
BLUEPRINT FOR SUCCESS:
Strategic Directions
for the
Plan to Prevent and
End Homelessness
in the
Fairfax-Falls Church Community



Prepared by the Planning Committee to End Homelessness of the Community Council on Homelessness
December 2006

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Companion materials to the Blueprint for Success are available on the Fairfax County Web site, as will be annual reports on progress. For more information visit:

<http://www.fairfaxcounty.gov/homeless/>

- Fairfax County Annual Point In Time Report 2006
- Fairfax County’s current homeless system map
- Video and materials from our community summit held April 7, 2006
- Glossary of relevant terms and acronyms

Vision

By 2016,
Every person in our community will access and maintain decent, safe, affordable housing.

Statement of Values

These values inform and guide us as we move toward achieving our vision.

- We value everyone in our community, recognizing the right of all people to have a safe affordable place in which to live.
- We value diversity, believing that communities are strengthened when people connect across differences.
- We value excellence and are committed to finding creative, bold solutions for both housing needs and support services.
- We value an inclusive process that respects all points of view and a balanced approach to the issues.
- We value education and advocacy and their power to impact public policy in ways that achieve a vision of a community without homelessness.

The Planning Process

Background

In the 1990s, the Fairfax-Falls Church community¹ established a Continuum of Care as a community process for seeking federal funds from the Department of Housing and Urban Development. This collaborative approach brought millions of dollars to our community for services and programs to **manage** the growing homeless issue but few dollars or incentives to develop long-term solutions to **end** homelessness.

In 2004, to address the long-range issues pertaining to homelessness, a Community Planning Collaborative on Homelessness was established, comprised of two groups. The Community Council on Homelessness, whose members are appointed by the County Executive, is the leadership body that governs and guides the activities of the Collaborative; the Community Forum on Homelessness includes organizations and individuals in the community who have an interest in homelessness or provide services to the homeless.

From the outset, the Community Collaborative was spurred to action not only by the growing national movement to develop ten-year plans to end homelessness but also the skyrocketing housing prices in the region, making affordable housing scarce at best. The Council on Homelessness created a Planning Committee to End Homelessness to develop a strategic direction to prevent and eradicate homelessness in our community.

Through the summer and fall of 2005, the planning committee studied in depth the current status of homelessness in Fairfax-Falls Church, reviewed plans from other communities around the country, and consulted with experts in the field to learn about best practices and successful model programs.

Community Participation

The Community Forum on Homelessness twice brought together service providers, county staff, and others engaged in working with homeless persons to brainstorm ideas for new directions and to provide input for strategies. Presentations on the broad scope of the plan were made to Faith Communities in Action. From subsequent meetings, strong support emerged for active engagement from the faith community.

The Fairfax County Board of Supervisors formally endorsed the planning process in October 2005 and called for a community summit that would engage and educate the broader community and solicit input for the planning process. Freddie Mac and the Freddie Mac Foundation hosted the April 2006 conference and provided major funding for the event. More than 300 people, including service providers, community leaders, and residents of Fairfax County and the Cities of Fairfax and Falls Church, came together

¹ Includes the County of Fairfax, City of Fairfax, and City of Falls Church, Virginia. The two cities receive social services, including homeless services, through Fairfax County programs.

to learn and to share; by day's end, they were energized and ready to take immediate action.

Following the summit, four regional dialogues were held to gather additional input from the community. These dialogues engaged homeless persons, faith communities, businesses, government, and nonprofits in discussions on prevention of homelessness, new models for support services, and housing options.

With input from almost every sector and jurisdiction in our community, the planning committee focused its work over the summer on developing the key strategies and objectives for effecting change. The *Synopsis of Strategies* was presented to the Community Council on Homelessness and the Community Forum on Homelessness in October 2006 and to the community-at-large through regional meetings and Web site circulation.

Looking Forward

Homelessness impacts every person in our community, and each has a role in ending it. This plan is just the beginning of the community planning process, establishing a strategic direction to guide us as we move forward to develop an implementation plan and annual performance plans.

Fairfax County Planning Committee to End Homelessness
(An *ad hoc* committee of the Community Council on Homelessness)

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Freddie Mac and the Freddie Mac Foundation for hosting and funding the April 7, 2006, Community Summit to End Homelessness.

The Community Planning Collaborative on Homelessness for initiating this planning process and for its commitment to improving the lives of our homeless neighbors and other vulnerable people in our community.

Faith Communities in Action, Ventures in Community, and the entire faith community for their support of the planning process and their commitment to contribute to long-term solutions for ending homelessness.

The staff members from the Fairfax County government who worked tirelessly to provide invaluable expertise and strong administrative support for this planning process:

Department of Systems Management for Human Services: *Caroline Valentine, Bill Macmillan, Donna Haber, Michelle Gregory, Sara Daleski, Patti Stevens, Janet Hubbell, Ken Disselkoen, Chip Gertzog, Juanita Wilder, Margo Kiely*

Michael Finkle and Dale Davidson for additional assistance in research and analysis.

Chapter One: Where We Are Now

The Fairfax-Falls Church area is an affluent community with abundant resources, high median income, and expensive housing. However, the supply of affordable housing to meet the needs of the lowest income families and single adults is sorely inadequate. Lack of sufficient income puts market housing beyond the reach of many families and single individuals. Disabling conditions, such as serious mental illness, substance abuse disorders, chronic health problems, and physical injuries, limit earning potential while creating the need for ongoing supports to maintain stable housing. Domestic violence disrupts family life to an extent that the housing is lost. All of these factors contribute to homelessness in our community. It is often hidden from view, with single adults camped in wooded areas and families moving among relatives and friends or in and out of motels until they are able to enter the homeless shelter system and begin the long road back to being housed, a process that may take years.

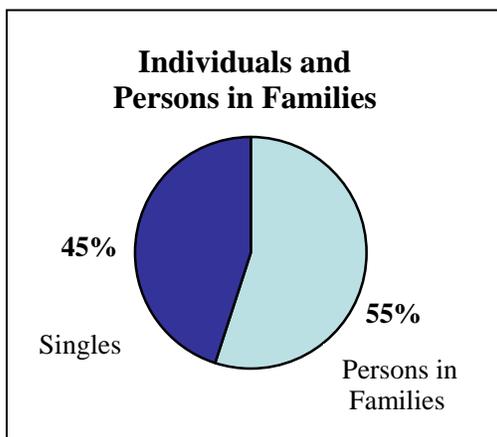
The Homeless Population

In 2006, the annual point-in-time survey conducted by Fairfax County counted about 2,000 homeless persons, including more than 900 single adults and 1,100 persons in families. Of the 2,077 persons who were included in the survey count, 1,766 were literally homeless, *i.e.*, they did not have a permanent, stable place to live (see Figure 1). Given the resources available in this community, and the commitment to use them more effectively to end homelessness, these numbers of homeless persons are simply unacceptable.

Figure 1

**The Fairfax-Falls Church Homeless Population
January 2006 point-in-time count**

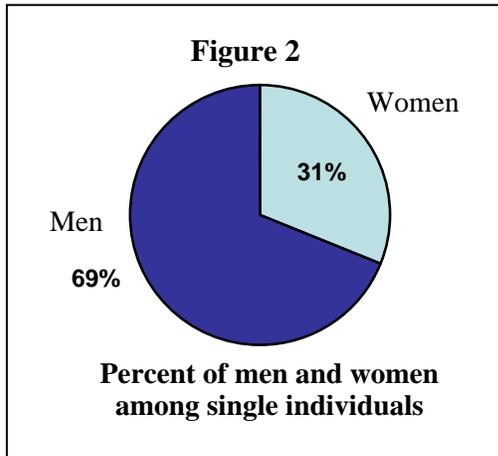
	Total	Literally Homeless	In Supported Housing
Total Homeless Persons:	2,077	1,766	311
Number of single individuals	934	667	267
Number of persons in families	1,143	1,099	44



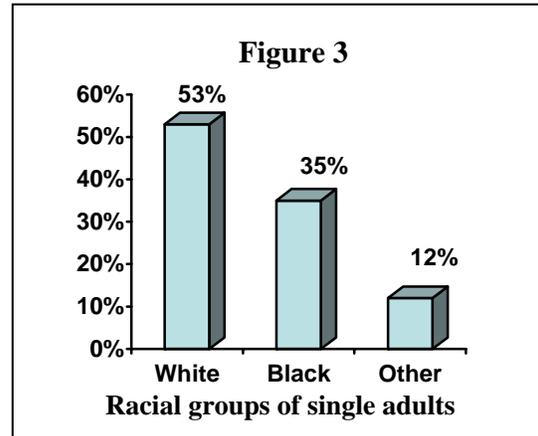
Literally Homeless are those who do not have a permanent, stable place to live. This includes persons who are unsheltered or staying in shelters, motels, or transitional housing, or on the waiting list for shelter and who are living in temporary, precarious housing arrangements.

In Supported Housing are persons who are in permanent supportive housing and at risk of becoming literally homeless again without needed supportive services due to extreme poverty or serious mental and/or physical disabilities. For this group, homelessness has been ended.

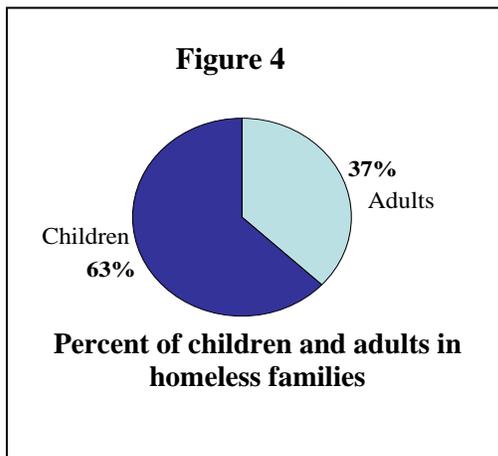
Almost half (45 percent) of 934 homeless single individuals in our community are chronically homeless. Chronically homeless, as defined by HUD, means an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. Single homeless adults are more likely to be men (see Figure 2), and are likely to suffer from multiple complicating issues which include: 87% with serious mental illness, substance abuse, or both; 31% with chronic health problems; and 9% with a physical disability.



Twenty-eight percent of single homeless adults are employed, but 75% of single adults have income (from all sources) below the poverty level. Fewer than half of homeless single adults are minorities: 53% are white, 35% are black, and 12% are of other races, (see Figure 3). Hispanics account for nine percent of homeless single adults.



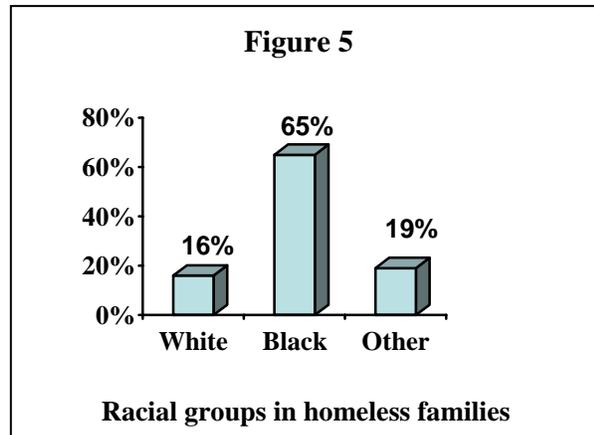
Of the 1,143 persons in 333 families counted in the 2006 point-in-time survey, 724, or 63 percent, are children (including 25 children in families age 18 or older) and 419, or 37 percent, are adults (see Figure 4). An additional 600 children who were doubled-up were counted in the Fairfax County Public Schools.



They were living with another family and were not counted in the point-in-time survey. A significant percentage of families are identified as special populations: 26% of persons in families (including children) are victims of domestic violence, 25% are language minorities, but 45% do not have an identified special need category.

Almost 80 percent of homeless families have a single head of household, and 95 percent of these are female-headed households. Although 62 percent of the adults in families are employed, nearly 60 percent of families have

income (from any source) below the poverty level. The majority of homeless families with children are minorities: 65% are black, 19% represent other races, and 16% are white, (see figure 5). Hispanics account for 13 percent of persons in homeless families.



The 2006 point-in-time count was done on January 25, 2006. Of the 667 single individuals who were literally homeless on that day, 439 were living in transitional housing, emergency shelters, winter overflow beds (including the hypothermia shelters provided by faith communities), or other temporary shelter. Two hundred twenty-eight single individuals were living in places not meant for human habitation such as streets, cars, parks, and abandoned buildings in the middle of winter (see Figure 6). None of the 1,143 persons counted in families were unsheltered, only 44 were in permanent supported housing. The remaining families were housed in shelters, transitional housing, or other short-term arrangements.

Figure 6

Where Homeless People Included in the 2006 Point-in-Time Count Were Found

	Single Persons	Persons in Families
Unsheltered*	228	0
Wait list, motel, other temporary	9	192
Winter overflow beds	134	0
In emergency shelters	141	131
In transitional housing	155	776
In permanent supported housing	267	44

*Unsheltered: In places not meant for human habitation, such as streets, cars, parks, abandoned buildings.

Current Housing and Services for Homeless Families and Single Adults

There are six shelters in Fairfax County operated as a partnership between Fairfax County and community based organizations. Three of these shelters provide a total of 124 beds for persons in families, serving a total of 35 families. A fourth family shelter to serve 20 families is planned to open mid-year in 2007. Additionally, there is one shelter offering 29 beds for survivors of domestic violence and their children.

The family shelters maintain a unified waiting list which averages 60 or more families (up to 90 at one point). It can take up to four months to move from the waiting list into a

family shelter. When family shelters are full, Fairfax County pays for up to 15 motel rooms on an emergency basis, primarily in the central part of the county. Many families live doubled up with friends or relatives while waiting for shelter space.

There is no centralized waiting list for single adults. One of the family shelters also serves single adults, and three other shelters serve only single adults. Together they provide a total of 144 shelter beds for single adults. In addition, there are 58 overflow beds available in the single shelters (including 12 in the City of Falls Church) during the winter months. Sixteen of these overflow beds at one site are available year-round.

In the winter months, faith community volunteers prepare meals and spend the night in hypothermia shelters throughout the county. The faith communities are supported by area community-based organizations and Fairfax County staff. On some of the coldest nights of the winter of 2006, the hypothermia shelters housed more than 100 individuals.

Although they were originally created to provide temporary emergency shelter, the year-round shelters have become ongoing housing and treatment programs because there is no place to which residents can move. As a result, the current emergency shelter system is service intensive, with individualized case management and deployed county mental health, substance abuse, and health staff. Shelters have become highly structured with employment, education, life skills, activities, and children's programs.

Because there are insufficient detoxification and treatment beds², shelters and community-based organizations must continue to serve persons with substance abuse and/or mental health conditions in the shelters, on the streets, in tents, or motel rooms. Too often medical care for this population is provided in hospital emergency rooms.

There is an extensive but insufficient network of residential programs beyond emergency shelter, including 169 beds of transitional housing (up to 2 years with required support services) for single adults and 256 transitional units with 900 beds for families. There are 269 units of permanent supportive housing for single adults, including eight safe haven beds.

There is also an extensive network of nonprofit organizations, faith-based community groups and county agencies that provide many services to families and individuals who are homeless or on the brink of homelessness. This breadth of services reflects the community's commitment to try to meet the service needs of those who are homeless or near homeless. Among the services offered are eviction prevention funds, emergency assistance (food, clothing, and financial aid), health care, counseling, job readiness, skills development, money management, and mentoring.

Through these shelters, transitional housing programs, and support services, the community manages homelessness effectively; however, without adequate housing resources, the community cannot end homelessness.

² On average there are only 10 detoxification beds and 20 slots for substance abuse treatment funded by the county and available to the homeless population.

Housing Challenges

The availability of affordable housing has long been recognized as a significant problem for low-income families, the working poor, and the homeless population in our community. Indeed, ending homelessness cannot be accomplished without frank acknowledgement of this fact and a willingness to combine the forces of government, business, nonprofits, faith communities, and the general citizenry to support, and bring about, an increase in the number of affordable units in the next 10 years.

The housing market in the Fairfax-Falls Church community is driven by rapid job growth and decreasing availability of buildable land. These forces contribute to escalating home prices for new construction in housing of all types, reduced rental unit production and higher rents, and, as seen periodically in recent years, pressure to convert existing affordable housing into more expensive condominiums. Fairfax County has a successful initiative to preserve 1,000 units of affordable housing, but creative approaches are needed to continue that initiative and produce additional affordable units.

Fairfax County has 1,063 units of public housing and 3,096 housing choice vouchers for fiscal year 2007 that provide subsidy for the lowest income families. It has one single room occupancy (or residential studio units) housing project serving 20 working single adults, which is part of the Fairfax County rental program that has 1,638 units targeted toward low-income working households. But even with these resources, the Fairfax County Department of Housing and Community Development has a waiting list of more than 10,000 households for the public housing and housing choice voucher programs.

The initial analysis anticipated a need for an additional 1,650 units/beds, prioritized for homeless families/individuals or those deemed at high risk of homelessness, to be added to the housing inventory, either through new development and/or subsidy programs, within the next 10 years to accomplish the goal of ending homelessness. This number represents an estimated 550 family units and 1,100 units for single individuals, including residential studio units (also known as SROs). While the planning committee believes this is a reasonable and defensible number at this time, it should be further refined and tested to ensure the reliability of this number.

The term “affordable” generally means that a family or individual pays no more than 30 percent of their gross income for housing costs. According to the County’s Draft Consolidated Plan, One-Year Action Plan for FY 2007 (July 1, 2006 – June 30, 2007): “While Fairfax County has one of the highest median household incomes in the nation (an estimated \$85,310 in 2002 and an estimated \$80,753 in 2003), there were an estimated 44,012 persons living below the poverty level in 2002. That number is larger than the 2002 population in 98 of the 134 local jurisdictions in Virginia.”³

The Consolidated Plan adds: “One indicator of needs of very-low income households in Fairfax County is the dispersal of very-low income renter households who have what is described as ‘worst case housing problems.’ This population consists of renters below

³ Page 10 of the Draft Consolidated Plan—One Year Action Plan for FY 2007.

50% of the Median Family Income who have a severe cost burden (meaning over 50% of their income is used for housing costs), have incomplete plumbing facilities, or severe overcrowding (more than 1.51 persons per room). **With 12,945 such households, Fairfax County has the largest number of renters with worst case housing needs in Virginia.**⁴

Affordability of housing is additionally impacted by the slow growth of wages as compared to increases in housing costs locally. The National Low Income Housing Coalition's report *Out of Reach 2005* states that in Fairfax County, the mean renter wage was \$18.91 per hour, but the income needed to afford a two-bedroom unit at the Fair Market Rent of \$1,225/month is \$23.56. This significant disparity between income and housing costs can ultimately drive people into homelessness. Even housing that is "affordable" to people earning 50 percent of the area median income is out of reach for those whose income is at or near the poverty level. Ending homelessness will require renewed efforts to increase the earnings of people who have become homeless.

Chapter Two: Where We Are Going

During the planning committee's year-long deliberations, it became dramatically clear that service providers – whether from government, nonprofit, or faith communities – were unanimous in their view that limited affordable housing options have resulted in longer and longer stays in shelters, little movement of the homeless population from transitional housing to permanent housing, and few permanent alternatives for high-risk individuals with serious mental illness, chronic substance abuse issues, or other special needs. Thus, most ten-year plans to end homelessness speak of the need for an array of options needed – sometimes summed up by the expression that "one size does not fit all." The overall problem is often described in terms of being a lack of resources "downstream" from the shelter system and has translated into long-term tenancies in shelters and transitional housing facilities.

The data described in Chapter One clearly underscore the views of service providers: there is a serious need for additional affordable housing directed at assisting our homeless, or at-risk, "near homeless" population – those who are earning less than 30 percent of the area median income. To do otherwise means that the current conditions creating homelessness in our community will remain fundamentally unchanged.

Therefore, as the process begins to make additional affordable housing resources available, either through development and/or subsidy programs, existing resources must be directed to prevention, housing first, and rapid re-housing to prevent and end homelessness.

Directing resources to prevention, rapid re-housing, and "housing first"

Prevention, rapid re-housing, and "housing first" have proven to be a cost-effective means of ending homelessness in other communities across the country.

⁴ Ibid.

In a ten-year study of shelter and service use by chronically homeless people in New York City, Dr. Dennis Culhane of the University of Pennsylvania found that a chronically homeless person living on the streets used an average of \$40,449 in public resources each year. Placement of persons in supportive housing through the New York-New York program reduced service costs an average of \$16, 282 per housing unit per year.

In Fairfax County, the annual cost of an emergency shelter bed is approximately \$13,500. This figure does not include the cost of case management and other program services or the cost of other services in the community that support homeless persons while they are homeless. The average housing subsidy cost through the Housing Choice Voucher program for efficiency and one-bedroom units in 2006 was \$7,400, over \$6,000 less than the cost of housing a single individual in an emergency shelter bed.

It is also more efficient to rapidly re-house families. The average housing subsidy cost for two- and three-bedroom units through the Housing Choice Voucher program in 2006 was \$10,500. By contrast, at \$13,500 per bed, the annualized shelter cost (excluding case management and other program services) for a family of three would be more than \$40,000.

These stark differences in cost exist because homeless persons lack the stability that permanent housing provides. Many use public services and emergency systems in an inefficient and expensive way. Lack of medical coverage causes many homeless families and single adults to use emergency room visits as primary healthcare. Those with disabilities and serious illnesses often have more frequent and longer inpatient hospital stays because they have waited to seek treatment until their illness has progressed.

Those who are chronically homeless use public services and emergency systems at a more disproportionate rate. In Fairfax County, almost 20% of the homeless population use half of the available resources. They are more likely to spend time incarcerated, often for minor offenses such as vagrancy or trespassing, and at great cost to taxpayers. They typically have longer and more frequent stays in costly emergency shelters.

A new approach, called “housing first,” is a practical and cost effective solution. “Housing first” places people in stable housing as rapidly as possible; housing becomes the *first* step in moving out of homelessness, not the last. The housing is based on adherence to a lease (payment of rent, upkeep of unit, peaceful and orderly conduct), not compliance with a “service plan”.

Once in housing, this approach works to link tenants with services and supports to address other needs by developing trusting relationships. For some, transitional services for a limited time are all that is needed; for others, long-term support is necessary.

“Housing first” can only work if there is an adequate, appropriate supply of affordable housing for those who are chronically homeless and those who are situationally homeless. This is not only the right thing to do from a moral perspective; it is the smart thing to do from a cost-effectiveness perspective.

Chapter Three: How We Will Get There

The Planning Committee to End Homelessness has spent more than a year engaged in hearing presentations and reading reports, debating policy and practice, and analyzing other community plans. The committee participated in a county wide summit on homelessness and a national conference on homelessness; held conversations with scores of service providers; and interacted with and listened to members of the community and to those who have experienced, and are experiencing, homelessness. As a result of this intensive research and study, the committee reached four key conclusions to guide its work.

- *There must be a change in focus, direction, and service priorities about homelessness in Fairfax County that centers on ending homelessness, not managing it.*
- *Housing is an essential resource for homeless families and individuals. The lack of affordable housing in Fairfax County has been studied, researched, and lamented for decades. But the fact remains: Ending homelessness will be impossible without increasing the supply of affordable housing of all types; preservation alone is not enough.*
- *Directing resources to prevention, rapid re-housing, and “housing first” works; this approach has proven to be a cost-effective means to ending homelessness in other communities.*
- *To successfully implement the ten-year plan, there must be sustained political will and strong support from all sectors of the community.*

These four areas will be addressed through the implementation of four bold new strategies that will prevent and end homelessness in our community. For each of these strategies, the planning committee outlined the key objectives that will be necessary for implementation and provided clear milestones to mark our success along the way.

While the committee expects to start seeing progress soon, it recognizes that the development of this plan is the beginning of this process and not the end. This is to be a living document and will be open to adjustments as the community meets new challenges along the path toward preventing and ending homelessness. All community stakeholders must continue to engage in a collaborative effort toward constant improvement. Homelessness impacts every person in this community, and all will have a continuing role in ending it. This plan belongs to every citizen of our community.

Strategy # 1: Prevent Homelessness due to economic crisis and/or disability.

Fairfax County data suggests that single adults become homeless due to disability; families become homeless due to poverty. Preventing homelessness is more cost effective than providing emergency shelter and re-housing someone who is already homeless.

The following objectives represent a change in philosophy from crisis intervention to early, focused, and sufficient intervention to prevent homelessness.

1-1. Prevent housing crises by creating Neighborhood Prevention Assistance Teams to work in each community.

Interdisciplinary teams, including community representatives, will build relationships with landlords and work with them to identify those at risk for homelessness. Targeted efforts will provide direct and sufficient assistance early in the process to prevent homelessness. Easy access to budgeting, money management, social skills, and problem solving close to home will trigger earlier intervention and prevent eviction and homelessness.

1-2. Coordinate all community resources (faith communities, community-based organizations, nonprofits, and the county) to streamline prevention efforts and provide flexible and longer-term financial assistance to keep persons housed.

Coordinate across faith communities, community-based organizations, nonprofits, and the county to streamline prevention efforts. Create new programs and expand successful existing financial assistance programs to prevent loss of housing. Use local rental assistance with varied and flexible financial assistance to prevent utility shut off, eviction, and/or foreclosure.

1-3. Build on the current Coordinated Services Planning model to provide those at risk of becoming homeless with a single access point to universal information and referral.

A single access point will offer critical information without the frustration of calling many places to learn what services are available. Those at risk of homelessness will call 211, the universal information and referral number, to obtain the latest information on existing resources to help with eviction prevention. This service will be expanded beyond current business hours to include after-hour and weekend coverage.

1-4. Change policies on distribution of public and private financial resources for an efficient and effective eviction prevention response.

Policies that require persons to have a “pay or quit” notice (pre-eviction notice to pay rent or vacate the unit) in hand before financial assistance is given to them must be changed to allow for an earlier and possibly longer-term response. Agencies and organizations with policies that only allow financial assistance once a year or once every six months and in small amounts need to consider more effective and efficient methods of fund distribution.

1-5. Work to end the practice of discharge or release from institutions to homelessness.

Create a Discharge Planning Subcommittee to examine policy, practice, and program changes to end discharge into homelessness. To prevent homelessness, policy changes must address the special housing needs of those with health, mental health, or substance abuse problems, as well the housing needs of persons released from incarceration.

Prevention Milestones

Year One

- Work with homeless persons, nonprofits, county, and faith community agencies to understand and document paths into homelessness, including special

subpopulations such as youth, veterans, incarcerated persons, and those with mental illness, substance abuse, or other disabilities.

- Examine system, policy, and practice changes to prevent homelessness, including those that discharge or release people onto the streets.
- Take steps to establish a coordinated and streamlined approach to prevention that couples financial assistance with support services to maintain housing for homeless single adults and families.
- Develop performance standards for service providers and collect data to measure success of prevention efforts.

Years Two through Five

- Establish accessible Neighborhood Prevention Assistance Teams to provide a comprehensive array of targeted homeless prevention services, including access to mainstream benefits.
- Implement coordinated and streamlined financial assistance programs to prevent homelessness. Use short-term rent subsidies and flexibility to address crisis needs.
- Work with institutions to encourage and help facilitate policies and practices that prevent discharges and releases into homelessness.
- Implement 24-hour access to information, referral, and assessment
- Prioritize funding for programs that demonstrate results in preventing homelessness.

Years Six through Ten

- Refine a seamless homeless prevention program that addresses policies that lead to homelessness, provides education to the community about availability of prevention assistance, and facilitate access to prevention services for all families and single adults at risk of homelessness so that no one becomes homeless due to economic crisis or disability.

Strategy #2: Preserve and increase the supply of affordable housing to prevent or remedy homelessness.

Having a sufficient supply of affordable and permanent supportive housing that provides homes for everyone in the community is the essential and mandatory factor for ending homelessness in Fairfax County. As has been stated elsewhere in this report, the lack of affordable and diverse housing options in this community has reached crisis proportions. The result is individuals and families who have entered the homeless services system—a system intended to provide emergency or stopgap assistance—continue to stay in the system with nowhere to go once they have been stabilized and could, except for lack of affordable housing options, return to the mainstream again. Thus, the system itself has become a shadow institution. It provides an alternative form of housing assistance but an alternative that is inadequate and expensive.

It is axiomatic that every family and individual adult who becomes homeless needs housing. As a community, we must preserve affordable housing, develop new affordable housing options, and work with landlords so that they will rent to persons who are

homeless. And among these housing options, we must move forward to bring to reality creative solutions such as residential studio units. Accordingly, the following objectives are designed to achieve this strategy

2-1. Continue to preserve existing affordable rental housing using the allocation of a penny from the real estate tax created for this purpose and allocate a second penny as a dedicated funding source with use of other incentives to spur development of additional affordable housing units.

The Fairfax County Board of Supervisors successfully launched an effective strategy to preserve affordable housing using the allocation of a penny from the real estate tax. A second step is needed to provide a secure funding source to make new development of affordable housing feasible through the designation of a second penny. Nonprofit housing development organizations play a vital role in this process; however, given the rising cost of land, they need substantial financial resources or donated land to be competitive in the market and still produce affordable projects. Use of the “second penny” could also go toward establishing a local rent subsidy program targeted at the lowest income families and single adults who are homeless. More efficient and flexible use of existing housing can be encouraged through greater flexibility in zoning regulations and modification of development requirements to enhance the feasibility of creating units to serve homeless persons and families.

2-2. Infuse the housing system with additional affordable units specifically aimed at the most needy and give this population priority within existing assisted housing programs.

The chronic lack of housing that is affordable to those with very low incomes, the most vulnerable and most likely to experience homelessness in our community, continues to stymie all efforts to eliminate homelessness. Among homeless people who have incomes, 75 percent live below the poverty line. Market rate housing is simply out of reach for them. To remedy homelessness, it is critical to develop additional affordable housing units for those with incomes at or below 30 percent of Area Median Income and give priority to homeless families and single adults in accessing assisted housing and subsidy programs.

2-3. Immediately begin development of residential studio units.

There are abundant national examples demonstrating that this form of housing offers remarkable and tangible benefits for chronically homeless individuals. A Fairfax County task force recently completed a two-year study of the residential studio unit concept which documented the benefits of this form of housing and offered practical suggestions for implementation. Creating a model project of this kind in our community should be given high priority consideration for the zoning modifications necessary to permit such uses.

2-4. Provide incentives so that nonprofit and for-profit housing developers and landlords will set aside units in existing projects for homeless persons.

This action is one part of directing resources to ending homelessness through preventive efforts, changed philosophies, and enhanced incentives. To this end, incentives or a risk mitigation pool could be created that would offer financial safeguards to landlords to encourage participation.

2-5. Convert time-limited transitional housing units to permanent housing, as appropriate.

Transitional housing as it is now provided is time-limited, usually not longer than 24 months. Experience has shown that time limits may be helpful only if linked to the specific challenges facing the families or individuals. Transitional housing includes required support services, which is inconsistent with the “housing first” philosophy; and, at the end of the allotted time period, the family or single adult still needs to find permanent housing. Transitional housing should become more flexible and be targeted at those populations for whom a time-limited transition is appropriate.

2-6. Develop additional permanent supportive housing units for high-risk homeless persons with disabilities, including both individuals and families.

- Many homeless adults living with disabilities, both individuals and in families, need permanent housing with services (permanent supportive housing). Fairfax County must increase its supply of permanent supportive housing to meet this need. This housing should include a range of services to meet individual needs, which may change over time.
- Some single persons who are chronically homeless, resist treatment, and are considered high risk for continued homelessness, exacerbated illness, or death, need a specialized safe haven in which to live. The safe haven currently in the county is successful in keeping some of these individuals safe and housed. Additional safe havens are needed to provide stable housing for mentally ill and substance abusing persons who resist traditional services.

2-7. Develop a program to create giving circles in the faith community to adopt a family or subsidize creation of a housing unit.

Faith communities have voiced their concern about homelessness and expressed willingness to act in meaningful ways if given guidance as to what they can do. Through improved outreach, coordination, and cooperation with faith communities, new avenues can be opened up. Possible actions by faith communities include: adopting a family and providing mentoring and support, including financial support; purchase or provide the rent subsidy for one or more units of housing in an existing development; work together or donate land to develop a small scale, multi-family housing development, a residential studio unit, or group home.

Housing Strategies Milestones

Year One

- Educate the community about the housing needs of singles and families and potential new models for housing development.
- Change zoning ordinance to facilitate residential studio unit development.
- Secure funding to develop housing for homeless people and those with very low incomes.
- Select location and begin site development for the first residential studio units for homeless single adults.
- Take steps toward developing affordable housing units or additional housing subsidies for those below 30 percent of Area Median Income.

Years Two through Five

- Build or secure at least 440 affordable housing units, which include residential studio units, for single homeless adults or those at serious risk of homelessness.
- Build or secure at least 220 affordable housing units for homeless families or those at serious risk of homelessness.
- Create housing opportunities without traditional income and treatment requirements in order to place people from the streets directly into housing.
- Prioritize funding for programs that demonstrate results in affordable housing preservation and development, or create additional subsidies for low-income households.
- Prioritize housing for the most needy households.

Years Six through Ten

- Build or secure, through subsidies or other means, at least 660 additional affordable housing units, which includes residential studio units, for single homeless adults or those at serious risk of homelessness,.
- Build or secure, through subsidies or other means, at least 330 additional affordable housing units for homeless families or those at serious risk of homelessness.

Strategy #3: Deliver appropriate support services to obtain and maintain stable housing.

For some who are homeless, accessing housing is a matter of availability and money; others face additional challenges. A services system, unified in philosophy and goals, collaborative and innovative, will reduce the challenges for homeless persons who need housing with supports. An effective system will place homeless persons in housing as quickly as possible; it will prioritize persons who are homeless or near homeless for services; it will minimize barriers to eligibility for services. An effective system will offer comprehensive, integrated services at the community level for those who need and want them. Only then can we move homeless families and single adults into appropriate permanent housing and end homelessness.

3-1. Change the existing shelter system to implement a "housing first" model of ending homelessness.

The current emergency shelters will become assessment and triage centers rather than the intensive service and treatment centers they are today. Shelter staff will focus on early identification and resolution of family or individual "housing barriers" and provide the assistance necessary to facilitate return to permanent housing as quickly as possible. The length of shelter stays will be greatly reduced.

3-2. Persons who are homeless or near homeless, and have mental health, substance abuse, or mental retardation disabilities, must be a priority population for delivery of services and connection to supportive housing by the Community Services Board.

The current mental health and substance abuse systems give priority for emergency response, but homeless persons who are not in immediate crisis are seen first come first serve. For persons who are seriously mentally ill and/or chronic substance abusers, there are not enough treatment beds, wait lists are too long, and there is not enough outreach to

engage homeless persons in the community. If services are not available when they are needed, this very vulnerable population will decline further. They become more at risk of increased hospitalization, illness or death, and of continued homelessness. They may never return to housing and a healthy life. The Community Services Board must adapt its priorities to make persons who are homeless a priority population.

3-3. Implement an integrated service delivery system that engages clients and builds trust as a basis for service provision rather than demanding stringent requirements.

Providing housing first and then engaging clients in support services over time has been shown to be an effective service delivery strategy. The Fairfax-Falls Church community will implement a system that offers easy access to housing. Clients will not be required to participate in services to get housing. Through effective relationship building, clients will come to accept comprehensive services that build on their strengths and help them to maintain stable housing.

3-4. Develop interdisciplinary Neighborhood Service Teams, community-based, and located in accessible neighborhood settings.

A community-based system with co-located services offered in an interdisciplinary manner will break down many barriers. Staff trained in mental health, substance abuse, health, case management, housing, education, employment, and public benefits will be part of the team. Teams will work together and be cross-trained to provide coordinated intake and referral to ensure seamless service delivery. Through this team approach, homeless persons will be re-housed rapidly and efficiently.

3-5. Provide increased outreach to homeless individuals living with serious mental illness and/or chronic substance abuse.

Many individuals who live with serious mental illness and/or chronic substance abuse live on the streets, in the woods, in their cars, or doubled and tripled up with friends and family. Many are high users of the emergency service system. They are often the most visible and challenging homeless persons in our community. They require long-term relationship-based outreach efforts in order to link them to services. Current outreach teams will be expanded to reach individuals on the streets and in the woods and will promote participation in housing and services. Chronically homeless persons will be prioritized for placement into residential programs or permanent housing with supports.

3-6. Integrate and coordinate mental health and substance abuse services to better serve these special populations.

Since so many homeless individuals in Fairfax County experience both mental illness and substance abuse, their needs can be better served if these two systems of care are coordinated. Teams trained to work with dually diagnosed individuals will be created to ensure that multiple needs are addressed. This approach will provide quick intervention during times of crisis and reduce episodes of homelessness.

3-7. Address the unique service needs in securing and maintaining housing for special homeless populations, such as youth aging out of foster care, veterans, domestic violence survivors, and those with serious medical or psychiatric issues.

The Community Council on Homelessness will work with county and community-based organizations to:

- Explore and develop connections to affordable housing resources for youth exiting from foster care to independent living.
- Examine the need for permanent housing placements for youth with mental health or living skills issues who are leaving foster care and need a supported living environment.
- Follow the recommendations of the medical respite pilot program to meet the special housing needs of homeless medically fragile persons.
- Strengthen and consider expanding the medical outreach teams as experience is gained with this new program.
- Allow victims of domestic violence flexibility to provide better opportunities to become self-sufficient.

3-8. Establish a housing assistance fund which will provide resources for housing placement.

A Housing Assistance Fund will be created to facilitate a rapid exit from the shelter system for those who become homeless by providing funds for housing searches, for security deposits, and for short- and long-term rent subsidies.

3-9. Provide ongoing training and cross training and opportunities for networking to county staff, nonprofit service provider staff, and volunteers working with families and single adults who are homeless.

There will be training for staff and volunteers in the philosophy of the Ten-Year Plan and in best practices to implement the new philosophy. Mediation training will increase ability to negotiate on behalf of homeless families and adults. There will be regular networking opportunities for line staff and volunteers to share experiences and strategies for working with families and adults who are homeless.

3-10. Engage volunteers and faith-based organizations in service delivery through mentoring, tutoring, life skills training, etc.

Volunteers and faith-based organizations have skills and commitment which can help individual families or single adults to become and remain stable. Volunteers can mentor a family, a child, or an adult, can offer individual or group life skills classes, or can be tutors and job coaches. They can assist with transportation, emergency child care needs, and repairs. In providing these services, they will link homeless men, women, and children to the community at large.

Support Services Milestones

Year One

- Evaluate the effectiveness of current support service systems and identify required policy and practice changes and timetables for change.
- Identify changes needed at the Community Services Board so that persons who are homeless or near homeless are a priority for services and linkages to permanent supportive housing.
- Expand intensive outreach to mentally ill homeless people on the streets and in the woods.
- Identify ways to integrate and coordinate mental health and substance abuse services for efficiency and effectiveness.

- Educate providers about the role of shelters, transitional housing, permanent housing, and supportive services in a “housing first” approach.
- Develop performance standards for service providers and collect data to determine successful housing placements.

Years Two through Five

- Implement policy and practice changes identified in year one.
- Develop a coordinated Housing Assistance Fund.
- Establish Neighborhood Service Teams to provide access to a wide range of support services at the neighborhood level.
- Modify the emergency housing system to implement a housing first approach.
- Integrate mental health and substance abuse system to provide coordinated services.
- Prioritize for “housing first” those who face the most serious challenges and/or are most at risk.
- Develop and implement a training curriculum for all direct service workers and volunteers.
- Prioritize funding for programs that demonstrate results in providing support services that assist homeless families and single adults to obtain and maintain permanent housing.

Years Six through Ten

- Move all single homeless adults and families rapidly into housing, including housing with supportive services as needed for housing stability.
- Employ a coordinated and comprehensive approach to support all levels of service delivery to help single adults and families maintain their housing.

Strategy #4: Create a management system for plan implementation with the collaboration of the public and private sectors that ensures adequate financial resources and accountability.

Writing the strategic plan is only the beginning; the strategies in the plan must be implemented to achieve the goal of ending homelessness. A management system that includes an implementation team, broad-based resources, and recognition that the plan is a living document requiring periodic reassessment is a characteristic of great plans, *i.e.*, those that successfully achieve their goals.⁵ A partnership between the community and the political leadership and solutions that reflect consumer preferences for housing, treatment, and services are also critical to success.

4-1. Create a leadership structure to oversee implementation of the plan by building on existing partnerships between the public and private sectors.

The county will create an Office to End Homelessness that reports directly to the deputy county executive and participates on the Human Services Leadership Team. This office will work in partnership with community leaders and the Community Council on

⁵ “Innovations in 10-Year Plans to End Chronic Homelessness in Your Community, United States Interagency Council on Homelessness, p. 6.

Homelessness to accomplish actions to implement the ten-year plan. The Community Council on Homelessness will continue to be a focal point for leadership to end homelessness.

4-2. Develop additional funding options and refocus existing resources on the priorities in the plan to ensure that the goal of ending homelessness is met.

Fairfax County, the federal government, the state government, and private funds raised by local nonprofit organizations are the primary sources for funding of programs for the homeless population in our community now. Working collaboratively, faith-based, community-based, and county organizations will explore new sources of funding and ways to increase support from existing sources. This exploration will include looking for opportunities to redirect resources from programs that manage homelessness to those that end homelessness. Projects funded through public funds must advance the goals and strategies of the 10-Year Plan to end homelessness and demonstrate high standards and best practices to receive priority for continued funding.

4-3. Prepare a long-term implementation plan with specific actions linked to resources and the responsible organization and annual performance plans based on the implementation plan.

The strategic plan provides a blueprint for ending homelessness, but it does not include the actions needed to actually make it happen. Shortly after the strategic plan is issued, key leadership and stakeholders will begin work on an operational plan that will include specific actions needed to implement the strategies, identification of the organizations that will carry out the actions, and the resources that will be used.

4-4. Create opportunities to ensure that the voices of the homeless and people working in the front line of service delivery are heard.

Input from the people who will benefit from the community's work to end homelessness will ensure that the systems, facilities, and housing developed as this plan is implemented will meet their needs as efficiently and effectively as possible.

4-5. Develop outcome measures at both the system (plan) level and at the program level. Measure success in ending homelessness and meeting annual performance targets using the Homeless Management Information System (HMIS).

Performance measures to track success in meeting the overall goal of ending homelessness will be developed. Performance measures for programs that focus on preventing homelessness, providing housing, and providing services will also be developed. The HMIS system will provide the data needed to monitor performance against the selected measures. All homeless service providers will begin using HMIS to collect data on homelessness in our community.

4-6. Issue and widely distribute annual performance reports documenting what actions have been accomplished and whether performance targets have been met.

As the plan is implemented, the annual data for the selected measures will be used to evaluate whether the strategies and actions included in the plan are contributing to the goal of ending homelessness. An annual performance report to the community will be made available as a printed document and on the county Web site at:

www.fairfaxcounty.gov/homeless.

4-7. Ensure the community and its elected leaders are kept informed about the plan and its implementation.

The goal is to end homelessness in 10 years. This will require that the community and its elected leaders continue to support the strategies and actions needed to meet this goal. Keeping leadership informed about plan implementation and accomplishments is critical to ensuring continued support.

Management System Milestones

Year One

- Create the governance structure needed to implement the plan, including the reorganization of the Community Planning Collaborative on Homelessness and the creation of the County Office to End Homelessness.
- Develop the implementation plan and the first annual performance plan.
- Establish means to ensure that concerns of persons who have experienced homelessness and people working in the front line of service delivery are addressed in the implementation and performance plans.
- Provide training and technical assistance to service providers to help them to adjust programs and services to comply with the plan.
- Develop outcome measures for the plan's goal of ending homelessness and work with agency staff to develop appropriate outcome measures for programs they operate.
- Ensure that the data in the Homeless Management Information System (HMIS) allows for reporting on the selected outcome measures and that all providers are trained in entering accurate and sufficient data.
- Report on the baseline data for the selected outcomes.
- Build political support for the plan.

Years Two through Five

- Evaluate available resources to determine whether they are adequate to meet goals of the plan and, as necessary, find additional resources to support the plan
- Ensure that all providers use the HMIS.
- Improve the quality of data generated by HMIS.
- Evaluate and document cost-effective, best practices.
- Submit detailed annual reports to the community.
- Make recommendations for mid-course corrections if evaluation shows that strategies are not achieving their intended goals.

Years Six through Ten

- Conduct a major mid-course review of the plan and identify any necessary changes in strategies to achieve the overarching goal of eliminating homelessness.
- Evaluate the management system to determine if it is effectively implementing the plan and will be able to prevent homelessness in the future.
- Issue a final report on plan implementation that addresses what has been accomplished and how these accomplishments will be solidified.

Chapter Four: What Happens Next

Completing the plan is the first step in meeting our goal of ending homelessness. The plan presents the key strategies for achieving our goal, but until we convert the plan to action nothing will change. Making the changes in focus, direction, and service priorities needed to end homelessness requires major changes in how decisions are made about funding and how programs are structured. The next step in implementing the plan will be to manage a transition from the old models for programs and funding to the new models which focus on increasing the supply of affordable housing and preventing people from becoming homeless. Managing this transition will be the primary focus for the first year after the plan is issued.

Local political will must be present to implement policy changes and monitor resource allocation. Service providers must be willing to examine their programs to incorporate the strategies necessary to end homelessness, not just manage it. Funding partners, in collaboration with housing developers, must be willing to provide financial support for new housing initiatives. The corporate community must become a major stakeholder in contributing to the health of our community. The public must believe this plan can improve the quality of life in the Fairfax-Falls Church community.

Gain the Support of Local Elected Officials

Implementing the strategies will require systematic changes to policies affecting homeless people and housing production. To make these changes a reality, the local political leadership must support these policy changes. They must recognize the benefits of the plan to the community and the consequences of inaction. The Community Planning Collaborative on Homelessness will work to make sure the political will is present at every level of government. Gaining the support of the political leadership will ensure that policies benefiting homeless people are carried out through county agencies and the larger community.

Identify What Changes Need To Be Made and How Much It Will Cost

Making the changes needed to move from the current approach of managing homelessness to actually ending it is not a simple process. Work will begin immediately to meet with the organizations and individuals in our community who are part of the current system to identify what needs to be done to make the transition and how to do it. Other members of our community who have not been involved in managing homelessness will be invited to join in ending it. The end result will be an implementation plan that will include specific actions needed to implement the strategies, identification of the organizations that will carry out the actions, and the resources that will be used.

Educate the Community

Many people are neither aware of the nature and scope of homelessness in our community nor are they aware of promising new strategies aimed at ending

homelessness. There will be a countywide campaign to educate our community about homelessness and promote the strategies in this plan. The public will learn about the potential successes of the strategies and the potential pitfalls. Feedback will be solicited from the community. Concerns about implementation of the strategies will be addressed and the community will be encouraged to play a role in ending homelessness.

Changing the way we as a community think about homelessness is perhaps the hardest thing we have to do – we need to start now.

Implementation Schedule

Implementation of the plan will start in January 2007. Key stakeholders and community leaders will be identified and they will be invited to participate in developing the long-term implementation plan and the annual performance plan for 2007. They will also be asked to commit to making the changes needed in their programs and to providing the resources needed. The implementation plan and the annual performance plan will be completed in July 2007. Work will then begin to make the changes needed in policies, programs, and practices and to redirect resources.

Although it will take time to fully implement these changes, people can start immediately to make the philosophical change from managing homelessness to ending it. There are opportunities to employ the new strategies immediately. Nonprofits can begin an inventory of their skills and assess their programs in areas of housing and services and decide what they need to change in order to help prevent and end homelessness. Faith communities can be involved through mentoring and tutoring, or by purchasing/building housing units and subsidizing rent. As a community, we can go beyond just giving people shelter for one night in a church because it is too cold outside and begin to connect these people with the help they need to get a permanent roof over their heads.

Call to Action

This plan is a call to action that, when implemented, can radically change the face of homelessness in our community.

When we change direction to ending homelessness, early and comprehensive intervention services at the neighborhood level will prevent homelessness.

When we change direction to ending homelessness, no person will be discharged directly from a hospital, foster care, or a jail cell into homelessness.

When we change direction, the preservation and the increase of affordable housing for those at the lowest income levels will be the priority, not the expansion of the shelter and transitional housing system.

When we change direction to ending homelessness, the role of the shelter system will become one of assessment and triage, not housing and treatment, and staff will provide the assistance necessary to facilitate return to permanent housing as quickly as possible.

When we change direction to ending homelessness, persons who are homeless or near homeless will be a priority population for housing, mental health, substance abuse, and health services provided by Fairfax County.

We must have the courage to change policies, practices, and systems; to redirect resources; develop new and innovative housing and service models; collaborate better with each other; and monitor progress through accountability as we never have before. Only then, can we end homelessness.

In Fairfax County, we are taking steps to apply this bold, yet simple, idea to our local homeless and housing issues. We have the wealth of knowledge, capacity, resources, compassion, and will necessary to end homelessness in our community and we will do it in the next ten years by working together, using this plan as a guide.

**To request this information in an alternate
format, contact the Fairfax County
Department of Systems Management for
Human Services at 703-324-5638, TTY 711.**