

City of Alexandria, VA

Description of Homeless Services

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

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

CITY OF ALEXANDRIA HOUSING CRISIS RESPONSE SYSTEM SERVICE COMPONENTS

<u>COMPONENTS</u>	<u>DESCRIPTION</u>
<u>Projects for Assistance in Transition from Homelessness (PATH)</u>	Outreach and assistance provided to adults with serious mental illness who are experiencing homelessness or who are at risk of becoming homeless. Services include community-based outreach, mental health, substance abuse, case management and other supportive services, and a limited set of housing services.
<u>Day Shelter</u>	Facility providing services to meet the basic needs of unsheltered homeless individuals including access to showers, laundry machines, lockers, phone and voicemail services, mailing address, case management, outreach, and linkage and referral to community resources.
<u>Homeless Services Assessment Center</u>	Assistance for persons experiencing or at-risk of homelessness to determine the best immediate next step to effectively address the housing crisis. Services include screening for diversion services and emergency shelter as appropriate, basic needs assessment, and mainstream and community resource linkages and referrals.
<u>Diversion and Prevention Services</u>	Temporary support to persons at-risk of homelessness including housing location, case management, housing counseling, linkage to mainstream resources, landlord-tenant mediation, job search assistance and employment services, budgeting/ financial management and financial assistance.
<u>Emergency Shelter</u>	Temporary lodging and supportive services for homeless individuals and families.
<u>Domestic Violence Program</u>	Crisis intervention and supportive counseling services to victims of domestic and sexual violence. Services include temporary accommodations, 24-hour hotline, individual counseling, support

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

The CoC provided a combined total of 124 emergency shelter beds including 124 year-round beds (70 for households without children and 54 for households with adults and children). Combined, the transitional housing inventory consisted of 56 beds (18 for male households without children and 38 for households with adults and children). Since the 2016 PIT enumeration, there have been no changes in shelter bed inventory.

The Domestic Violence Program shelter provided 21 undesignated year-round beds to serve persons in imminent danger of domestic or sexual violence. From November 1 to April 15, the Winter Shelter Program provided an additional 67 undesignated seasonal beds to protect unsheltered persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.

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

<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>	-	54	70+	124
<u>Domestic Violence Program Shelter</u>	-	18	3	21
<u>Transitional Housing</u>	12	38‡	18	56
<u>Safe Haven</u>	-	-	12	12
TOTAL	12	129	151	213

- Not Applicable

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

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

SIGNIFICANT ACCOMPLISHMENTS SINCE THE 2016 WINTER ENUMERATION

2016 ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS (AHAR)

The City of Alexandria successfully contributed data in all possible categories to the 2016 Annual Homeless Assessment Report and the 2016 Veterans Annual Homeless Assessment Report. Each report consisted of the following six categories plus report summaries: 1) Emergency Shelters for Families; 2) Emergency Shelters for Individuals; 3) Transitional Housing for Families; 4) Transitional Housing for Individuals; 5) Permanent Supportive Housing for Families; and 6) Permanent Supportive Housing for Individuals.

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

Reduction in Chronic Homelessness

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

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

HOMELESS POINT-IN-TIME RESULTS

The Partnership conducted the 2017 Winter Point-in-Time count for those sheltered solely by collecting data through the Homeless Management Information System (HMIS). We feel this provides us more accurate, client-level specific data in our reporting. It allows us the capability to potentially do a Summer Point-in-Time in the future. A manual count of unsheltered homeless persons was conducted under the leadership of the Alexandria Community Services Board Homeless Services/PATH Coordinator. Reflected below are the demographic and sub-population comparisons of the 2015, 2016 and 2017 enumerations.

HOMELESS COUNT BY HOUSEHOLD TYPE

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

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

TOTAL COUNT AND BREAKOUT BY HOUSEHOLD TYPE

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

Ninety-one percent of households without children were sheltered, while 9% were unsheltered on the street or in places unfit for human habitation. The number of unsheltered households without children increased from 2016 by a 50% from 12 to 18 people. We attribute this to the warmer weather on the night of the count and the decrease in shelter utilization. One-hundred percent of households with adults and children were sheltered (33% in emergency shelters; 3% in the domestic violence program shelter; and 33% in transitional housing).

BREAKOUT BY LOCATION ON THE NIGHT OF THE COUNT

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

HOMELESS COUNT BY SUBPOPULATION

As reflected in the chart below, the 2017 enumeration yielded significantly lower counts in some of the subpopulation categories. We suspect that the substantial decreases are directly related to compliance with the new HUD standards, which, as anticipated by HUD, have resulted in a more accurate count than in the past.

Thirty-six percent of households without children met HUD’s definition of “chronic homelessness,” a 9% decrease from 2016. Eleven percent had a diagnosable substance use disorder, an 11% decrease from 2016; 30% had a serious mental illness; and 6% had a

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

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

CHRONIC HOMELESS AND SUBPOPULATION BREAKOUT

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

*Numbers include 23 homeless persons served in CSB substance

- Data not collected.

*Data collected differently than in subsequent years.

‡Persons counted include singles and

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

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

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

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

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

EMPLOYMENT IN HOUSEHOLDS WITHOUT CHILDREN

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

GROSS MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

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

~Primary Source is the largest amount.

⁺Social Security, Military Pension, Annuity,

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

^{*}General Relief or Refugee Support.

^{**}Alimony, Unemployment, Panhandling, etc.

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

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

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

EMPLOYMENT IN HOUSEHOLDS WITH ADULTS AND CHILDREN

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

GROSS MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

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

[~]Primary Source is the largest amount.

⁺Social Security, Military Pension, Annuity,

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

^{*}General Relief, Refugee Support or TANF

^{**}Alimony, Child Support, Unemployment, Panhandling, etc.

HOMELESSNESS PREVENTION, SHELTER DIVERSION AND HOUSING PLACEMENT

PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS

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

HOMELESS PREVENTION, DIVERSION & RAPID RE-HOUSING

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

- ***Prevention*** – 29 households (8 without children and 21 with adults and children) totaling 96 people at-risk of homelessness were aided to retain permanent housing this past fiscal year. Services included case management, linkage to mainstream resources, financial assistance, landlord-tenant intervention, job search assistance, employment services, budgeting/financial management and housing counseling.
- ***Diversion*** – 25 households (13 without children and 12 with adults and children) totaling 52 people were diverted from experiencing homelessness this past fiscal year. Diversion methods include financial and/or case management services to obtain or maintain housing, and when appropriate, linkage to supports and resources in communities of origin.
- ***Rapid Re-Housing*** – We have seen an increase in the Rapid Re-Housing of singles, from 43 to 60 this past year, that were assisted to quickly return to permanent housing after becoming homeless. Services included case management, housing search assistance, rental assistance and housing stability related financial aid.

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

FUTURE TRENDS IN HOMELESSNESS

The greatest barriers to ending homelessness in our community are 1) extremely low incomes (i.e., low fixed income and the lack of a living wage received by persons

experiencing homelessness); and as reflected in the charts below, 2) the lack of fixed affordable permanent housing opportunities for the lowest income households (i.e., those with an income 30% and below the area median of \$108,600).

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

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

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

Although a continued public outcry in response to the decline of limited affordable housing opportunities has resulted in planning and development for households at 60% to 80% of the area median income (\$108,600), the cost of permanent housing is expected to remain high in general, particularly for the populations we serve with incomes of 30% or less. Therefore, the City of Alexandria CoC is committed to finding innovative and non-traditional ways to continue providing prevention and rapid re-housing assistance as well as seeking federal, state and local funding to this end.

Arlington County, VA

Description of Homeless Services

10-Year Plan to End Homelessness and the Continuum of Care

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

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

Four 10-Year Plan committees led by the Executive Committee support the implementation of goals by ensuring that best practice solutions are used within the Continuum of Care (CoC). Best practice approaches include centralized intake and assessment, progressive engagement within all programs, rapid re-housing and permanent supportive programs, and use of outcome-focused data to guide strategic decision making and planning. The 10-Year Plan committees work in concert to ensure that available federal, state and local resources are used strategically to meet the needs of Arlington homeless individuals and households and those at risk of becoming homeless.

The County's Department of Human Services coordinated the 2017 Point-in-Time (PIT) survey on January 25, 2017 in conjunction with the Metropolitan Washington Council of Governments (COG) and the Arlington County homeless non-profit partners.

Arlington County's Continuum of Care is a network of interconnected programs and services to assist people who are homeless or at risk of becoming homeless. Arlington Continuum of Care includes:

Street Outreach and Engagement: Service workers connect with persons living on the street and other outdoor environments to help put individuals on the path to stability and housing.

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

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

Shelters: Five Arlington County homeless shelters provide a safe, structured environment for singles and families who are experiencing homelessness as well as those surviving domestic violence.

Transitional Housing: Transitional housing programs provide housing services to help Arlington families and individuals get ready for permanent housing.

Rapid Rehousing: Rapid Rehousing programs move households quickly out of shelter into housing with rental support and services to help families maintain housing.

Permanent Supportive Housing: Permanent supportive housing programs provide rental assistance and case management services for households who are homeless and have (or a family member has) a disabling condition.

Year of Continuous Quality Improvement

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

Permanent Supportive Housing (PSH) Admission Committee:

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

Helping Veterans Maintain their Housing

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

Service Integration Initiatives

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

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

Strategic and CoC Planning

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

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

Current Inventory of Shelter Beds for Homeless Persons

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

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds for Families	All Year-Round Beds	Winter Beds
<i>Hypothermia/Overflow/Other (Additional winter Capacity)</i>	0	0	0	25
<i>Emergency Shelter Beds</i>	99	80	178	0
<i>Transitional Housing Beds</i>	12	8	21	0
<i>Safe Haven</i>	6	0	6	0
TOTAL	<u>117</u>	<u>88</u>	<u>205</u>	<u>25</u>

Point-in-Time Count

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

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

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

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

Chronically Homeless, Veterans & Domestic Violence Sub-Populations Count

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

Veteran Table

	2014	2015	2016	2017	% Change 2015 to 2016
<i>Veteran – Sheltered Households without Children</i>	19	17	6	10	40%
<i>Veteran – Sheltered Households with Children</i>	3	2	0	0	0%
TOTAL	<u>22</u>	<u>19</u>	<u>6</u>	<u>10</u>	<u>50%</u>

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

Domestic Violence Table

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

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

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

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

Transition Age Youth (18-24) TAY Table

	2014	2015	2016	2017	% Change 2015 to 2016
<i>TAY Youth - Households without Children</i>	N/A	5	6	3	-67%
<i>TAY Youth Households with Children</i>	N/A	18	15	24	46%
TOTAL	<u>N/A</u>	<u>23</u>	<u>21</u>	<u>27</u>	<u>25%</u>

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

Arlington County Permanent Housing Inventory Chart

The chart below enumerates permanent housing options for homeless persons as of the day of the 2016 PIT count.

Arlington County Permanent Housing Inventory Chart			
Rapid Re-Housing			
Individuals		Families	
Number of Programs	Beds	Number of Programs	Beds
1	17	5	133
Permanent Supportive Housing Chart			
Individuals		Families	
Number of Programs	Individuals (Beds)	Number of Programs	Beds
7	171	2	29
Other Permanent Housing Chart			
Individuals		Families	
Number of Programs	Individuals (Beds)	Number of Programs	Beds
0	0	1	11
TOTAL Number of Programs	TOTAL Number of Beds	TOTAL Number of Programs	TOTAL Number of Beds
Individuals		Families	
8	<u>186</u>	8	<u>183</u>

Trends in Family Homelessness & Domestic Violence

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

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

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

Individual Homelessness Trends

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

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

Conclusion

Arlington experienced an increase in its 2017 PIT Count. The 2017 count is equivalent to the count in 2015. The change does not seem to be an aberration. Hard work from service providers, a legion of volunteers, and great community support along with federal, state, and county funding continues to pay off. Housing First, prevention services and permanent supportive housing strategies are showing positive outcomes. Challenges remain for families in rapid rehousing including generating sufficient income in low wage jobs to be able to afford the high cost of rental housing in Arlington, even when they transition to the local Housing Grants program.

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

The County's Affordable Housing Master Plan (AHMP) lays out a blueprint for developing affordable housing and providing rental assistance and support services for low-income households into the future. Implementation of the plan is critical to ensuring housing stability for formerly homeless households and new homeless households who come into the system. Advocacy for the AHMP remains a high priority for the CoC and Arlington County Consortium.

Much work remains to be done, including completing a new strategic plan for the CoC. However, the Arlington 10-Year Plan Community Consortium is optimistic the challenges up ahead can be met. No one needs to experience homelessness in Arlington County.

DISTRICT OF COLUMBIA

Description of Homeless Services

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

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

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

2017 Shelter and Housing Inventory

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

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

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

DISTRICT OF COLUMBIA 2017 SHELTER & HOUSING INVENTORY

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

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

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

Point in Time 2017 Results

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

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

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

Changes since Point in Time 2016

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

Veterans

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

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

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

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

Families

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

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

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

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

Youth

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

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

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

Permanent Housing Solutions

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

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

Expanded funding from the District, HUD, and the VA for permanent supportive housing and targeted affordable housing³ have increased the inventory of permanent housing solutions and have provided homes to some of the city’s most vulnerable residents.

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

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

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

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

permanent housing solution.

	Number of Unaccompanied Individuals	Number of Family Households
Other Permanent Housing (e.g., TAH)	1,559	651
Permanent Supportive Housing	2,918	1,058
Rapid Rehousing	272	1,359

Point in Time Needs Assessment Results

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

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

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

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

REPORTED DISABLING CONDITIONS AMONG PERSONS EXPERINCING HOMELESSNESS

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

REPORTED SUBPOPULATION AFFILIATION AMONG PERSONS EXPERINCING HOMELESSNESS

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

Reason for Homelessness

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

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

Income & Employment

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

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

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

Methodology notes

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

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

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

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

Fairfax County, VA

Description of Homeless Services

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

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

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

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

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

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	234	17/5	*	251
Emergency Shelter Beds (includes DV shelters)	158	321/89	479	Counted in hypothermia/overflow
Transitional Housing Beds	31	225/69	256	n/a
TOTALS	423	563/163	735	251

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

- Emergency Shelter and Transitional Housing

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

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

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

There are two transitional housing programs that serve single adults in Fairfax County. One serves transitioning age youth who are still attending Fairfax County Public Schools and no longer reside with their families, and one serves men recently released from correctional institutions. There are seven transitional housing programs for families with children. Three of these programs serve people impacted by domestic violence and one serves very young mothers and their children. These programs are operated by non-profit agencies with various combinations of private, county, and federal funding. Overall, transitional housing inventory has decreased significantly due to shifting priorities and reallocations of HUD CoC Program funding.

- Homeless Point-in-Time Results

As shown in the table below, the overall point-in-time count for 2017 declined from 2016, from 1,059 people to 964 people, a reduction of 95 people or nine percent.

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

This year's PIT enumeration documented a significant decrease in the number of families experiencing homelessness. Contributing factors include continued development of a unified approach across the family homeless services system; contracts with specific outcomes which have led to systemic change; increased homelessness prevention and rapid re-housing efforts; and most importantly the strategic reduction in the number of transitional housing units for families.

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

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

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

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

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

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

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

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

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

Permanent supportive housing resources were expanded by strategic utilization of HUD CoC Program funding resulting in three new PSH projects beginning operations during 2016. These projects are providing PSH to both families and single adults who were experiencing chronic homelessness. During FY 2016 a total of 190 individuals entered PSH programs via new funding opportunities or vacancies in existing programs. The ability to continue development of PSH in our community will be an important part of ending chronic homelessness among singles and adequately serving families with heads of households with significant disabilities.

Rapid re-housing continues to be an integral part of our CoC’s homeless services system. During FY 2016 a total of 1,474 individuals were served as part of a rapid re-housing program and exited to a permanent destination, which includes any individual who received housing search and placement services, housing stability case management, or rental assistance. A range of funding was utilized to provide rapid re-housing assistance, including the federal Emergency Solutions Grant program (ESG) and the Commonwealth of Virginia’s Homeless Solutions Program, along with funding from the County of Fairfax and private donations. In addition to these ongoing programs and funding sources our community has reallocated HUD CoC Program funds to create a rapid re-housing project specifically designed to serve Transitioning Age Youth, both singles and those with children, as well as a new project that prioritizes households that became homeless due to domestic violence. Both of these programs began operating in 2016.

In addition to rapid re-housing and PSH, our community has increased Other Permanent Housing through non-profits purchasing housing units, utilizing project based Housing Choice Vouchers as ongoing funding, and designating housing for formerly homeless households. The Fairfax County Redevelopment and Housing Authority is also able to serve homeless households through its Homeless Preference, a vital mainstream resource assisting with our efforts. Even with these advancements, and although we continue to document substantial achievements in our efforts to prevent and end homelessness, extremely high rental costs and the severe shortage of very low-income housing in Fairfax County remain major challenges in full implementation of our 10-Year Plan.

City of Frederick and Frederick County, MD

Description of Homeless Services

Frederick County, Maryland is fortunate to have a wide-range of governmental, private non-profit, and faith-based organizations that together have established an almost seamless service delivery system targeted to addressing the needs of homeless individuals and families. Major providers of homeless services include the Advocates for Homeless Families, Frederick Community Action Agency, Frederick Rescue Mission, Heartly House, Religious Coalition for Emergency Human Needs, Mental Health Management Agency of Frederick County, Student Homelessness Initiative Partnership, and the St. Vincent de Paul Society - all of these organizations are active members of the Frederick County Coalition for the Homeless.

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

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	30	0/0		30
Emergency Shelter Beds	57	70/4	127	0
Transitional Housing Beds	40	89/38	129	0
TOTALS	127 beds	159 beds 42 units	256 Beds	30 beds

Homeless Point-In-Time Results:

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 25, 2017. Survey tools were distributed and thoroughly discussed at a regular monthly meeting of the Frederick County Coalition for the Homeless (FCCH). All emergency shelter, transitional housing, permanent supportive housing, and motel placement providers were instructed on how to use the survey instrument and when to conduct the Point-in-Time Survey. Whenever possible, surveys were to be completed directly by the people that were homeless; however, shelter staff could utilize administrative or HMIS data if a person was unable to directly complete the survey. A total of 309 persons experiencing homelessness (comprised of 256 adults and 53 children) completed the point-in-time survey; the largest household type was 217 single-individuals. Again this year, the FCCH made a better use of available HMIS data, which resulted in the most accurate number of homeless individuals being identified and counted.

The Point-in-Time Survey instrument contains specific questions regarding all HUD-defined homeless subpopulations (e.g., veteran, alcohol abuse problem, drug abuse problem) and contains specific questions about the length of time that a respondent has been homeless. With regard to disabling conditions, the following data was reported: 81 adult respondents reported a substance abuse problem/addiction; 74 adult respondents reported chronic health problems; 50 adult respondents reported having physical disabilities; 31 adult respondents reported serious mental health problems; 35 adult respondents reported substance abuse problems and co-occurring mental health problems; 10 respondents (not including any children) reported that they are survivors of a current domestic violence episode; 10 respondents reported that they are veterans; 2 respondents reported a diagnosis of living with HIV or AIDS, and a total of 74 respondents reported being “chronically homeless” for one (1) year or longer.

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

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

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

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

According to the 2017 Point-In-Time data, homelessness in Frederick County decreased slightly by a total of 2 persons from the 2015 PIT count of 311 persons. It is important to keep in mind that the Point-in-Time survey is a “one-day snapshot” of homelessness and may not be reflective of all trends experienced in a local jurisdiction.

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

Permanent Supportive Housing:

There are two programs that offer Permanent Supportive Housing (PSH) for people experiencing homelessness in Frederick County. The Continuum of Care (CoC) Housing Program is operated by the Mental Health Management Agency of Frederick County in partnership with the Maryland Department of Health and Mental Hygiene, Behavioral Health Administration. The CoC Housing Program serves both families and individuals that are homeless and diagnosed with a serious behavioral health issue. The program has 2 units with 2 beds for homeless families and 23 units with 24 beds for single individuals (there is fluidity with beds for families and individuals based on openings and needs).

The second program is a Housing First Program that is operated by the Frederick Community Action Agency. As the program name implies, this program serves chronically homeless individuals that have one or more disabling conditions. The Housing First Program has 19 units with a total of 23 beds (two units are two-bedroom units that are shared by unrelated roommates and two units are currently leased to couples).

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

Loudoun County, VA

Description of Homeless Services

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

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

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

HOMELESS POINT-IN-TIME RESULTS

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

Year-Round Beds and Cold Weather Shelter		
<i>Year-Round Beds Emergency Shelter</i>	<i>Year-Round Beds Transitional Housing</i>	<i>Cold Weather Shelter Beds March - November</i>
84	23	16

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

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

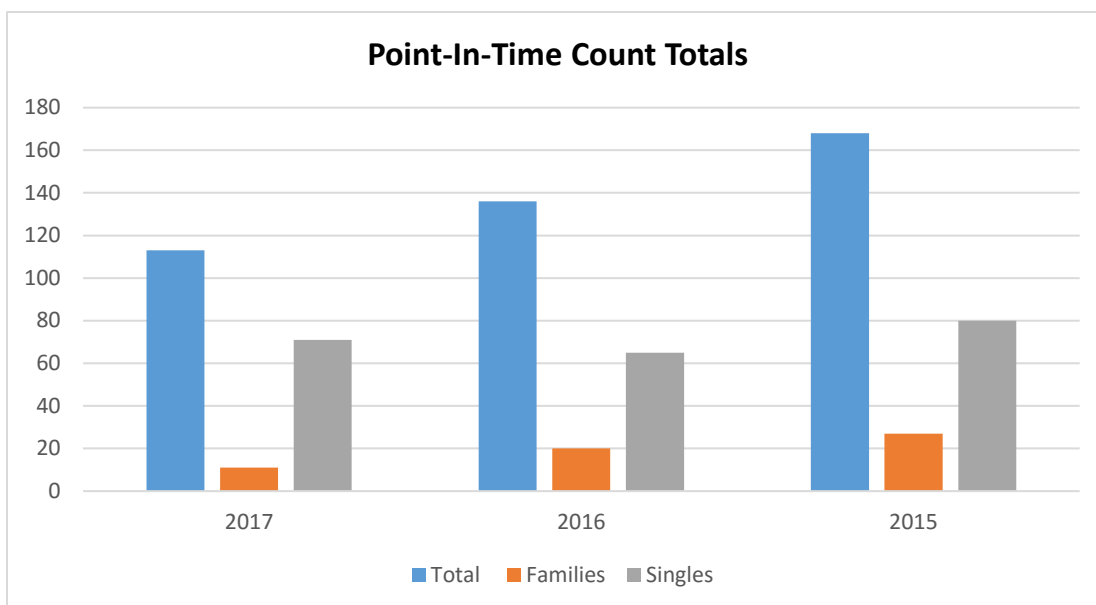
On the night of Wednesday, January 25, 2017 there were 113 persons experiencing homelessness in Loudoun County, Virginia. Of those, 71 were single adult households and 11 were family households. Of the family households, there were 27 children and 15 adults represented. For the one-year period between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

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

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

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

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



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

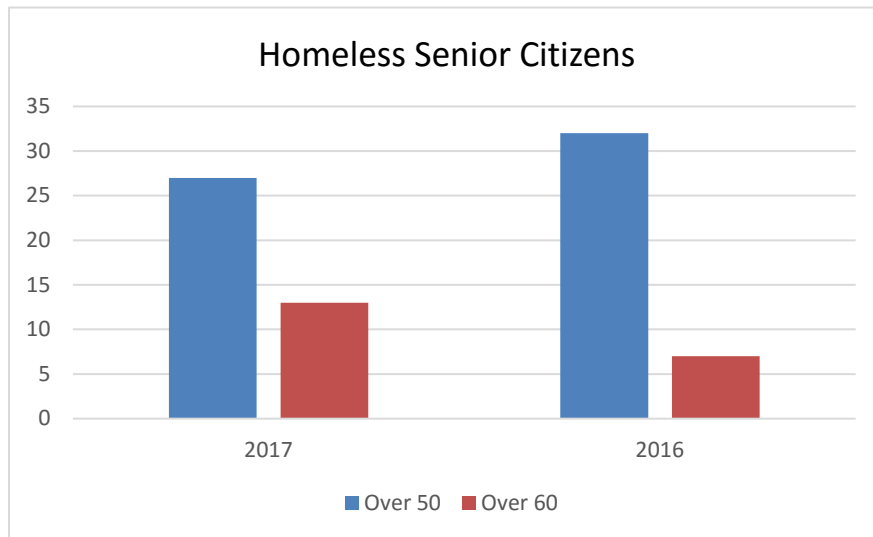
The most common sub-population among homeless adults for 2017 are Domestic Violence (18) and Serious Mental Illness (14). This is a slight change from the 2016 report in which Chronic Health Condition (10) and Domestic Violence (10) were the most frequently reported subpopulations. The chart below indicates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

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

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

TRENDS IN QUANTITATIVE RESULTS

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



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

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

PERMANENT HOUSING

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

PERMANENT SUPPORTIVE HOUSING

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

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

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

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

RAPID RE-HOUSING

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

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

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

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

*FY17 Year-to-Date total

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

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

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

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

SUCSESSES AND CHALLENGES

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

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

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

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

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

REDUCING VETERAN HOMELESSNESS

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

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

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

REDUCING YOUTH HOMELESSNESS

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

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

Montgomery County, MD

Description of Homeless Services

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

- Prevent and end homelessness among Veterans by the end of 2015.
- Finish the job of ending chronic homelessness by the end of 2017.
- Prevent and end homelessness for families, youth, and children by 2020.
- Set a path to ending all types of homelessness.

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

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

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

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

Other important initiatives during this year included:

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

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

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

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

For households with children, The National Center for Children and Families (NCCF) added two homes to serve undocumented families fleeing domestic violence who need additional time and supports to obtain permanent status or work permits for self-sufficiency. However, NCCF lost HUD funding which provided 30 transitional housing units.

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

HOMELESS POINT-IN-TIME RESULTS

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

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

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

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

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

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

MONTHLY INCOME AND EMPLOYMENT

Among all households without children including those who are unsheltered, veterans, and transition age youth, 319 reported some type monthly income, a total of 52% percent which continues to be a decline from 54% in 2016 and from the 2015 enumeration when 55% reported income. Of those reporting monthly income, 35% percent reported employment as the primary source of income while 60% percent reported that Social Security Retirement, Social Security or Veteran Disability, and/or Temporary Disability Assistance Program income was the primary source of income. Montgomery County supports Housing First philosophy and though income is not required to be housed, the CoC has made a concerted effort to connect homeless persons with vocational and employment supportive services, but this remains a challenge.

Among households with children including veterans and transition age youth, the number of adults reporting monthly income was 80 (75%). However, 43 (54%) reported income from employment, which is a decrease over the 2016 which was 59%, but still an increase since 2015 enumeration when 48% percent reported employment income. Work force development has been identified as a gap in the CoC and must continue to be a priority for all household types.

SUBPOPULATIONS

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

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

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

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

While Montgomery County achieved "Functional Zero" for homeless Veterans in December 2015 as a part of its commitment to the Zero: 2016 Initiative, it was expected that additional veterans would become newly homeless over time. During the 2017 enumeration, 13 persons self-identified as Veterans, which is 24% decrease over the 2016 enumeration. To maintain “Functional Zero”, the CoC should not have more than 6 Veterans experiencing homelessness at any given time. Although this standard was not met at the time of the enumeration, the CoC has adequate resources to provide housing to all Veterans identified. The CoC’s defines a veteran as any individual experiencing homelessness who has served on active duty in the United States Military, regardless of discharge status who lost housing in Montgomery County. The active duty requirement is not time restricted, which means that it applies to any length of service beyond training/boot camp.

	Adults Only in all Households FY16	Adults Only in all Households FY17	Percent Change 2016 - 2017
Chronic Substance Abuse (CSA)	74	104	41%
Severe Mental Illness (SMI)	183	175	-4%
Dual Diagnosis (CSA&SMI)	114	101	-11%
Chronic Health Problem	198	162	-18%
Living with HIV/AIDS	7	8	14%
Physical Disability	91	76	-16%
Domestic Violence Victim History	127	146	15%
Limited English	85	56	-34%
U.S. Veterans	17	13	-24%
Chronically Homeless	151	159	5%

Based on this year’s data and the continued lack of affordable, low income housing, the County is attempting to address this growth by increasing a variety housing options.

RAPID RE-HOUSING AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS

Rapid Re-housing

As previously mentioned a new rapid rehousing program began operation in August 2015 to serve 20 young adults households with children. In addition, Montgomery County's current rapid rehousing program provides a time-limited, shallow rental subsidy (\$400 per month for singles, \$600 per month for families) and case management services for up to twelve months. During the next fiscal year and in alignment with the strategic plan, Montgomery County will be re-designing its RRH to provide multiple interventions and subsidy supports to increase capacity and reduce the time individuals or families remain homeless. The CoC is exploring reallocating resources from motel overflow to RRH to move households rapidly from homeless to permanent housing. Many households with children in the CoC are working, RRH paired with intensive employment based services could be effective in ending homelessness. In addition, Montgomery County applied for State ESG funds for transition aged youth and received additional HUD funding for RRH families during the past NOFA application. for an additional 35 families and 12 adults without children with the support of both County Federal Emergency Solutions Grant funding.

Permanent Housing

In Montgomery County, there has been little change in the availability of affordable housing for persons with low to extremely-low incomes. The CoC has been able to increase permanent housing via both County and HUD funding. The number of units for households without minor children increased from 653 in 2016 to 676 in 2017 and for households with minor children increased from 346 in 2016 to 383 in 2017.

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

Permanent Supportive Housing

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

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

Prince George's County, MD

Description of Homeless Services

The Prince George's County Continuum of Care (CoC) for homeless persons is coordinated through the County's Homeless Services Partnership (HSP); the local Homeless Advisory Board for the County Executive. The mission of the HSP is to ensure that episodes of homelessness are rare, brief and non-reoccurring and to that end, the HSP is responsible for needs assessments, gap analysis, service coordination, resource development, drafting and adoption of policy, and system performance evaluation of all homeless services.

Membership includes over 100 public and private agencies, faith-based organizations, service providers, mainstream programs, consumers and concerned citizens which meet monthly and work collaboratively to establish strategic priorities, assess progress, and oversee full implementation of the County's efforts to end homelessness. The Prince George's County Department of Social Services is the lead administering agency for the County's CoC and serves as the Homeless Management Information System (HMIS) administrator; the Collaborative Applicant (CA) for the annual HUD Homeless Assistance grant application process; Co-Chair of the HSP; and the Maryland State Department of Human Resources' (DHR) local administrating agency for homeless assistance programs in Prince George's County.

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

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

The County's strategic plan was derived from best practices evolving locally as well as nationwide and focuses on six (6) key strategies that have proven to be effective in reducing homelessness: 1. coordinated entry, 2. prevention assistance, 3. shelter diversion, 4. rapid re-housing, 5. permanent housing, and 6. improved data collection and performance measures. In addition, accommodations were made for six (6) subpopulations that have

distinct needs requiring separate exploration: 1. Homeless or at risk unaccompanied youth, 2. Veterans, 3. Chronic homeless and other homeless with severe behavioral health challenges (SMI, SUD and COD), 4. Survivors of domestic violence and/or human trafficking, and 5. Returning citizens. The strategies are carefully designed to achieve purposeful and intentional reduction in the incidents of homelessness and collectively they form a plan that aligns County efforts with federal strategic goals, shifts system focus from “shelter” to “housing”, prioritizes programming for special populations, enhances system accountability, builds on current success, and provides new flexibility and opportunity. Success is measured by positive movement in several key indicator areas including: Change in income, Recidivism, Length of Stay in Homelessness, Exits to Permanent Housing, and Reduction in new entry of first time homeless.

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

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

HOMELESS POINT-IN-TIME RESULTS

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

The County’s homeless management information system (HMIS) was used to conduct the sheltered count and the unsheltered count was conducted by volunteers. The volunteers were divided into seven teams each targeting specific zip codes and locations within in the County including known encampments, shopping malls, metro stations, libraries, soup kitchens and other areas where homeless gather. In addition, three (3) church based PIT day centers were opened offering food, showers and other services; providing an opportunity to capture homeless individuals who might otherwise be missed by the sweeps. The unsheltered count included an interview component to gather pertinent demographic, subpopulation, employment and other relevant data used to generate comparable data for this report.

An electronic process was used to conduct the unsheltered count. The County’s Continuum of Care Point-in-Time Survey (PIT) Committee in collaboration with the County’s Homeless Management Information System (HMIS) Administrator used iPads, iPhones, tablets and Survey Monkey to conduct the 2017 unsheltered count. Training sessions not only prepared volunteers and team leaders to effectively use the electronic devices but enabled them to

review and provide feedback about the survey questions in advance of the count. IT Specialists were assigned to each team on the day of the count to assist with user questions and overflow survey input to ensure accountability.

On January 25, 2017, a total of 532 homeless adults and children were counted in Prince George’s County, Maryland; (193 single adults, 124 adults in families, 214 children in families and 1 unaccompanied child) reflecting a 2% decrease from 2016. Of this number, 444 (84%) were sheltered and 88 (16%) were unsheltered. The following charts provides a comparison of the 2015, 2016, and 2017 counts and It is clear that the County has remained diligent and focused on the reducing episodes of homelessness. In spite of having the highest number of cost burdened households amongst neighboring jurisdictions and the largest foreclosure rate in the metropolitan area, the overall number of homeless continues to show a slight decline over prior year counts.

PRINCE GEORGE’S COUNTY HOMELESS COUNT BY CATEGORY				
Category	2017	2016	2015	% Change - 2016 to 2017
Total Number Counted	532	544	627	-2.2%
Total Number of Singles	193	233	260	-17.2%
Total TAY (18-24)	19	22	15	13.6%
Total Veterans	21	26	34	-19.2%
Total Number of Families	103	105	112	-1.9%
Total Number Persons in Families	338	308	359	+9.8%
Total Adults in Families	124	118	139	+5.1%
Total Number of Children in Families	214	190	220	+12.7%
Total TAY (18-24) – Head of Household	15	25	18	-40%
Total TAY (18-24) – Children in Household	17	41	27	-41.5%
Total Veterans – Head of Household	0	0	0	0%
Total Veterans – Children in Household	0	0	0	0%
Total Children w/ONLY Children	1	3	8	-60%

*TAY = Transition Age Youth

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

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

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

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

PRINCE GEORGE'S COUNTY SUB-POPULATIONS –SINGLE ADULTS AND ADULTS IN FAMILIES					
Category	Adults in Families		Single Adults		Total
Population	Sheltered	Unsheltered	Sheltered	Unsheltered	ALL
Number of Adults (includes TAY)	116	8	120	73	317
Chronic Homeless *	0	1	13	15	29
Veteran	0	0	16	5	21
TAY	15	0	19	0	34
Substance use Disorder	6	1	1	28	36
Severe mental Illness	36	1	11	6	54
Co-occurring Disorder	1	0	0	12	13
HIV/AIDS	2	0	2	0	4
DV History (<i>any time in the past</i>)	26	0	8	10	44
Domestic Violence (<i>this episode</i>)	26	0	8	0	34
Physical Disability	30	0	14	23	67
Chronic Health Condition	12	2	4	17	35
Limited English	0	0	0	0	0
Foster Care**	0	0	0	0	0
Former Institutionalized***	0	0	0	0	0
None of the above	32	5	101	15	153

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

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

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

PERMANENT AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS

While the County has experienced significant success with unsubsidized and non-traditional permanency efforts, there remain individuals and families who require a more structured and supportive housing plan and in 2016, the County's Continuum of Care system emphasized expansion of rapid re-housing beds while working to minimize the negative impact on its Permanent Supportive Housing inventory created by the defunding of three (3) of its program during the FY 2015 and FY 2016 competitions.

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

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

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

PRINCE GEORGE'S COUNTY OTHER PERMANENT HOUSING BED (OPH) INVENTORY				
	2017	2016	2015	% Change 2016 to 2017
Beds for Individual	43	43	43	0%
Beds for Families	142	142	142	0%
Total	185	185	185	0%

OTHER NOTEWORTHY CONTINUUM OF CARE ACTIVITIES

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

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

Development (livable wage jobs, 3. Economic Development, and 4. Coordinated Services (including specialized chronic homeless and behavioral health responses). During the past 2 years, the partner jurisdictions have created an outline of a strategic plan, executed a regional data sharing agreement, secured funding for a regional pay for success initiative, submitted an 1115 waiver that would create billable opportunities in Maryland for certain supportive services to the homeless, and opted in to the National Data Driven Justice Initiative focused on identification of, and targeted service delivery to, high system users.

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

1. *Domestic violence and Human Trafficking*: The County has launched a very aggressive “Stop the Silence” campaign to raise awareness and ensure victims get connected quickly to the help they need (DV victims can get confidential help 24/7/365 through the County’s 2-1-1 service) and a County wide task force that includes decision making representatives from the state’s attorney’s office, the Court system, health and human service agencies, the CoC, the military, Crisis Response, DV shelters and other direct service providers, human trafficking service providers and public safety is developing a series of strategies targeting reduction in new incidents of domestic violence and elimination of repeat episodes. Over the past two years, the County has: created a domestic violence and human trafficking supportive services division within the HHS network to ensure survivors are connected to care and immediate resources, created set aside vouchers for persons impacted by violence who are homeless and unable to stabilize using traditional CoC housing options, established a Family Justice Center that has DV experts in place to assist with individual cases, and awarded a two (2) year \$1.5 million GOCCP VOCA grant to implement the Domestic Violence - Supportive Assistance and Financial Empowerment (SAFE) Program.
2. *Unaccompanied Youth and Young Adult ages 13-24*: The County has a countywide taskforce comprised of decision making representatives from the public school system, health and human service agencies, youth providers (including those addressing human trafficking, gangs, LGBTQ and unaccompanied minors), HHS and HUD funded shelter providers, the CoC, public safety, youth employers, post secondary educational institutions, youth ministries, and the juvenile justice system that has developed a strategic plan to build a comprehensive system of care for this population including magnet events and street outreach at places where youth are currently known to congregate. Over the past five years, this taskforce has established a Training Academy that provides key trainings on youth and young adult related issues for providers serving youth to expand both capacity and competency, conducted 5 annual County-wide counts of homeless and unaccompanied youth ages 13-24 (the last two of which were done as part of a pilot statewide count (“Youth REACH MD”), renovated a 4,000 sq. ft. county facility to create an emergency shelter for youth, established 2 emergency and 2 transitional programs for homeless youth and raised more than \$1 million dollars in federal, state, local and private funding to support those operations, opted into the HUD demonstration project extending Family Unification Program (FUP) vouchers for youth from 18 months to 5 years of subsidized housing for former foster youth experiencing homelessness, and established a Homeless Youth Advisory Board that is actively engaged in service development and outreach.
3. *Veterans*: The County has a taskforce comprised of decision making representatives from the Veterans Administration, veteran services and all SSVF providers, HUD shelter providers,

RRH and prevention assistance providers, the CoC, the Department of Health and Mental Hygiene/Maryland's Commitment to Veterans, the Maryland Department of Veteran Affairs, Retired military organizations, and veterans that is developing a series of strategies for eliminating homelessness among veterans. Over the past four years, the County has hosted the annual veterans stand down (a daylong event that provides a one-stop location where veterans can access a multitude of services including: VA benefits, haircuts, medical and dental care, mainstream benefits, housing assistances, linkages with employers, counseling and legal support), established a Veteran Court which strategically aligns legal response systems to these strategies, set aside housing vouchers and increased VASH vouchers to support homeless veterans unable to stabilize using traditional CoC housing options, established two transitional housing initiatives solely for this sub-population and secured funding for homeless prevention, rapid re-housing and other crisis intervention efforts.

4. *Chronically homeless and other homeless persons experiencing severe behavioral health challenges:* Mobile crisis teams, the police, the County's SOAR team, soup kitchens and faith ministries collaborate to care for this very vulnerable population. Regular visits to known encampments to drop off food, warm blankets and other necessities create opportunities to build trust and ensure the relative health and safety of this population. In addition, the County has established a Threat Assessment Team that routinely looks at high risk cases identified by the police as well as a Behavioral Health taskforce comprised of decision making representatives from public safety, Corrections, the CoC, Health and Human Services agencies, the hospitals, Crisis Response, the public school system, post secondary education institutions, mental health and substance abuse providers, medical providers and hospitals, and others that is developing a series of strategies for reducing behavioral health crisis and improving the overall health of all County residents. Over the past three years, the County has: established 2 specialty courts (a Mental Health Court and a Drug Court) that strategically align legal response systems with the supportive services and housing response systems available to these vulnerable sub-populations, secured more than \$6.5 million dollars in funding for behavioral health system work, led the State in successful SOAR applications with an approval rate of 100%, partnered with the State to create 12 new SOAR time limited transitional housing units, set aside housing vouchers to support homeless persons with behavioral health challenges who are unable to stabilize using traditional CoC housing options, established a mobile integrated Healthcare system within the County's Fire/EMS Department to support crisis response, and began working on a telehealth model of care to supplement the work of the street outreach teams.
5. *Returning citizens:* The County has established a re-entry taskforce comprised of decision making representatives from public safety, Corrections, the CoC, Health and Human Services agencies, second chance landlords and others working on a standardized discharge plan that will enable the County to identify returning citizens who are at risk of exiting the correctional system into homelessness or becoming homeless soon after exit as well as a series of strategies aimed at reducing repeat arrests typically plaguing the homeless including trespassing, vagrancy and public nuisance type charges and developing the system capacity break this cycle. Over the past three years, the County has created and maintains a list of "frequent flyers" that routinely cycle between the correctional system and the homeless system and develops individual case responses to prevent continued recidivism upon release, established a Re-Entry Court that strategically aligns legal response systems with appropriate the supportive services and housing response systems, secured more than \$1.5 million dollars in funding for this population, and began the development of the Welcome Center at Suitland which is slated to open in the summer of 2017 that will centralize services to persons returning to the community from incarceration.

Prince William County, VA

Description of Homeless Services

Prince William Area Continuum of Care (PWA CoC) is comprised of nonprofit, faith-based and government agencies. The PWA CoC has a total of three emergency shelter facilities for singles and families, a Domestic Violence shelter, a Winter Shelter program that operates annually from November 1st through March 31st, and one hypothermia shelter programs that are operated by volunteer faith-based groups. There are currently a total of 78 winter/ hypothermia shelter beds in the Prince William Area. PWA CoC has a total of 48 single emergency shelter beds and a total of 118 family emergency shelter beds. There are five Transitional Housing programs within the PWA CoC. Of the six Transitional Housing programs, five serve families and two provide services for singles. There are a total of 142 transitional housing beds, three of which are dedicated to single males and 139 are dedicated to families. A total of five programs within the PWA CoC receive funding from the US Department of Housing and Urban Development (HUD), to provide Permanent Supportive Housing and Transitional Housing programs in the Prince William Area. There are currently five rapid re-housing providers in the PWA CoC.

PWA CoC recognized the need to provide housing for medically fragile, homeless individuals with chronic health conditions. A PWA CoC non-profit agency secured a private grant, funded through the Potomac Health Foundation, to provide five permanent supportive housing beds. The permanent supportive housing program provides housing for individuals that have disabling/chronic medical conditions, which create a barrier that prohibit the individuals' abilities to be self-sufficient.

During the night of the PIT the PWA CoC had a total of 100 persons permanently housed in a rapidly rehousing units through the Virginia Department of Housing and Community Development- Virginia Homeless Solutions Program Grant (VHSP)) and the HUD -Emergency Solution Grant (ESG). Rapid Re- Housing initiatives have been vital in assisting PWA CoC reduce individual or families' length of stay in homelessness.

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

All PWA CoC agencies that provide homeless services and receive local, state, or federal funding are required to enter data in the PWA Homeless Management Information System (HMIS) database. PWA HMIS database is funded by HUD and PWA CoC. HMIS has data from all programs that provide Transitional Housing, Emergency Shelter, Permanent Supportive Housing, Rapid Re-housing, and Homeless Outreach in the Prince William Area. Programs that provide supportive services, which include but are not limited to mental health, case management, and education liaison services also input their data into HMIS. To ensure HMIS data quality, all PWA CoC agencies providing the above-mentioned services are required to complete HMIS data inputs by 2pm each business day. The PWA CoC has actively used HMIS to aide in the collection of needed data for the Annual Homeless Assessment Report (AHAR) and the Point-In Time (PIT) reports that are submitted to HUD annually.

PIT count results

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

Permanent Housing

An affordable Housing inventory remains limited and a needed resource within PWA. The PWA CoC has funded two housing locator positions to establish relationship with area landlords and to development a housing inventory list. In 2016, a total of 654 persons exited the PWA CoC Homeless System into a permanent housing situation. These individuals reported having their own rental/housing unit and/or reported residing permanently with family or friends. Homeless persons that obtained rentals without on-going subsidy at program discharge totaled 363 persons. Homeless persons that obtained permanent housing with family or friends upon program discharge totaled 155 persons.

Permanent Supportive Housing

Of a total of seven CoC permanent supportive housing programs, five are funded by HUD, one is funded by the Prince William County Government, and one is funded by the Potomac Health Foundation. The permanent supportive housing programs are offered through scattered site housing and are coupled with intensive case management. These programs provide individuals the opportunity to remain integrated within the community while achieving individual goals and developing life skills. There is still a great need for Permanent Supportive Housing in PWA as reflected in the 2017 PIT.

Rapid Re-Housing

PWA CoC Rapid Re-housing programs provide rental assistance, rental arrears, security deposits, and utility deposits for homeless families and individuals. PWA CoC agencies have worked in collaboration to rapidly rehouse a total of 363 individuals and families in FY16. The PWA CoC has one homeless prevention program that is funded through the Virginia Department of Housing and Community Development. In FY16, a total of 137 persons have been assisted with homeless prevention services.

Veterans

To better service veterans, PWA CoC agencies work closely with community partners such as the Veterans Administration and agencies receive Supportive Services for Veteran Families (SSVF) funds dedicated to serving veterans. PWA CoC partners actively make appropriate referrals for veterans in need of mental health, substance abuse, medical, benefits, housing, and stabilization services. The PWA CoC worked closely with the Virginia Department of Veteran Services and the Prince William

County Office of Housing and Community Development to obtain 4 additional VASH vouchers for FY 17. In addition to VASH and SSVF funds, PWA CoC has funding through the VHSP to rapid re-house veterans and their families. PWA CoC is able to link veterans to the services that are needed to rapidly rehouse them and their families. These connections are vital to the success of veterans as they reenter the community.

Outreach Efforts

During the 2017 PIT, PWA CoC coordinated outreach teams to canvas the homeless campsites located in the eastern and western end of the Prince William Area during a multiple-day count of the unsheltered homeless. A multiple-day count is done to ensure an accurate count of the unsheltered homeless population. PWA CoC worked in collaboration with area law enforcement and outreach organizations to actively map unsheltered campsites. The campsite maps are updated annually prior to the PIT to ensure that outreach teams engage all active sites to obtain an accurate count of the unsheltered homeless population. PWA CoC, with faith-based community partners, provides luncheon and dinner functions at area churches and restaurants to encourage participation of unsheltered homeless individuals and families.

Prince William Area Bed Inventory

PRINCE WILLIAM COUNTY'S YEAR-ROUND AND WINTER BED INVENTORY				
	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional Winter Capacity)	78	-	-	78
Emergency Shelter Beds	48	118	166	-
Domestic Violence Shelter Beds	18	18	36	
Transitional Housing Beds	3	139	142	-

PWA – Point In Time Three Year Trends

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

2017 – Subpopulation

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

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

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