



## **2021 Point in Time (PIT) Count MWCOG Jurisdictional Narrative**

### **About Our Continuum**

The Prince William Area Continuum of Care (PWA CoC) is comprised of nonprofit, faith-based, and government agencies throughout Prince William County and the cities of Manassas and Manassas Park. The PWA CoC operates a comprehensive homeless response system and includes programs funded at the federal, state, and local levels. Programs within our CoC include prevention services, diversion, street outreach, drop-in center services, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. The CoC works closely with a variety of community partners to increase access to, and coordination of, services such as those related to housing, employment, benefits, education, and health and wellness.

Our CoC's Coordinated Entry System (CES) serves as the "front door" of our system. CES is operated by trained staff who work to assess barriers and connect persons experiencing a housing crisis to services. CES assists persons actively experiencing homelessness as well as those who may be at risk of homelessness. The PWA CoC is happy to announce their CES celebrated its three (3) year anniversary in March 2021.

The Prince William County Dept. of Social Services (PWC DSS) serves as the current CoC and HMIS lead for our continuum. PWC DSS created the Homeless Services Division about five years ago as it recognized the need for more robust services and dedicated staff to address the homeless crisis in our continuum. On average, there are 322 individual persons (adults and children) actively experiencing homelessness each night in our continuum (this information was calculated using our PIT counts from 2017-2021).

The division has grown immensely over the past five years with just the leadership team more than doubling in size. This growth has allowed us to increase our resources, create new programs, and therefore better serve our most vulnerable neighbors with the goal of making homelessness in our CoC as rare, brief, and non-recurring as possible.

### **PIT Count Outcomes**

#### **Overview**

The PWA CoC conducted its annual count the night of January 27<sup>th</sup>, 2021 as well as an additional "Service-Based Count" the following day. The "Service-Based Count" is a supplemental count that attempts to count anyone volunteers may have missed the night before. Volunteers visit places persons experiencing homelessness are known to congregate during the day such as public libraries, parks, and fast-food restaurants. Volunteers also survey persons seen panhandling to determine if they are actively experiencing homelessness.



*Members of PWC DSS leadership and the Homeless Services Team the night of the 2021 PIT*

Our methodology for conducting the count was largely unchanged from last year as we had just redesigned the process. However, additional safety measures and training were put in place due to the COVID-19 pandemic.

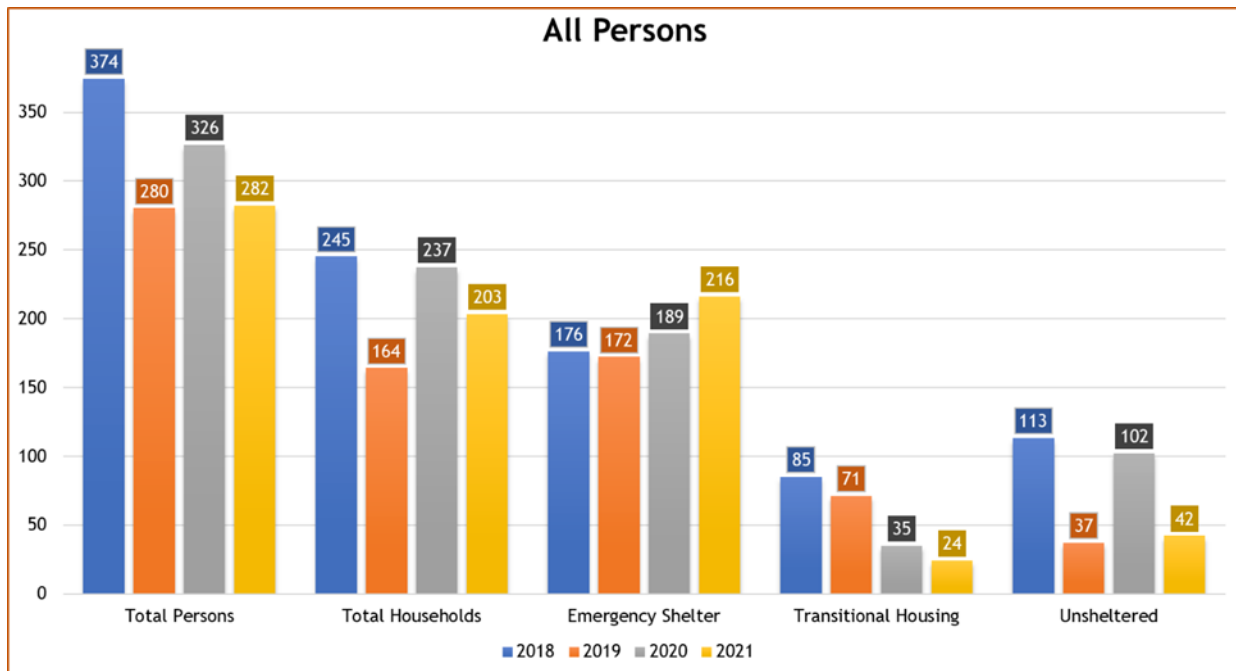
The following changes were made to our 2021 PIT Count Plan:

- The PIT Committee conducted direct outreach with entities that may have information on where unsheltered persons are sleeping.
- Recruitment of volunteers was focused on social service agencies, homeless services providers, and those with previous experience.
- PWC DSS purchased PPE for all staff and volunteers as well as those being surveyed.
- Volunteer training included a review of COVID-19 safety measures such as proper mask usage and hand sanitation.
  - Safety measures were reviewed by a medical professional with the GMU MAP Clinic.
- We developed a “drive-thru” volunteer registration process at PIT headquarters which included a health screening and temperature check.
- Volunteers could conduct “observation surveys” in situations where approaching someone was not a feasible option; and
- We focused on gift cards as incentives rather than physical items.

## Persons Served

The literally homeless count decreased by 14% from the 2020 count to the 2021 count. The decrease in persons served can be attributed to increased funding for “prevention” services as well as the standing eviction moratorium. We received targeted funding that allowed them to serve persons at risk of losing their housing without having to meet current homeless eligibility criteria. This is important because most of our current programs require persons to meet the definition of “literal homelessness” to receive services. This means that households at-risk of homelessness or that are precariously housed and/or “doubled-up” do not qualify for housing assistance.

Counts of persons served decreased across the board except for Emergency Shelter - which saw a 14% increase. This growth is most likely due to improved services and increased capacity for hypothermia shelter. In 2020 the CoC operated 40 hypothermia beds but only served 19 persons in those beds the night of PIT. For 2021 the count of persons served increased by more than 237% with a total of 64 persons served. We received additional local funding to provide hotel/motel shelter to persons sleeping outside during the winter months and coordinated access to services with local churches. The CoC was also able to provide transportation services with this additional funding.



## Unsheltered Homelessness

The changes to our winter plan are also a contributing factor to the decrease in the unsheltered count which is down by 59% from last year. Although this decrease is an indicator of success due to improved coordination and increased housing resources – it is also an area of concern for reasons not represented in the data.

We faced several challenges in obtaining information on “encampments” (i.e., places unsheltered persons are sleeping). One challenge is the lack of year-round data from current street outreach providers. The only street outreach program in our HMIS is the PATH program, which is limited on who they can serve as

persons must be severely mentally ill. The rest of our providers are “private” and, although data-sharing is encouraged, it is not actively in place. We continue to work with these providers, however, and are happy to share that we have a new non-profit organization offering street outreach services that has expressed interest in using HMIS.

The effects of COVID-19 only compounded the above challenge as providers were forced to reduce street outreach activities due to the pandemic. Despite direct outreach and regular follow-ups with providers, they were unable to share reliable data on encampments. The CoC largely relied on 2020 encampment data to map out their survey area. Many of the encampments volunteer teams visited the night of the count were visibly clean and well-kept but no one was physically there at the time. It is possible many of these persons were either in our hypothermia shelter or in other hotel/motel locations based on information we have received from the community. The CoC has recognized the need for a more robust street outreach program and is actively working toward accomplishing that goal in FY2022.

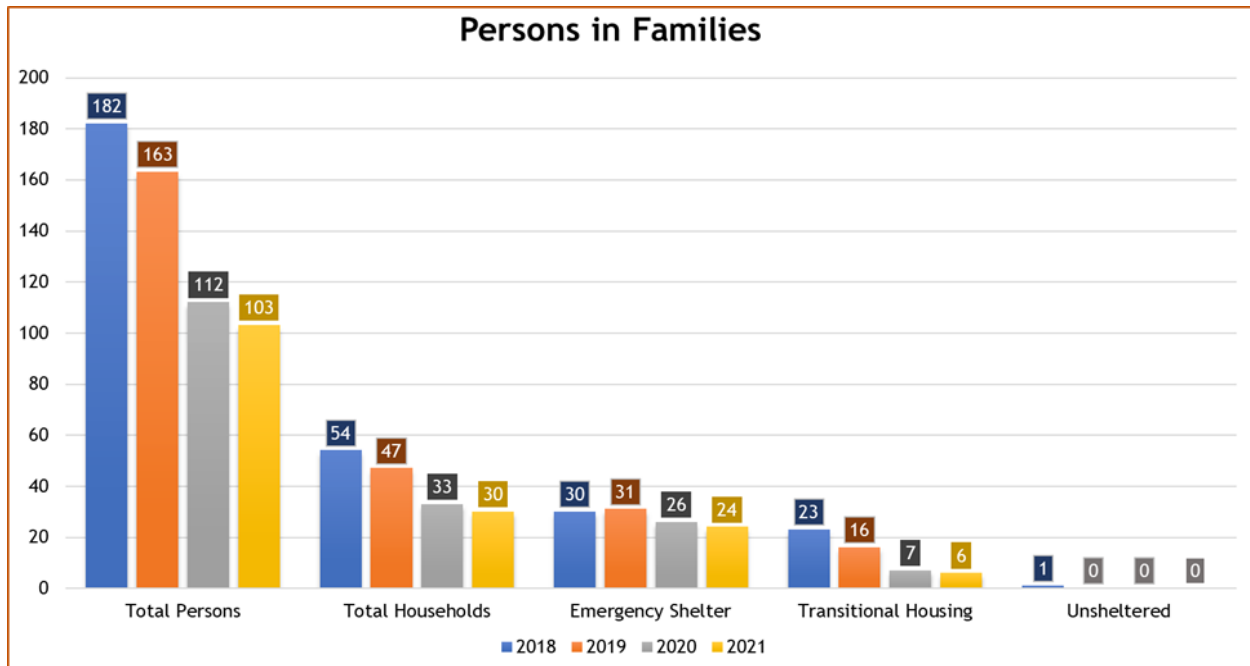


*Photo of one of the encampments surveyed the night of the 2021 PIT*



## Households with Children

The number of persons in households with children decreased by 8% from the 2020 count to the 2021 count. However, the household count remains close to last year which indicates we are serving smaller families rather than less families. The CoC has been successful in reducing the number of families experiencing homelessness overall as seen in the chart below. There has been a 44% reduction in family homelessness since 2018. It is important to note part of this decrease is due to improved reporting and data quality as, in previous years, our family data included households with adult children (i.e., there were not minor children in the household). We have worked to align our reporting with the HUD data standards so that this data only includes households with at least one adult (18+) and one child under the age of 18.

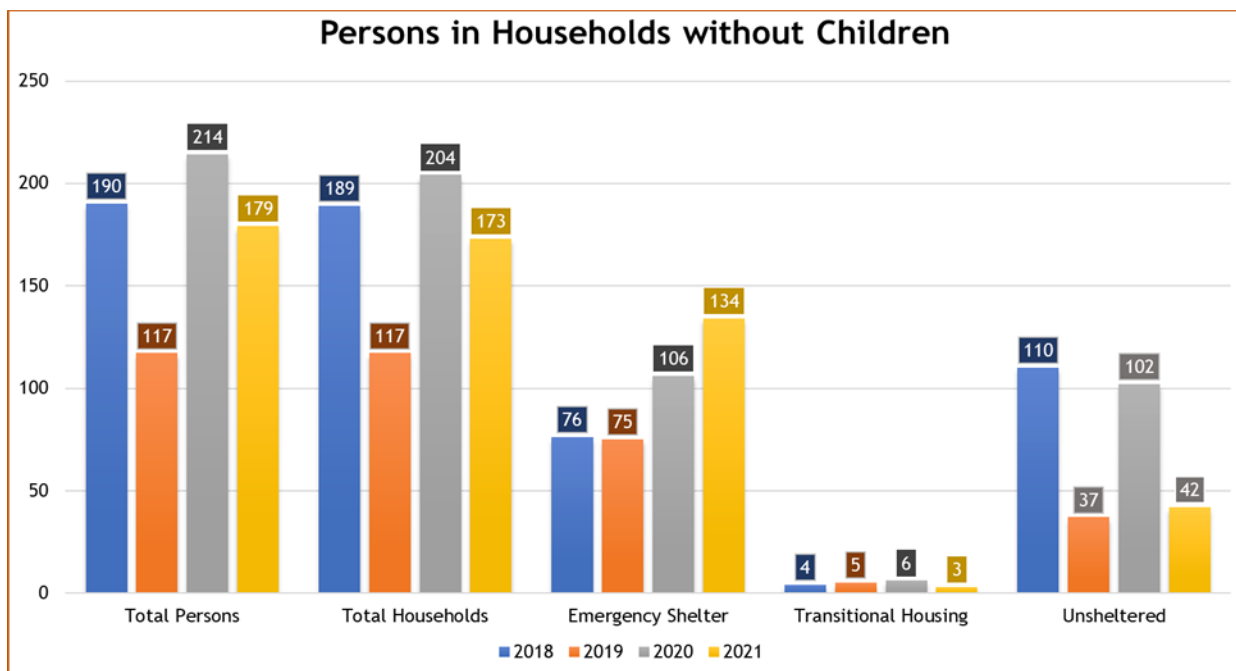


## Adult-Only Households

The number of persons in adult-only households decreased by 16% from the 2020 count to the 2021 count which is largely due to the 59% decrease seen in the unsheltered count. We saw a 26% increase in persons in emergency shelter which is attributed to our improved winter plan for the hypothermia season. Adult-only households continue to be a vulnerable population in our continuum and represent 100% of the unsheltered population and 64% of the total population counted the night of PIT.

We have recognized a need for improved services for our homeless adult population and have made great progress in this area. In October 2020, we began the process of transitioning our 48-bed overnight shelter to a full-time, year-round, shelter. This means adults experiencing homelessness will have more stability and access to services. Previously, case management services were limited and typically reserved for our most vulnerable residents. Additionally, it is difficult to work with persons who are transient and often disconnect from services. We are happy to announce the shelter is fully staffed and has been in full operation since February. We have also added two (2) overflow beds in case of emergencies.

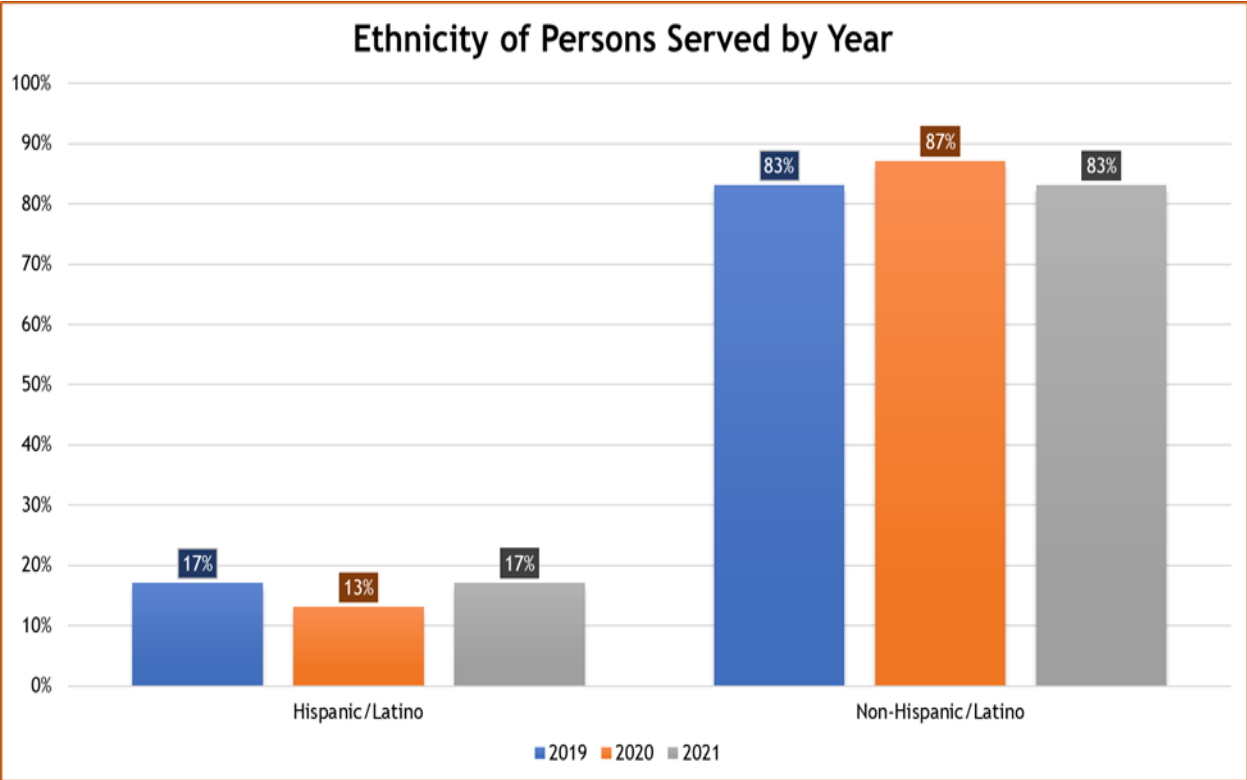
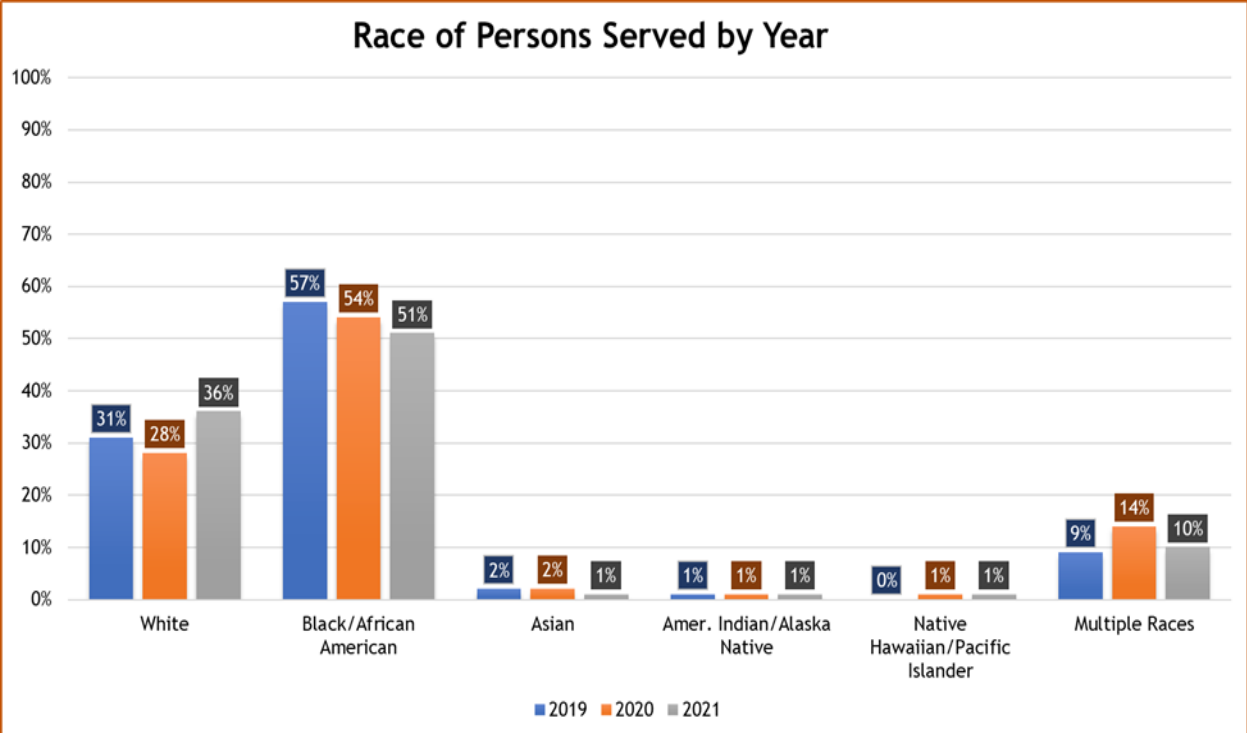
Another success is the development of our new “supportive shelter” which offers 8 beds for single adults with high barriers to housing. We tend to see high numbers of persons reporting disabling conditions and other medical problems that inhibit their ability to live independently. We are confident this program will provide needed stability for these persons and allow adequate time to overcome their barriers and obtain permanent housing.



### Race & Ethnicity of Persons Served

Our CoC strives to provide services in a manner that is equitable and free of discrimination and has conducted extensive work over the past three years to address racial inequity in our system. There has been a decrease in the number of persons identifying as Black/African American since 2019, however, they still represent more than 50% of our homeless population. This is especially concerning when compared to the most recent U.S. Census data from 2019 as persons identifying as Black/African American only represent 20% of the CoC’s general population.

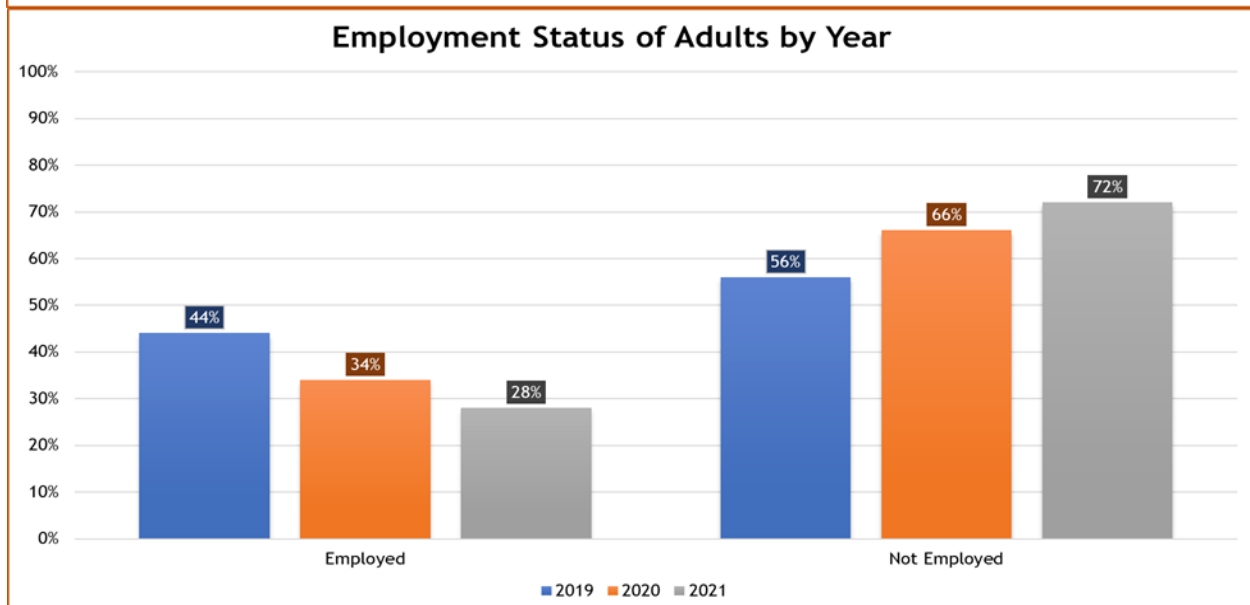
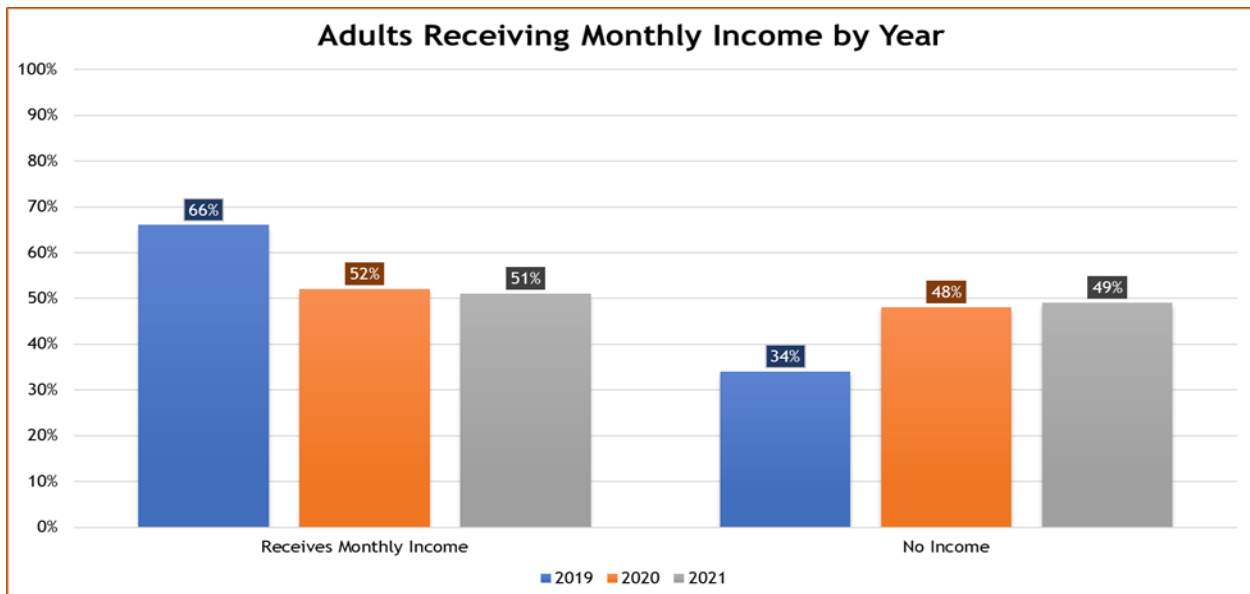
The data on the ethnicity of persons served since 2019 has remained consistent with a slight increase (3%) in the number of persons identifying as Hispanic/Latino from the 2020 count. It should be noted there is a data quality concern when it comes to collecting data on race and ethnicity. This is due to how HUD defines race for persons identifying as Hispanic/Latino as their primary race is “white” unless they report otherwise. Often persons identifying as Hispanic/Latino will report they are “multi-racial” as they do not feel comfortable being reported as “white”. For 2020 we worked to improve data quality for this information and align reporting with the HUD standards which could account for some of the decrease in the count for “multiple races” and the increase seen for persons reporting as “white”.



## Income & Employment

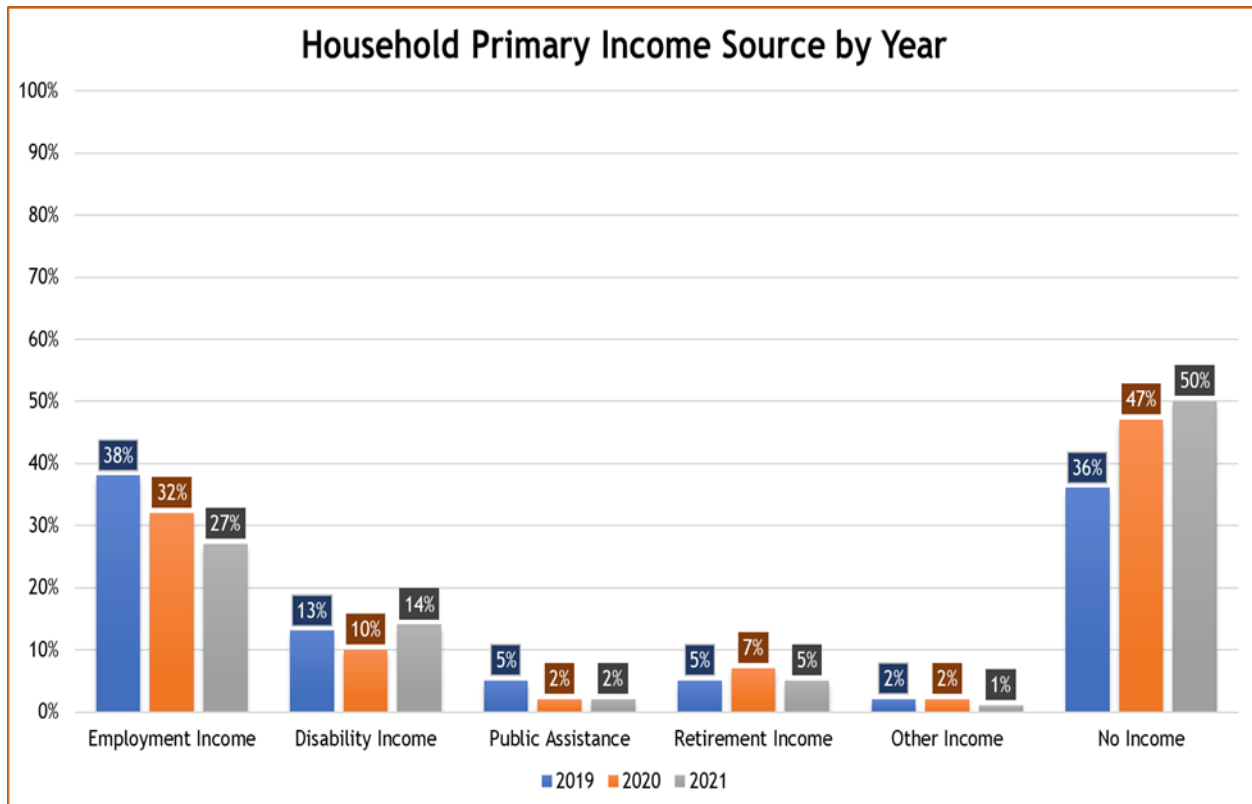
Data on income and employment is provided for all adults (18+) counted in households the night of PIT. We did not see a significant change in the number of persons receiving income since last year, however, there has been a 23% decrease in the number of adults receiving income since 2019.

The number of adults who are employed decreased by 18% from the 2020 count to the 2021 count. We also saw a decrease in this number from the 2019 count to the 2020 count (23%). Gaining employment continues to be a challenge for many persons experiencing homelessness in our CoC and the impact COVID-19 had on the economy further added to these challenges. We continue to strengthen our employment-based resources and partnerships with agencies providing these services. We recently launched a new program that offers employment focused case management to households enrolled in our rapid re-housing projects. The program will also cover expenses related to job training and education to help persons expand their employable skills.





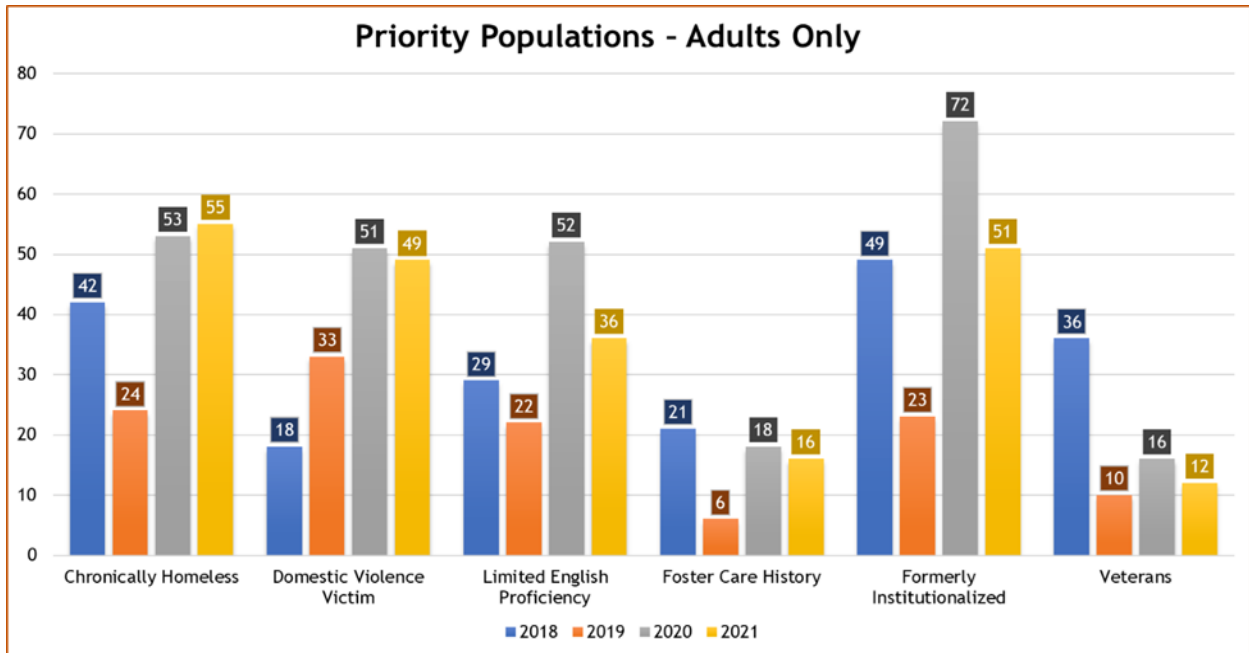
The table below shows the primary source of income by household rather than persons served. There has been a 16% decrease in the number of households whose primary source is employment income since 2020. There has been a 40% increase, however, in the number of households whose primary source is some form of monthly disability income. Even though there was an increase of 6% in the number of households without income since 2020, it should be noted this much lower than the increase of 31% from 2019 to 2020. This gives the CoC confidence their efforts to improve income retention for homeless households are effective.



### Priority Populations

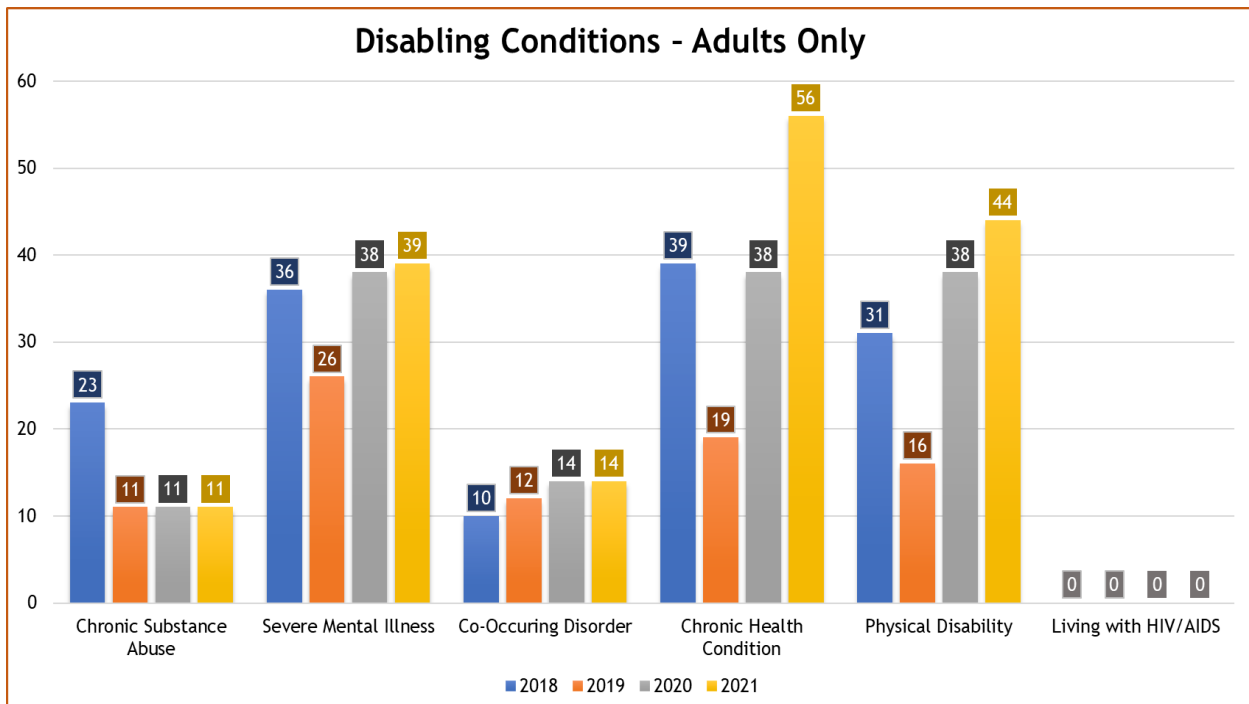
Our CoC prioritizes households for services based upon their identified barriers as well as by “priority populations” such households with children and persons who are chronically homeless. The CoC recognizes there is still a significant need for permanent supportive housing based on the data for persons reporting as chronically homeless. We have begun two new PSH projects since 2019 and continue to work to increase these resources.

There was a significant decrease in the number of persons reporting their current episode of homelessness being due to a release from an institution. The number of “formerly institutionalized” persons decreased by 29% from 2020 to 2021. This gives the CoC confidence their efforts to improve their relationships with area hospitals and jails has been successful. The CoC has identified points of contacts and developed procedures for discharge planning for persons at-risk of being released to homelessness. The data shows our efforts to reduce veteran homelessness continue to be successful with a 67% reduction in persons counted since 2018.



### Disabling Conditions

Many persons experiencing homelessness report living with a disabling condition that significantly impacts their day-to-day life. In 2021, 50% of adults surveyed reported living with one or more disabling conditions. The data for substance abuse, mental illness, and co-occurring disorders remain consistent, however, there was a 47% increase in reported chronic health conditions and a 16% increase in reported physical disabilities. This increase could explain the 40% increase seen in households whose primary income source is some form of disability income.



## Shelter Inventory

The PWA CoC had a total of 310 sheltered beds (emergency shelter and transitional housing) available the night of the 2021 PIT. This results in a utilization rate of 77% based on the 240 persons served in sheltered projects. The COVID-19 pandemic has affected utilization in shelter projects due to social distancing requirements. Additionally, providers have had to utilize family rooms to quarantine single persons who have been exposed to and/or diagnosed with COVID.

Category	2019	2020	2021	Change in Beds 2020 - 2021	Percent Change 2020 - 2021
<b>EMERGENCY SHELTER (ES)</b>					
Total Beds	204	270	277	7	3%
Beds for AO HH	78	120	148	28	23%
Beds for AC HH	126	150	129	-21	-14%
<b>DOMESTIC VIOLENCE (DV) SHELTER</b>					
Total Beds	21	21	23	2	10%
Beds for AO HH	3	3	5	2	67%
Beds for AC HH	18	18	18	0	0%
<b>ES BEDS BY AVAILABILITY</b>					
Year-Round Beds	204	230	211	-19	-8%
Overflow Beds	0	0	2	2	100%
Seasonal Beds	0	40	64	24	60%
<b>TRANSITIONAL HOUSING (TH)</b>					
Total Beds	78	41	33	-8	-20%
Beds for AO HH	6	6	3	-3	-50%
Beds for AC HH	72	35	30	-5	-14%
<b>TOTAL BEDS</b>	<b>282</b>	<b>311</b>	<b>310</b>	<b>-1</b>	<b>0%</b>

## Permanent Housing Outcomes

### Permanent Housing

The PWA CoC currently operates six (6) Permanent Supportive Housing (PSH) projects and thirteen (13) Rapid Rehousing (RRH) projects. We continue to increase our permanent housing capacity and saw a 13% increase in PSH beds and a 17% increase in RRH beds since 2020. One positive to come out of the pandemic has been the increased funding we have received for RRH services. Our CoC has begun three (3) new RRH projects, which all receive HUD ESG CV (CARES) funding. We also began a new PSH project on 10/1/2020 which brings 11 new beds for single individuals to the continuum. The CoC served 46 persons in PSH the night of the 2021 PIT which is a 12% increase from 2021. All our PSH beds remain dedicated to chronically homeless persons and their families.

Our RRH providers continue to successfully move households into their new homes quickly and effectively. Since the beginning of our fiscal year (7/1/2020), 88% of persons enrolled in RRH have moved into a permanent housing unit. Of those persons, 81% are moved from homelessness into housing in less than thirty (30) days. Further success in our RRH projects is seen at the point of exit as 73% of those exiting

have “transitioned in place” meaning they no longer require services and have assumed full responsibility of their rental unit.

Category	2020	2021	Change in Beds 2020 - 2021	Percent Change 2020 - 2021
<b>OTHER PERMANENT HOUSING (OPH)</b>				
Total Beds	9	9	0	0%
Beds for AO HH	9	9	0	0%
Beds for AC HH	0	0	0	0%
<b>PERMANENT SUPPORTIVE HOUSING (PSH)</b>				
Total Beds	46	52	6	13%
Beds for AO HH	36	45	9	25%
Beds for AC HH	10	7	-3	-30%
<b>RAPID RE-HOUSING (RRH)</b>				
Total Beds	133	156	23	17%
Beds for AO HH	39	50	11	28%
Beds for AC HH	94	106	12	13%

### Positive Exit Destinations

Since the beginning of the fiscal year (7/1/2020) through the night of the 2021 PIT we have seen 76 persons exit to permanent housing destinations other than PSH and RRH. This information is determined using HMIS data for our emergency shelter, transitional housing, and street outreach projects. This is important as it supports our efforts to provide diversion services beyond coordinated entry and therefore reserve limited housing resources for households with higher barriers.

### Other Permanent Housing

Our CoC also operates two “other” permanent housing projects that are privately funded but still utilize the HMIS and participate in reporting. These projects offer permanent housing to single individuals with or without a disability as well as supportive services. Both projects remain at 100% capacity, as in 2020, serving a total of 9 individuals.