

**Homeless Needs Assessment and Action Plan
for
the Prince William Area**



**Presentation of Observations, Findings
and
Strategic Action Plan Recommendations
Including
a Proposed Redesign of the Homeless Services
Coordinated Intake System for the Prince William Area**

to

the Prince William Community

by

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**Presentation - July 14, 2016
Final Written Report - June 30, 2016**

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Table of Contents

Title Page	1
Table of Contents	2
Executive Summary	3
Study Scope	10
Full Report: Observations, Findings and Recommendations	12
Immediate Next Steps	28
Exhibit 1 - Program/Agency Site Visits, Tours, Meetings and Conference Calls	29
Exhibit 2 - <i>The Seven Guiding Principles of Homeless Transformation</i>	32
Exhibit 3 - Robert G. Marbut Jr., Ph.D. Biography	34

Executive Summary

Prince William County Department of Social Services, the Prince William Area Continuum of Care (CoC) Lead Agency, using CoC HUD planning funds, procured the services of Marbut Consulting to conduct a Homeless Needs Assessment and then develop an Action Plan to evaluate and improve the efficiency and organization of homeless services providers.

In order to develop practical recommendations, Marbut Consulting:

- studied and inventoried homeless services throughout the Prince William area,
- examined Point-in-Time Count (PIT Count) reports,
- analyzed statistics and reports from local agencies,
- interviewed individuals experiencing homelessness,
- conducted meetings with stakeholders,
- made street-level observations,
- posed as a homeless person within the Prince William area in order to understand what its like to be homeless in Prince William and to better understand the movement and circulation of the homeless community.

Marbut Consulting evaluated the current homeless operations within the Prince William area using national best practices and the *Seven Guiding Principles of Homeless Transformation* as the key measuring tools. Marbut Consulting then conducted a needs assessment and gaps analysis between existing inventory and identified needs, including the types of services (qualitative) and capacity of services (quantitative) needed within the Prince William area. Robert Marbut started on-site formally on April 20, 2016. Marbut Consulting finished the written report on June 30, 2016 and Dr. Marbut is scheduled make a formal presentation of his observations and recommendations on July 14, 2016.

Observations and Findings

The Positive

There is a tendency in such endeavors to focus on the negative rather than the positive. Therefore, before the gaps are addressed below, there are three observations that bode very well for the Prince William community regarding the state of homelessness within the Prince William area:

- 1- The Prince William Community does an amazing job working with Families with Children who are experiencing homelessness. Relative to other communities across the USA, Prince William is one of the best in terms of how a community addresses homelessness relating to families with children.

- 2- Unlike similar communities on the eastern seaboard, the Prince William area does not appear to have a major inflow of homeless individuals from other northern communities. There is some inflow on the east side of the Prince William area from Washington, DC, but the level is less than would be expected.
- 3- The Hypothermia Shelter System, which includes Prince William County's Winter Shelter, is very successful and efficiently managed.

The Gaps

Need to Restructure the Governance System of the Continuum of Care: Although there are many meetings and committees, the current governance approach is very “agency-centric” and not “system-centric.” Some service providers are beginning to work together, but these efforts seem to be based on individual relationships and are not based on a systems-approach. Decision making generally has not been “strategic” in nature and has been seldom integrated. The entire system of care within the Prince William area receives only about 15% of its total funding from the Federal government, yet nearly 100% of the focus of the Continuum of Care (CoC) is on Federally driven issues: Point-in-Time Count, the Homeless Management Information System and of the distribution of Federal funding. This myopic focus on these three issues reduces the number of agencies who actively participate within the CoC.

The Intake and Placement Process is Not Working as Hoped: The current intake and placement process lacks true coordination. Even though there is a master wait-list, every service center visited by this researcher had many vacancies. As it exists now, the intake and placement process is an impediment to entry for the individuals and families seeking services, especially during times of acute crisis. Individuals and families seeking help constantly call a multitude of different phone numbers and agencies. At the same time, several agencies reported that they were wasting 100s of staff hours trying to locate the next in-line individual or family in order to place them into shelters/programs. The existing process results in a cumbersome wait-list while at the same time it fails to fully utilize available inventory.

Actionable Data is Sparse: The existing PIT Count (Point-in-Time Count) data, and especially the HMIS (Homeless Management Information System) data is “thin,” which limits meaningful strategic decision making. Data is largely limited to the Federal requirements and does not provide a rich enough understanding of the “uniquenesses” that exist within the Prince William area. Many service providing groups do not utilize HMIS. HMIS data collection is getting better within participating agencies, however data collection is still not universal and the data that is inputted is not in real-time. There is a lack of statistical knowledge and understanding of how “chronic” the population is, how “home-grown” the population is and the “encampment composition.” The lack of relevant data allows un-validated “myths” to become operational “facts.” The HMIS system is predominantly being used as a “score-keeper” for Federal compliance, and is not being utilized to coordinate “master” case management.

The Commingling of Children with Adult Males Contradicts National Best Practices: It is dangerous and risky to commingle children with chronic adult males, and it unnecessarily increases legal exposure for agencies. Additionally, it is very unhealthy for psychological and developmental reasons to expose children to adult males experiencing chronic homelessness. Yet all three of the major year-round “shelters” co-locate children with adult males. Furthermore, the co-location of different groups creates many “structural vacancies” within each program/facility. This means the overall bed/room inventory is not optimized, thus exacerbating the situation of an overall wait-list while there is actually unused inventory. Finally, because adult males are spread so thin over a large geographical region, specialized case management is diluted.

A Critical Lack of Emergency Level Beds and Programming Slots, Especially for Men: The need for emergency level beds for single adults is extremely acute, especially when the Winter Shelter is not open, and particularly for single adult males. There is also a very low inventory of 24/7 emergency program slots for single adult males and females. The lack of available beds and programming slots for adult men is the number one reason for the large encampments.

Many of the Street Feeding/Services Efforts are Counterproductive: During the day, individuals who are experiencing homelessness pursue food services, and are thus often diverted from holistic programming which could be addressing the root causes of their homelessness. Street feeding and street services are generally not co-located nor integrated with supportive services.

The “Service Culture” is More Often Enabling than Engaging: While many efforts within the Prince William area, are good natured and well intended by good-hearted individuals, many efforts like “street feeding” is very enabling and do little to engage individuals who are experiencing homelessness into recovery programs. Although also well intended, the handing out of camping supplies actually deters individuals from engaging into recovery programs. Furthermore, the distribution of camping supplies and propane gas tanks has actually fueled the expansion of area encampments. Among many groups there is a “service culture” of enablement and not engagement.

The Amount of Long-Term Housing Placements is Low: There is an extremely low level of affordable housing within the Prince William area, which in turn means long-term housing placements are extraordinarily low relative to the need. Rental rates have become very expensive. A sampling of two different apartment/housing locator web sites found that rental rates have doubled in five years. Several other agency representatives reported similar increases. Because of the high rates, there is a placement backlog, and this backlog creates a serious “clog” in the overall continuum of care, and thus putting a drag on the whole continuum of care.

Other Observations

- Based on anecdotal observations, the chronic street-level adult homeless situation in the Prince William area is likely largely “homegrown” and the individuals living on the streets and in encampments appear to be older relative to other communities. More extensive research is needed to validate or invalidate these anecdotal observations. Knowing if your homeless community is mostly homegrown versus knowing if the community is mostly from somewhere else would significantly change the strategic and tactical approaches that should be taken within the Prince William area. Additionally, a relative older homeless community has major policy and financial ramifications especially in terms of medical care. In the near future, a comprehensive deep-dive survey should be administered within the Prince William area focusing on adult males.
- The high percent rate of chronic homelessness indicates that helping this group transition to permanent sustainable housing will require services that truly address the root-cause of their homeless condition.
- Encampments within the Prince William area have more dogs (and bigger dogs) than encampments in comparable communities. The encampments also have lower percentages of women. These are leading indicators of likely higher levels of violence in the future.
- The encampment structures are mostly hidden during Spring and Summer, and become more visible when the foliage drops during the Fall and Winter.
- The business and merchant community has become VERY frustrated by the level of encampments and number of aggressive panhandling incidents.
- While the overall rate of homelessness has remained basically flat over that last two years, the percentage of chronic homelessness appears to be increasing. Going forward, it is important to better understand the dynamics and interaction between “home-grownness,” “chronicness” and longevity of homelessness within the Prince William area.

Strategic Action Plan Recommendations

1 - Restructure the Governance Model of the Continuum of Care (CoC)

The Continuum of Care (CoC) should be restructured in such a way as to strategically focus on how to reduce homelessness within the Prince William area. The CoC needs to move far beyond the two activities of the Point-in-Time Count (PIT Count) and of the distribution of Federal funding. By moving from tactics to strategies, and by expanding the focus, it is hoped that the CoC will become more inclusive and attractive to stakeholder participation. Broader participation would be more effective and efficient, thus leading to better outcomes. Ideally,

Prince William County should become the lead administrative agency within the CoC. Note: during the drafting of this report the CoC voted on June 9th to change its governance structure.

Additionally, because the chronic adult male homelessness challenge is so great in the Prince William area, a work group that proactively focuses ONLY on chronic adult males should be formed within the newly restructured CoC. This work group should fall within the Continuum of Care governance structure and should include high level representatives from key stakeholder agencies. The mission of this group should be to reduce the number and percentage of adult males experiencing homelessness by developing and implementing strategic initiatives to reduce chronic homelessness.

2 - Redesign the Homeless Services Coordinated Intake & Placement System

It is critical to redesign and streamline the homeless services intake and placement system. The system needs to have only one intake phone number, one web site, staffed by one agency, at one intake center, with one set of placement protocols. This new coordinated intake must be open 7 days a week and ideally should start by being open from 6:00am to 9:00pm. After 30-60 days of operation, the times should be adjusted based off of need and demand, then kept permanently thereafter so that all stakeholders always know the operating times. The intake system should be operated 7 days a week, 365 days a year. Ideally, a singular independent agency should staff the coordinated intake and placement system. This would require adding 3-4 new intake workers. In between intake calls, these individuals could proactively act as master case managers.

Ideally, the intake and placement system/center should be co-located at the Bill Mehr Drop-In Center, which is in the process of being moved and expanded. At least during the Bill Mehr Drop-In Center's daytime hours, the redesigned intake and placement center should be able to intake individuals and families face-to-face as well as by phone. Overtime, the intake and placement center, in coordination with the Prince William Winter Shelter, could operate as a night-time triage program. Additionally, during weather emergencies, the intake and placement system could easily shift to a 24/7 operating tempo as needed.

3 - Transform HMIS from a "Score Keeper" to a "Proactive Case Management Tool"

HMIS (Homeless Management Information System) needs to be transformed from a "Score Keeping Model" to a "Proactive Case Management Tool." Additionally, to reduce impediments to universal use, a system-wide-all-agency information release-form should be developed and utilized by all agencies. Furthermore, in order to promote universal agency participation, funding to service agencies by foundations, government agencies and the Continuum of Care should become contingent on being proactive participants in HMIS.

4 - Need to Separate Families with Children from Single Adult Males As Soon As Possible

All three of the major “shelters” within the Prince William area commingle children with chronic single adult males. By all measures, the mixing of children with adult males who are experiencing homelessness does not meet national best practices. Commingling is risky, dangerous and unnecessarily increases legal exposure. It also creates unhealthy and negative developmental issues in children. Furthermore, this mixing exacerbates the inefficiencies in the placement process and widens the underutilization gap between the wait-list and usable inventory. Finally, because of the lack of a critical mass of adult males, effective case management is diluted for the single males. There are several options on how to accomplish this recommendation. Since the development of a specific recommendation was beyond the scope of this project tasking, it is recommended that a deeper dive into this issue occur. It may make sense to create a short-term small task force to develop and implement a specific plan of attack.

5 - Create Single Adult Inventory by Adding Operational Months to the “Winter Shelter”

There is a critical urgent need to add year-round inventory for single adults, especially for single adult males. Since the Prince William County Winter Shelter already exists, the most cost effective way is to add additional operating weeks or months to the “Winter Shelter” rather than build a new facility.

6 - Align “Street Feeding and Services” with Holistic Service Programs

Redirect “Street Feeding and Street Services” to be aligned with holistic service programs. Street feeding and street services, although well-intentioned and good-hearted, actually “enables” individuals experiencing homelessness rather than “engages” homeless individuals into 24/7 holistic recovery program services. Providing camping supplies and/or feeding in the parks, at street corners and behind restaurants exacerbates and promotes homelessness, thus increasing the number of homeless individuals. Organizations providing street services should be encouraged to relocate all of their adult homeless services to the Bill Mehr Drop-In Center and Prince William Winter Shelter.

7- The Culture of How the Community Addresses Homelessness Needs to Change

The Prince William Community needs to change how it addresses the issue of homelessness. This includes service agencies, faith-based organizations, volunteers, staffs, donors, funders, government agencies, programs, residents, tourists and the homeless community. The mission should no longer be to “serve” the homeless community, instead the mission should be to dramatically and consequentially increase “street graduation” rates. Specifically, the Prince William Community needs to:

- a - Move from a “*Culture of Enablement*” to a “*Culture of Engagement*,”
- b - Move from “*Agency-centric*” to “*System-centric*” funding and operational processes,
- c - Move from “*Out-put Measurements*” to “*Out-come Measurements.*”

8 - Over Time, Increase “Longer Term” Housing Inventory and Placements

Over time increase the number of “longer term” housing placements across the continuum of care for men, women, families with children and unaccompanied youth. To be successful, there needs to be an increase in inventory capacity as well as improvements in service programs to better prepare individuals and families for the challenges they will face.

Immediate Next Steps

- Get started and do not get bogged down in political and turf issues. Simply just start!!
- Start implementing the 8 Strategic Action Recommendations as approved and/or amended, specifically focusing on:
 - + Making the necessary changes to the Continuum of Care governance structure.
 - + Restructuring the intake and placement system.
 - + Developing possible alternatives to separate families with children from single adults, especially single adult males.
- Establish an accountability system (eg a feedback loop) to proactively promote the progress of approved recommendations.
- In late November and December of this year, conduct a deep-dive survey of the homeless community. This survey should focus on the adult chronic population in regards to how “home-grown” and how chronic the population is within the Prince William area. For a variety of mythological reasons, this needs to be a different survey from the PIT Count and should focus on “street-level” single adults.

Study Scope

From the signed contract:

Based on prior work in other communities, Marbut Consulting proposes the following project phases. Some of these phases run in sequence, while other phases overlap. These phases can be customized if so desired by Prince William County. Throughout these phases, homelessness will be observed from a variety of vantage points: homeless individuals, homeless families with children, agency staffs, volunteers, upstream funders, government officials, civic community leaders, businesses, the media and the general public.

Phase 1 - Inventory of Services:

The Consultant will inventory and ascertain information about the types (qualitative) and volume (quantitative capacity) of services being provided throughout the Prince William area. It is important to inventory the “types” as well as “volume” of services. The Consultant will perform an inventory of homeless services within the Prince William area to include:

- basic analysis of the affordable housing market (pricing and vacancy rates),
- inventory of subsidized housing units (permanent supportive housing, etc.),
- inventory of shelter bed and mat units,
- inventory of supportive services - types and volume of service (quantity and quality),
- inventory of transitional, recovery and long-term services,
- inventory of preventative services (eg utility assistance, rental assistance, etc.),
- inventory of potential diversion services and programs,
- then distinguish between services for individuals and families experiencing homelessness.

Phase 2 - Review of Recent PIT Count Data, with a Field Survey and Field Observations:

The Consultant will conduct a basic review of the recent Point-in-Time Count (PIT Count) compared to earlier PIT Counts. Based on these findings, the Consultant will conduct a streamlined field survey of individuals experiencing “street-level homelessness,” this may include the Consultant “being homeless” within the Prince William area. The Consultant will also conduct a series of field observations analyzing flow and movement patterns. The Consultant will also review HMIS data and available reports of homeless service providing agencies.

Phase 3 - Gaps and Duplication Data Analysis and Assessment:

The Consultant will conduct a basic needs assessment of the types of services (qualitative) and capacity of services (quantitative) needed in the Prince William area. This will be based on street-level observations and data from Point-in-Time Counts (PIT Counts), Homeless

Management Information System reports (HMIS) and agency reports. The Consultant will conduct a gap and duplication analysis of services between existing inventory and identified needs.

Phase 4 - Develop Recommendations to Redesign the Services Coordinated Intake System:

The Consultant will develop and vet recommendations to redesign the Homeless Services Coordinated Intake System based on the overall assessment of the current systems/policies as well as the inventory of services and the analysis of service gaps and duplications. The Consultant will then develop and frame the recommendations.

Phase 5 - Presentation of Observations and Recommendations:

Observations and recommendations will be presented at one mutually agreed upon public forum.

Notes About Scope of Services:

- Many improvements will “organically” materialize during the gap and duplication analysis phase. During this time frame, Marbut Consulting may suggest improvement opportunities that naturally arise throughout this “journey.”
- The scope of work was limited to “study and development of recommendations” only.

Full Report: Observations, Findings and Recommendations

Issue 1

Need to Restructure the Governance System of the Continuum of Care

- Although there are many meetings and committees, the current governance approach is very “agency-centric” and not “system-centric.” A coordinated strategic “systems-approach” is needed throughout the Prince William area.
- There is not an integrated “system” of care. Service providers are largely working in their own isolated silos. Some service providers are beginning to work together, but these efforts seem to be based on individual relationships and are not based on a systems-approach.
- More often than not, important decisions have been made in a series of narrow and isolated “one-off” discussions that are “tactical” in nature. Decision making generally has not been “strategic” in nature, instead it has been mostly “tactical” in nature and seldom integrated. This narrow focus also tends to limit the “players” thus missing opportunities to engage a wider spectrum of agencies and stakeholders into more strategic action.
- As a whole, the entire system of care within the Prince William area receives only about 15% of its total funding from the Federal government, yet nearly 100% of the focus of the Continuum of Care (CoC) is on Federally driven issues. The CoC focuses almost solely on just three activities: the Point-in-Time Count, the Homeless Management Information System and of the distribution of Federal funding.
- This myopic focus on three issues reduces the number of agencies who actively participate within the CoC.
- Whether real or perceived, many individuals think participation within the CoC is motivated by financial self-interest, and not by a higher desire to coordinate strategies and tactics.

Recommendation 1

Restructure the Governance Model of the Continuum of Care (CoC)

The Continuum of Care (CoC) should be restructured in such a way as to strategically focus on how to reduce homelessness within the Prince William area. The CoC needs to move far beyond the two activities of the Point-in-Time Count (PIT Count) and of the distribution of Federal funding. By moving from tactics to strategies, and by expanding the focus, it is hoped that the CoC will become more inclusive and attractive to stakeholder participation. Broader participation would be more effective and efficient, thus leading to better outcomes. Ideally, Prince William County should become the lead administrative agency within the CoC.

Additionally, because the chronic adult male homelessness challenge is so great in the Prince William area, a work group that proactively focuses ONLY on chronic adult males should be formed within the newly restructured CoC. This work group should fall within the Continuum of Care governance structure and should include high level representatives from key stakeholder agencies. The mission of this group should be to reduce the number and percentage of adult males experiencing homelessness by developing and implementing strategic initiatives to reduce chronic homelessness.

- Even though some sub-populations of homelessness appear to have dropped within the Prince William area, chronic street-level adult homelessness has been increasing, especially among males. Based on anecdotal observations, it is likely that the males that have been experiencing homelessness over a longer term, appear more often than not to be “home-grown.” Determining the exact nature and levels was beyond the scope of this report, therefore it is recommended that a survey be conducted in November-December 2016 to better ascertain the status of chronic street-level adult homelessness.
- In order to streamline activities, the chronic adults work group should fall within the existing authority of the CoC (eg do not create an additional bureaucratic group).
- The chronic adult work group should become very proactive, not reactive. Additionally, this work group should become the clearing house and vetting center for all initiatives relating to adult chronic homelessness.
- Strategic initiatives should be developed and implemented within the existing CoC. Once the strategic initiatives are developed, the tactical implementation should occur within the appropriate agencies in coordination with the CoC.

Issue 2

The Intake and Placement Process is Not Working as Hoped

- The current intake and placement process is not working and it is not truly coordinated.
- Even though there is a wait-list for both families and individuals, every service center visited by this researcher had many vacancies at each center.
- The current process fails to fully utilize available inventory.
- The process generally does not triage the service needs, especially for single adult males.
- As it exists now, the intake process is an impediment to entry for the individuals and families seeking services, especially during times of acute crisis. Individuals and families seeking help constantly call a multitude of different phone numbers and agencies seeking help. It also

- In addition to better helping families and individuals seeking help, and to mitigate the staff efficiencies of all agencies, a more streamline intake and placement system will create increased inventory within the existing overall network of service agencies.
- Having neutral distributor of placements (eg a neutral agency) would also act to mitigate the real and/or perceived “cherry picking” that exists within the existing process.
- The Homeless Management Information System should become the e-system tool that acts as the nerve center for the overall system.

Issue 3

HMIS is Underutilized and Actionable Data is Sparse

- The existing HMIS data is “thin,” which limits meaningful strategic decision making. Data is largely limited to the Federal requirements and does not provide a rich enough understanding of the “uniquenesses” that exist within the Prince William area.
- Participation in HMIS is low. This low participation rate is a significantly lower HMIS participation rate compared to other communities. Funding should directly be tied to and contingent upon timely and accurate data entry. Carrots need to be created to encourage agencies to use HMIS, likewise, there needs to be financial consequences for not using it.
- HMIS data collection is becoming better within participating agencies, however data collection is still not universal and the data that is inputted is not in real-time.
- The lack of good real-time data prevents the “system” from being integrated and coordinated.
- The lack of good data inhibits good strategic level policy making.
- The lack of quality data allows un-validated “myths” to become operational “facts.” Unfortunately, most decisions have been made on anecdotes and myths. This means decisions end up being “tactical” actions rather than being overarching strategies.
- Data entry needs to be “real-time” and “universal” across all agencies in order to facilitate coordination of care across the Continuum of Care.
- There is a lack of statistical knowledge and understanding of key aspects of homelessness within the Prince William area, especially in the following areas:
 - + How “chronic” the population is not truly known.
 - + How “home-grown” the population is not truly known.
 - + The “encampment composition” is not understood at all.

- The HMIS system is predominantly being used as a “score-keeper” for Federal compliance, and is not being utilized to coordinate “master” case management nor is it being used to track individual recovery plans.

Recommendation 3

Transform HMIS from a “Score Keeper” to a “Proactive Case Management Tool”

HMIS (Homeless Management Information System) needs to be transformed from a "Score Keeping Model" to a "Proactive Case Management Tool." Additionally, to reduce impediments to universal use, a system-wide-all-agency information release-form should be developed and utilized by all agencies. Furthermore, in order to promote universal agency participation, funding to service agencies by foundations, government agencies and the Continuum of Care should become contingent on being proactive participants in HMIS.

- HMIS provides a helpful “score-keeper” function, however, HMIS needs to become more than a passive score-keeper by becoming a proactive case management tool within a truly integrated Master Case Management System.
- HMIS should be used as a proactive case management tool for the following activities: tracking recovery action plans, making referrals to providers, tracking bed availability in real-time and using dashboard data to make tactical and strategic decisions.
- An “universal release-form” should be developed and utilized by ALL homeless agencies participating in the Prince William Area Continuum of Care. Before implementing the universal release, each provider will need HIPAA and data security training to ensure they protect the privacy and best interest of the individuals experiencing homelessness.
- The CoC should work to develop a coordinated Master Case Management “system” for homeless individuals and families with children. The coordinated case management model starts at the point of initial intake and is sometimes referred to as Master Case Management. “Master Case Management” and “agency level case management” are often wrongly presented as the same functionality. There is a major difference between master case management and agency level case management - the first is holistic case management across the entire system of all agencies, while the second is only within an individual agency.
- This Master Case Management system needs to utilize HMIS as its primary coordinating and case management tool.
- HMIS and Master Case Management should work hand-and-hand. HMIS is about the software system whereas Master Case Management is about staffing.

- Each individual and family should have a customized recovery plan. Master Case Managers then would proactively monitor and manage each recovery plan across service providers.

Issue 4

The Commingling of Children with Adult Males Contradicts National Best Practices

- For a variety of reasons, centers/programs/shelters across the USA have moved to separate children from chronic single men (and sometimes chronic single women). The mixing of these groups does not meet national best practices.
- Commingling of children with chronic single adult males occurs at all three of the major “shelters” within the Prince William area.
- Commingling of children with adult males is risky, dangerous and unnecessarily increases legal exposure to agencies.
- The exposure of children within the same living environment of chronic adult males creates very unhealthy and negative psychological developmental issues for the children.
- Each of the three “shelters” all had wait-lists, yet all three shelters had vacancies. Because of the need for internal separation, the co-location of different groups creates many “structural vacancies” within each program/facility. Many room/bed placement inefficiencies occur because of the commingling of families with children, single adult males and single adult females. Optimal utilization of vacant beds and rooms would reduce the master wait-list and inexpensively increase the functional inventory without creating additional capital cost outlays.
- The overall bed/room inventory is not optimized, thus exacerbating the situation of an overall wait-list while there is actually unused inventory.
- Because adult males are spread so thin over a large geographical region, specialized case management for the single males is very diluted, inefficient and possibly less effective. More often than not, the case management focus is on the families with children and not on single adult males.

Recommendation 4

Need to Separate Families with Children from Single Adult Males As Soon As Possible

All three of the major “shelters” within the Prince William area commingle children with chronic single adult males. By all measures, the mixing of children with adult males who are experiencing homelessness does not meet national best practices. Commingling is risky,

dangerous and unnecessarily increases legal exposure. It also creates unhealthy and negative developmental issues in children. Furthermore, this mixing exacerbates the inefficiencies in the placement process and widens the underutilization gap between the wait-list and usable inventory. Finally, because of the lack of a critical mass of adult males, effective case management is diluted for the single males. There are several options on how to accomplish this recommendation. Since the development of a specific recommendation was beyond the scope of this project tasking, it is recommended that a deeper dive into this issue occur. It may make sense to create a short-term small task force to develop and implement a specific plan of attack.

- Ideally, single adult females would have a dedicated section at one location which focuses on adult females. However, on a practical level, single adult females could be a subsection of families with children “shelter.” Although less desirable, single adult females could be co-located with adult males within a separately demarcated section.

Issue 5

There is a Critical Lack of Emergency Level Programming Slots, Especially for Men

- There is a critical need for emergency level beds for single adults, especially males.
- The need for emergency level beds for single adult men is extremely acute, especially when the Winter Shelter is not open.
- There is a very low inventory of 24/7 emergency program slots for single adult males and females.
- The lack of available beds and programming slots for adult men is the number one reason for the large encampments.
- The inventory for families with children is much better than it is for individuals.

Recommendation 5

Create Single Adult Inventory by Adding Operational Months to the “Winter Shelter”

There is a critical urgent need to add year-round inventory for single adults, especially for single adult males. Since the Prince William County Winter Shelter already exists, the most cost effective way is to add additional operating weeks or months to the “Winter Shelter” rather than build a new facility.

- Rather than spending precious resources on building a new center to create additional inventory, it would be much more cost effective to add operating months to the existing term of operation of the “Winter Shelter.”

- Additionally, this approach would create increased inventory in real time, and in a very cost effective way.
- Because the Winter Shelter is next door to the soon to be opened Bill Mehr Drop-In Center, there will be many positive impacts vis-a-vis increased synergism. The improved efficiency and effectiveness levels would be even more significant if the Coordinated Intake and Placement Center was to be located within the Bill Mehr Drop-In Center.
- During times of weather emergencies, the Winter Shelter should be the go to location to stand-up emergency operations.
- Expansion of inventory through the expansion of operating months can easily be “phased” over a few years.
- Once the “Winter Shelter” expands to more than 6 months of operations, the operation should be re-named and re-branded. Additional, for culture reasons (See Recommendation 7), the term “shelter” which denotes more enabling services should be dropped from the name, and replaced with a term connotes a more engaging enterprise.
- As the operating time frame of the Winter Shelter expands, street feeding programs, street services and food pantry programs should be encouraged to relocate to (or at least coordinate with) with the Winter Shelter.
- It is very important to understand that individuals experiencing homelessness do not “graduate” from street-life back into general society if they are enabled to stay on the streets, in parks or in encampments. Likewise, individuals experiencing homelessness do not graduate from street-life by being incarcerated in a jail. A person will never experience recovery if they are sleeping under a bridge or sleeping on a jail cell floor since they are not in a formal 24/7 recovery program.
- The most successful and proven way to increase the rate of street graduations is for individuals to be in formal programs that provide holistic, transformational services 24 hours a day, seven days a week. Holistic and transformational means comprehensive services including master case management, mental/behavioral health, substance abuse treatment, life skills training, job training, job placement, etc.
- Over time, attempts should be made to include the following services within the operation of the expanded Winter Shelter:
 - + Engagement:
 - * Outreach
 - * Intake, registration, assessment
 - * Master Case Management

- + Medical:
 - * Medical (on-site and off-site referrals)
 - * Dental and Vision (off-site referrals)
 - * Pharmacy services (on-site)
 - * Mental health (off-site referrals)
 - * Addictive disorders and substance abuse services (off-site referrals)

- + Job Placement Services:
 - * Legal services and ID recovery
 - * Life skills training
 - * Job skills training (includes interview and resume training)
 - * Job placement, coaching and enlisting business community support for jobs

- + Hygiene Services:
 - * 24/7 bathrooms
 - * Showers
 - * Hygiene skills training and services
 - * Hair cut services (to be presentable for job interviews)

- + Overnight Sleeping:
 - * Low demand sheltering
 - * Transitional living (by referral)

- + Feeding:
 - * Establishment of a commercial kitchen
 - * Food and meals
 - * Coordination of meals (delivery and prep from non-profits and churches)

- + Other Support Services:
 - * Clothing closet
 - * Housing out-placement
 - * Veteran services
 - * Daytime activities
 - * Property storage
 - * Donation center

- The Winter Shelter must be a “Good Neighbor.”

- Safety, health and hygiene are all negatively impacted by dirty, soiled and cluttered environments. All “shelters” should embrace national best practices of “*Look, Feel and Smell*” standards:
 - + All areas need to be organized neatly and uncluttered (look).
 - + All areas need to be warm and nurturing (feel).

- + All areas need to smell like a nice home - should not smell dirty and soiled, nor should it smell like cleaning solutions (smell).
- High quality environments also increase resources to agencies in the following four ways:
 - + Increases volunteers.
 - + Increases funding.
 - + Increases staff member and volunteer productivity.
 - + Extends the useful life of the physical plant and infrastructure.
- Having high standards dignifies the folks being helped while fostering higher standards for staff and volunteers. Individuals respond to their surroundings. Neat, clean and warm feeling environments lead to more positive out-comes than dirty, soiled and cluttered environments. Embracing a high environmental quality also helps in being a good neighbor.
- How a facility is operated is as equally important to where a facility is sited. The goal is to reduce the hanging-out and minimize the “crumb-trail” between service agencies by encouraging individuals to come into programming.
- It is very important that the broader Prince William Community realize this is a problem of the “whole” and that this affects the entire Prince William area. It is therefore critical to have a county-wide “system” that is holistic and integrated. A system that is supported by the faith based, business, government and service agency communities.

Issue 6

Many of the Street Feeding/Services Efforts are Counterproductive

- During the day, especially when the Winter Shelter is not open, individuals who are experiencing homelessness pursue food services, and are thus often diverted from holistic programming which could be addressing the root causes of their homelessness.
- Street feeding and street services are generally not co-located nor integrated with supportive services. There is a big opportunity to connect to holistic services with meals and food.
- Feeding programs alone do not address the root causes/triggers of homelessness. In order to facilitate graduating from the street, programs must deal with mental/behavioral health, substance abuse, job training/placement/retention and life skills.
- The negative consequences relating to cash handouts and panhandling are very similar to the negative consequences relating to street feeding.

Recommendation 6
Align “Street Feeding and Services” with Holistic Service Programs

Redirect “Street Feeding and Street Services” to be aligned with holistic service programs. Street feeding and street services, although well-intentioned and good-hearted, actually “enables” individuals experiencing homelessness rather than “engages” homeless individuals into 24/7 holistic recovery program services. Providing camping supplies and/or feeding in the parks, at street corners and behind restaurants exacerbates and promotes homelessness, thus increasing the number of homeless individuals. Organizations providing street services should be encouraged to relocate all of their adult homeless services to the Bill Mehr Drop-In Center and Prince William Winter Shelter.

- Individuals and groups feeding homeless individuals need to move from enabling behaviors to engaging efforts by holistically aligning feeding efforts with engaging services that lead to street graduation. Street feeding organizations need to be encouraged to relocate and redirect their services to Bill Mehr Drop-In Center and the “Winter Shelter.” It is very important to understand the “working poor” and individuals experiencing homelessness have different needs in terms of prevention and recovery, therefore formal assessment and case management using HMIS is critical. Feeding efforts that work with the working poor should continue. Even though they have major financial challenges, the “working poor” still have their housing whereas individuals experiencing homelessness have lost their housing.
- The overall community needs to move from a *Culture of Enablement* to a *Culture of Engagement* in all aspects (See Recommendation 7). This includes service agencies, faith-based organizations, volunteers, staffs, donors, funders, government agencies, programs, residents, tourists and the homeless community. Free food handouts and cash from panhandling - although well intended by nice folks - actually perpetuates and increases homelessness through enablement. Street handouts of food and cash should be redirected to Winter Shelter. The mission should no longer be to “serve” the homeless community, instead, the mission should be to dramatically and consequentially increase “street graduation” rates.
- Food provides an opportunity to positively incentivize engagement into the transformational process. If one really wants to reduce homelessness, then feeding programs need to be coordinated in a manner that encourages change.
- Wholesale food suppliers, caterers, grocery stores, restaurants and hotels need to be encouraged to assist strategic initiatives rather than efforts that enable homelessness.
- A media and public awareness campaign needs to be developed to encourage the community to move from a culture of enablement to a culture of engagement.

- The best way to increase street graduation rates is to engage each individual and family in a customized plan for recovery that provides a roadmap out of homelessness and to sustained income and housing.

Issue 7

The “Service Culture” is More Often Enabling than Engaging

- While many efforts within the Prince William area, are good natured and well intended by good-hearted individuals, many efforts like “street feeding” is very enabling and do little to engage individuals who are experiencing homelessness into recovery programs.
- Although also well intended, the handing out of camping supplies actually deters individuals from engaging into recovery programs.
- Furthermore, the distribution of camping supplies and propane gas tanks has actually fueled the expansion of area encampments.
- The massive number of propane gas tanks within the encampments is dangerous.
- Among groups and service agencies, many of the actions and efforts are very enabling in nature.
- There is often a “service culture” of enablement and not engagement.

Recommendation 7

The Culture of How the Community Addresses Homelessness Needs to Change

The Prince William Community needs to change how it addresses the issue of homelessness. This includes service agencies, faith-based organizations, volunteers, staffs, donors, funders, government agencies, programs, residents, tourists and the homeless community. The mission should no longer be to “serve” the homeless community, instead the mission should be to dramatically and consequentially increase “street graduation” rates. Specifically, the Prince William Community needs to:

- a - Move from a “*Culture of Enablement*” to a “*Culture of Engagement*,”
 - b - Move from “*Agency-centric*” to “*System-centric*” funding and operational processes,
 - c - Move from “*Out-put Measurements*” to “*Out-come Measurements*.”
- If the greater Prince William community keeps doing the same activities in the same ways, the number of street-level chronic homeless individuals will dramatically increase and likely become more aggressive. There needs to be an across-the-board “*Change in Thinking and a Change in Doing*.”

- The leadership within the civic, local government, faith-based, funder, advocate, service provider, law enforcement and homeless communities need to embrace and support transformational best practices that have worked throughout the USA.
- All agencies, programs and service providers within the Prince William area should adopt the “culture of transformation” in all aspects of their operations. The focus needs to be on the overall mission of reducing street-level homelessness and graduating people from the streets to becoming productive community members.
- The mission should no longer be to “serve” the homeless community, instead the mission should be to dramatically and consequentially increase “street graduation” rates. A street graduation occurs when an individual moves from living on the street (or in an encampment) into a sustainable quality of life that allows the individual to be a productive citizen of the community.
- The broader community needs to move from a culture of enablement to a culture that engages individuals experiencing homelessness in all aspects of daily life. Free food, handouts of camping equipment and cash from panhandling - although well intended by nice folks - actually perpetuates and increases homelessness through enablement. Rather than street handouts of food and cash, donations should instead be redirected to high performing agencies. A media and public awareness campaign needs to be developed to educate and encourage the community to move from a culture of enablement to a culture of engagement.
- A new nomenclature that reflects “engagement” rather than “enablement” should be adopted. “Shelters” should be re-named and re-branded to connote engagement and recovery.
- The current approach is very “agency-centric” and not “system-centric.” A coordinated strategic “systems-approach” throughout Prince William Community should be implemented. This effort should not be agency-centric nor a series of isolated “one-off” arrangements, instead, it should be integrated. This can be accomplished quickly and effectively through changes in funding requirements/standards by the County and other major funding organizations. Decisions should be made based on performance and not be based on historic funding levels. Service providers need to work together as partners within a single coordinated holistic system in order to better help people experiencing homelessness move from the streets and encampments into formal service programs.
- The culture needs to move from measuring “out-puts” of service to one that measures “out-comes” of systematic change. Success should be measured using substantive “out-come” metrics (are street graduation rates increasing or is the percent of homeless individuals in jail decreasing, rather than how many meals are served, or how many showers taken or how many people slept in building overnight).

- Homeless individuals who want help, should be provided engaging help. Individuals who turn down help, should not be enabled.
- “Hanging-out” should be replaced by “program participation.” Every effort possible must be made to engage individuals into programming.
- Engagement should never be mean - instead engagement should always be kind, caring and compassionate.

Issue 8

The Amount of Long-Term Housing Placements is Low

- There is an extremely low level of affordable housing within the Prince William area, which in turn means long-term housing placements are extraordinarily low relative to the need.
- Rental rates that were relatively high before, have become even higher and more expensive. A sampling of two different apartment/housing locator web sites by this researcher and Lula Kelly (Program Manager of ACTS) found that rental rates have doubled in five years. Several other agency representatives reported similar increases.
- There is a backlog of individuals and families waiting to get placed.
- This backlog of individuals and families waiting for long-term placements creates a serious “clog” in the overall continuum of care, thus putting a drag on the whole continuum of care.
- Prince William area’s long-term affordable housing inventory needs to be increased.

Recommendation 8

Over Time, Increase “Longer Term” Housing Inventory and Placements

Over time increase the number of “longer term” housing placements across the continuum of care men, women, families with children and unaccompanied youth. To be successful, there needs to be an increase in inventory capacity as well as improvements in service programs to better prepare individuals and families for the challenges they will face.

- A Work Group to address the issues of Chronic Adults should be formed within the CoC and should proactively pursue multiple initiatives to increase the affordable housing stock:
 - + Try to obtain more Federal vouchers,
 - + Partner with developers to use of low-income-housing-tax-credits,
 - + Pursue housing first initiatives,

- + Tap into the state housing trust fund,
 - + Encourage faith-based organizations to adopt, mentor and fund a person for a year.
- All of the possible initiatives listed above have pros and cons. Vouchers are very useful, but Federal budget cuts and increased rental rates are reducing the number of available vouchers. Low-income-tax-credit housing is one of the best Federal programs in existence, however, this program is very competitive. Many of the housing first type programs are very expensive, and becoming even more expensive. Expansion of real inventory would likely entail developing/constructing new inventory. Finally, most if not all of these solutions will have NIMBY'ism zoning and siting issues.

Other Issues, Observations and Findings

- There is some very good news regarding homelessness within the Prince William area:
 - 1- The Prince William Community does an amazing job working with Families with Children who are experiencing homelessness. Relative to other communities across the USA, Prince William is one of the best in terms of how a community addresses homelessness relating to families with children.
 - 2- Unlike similar communities on the eastern seaboard, the Prince William area does not appear to have a major inflow of homeless individuals from other northern communities. There is some inflow on the east side of the Prince William area from Washington, DC, but the level is less than would be expected.
 - 3- The Hypothermia Shelter System, which includes Prince William County's Winter Shelter, is very successful and efficiently managed.
- Based on anecdotal observations, the chronic street-level adult homeless situation in the Prince William area is likely largely "homegrown," but more extensive research is needed to validate or invalidate these anecdotal observations. Knowing if your homeless community is mostly homegrown versus knowing if the community is mostly from somewhere else would significantly change the strategic and tactical approaches that should be taken within the Prince William area. In the near future, a comprehensive deep-dive survey should be administered within the Prince William area. For a variety methodological of reasons, it is suggested that this research occur this year in November and December once the winter shelter is opened.
- While the overall rate of homelessness has remained basically flat over that last two years, the percentage of chronic homelessness appears to be increasing. Going forward, it is important to better understand the dynamics and interaction between "home-grownness," "chronicness" and longevity of homelessness within the Prince William area.

- The high percent rate of chronic homelessness indicates that helping this group transition to permanent sustainable housing will require services that truly address the root-cause of their homeless condition.
- Encampments within the Prince William area have more dogs (and bigger dogs) than encampments in comparable communities. This is a leading indicator of increased levels of violence in the future.
- Encampments within the Prince William area also have lower percentages of women which is also a future indicator of higher levels of violence.
- The encampment structures are mostly hidden during Spring and Summer, and become more visible when the foliage drops during the Fall and Winter.
- Some of the encampments become ghost towns when the Winter Shelter operates.
- The business and merchant community has become VERY frustrated by the level of encampments and number of aggressive panhandling incidents.
- Relative to the rest of the USA, the overall number of people experiencing homelessness per capita is low. However, the number of people experiencing chronic and street-level homelessness appears to be higher than the national average, and this situation is getting worse.

Immediate Next Steps

- Get started and do not get bogged down in political and turf issues. Simply just start!!
- Start implementing the 8 Strategic Action Recommendations as approved and/or amended, specifically focusing on:
 - + Making the necessary changes to the Continuum of Care governance structure.
 - + Restructuring the intake and placement system.
 - + Developing possible alternatives to separate families with children from single adults, especially single adult males.
- Establish an accountability system (eg a feedback loop) to proactively promote the progress of approved recommendations.
- In late November and December of this year, conduct a deep-dive survey of the homeless community. This survey should focus on the adult chronic population in regards to how “home-grown” and how chronic the population is within the Prince William area. For a variety of mythological reasons, this needs to be a different survey from the PIT Count and should focus on “street-level” single adults.

Exhibit 1 -
Program/Agency Site Visits, Tours, Meetings and Conference Calls (partial listing)

Jerriane S. Anthony
Northern Virginia Family Service
Director of Homeless Services

April K. Ballard, LCSW, BCD
Operation Renewed Hope Foundation
Veteran Case Manager

Levi Bass
Prince William Department of Social Services
Residential Service Division Chief

LoToya Blake-Bass
Prince William Department of Social Services
Homeless Services Coordinator

Dori Cook
Unsheltered Homeless Coalition
Member

Colin Davis
Transitional Housing Barn, Inc.
Executive Director

Andrea Eck
Northern Virginia Family Service
Senior Vice President of Programs

Madlin Edmonds
Helping Neighbors In Need
Executive Director

Lynn M. Fritts, M.A., L.P.C.
Prince William County Community Services
Community Services Therapist III
- Projects for Assistance in Transition from Homelessness (PATH) Coordinator

Teresa Giesting
Prince William Area Homeless Management Information System
Administrator

Patricia Johanson
Good Shepherd Housing Foundation
Executive Director

Lula Kelly
Action in Community Through Service (ACTS)
Program Manager

Steve Liga, MSW, LSW, LCADC, CPS, CCS
Action In Community Through Service (ACTS)
CEO/Executive Director

Debra G. Rapone
Northern Virginia Family Service
Shelter Director - SERVE Shelter

Courtney Tierney
Prince William Department of Social Services
Director

Tour of Beverly Warren Emergency Shelter - Action in Community Through Service (ACTS)

Tour of Hilda M. Barg Homeless Prevention Center

Tour of Northern Virginia Family Service SERVE Shelter and Campus

Tour of Prince William County Winter Shelter

Numerous Prince William area citizens and merchants

Numerous individuals experiencing homelessness

Several individuals from the faith-based community

Various tours of encampment and camping sites

Many others, some of whom requested anonymity

Exhibit 2 - The Seven Guiding Principles of Homeless Transformation

The Measuring Stick Moving from Enablement to Engagement

After visiting 237 homeless service providers in 12 states and Washington, DC, Dr. Robert Marbut established the following the *Seven Guiding Principles of Homeless Transformation* which he commonly found to be the best practices within communities across the USA. These *Seven Guiding Principles of Homeless Transformation* were used as key measuring sticks when reviewing homeless service providers in Prince William as well as the overall service network within Prince William County.

1. Move to a Culture of Transformation (versus the Old Culture of Warehousing):

Homeless individuals must be engaged and no longer enabled. Everybody within the service delivery system (eg general public, media, elected politicians, appointed officials, boards, staffs and volunteers of service agencies and most importantly the homeless themselves) must embrace a culture of transformation. A culture, that through the help of others, homeless individuals can transform and integrate themselves back into society. For moral and fiscal reasons, homelessness must become an unacceptable condition that is not tolerated in the USA.

2. Co-location and Virtual E-integration of as Many Services as Possible:

In order to increase success, all services within a service area must be e-integrated. Virtual e-integration improves coordination of services, enhances performance, reduces “gaming” of the system, engages individuals on the margin of society and increases cost efficiencies within and between agencies. Furthermore, whenever financially possible, services should be co-located. Co-location goes beyond virtual e-integration by increasing access and availability into a shorter period of time through the reduction of wasted time in transit and minimization of mishandled referrals. Co-location also increases the supportive “human touch.”

3. Must Have a Master Case Management System That is Customized:

Because there are so many different service agencies helping homeless individuals (eg government at multi-levels, non-profits and faith-based), it is critical that ONE person coordinates the services an individual receives and to do so in a customized fashion. The types of service provided is critical, but what is more important is the sequencing and frequency of customized person-centered services.

4. Reward Positive Behavior:

Positive behavior of individuals should be rewarded with increased responsibilities and additional privileges. Privileges such as higher quality sleeping arrangements, more privacy and elective learning opportunities should be used as rewards. It is important that these rewards be used as “tools” to approximate the “real world” in order to increase sustainable reintegration into society. Every aspect of service delivery should be rooted in preparing the individual or family to have sustained success in permanent housing.

5. Consequences for Negative Behavior:

Too often there are no consequences for negative behavior of individuals. Unfortunately, this sends a message that bad behavior is acceptable. Within the transformational process, it is critical to have swift and proportionate consequences.

6. External Activities Must be Redirected or Stopped:

External activities such as “street feeding” must be redirected to support the transformation process. In most cases, these activities are well-intended efforts by good folks; however, these activities are very enabling and often do little to engage homeless individuals.

7. Panhandling Enables the Homeless and Must Be Stopped:

Unearned cash is very enabling and does not engage homeless individuals in job and skills training which is needed to end homelessness. Additionally, more often than not, cash is not used for food and housing but is instead used to buy drugs and alcohol which further perpetuates the homeless cycle. Homeless individuals who are panhandling should be engaged into the transformational process. Furthermore, most panhandlers are not truly homeless but are preying on the good nature of citizens to get tax-free dollars.

Exhibit 3 - Robert G. Marbut Jr., Ph.D. Biography

Dr. Robert Marbut has worked on homeless issues for more than three decades: first as a volunteer, then as a White House staffer to President H.W. Bush, later as a San Antonio City Councilperson/Mayor-Pro-Tem and most recently as the Founding President & CEO of Haven for Hope (the most comprehensive homeless transformational center in the USA).

In 2007, frustrated by the lack of real improvement in reducing homelessness, and as part of the concept development phase for the Haven for Hope Campus, Dr. Marbut conducted a nationwide best practices study of homeless services. After personally visiting 237 homeless service facilities in 12 states and the District of Columbia, he developed The Seven Guiding Principles of Homeless Transformation which focuses on root causes and recovery, not symptoms and short term gimmicks. Since then, Dr. Marbut has visited a total of 743 operations in 23 states, plus Washington, DC and Mexico City, and has helped hundreds of communities and agencies to dramatically reduce homelessness.

These Seven Guiding Principles of Transformation are used in all aspects of his work to create holistically transformative environments in order to reduce homelessness.

Dr. Marbut was a White House Fellow to President George H.W. Bush (41, the Father) and a former chief of staff to San Antonio Mayor Henry Cisneros.

He earned a Ph.D. from The University of Texas at Austin, Austin, Texas in International Relations (with an emphasis in international terrorism and Wahhabism), Political Behavior and American Political Institutions/Processes from the Department of Government.

He also has two Master of Arts degrees, one in Government from The University of Texas at Austin and one in Criminal Justice from the Claremont Graduate School. His Bachelor of Arts is a Full Triple Major in Economics, Political Science and Psychology (Honors Graduate) from Claremont McKenna (Men's) College.

Dr. Marbut also has completed three post-graduate fellowships, one as a White House Fellow (USA's most prestigious program for leadership and public service), one as a CORO Fellow of Public and Urban Affairs and one as a TEACH Fellow in the Kingdom of Bahrain and the State of Qatar (1 of 13 USA educators selected). He was also a member of the Secretary of Defense's JCOC 2000 class which focused on Special Operations across the DoD.

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July 4, 2016 (10:32am)

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