



ARLINGTON
VIRGINIA

2023 - 2027






Table of Contents

| | |
|--|-----------|
| BACKGROUND AND CONTEXT | 3 |
| THE ROOTS OF HOMELESSNESS | 5 |
| TODAY’S EFFORTS | 7 |
| STRATEGIC PLAN | 9 |
| POPULATION MILESTONES | 20 |
| IMPLEMENTATION AND NEXT STEPS | 20 |
| APPENDICES | |
| GLOSSARY AND REFERENCES | 21 |
| COC REGULATORY REQUIREMENTS | 24 |
| SUMMARY OF COMMUNITY ENGAGEMENT EFFORTS | 25 |
| SUMMARY OF EDITS MADE TO DRAFT PLAN | 27 |

Background & Context

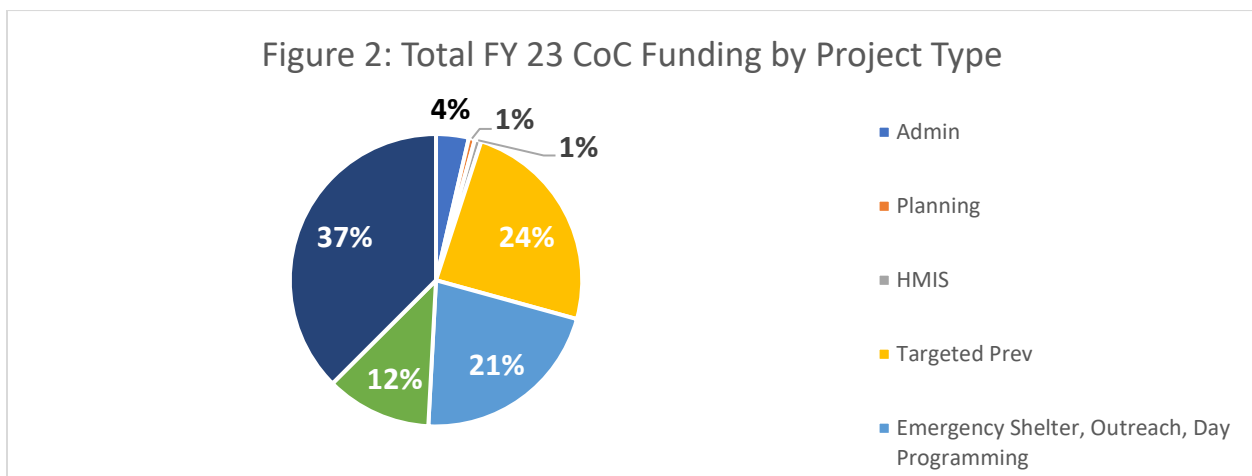
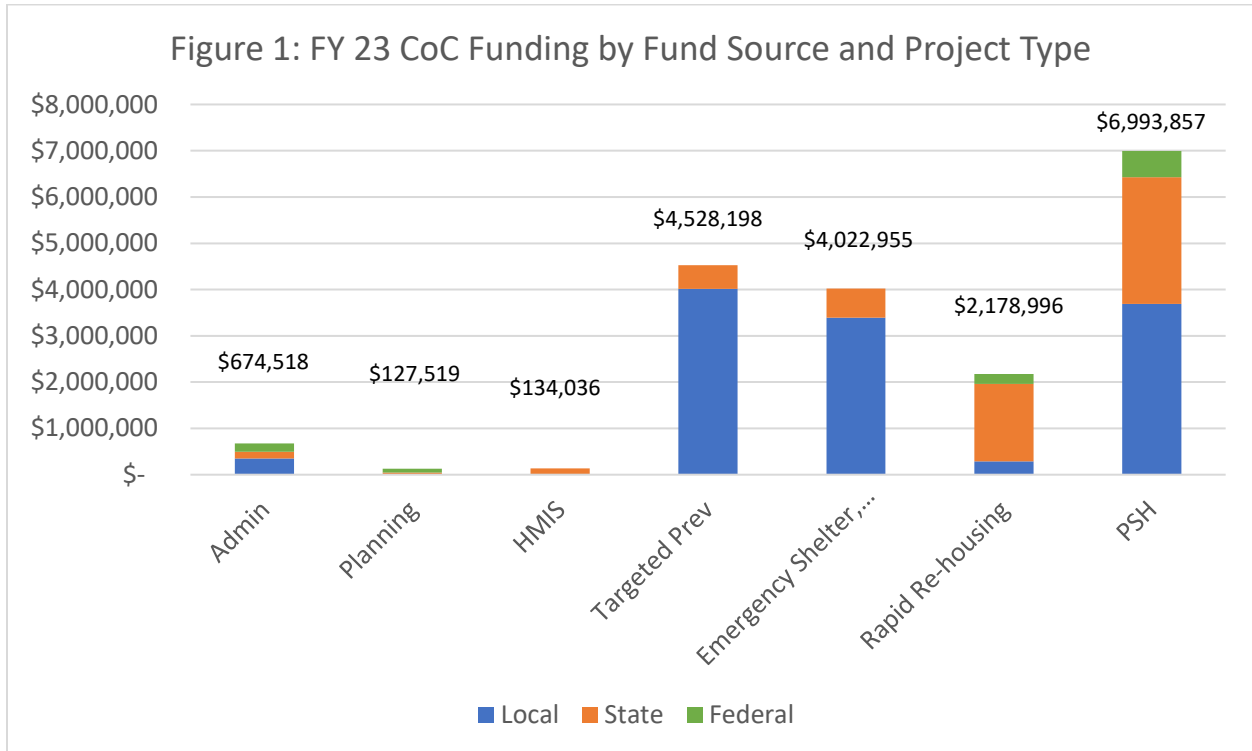
Arlington, Virginia has a robust collaborative that works to prevent and respond to homelessness, called the Continuum of Care (CoC). The CoC includes a network of non-profits supporting people experiencing homelessness, housing providers, government programs and services, and community advocates, including people with lived experience of homelessness. Our efforts are supported by local, state, and federal resources, as well as community volunteers, donors, private businesses, and foundations. The CoC's work is guided by the community's Strategic Plan to Prevent and End Homelessness. It also meets regulatory requirements established by federal legislation, including the policies established by the Department of Housing and Urban Development (HUD) and the Commonwealth of Virginia's Department of Community and Housing Development. (See Appendix for an overview of CoC regulatory requirements.) The CoC and its participants work to prevent homelessness for Arlingtonians most at risk and to quickly respond to the most vulnerable members of our community who do experience homelessness.

In the 1980's, Arlington's homeless response started when a network of concerned citizens organized to provide shelter and basic needs for their neighbors as the emerging crisis of homelessness took root across the country. Since then, Arlington's response has grown – both in scale and effectiveness. This includes several key initiatives and milestones:

-  Expanding services grounded in best and evidence based practice, using Housing First, Rapid Rehousing and Permanent Supportive Housing.
-  Establishing the first, community-driven 10-Year Plan with the passing of the Homeless Emergency Assistance & Rapid Response to Housing (HEARTH) Act of 2009.
-  Establishing priorities to address homelessness in Arlington's 2015 Affordable Housing Master Plan, highlighting innovative ways to acknowledge and bring resources to affordable housing as a primary solution to preventing and ending homelessness.
-  Ending Veteran Homelessness in 2015 and sustaining this measure since then.
-  Maximizing State and Federal resources to over \$8.6 million in FY 2023 by remaining a high-performing and competitive Continuum of Care.

In FY 2023, Arlington's Continuum of Care was budgeted to spend \$20,415,654. This includes local County funds administered by the Department of Human Services (DHS); funds administered by The Commonwealth of Virginia's Department of Housing and Community Development (DHCD); and Federal Funding administered by the Department of Housing and Urban Development, Continuum of Care Program. These funds were allocated to components of the homeless response system, including Targeted Prevention (\$4,528,198); Emergency Shelter, Street Outreach, and Day Programs (\$4,022,955); Rapid Rehousing Programs (\$2,178,996); and Permanent Supportive Housing (\$6,993,857). Funds are also made available for the administration of the Homeless Management Information System (HMIS), Continuum of Care Planning, and Administration costs. Funds outlined above are under the purview of the CoC, subject to CoC-established priorities, and expenditure tracking. As the Lead Agency for the CoC,

DHS provides additional oversight and coordination. These funds also include Domestic Violence shelter funding which is supplemented with other local Department of Human Services funds administered through Project PEACE, as well as other State resources. See Figure 1 for CoC funding by fund source and project type; and Figure 2 for Overall funding by project Type. ¹ An additional annualized amount of \$1,200,228 in State Housing Trust Fund grants was also awarded directly to Arlington County non-profits for Calendar Year 2023. These funds are instrumental in ensuring the CoC maintains a robust continuum of services and housing options for people experiencing homelessness in our community.



¹ These charts do not include private funds raised by CoC non-profits to supplement public sources or Housing Trust Funds administered by DHCD directly with non-profits.

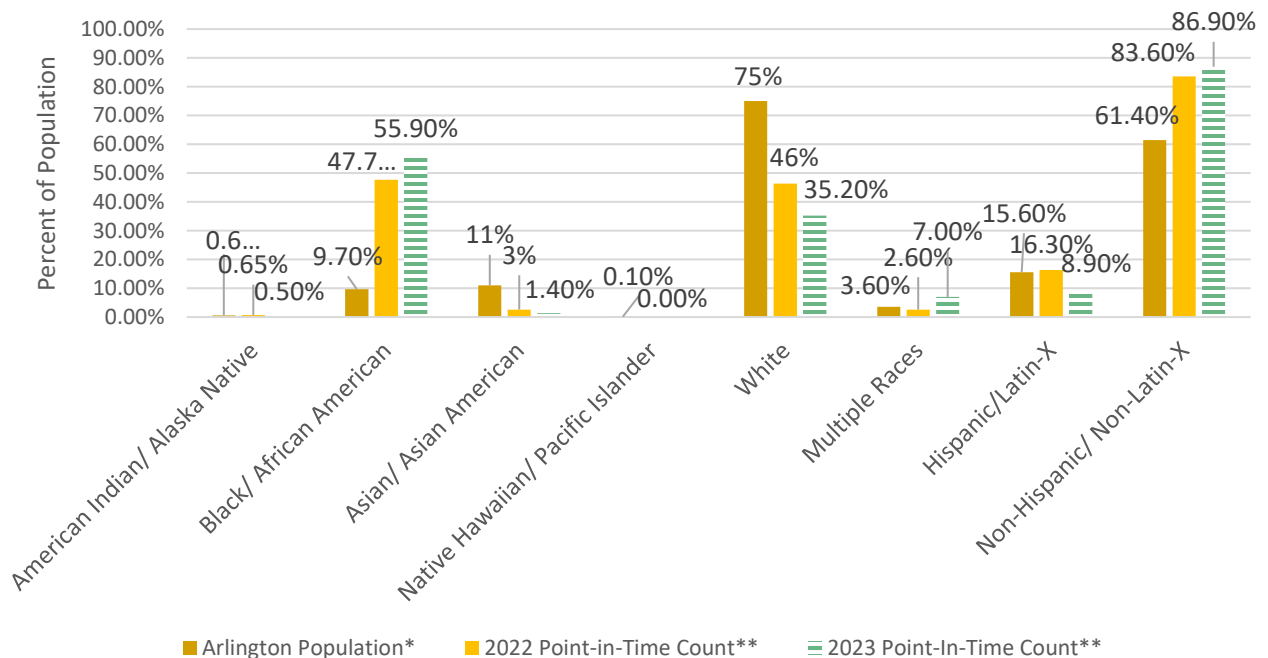
More information about the CoC’s progress in FY 2022 can be found here in the CoC’s Annual Report: <https://www.arlingtonva.us/files/sharedassets/public/departments/documents/dhs/coc/arlv-coc-fy22-report.pdf>.

The Roots of Homelessness

We cannot develop an effective community response to homelessness without also acknowledging the history and root causes of homelessness. Homelessness is the manifestation or symptom of larger, more pervasive systemic issues rooted in the racialized history of this country. This is evidenced by the over-representation of Black, Indigenous, and Other People of Color (BIPOC) within the homeless response system, as evidenced by the county’s annual Point in Time (PIT) counts (see Figure 3). With the mass genocide and forced removal of Indigenous people and the forced enslavement and labor of Africans for the benefit of wealth accumulation among land-owning, White men, the United States as we know it today is intrinsically tied to these roots. Our collective history – our laws, policies, and even well-intentioned systems designed to help and support, have developed from within these frameworks, perpetuating and recreating oppression in different forms, but with the same, unjust outcomes.

We acknowledge the traditional, ancestral and unceded lands of the Piscataway and Anacostan people on which we are learning and working today. We acknowledge their people’s efforts and contributions, past and present, to steward the lands and waters from which we benefit today. We also acknowledge the enslavement and labor of Black, Indigenous, and other People of Color, and recognize our histories as complicit with racism and white superiority. We recognize these difficult dynamics are present today and commit to collaborating in our efforts to dismantle oppression in all its forms.

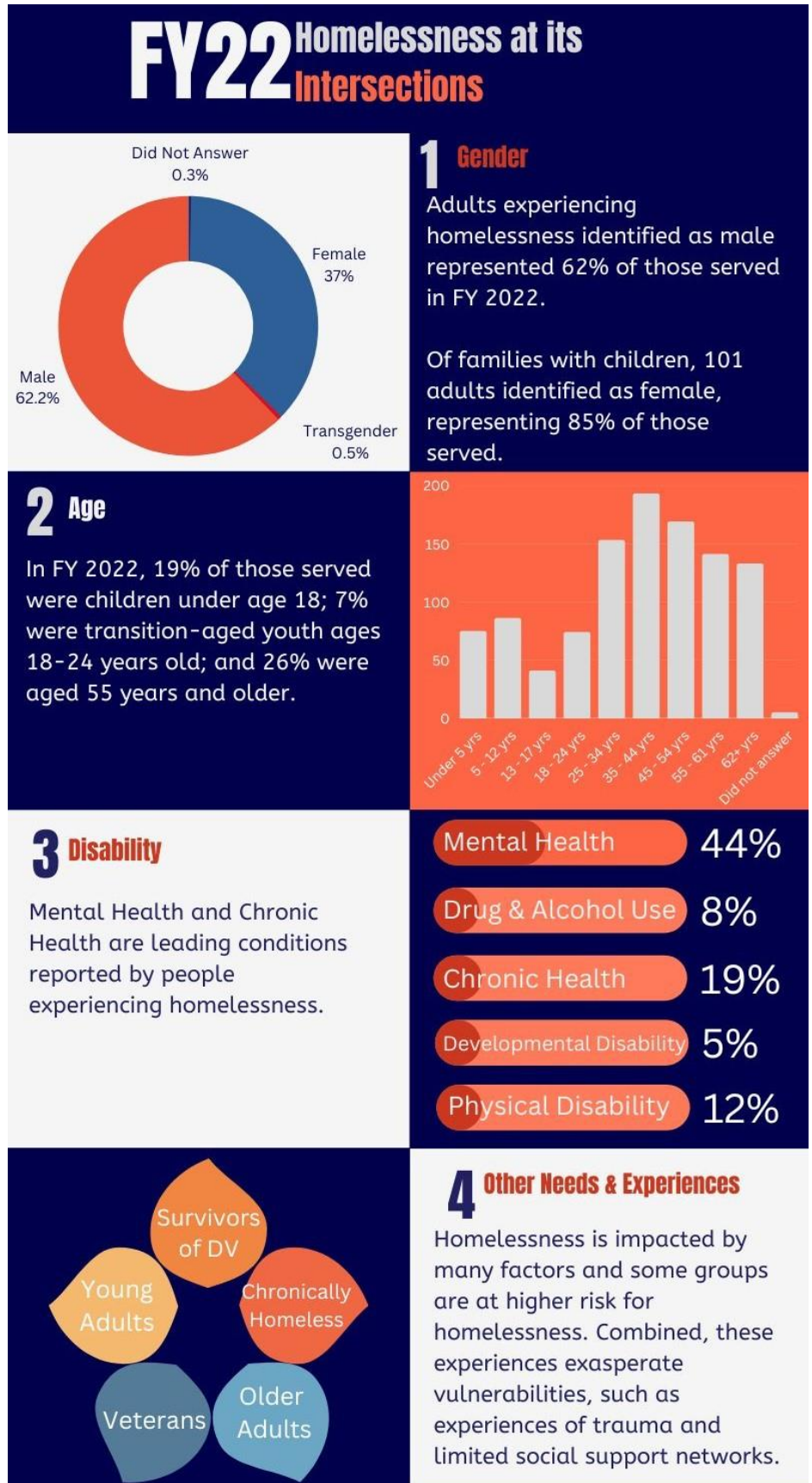
Figure 3. Demographics of Arlington, VA vs. 2022 and 2023 PIT



*U.S. Census Bureau: 2021 Population Estimates
 **Includes adults only

Virginia is not exempt from this history and its legacy of impacts. Accordingly, in 2019, the County Board adopted its first ever Equity Resolution, centering equity and social justice throughout its government and community endeavors. In 2021, Arlington County’s Department of Human Services (DHS) also established new vision, mission and organizational values which center race and racial equity. These are critical milestones for the Continuum of Care given the visibility of the immediate and daily impacts of racism and systemic oppression within the homeless response system, particularly for those who identify as Black or African American.

While we center and lead with race and ethnicity, the CoC also recognizes the critical intersections of people’s identities, including ability, age, creed, gender, sexual orientation, family status, and economic status. We must create accessible approaches that honor and dignify everyone’s experiences with oppression and resilience.

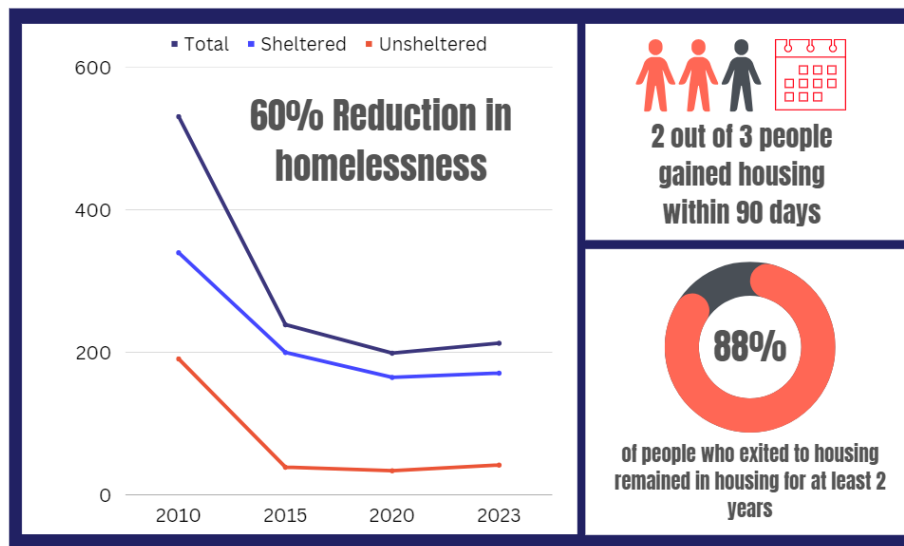


Today's Efforts

As the existing CoC Strategic Plan, *Within Reach* comes to an end, the CoC is prepared to build on our community's strengths and lessons learned; acknowledge and address our racialized history and oppressive practices by centering racial equity in its work; and develop, in community and with people with lived experience and expertise, new approaches to meet our biggest challenges in effort to –

End Homelessness for All by 2026

As we pivot to a new strategic plan, the CoC acknowledges the strengths and progress made over the last 10+ years to make homelessness rare, brief, and non-recurring, including reducing homelessness by 60% (includes a 50% reduction in sheltered homelessness and 78% reduction in unsheltered homelessness, per the annual Point-in-Time Count). In FY 2022, nearly two thirds of the 305 people served in emergency shelter, was able to access permanent housing in an average of 90 days. Eighty-eight percent of people who exited to permanent housing remained in housing for at least two years (per Federal Fiscal Year 2021's recidivism system performance measure).

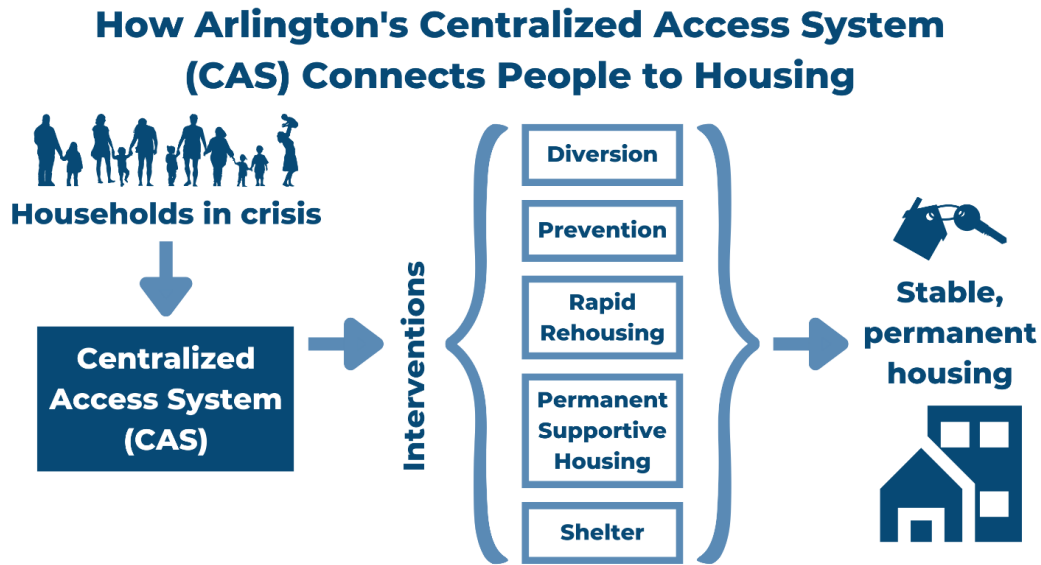


These outcomes and our ability to serve 1,070 people experiencing homelessness in FY 2022 were predicated on a Housing First system where housing is valued as a basic, human right; and best practices such as Trauma-Informed Care, Harm Reduction and other person-centered approaches are foundational to service delivery. These practices have been thoughtfully incorporated across the system, improving system performance, our effectiveness working with people experiencing homelessness, and the experiences people have within CoC programs.

Figure 5 provides an overview of the CoC's response when people experiencing housing crises first connect with the Department of Human Services Centralized Access System (DHS CAS). From there, all efforts are made to prevent or divert people from emergency shelter. Using creative brainstorming and flexible client assistance, DHS CAS staff work with people to identify pathways to maintaining housing that leverage and build on people's existing resources and strengths. If those options cannot be identified in a timely manner, DHS CAS staff work to refer people to emergency shelter where their basic

needs can be met. Shelter teams quickly complete needs assessments and develop individualized housing plans that promote rapid exits to permanent housing. This may include utilizing CoC programs like Rapid Rehousing or Permanent Supportive Housing or other community and natural supports and strengths based on people’s presenting and unique circumstances.

Figure 5. How Arlington’s Centralized Access System Connects People to Housing



While we have much to celebrate as a community, we still have work to do. People with lived experience of homelessness have elevated concerns that not everyone’s experiences are the same.



Additionally, the CoC’s effectiveness is impacted by broader social and economic forces which continue to put housing and stability out of reach for many Arlingtonians. Factors include housing market changes, COVID after-effects, stagnant wages, and limited resources available to groups such as survivors of domestic violence, young adults, immigrants, seniors, and people living with disabilities. For instance, one 2020 study conducted by the U.S. Government Accountability Office estimated that a \$100 increase in median rent was associated with a 9% increase in homelessness.



Tipping the scales

Housing market changes and COVID-19 after-effects: Increases in evictions, increases in rental costs, and decreased vacancies.

\$2,080

Q1 2023 average rent
1-Bedroom Apartment

3.8%

Change since last year

Stagnant wages

\$152,000

2023 Arlington
Median Household Income

\$26.84

Wage needed to afford 2-
bedroom unit in Virginia

\$1500

Average monthly income of active
clients in the CoC (41% of active
clients had income)

Limited resources to support survivors of domestic violence and sexual assault, young adults, immigrants and refugees, seniors, and people living with disabilities who face more significant barriers to housing stability.

Limitations to existing policies, scarcity of resources, and economic factors that erode the CoC's effectiveness.

During the pandemic, the CoC witnessed what it would take to end homelessness when policy and resource solutions were scaled to meet the national emergency. Now the CoC is faced with pre-pandemic rates of homelessness as those resources end.



Eviction Moratorium
Ends

est. \$2.67m



COVID-19 response
funds end June '23

Strategic Plan

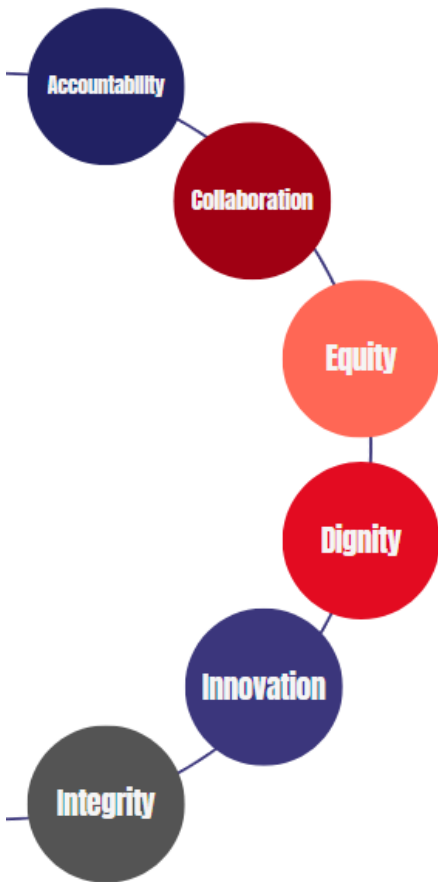
Building on the progress made in ending homelessness for Veterans and those experiencing chronic homelessness, Arlington's CoC signed on to a new and ambitious goal: Ending Homelessness for All by 2026. Unwilling to accept homelessness for some, this strategic plan sets the course for reaching a functional end to homelessness for all in three years.

This work will be done in community, by centering racial equity, and collaborating with people with lived experience of homelessness who are closest to both the challenges and solutions of homelessness.

Mission Statement

The Arlington Continuum of Care works to make homelessness rare, brief and non-recurring by providing affordable and sustainable housing, tailored services, and by centering the voices and expertise of people with lived experience of homelessness.

The Arlington CoC’s work is guided by these values:



Accountability: CoC efforts will account for practices that explicitly or implicitly reinforce oppression. Future decisions, progress and challenges will be discussed openly and in community.

Collaboration: The solutions to homelessness in Arlington, VA are identified and implemented in partnership. All stakeholders, whether funder, government agency, non-profit, advocate, or former or current program participant, have a role in these efforts.

Equity: The CoC works towards racial equity and justice by addressing injustice and its manifestations at their roots. The CoC will analyze the intersectional impacts of existing and proposed policies and practices by race and other marginalized groups.

Dignity: People experiencing homelessness will be treated with kindness, worth, and respect. Their strengths and experiences of resiliency, recovery, and effort will be elevated as foundations for their journeys from homelessness to housing stability.

Innovation: Using a growth mindset and exploring creative solutions to its most challenging questions, the CoC will look for opportunities to test and evaluate new approaches to preventing and ending homelessness.

Integrity: The CoC takes responsibility for its actions, efforts, and inaction by sharing progress and outcomes publicly. The CoC will measure its impacts, the quality of services, and the extent to which its efforts align with its espoused values and principles.

GOAL End Homelessness for All by 2026

What does it mean to reach a functional end to homelessness?

Ending homelessness does not mean homelessness will be preventable for everyone. A functional end to homelessness or “Functional Zero” means that homelessness will occur rarely, be of a short duration, and typically will not recur. The number of people experiencing homelessness at a given time will be less than or equal to the average number of people who exit to permanent housing in a six-month period.



There will be functional zero measures for:

- Single Adults: Unaccompanied individuals 18 years old and over
 - This includes subset groups for Veterans and individuals who meet the Chronic Homelessness definition
- Youth & Young Adults: Households under age 25 (including pregnant and parenting young adults)
- Families: Adults with minor children

To achieve an end to homelessness for all:

- The CoC must meet and sustain the Functional Zero definition for all household types;
- People experiencing homelessness obtain housing within an average of 45 days (from identification to move in); and
- No more than 5% of exits to permanent housing result in a return to homelessness within 2 years.

Additionally, the following indicators will be evaluated to ensure the CoC is centering racial equity in its' efforts:

- Black, Indigenous and People of Color (BIPOC) are represented at all levels of the homeless response system and have decision-making power to influence the design of the system.
- BIPOC receiving services from the homeless response system have experiences that preserve their dignity and have their needs met in a timely manner.
- All people experiencing homelessness have access to the system and are known by-name in real-time.
- The CoC is accurately collecting data about race and ethnicity, and ending disparities in housing placements, returns to homelessness, and average lengths of time in the system by race/ethnicity.

While centering its mission and values, this Strategic Plan builds on the strengths identified by the community already in place within the CoC and identifies targeted strategies to further fill critical gaps in efforts to reach its bold goal of ending homelessness for all by 2026 and the specific population milestones outlined later in this plan.

The plan is organized by 5 strategy areas, 2 foundations and 3 key pillars of the homeless response system:

1

PROMOTING EQUITY & EQUITABLE OUTCOMES

Acknowledging the oppression manifested in housing policies, access to housing and services, and housing outcomes past and present, and for those reasons, equity is interwoven throughout the strategies and activities of this Strategic Plan. As the CoC evolves and progresses in its efforts to become a more equitable and anti-racist system, some activities have also been identified as foundational action needed across the CoC.

2

ADHERING TO BEST PRACTICES IN HOMELESS SERVICE DELIVERY

Common across the 3 pillars of the homeless response system is the need to promote the use of evidence-based, best practices in working with people experiencing homelessness.

3

PREVENTING HOMELESSNESS

These efforts, sometimes referred to as “Targeted Prevention,” include strategies which seek to prevent or mitigate evictions, and ensure people, including those who previously experienced homelessness, maintain housing.

4

RESPONDING TO HOMELESSNESS

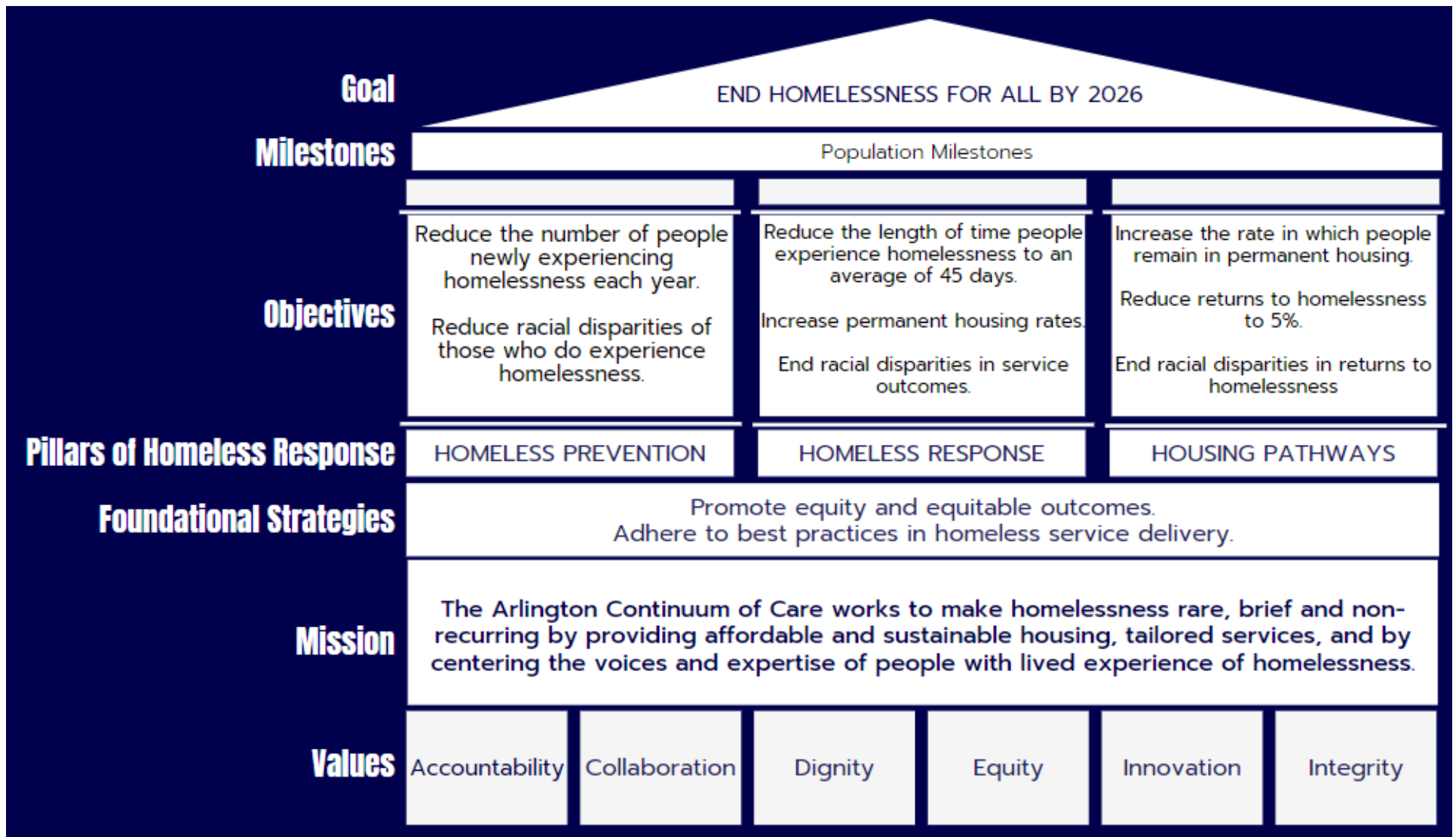
These strategies are the foundation to the homeless response (or crisis response) system and include Street Outreach, Emergency Shelter, Day Programs, and the Centralized Access System.

5

RESOLUTION OF HOMELESSNESS

These strategies include permanent housing, income supports, and other long-term supports to assist people in stabilizing and then maintaining housing. It is inclusive of CoC interventions, such as Rapid Rehousing and Permanent Supportive Housing, as well as key partnerships with other subsidy programs and affordable housing partners.

Foundations and Pillars are organized by objectives, outcomes, and activities. All activities include notations of whether the work is underway and the CoC will **stay the course**, whether the CoC must **adapt** an existing approach, or whether a strategy is **new** to the CoC.



END HOMELESSNESS FOR ALL BY 2026

1 PROMOTING EQUITY & EQUITABLE OUTCOMES

| | |
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| Objective | Race and ethnicity are not predictors of homelessness or housing outcomes. CoC practices and policies center racial equity and address intersecting forms of oppression. |
| Outcomes | <ul style="list-style-type: none"> • Racial disparities are reduced among those who do experience homelessness. • Any identified racial/ethnic disparities in system outcomes are eliminated. |
| Activities | <ul style="list-style-type: none"> • Assessments of risks of homelessness, homeless system performance, and returns to homelessness are disaggregated by race/ethnicity. • Develop racial equity measures to track progress and areas of needed improvements. • Qualitative data from program participants and CoC programs are incorporated in decision-making. • People with lived experience of homelessness will be part of the CoC’s governance and decision-making. • Identify fund sources and strategies to compensate people with lived experience in participating in program development and CoC work. • Assess current activities and impacts of Equity and Inclusion efforts to identify opportunities for growth. • CoC provider training promotes Racial Equity principles, including but not limited to Root Cause Analysis of Homelessness and Implicit Bias. • The CoC will explore ways to provide training opportunities to program participants, including but not limited to Racial Equity, Trauma-Informed Care, and Tenant Rights and Responsibilities. • The CoC will strengthen grievance procedures and protocols and explore ways to incorporate a client advocate position to the CoC to assist program participants through appeals and grievance procedures. • Equity analysis tools and strategies are used to assess intended and unintended consequences of existing policies and new policies and programs prior to implementation. • Identify opportunities to implement and build upon Arlington strategies outlined in the Metropolitan Council of Government’s (COG’s) Racial Equity Action Plan and Final Recommendations. • Evaluate and strengthen implementation of CoC Equal Access and Fair Housing policies, including how accommodation requests are addressed. |

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| | <ul style="list-style-type: none"> • Identify opportunities to partner with and advance tailored strategies that best respond to the housing needs of historically marginalized people and communities, including people living with disabilities, economically disenfranchised communities, LGBTQIA+, older adults, young adults, and immigrants and refugees. • Explore opportunities to engage the broader community about root causes of homelessness and the CoC’s advocacy needs. |
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2 ADHERING TO BEST PRACTICES IN HOMELESS SERVICE DELIVERY

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| Objective | Cultivate a growth mindset among CoC partners by learning, applying, testing, and adapting new or emerging practices across the CoC. Incorporate program participant feedback and input into learnings. |
| Outcomes | <ul style="list-style-type: none"> • CoC program participants report improved quality of services. • CoC providers report stronger competence and confidence in deploying homeless services. • CoC providers meet monitoring thresholds and expectations. |
| Activities | <ul style="list-style-type: none"> • Identify a common client feedback form/process and establish a baseline measurement of quality of services. • Evaluate and prioritize concerns raised by people with lived experience of homelessness and program participants. • Provide, promote and/or connect CoC partners to trainings that promote the CoC’s stated values, racial equity and person-centered practices in homeless services and service delivery. At a minimum, trainings will include the following topics (definitions found in the Appendix/Glossary): Housing First, Harm Reduction, Trauma-Informed Care, Assertive Engagement, Cultural Responsiveness, and Motivational Interviewing. • Review and strengthen Case Management Tools to foster person-centered approaches and empowerment models of service delivery. • Promote Cultural Humility/Culturally Responsive, Trauma-Informed Care and Housing First practices for Affordable Housing Developments and Property Management partners. • Identify opportunities to incorporate and foster peer roles throughout CoC interventions. • Ensure services are tailored and individualized for people’s unique circumstances, needs and strengths. • Promote opportunities for peer support, resources and service models that promote recovery and health based on common affinity groups or affiliations (gender, race, LGBTQIA+ status, parents/care givers, etc.). • Review and strengthen CoC Policies, Standard Operating Procedures (SOPs), Client Handbooks to reflect best practices and ensure monitoring tools mirror expectations outlined in SOPs. |

3 PREVENTING HOMELESSNESS

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| Objective | Target homelessness prevention to people and communities who are impacted by evictions and homelessness at the greatest rates. |
| Outcomes | <ul style="list-style-type: none"> • Reduce the number of people newly experiencing homelessness each year. • Reduce racial disparities of those who do experience homelessness by targeting prevention efforts to people and communities who are at greatest risk of losing their housing or experiencing homelessness. |
| Activities | <p>Stay the Course:</p> <ul style="list-style-type: none"> • Leverage eviction prevention, targeted prevention, and diversion resources to reduce the number of people in need of emergency shelter each year. • Collaborate with community mental health and substance use service providers to connect those at-risk of or who have formerly experienced homelessness to community-based mental health prevention, intervention, and treatment. • Proactively reach out to landlords, property managers, and housing providers to identify and quickly engage people at-risk of eviction and connect them with supports to avoid homelessness. <p>Adapt:</p> <ul style="list-style-type: none"> • Partner with other systems and institutions to prevent homelessness and increase diversion strategies for persons exiting these systems. Systems include but are not limited to jails, in-patient/substance use treatment programs, hospitals, foster care, and Arlington County’s Re-Entry Coalition. • Complete an impact analysis of evictions to understand who is impacted by evictions most, differentiating between demographic information, zip codes/neighborhoods, and other needs. Ensure prevention resources are targeted to those most impacted. • Partner with housing providers to explore eviction trends by common causes beyond failure to pay rent, (i.e., tenant behaviors such as hoarding, noise, unauthorized guests, etc.) to identify strategies and resources to assist people in maintaining housing. • Explore opportunities to quickly identify and connect people who have had previous episodes of homelessness to supports to disrupt repeated episodes of homelessness. <p>New:</p> <ul style="list-style-type: none"> • Identify community education and marketing strategies about available resources to expand knowledge and information to under-served communities. Information about resources include housing, homelessness, domestic violence, and other community-based supportive services. • Explore opportunities to utilize peers in community outreach and prevention strategies to assist people in accessing supports and reduce stigma associated with receiving assistance. • Explore strategies to prevent homelessness among those with fixed incomes (namely older adults and persons with disabilities receiving SSDI). |

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| | <ul style="list-style-type: none"> Identify strategies to promote information and resource navigation among tenants of area affordable housing. |
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4 RESPONDING TO HOMELESSNESS

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| Objective | Provide low barrier access to shelter and services for people experiencing homelessness. Services are housing-focused, trauma-informed, and person-centered. |
| Outcomes | <ul style="list-style-type: none"> Reduce the length of time people experience homelessness to an average of 45 days. Increase the rate in which people exit to permanent housing. Address racial disparities in service outcomes. |
| Activities | <p>Stay the Course:</p> <ul style="list-style-type: none"> Maximize and leverage funding for emergency shelter, day programs, and street outreach. Identify opportunities to diversify shelter and housing opportunities for people experiencing unsheltered homelessness. Collaborate with the DHS Behavioral Health Division and other community mental health and substance use service providers to link available resources to people experiencing unsheltered and sheltered homelessness. In collaboration with DHS Economic Independence Division, identify opportunities to expand childcare resources for people experiencing homelessness, to include non-traditional hours. <p>Adapt:</p> <ul style="list-style-type: none"> Utilizing data and in partnership with regional CoC partners, quantify and identify needs for cross-jurisdictional collaboration and improve access to resources for people who move across jurisdictional lines. CoC outreach and shelter staff will work quickly to assist program participants in compiling documentation needed for renting/leasing, gaining employment, and accessing cash and non-cash benefits. Maintain collaboration with key system partners and identify opportunities to strengthen areas of practice across common goals. System partners include: <ul style="list-style-type: none"> Aging and Disability Services Arlington County Libraries Arlington County Public Schools Behavioral Health Recovery and Treatment Programs Domestic Violence Response / Project PEACE Employment Services (i.e. Arlington Employment Center and area community colleges) Faith-based Organizations Housing Choice Voucher Program Immigration Services and Legal Aid |

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| | <ul style="list-style-type: none"> ○ Private Foundations ○ Public Benefits (TANF, SNAP, SOAR, Medicaid, General Relief, etc.) ○ Tenant Services and Fair Housing Organizations <p>New:</p> <ul style="list-style-type: none"> ● Examine housing prioritization policies and practices and their impacts by race/ethnicity, gender identity, sexual orientation, and disability status for any disparate impacts. Address changes as needed while ensuring the CoC meets all State and Federal requirements. ● Identify opportunities for flexible client assistance to meet needs that support housing and cannot be met with existing resources. ● Based on assessed need and capacity, explore opportunities for population-specific funding or resources that align with this Strategic Plan, including young adults, older adults, survivors of domestic violence, etc. This may include emergency and permanent housing options. |
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5 RESOLUTION OF HOMELESSNESS

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| Objective | Increase opportunities to afford housing by increasing/preserving the supply of affordable housing, leveraging and maximizing housing subsidy programs, and strengthening connections to employment services and cash/non-cash benefits. |
| Outcomes | <ul style="list-style-type: none"> ● Increase the rate in which people remain in permanent housing. ● Reduce returns to homelessness to an average of 5%. ● Increase rates of earned and unearned income. ● Increase monthly income of program participants. |
| Activities | <p>Stay the Course:</p> <ul style="list-style-type: none"> ● Maximize and leverage funding for RRH and PSH opportunities, including additional site-based PSH with onsite staff support for people with severe supportive service needs, to include aging adults. ● Ensure fidelity of RRH and PSH models to national best practices and the Housing First approach. ● Continue to explore opportunities for increased supply of Single Room Occupancy (SRO) and larger (3+ bedroom) dwellings. ● Continue to support efforts to advocate for and promote the development of Committed Affordable Housing at 30% AMI and below. ● Ensure tenants are aware of and can connect to tenants’ rights advocates or legal services to address issues of discrimination in housing. <p>Adapt:</p> <ul style="list-style-type: none"> ● Monitor outcomes of Arlington County’s Housing Grant study and implement changes accordingly. |

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| | <ul style="list-style-type: none">• Review ALP policies and identify potential strategies to further reduce barriers to renting for people with criminal backgrounds.• Explore strategies to incentivize landlords to provide housing for people exiting homelessness.• Explore opportunities to advocate for the development of affordable housing and use of housing subsidies in areas of opportunity.• Identify opportunities to strengthen referral pathways to housing opportunities for eligible households (PSH and BHD, as examples).• Strengthen communication between CoC housing partners and property managers to improve overall housing stability of tenants.• Assess and strengthen assistance provided to people transitioning from homelessness to housing, ensuring people receive needed supports and other opportunities to develop skills effective in long-term housing stability (life skills, financial literacy, health and wellness education, etc.).• Strengthen connections to existing community supports and services for people who recently moved into housing. This includes Safety Net providers, Affordable Housing Resident Services programs, peer support groups, community mental health and substance use services, and other community/neighborhood resources. <p>New:</p> <ul style="list-style-type: none">• Explore opportunities to expand and diversify forms of housing assistance and housing opportunities for people experiencing homelessness. Conduct needs assessment of population groups who face additional barriers to housing and/or where housing gaps exist (i.e. immigrant and refugee households, youth and young adults, etc.).• Identify opportunities and new partnerships for flexible client assistance to meet housing needs (furniture, household supplies, etc.) that cannot be met with existing resources. |
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To measure progress towards the overarching goal, population-level milestones will be used to ensure the CoC is making regular progress across population groups and towards its overall goal of achieving functional zero for all populations. They are markers which will inform the CoC whether strategies are effective, on track, or need further refinement.

POPULATION MILESTONES

| | DEC '22 | JUNE '23 | DEC '23 | JUNE '24 | DEC '24 | JUNE '25 | DEC '25 |
|-------------------------------|---------------|----------|------------------|----------|---------|----------|---------|
| SINGLE ADULTS | 119 | 131 | 118 | 100 | 68 | 36 | 5 |
| VETERANS | 3 | 9 | 3 | 3 | 3 | 3 | 3 |
| CHRONIC HOMELESSNESS | 6 | 30 | 23 | 16 | 9 | 3 | 3 |
| FAMILIES | 14 | 28 | 23 | 18 | 13 | 8 | 3 |
| YOUNG ADULTS | 4 | 6 | 10 | 8 | 6 | 3 | 3 |
| Functional Zero Milestone Met | ACTUAL | | PROJECTED | | | | |

*Increases in actual counts of active clients between December 2022 and June 2023, can be attributed to both incremental increases in need and persons served, as well as changes to the local By-Names List (BNL) methodology. Early BNL implementation focused on and prioritized those who faced the greatest challenges in accessing permanent housing. As the CoC shifts to a more comprehensive BNL and works to end homelessness for all, the CoC will be measuring reductions across all populations. This necessitates establishing a baseline which accounts for all active clients.

IMPLEMENTATION AND NEXT STEPS

Upon approval and adoption of this Strategic Plan, the Executive Committee is charged with evaluating the structure of the Continuum of Care governance and its Charter to ensure that CoC is structured to effectively lead implementation of the strategies outlined in the Strategic Plan. At time of implementation, identified groups, CoC committees, and/or partners charged with specific strategies will refine action plans using a SMARTIE Goal framework. The Foundational Strategies will be followed to ensure action and decision-making is guided by data, the voices of people with lived experience, and a racial equity analysis.

APPENDIX

GLOSSARY AND REFERENCES

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| 10-Year Plan to End Homelessness | With the passing of the HEARTH Act, communities receiving HUD funds were organized into Continuums of Care (CoCs). Each CoC was required to develop a strategic plan to end homelessness, demonstrating a collaborative and systemic approach to addressing homelessness within their geographic region. These plans were initially organized under a 10-Year framework. |
| Arlington County Equity Resolution (2019) | https://arlingtonva.s3.amazonaws.com/wp-content/uploads/sites/21/2020/02/Equity-Resolution-FINAL-09-21-19.pdf |
| Assertive Engagement | Housing First and its evidence of success is predicated on voluntary service models. Program participants are not required to engage in services to receive housing assistance. That said, organizations providing housing supports and assistance are required to engage people proactively and in ways that are meaningful and accessible to program participants. Assertive engagement places the focus of service provision and relationship development on the provider. |
| Affordable Housing | Housing is considered affordable when rent or mortgage, plus utilities is no more than 30% of a household's gross income. In Arlington, VA there are two types of affordable housing units: Committed Affordable Units and Market-Rate Affordable Units. To find out more, visit this site: Affordable Housing – Official Website of Arlington County Virginia Government (arlingtonva.us) . |
| Affordable Housing Master Plan | https://www.arlingtonva.us/Government/Programs/Housing/Affordable-Housing/Master-Plan |
| By-Names List (BNL) | A By-Names List is a real-time list of every person experiencing homelessness within a community. This information, collected and shared with their consent, allows homeless service providers and the CoC to ensure a housing plan is identified for each person, leading to its efforts to meet functional zero. |
| Chronically Homeless | Chronicity is defined by the Department of Housing and Urban Development (HUD) as a person or head of household that has (1) a documented disabling condition and (2) has experienced at least 12 months of homelessness either (a) consecutively or (b) by way of four or more episodes of homelessness over three years or less. There is also guidance on what constitutes homelessness (a place not meant for human habitation or emergency shelter) and those residing in institutional settings (less than 90 days are still considered homeless, more than 90 days are no longer homeless). |
| Continuum of Care (CoC) | The collaborative partnerships within a geographical region (city, county or state) that aligns policy and plans to prevent and end homelessness. The CoC meets regulatory requirements established by the Interim Rule of the HEARTH Act (§578.7), including a designated role to serve as the Collaborative Applicant for HUD CoC Program funding. |
| Coordinated Entry (CE) | In Arlington, the Coordinated Entry program is called the Centralized Access System (CAS) and is operated by the Department of Human |

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| | Services, Community Assistance Bureau's Clinical Coordination Program. CAS ensures all people experiencing homelessness have fair and equal access to available housing resources. This often involves using a By-Names List to ensure people experiencing homelessness are matched to appropriate housing options and prioritized based on their needs and vulnerability. |
| Cultural Humility or Culturally Responsive | Services and service providers ensure sensitivity and awareness to multiple cultures and ethnic backgrounds by reflecting the backgrounds of client served, sharing access/resources to culturally-specific services, providing services in the languages in which people prefer to communicate, and honoring the cultural practices and celebrations which people follow. |
| Department of Human Resources Vision, Mission & Values | https://www.arlingtonva.us/Government/Departments/DHS/DHS-Vision-Mission-and-Values-Centering-Race |
| Diversion | Utilizing creative problem-solving and by collaborating with people who are at-risk of or are experiencing homelessness, diversion works to assist people in avoiding shelter placement. Solutions include relocating closer to natural supports, housing and landlord negotiations to remain in or return to housing, collaborating with friends and family to find mutually acceptable housing solutions, and short-term and limited financial assistance, if needed. |
| Emergency Shelter | Temporary housing intended to provide immediate access to lodgings, food, and other basic care. Services are made available to connect people to community resources, benefits, and employment opportunities, while also quickly attaining permanent housing. |
| Eviction Prevention | Short-term assistance with rent assistance and rental arrears to quickly stabilize housing and avoid evictions. |
| Functional Zero | Functional zero is a milestone that indicates a community has measurably solved homelessness for a population. It is when the number of people experiencing homelessness is less than the number of people a community has proven it can house in a month. When it's achieved and sustained, homelessness is rare and brief for that population. |
| Harm Reduction | Rooted in a social justice movement, harm reduction is based on the belief that people who use drugs should have the same rights as everyone else, but should have safer ways to use. This approach has been applied to other contexts, including sex work, homelessness, healthcare, and other settings that require reduction of risks and harms associated with risky or potentially harmful behaviors. |
| HEARTH Act | Homeless Emergency Assistance and Rapid Response to Housing Act of 2009. https://www.hudexchange.info/homelessness-assistance/hearth-act/ |
| Homeless Management Information System (HMIS) | HMIS is the data management system used to collect personal identifiable information on individuals and families who interact with homeless service providers. HUD requires each CoC to comply with certain data collection requirements and report statistical information annually. HMIS data is also used to understand trends in performance and areas of gaps and needs. |

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| Housing First | Housing First quickly connects people to housing, and then works to connect them to supports and services to assist in addressing other areas of risks or needs. It is based on the fundamental belief that all people are deserve housing, regardless of their needs or other arbitrary conditions. |
| Intersectionality | The concept that people’s identities, which include race, socio-economic status, gender, age, ability, and sexual orientation, intersect with one another. When exposed, we clarify the ways in which a person or group of people can simultaneously experience privilege and oppression. |
| Motivational Interviewing | A form of inquiry and engagement that understands behavioral change is dependent upon one’s motivation. Motivational Interviewing works to help people identify what factors may motivate them at a given time, how best to meet people where they are, and support behavioral change over time. MI uses various tools and discourse to assess for and build motivation for the behavior change people want to see for themselves. |
| Permanent Supportive Housing | Permanent Supportive Housing (PSH) couples intensive and voluntary supportive services with permanent housing. PSH often utilizes a Housing First approach and is prioritized for those who have the most significant needs in sustaining housing in the long-term. |
| Point in Time Count | An annual enumeration of people experiencing homelessness and a HUD requirement. People experiencing unsheltered and sheltered homelessness are included in this count. |
| Racial Equity | The condition that would be achieved if one’s racial identity no longer predicted how one fares. Racial equity is one part of racial justice and includes work to address root causes of inequities, not just their manifestation. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or that fail to eliminate them. |
| Rapid Rehousing | Rapid Rehousing (RRH) includes housing search assistance, short to medium term supportive services, and short to medium term rent assistance. Housing is located in the community such that participants can retain a permanent lease in their own name after assistance ends. |
| Targeted Prevention | Providing homelessness prevention resources to those who are most likely to experience homelessness. |
| Targeted Universalism | Providing resources to people or groups based on their distance from opportunity. Targeted Universalism works to ensure everyone benefits and achieves a universal goal or outcome, but targets solutions based on how people are positioned to that goal based on systemic inequities. |
| Trauma-Informed Care | This approach to service delivery acknowledges that people’s behaviors are often a result of the trauma they have endured and involves adapting service delivery models to prevent further traumatizing people who receive care. |

CoC REGULATORY REQUIREMENTS Interim Rule: §578.7

| Requirements | Local Lead/Authority |
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| Hold meetings of the full membership, with published agendas | <i>Authority: Outreach, Education & Advocacy Subcommittee, Executive Committee</i> |
| Make an invitation for new members to join publicly available within the geographic | <i>Authority: Executive Committee Lead: Arlington County DHS</i> |
| Adopt & follow a written process to select a board to act on behalf of the CoC | <i>Authority: Executive Committee</i> |
| Appoint additional committees, subcommittees, or workgroups | <i>Authority: Executive Committee</i> |
| Establish governance charter, to include all HMIS procedures & policies, code of conduct, and recusal process | <i>Authority: D&E and Executive Committee</i> |
| Establish with recipients and subrecipients to establish performance targets, monitor performance, evaluate outcomes, & take action against poor performers | <i>Authority: D&E and Executive Committee Lead: Arlington County DHS</i> |
| Evaluate outcomes of projects funded under ESG and COC programs | <i>Lead: Arlington County DHS</i> |
| Establish & operate a centralized or coordinated assessment system | <i>Authority: Executive Committee Designee: Arlington County DHS: Centralized Access System</i> |
| Establish and consistently follow written standards | <i>Authority: Executive Committee</i> |
| Designate & operate an HMIS, including efforts to review, revise and approve privacy, security and data quality plans | <i>Authority: Data & Evaluation Subcommittee; Executive Committee Designee: Arlington County DHS as HMIS Lead</i> |
| Develop a plan that includes coordination of housing and services (inclusive of outreach, shelter, housing, supportive services, and prevention strategies) | <i>Authority: Executive Committee</i> |
| Conduct a PIT count of persons living in unsheltered situations and persons in shelters and TH programs | <i>Authority: D&E Subcommittee; PIT Planning Workgroup Lead: Arlington County DHS</i> |
| Conduct an annual gaps analysis | <i>Authority: D&E, Executive Committee</i> |
| Provide info required to complete the community's Consolidated Plan | <i>Lead: Arlington County DHS</i> |
| Consult with State and local gov't ESG program recipients | <i>Authority: Leadership Board & Executive Committee Lead: Arlington County DHS</i> |
| Establish an emergency transfer plan (VAWA emergency transfer plan) | <i>Authority: Executive Committee</i> |

Appendix: Community Engagement

Arlington’s Continuum of Care has a long-standing commitment to include people with lived experience in its efforts. Before Arlington’s Continuum of Care entered into its most recent Strategic Planning efforts, the CoC had one person who identified as someone with lived experience participating in its Leadership Board. In June of 2021, the CoC conducted a Representation Survey of its governance. The CoC learned through that process that there were people with lived experience participating in CoC leadership and committees, but were not publicly identifying that way (see bullets below). Community discussions centered the challenges and barriers that existed for people to meaningfully participate in CoC efforts, but were otherwise hard-pressed to identify real solutions to these concerns.

Outcomes of the 2021 CoC Governance Representation Survey (people could respond having lived experience of multiple categories):

- 2 people have lived experience of homelessness
- 3 people were survivors of domestic violence
- 1 person identified having lived experience of substance use
- 5 people identified as having lived experience of mental health needs
- 1 person identified living with a chronic or long-term disability
- 1 person identified as an immigrant

Starting in 2022, several actions spurred movement and momentum in the CoC’s local efforts to engage people with lived experience of homelessness:

1. **Participation in the Metropolitan Washing Council of Governments Racial Equity Action Council (REAC):** As one of the 9 participating CoCs in MWCOG, representatives from the CoC participated in a regional initiative to analyze and develop strategies to address racial equity. It included a rigorous analysis of local data, focus groups with people with lived experience, and collaborative activities to both learn about and implement changes within CoCs to bring about greater equity in outcomes for people experiencing homelessness. While the CoC was able to recruit 4 people with lived experiences for the qualitative analysis efforts of this initiative, the CoC struggled finding people who could commit to recurring REAC meetings and activities.
2. **DHS financial commitments to compensate people with lived experience of homelessness:** Concurrently, DHS and CoC members explored strategies to compensate people with lived experience for participation in CoC activities. DHS’s proposal to utilize locally administered American Rescue Plan Act (ARPA) funds for this purpose was approved. Each nonprofit received \$5,000 to provide payments (cash or gift cards) for both agency and CoC-level advisement and participation.
3. **Conducting virtual focus groups with people with lived experience of homelessness in Arlington, VA:** Motivated by the efforts underway, the CoC planned to conduct its own Focus Group in May 2022. The CoC held a workshop with CoC members and nonprofit staff in advance of the focus group to discuss the goals of engaging people with lived experience. That workshop ended with an ask – that all participants help recruit people with lived experience to this focus group. Three people participated in this first focus group.

A WAY HOME FOR ALL

Arlington, Virginia’s Strategic Plan to Prevent and End Homelessness

4. **Department of Housing & Urban Development’s Supplemental NOFO for Unsheltered Homelessness:** When HUD announced the SNOFO in June of 2022, the CoC leaned on the opportunity which required CoC’s to include people with lived experience in the planning process. An Unsheltered Workgroup was convened and non-profits who wished to participate and compete for the opportunity were asked to recruit people with lived experience to participate in the workgroup. Four members identified themselves as having lived experience, and they assisted the CoC in shaping the funding priorities for the opportunity, as well as joined other CoC committees to review the proposals and make funding recommendations to the Leadership Board. (Arlington County’s application was ultimately successful and PathForward received \$1.67 million for unsheltered homelessness as a result.)

These efforts propelled the CoC forward and to work to include people with lived experience in the strategic planning process underway in 2022-2023. The CoC held a combination of in-person and virtual opportunities in the development of the plan, as well as opportunities to solicit feedback on the first draft. There were events specifically held for people with lived experience, as well as broader community events where everyone interested, including people with lived experience, could attend.

1. *Strategic Planning Focus Group with People with Lived Experience (August 2022)*
2. *Strategic Planning Kick Off Event (September 2022)*
3. *Community-Wide Input Sessions (February – March 2023)*
4. *Draft Strategic Plan Focus Group with People with lived Experience (July 2023)*
5. *Community-Wide Input Sessions for the Draft Plan (July 2023)*
6. *Drafted Plan online and available for review and public comment (June – July 2023)*

Over 100 people attended these sessions and over a third of attendees were people with lived experience! The Strategic Plan reflects the voices and expertise of people with lived experience of homelessness and the urgent needs and wishes of BIPOC communities. It represents the intersecting needs and priorities of marginalized groups, including members of the LGBTQIA+ community, persons with disabilities, aging adults, survivors of domestic violence, immigrants, refugees, and youth and young adults, whose barriers are further magnified at the intersections of systemic racism.

Results of anonymous and optional demographic surveys of community members who provided in-person or virtual feedback:

| Race/Ethnicity | Rate |
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| Asian/Pacific Islander | 2.6% |
| Black/African American | 48.7% |
| Hispanic/Latino/Latinx | 9.5% |
| Native American/Indigenous | 1.7% |
| White/Caucasian | 34.8% |
| Other | 1.7% |

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| Age Range | 23 - 75 |
| Gender | Rate |
| Male | 42.6% |
| Female | 54.8% |
| Non-Binary / Gender Fluid | 2.6% |
| LGBTQIA+ Affiliation | 15.7% |
| Veteran | 4.3% |
| Lived Experience | 56.5% |

Appendix: Summary of Edits to Draft Plan (Summer 2023)

| Strategic Plan Section | Revisions Made |
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| Overall themes | <p>Changed “seniors” to “older adults.”</p> <p>Updated 2023 FMRs.</p> <p>Made value statements more concise.</p> |
| Strategy Area 1: Equity | <p>Included other demographic data to demonstrate intersectionality of homelessness (age, gender and disability status).</p> <p>Added expanding community outreach to diversify community engagement efforts.</p> <p>Included language about socio-economic groups to point out intersections of class or poverty in equity efforts.</p> <p>Added activity to strengthen implementation of equal access, fair housing, and accommodation requests.</p> <p>Added training opportunities for program participants, to include racial equity and impacts of trauma in learning opportunities.</p> <p>Added racial equity trainings.</p> <p>Adjusted wording to ensure it was clear that people with lived experience will be part of CoC governance and decision-making.</p> <p>Strengthened language about grievance policies and added action to explore opportunities for client advocate roles.</p> <p>Incorporated Metropolitan Washington Council of Governments Homeless Services Committee Racial Equity Report.</p> |
| Strategy Area 2: Best Practices | <p>Added updating client handbooks.</p> <p>Added review and strengthen SOPs and aligned monitoring practices with expectations outlined in SOPs.</p> <p>Expanded details on trainings and aligned with CoC’s values.</p> <p>Added cultural responsiveness and cultural humility as key areas of training and service delivery.</p> |
| Strategy Area 3: Prevention | <p>Added inpatient and substance use treatment programs as a system to more strongly collaborate with to support people in maintaining their housing.</p> <p>Added partners with a focus area of older adults as a key partner to prevent homelessness for this group.</p> <p>Incorporated the need for eviction prevention to expand beyond financial assistance to efforts that address behavioral and tenancy issues, such as hoarding.</p> <p>Broadened collaborations with community mental health and substance use service providers.</p> |

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| Strategy Area 4: Response | <p>Broadened the various population groups which require more tailored responses to homelessness and included older adults as a specific sub-population.</p> <p>Added Housing First and Trauma-Informed Care trainings for property managers.</p> <p>Added local libraries and public benefits as a key partners.</p> <p>Removed language “for who homelessness cannot be prevented.”</p> <p>Added specific language about increased Committed Affordable Housing at 30% AMI and below.</p> |
| Strategy Area 5: Resolution | <p>Added new activity to include advocacy for affordable housing in areas of opportunity within Arlington, VA.</p> <p>Added stronger referral pathways for PSH-eligible households.</p> <p>Added client assistance needs, such as furniture and household supplies.</p> <p>Added activities to build access for resources and information for tenants/renters.</p> <p>Added improved communications between housing partners and property managers.</p> |