



Mayor Muriel Bowser
City Administrator Rashad M. Young



District of Columbia

ICH Executive Committee



May 14, 2019

Meeting Agenda



- I. Welcome & Call to Order
- II. Approval of Minutes from Prior Meeting & Agenda Review
- III. Items for Approval/Adoption
 - ❖ 2019 HUD CoC Competition: Community Priorities & Project Application Scoring Framework
 - ❖ 2019 Point-in-Time Results
- IV. Discussion Items
 - ❖ PIT Plus Survey Results
- v. Updates & Announcements
- vi. Summary & Adjournment

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2019 HUD CoC Competition



Framing: The HUD Continuum of Care (CoC) Program is the primary source of federal funding supporting the community's efforts to prevent and end homelessness.

The CoC Program is designed to:

1. Promote a communitywide commitment to the goal of ending homelessness;
2. Provide funding to support efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused by homelessness; and
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families.

2019 HUD CoC Competition



HUD CoC Competition: Each year, HUD releases a Notice of Funding Availability (NOFA) opening the annual CoC Program funding competition for communities to renew existing CoC Program grants. In most years, the NOFA includes opportunities to seek new funding under “bonus” opportunities.

The District’s full application package to HUD, called The Consolidated Application, will include the following:

1. Project Applications for all renewing grants;
2. Project Applications for the bonus projects selected by the CoC;
3. The Project Ranking; and
4. Narrative and performance information on the community’s overall response to homelessness in the jurisdiction.

2019 HUD CoC Competition



TCP solicited community feedback from ICH Strategic Planning and Youth Committees regarding project ranking criteria, prioritizing projects in the ranking, and considerations for bonus opportunities to receive new funding.

The Ranking Work Group will hold its first meeting on 5/15 to discuss the process for 2019.

2019 HUD CoC Competition



Feedback received on performance metrics:

- ❖ Reduce weight of utilization rate
 - TCP/ICH Staff Recommendation: We would advise against this. We are concerned about not holding providers accountable for long-term unfilled vacancies. Projects should be informing TCP on a weekly basis when units are vacant but unavailable and have the opportunity to submit explanations in their letters of justification.
- ❖ Do not look at length of stay for PSH programs. Instead focus on utilization rate, stability (including when there are exits to PH), and recidivism.
 - TCP/ICH Staff Recommendation: Agree.
- ❖ For income, ensure that increase is truly a net increase in household's income.
 - TCP/ICH Staff Recommendation: Agree.
- ❖ Include rate of accepting referrals through CAHP as a metric.
 - TCP/ICH Staff Recommendation: Agree. We started doing this last year and will continue this practice.

2019 HUD CoC Competition



Feedback on the CoC's Approach to the Permanent Housing Bonus Opportunity:

- ❖ Can be used to implement new PSH, RRH, or Joint TH/RRH
- ❖ The CoC should prioritize PSH applications proposing to incorporate harm reduction into their service models.
- ❖ The CoC should prioritize Joint TH/RRH programs that expand the CoC's ability to serve more vulnerable populations in RRH
- ❖ The CoC should prioritize applications proposing to incorporate trauma-informed services and trauma-informed program facilities and spaces.
- ❖ The CoC should require that applicants use available CoC data (including PIT, the Homeless Youth Census, and the Women's Needs Assessment) to demonstrate how their proposed project will meet a specific need in the community.
 - **TCP/ICH Staff Recommendation: Agree.**

TCP received no specific feedback on how to prioritize the permanent housing bonus alongside renewing grants.

- **TCP/ICH Staff Recommendation: Given that the amount of funding available under the permanent housing bonus is factored into the Tier 2 amount whether or not we apply for funding under the bonus opportunity, we recommend pursuing the permanent housing bonus and ranking it at or near the bottom of the priority list to preserve as many renewing grants as possible.**

2019 HUD CoC Competition



Feedback on the CoC's Approach to the DV Bonus Opportunity:

- ❖ Beginning with the 2018 Competition, HUD set aside resources to house victims, survivors, and/or households fleeing domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.
- ❖ TCP did not receive any feedback on applications the CoC should prioritize under the DV Bonus.
 - **TCP/ICH Staff Recommendation: Applications under the DV Bonus have not been factored into the Tier 2 amount and have not pushed renewing grants into Tier 2. Assuming this remains the same, we recommend that the CoC continues to seek funding under these opportunities and prioritize them in the ranking.**

2019 HUD CoC Competition



Using Bonus Opportunities to fund Coordinated Entry/CAHP:

- ❖ In addition to the Permanent Housing interventions described in the earlier slides, the Permanent Housing and DV Bonus could be used to fund a community's coordinated entry system.
 - **TCP/ICH Staff Recommendation: As the Collaborative Applicant, TCP is the direct recipient of new funding awarded under bonus opportunities. Historically, TCP has not pursued bonus funding to support CAHP because it is already well-resourced (with funds from HUD and DHS). Accordingly, we recommend that the CoC prioritize housing projects over additional funding for coordinated entry.**

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2019 Point-in-Time Count

*for the
District of Columbia
Continuum of Care*



Published by:

The Community Partnership for the Prevention of Homelessness;
Policy & Programs Team

May 2019

Presentation Overview



- **Point-in-Time (PIT) Count Review**
- **PIT Results:**
 - Population Totals
 - Changes Over Time
 - Demographics
 - Experiences and Characteristics
 - Sub Populations
- **Count of Formerly Homeless Persons**

WHAT is the PIT Count?

- The Point-in-Time Count or “PIT Count” **creates a snapshot of the scope and scale of homelessness in the District** at a single point in time.
- **Required of every community that receives federal homelessness assistance funds** from the U.S. Dept. of Housing and Urban Development (HUD).
- **The Community Partnership (TCP) has coordinated and conducted the count** on behalf of the District of Columbia Continuum of Care since 2001.
- **PIT Data is used locally** to plan programs, allocate funding, track progress toward goals outlined in *Homeward D.C.*, and better meet the needs of our homeless neighbors.
- **HUD provides a few guidelines** for conducting a PIT Count, but every community develops its own methodology for implementation.

**Creates a Snapshot
of Homelessness in
the District**

Secures Funding

**Aids Local Planning
Efforts**

**Helps Us Track
Progress**

**Makes Us More
Efficient In Meeting
Goals**

WHO is Counted?

HUD requirement: A complete count of HUD-defined “literally homeless” families and individuals:

Literally homeless

- **Unsheltered** (i.e. persons “on the street”);
- **Staying in Emergency Shelter** (severe weather, low barrier or temporary); or
- **Staying in Transitional Housing** facilities.

Note: This does not include persons who are “doubled-up” or who are temporarily residing in institutional settings, i.e. hospitals, jails, treatment facilities, foster care, etc.

Household types

- **Family:**
 - A group of persons residing together with familial ties and a designated “Head of Household”
- **Single:**
 - Unaccompanied (single) Adults (18 and older)
 - Unaccompanied (single) Minors (17 and under)

WHEN are People Counted?

HUD requirement: Within a single 24 hour period, typically at night, within the last 10 days in January.

- These requirements are the same for Continuums nationwide, regardless of climate.
- Doing the count in the winter helps CoCs understand utilization of all of their Continuum's resources, including shelter space that is only available during the winter months.



HOW are People Counted?

TCP's PIT Methodology is reported on extensively during the HUD Continuum of Care (CoC) funding competition, the District's annual application for the renewal of HUD funds; HUD's scoring of our methodology can account for about a fifth of the application's score.

SHELTERED PERSONS – in emergency shelters and transitional housing programs.

- TCP collects information from every program operating in the District, regardless of its funding source(s) through:
 - **HMIS data:** Some 90 percent of PIT information comes from programs that enter into the District's Homeless Management Information System (HMIS).
 - **Tallies and surveys:** Agencies that do not enter into the HMIS use the PIT Count survey to collect data on each person or family in their programs, in some cases limited information is provided, but every program provides at least a tally of the total number of persons served.

UNSHeltered PERSONS – staying “on the streets”

- The unsheltered component is conducted through a coordinated effort between TCP, District and Federal government agencies, professional outreach teams and volunteers:
 - **One-night street survey:** Volunteers and outreach teams canvass the District in a coordinated way and survey individuals sleeping on the streets that night.



2019 PIT Count Findings:

Population Totals

First Name / Nick Name: [Handwritten]

Last Name: [Handwritten]

Location (Address, street address and/or landmarks, be sure to include apartment no. if applicable):
[Handwritten: Mellon Hall]

General Description of Person:
[Handwritten: Male, 30 years old, single, no children, no pets]

Gender: Female Male Transgender (circle to female) Transgender (circle to male)

Age/Date of Birth: [Handwritten: 30] OR Age Group: 18 or younger 19-24 25-34 35-44 45-54 55-64 65+

Race: White Black/African American Asian American Indian Pacific Islander Other

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Other

Have you ever served in the U.S. Armed Forces/Military? Yes No Don't know

Are you a survivor of domestic violence? Yes No Don't know

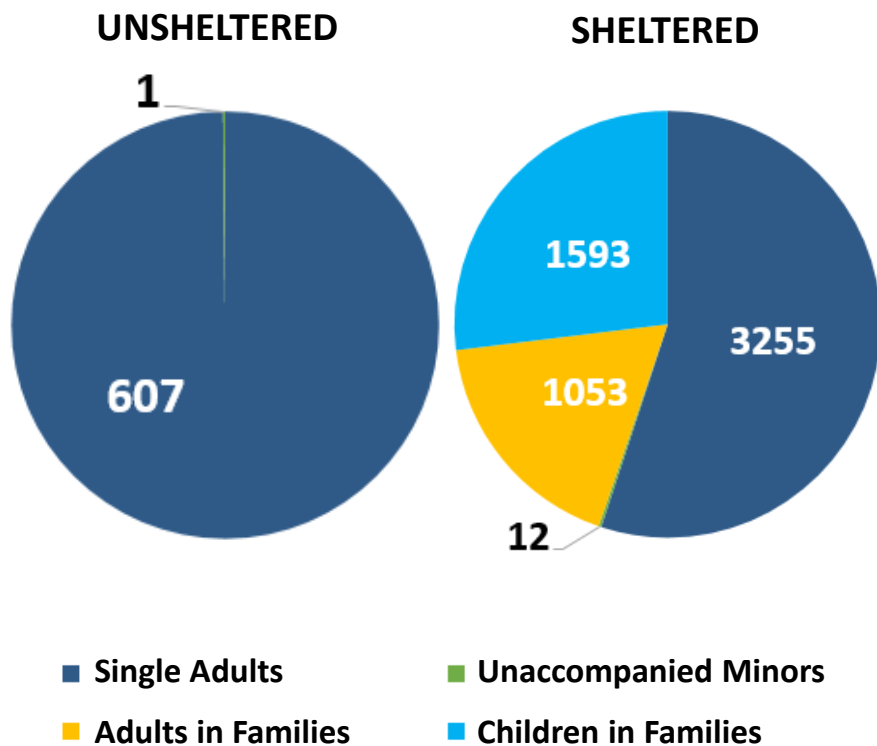
What would you say is the primary reason that you are homeless?
[Handwritten: I was evicted by my ex-girlfriend - spending more time in jail than at home]

Have you been hospitalized in the last 12 months? Yes No

2019 PIT Findings: Totals

- On January 23th, **6,521** people were experiencing homelessness in the District of Columbia.

Sheltered and Unsheltered Populations, by Household Type



UNSHELTERED: 608 Persons

- 607 Single Adults
- 1 Unaccompanied Minor
- No Families

EMERGENCY SHELTER: 4,679 Persons

- 2,510 Single Adults
- 10 Unaccompanied Minors
- 855 Adults in Families
- 1,304 Children in Families

TRANSITIONAL HOUSING: 1,234 Persons

- 745 Single Adults
- 2 Unaccompanied Minors
- 198 Adults in Families
- 289 Children in Families

2019 PIT Findings: Totals

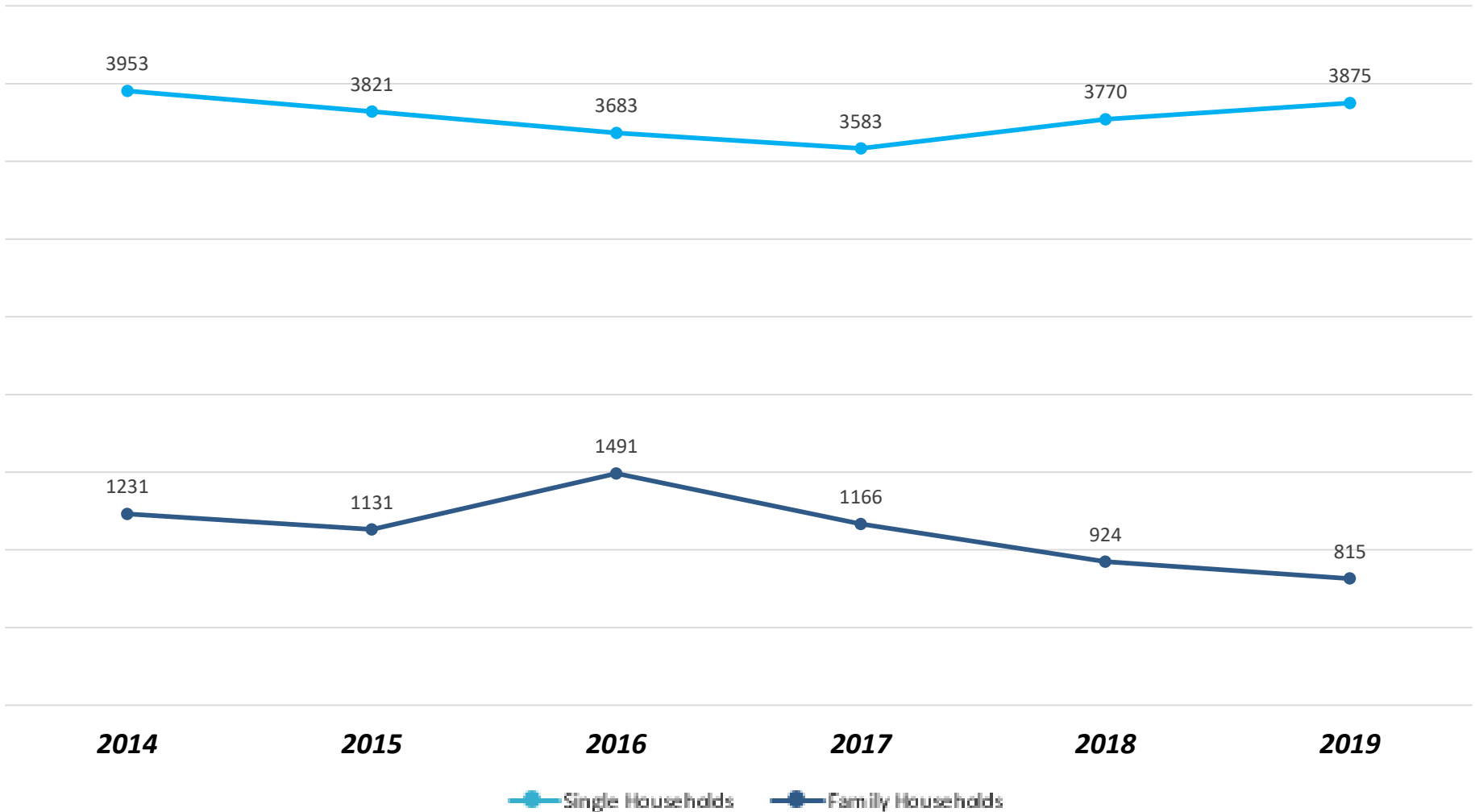
- Overall, there has been a **5.6% decrease** in people who are experiencing homelessness in the District from 2018 to 2019.
- The number of families has **decreased by 11.8%**.
- However, there has been an **increase of 2.8%** in single person households.

Household Type	2019	2018	% Change
Total Persons	6,521	6,904	-5.6%
Singles	3,875	3,770	2.8%
<i>Single Adults</i>	3,862	3,761	2.7%
<i>Unaccompanied Minors</i>	13	9	44.4%
Family Units	815	924	-11.8%
Family Members	2,646	3,134	-15.6%
<i>Adults in Families</i>	1,053	1,210	-13.0%
<i>Children in Families</i>	1,593	1,924	-17.2%



2019 PIT Findings: Totals By Year

PIT Count Totals For Single and Family Households, 2014 – 2019



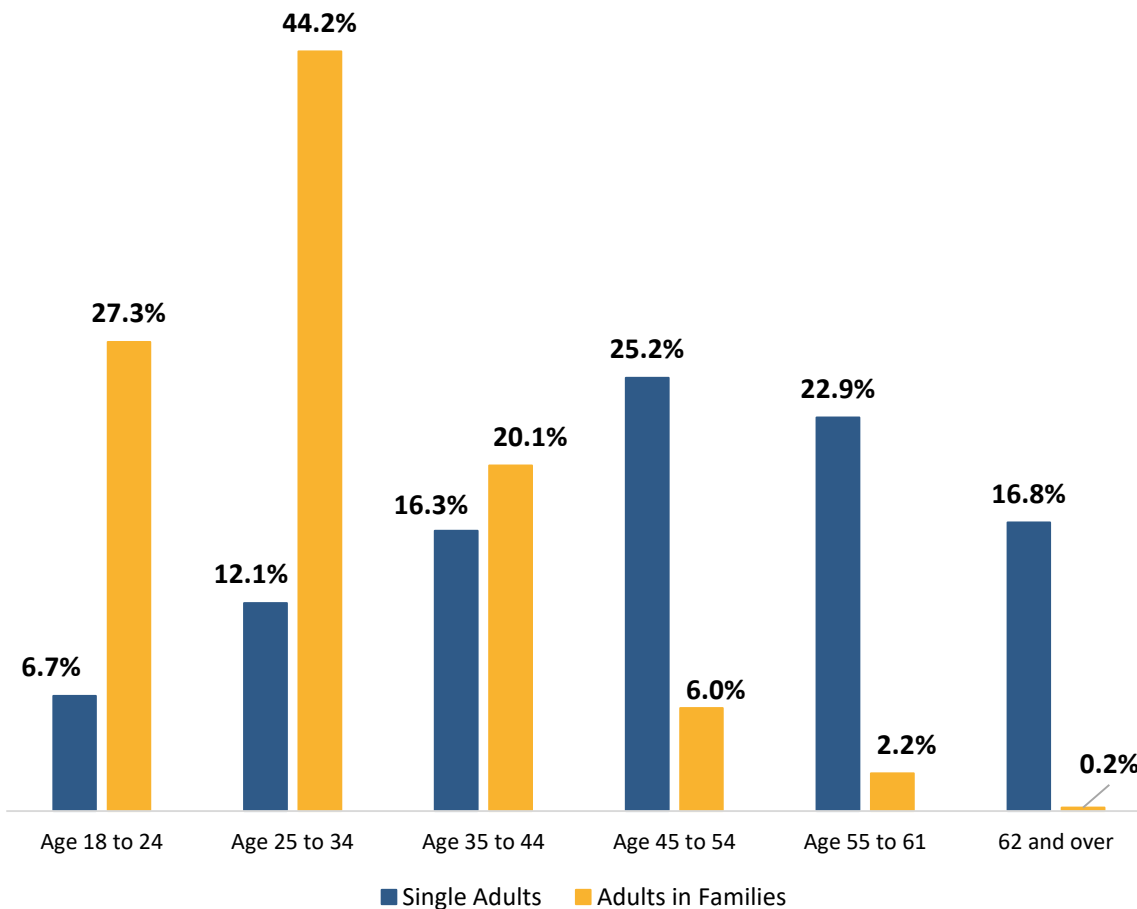
**2019
PIT Count
Findings:**

Demographics



Demographics: Age

Age Ranges of Single Adults and Adults in Families



Singles:

- **Median Age:** 51 years old
- **Oldest Adult:** 89 years old
- **Unaccompanied Minors:** All between the ages 13 – 17

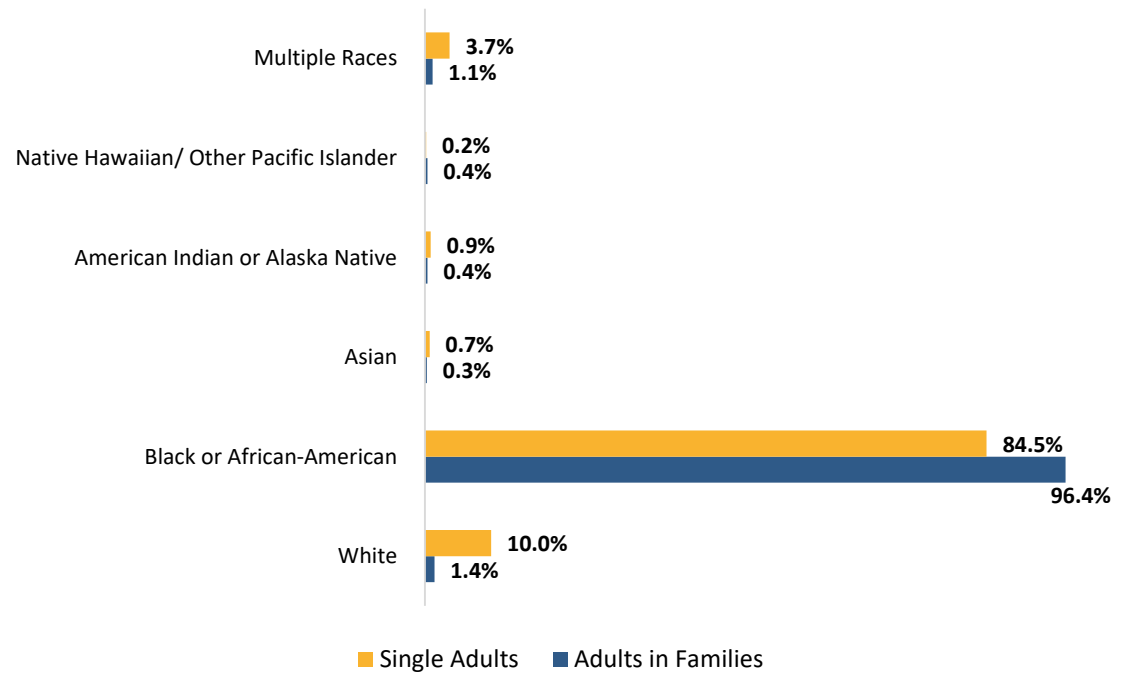
Families:

- **Median Age (Adults):** 28 years old
- **Oldest Adult:** 83 years old
- **Median Age of Children in Families:** 5 years old

Demographics: Race & Ethnicity

- PIT data shows that persons who are **African Americans are disproportionately affected by the drivers of homelessness in the District.**
- 87.4% of adults who are experiencing homelessness are Black/African American, yet only 47.7%** of District residents are Black/African American.
- Additionally, 6.0% of single adults and 3.1% of adults in families identify as Hispanic or Latino.

Race* of Single Adults and Adults in Families



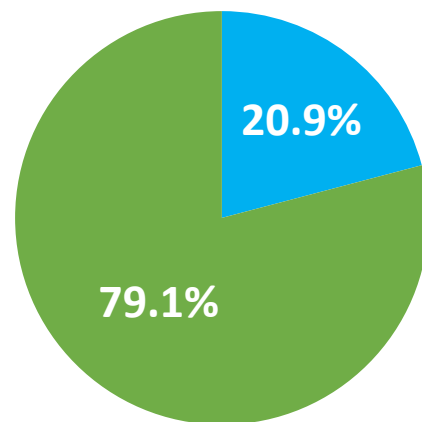
*Race categories are single-race only, persons who selected multiple races are counted in the "Multiple Races" category.

** <https://www.census.gov/quickfacts/DC>

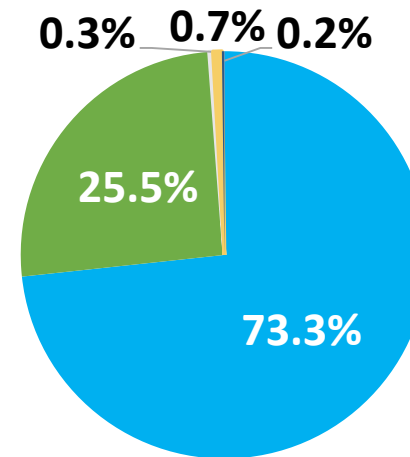
Demographics: Gender

- **Men make up 73.3% and women make up 25.5% of all single adults.** Additionally, 0.3% are trans male (FTM)*, 0.7% are trans female (FTM)*, and the remaining 0.2% are gender non-conforming.
- **Women make up the greatest share of all adults in family households,** at 78.5% and make up 92.6% of family heads of household.

Gender, Adults in Families



Gender, Single Adults



■ Male ■ Female ■ Trans Male (FTM) ■ Trans Female (FTM) ■ Gender Non-Conforming

**Includes those persons who self-identified as trans MTF and FTM or those who choose to select a different gender assigned to them at birth from their current gender identity. Others may be counted in "Male" or "Female" if they did not specifically identify as trans or did not provide information about the gender assigned to them at birth.*



Disabilities and Health Conditions: By Household Type

<i>Disabling Conditions</i>	<i>Single Adults</i>	<i>Adults in Families</i>	<i>Total (All Adults)</i>
Chronic Substance Abuse (CSA)*	21.9%	3.3%	17.9%
Severe Mental Illness (SMI)*	30.8%	19.0%	28.2%
<i>Dual Diagnosis (subset living with both CSA & SMI)</i>	12.5%	1.9%	10.2%
Chronic Health Problem	21.1%	6.5%	17.9%
Developmental Disability	4.0%	2.3%	3.6%
Physical Disability	16.3%	5.8%	14.1%
Living with HIV/AIDS	3.0%	1.1%	2.6%

* CSA & SMI are not mutually-exclusive and include those with both (Dual Diagnosis).



Disabilities and Health Conditions: By Gender (Singles)

<i>Disabling Conditions</i>	<i>Single Women†</i>	<i>Single Men†</i>	<i>Total Singles†</i>
Chronic Substance Abuse (CSA)*	15.4%	24.2%	21.9%
Severe Mental Illness (SMI)*	37.9%	28.1%	30.8%
<i>Dual Diagnosis (subset living with both CSA & SMI)</i>	11.9%	12.6%	12.5%
Chronic Health Problem	27.7%	18.7%	21.1%
Developmental Disability	3.6%	4.2%	4.0%
Physical Disability	17.3%	16.0%	16.3%
Living with HIV/AIDS	3.6%	2.7%	3.0%

* CSA & SMI are not mutually-exclusive and include those with both (Dual Diagnosis).

† Single Women, Men, and Total Singles are adults only and do not include unaccompanied minors.

**2019
PIT Count
Findings:**

***Experiences &
Characteristics***



Lifetime Experiences: By Household Type

<i>Experiences & Characteristics</i>	<i>Single Adults</i>	<i>Adults in Families</i>	<i>Total (All Adults)</i>
Domestic Violence (DV) History	20.7%	32.3%	23.2%
<i>Homeless Due to DV (subset of those w/ DV History)</i>	9.5%	17.8%	11.2%
Formerly resided in Institutional Setting*	41.0%	10.6%	34.5%
<i>Became homeless at discharge from Institutional Setting (subset of those formerly residing Institutional Settings)</i>	71.7%	0.0%	67.0%
Formerly in Foster Care	9.4%	9.7%	9.5%
U.S. Military Veteran	7.6%	0.5%	6.0%
<i>Female Veterans (subset of veterans who are female)</i>	12.0%	80.0%	13.1%
Chronically Homeless**	44.1%	13.2%	37.4%
Speaks a Language Other than English	4.0%	5.7%	4.4%

* Institutional settings include: foster care, juvenile justice, and adult justice systems; residential detox/rehabilitation; residential mental health institutions; and long-term hospital stays.

** Chronically homeless includes those persons who have been experiencing homelessness for a year or more in total, either continuous or 4 episodes in the past 3 years, AND have a disabling condition.

Lifetime Experiences: By Gender (Singles)

<i>Experiences & Characteristics</i>	<i>Single Women</i> ‡	<i>Single Men</i> ‡	<i>Total (Singles)</i> ‡
Domestic Violence (DV) History	42.2%	13.0%	20.7%
<i>Homeless Due to DV (subset of those w/ DV History)</i>	52.9%	37.2%	45.6%
Formerly resided in Institutional Setting*	33.6%	43.7%	41.0%
<i>Became homeless at discharge from Institutional Setting (subset of those formerly residing Institutional Settings)</i>	71.8%	72.0%	71.7%
Formerly in Foster Care	13.9%	7.9%	9.4%
U.S. Military Veteran	3.5%	9.0%	7.6%
Chronically Homeless†	46.1%	43.4%	44.1%
Speaks a Language Other than English	3.2%	4.4%	4.0%

* Institutional settings include: foster care, juvenile justice, and adult justice systems; residential detox/rehabilitation; residential mental health institutions; and long-term hospital stays.

† Chronically homeless includes those persons who have been experiencing homelessness for a year or more in total, either continuous or 4 episodes in the past 3 years, AND have a disabling condition.

‡ Single Women, Men, and Totals are adults only and do not include unaccompanied minors.

Income: Benefits and Employment

<i>Income & Employment</i>	<i>Single Adults</i>	<i>Adults in Families</i>	<i>Total (All Adults)</i>
Receives Income	55.9%	83.2%	61.7%
Employed	20.7%	29.0%	22.5%

<i>Primary Source of Income*</i>	<i>Single Adults</i>	<i>Adults in Families</i>	<i>Total (All Adults)</i>
<i>From Employment</i>	28.5%	35.2%	30.4%
<i>Soc. Sec./Retirement</i>	2.0%	0.0%	1.4%
<i>SSI/SSDI/Disability</i>	34.4%	10.6%	27.5%
<i>TANF/Public Assistance</i>	33.5%	47.9%	37.7%
<i>Other</i>	1.6%	6.3%	2.9%

* Primary Source of Income is out of total number of people receiving some type of income.

**2019
PIT Count
Findings:**

Sub-Populations



Families

- Count of families in ES and TH **down by 12 percent** from last year, and **down 45 percent** from peak in 2016 (after year round access was implemented).
- Nearly **700 families** exited the emergency shelter system for permanent destinations between PIT 2018 and PIT 2019.
- While the number of families experiencing homelessness decreased, the number of families experiencing chronic homelessness increased (from 55 in 2018 to 98 in 2019).
- The increase in chronic homelessness may be due to the higher rate of disabling conditions reported among adults in 2019 than in previous years.

Singles

- Count of unaccompanied individuals (“singles”) is **up 2.8%** and number of persons experiencing **chronic homelessness is down 12.6%** from 2018.
- Inflow and returns to the CoC after long periods are contributing to the increased overall number, but the CoC’s work to move the most vulnerable individuals with chronic disabilities into permanent supportive housing (from which rates of return to the CoC are much lower) is contributing to lower incidents of chronic homelessness.
- Furthermore, greater use of rapid rehousing and transitional housing resources for individuals who may live with disabilities but who are less vulnerable is contributing as well.

Veterans

- Between PIT 2014 and PIT 2019 the District saw a **27% decrease** in homelessness among veterans due to increased housing resources and tireless efforts of the District's CAHP teams to place veterans into permanent housing.
- There was a **2.9% decrease** since last year.
- **However, the District's CAHP efforts housed over 300 veterans in the past year.**
- This discrepancy is due to the high level of inflow; **120 new veterans, on average, access services in the District every month.**
- Additional efforts to improve data on this population (i.e., ensuring the system identifies every Veteran) may have also contributed to the discrepancy.

Youth

- “Youth” refers to:
 - Unaccompanied (single) transitional age youth (TAY), 18 to 24 years old;
 - Unaccompanied (single) minors, 17 years old and younger without a parent or guardian;
 - Families with a TAY head of household; or
 - Families with a minor head of household – *note: no minor headed households were counted in 2019.*
- Count of Youth **decreased 16.5 percent** among unaccompanied TAYs and **by 18.9 percent** among families headed by TAYs since PIT 2018.
- PIT count has historically not been as accurate a tool for unaccompanied youth, who often opt out of the adult shelter system, choosing to couch surf or otherwise remain more hidden from the public eye.
 - New programmatic resources for youth mean more youth are now accessing available services, and therefore being counted as HUD-defined “literally homeless” (and thus captured in the PIT).



Special Thanks!

Partners:

Columbia Heights Education
Campus

DC Department of Human
Services (DHS)

DC Interagency Council on
Homelessness (DCICH)

Executive Office of the
Mayor, Muriel Bowser

First Congregational United
Church of Christ

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Jewel Wright

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Leta Davis

Lindsay Curtin

Lydia Olsen

Marisa Paskin

Maureen Burke

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This information is off-the-record and cannot be quoted or otherwise distributed. To obtain on-the-record comments or further information, send inquiries to: Dora Taylor-Lowe, Department of Human Services (DHS): dora.taylor-low@dc.gov.

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PIT Plus Survey Results

Part One | Initial Findings

Family Services Administration



Agenda

Introduction

Key Highlights

Results in Depth

- Homeless History
- Location & Residency
- Accomodations & Shelter Usage
- Causes & Prevention
- Social Networks
- Health
- System Involvement

Next Steps

Questions

Special Thanks to our Partners at TCP!



What is PIT Plus?

and why does it matter?

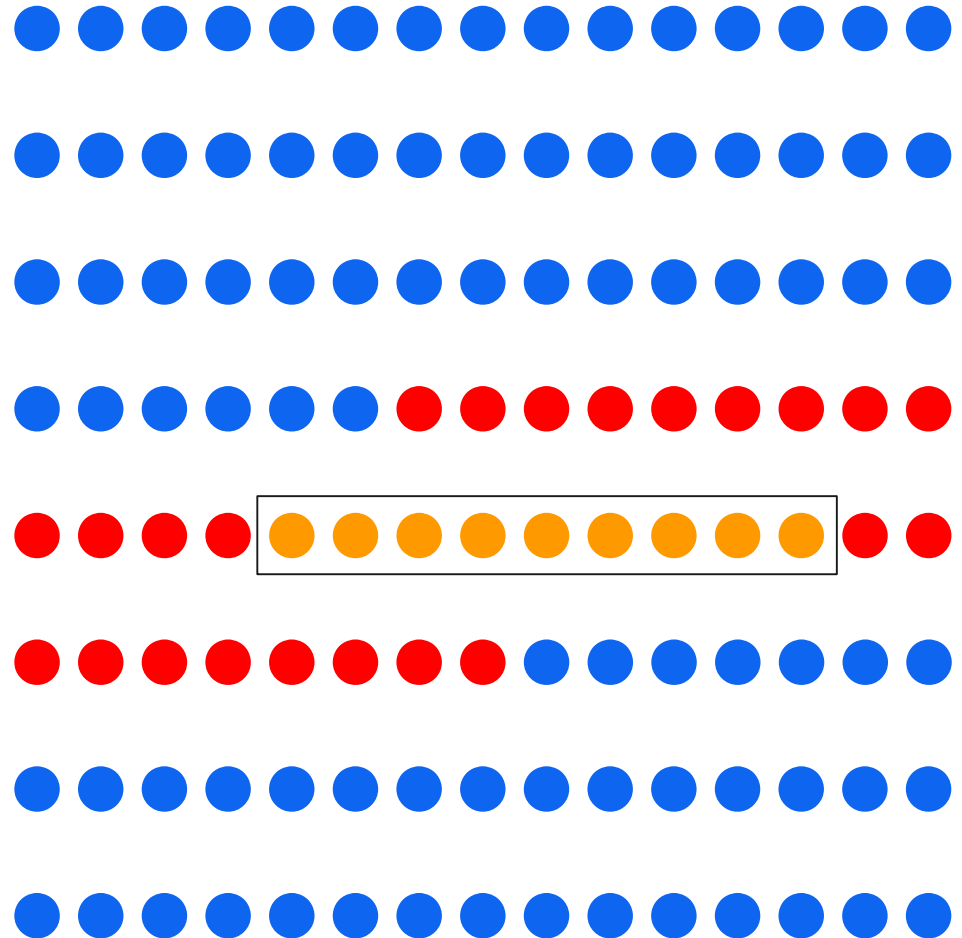




What is PIT Plus?

- Individuals Experiencing Homelessness in a Given Year (~12,000)
- Individuals counted during the District's annual PIT count (~3,875)
- Individuals who completed the PIT Plus Survey during the PIT Count (~1,065)

Each Dot = 120 People





Important facts about PIT Plus

Who took the survey?

- 1,065 unaccompanied individuals from drop-in centers, meal programs, libraries, street outreach, shelters, and transitional housing programs
- This represents 28% of the unaccompanied individual population counted during the PIT

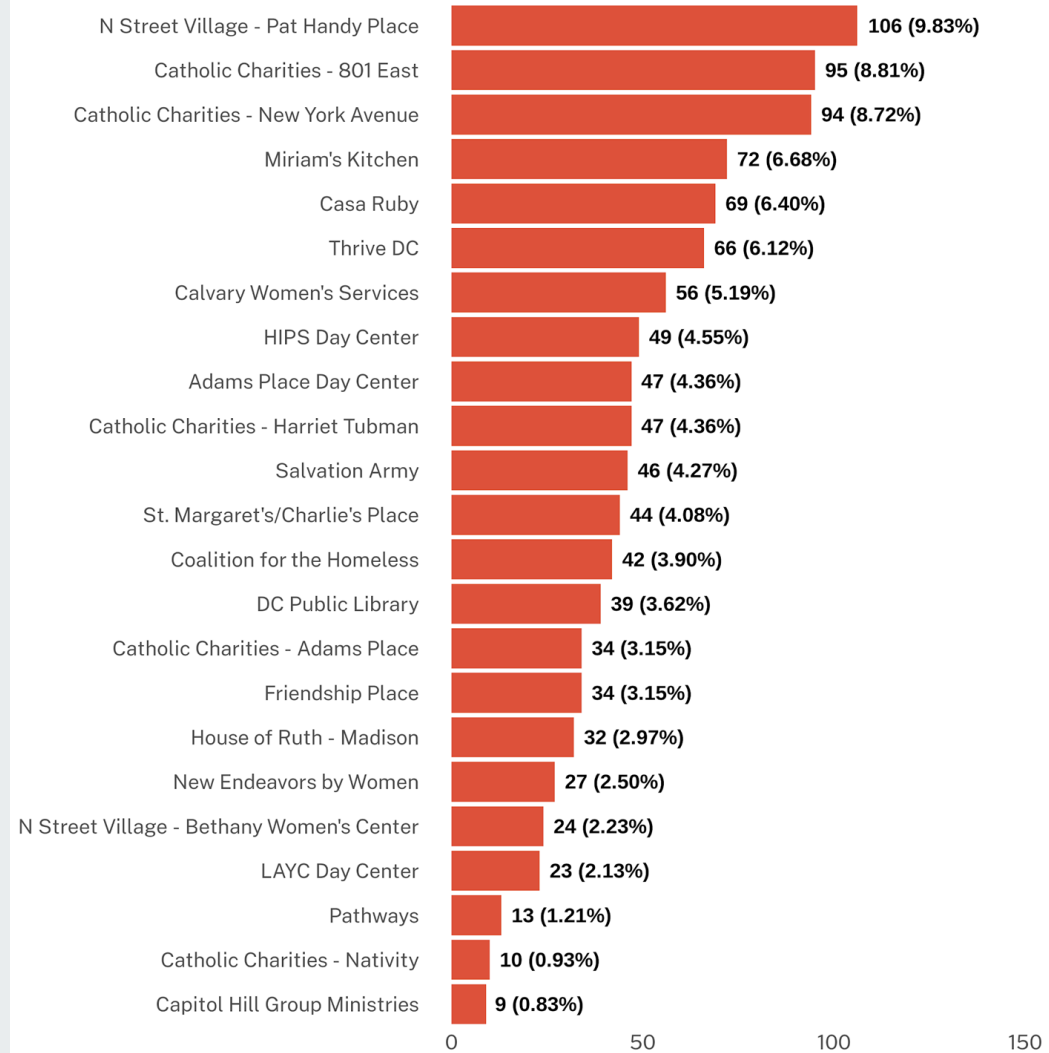
Why can't we generalize the results?

- Convenience Sample (non-random) - respondents were compensated with \$25 gift card
- Point in time does not account for seasonal changes in homelessness
- Sample is slightly younger and more hispanic and more female than the PIT population
- Weighted to PIT population to potentially counteract this skew



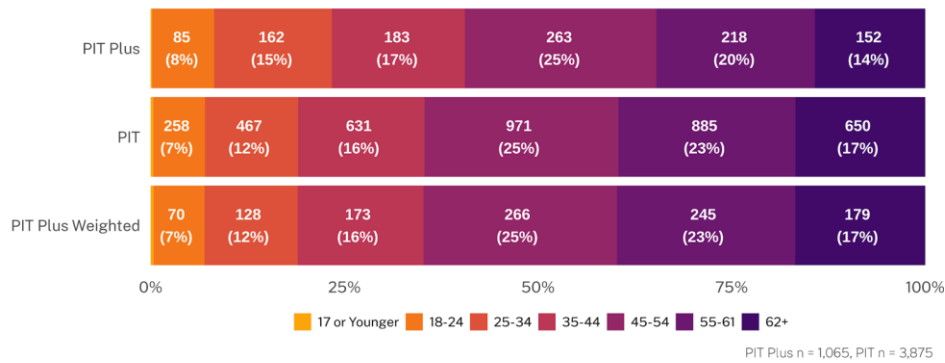
Who took the survey?

Twenty three organizations and/or locations collected PIT Plus surveys from clients. Although our largest District-operated shelters are represented, CCNV and Central Union Mission are not included - those client may be captured at day program sites like Miriam's, HIPS, or Thrive DC.

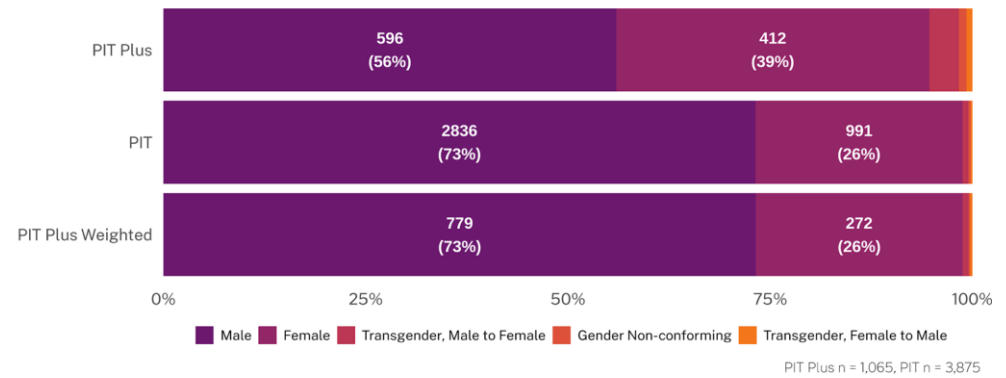


How did we reduce the skew in our sample?

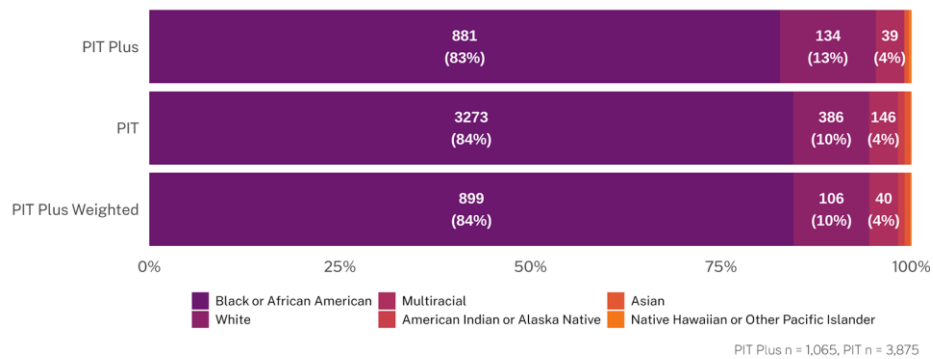
Age Group



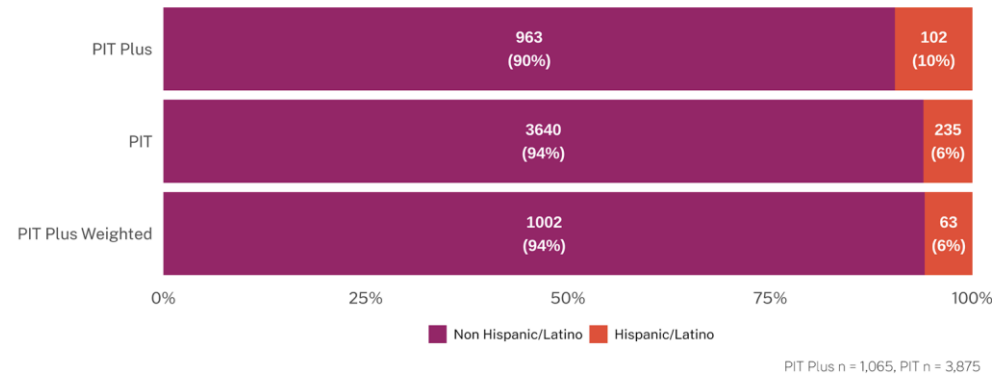
Gender



Race



Ethnicity





Why is the PIT Plus important?

- Provides evidence of trends and patterns that warrant further exploration
- Expands our knowledge about the challenges our clients face and our opportunities to help them
- Creates a systemic habit of proactively seeking greater insights (rather than simply HUD-mandated information requirements)
- Reinforces partnerships between organizations in our continuum of care



Key Highlights



What did we learn?

People want a job. Beating other possible answers by 10-20 percentage points, lack of employment and income were the largest drivers of homelessness cited by respondents

- When asked what might have helped prevent homelessness, employment beat rent/mortgage assistance by 20 percentage points.

One third were living outside the District. 33% of respondents were living in Maryland, Virginia, or other states prior to being homeless in the District, which has important implications for our regional system of care.

People still have supportive networks we can leverage for Diversion. Most people have friends, someone who makes them feel comfortable/safe, and someone who will help them out. And for those with children, the overwhelming majority are still in communication with them.

- Over 30% of clients report staying in a house with friends and/or family when shelter is not an option.



What did we learn? (continued)

Perception is Reality. Two questions revealed opportunities to change client perceptions about bed bugs and benefits eligibility to increase their utilization of shelter (versus outdoors) and increase their application to SNAP benefits.

Primary care beat emergency room care. Chronic health conditions were overrepresented in the PIT Plus population, compared to the PIT Count, but we seem to have made inroads into getting chronic conditions cared for through the primary care system versus emergency rooms.

What happens after incarceration & treatment? A majority of respondents were previously incarcerated and most of them became homeless immediately after incarceration. Only 31% of respondents had previously been in a residential treatment facility, but almost 61% exited that treatment into homelessness.



Results in Depth



Homeless History

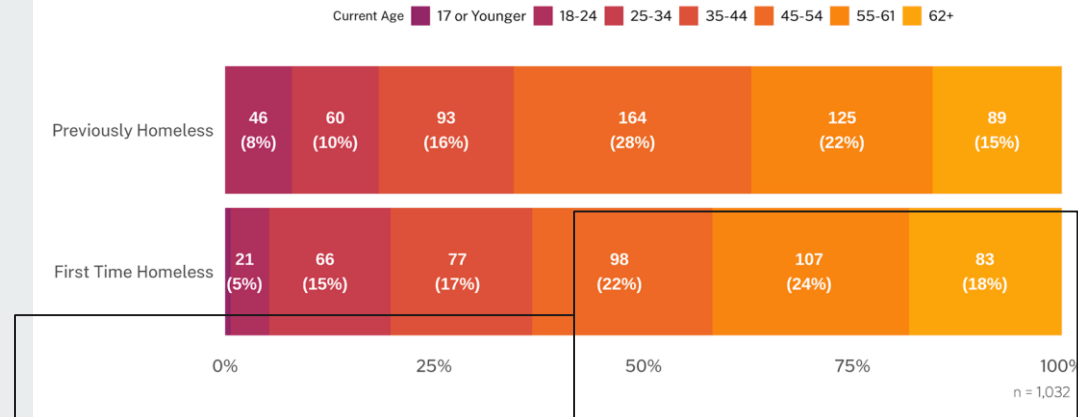
The self-reported information on homeless history requires additional analysis to fully understand, because the results are confounding:

64% of those in their first episode of homelessness are age 45 and older

35% also say that their first episode began when they were age 45 and older

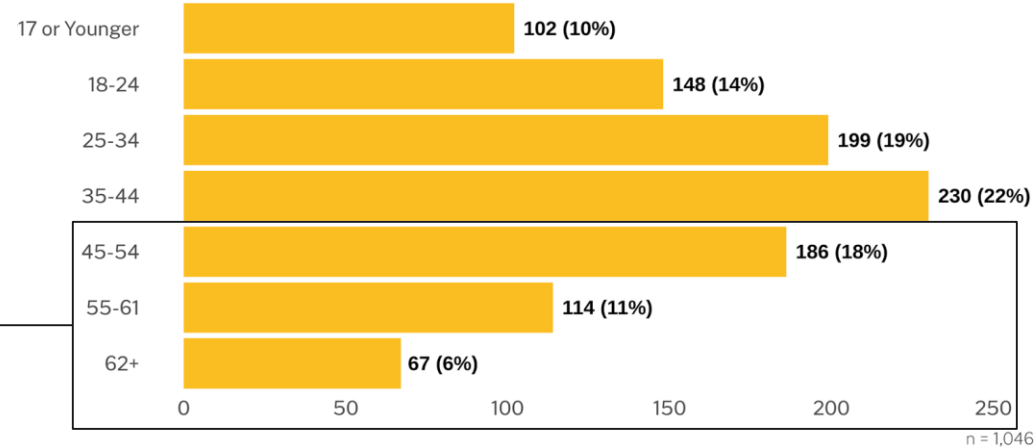
This survey may not be the best tool for understanding the history of homelessness.

First Time Homeless by Age



Age at First Homeless Episode

'How old were you when you first experienced homelessness'





Location & Residency

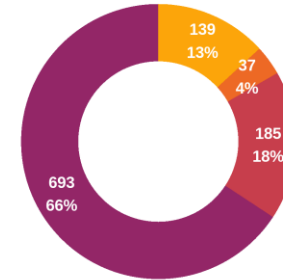
One third (33%) responded that they did not live in DC prior to the start of their homelessness.

Of those who lived outside of DC:

- 18% were from Maryland
- 4% were from Virginia
- 13% were from other states

Prior Residency

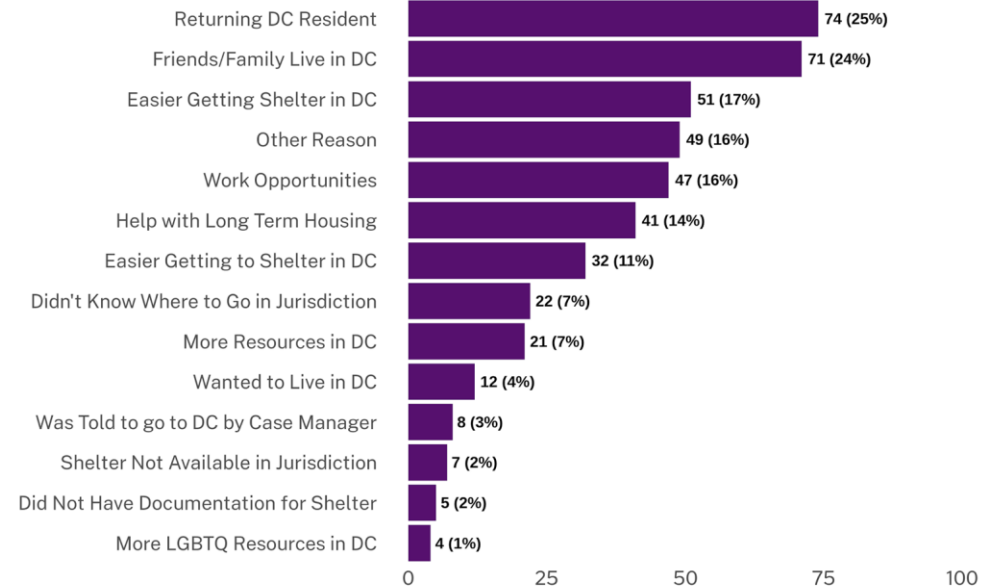
Where was the last home/apartment where you lived before you started experiencing homelessness?



■ D.C. ■ Maryland ■ Virginia ■ Other

Reasons for Coming to DC

"Tell me why you came to D.C.?"



444 responses from 298 respondents



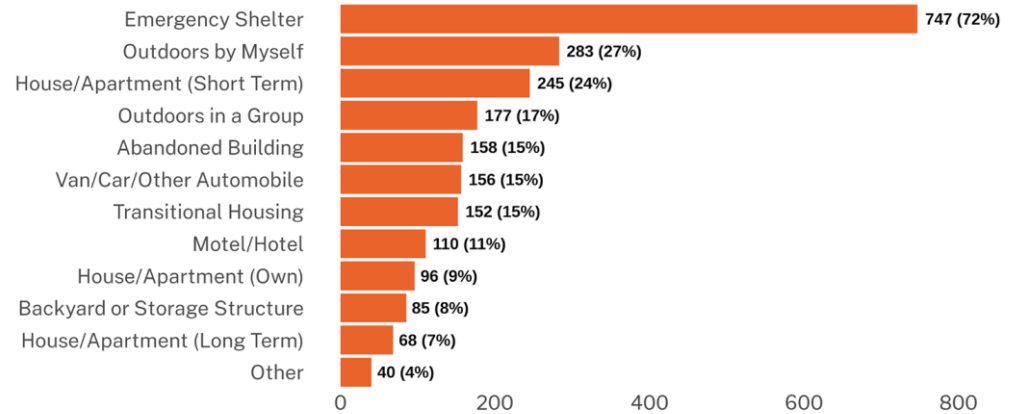
Accommodations

No surprise that more than 70% of respondents used emergency shelter and 44% slept outside in the past year. What's more surprising is where people go when they aren't in shelter, and what their perceptions of shelter are.

- 24% report being able to stay in a house or apartment (short term)
- 15% of our clients report staying in abandoned buildings, a dangerous practice
- 33% stay with friends and family when shelter is not an option

Places of Stay in Past Year

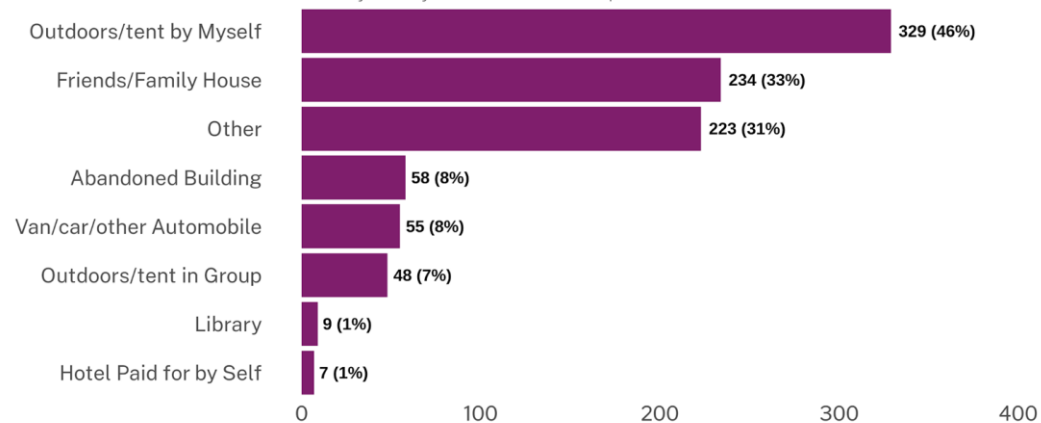
'Select all the places where you have stayed in the past year:'



2,360 responses from 1,038 respondents

Shelter Alternatives

'Where do you stay if shelter is not an option?'



963 responses from 709 respondents

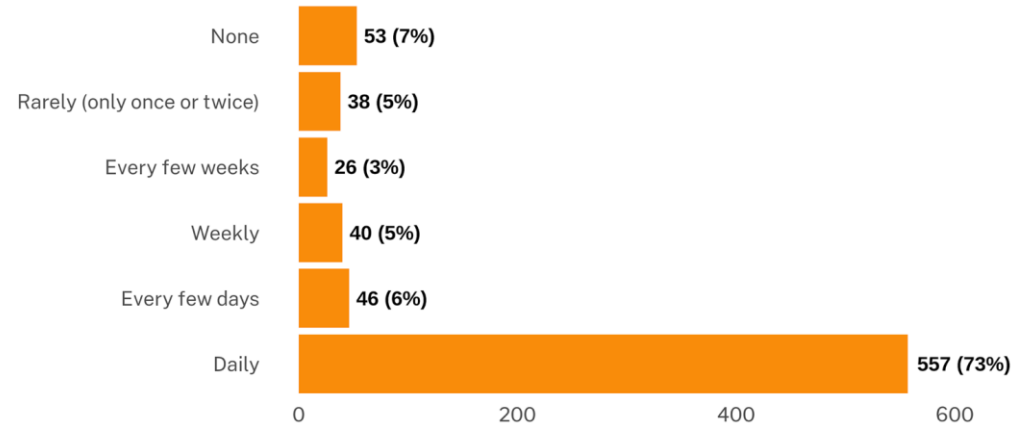


Shelter Usage

Those who use shelter tend to use it every day and even more in bad weather. For those resistant to shelter, the number one reason cited was “bugs” which indicates a massive perception problem because we do not have evidence of bed bug incidents in our shelters.

Shelter Use Frequency in Last 30 Days

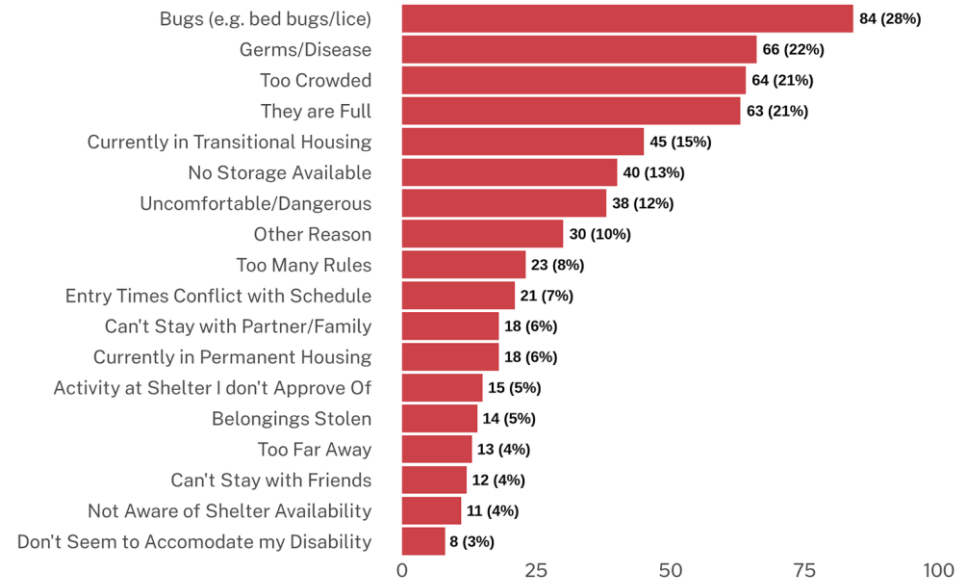
'How often have you stayed in shelter in the last 30 nights'



n = 760

Reasons for not Using Shelter

'If you do not use shelter, why not?'

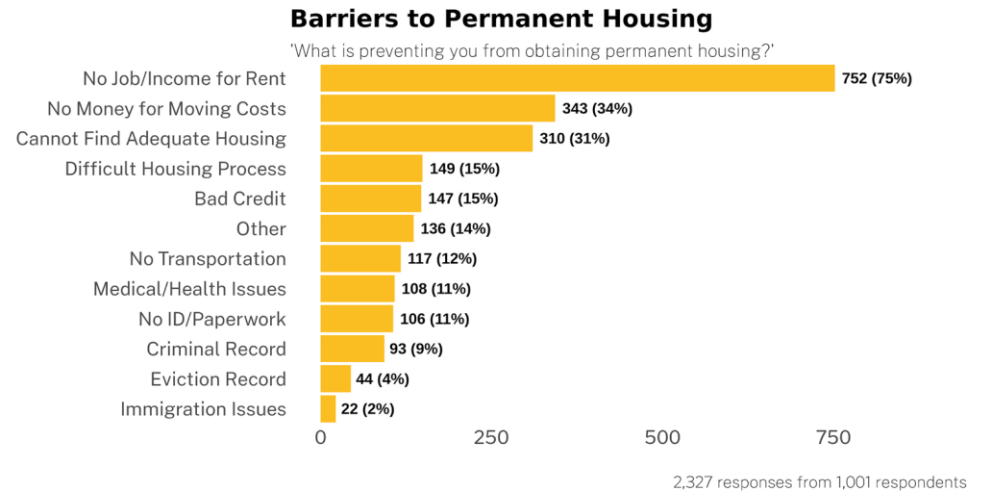


583 responses from 305 respondents



Causes & Prevention

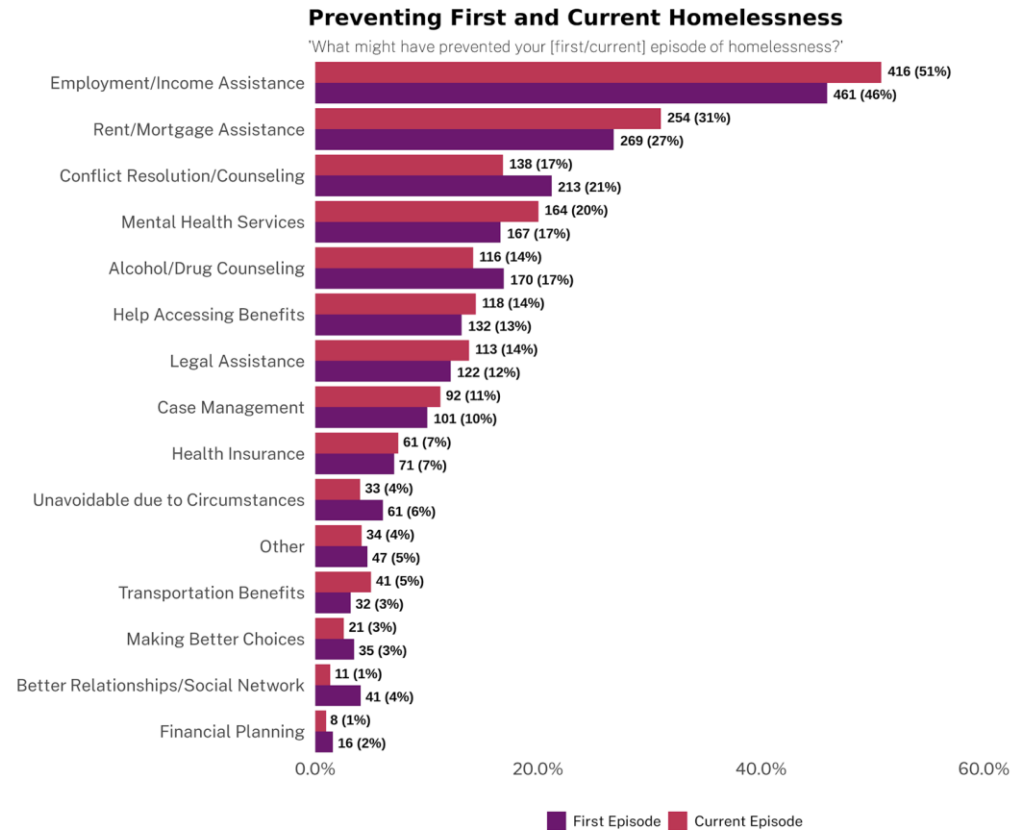
Lost employment and lack of income was the number one barrier to permanent housing; cited by 75% of respondents - beating other possible answers by 10-20 percentage points.





Causes & Prevention

When asked what might have helped prevent homelessness, employment beat rent/mortgage assistance by 20 percentage points. Outside of economic factors, conflict resolution seems to be much more important with respect to preventing the first episode of homelessness.



First Episode: 1,954 responses from 1,004 respondents
Current Episode: 1,632 responses from 819 respondents

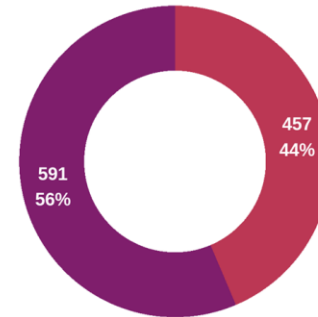


Social Networks

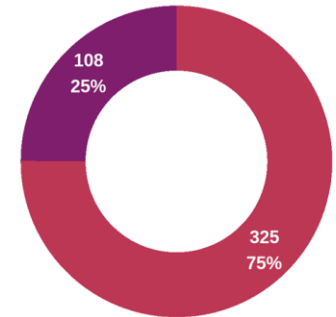
Although largely single, 67% of respondents have someone who makes them feel comfortable/safe, and someone who will help them out if they are ill - although fewer friends will lend them money or bail them out of jail. Among those with children, the overwhelming majority are still in communication with them. Among those with friends, the majority of those friends reside in permanent housing and they communicate at least once per week.

Direct Social Supports

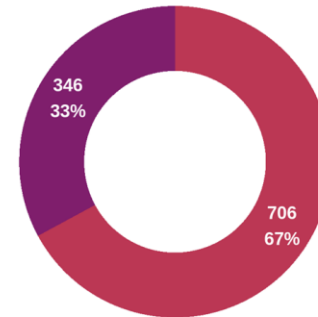
Has Adult Children



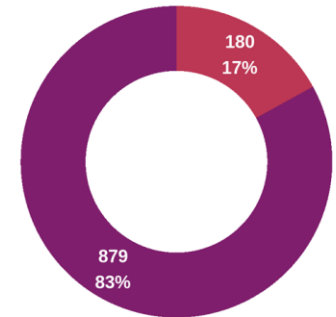
In Contact with Children



Has Someone Who Makes them Feel Safe/Comfortable



Has a Partner



No Yes

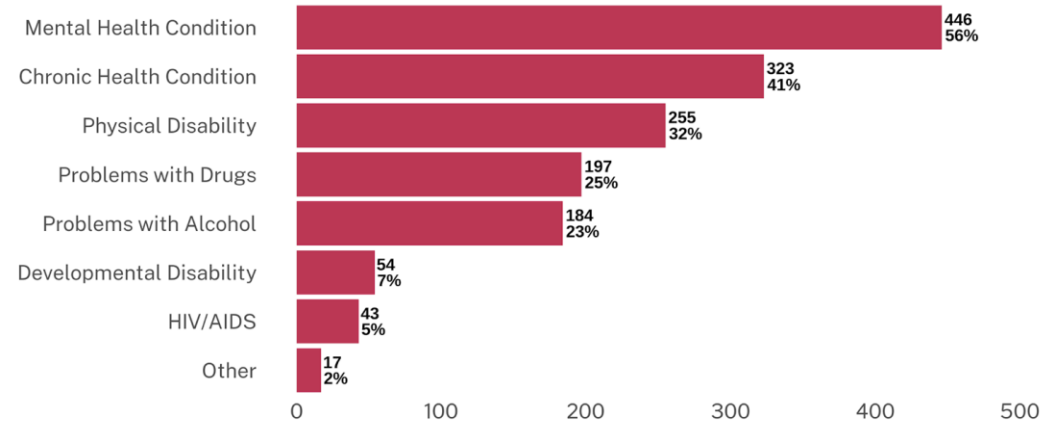


Health

Similar to the PIT count, mental illness is the leading “condition” cited by respondents when asked about health. Substance use issues are also similar to the PIT population prevalence. However, the prevalence of chronic health conditions was much higher among the PIT Plus sample than the PIT population. Fortunately, those chronic conditions are largely being addressed in primary care facilities, which outpaced emergency room visits.

Health Conditions

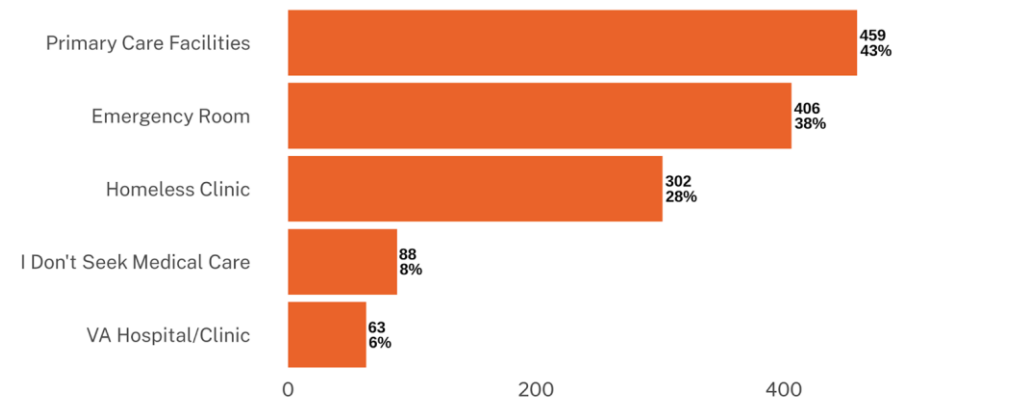
Do you have any of the following health conditions?



1,519 responses from 797 respondents

Medical Care Provider

Where do you usually go for medical care?



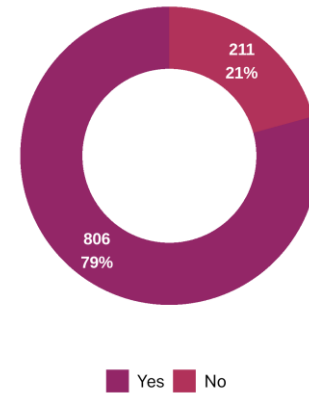
1,318 responses from 1,065 respondents



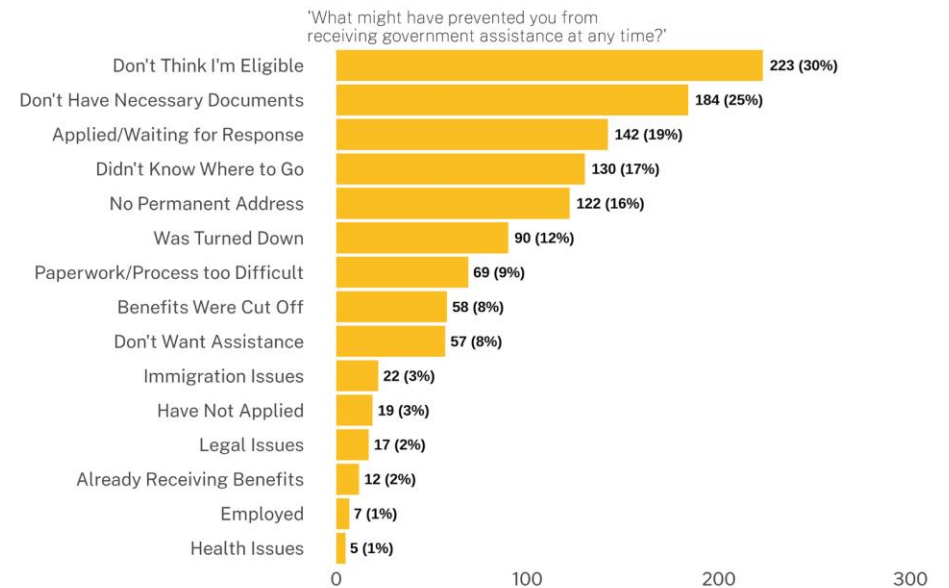
System Involvement: Benefits

The majority of respondents are receiving government benefits, but of those who aren't, too many of them are under the false impression that they are not eligible. This is particularly concerning with respect to SNAP, which only 35% reported having.

Benefits
'Do you receive government benefits?'



n = 1,017
Barriers to Government Assistance



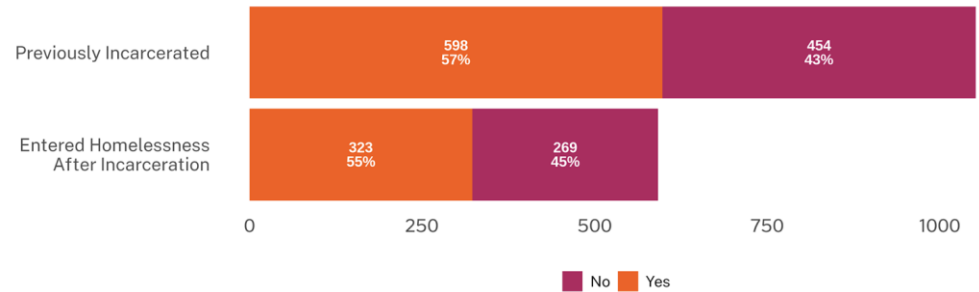
1,157 responses from 751 respondents



System Involvement: Incarceration & Rehabilitation

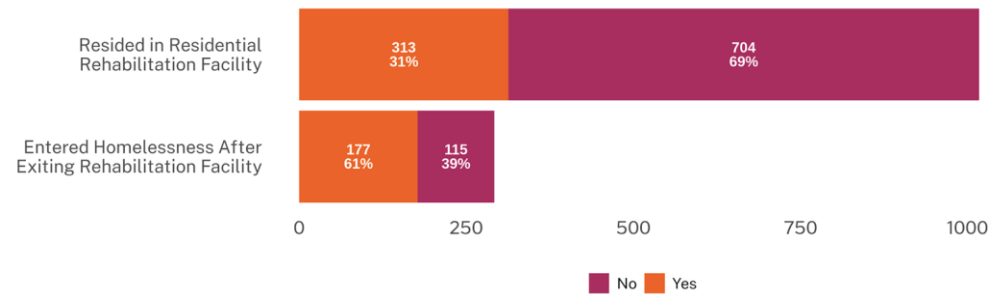
A majority of respondents have been incarcerated, and if so, they likely exited incarceration and into homelessness. Fewer respondents have been in residential treatment, but the percentage exiting treatment into homelessness are even higher.

Incarceration and Homelessness



n = 1,052

Rehabilitation/Treatment Facility



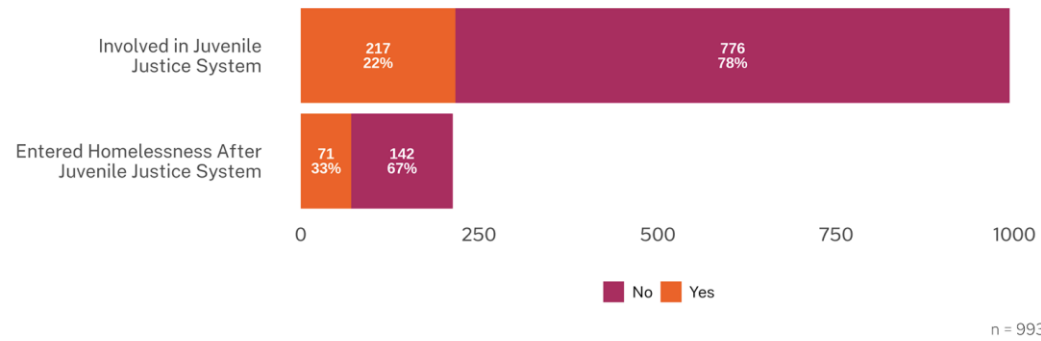
n = 1,017



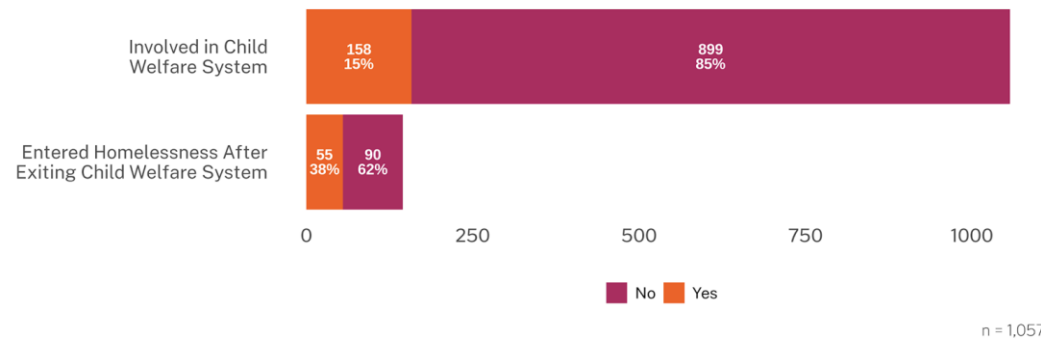
System Involvement: Juvenile Justice & Foster Care Systems

Most respondents were not in the juvenile justice or child welfare systems, and likely did not exit to homelessness - although the percentage of respondents exiting the child welfare system into homelessness was slightly greater.

Juvenile Justice System

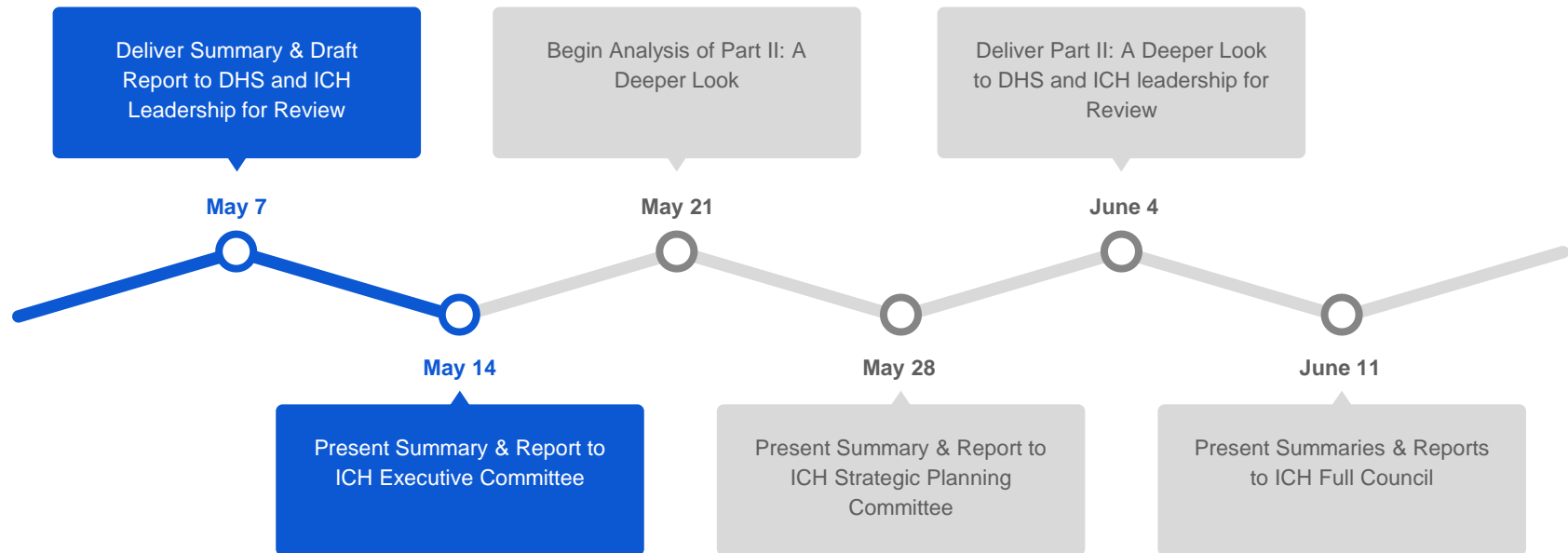


Child Welfare System Involvement



Next Steps

Where do we go from here?



Questions?



Meeting Agenda



- I. Welcome & Call to Order
- II. Approval of Minutes from Prior Meeting & Agenda Review
- III. Items for Approval/Adoption
 - ❖ 2019 HUD CoC Competition – Project Application Review Framework
 - ❖ 2019 Point-in-Time Results
- IV. Discussion Items
 - ❖ PIT Plus Survey
- v. Updates & Announcements**
- VI. Summary & Adjournment

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Mayor Muriel Bowser
City Administrator Rashad M. Young

