needs requiring separate exploration: 1. homeless or at risk unaccompanied youth, 2. veterans, 3. chronically homeless, 4. mentally ill, substance abusing or dually diagnosed persons and/or disabled individuals, 5. domestic violence survivors, and 6. returning residents. The strategies are carefully designed to achieve purposeful and intentional reduction in the incidence of homelessness and collectively they form a plan that aligns County efforts with federal goals, shifts system focus from “shelter” to “housing”, prioritizes programming for special populations, enhances system accountability, builds on current success, and provides new flexibility and opportunity.

PRINCE GEORGE’S COUNTY YEAR-ROUND AND WINTER BED INVENTORY				
	Beds for Individuals*	Beds for Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other	40	10	0	50
Emergency Shelter Beds	73	118	191	0
Transitional Housing Beds	45	242	287	0
TOTAL	158	370	478	50

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

HOMELESS POINT-IN-TIME RESULTS

The Prince George’s County homeless point-in-time count was conducted on January 28, 2015. The survey counted and interviewed unsheltered homeless persons living on the streets and sheltered individuals and families in overnight hypothermia shelters, 24-hour emergency shelters and transitional housing programs. A diverse group of volunteers and providers met weekly through conference calls, webinars and face to face sessions to plan and develop strategies for conducting the count. The County’s homeless management information system (HMIS) was used to conduct the sheltered count. The unsheltered count was conducted by volunteers who were divided into six teams each targeting specific zip codes and locations within in the County including known encampments, shopping malls, metro stations, libraries, soup kitchens and other areas where homeless gather. The unsheltered count included an interview component to gather pertinent demographic, subpopulation, employment, and other relevant data used to generate comparable data for this report.

An electronic process was used to conduct the unsheltered count. The County’s Continuum of Care Point-in-Time Survey (PIT) Committee in collaboration with the County’s Homeless Management Information System (HMIS) Administrator used iPads, iPhones, tablets, and Survey Monkey to conduct the 2015 unsheltered count. Training sessions not only prepared volunteers and team leaders to effectively use the electronic devices but enabled them to review and provide feedback about the survey questions in advance of the count. IT Specialists were assigned to each team on the day of the count to assist with user questions and overflow survey input to ensure accountability.

On January 28, 2015 a total of 627 homeless persons were counted in Prince George's County (260 single adults, 139 adults in families, 220 children in families and 8 unaccompanied children) reflecting a 4 percent decrease from 654 in 2014. Of this number, 24 percent (153) were unsheltered and 76 percent (474) were sheltered and staying at County hypothermia, emergency shelter and transitional housing programs. The following chart provides a comparison of the 2013, 2014, and 2015 counts and it is clear that the County has remained diligent and focused on the issue of homelessness. In spite of having the highest number of cost-burdened households amongst neighboring jurisdictions and the largest foreclosure rate in the metropolitan area, the overall number of homeless continues to show a slight decline over prior year counts.

PRINCE GEORGE'S COUNTY HOMELESS COUNT BY CATEGORY				
Category	2015	2014	2013	Percent Change - 2014 to 2015
Total Number Counted	627	654	686	-4.1%
Total Number of Singles	260	209	298	24.4%
Total TAY (18-24)	15	N/A	N/A	N/A
Total Veterans	34	20	N/A	70%
Total Number of Families	112	144	123	-22.2%
Total Persons in Families	359	441	370	-18.6%
Total TAY (18-24) – Head of Household	18	N/A	N/A	N/A
Total TAY (18-24) – Children in Household	27	N/A	N/A	N/A
Total Veterans – Head of Household	0	1	N/A	-100%
Total Veterans – Children in Household	0	1	N/A	-100%
Total Children w/ONLY Children	8	4	18	100%

*TAY = Transition Age Youth

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

HOMELESS COUNT BY INCOME TYPE – ADULTS ONLY				
Category	Sheltered		Unsheltered	
	Individuals	Percent	Individuals	Percent
Total Number of Adults	270		129	
Income	181	67%	51	40%
Employment	108	60%	32	63%
Social Security /Retirement	4	2%	6	1%
SSI / SSDI	40	22%	9	2%
TANF / Public Assistance	23	13%	1	>1%
Other Sources *	6	3%	4	>1%
Don't know / refused / no income	89	33%	77	60%

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

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 (27.3percent), physical disability (22.3 percent), chronic substance abuse (22 percent), and chronic health condition (21.25 percent) 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 domestic violence (20.8 percent each), followed closely by chronic health conditions (18 percent).

PRINCE GEORGE'S COUNTY SUB-POPULATIONS –SINGLE ADULTS AND ADULTS IN FAMILIES					
Category	Adults in Families		Single Adults		Total
Population	Sheltered	Unsheltered	Sheltered	Unsheltered	ALL
Number of Adults (includes TAY)	123	16	147	113	399
Chronic Homeless *	12	0	5	17	34
Substance use Disorder	8	1	17	40	66
Severe mental illness	29	1	41	30	101
Co-occurring Disorder	5	0	14	16	35
HIV/AIDS	1	0	1	0	2
DV History (<i>any time in the past</i>)	28	1	13	14	56
Domestic Violence (<i>this episode</i>)	29	0	13	7	49
Physical Disability	10	1	33	25	69
Chronic Health Condition	23	2	37	18	80
Limited English	0	0	0	0	0
Foster Care**	0	0	0	0	0
Former Institutionalized***	1	0	0	0	1
Veteran	0	0	19	15	34
None of the above	41	30	147	30	145

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

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

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

PERMANENT AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS

In 2014, a total of 215 households exited the shelter system into permanent housing from the County's emergency and transitional housing programs. Of those, 90.4 percent secured long-term unsubsidized permanent housing; (8.9 percent) entered permanent supportive or other subsidized housing, and .5 percent became new homeowners. While the County has experienced significant 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 2015, the CoC successfully increased the number of supportive housing beds by 16 beds (6 percent) and reallocated 30 beds of transitional housing to a rapid re-housing (RRH) model, the first HUD-funded RRH in the continuum.

PRINCE GEORGE'S COUNTY PERMANENT SUPPORTIVE HOUSING (PSH) BED INVENTORY				
	2013	2014*	2015	Percent Change 2014 to 2015
Beds for Individuals	79	81	88	8.2%
Beds for Families	205	195	204	4.7%
TOTAL	284	276	292	5.8%

**Corrected bed count*

PRINCE GEORGE'S COUNTY RAPID-REHOUSING (RRH)BED INVENTORY				
	2013	2014	2015	Percent Change 2014 to 2015
Beds for Individuals	N/A	N/A	0	N/A – New in 2015
Beds for Families	N/A	N/A	30	N/A – New in 2015
TOTAL	N/A	N/A	30	N/A – New in 2015

PRINCE GEORGE'S COUNTY OTHER PERMANENT HOUSING BED (OPH) INVENTORY				
	2013	2014	2015	Percent Change 2014 to 2015
Beds for Individuals	N/A	43	43	No Change
Beds for Families	N/A	142	142	No Change
Total	N/A	185	185	No Change

OTHER NOTEWORTHY CONTINUUM OF CARE ACTIVITIES

- Closing the front door:*** The County's diversion, prevention and rapid re-housing initiatives prevented 966 households in FY 2014 from ever entering the shelter system; 621 (64 percent) through non-financial diversion efforts and 345 (36 percent) through financial prevention and re-housing efforts. In addition, HSP agencies managed 608 non-CoC beds for mentally ill, substance abusing, dually diagnosed, and/or physically challenged persons who were homeless or at risk of homelessness and 150 VASH units 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.
- Regional Summit:*** On March 17, 2015, the County Executives of Prince George's and Montgomery Counties along with the Mayor of the District of Columbia held a unprecedented Regional Summit on Homelessness to sign a joint Charter committing to work together to eliminate homelessness in the Washington Metropolitan area and establishing a high level Regional Action Council on Homelessness to develop and implement an actionable plan to ensure regional episodes of homelessness are rare, brief, and non-recurring. The charter highlights four strategic areas, each offering opportunities for sharing of data and best practices, regional planning and development, collaborative client-focused system of services, and joint funding and fundraising: 1.

Affordable Housing, 2. Workforce Development (livable wage jobs), 3. Economic Development and 4. Coordinated Services (including specialized chronic homeless and behavioral health responses).

- *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 20 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.
- *Domestic violence:* The County has launched a very aggressive "Stop the Silence" campaign to raise awareness about domestic violence (DV) and ensure victims get connected quickly to the help they need (DV victims can get confidential help 24/7/365 through the County's 2-1-1 service). In addition, a County-wide task force that includes decision-making representatives from the state's attorney's office, the Court system, health and human service agencies, the CoC, the military, Crisis Response, DV shelters and other direct service providers, human trafficking service providers and public safety is developing a series of strategies targeting reduction in new incidents of domestic violence and elimination of repeat episodes. Finally, the County has established a Family Court that has DV experts in place to assist with individual cases.
- *Unaccompanied Youth and Young Adult ages 13-24:* The County has designed a print and social media campaign scheduled for release in the summer of 2015 along with a special hotline number available 24/7/365 to youth and young adults subsequently seeking help. In addition, there is a countywide taskforce comprised of decision-making representatives from the public school system, health and human service agencies, youth providers (including those addressing human trafficking, gangs, LGBTQ and unaccompanied minors), HHS and HUD funded shelter providers, the CoC, public safety, youth employers, post-secondary educational institutions, youth ministries, and the juvenile justice system that has developed a strategic plan to build a comprehensive system of care for this population including magnet events and street outreach at places where youth are currently known to congregate. Over the past three years this taskforce has:
 1. 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,

2. Conducted three annual County-wide counts of homeless and unaccompanied youth ages 13-24 and selected as one of six jurisdictions to participate in a pilot statewide count ("Youth REACH MD");
 3. Renovated a 4,000 sq. ft. county facility to create an emergency shelter for youth;
 4. Received HHS funding for two basic centers (a host home model with 4 beds and a congregate model with 10 beds) and 1 maternal group home (4 beds);
 5. Secured 39 Family Unification Program (FUP) vouchers that provided 18 months of subsidized housing for former foster youth experiencing homelessness;
 6. Re-purposed 12 SHP-TH beds for UHY (Unaccompanied Homeless Youth) ages 18-24; and
 7. Developed an additional 23 privately funded TH (Transitional Housing) beds.
- *Veterans:* The annual Veterans Stand down is the county's premier outreach event for veterans. The daylong event provides a one-stop location where veterans can access a multitude of services including: VA benefits, haircuts, medical and dental care, mainstream benefits, housing assistances, linkages with employers, counseling and legal support. In addition, the County has a taskforce comprised of decision-making representatives from the Veterans Administration, veteran services and all SSVF providers, HUD shelter providers, RRH and prevention assistance providers, the CoC, the Department of Health and Mental Hygiene/Maryland's Commitment to Veterans, the Maryland Department of Veteran Affairs, Retired military organizations, and veterans that is developing a series of strategies for eliminating homelessness among veterans. Finally, the County officially launched its Veteran Court on April 16th that will strategically align legal response systems to these strategies.
 - *Chronically homeless, mentally ill, substance abusing, dually diagnosed, and/or disabled individuals:* Mobile crisis teams, the police, the County's SOAR team, soup kitchens and faith ministries collaborate to care for this very vulnerable population. Regular visits to known encampments to drop off food, warm blankets and other necessities create opportunities to build trust and ensure the relative health and safety of this population. In addition, the County has established a Threat Assessment Team that routinely looks at high risk cases identified by the police as well as a Behavioral Health taskforce comprised of decision making representatives from public safety, Corrections, the CoC, Health and Human Services agencies, the hospitals, Crisis Response, the public school system, post-secondary education institutions, mental health and substance abuse providers, medical providers and hospitals, and others that is developing a series of strategies for reducing behavioral health crisis and improving the overall health of all County residents. Finally, the County has established a Mental Health Court and a Drug Court that will strategically align legal response systems with the supportive services and housing response systems available to this vulnerable sub-population.
 - *Returning citizens:* The County has established a re-entry taskforce comprised of decision-making representatives from public safety, Corrections, the CoC, Health and Human Services agencies, second chance landlords, and others working on a

standardized discharge plan that will enable the County to identify returning citizens who are at risk of exiting the correctional system into homelessness or becoming homeless soon after exit as well as a series of strategies aimed at reducing repeat arrests typically plaguing the homeless including trespassing, vagrancy, and public nuisance type charges and developing the system capacity break this cycle. In addition, the County is developing a list of “frequent flyers” that routinely cycle between the correctional system and the homeless system and developing individual case responses to prevent continued recidivism upon release. Finally, the County has also established a Re-Entry Court that will strategically align legal response systems with the appropriate supportive services and housing response systems.

PRINCE WILLIAM COUNTY, VA

Prince William County Area Continuum of Care (PWA CoC) is comprised of nonprofit, faith based, and government agencies. The PWA CoC has a total of three emergency shelter facilities for singles and families, a Domestic Violence shelter, a Winter Shelter program that operates annually from November 1st through March 31st, and a hypothermia shelter program that is operated by a volunteer faith-based group. There are currently a total of 80 winter/hypothermia shelter beds in the Prince William Area. PWA CoC has a total of 120 single emergency shelter beds and a total of 121 family emergency shelter beds. There are a total of eight Transitional Housing programs within the PWA CoC, seven of which serve families and one that provides services for single males. The PWA CoC has three individual transitional housing beds and 146 family transitional housing beds. Six programs within the PWA 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. There are currently three rapid re-housing providers in the PWA CoC.

PWA CoC recognized the need to provide housing for medically fragile homeless individuals with chronic health conditions. A PWA CoC non-profit agency secured a private grant, funded through the Potomac Health Foundation, to provide four permanent supportive housing beds and two temporary emergency beds for medically fragile homeless individuals. The permanent supportive housing beds provide housing for individuals who 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. These beds are targeted for individuals who no longer meet the hospital's inpatient criteria, but who need continued medical attention until they are well enough to return to the streets or campsites.

In 2014 PWA CoC rapidly rehoused a total of 628 individuals and families through the Virginia Department of Housing and Community Development-Homeless Solution Grant (HSG) and the HUD-Emergency Solutions Grant (ESG). Rapid Re-Housing initiatives have been vital in assisting the PWA CoC reduce an individual's or family's length of stay in homelessness.

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.

All Prince William County CoC agencies that 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. The 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 Re-housing 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 system is also used to manage the Prince William CoC County Centralized Intake System. HMIS has played a key role in management of a county-wide waitlist for prevention/diversion emergency shelter, and rapid re-housing services. The Centralized Intake System has been in operation for roughly one year. PWA CoC believes that Centralized Intake System has greatly improved the delivery of services to homeless individuals/families and those at risk of becoming homeless.

PIT Count Results

On January 28, 2015, PWA CoC conducted the annual PIT Count. The PIT Count includes both sheltered and unsheltered homeless individuals and families. The Prince William County CoC coordinated outreach teams to canvass 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 luncheon and dinner functions at area churches to encourage participation of unsheltered homeless individuals and families in the 2015 PIT.

The 2015 PIT Count total for Prince William County was 409 homeless persons. The PWA CoC emergency shelters had 96 beds occupied by individuals and 99 beds occupied by families on the night of the PIT, an increase of one percent from the 159 occupied emergency shelter beds in the 2014 PIT. The transitional housing programs had a total of five individual beds occupied and 119 family beds occupied a decrease less than one percent from the 141 transitional housing beds occupied in 2014. Ninety unsheltered persons were counted during the 2015 PIT; this is a decrease from the 98 unsheltered counted in 2014. The Winter/Hypothermia Shelter had 64 beds occupied on the night of the PIT Count.

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 the County. In 2014, 341 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. This included 193 homeless persons who obtained rentals without ongoing subsidy at program completion, 118 who obtained permanent housing with family upon program completion, and 30 who obtained permanent housing with friends.

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 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 2015 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 628 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 14 a total of 187 persons have been assisted with homeless prevention services.

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. 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, there are also veterans who have moved to Prince William County using vouchers ported from other jurisdictions. To better serve veterans, Prince William County CoC agencies work closely with community partners such as the Veterans Administration and agencies receive SSVF funds dedicated to serving veterans. PWA CoC partners actively make appropriate referral for veterans in need of mental health, substance abuse, medical, benefits, housing, and stabilization services. PWA CoC is able to link veterans to the services that are needed to rapidly rehouse them and their families. These connections are vital to the success of veterans as they reenter the community.

Charts year round

PRINCE WILLIAM COUNTY'S YEAR-ROUND AND WINTER BED INVENTORY				
	Beds for Individuals	Beds/Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/ Other (Additional Winter Capacity)	80	-	-	80
Emergency Shelter Beds	40	121	161	-
Transitional Housing Beds	3	146	149	-

PRINCE WILLIAM COUNTY'S HOMELESS COUNT BY CATEGORY				
Category	2015	2014	2013	Percent Change 2013-2015
Total Number Counted	409	445	447	< 1%
Total Number Singles	185	192	183	< 1%
Total Number Families	71	74	79	< 1%
Total Number of Persons in Families	224	253	263	< 1%
Total Adults in Families	85	92	95	< 1%
Total Children in Families	139	161	168	< 1%
Total Number of Persons in Household with Children Only	0	0	1	0

Category	Individual Adults	Adults in Families	Total
Substance Use Disorder (SUD)	29	2	30
Severe Mental Illness (SMI)	40	2	42
Co-Occurring Disorder (SUD & SMI)	2	0	2
Chronic Health Problems	24	0	24
Living with HIV/AIDS	0	0	0
Physical Disability	20	2	22
Domestic Violence Victims*	22	24	46
Language Minority	2	4	6
U. S. Veterans	14	7	21

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

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