

**HOMELESS ENUMERATION
FOR THE
WASHINGTON METROPOLITAN REGION
2002**

Prepared by:

**The Homeless Services Planning and
Coordinating Committee**

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I. Executive Summary

For more than a decade the Metropolitan Washington Council of Governments (COG)¹ has been concerned about the needs and problems associated with the large number of homeless families and individuals in the region. In January 2001, COG's Homeless Services Planning and Coordinating Committee, concerned by the lack of regional data available, first attempted to produce an unduplicated point-in-time count of homeless adults and children in the Washington metropolitan region. The count was repeated and improved in January 2002. This report compares the regional and jurisdictional counts across the two years.

The Homeless Services Planning and Coordinating Committee ("the Committee") is the successor to COG's Homeless Task Force, which was formed in the late 1980's. The committee is comprised of local government homeless coordinators, nonprofit service providers, shelters, and faith-based organizations working with homeless individuals and families. The committee is chaired by Stephen Cleghorn, the Deputy Executive Director of The Community Partnership for the Prevention of Homelessness—the nonprofit organization that manages publicly funded homeless services in the District.

On January 24, 2002 the Committee coordinated a one-day enumeration that found 13,982 homeless people to be living in the COG region, a figure higher than the 12,850 homeless people enumerated by the 2001 point-in-time survey. The higher count can be attributed to at least three factors: 1) an increase in the number of homeless persons; 2) jurisdictions doing a better job this year of getting more complete and accurate returns on the survey; and 3) some jurisdictions having expanded their shelter beds since 2001, thus allowing more persons to come inside and be included in the count. A comparison of the data from 2001 and 2002 demonstrates that – the number of homeless people who rely on the Continuum of Care system is very large and is not decreasing. (See Figure 1)

In addition to the total number of homeless, the Committee also looked at the number of persons who fall into the subpopulations of homeless persons – as defined by special needs and disabilities or by whether they were counted as "individuals" or as "persons in families." The different counting methods used by each jurisdiction do not allow a precise count of subpopulations, but the overall count is good enough to indicate the relative size of these subpopulations.

¹ COG was established by the elected officials from the major cities and counties in the Washington metropolitan area to address regional concerns. Through cooperative efforts of its members, COG addresses issues in the areas of transportation, housing, air and water quality, crime, economic development, public health and public safety. The following local governments are members: the District of Columbia, Arlington, Fairfax, Loudoun and Prince William counties and the Cities of Alexandria, Fairfax, and Falls Church in Virginia; Frederick, Montgomery, and Prince George's counties and the Cities of Bowie, College Park, Gaithersburg, Greenbelt, Rockville, and Takoma Park in Maryland.

Figure 1

Jurisdiction	Total Number Counted		Percent Change
	2001	2002	
District of Columbia	7,058*	7,468	+5.8%
Montgomery County	1,089	1,250	+14.8%
Prince George's County	1,218	1,551	+27.3%
Alexandria	543	604	+11.2%
Arlington County	419	471	+12.4%
Fairfax County/Falls Church	1,935	2,067	+6.8%
Loudoun County	167	242	+44.9%
Prince William County	421	329	-21.9%
<i>* Includes an estimated 1,267 homeless in DC facilities that did not respond to Jan. 2001 survey</i>			
Total Number Counted	12,850	13,982	+8.8%

Homeless subpopulations, considered in order of magnitude show men, chronic substance abusers, seriously mentally ill, and the dually diagnosed as the largest subpopulations (See Figure 8). The survey also shows that 27.6% of the region's homeless population is children and 37% of the population is persons in families (See Figures 4 and 5). A high percentage of disabled persons (47% of all persons, 65% of all adults) revealed by this survey are in need of supportive services for mental health care and substance abuse treatment – a clear indicator that the homeless continuum of care needs to be more closely coordinated with the mainstream government agencies and programs that provide these essential services.

Reliable data are necessary as elected officials in the region consider new policy directions for addressing affordable housing and homelessness issues. It is the Committee's intent that local, regional and federal policymakers and the general public will be better informed by the data in this report and thus able to shape policies more effectively. The Committee has made the commitment to conduct subsequent annual regional enumerations, perhaps using the same survey again in 2003 but also taking advantage of emerging computerized databases that can produce both an unduplicated count and deeper information about client characteristics and usage of programs. The Committee believes that solid data on prevalence and outcomes will help our region to improve services and the delivery of services at the local and regional levels.

II. History of Homeless Efforts by COG

COG's history of cooperating on regional issues concerning homelessness began with the creation of a Task Force on Homelessness in the late 1980s. The Task Force was created to facilitate regional cooperation within and between the region's continuum of care systems in order to improve the delivery of and access to services for the region's homeless population. The Task Force and its successor, the Homeless Services Planning and Coordinating Committee, is comprised of representatives from local government,

nonprofits, and faith-based organizations. For many years, the Task Force has hosted a semi-annual regional issues conference on homelessness. It has co-published the *Emergency Food and Shelter Directory* annually, developed and published reports on homeless issues that impact the region, and has provided data to support jurisdictions and service providers in the region.

In 2000 it became clear to the Task Force leadership that its members had the capability to undertake more responsibility. With two decades of having little information in existence on the number, location, and characteristics of homeless individuals and families, the Task Force recognized a need for better regional collaboration on data collection, analysis, and management. To confront this challenge, the Task Force formulated a practical and achievable work plan to track area homeless data at a regional level.

Once the data is tracked on an annual basis, local, regional and federal policymakers and the public will be better informed on issues of homelessness. At the same time, recognizing that homelessness is deeply rooted in the region, the Task Force realized the need to elevate its status in the COG committee structure to better position the group within the decision-making structure of COG, so that its work could contribute meaningfully to regional strategies to create affordable housing and to improve human services and public safety. In January of 2001, the Task Force was therefore reclassified as the Homeless Services Planning and Coordinating Committee². Appendix 2 provides a list of government and nonprofit entities that have participated in the Homeless Services Planning and Coordinating Committee over the past two years.

III. 2002 Survey Purpose and Methodology

Acting on the need for accurate data on the pervasiveness and distribution of homeless individuals and families in the metropolitan region, the Committee commenced a project to establish the size, housing needs, and other demographic characteristics of the homeless population and its subpopulations. Developed out of a suggestion made by a Committee member, one-day enumerations of the region's homeless population were completed on January 24, 2001 and January 24, 2002. Since all participating jurisdictions annually request McKinney/Vento Continuum of Care funding from HUD and other federal agencies, it was the objective of the Committee to collect data consistent with the federal guideline for producing a "gaps analysis" that identifies the total need and the gaps in shelter and services for the federally defined subpopulations of homeless adults and families. In this way, the data from each individual jurisdiction's point-in-time count could be used as part of that jurisdiction's preparation for submitting its application for HUD funding.

² The Human Services and Public Safety Policy Committee (HSPSPC) supported the reclassification of the Homeless Task Force to that of a standing committee. Given its proven track record, the Homelessness Services Planning and Coordinating Committee (HSPCC) would continue completing the past objectives of the Task Force. However, the committee will also work to track regional homeless data in order to heighten the awareness of homelessness in the Washington metropolitan area and provide an accurate picture of the needs of the homeless in our region. The mission of the committee is to become regional partners to end homelessness in the Washington region, specifically by helping local governments understand the scope of and solutions to the problem.

The 2001 count of 12,850 established a baseline for the 2002 count and future counts. While arrived at somewhat differently by each jurisdiction, for the past two years each jurisdiction has produced an unduplicated count through a community process involving a wide variety of stakeholders and participants, the same ones who contribute to the jurisdiction's gaps analysis for federal funding purposes. Thus each jurisdiction can vouch for the number it has submitted, and the regional number simply aggregates the data from the region.

Unlike last year when several survey instruments were used, this year all jurisdictions except Montgomery County used the same survey instrument to collect and aggregate their data. However, Montgomery County did agree to collect the same data points in its enumeration and these are included with the regional count. Many agencies from the COG jurisdictions attended training on the survey that the Committee conducted. Once the surveys were collected, the jurisdictions sent the data to COG, which then aggregated the data and prepared the report. Several jurisdictions report a higher level of participating organizations and survey respondents in the 2002 enumeration, additional volunteers to reach more homeless people, more training and other factors that improved the 2002 survey over the one done in 2001. Such factors may account for some part of the higher number of homeless people reported in 2002. Further details about each jurisdiction's methodology and how it differs from 2001 can be found in Appendix 1.

It should also be added that even though the variations in methodology among jurisdictions result in some data elements that cannot be reliably aggregated across the region, until the regional enumeration was undertaken in 2001 it was not possible to aggregate *any* data on homelessness at a regional level with any degree of confidence. The coordinated point-in-time enumerations in the past two years are a significant step toward producing meaningful data on homelessness in the Washington metropolitan region.

Defining Homelessness

The HUD definition of homeless was used by all jurisdictions for this count. HUD defines homeless as: sleeping in places not meant for human habitation, and sleeping in shelters or transitional or supportive housing for homeless persons who originally came from streets or emergency shelters. This includes persons who ordinarily sleep in one of the previous places but are spending a short time (30 days or less) in hospitals or other institutions. It also includes persons residing in *permanent* supportive housing that is part of a jurisdiction's Continuum of Care system and serves disabled persons who need ongoing supportive housing in order not to become homeless again. Other persons who can be counted as homeless are those being evicted within a week from a private dwelling and lacking the resources and support networks needed to obtain access to housing.

This survey thus yields a number that accounts for all known persons in the homeless service system, including both the sheltered homeless and the unsheltered homeless who are living on the streets, under bridges, or in makeshift camps.

What the Point-in-Time Survey Does and Does Not Do

This point-in-time enumeration *does* provide a snapshot of the number and distribution of the homeless population and its subpopulations within the Metropolitan Washington region. It *does* tell us something about the kinds of programs and services homeless

people need, whether there are enough of these or not enough, and the kinds of disabilities and challenges that many homeless people are facing. Within each jurisdiction, it *does* give an overview of whether supportive services are available or lacking, thus giving local policy makers some guidance on where increases in services are needed.

However, it *does not* provide detailed client-level data that can provide demographic profiles of homeless people. Some demographic data are collected on each client – such as gender, special needs, adult or child, and disabilities – but these data are reported in summary fashion to COG, which does not then have the means to analyze data at the client level. Neither does the survey provide outcome data about how successful the whole system is in moving people out of homelessness. Some jurisdictions and most programs do collect and report such outcome information, but this point-in-time survey *does not* collect and aggregate such information.

It should also *not* be interpreted that the 13,982 persons enumerated by this survey have no roof over their head at night. In fact the continuum of care systems across the region put a roof of some kind over the heads of the great majority of persons enumerated on January 24, 2002. A precise statistic regarding “unsheltered” homeless is not possible to derive from this survey. Nonetheless it must be understood that this survey measures the entire continuum of care, including *permanent* supportive housing, and so it is measuring, in addition to those in the streets or otherwise unsheltered, the size of *a system* of shelter and housing for people who are now homeless or formerly homeless persons who need ongoing support to maintain stable housing. The Committee found, for example, that at least 3,782 (or about 27%) of the Washington region’s continuum of care beds are in permanent supportive housing (See Figure 2).³

The COG Board should be aware that several jurisdictions are well along in implementing a Homeless Management Information System (HMIS) that will provide the client- and program-level data needed to do a thorough analysis of the population, what services homeless people are using, and what becomes of them after they exit homelessness. Congress has required HUD to collect client level data from every jurisdiction that applies for HUD Continuum of Care funds by September 2004. It will be possible within two years, for jurisdictions to pull up detailed information from their HMIS that can answer questions related to client outcomes.

To get deeper information, the Committee believes that moving to an HMIS in each jurisdiction is the answer, and calls upon all local governments to support the development of an HMIS (see “Recommendations”). New resources and solid governmental support will be needed to carry HMIS development forward. Similarly, if the COG Board wants to see comparisons between the Washington metropolitan region and other similar regions, or comparisons to national data, this would be possible but would require deeper resources than the Committee has at its disposal.

IV. Summary of Findings

³ In the metro area’s largest homeless system, the District of Columbia, all but 8% of those enumerated on January 24, 2002 were sheltered, albeit with about 2,000 of these living in large congregate shelters and over a hundred families precariously housed and waiting for shelter. Other jurisdictions had an even smaller “street” population that is so often presented as the only public face of homelessness.

The Committee believes that the basic information collected in this 2002 count is reliable enough and has been gathered by a method similar enough to the 2001 count that it provides hard data that homelessness is not yet abating in the region and may even be growing. The Committee concludes that these two surveys have established a solid baseline against which future measures, aided by more precise homeless management information systems, can be compared to tell us how we are doing as a region in reducing homelessness. The Committee further believes that these data confirm that the severe affordable housing shortages in the region that were recently identified by COG have the region at a standstill in terms of reducing the prevalence of homelessness.

After hearing the 2001 report last year, the COG Board asked about the extent of chronic homelessness. The question is more important than ever since HUD has now made it national policy to eliminate chronic homelessness within ten years and wants to see a plan from each jurisdiction as to how it plans to do this. By definition a point-in-time survey cannot see chronic homelessness; that can only be seen by looking at lengths of stay and periods of homelessness. However, this report does place a spotlight on homeless people burdened by the disabilities that are most often associated with chronic homelessness – substance abuse (3,222 persons, 31.9% of all adults), severe mental illness (1,997 persons, 19.8% of the all adults) and persons dually diagnosed with mental illness and addiction (1,324 persons, 13.1% of all adults). Not all such persons are chronically homeless, and many are being served well by transitional and permanent supportive housing, but most chronically homeless persons are afflicted by such disabilities.

Other significant findings of the 2002 report include the following:

- On January 24, 2002 13,982 homeless people were counted in the second regional enumeration, an increase of 1,132 persons and 8.8% over the number of homeless persons (12,850) enumerated on the same date in 2001.
- The majority of the homeless population still lives in the District; however, the percent of the region's homeless living the District decreased from 54.9% in 2001 to 53.4% in 2002 even though the number of homeless counted in the District rose from 7,058 to 7,468. This reinforces the finding made in the 2001 enumeration report that the homeless population is now evenly distributed between the District and the suburban jurisdictions. (See Figure 3)
- The region's overall increase of 8.8% was not evenly distributed. The District's number increased by 5.8%. The suburban regions' number of homeless increased by a higher percentage (12.5%), primarily due to a 27% increase in Prince Georges County. Northern Virginia jurisdictions showed an increase of 6.6% from 3,485 to 3,714 persons. The two Maryland suburbs increased from 2,307 to 2,801, or 21.4%.
- Children are a significant percentage of homeless persons in the region (3,866 or 27.6% of the total counted), with the percentage as high as 41% in Fairfax/Falls Church and no lower than 17.8% in Arlington. (See Figure 5)
- 5,573 of those enumerated were persons in families (adults and their children), representing 40% of the total population. As with the distribution of children, the percent of persons in families ranges from a high of 62% in Fairfax County/Falls Church to a low

of 30% in Arlington County. By comparison, the most reliable national figure shows that 34% of homeless service users are persons in families.⁴ (See Figure 6)

- In 2002, 31.1% (3,148) of all 10,116 homeless adults were employed, with employment reported from all participating jurisdictions. Although employment was not reported by all jurisdictions in 2001, there was an increase of 22.5% for those localities that reported on employment in both years. The higher percentage in 2002 suggests that working poor make up a significant portion of the homeless population. (See Figure 7)
- Adult men and boys (males) make up 56% of homeless persons in the Washington region, a percentage based on all persons for whom gender was reported. (See Figure 4)
- In 2001 7.3% (686) of the 9,414 adults were classified as veterans, while 9% (908) of the 10,116 adults counted in 2002 were veterans. In 2002 61.6% (560) of the total number of homeless veterans were counted in the District. National data show that 23% of homeless adults are veterans, indicating that this point-in-time survey is probably undercounting veterans.⁵
- As a portion of all homeless persons, in 2001 less than 7% (882) of the homeless were victims of domestic violence; whereas in 2002 victims of domestic violence were 10.1% (1,413) of the total population.
- The region’s inventory of facilities to shelter the homeless has moved far beyond the 1980s focus on “emergency” shelters to provide a multi-faceted continuum of care. Figure 2 below shows the 2002 distribution of emergency, transitional and permanent beds for individuals and persons in families.⁶

Figure 2

Washington Region Continuum of Care Inventory		
Emergency Shelter Beds	5,190	38%
Transitional Housing Beds	4,860	35%
Permanent Supportive Housing Beds	3,782	27%
TOTALS	13,832	100%

V. Conclusions and Recommendations

- *The Need for Better Data, the Promise of HMIS*

It is clear from the data collected over the past two years that homelessness remains a large problem within the metropolitan Washington region. This report sheds some light on the extent of the problem and how it varies within the COG jurisdictions, but as a point in time study it cannot provide a complete picture for purposes of public policy.

For example, to speak of only one part of the picture missing from this report, the COG Board would like to know how well we are doing, what programs are working and how

⁴ The National Survey of Homeless Assistance Providers and Clients (NSHAPC), published by the federal Interagency Council on the Homeless, based on 1996 data.

⁵ NSHAPC reported 13% of all American adults are veterans and 23% of all homeless adults are veterans.

⁶ This table aggregates inventory figures supplied by all COG jurisdictions and based upon the “Gaps Analysis” chart that is part of the Consolidated Plan and the annual “Continuum of Care” application to HUD for McKinney/Vento Act competitive homeless dollars. COG Board members can find their jurisdiction’s information in either of these other public documents.

much we are graduating homeless individuals. This question cannot be answered by a point-in-time survey presenting a snapshot of the problem. Some jurisdictions do produce an annual tally of outcomes for programs that report to a central entity.⁷ The COG Board may want to seek this information from knowledgeable continuum of care leaders within each jurisdiction who are collecting such data from providers' reports. In addition there are good national resources on "best practices" and "what works," such as the website of the National Alliance to End Homelessness or publications by Dr. Martha Burt of the Urban Institute.⁸

After last year's report the COG Board asked how the Washington region's homelessness compares to other metropolitan regions. The best measure of how our region is doing is not necessarily the homeless enumeration, but how many people are affected by the problem in a year's time. One recent study showed that the estimated annual prevalence of homelessness measured either as a percent of total population or as a percent of people in poverty is relatively high for the District of Columbia. In 1999 the annual prevalence rate was 1.4% of total population and 7% of all persons living in poverty.⁹ By comparison the same study showed Montgomery County having an annual prevalence rate at 0.4% of total population and 6.9% of all those living in poverty. However, the District data was a subset of the whole continuum of care, including only its public emergency shelters. The Community Partnership has data from programs operating about 65% of all homeless beds that shows that as many as 1 in 5 poor people in the District of Columbia experienced being homeless in 2001.¹⁰

The best opportunity that lies ahead for gathering policy-significant data is the development of a Homeless Management Information System (HMIS) in every jurisdiction. Montgomery County, Prince Georges County and the District of Columbia are underway with implementing a HMIS, and HUD policy requires that every continuum of care jurisdiction have a HMIS in place by September 2004. These systems benefit homeless people, providers and policy makers. They can tell us not only who the homeless are but also how well our programs are working for them, even how much they cost and the extent to which public money leverages private funding. They can track the course of a client through many programs and insure continuity of care, and they can do this while protecting each client's fundamental right to privacy. Most importantly a HMIS allows, and is essential to, "planning for outcomes" – a key component of ending rather than simply continuing to manage homelessness.

Recommendation #1: The eight continuum of care jurisdictions within the Metropolitan Washington area should move rapidly to full implementation of a homeless management information system (HMIS), and they should

⁷ For example, The Community Partnership reported that at least 3,123 persons were permanently housed through the Continuum of Care in 2001, as reported by the programs that are its sub-grantees. See their *2002 Report to the Community*, pp.3-4 at www.community-partnership.org

⁸ See www.endhomelessness.org (NAEH) for its "10-Year Plan to End Homelessness" and "Best Practices" section; and see "What Will It Take to End Homelessness?" by Dr. Martha Burt at http://www.urban.org/UploadedPDF/end_homelessness.pdf

⁹ *The Prevalence of Homelessness in 1999: Rates of Unduplicated Service Users and Service Days for a Sample of US Jurisdictions: A Report Submitted to the United States Congress*. U.S. Department of Housing and Urban Development & Aspen Systems Corporation; by Culhane, D. et al; University of Pennsylvania

¹⁰ *2002 Report to the Community*, by The Community Partnership for the Prevention of Homelessness

receive the full support of local governments and philanthropies to be fully operational by no later than 2004.

- *Ending Chronic Homelessness*

The data in this report reveal many glaring facts, including the high incidence of family homelessness the region's most affluent counties, yet perhaps none is more glaring than the fact that over 6,500 persons (47% of all those counted) were recorded as disabled by mental illness, chronic substance abuse, or both disabilities co-occurring. It is among these persons that we are most likely to find the chronically homeless, those persons who are homeless years at a time or off and on over a number of years.

It is now federal and HUD policy to begin ending the problem of homelessness by ending chronic homelessness within ten years. All COG jurisdictions must put a practical plan for doing so on the table, starting with this year's submission for HUD competitive funds. The HMIS software will help us see this problem more clearly than ever. We will see how much of our emergency shelter beds and other emergency capacity is being used by a relatively few of those who experience homelessness, and that ending the homelessness of these "long stayers" in the system will free resources for those whose experience of homelessness is more temporary.

It makes good sense to focus on chronic homelessness – in part because we know well enough what to do to end this problem, but also because we know that it makes economic sense to do so. "Supportive housing" works to get chronically homeless people off the streets and out of shelters, and it reduces the social and economic burdens. A seminal study on mentally ill homeless in New York City showed that chronically homeless persons can be permanently housed and that doing so costs about the same in public dollars as maintaining them in a state of homelessness.¹¹

The Committee will make "Ending Chronic Homelessness" the theme of its next regional conference, asking local government leaders and nonprofits to come together and share their plans for addressing this part of the homeless problem. The Committee is also planning to contribute to COG's fall conference on affordable housing, offering a special emphasis on the combination of housing affordability and on-site supportive services that is a proven means for ending chronic homelessness.

Recommendation #2: The Metropolitan Washington Council of Governments should call on member jurisdictions to collaborate with continuum of care providers and advocates to produce a practical plan with achievable objectives, transparent timelines and assignment of responsibilities that will end chronic homelessness within a decade.

- *Affordable Housing for the Extremely Low Income*

The data from 2001 and 2002 reveal a large population of homeless people that may be increasing but certainly has not been decreasing. The Committee concludes from these data that a vigorous regional effort will be needed to provide new means for people to exit homelessness, and that affordable housing will be at the heart of that effort. Here the

¹¹ The report is available on the Fannie Mae Foundation website at http://www.fanniemaefoundation.org/programs/pdf/rep_culhane_prepub.pdf

Committee means more than just the housing needed for the chronically homeless, as important as that is. Almost a third of all homeless adults are employed, 27.5% are children, and more than half of all homeless are not disabled at all – for all these persons affordable housing is the means to exit homelessness. Unfortunately, as the region’s economy has improved over the past two years the affordable housing shortage has become worse, as reported widely in the press.¹²

Shortages in affordable housing are especially severe for those who earn less than 30% of the Area Median Income (AMI), i.e., the “extremely low income.” A 1998 analysis of the Washington, D.C. metro area found that there were only 39 housing units both affordable and available to extremely low-income renters, and this figure did not take into account the homeless population.¹³ With very few exceptions the homeless population falls into the extremely low-income category. According to the latest national data, single homeless adults have a mean income of \$348, or 51% of the 1996 federal poverty level, and homeless families have a mean income of \$475, or only 46% of the 1996 federal poverty level for a family of three.¹⁴

The COG Board has recognized the need for more affordable housing across the region, including housing for people with special needs and the homeless.¹⁵ However, the Committee believes that an affordable housing strategy for the region must include households whose incomes are at less than 30% of AMI. In fact we must be developing some units for households at less than 20% and less than 10% of AMI in order to make serious reductions of homelessness.

Recommendation #3: Using data from this survey and additional data to be generated by establishment of homeless tracking systems throughout the region, the Metropolitan Washington Council of Governments, and its member jurisdictions, should modify and update regional housing policy to include, quantify and provide for rental units for the extremely low income.

¹² See “Prosperity Feeds Housing Pinch” (3/17/02) and “Suburban Crowding Arouses Tension (5/3/02) in the *Washington Post*.

¹³ “Worst Case Rental Housing Needs in the Washington, DC MSA” by Kathryn P. Nelson of the U.S. Department of Housing and Urban Development, available at <http://170.97.67.13/library/bookshelf18/pressrel/wcn47/dc.html>

¹⁴ “National Survey of Homeless Assistance Providers and Clients,” Interagency Council on the Homeless

¹⁵ “Finding A Way Home: Building Communities with Affordable Housing,” MWCOG, December 2001

Appendix 1

Survey Methodologies by Jurisdiction

In a few jurisdictions, government enumerators or professional homeless outreach workers filled out surveys, while in most jurisdictions volunteers and nonprofit service providers completed surveys. In other cases the homeless individual completed the survey. Collecting the data presented in this report was effected by many factors, including literacy, the perceived threat of government intervention, the inability of enumerators to locate all unsheltered homeless (in hotels, hospitals, institutions, and unidentifiable areas of the counties), and those residents that face immediate eviction.

Scores of volunteers in several jurisdictions conducted the surveys. Volunteers were selected primarily from soup kitchens, shelters and other service providers. These front-line individuals have the most contact with their clients, which proves helpful when looking for the hard-to-count individuals. Volunteers were recruited for the one-day enumeration to interview and obtain information on homeless found in the streets, parks, shelters, drop-in centers, soup kitchens, supportive program centers, and any other location known to provide services to homeless. Each jurisdiction scheduled meetings and training for the volunteer enumerators.

COG is made up of 17 member jurisdictions — a mixture of county, city, and town governments. Due to federal guidelines, the county jurisdictions became the lead participants for the regional enumeration completed in January of 2001. For HUD federal Continuum of Care funding, counties are required to conduct the enumeration in all of their cities, towns, and unincorporated areas. That said, the City of Falls Church and the City of Fairfax were included in the Fairfax County counts. Homeless totals for the cities of Takoma Park, Rockville, and Gaithersburg were integrated in the Montgomery County enumeration. And homeless populations found in Bowie, College Park, and Greenbelt were counted in the Prince George's County census. Below are the individual methodologies employed by the participating jurisdictions for the 2002 homeless enumeration.

District of Columbia

The survey was conducted by the Community Partnership for the Prevention of Homelessness, the nonprofit agency responsible for managing the District's publicly funded homeless facilities and services. This was the second time that the District conducted such a survey, and this year the Partnership conducted two in-depth trainings for agencies completing surveys. As a result the response rate of 98% from public and private homeless programs was much improved over the previous year when programs operating over 1,260 beds did not report. The number of unduplicated persons who were homeless or formerly homeless (now living in permanent supportive housing that is part of the continuum of care) is considered much more reliable this year. A total of 196 survey responses were received in 2002 (compared to 124 responses in the 2001 enumeration) from homeless programs offering street outreach, emergency shelter, transitional housing and permanent supportive housing. The 2002 count does not include programs that did not respond, estimated to have a capacity of 243 beds.

Montgomery County, Maryland

Montgomery County has conducted an annual census of the homeless for the last several years in a standardized manner. In 2002 questions were added to the census form for purposes of capturing information requested by COG. The census has been used as a means to gather data regarding the homeless population until the County's customized homeless tracking system is fully operational. Currently, data is being input from 7/1/00 to present, and may be able to be used as part of the information submitted for the HUD Super NOFA process. Each provider was responsible for getting homeless individuals to complete the census form. For those who could not complete the form on their own, assistance was provided. In addition, providers of outreach services together with the police went to the places that street homeless most often go such as garages, parks, etc., and had those individuals complete a form. All providers were requested to forward the census forms to the County's Department of Health and Human Services, which is responsible for inputting and tabulating the data. Data from the census was shared with the Homeless Policy Development Committee, the Prioritization Selection Panel, and the public through a town meeting.

Prince George's County, Maryland

The Prince George's County Continuum of Care Advisory Board in collaboration with the Homeless Services Partnership conducted a one-day point-in-time survey of the homeless on January 24, 2002. The annual survey is the first step of a multi-tiered community planning process to count and identify specific types of housing and support services needed by each homeless sub-population in the County. Over sixty individuals representing public agencies, private non-profit organizations, mental health services, alcohol and drug abuse services, language minorities and other community outreach workers participated in a survey. A community training session was held to review an updated survey instrument following a model used by other jurisdictions in the Metropolitan Washington area facilitated through the Washington Metropolitan Council of Government Homeless Services Planning and Coordinating Committee.

Detailed instructions were provided to persons administering the survey to ensure gathering of unduplicated counts and adherence to HUD's definition of persons considered to be homeless. The survey provided a shelter-by-shelter count of homeless adults and children at emergency shelters; transitional housing programs; permanent supportive housing; winter haven; warm nights; homeless addicted treatment programs and community mental health services. The Street Homeless Outreach Coordinator worked collaboratively with community-based organizations to identify unsheltered homeless street persons in isolated areas in the County. Additional outreach was also conducted to reach the homeless through the homeless and domestic violence hotlines, soup kitchens and language minorities.

The survey results will be compared with other sources of data collected through a provider survey, a community survey, a consumer survey, the Maryland State Department of Human Resources Office of Transitional Services county-wide survey and daily statistical data collected through the County's Homeless Hotline.

City of Alexandria, Virginia

Prior to January 2001 the City of Alexandria conducted its homeless population point-in-

time count independently and on a randomly selected date. In 2001 the Washington Metropolitan Council of Government's Homeless Services Planning and Coordination Committee recommended that a point-in-time count of the homeless population be coordinated regionally. Each local government chief administrative officer was advised of the COG consensus for a regional enumeration and their support was gained. All jurisdictions conducted their first coordinated homeless count on January 24, 2001 and repeated the count on January 24, 2002. Participants in the survey included the Alexandria Community Services Board and the Arlington-Alexandria Coalition for the Homeless, both of which have received federal funding from HUD to strengthen the City's continuum of care. The Homeless Services Coordinating Committee, the continuum of care vehicle for the City of Alexandria, coordinated the survey and tabulated the results.

The 2002 point-in-time survey required data collectors to obtain more extensive information, such as the gender of both the children and adult members of families, family composition, employment status of adults, monthly income, housing need on the day of the count, expanded housing types (i.e., safe havens), identification of additional sub-populations (i.e., physically disabled and chronically ill), and identification of additional supportive services (i.e., child care services).

The surveyors counted persons residing in emergency shelters, including a winter-only shelter program. The count also included persons residing in a domestic violence shelter, persons who utilized an evening meal list, persons in transitional housing and permanent supportive housing programs, and persons within families on a shelter waiting list.

Arlington County, Virginia

Arlington's Homeless Services Coordination Committee (HSCC), facilitated by the Department of Human Services, conducted the survey. The HSCC has conducted a survey annually since 1998 to provide data for the community grant planning process. All homeless persons counted had to meet HUD's definition of homeless; those at risk of homelessness or living in doubled or tripled up overcrowded situations were not counted. All programs serving homeless persons participated, including shelters, transitional living facilities, outreach programs, food programs, and alcohol/drug and mental health programs. Program staff completed the survey document. One outreach program that currently has a homeless tracking system used their system to count persons on the street who were seen in Arlington during the week of January 24 which may have resulted in some duplication.

Fairfax-Falls Church, Virginia

The point-in-time survey was mailed to more than twenty private, non-profit, and faith-based organizations that provide services to homeless persons in the Fairfax-Falls Church community. Three Fairfax County agencies and the City of Falls Church also completed survey forms. The survey identified and gathered information from more than 50 programs serving homeless persons, including:

- emergency shelters and overflow programs
- transitional housing programs
- permanent support housing
- outreach programs

- drop-in centers
- mobile food programs
- alcohol/drug service programs reaching homeless persons
- mental health care programs serving homeless persons

Outreach workers coordinated with each other and drop-in programs to ensure an unduplicated count of persons served on January 24, 2002. The HUD definitions were followed to determine who should be counted. The "hidden homeless", those who were doubled-up in overcrowded situations, were not counted in the point-in-time survey.

Loudoun County, Virginia

Loudoun County Housing Services facilitated and coordinated a census of homeless persons across the county from 7:00 a.m. through 12:00 midnight on January 24, 2002. For the 2002 point-in-time survey Loudoun County utilized the common survey instrument that most other Council of Government jurisdictions had agreed to use.

Enumerators made no effort to count people staying in some of the hotels that put people up by the week or by the month. Loudoun officials believe that some people in are using such facilities while exhausting limited funds. As with the 2001 regional count done during January, the figure for 2002 (although higher than last January) is still lower than the 277 persons counted in June 2000. This may be due to the fact that there is less need for construction/landscape/seasonal workers in this area during the colder months. In addition more overcrowding seems to occur in this area during the colder months, which is hard to track/identify and does not meet the federal definition of homeless. Some homeless obtain help from family and friends for short specified stays during the cold months, and some people tend to move south in the colder weather.

Prince William County, Virginia

The count of homeless people was conducted from 12:00 a.m.- 11:59 p.m. on January 24. The numbers came from people in shelters, transitional living and supportive housing programs on that day, as well as those homeless counted in the woods, on the streets or in cars. Also included were all the calls for shelter that came in that day and walk-ins. The County uses a unique identifier to make sure it does not double count individuals.

Appendix 2

Participants of Homeless Services Planning and Coordinating Committee 2000-2002

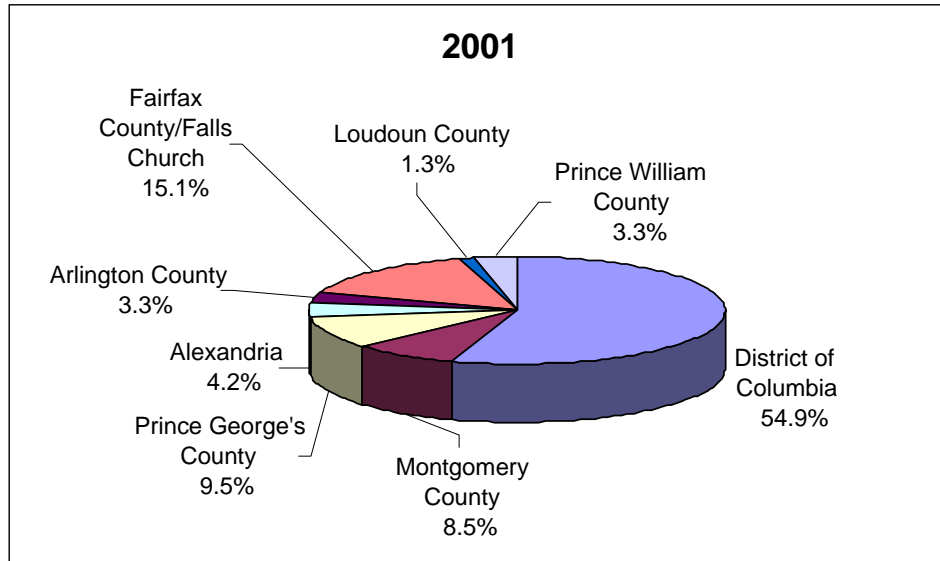
Government

City of Alexandria, Virginia
City of Rockville, Maryland
Department of Family Services, Fairfax County, Virginia
Department of Health and Human Services, Montgomery County, Maryland
Department of Housing and Community Development, Prince George's County, Maryland
Department of Housing and Human Services, Falls Church, Virginia
Department of Housing Services, Loudoun County, Virginia
Department of Human Services, Arlington County, Virginia
Department of Human Services, City of Alexandria, Virginia
Department of Social Services, Prince George's County, Maryland
Department of Social Services, Prince William County, Virginia
Department of Systems Management for Human Services, Fairfax County, Virginia
District of Columbia Child and Family Services
District of Columbia Department of Human Services, Family Services Administration
U.S. Department of Housing and Urban Development, DC Field Office

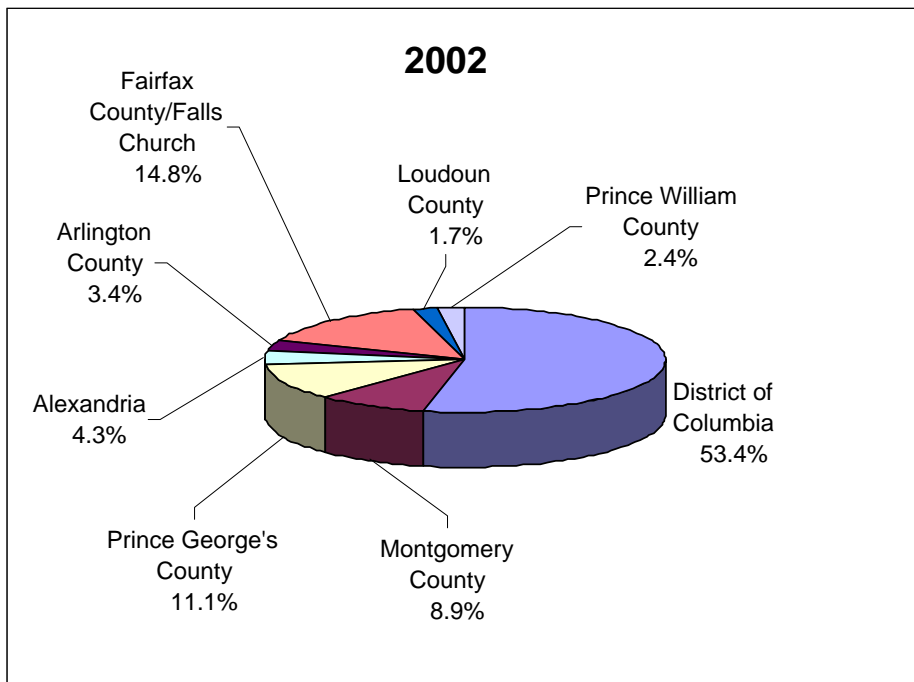
Nonprofits

Bethesda Cares, Bethesda, Maryland
Central Union Mission, Washington, DC
Coates and Lane Foundation, Washington, D.C.
Community Partnership for the Prevention of Homelessness, Washington, DC
Community Residence/Safe Haven, Arlington, Virginia
Community Vision, Inc., Silver Spring, Maryland
Family Crisis Center, Prince George's County, Maryland
House of Imogene Shelter, Washington, DC
Metropolitan Washington Council of Governments
Mt. Vernon Baptist Association (MVBA), Arlington and Fairfax Counties, Virginia
Northern Virginia Coalition for the Homeless
Samaritan Ministry of Greater Washington, DC
Shepherd Cove Shelter/Volunteers of America, Maryland

Figure 3
Percentage of Homeless by Jurisdiction
2001-2002



Total 2001 Count = 12,850



Total 2002 Count = 13,982

Figure 4
Homeless Gender: Adults and Children

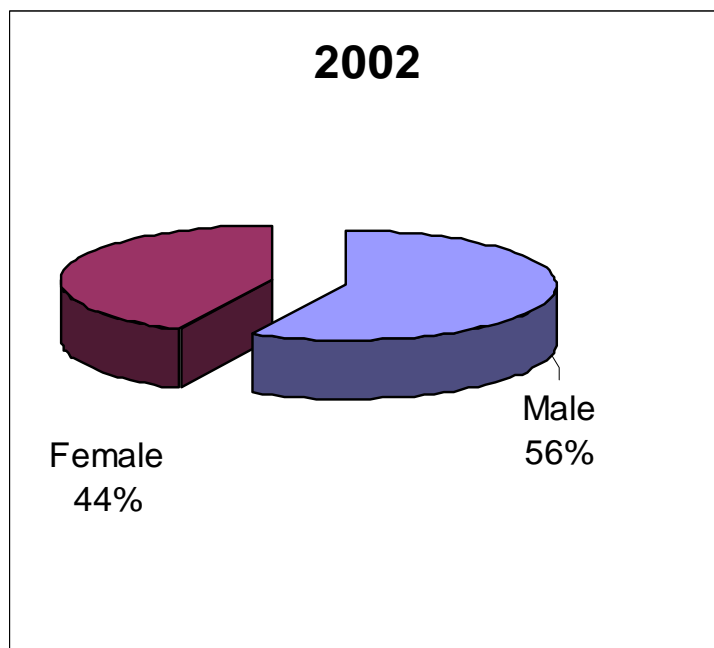
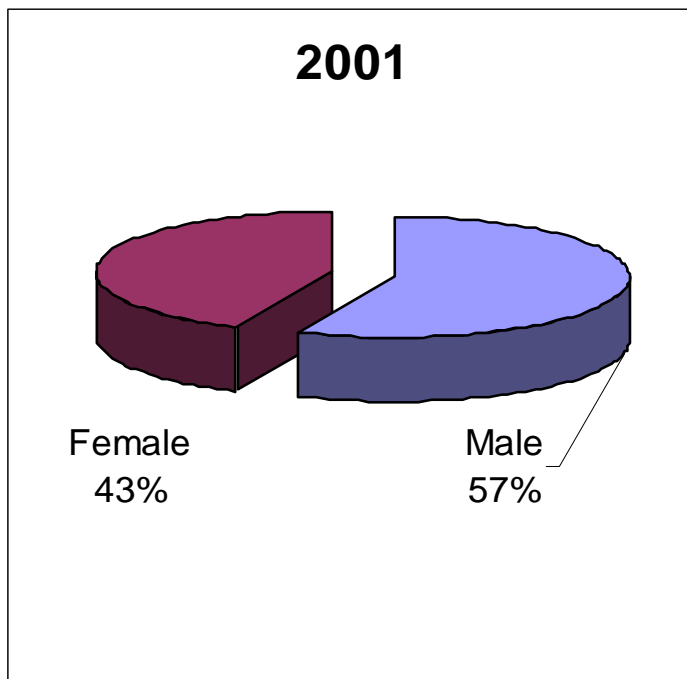
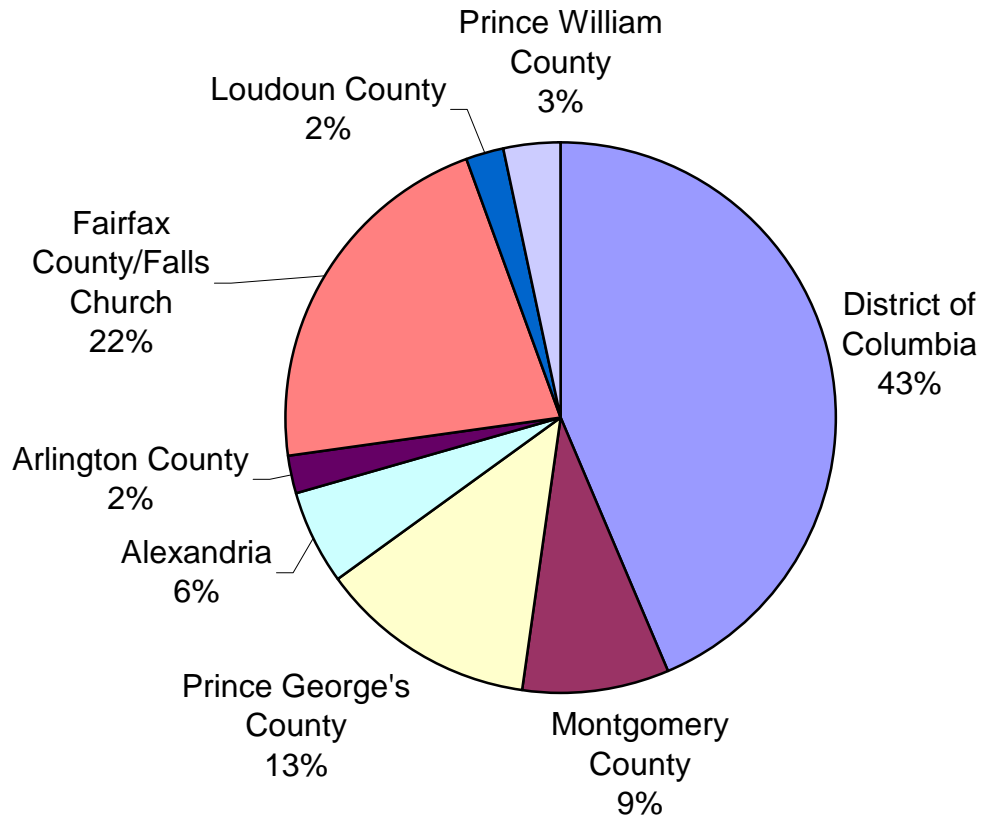
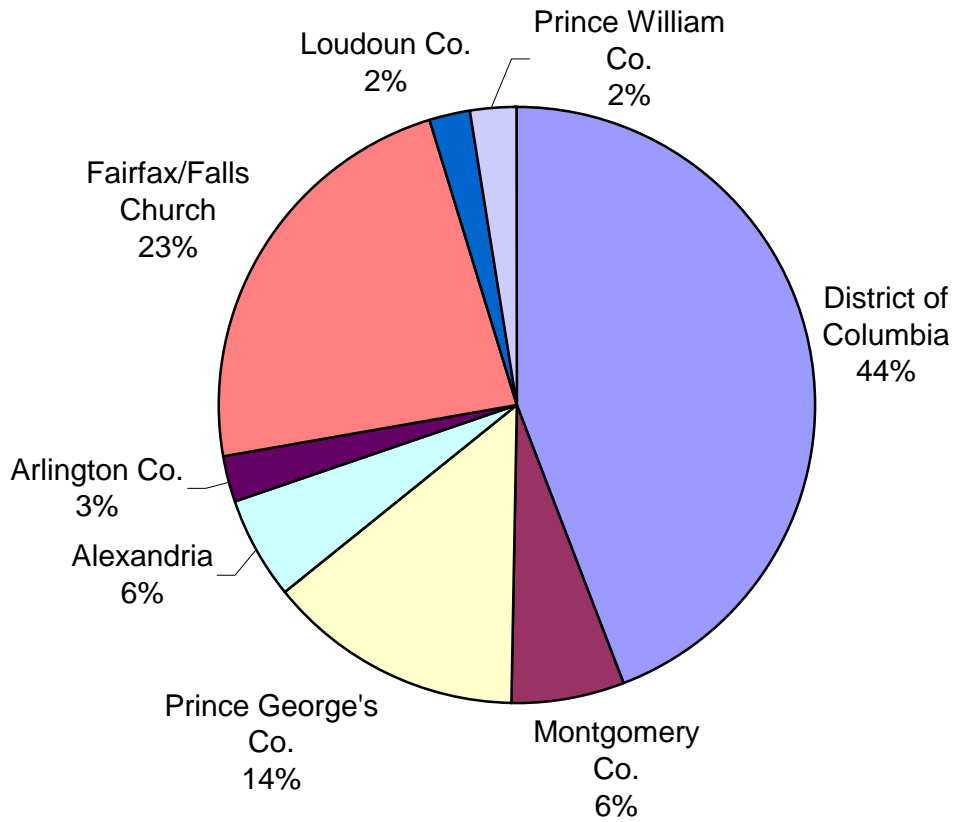


Figure 5
Children as Percent of Homeless Population
By Region and Jurisdictions



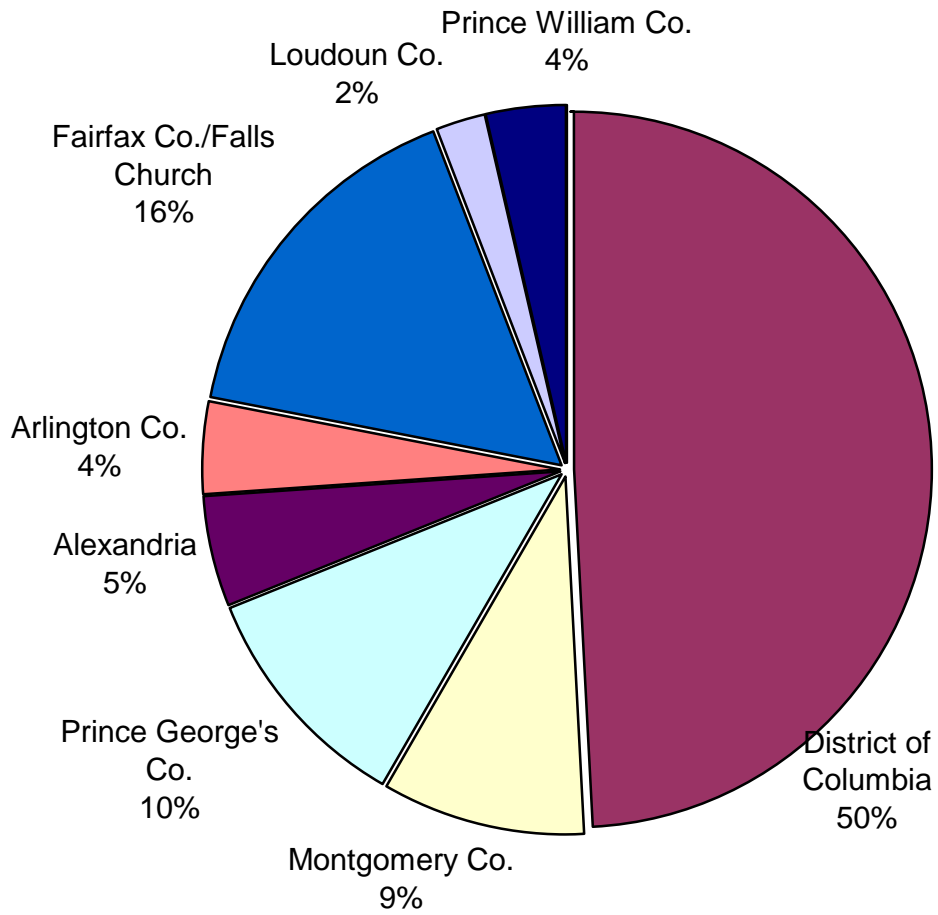
Total: 3,866

Figure 6
Persons in Families as Percent of Homeless Population,
By Region and Jurisdictions



Total: 5,573

Figure 7
Employed Homeless Adults
By Region and Jurisdictions



Total: 3,148 Persons

Figure 8
Homeless Subpopulation Totals for the Region

