

## 2018 POINT IN TIME COUNT RESULTS

### Introduction

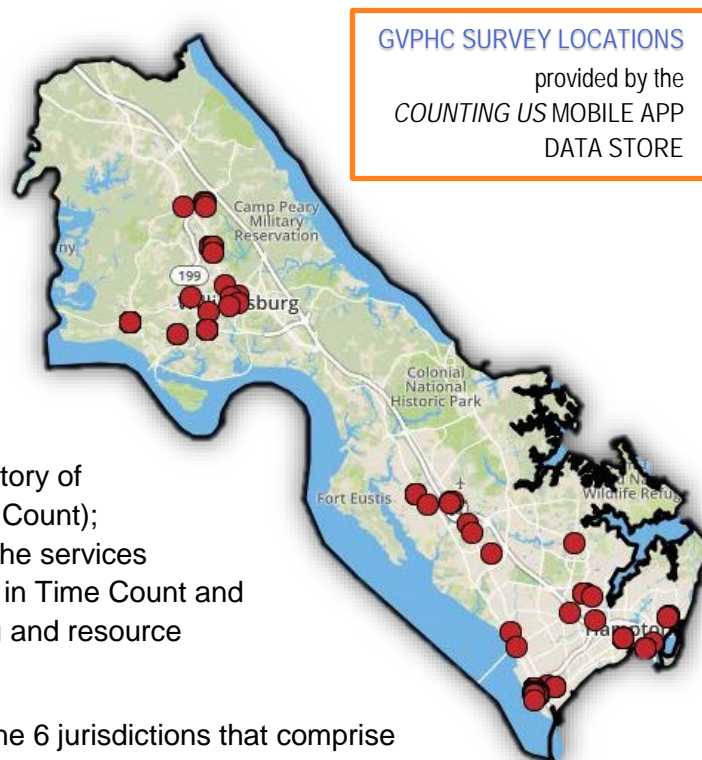
The Point in Time Count is an unduplicated count of persons who are experiencing homelessness, whether sheltered or unsheltered, during a specific 24 hour period, once a year. **The Point in Time Count provides simply a “snapshot” of what the level of need is on a certain day.** Not everyone in need that day is found, and those who are at risk of homelessness are not counted. The Count does not demonstrate the total need for the community. The Count does illustrate trends year to year, as well as the level of representation within each subpopulation in the Count. At the same time, an inventory of housing programs is also compiled (Housing Inventory Count); together, these resources help the community assess the services currently provided as compared to the need. The Point in Time Count and Housing Inventory data are important tools for planning and resource development.

The 2018 Point in Time Count was conducted across the 6 jurisdictions that comprise the Greater Virginia Peninsula Homelessness Consortium (GVPHC), including the cities of Hampton, Newport News, Poquoson, Williamsburg, and the counties of James City and York. The Count occurred on the evening of January 23, 2018 (sheltered) and the morning of January 24, 2018 (unsheltered). This effort fulfilled the requirement of the U.S. Department of Housing and Urban Development (HUD) and helps the community have a better understanding of the population currently experiencing homelessness.

### Methodology

The Count was conducted using both the *Counting Us* mobile app developed by Simtech Solutions, Inc., and data reported in the *Hampton Roads Homeless Management Information System* (HMIS). In addition to being utilized by the GVPHC, the *Counting Us* app was also used by the Southeastern Virginia Homeless Coalition (SVHC) and BEACH Community Partnership (the Virginia Beach CoC). Both the HMIS software provider, Mediware Information Systems, Inc., and the developers of the *Counting Us* mobile app, Simtech Solutions, Inc., provided report tools to enable completion of the HUD report requirements. Following is a breakdown of the data sources for the 2018 Count report:

- 34% of surveys were collected via the mobile app;
- 58% came from HMIS; and,
- 8% were observations.



The sheltered count was conducted in all identified Emergency Shelter, Transitional Housing, and Safe Haven programs across the GVPHC on the evening of January 23<sup>rd</sup>. Provider staff and volunteers worked to collect the required information from all sheltered persons with either direct input into the HMIS or via interview and the completion of surveys using the *Counting Us* mobile app. For the unsheltered count, teams of service providers and volunteers canvassed known locations on the morning of January 24<sup>th</sup> and completed surveys to collect the required information on all unsheltered homeless persons identified during the count.

Both the survey and HMIS identify respondents based on first and last name (or initials) and date of birth to develop a unique client identifier to eliminate duplicates; personally identifying information is not collected from persons being served by domestic violence providers. The data collectors also consist of questions to identify the following subpopulations:

- Veterans
- Adults living with HIV/AIDS
- Individuals and Families who are experiencing chronic homelessness
- Adult living with mental illness
- Adults living with substance abuse
- Adults currently fleeing domestic violence

Persons are identified as chronically homeless if they have a disability and have been homeless more than one year or at least four times in the last three years, totaling a year. Parenting youth households and unaccompanied youth households are identified, as well. Youth households include those 24 years of age and younger who are parents of children under the age of 18, or are unaccompanied by a parent or guardian. It is important to note that these subpopulations are identified based on self-report for the Point in Time Count.



## Definitions

In accordance with the 2014 *Point in Time Count Methodology Guide* released by HUD, the GVPHC used the following definition of homelessness during the Count:

**Sheltered-** should include all individuals or families who meet the criteria described in paragraph (1) (ii) of the homeless definition in 24 CFR 578.3 of the Homeless Definition Final Rule. This includes individuals and families *“living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).”*

**Unsheltered-** should include all individuals or families who meet the criteria described in paragraph (1) (i) of the homeless definition in 24 CFR 578.3 of the Homeless Definition Final Rule. This includes individuals and families *“with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.”*

## 2018 Results

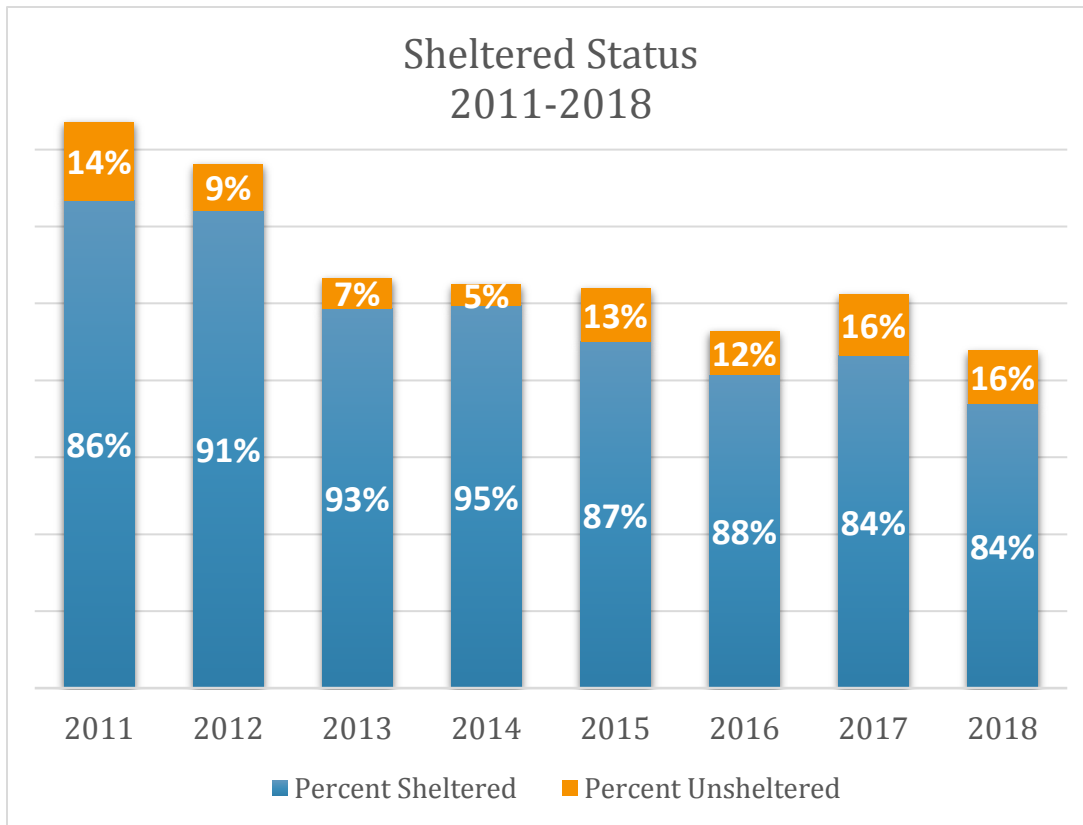
Overall, **439** persons were identified as experiencing homelessness during the GVPHC’s 2018 Point in Time Count, while 512 persons were counted in 2017. **The 2018 Count represents a 14% decrease compared to**

**2017**; the total number of persons identified decreased even as outreach coverage expanded. At the same time, *approximately 16% of the persons identified this year were also counted in 2017*; of those, 87% were in the same situation both years (either sheltered or unsheltered), 9% moved in a positive direction (i.e., unsheltered to sheltered, or Emergency Shelter to Transitional Housing), and 4% moved in a negative direction (i.e., from sheltered to unsheltered).

With **369 persons** counted in shelter this year, the **sheltered count decreased by 15%** from the previous year. It is important to keep in mind that some people may not have presented for services that day and were

therefore not counted; additionally, any homeless persons who sought shelter in hotels/motels (paid for by self), or with friends and family, could not be counted because they did not meet the HUD definition of homelessness.

The **unsheltered count** on the morning of January 24<sup>th</sup> identified **70 persons—a 13% decrease** compared to 2017. This year, count teams again increased the coverage of known encampments and gathering areas in cooperation with outreach workers and local Police



**GVPHC Point in Time Count Results: 40% decrease since 2011.**

Departments. The 2018 Count also included the use of observation surveys administered by team leads and used with discretion; observation surveys allowed for persons to be counted who refused to complete the survey or were unable to be interviewed because they were sleeping.

This year, 13% of those counted reported having a Serious Mental Illness (SMI), 4% had a substance abuse problem, and 14% were considered chronically homeless. 58 persons identified themselves as veterans; this number represents a 15% decrease when compared to 2017, when 68 veterans were reported. 6% of the adult population reported they were currently fleeing Domestic Violence, and 1% of adults were living with HIV/AIDS. 72% were single adults, and 28% were persons in households with children. Only 1% were parenting youth, and 5% were unaccompanied youth (between the ages of 18-24).

In 2018, the number of chronic persons counted decreased from the previous year, with 55 chronic individuals counted in 2018, compared to 72 individuals experiencing chronic homelessness in 2017. Conversely, 3 chronic households were identified in 2018, compared to only 1 in 2017. *79% of the persons identified as chronic in 2018 were sheltered the night of the Count.* 41% of the Count's chronic population were also identified on the CoC's housing registry and are working on a plan for obtaining housing. The fluctuations in this population is due in part to increased data quality. Chronic numbers were also affected by the new definition of chronic homelessness released in HUD's final rule which went into effect January 4, 2016; this reporting requirement aims to improve the identification of the truly chronic population, as defined by HUD. As stated above, persons identified as experiencing chronic homelessness are done so based on self-report, with no additional documentation available for the Point in Time Count.

**Between March 1, 2017-  
February 28, 2018,**  
the Service Coordination &  
Assessment Network (SCAAN)

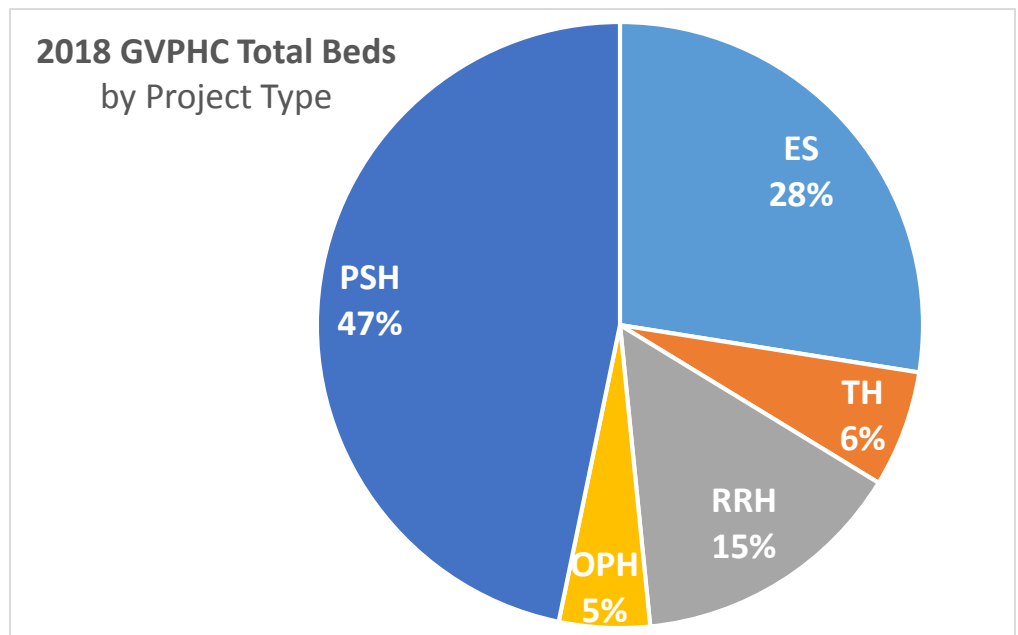


**housed 197 Households.**

*GVPHC Housing Registry*

### Housing Inventory Count

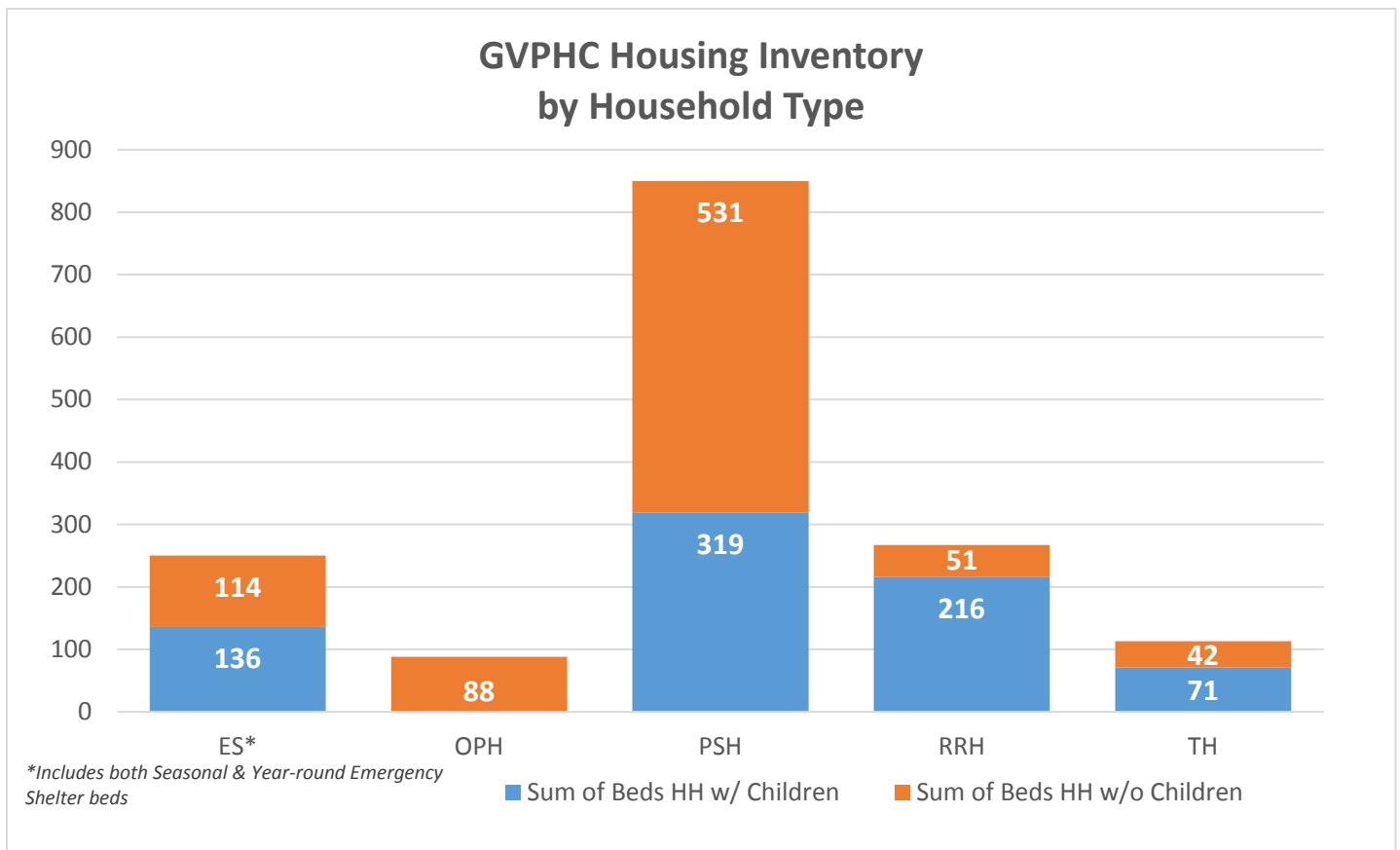
The Housing Inventory Count is prepared in conjunction with the annual Point in Time Count; while one seeks to identify the need in the community on a given night, the other examines the capacity or resources available to meet that need. Each housing and shelter provider completes a survey indicating the number of beds and units their program(s) offer, and the numbers of persons being served the night of the count (utilization).



Project Type	Average Utilization Rate
Emergency Shelter (ES)	64%
Transitional Housing (TH)	70%
Other Permanent Housing (OPH)	85%
Permanent Supportive Housing (PSH)	95%
Rapid Rehousing (RRH)	100%

In terms of capacity by project type, the GVPHC had almost half of their housing capacity offered through Permanent Supportive Housing (PSH), or long term housing with services for extremely vulnerable populations; these programs often experience low turnover rates. Further, the vast majority (71%) of those

PSH beds are offered through the HUD-VASH program administered by the Hampton VA Medical Center; this program is dedicated to serving veterans and their families.












The next highest percentage of housing or shelter capacity is provided by Emergency Shelter; however, as noted elsewhere, when seasonal shelters close, Emergency Shelter capacity decreases by half. Of those year-round beds, 24% are offered by Victim Services providers to persons fleeing domestic violence; an additional 5% is dedicated to Veterans.

The GVPHC has increased its Rapid Rehousing (RRH) capacity over the past several years, particularly through funding offered by the Virginia Department of Housing and Community Development (DHCD).








34% of Transitional Housing is offered by Victim Services providers to persons fleeing domestic violence; an additional 9% is dedicated to Veterans. While the CoC is committed to serving special and vulnerable populations, it is important to keep these dedicated beds and programs in mind when evaluating the capacity available to meet the need on any given night.

The tables on the following pages provide a breakdown of the 2018 Point in Time Count Results, both regionally and by jurisdiction.

POINT IN TIME COUNT	2017 GVPHC	2018 GVPHC	CHANGE: GVPHC 17-18	2018 HAMPTON	2018 NEWPORT NEWS	2018 Williamsburg	2018 POQUOSON	2018 JAMES CITY COUNTY	2018 YORK COUNTY
<b>Total Number of Homeless Persons Counted</b>	<b>512</b>	<b>439</b>		<b>117</b>	<b>226</b>	<b>20</b>	<b>0</b>	<b>71</b>	<b>5</b>
<b>2017 Total Number of Homeless Persons</b>	<b>512</b>	<b>--</b>	<b>--</b>	<b>174</b>	<b>223</b>	<b>24</b>	<b>0</b>	<b>83</b>	<b>8</b>
<b>Number Sheltered</b>	432	<b>369</b>		105	181	14	0	69	0
<b>Number Unsheltered</b>	80	<b>70</b>		12	45	6	0	2	5
Total Number of Families*	45	<b>41</b>		8	15	3	0	16	0
Total Number of Persons in Families*	160	<b>123</b>		23	50	9	0	41	0
Total Number of Unsheltered Families	0	<b>0</b>		0	0	0	0	0	0
Total Number of Adult Only Households	345	<b>308</b>		88	176	11	0	28	5
Total Number of Persons in Adult Only Households	352	<b>316</b>		94	176	11	0	30	5
Total Number of Unsheltered Persons in Adult Only Households	80	<b>70</b>		12	45	6	0	2	5

*\*Total number of families and total number of persons in families include both sheltered and unsheltered households with at least one adult and one child.*



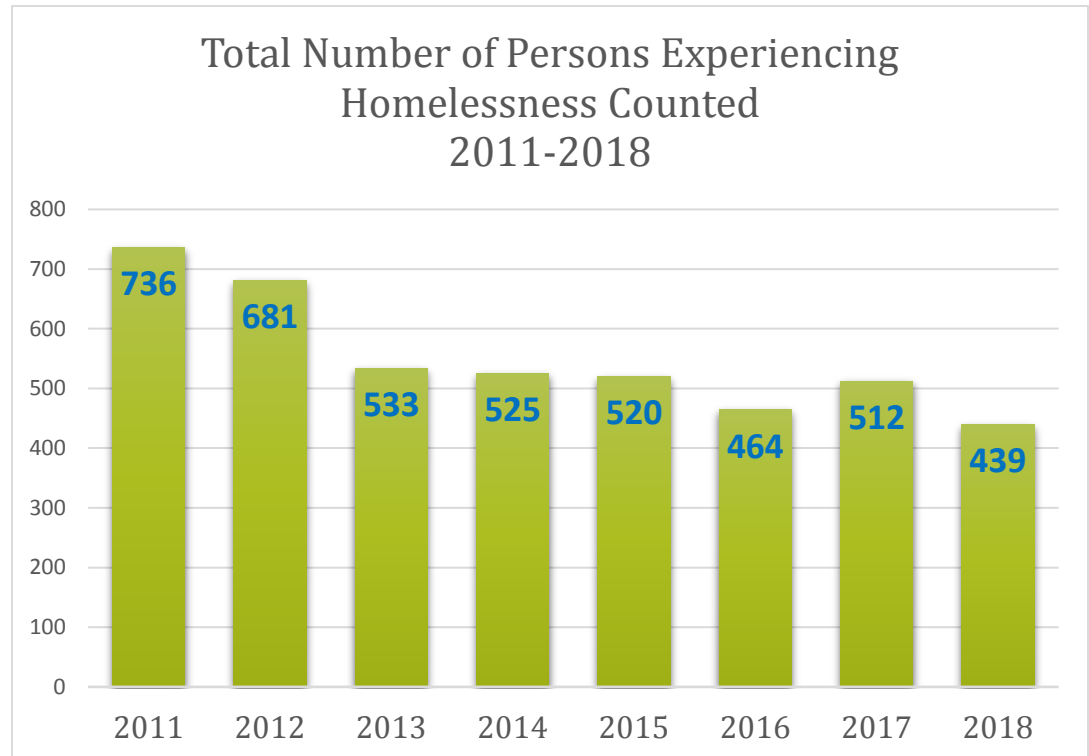
<i>Continued...</i>	2017 GVPHC	2018 GVPHC	CHANGE: GVPHC 17-18	2018 HAMPTON	2018 NEWPORT NEWS	2018 Williamsburg	2018 POQUOSON	2018 JAMES CITY COUNTY	2018 YORK COUNTY
Total Number of Chronically Homeless <b>Individuals</b>	72	<b>55</b>		14	34	2	0	4	1
Total Number of Chronically Homeless <b>Families</b>	1	<b>3</b>		1	1	0	0	1	0
Total Number of <b>Persons</b> in Chronically Homeless <b>Families</b>	3	<b>8</b>		2	4	0	0	2	0
Total Number of Veterans	68	<b>58</b>		24	28	0	0	5	1
Female Veterans	15	<b>14</b>		4	9	0	0	1	0
Adults fleeing Domestic Violence	72	<b>26</b>		12	1	0	0	0	0
Adults with a Substance Abuse Problem	23	<b>19</b>		8	11	0	0	0	0
Adults with a Mental Illness	56	<b>56</b>		18	34	0	0	4	0
Adults living with HIV/AIDS	2	<b>4</b>		1	0	1	0	2	0
Parenting Youth	3	<b>4</b>		0	3	0	0	1	0
Unaccompanied Youth	18	<b>22</b>		5	13	2	0	2	0

An analysis of annual trends follows in the next section.

## Trend Analysis

The following charts show the annual trends across the GVPHC. Point in Time Count totals are decreasing overall, both in the total number of persons counted, as well as the special populations reported to HUD.

Since 2011, the number of persons identified during the Point in Time Count in the jurisdictions comprising the GVPHC has **decreased by 40%**, from 736 persons identified in 2011, to 439 persons in 2018.



## Best Practices

In that same time frame, the CoC has implemented a number of best practices that have contributed to decreasing the number of people who become homeless and the length of time they experience homelessness, such as:

- the Service Coordination and Assessment Network (SCAAN);
- centralized intake;
- a standardized Diversion Assessment;
- the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) for assisting the most vulnerable first; and,
- the Housing First model, lowering barriers to housing across the Continuum.

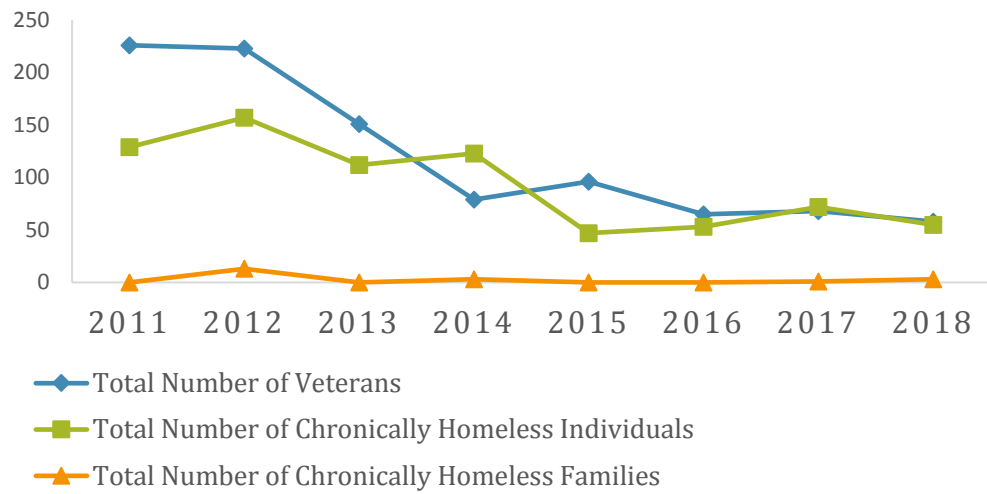
Additionally, the Consortium has increased coverage of known areas for the unsheltered count with the help of local Police Departments, as well as increased participation from both HMIS participating and non-HMIS participating shelter programs.

Further, the percentage of sheltered persons counted consistently exceeds those unsheltered. **Since 2011, the sheltered count has decreased 42%, while the unsheltered count has decreased by 31%.** It is important to note that many of those sheltered persons were participating in seasonal shelters which operate for only a few months during the coldest part of the year. With **250** year-round emergency shelter beds available in the CoC, and **250** seasonal beds between the months of October through March of each year, during the non-winter months, the GVPHC recognizes a 50% decrease in emergency shelter *capacity*.



## Subpopulation Trends

HOMELESS SUBPOPULATIONS 2011-2018:  
CHRONICALLY HOMELESS & VETERANS



Subpopulation data is provided by information gathered through HMIS and the results of the surveys completed by participants; no additional follow-up documentation is available for the Point in Time Count. Better tracking of these populations is achieved through the provider agencies and SCAAN.

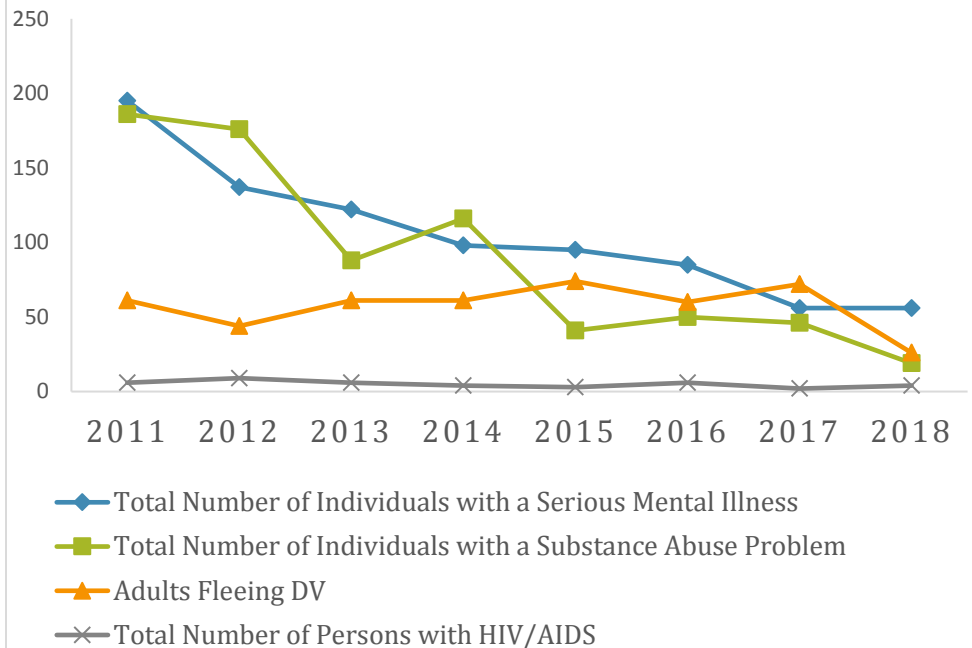
The GVPHC has realized a **57% decrease** in the number of Chronically Homeless

Individuals counted since 2011; the number of Chronic Families has remained fairly constant. The CoC has focused available resources on the most vulnerable, and often chronic, individuals through the SCAAN process. The CoC's commitment to Housing First and its increased investment in Rapid Rehousing and Permanent Supportive Housing options also contribute to the decrease in chronic homelessness.

Also since 2011, the GVPHC has realized a **74% decrease** in the number of Veterans counted during the Point in Time Count; the CoC will continue to work to connect Veterans experiencing homelessness or at risk of being homeless with resources to promote housing stability.

Similarly, the numbers of persons with a Serious Mental Illness (SMI) and with Substance Abuse (SA) Problems have also steadily decreased since 2011. The SMI population has decreased by 71% and the SA population has decreased by 90% (although this population is often under-reported, based on self-report). The CoC is serving these populations through the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant managed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Hampton Newport News Community Services Board (HNNCSB), and a variety of

HOMELESS SUBPOPULATIONS 2011-2018:  
SERIOUS MENTAL ILLNESS, SUBSTANCE ABUSE, ADULTS FLEEING DV, HIV/AIDS



programs and services provided by LGBT Life Center on behalf of the GVPHC. *In Calendar Year 2017, the Road to Home Program funded through CABHI provided outreach to 56 individuals and served 77 persons in Permanent Supportive Housing.*

The numbers of Domestic Violence Survivors and Persons with HIV/AIDS have stayed fairly consistent over the years. The CoC maintains their commitment to these special populations with programs and services provided by the CoC and other community partners.

## Summary

The Point in Time Count provides a snapshot of the size and characteristics of the homeless population in the GVPHC on a single night in January; the data collected is only one tool the Consortium uses to make data-driven decisions. Special thanks to the Resources Committee of the GVPHC for coordinating and planning the Point in Time Count. Additional thanks to all of the community partners, outreach workers, the Hampton Police Division, the Newport News Police Department, the James City County Police Department, and the many volunteers who worked diligently to collect the information provided in this report. Finally, thanks to the Mayors and Chairs Commission on Homelessness for providing ongoing oversight, advocacy, and support on behalf of the GVPHC.



The GVPHC has implemented best practices and processes to achieve the vision that *homelessness will be rare, brief, and non-recurring*; while the data is trending in the right direction, there is more work to be done to protect vulnerable families and individuals experiencing or at risk of experiencing homelessness. For more data and additional information about the CoC, or if you'd like to get involved and find out how you can be part of this effort, please visit [www.gvphc.org](http://www.gvphc.org).