

**Ending  
homelessness  
in Arlington is  
achievable.**



# Strategic Directions Report

*to Implement*

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## ***A Passageway Home***

A 10 Year Plan to End  
Homelessness in  
Arlington County, Virginia

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**ARLINGTON**  
VIRGINIA

Strategic Directions Report to Implement *A Passageway Home*

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<sup>1</sup> The full text of *A Passageway Home: A 10 Year Plan to End Homelessness in Arlington County, Virginia* can be found on the Arlington County website, <http://www.arlingtonva.us/departments/HumanServices/Xtend/XtendPassageHome.aspx>





In Arlington County, homeless service providers serve more than 1,100 households annually, providing emergency housing, medical care, food, clothing, employment services and case management.

## 1 Strategic Directions Report to Implement the 10 Year Plan

This Strategic Directions Report provides the background, rationale, strategies, preliminary milestones and leadership structure to take the next steps in implementing **A Passageway Home: A 10 Year Plan to End Homelessness in Arlington County**, and begin the real work of developing and applying solutions to end homelessness. The 10 Year Plan and this Strategic Directions Report are living documents that will need periodic adjustments to address changing needs and challenges in the community. The input and involvement of all community stakeholders, including the direct beneficiaries of the Plan, will be critical to taking advantage of new opportunities and making ongoing course corrections to ensure success.

Emerging best practices from 10 year planning processes across the nation suggest that viable plans include the following two vital components:

1. Methodologies for capturing the non-static scope and breadth of the homeless population to render an accurate count of all persons who are:
  - at risk of becoming homeless;
  - currently homeless; and/or
  - at risk of returning to homelessness;
2. A willingness throughout the Plan's implementation period to place an accurate, real and whole dollar value on the services required at all points of the continuum to rapidly end homelessness for the total population as defined above. This includes an assessment of all existing resources currently allocated for serving the homeless populations.

Toward this end, within the first year of the implementation period, a best practice for census taking will be adopted and, as needed, amended throughout the implementation period; and a long term funding strategy will be adopted to ensure adequate resources are available to meet the goal of ending homelessness in 10 years.

## 2 Background

Since the 1980s, Arlington County has partnered with non-profit organizations, the faith community and other leaders to meet the needs of those Arlingtonians who are homeless. Much has been accomplished; however, much remains to be done to shift the focus from *managing* homelessness to *ending* it.

## 2.1 Leadership Role of the Homeless Services Coordination Committee — 1990s

The **Homeless Services Coordination Committee (HSCC)** is a group of more than 25 concerned individuals representing the County, non-profit organizations, and the community. Since the 1990s, the HSCC collaborated in planning, applying and managing millions of dollars of Housing and Urban Development (HUD) Continuum of Care funding. These federal funds were used to develop services and programs to primarily manage the growing issues of homelessness, but they have not produced successful long term solutions to end homelessness.

## 2.2 Development of the Supportive Housing Plan — 2005

The scarcity of permanent housing with supportive services for homeless persons has long been recognized as a significant problem in ending homelessness. A variety of solutions are needed in order to meet the needs of persons with different needs, including low income families with children, persons living on the streets with and without serious disabilities, and persons in shelters who lack the skills and income to pay for their basic needs.

In 2005, the Arlington County Board took a significant step in addressing the issues facing persons with disabilities by approving the **Arlington County Comprehensive Supportive Housing Plan** to develop supportive housing for persons with disabilities, which combines affordable housing with services that residents need to remain in the community.

The Comprehensive Supportive Housing Plan developed by the Department of Human Services set a goal of developing 375 to 425 new units of supportive housing within five years. The results have been impressive — to date 67 persons (including several families with children) have been housed; 45 percent were homeless persons with severe mental health disabilities. Over 88 percent of these persons have been able to successfully retain their permanent housing with support services, demonstrating that the permanent supportive housing model works well for this sub-group of homeless persons — those with disabilities.

## 2.3 The 10 Year Plan to End Homelessness in Arlington — 2006

The Homeless Services Coordinating Committee led a year-long community process to develop a plan to end homelessness. In 2006, the Arlington County Board approved *A Passageway Home: A 10 Year Plan to End Homelessness in Arlington County*. This plan is part of a nationwide movement to shift the focus from managing homelessness to ending it.

Arlington's 10 Year Plan to End Homelessness is based on the best practice strategy of "housing first," which focuses on preventing homelessness, moving people who do become homeless into housing rapidly, and providing the wrap-around services necessary for them to maintain their housing.



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It has become increasingly clear that limited affordable housing has resulted in longer stays at shelters and little movement into permanent housing. **There are significant benefits to a community that directs its efforts to preventing evictions and placing homeless people directly into permanent housing rather than keeping them in shelters or living on the street.** Most importantly research has shown that it is more cost effective to keep people housed.

The 10 Year Plan presents the mission, guiding principles and goals to end homelessness.

#### **Mission**

- Arlington will have an integrated, community-based support system which will prevent homelessness and provide the necessary resources to end it.

#### **Guiding Principles**

- Commitment from all sectors of the community
- Best practice and evidence based solutions
- Affordable and appropriate housing options
- Culturally competent and consumer-centered services
- Sufficient, committed financial resources

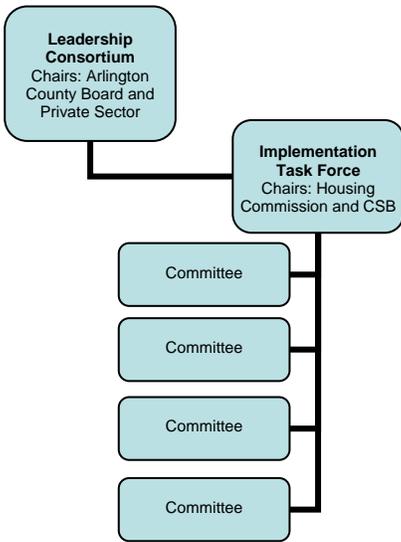
#### **Goals**

- Increase the supply of affordable housing
- Prevent homelessness at every opportunity
- Provide supportive services to keep people in housing
- Increase income of homeless persons through employment and benefits.

### **3 Implementation Planning and Leadership for the 10 Year Plan**

National experience from more than 200 cities and localities has shown that strong political leadership and meaningful participation from leaders in all segments of the community are vital to the successful implementation of plans to end homelessness.

The County Board has designated the **Housing Commission** and the **Community Services Board** to jointly provide leadership and engage the community partners in implementing the 10 Year Plan to End Homelessness. The Housing Commission advises the County Board on housing policy issues and oversees progress toward meeting affordable housing goals which include the provision of permanent housing for the homeless. The Community Services Board provides community leadership of the mental health, mental retardation and substance abuse system. Jointly, it is part of the core mission of these two Commissions to ensure that homeless persons obtain permanent housing and the support services they need to become fully functioning members of the community.



## 4 Leadership Consortium

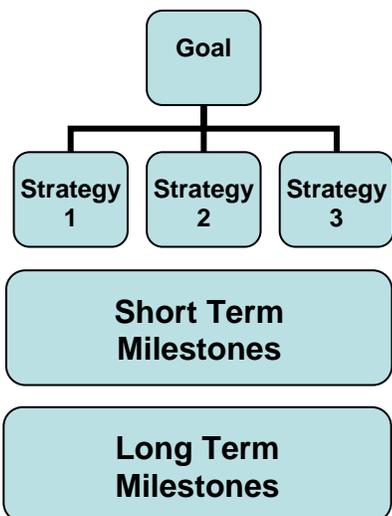
The **Leadership Consortium** will serve as the principle body to lead and govern the Ten Year Plan. To ensure broad community support, there will be two Co-Chairs, a County Board member and a leader from the private sector. The Leadership Consortium will ensure that timely and effective actions are taken to accomplish the plan’s objectives and strategies. This Consortium will be an alliance of community leaders from private and public agencies, the faith community and others committed to ending homelessness.

The Consortium will carry out its work through an **Implementation Task Force** appointed by the Leadership Consortium. Representatives from the Housing Commission and the Community Services Board will co-chair the Task Force. The Task Force will represent all sectors of the community, including service providers, health care providers, faith community members, business men and women, and others advocating for and delivering services to those who are homeless or at risk of homelessness. The Task Force will lead and manage the detailed implementation of the Plan, under the guidance of the Leadership Consortium. Guided by the broad goals and strategies of the Leadership Consortium, the Task Force will develop detailed operational plans with specific actions and timetables.

### About the Goals Section

In this section, each **Goal** is described and supported by a series of **Strategies** for accomplishing the Goal.

**Short Term and Long Term Milestones**, which are targets and measures of progress within each Goal area, are shown in boxes at the end of each Goal item.



## 5 Goals

### Goal 1: Increase the Supply of Affordable Housing

**Housing** is a basic human need for all families and individuals. Arlington, along with the entire region, is struggling to provide affordable housing in the face of strong market conditions which have dramatically driven up housing and rental costs. The housing market is driven by the rapid economic and job growth in the region. Arlington County has made significant investments in preserving affordable housing and providing support in the form of rental subsidies. However, in the face of the dramatically high housing costs and an extremely tight rental market, it is difficult to ensure affordable housing for those with little income and other special needs.

For homeless persons, the housing situation is very dire indeed. The term “affordable” generally means that a family or individual pays no more than 30 percent of their gross income for housing costs. The availability of market rate affordable units, or those affordable to families at 60 percent of the area median income, declined from 52 percent of the rental stock in 2000 to 23 percent of the rental stock in 2005, making it more difficult for all persons to find housing. Additionally, most homeless persons in Arlington are not only below 60 percent of median income, but are below 30 percent of median income — making less than \$20,000 per year — and can only afford to pay \$500 or less per month toward their rent. There are few, if any, apartments available to persons with this income.



In Arlington, the annualized cost of a shelter bed for a single individual ranges from \$9,500 to \$14,000. In comparison, the cost of a Housing Grant rental subsidy for a single person averages \$7,500, which can lead to substantial savings (approximately \$6500) compared to the cost of shelter.

Under these difficult circumstances, it is clear that homeless persons will not find housing without help. With a vacancy rate of two to three percent, the rental market is very competitive. For poor, disabled and homeless persons, the lack of funds for security deposits and application fees combined with poor credit histories further impedes their ability to secure a lease.

In Arlington, the annualized cost of a shelter bed for a single individual ranges from \$9,500 to \$14,000. The cost depends on the type of shelter. The Emergency Winter Shelter does not require sobriety or participation in services, and thus has lower costs. The Residential Program Center monitors sobriety and requires participation in services (such as case management, employment and mental health services) and has higher costs. The annualized cost of shelter for a family of three is over \$35,000 because families with children must participate in service planning that ensures safety for themselves and their children. It is not unusual for a family with children to remain in a shelter for four to six months or more while searching for an apartment for which they qualify. While we will need to continue to provide emergency short-term shelter or other crisis housing for short periods, ensuring permanent housing for these individuals and families would be cost efficient and more effective in ending homelessness.

In comparison, the cost of a Housing Grant rental subsidy for a single person averages \$7,500, which can lead to substantial savings (approximately \$6,500) compared to the cost of shelter. **The cost of subsidizing a family of three in an apartment would be less than \$10,000, a savings of \$30,000 per year.**

The cost of serving homeless individuals in shelters and on the street is high. In a pioneering 10-year research 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.

Dr. Culhane demonstrated that the costs of shelter are not the only costs associated with homeless status. The additional and largely hidden costs are more difficult to quantify and attribute to their sources. Included are repeated trips to the emergency room by ambulance and the use of emergency room treatment for medical conditions that would be treated by a primary care physician for persons who had stable medical care. Other costs include repeated police interventions, court time and incarceration for crimes often associated with being homeless, such as trespassing, urinating in public and failure to provide identification when requested by a police officer. The research has shown that the rate of high cost psychiatric hospitalization for persons in shelters or on the street is higher than for persons who are stably housed. All of these costs to the community at large, while not counted in actual shelter budgets, could be significantly reduced.

The best practice approach called “**housing first**” is a practical and cost effective solution. “Housing first” places people in apartments as rapidly as possible; housing becomes the *first* step in moving out of homelessness, not the last step. The housing requires adhering to the lease, such as paying rent on time, upkeep of the unit, and



“Housing first” will only work if there is an adequate supply of housing affordable to very low income persons. The community at large must come together and commit to increasing the supply of housing and rental supports to insure the elimination of homelessness in the next 10 years.

peaceful and orderly conduct; services and supports are available to the resident as long as needed for the resident to maintain the housing. Some individuals or families will need short-term services, while some disabled residents may need services on an on-going basis. This approach, pioneered by Dr. Sam Tsemberis of Pathways to Housing in New York City, has demonstrated that even long-term street dwellers can be very successful in permanent housing. Experience here in Arlington has also shown that moving homeless persons into apartments with support is successful.

**“Housing first” will only work if there is an adequate supply of housing affordable to very low income persons.** The community at large must come together and commit to increasing the supply of housing and rental supports to ensure the elimination of homelessness in the next 10 years. Arlington County must dedicate strong efforts to preserving, increasing and developing new housing options for persons who are homeless or at risk of homelessness and have very low incomes.

Every individual or family that is homeless needs housing. The Plan’s Affordable Housing Goal includes four strategies and prioritizes a “housing first” best practice approach of moving homeless persons from shelters and streets to permanent housing as quickly as possible.

**Housing Strategy 1: Rapidly re-house persons who become homeless.**

Short-term crisis housing and rapid re-housing of persons losing their housing are important aspects of ending homelessness. Current homeless shelters will re-focus on early identification of housing plans and resolution of housing barriers. Funds for housing searches, security deposits and first month rent will be expanded to facilitate a rapid exit from the shelter system for those who become homeless.

**Housing Strategy 2: Increase the supply of housing affordable to homeless individuals and families.**

All segments of the housing development community will work together to increase the supply of housing units available to homeless individuals and families that are affordable at or below 30 percent of median income. New proposed affordable housing projects will be encouraged to include studio apartments, targeted to single adults.

**Housing Strategy 3: Increase the supply of rental assistance provided to homeless individuals and families.**

Ongoing housing rental subsidy programs such as the Section 8 Housing Choice Voucher Program, Housing Grants and other rent assistance programs are essential if homeless individuals and families are to meet escalating rental costs in the community. Units affordable to those at 60 percent of median income are out of reach for low income individuals and families. Monthly rent subsidies are needed to pay the difference between the amount of rent the tenant can pay and the actual rent for the unit.



Thus far, 67 persons (including several families with children) have been housed through the County's permanent supportive housing program; 45 percent were homeless persons with severe mental health disabilities. Over 88 percent of these persons have been able to successfully retain their permanent housing with support services, demonstrating that the permanent supportive housing model works well for this sub-group of homeless persons — those with disabilities.

Expanding the Housing Grants and the transitional rental assistance programs will ensure that homeless persons will be able to afford permanent housing. Efforts to seek additional HUD-funded programs such as Section 8 Housing Choice Vouchers, Continuum of Care funds and the 811 Supportive Housing Program will continue. In addition, new avenues, such as expediting the application process and establishing set-asides of units for the homeless, will be explored and established so that homeless persons can rapidly access housing.

#### **Housing Strategy 4: Facilitate access to affordable housing for homeless individuals and families.**

Locating apartments and being accepted by landlords is particularly difficult for homeless individuals and families. New ways of assisting individuals and families to locate units by streamlining the process and educating landlords so they will accept them will be developed. Additionally, because many homeless households have poor credit histories, approaches such as credit counseling and credit repair services will be established.

Following are some key short- (one to three years) and long- (four to 10 years) term milestones to achieve and evaluate success in applying the affordable housing strategies.

##### **Short Term Affordable Housing Milestones**

- Add more units of permanent housing with support services for homeless individuals and families.
- Develop a range of rapid re-housing strategies.
- Increase rental subsidies for very low income homeless persons and families regardless of diagnosis or disability.
- Facilitate access to units by educating landlords on services available to prevent eviction and ensure rent payment.

##### **Long Term Affordable Housing Milestones**

- Meet and exceed the goal of the Supportive Housing Plan to add 425 units of permanent supportive housing.
- Develop a 20-unit studio apartment building.
- Develop funding pool for permanent housing for homeless persons.

## **Goal 2: Provide Effective Supportive Services to Keep People in Housing**

### **Comprehensive Services**

To end homelessness it is essential to provide comprehensive and integrated services that promote stability for individuals and families who are homeless or at risk of homelessness, including groups with specific needs. **Housing is necessary, but not sufficient by itself, to help most people who are homeless.** This is true for those with multiple medical, mental health and social service issues who need supportive services to achieve residential stability, psychiatric

stability and sobriety. It is also true for children. Homelessness affects every facet of a child's life, and can inhibit physical, emotional, cognitive, social and behavioral development with devastating consequences later on. Most individuals, families and children require some level of wrap-around supportive services, which will vary in type and intensity depending on individual and family needs.

Housing first will require effective service delivery, and improvements will need to take place. Arlington service providers, both public and private, must coordinate and leverage their existing resources to address housing barriers. This will require effective collaboration characterized by a unified philosophy and common goals to prevent and end homelessness person by person, family by family. Ideal systems of care will aim to place homeless individuals and families with children in housing as quickly as possible; prioritize persons who are homeless or near homelessness for services; and minimize barriers for service eligibility and housing stability. Given the complexities of the challenges facing homeless individuals and families, it is imperative that services become more comprehensive and integrated in order to be efficient and effective.

**Support Services Strategy 1: Enhance resources for provision of services to those in supportive housing.**

Individuals and families who are homeless and have spent time in shelters typically need a range of support services once they move to permanent housing. An effective system will move people into housing as quickly as possible, and then provide a range of services tailored to the needs of each individual and family. Proven supportive service models in Arlington can be expanded to meet this need. Local faith-based organizations will be approached to develop a volunteer network to support homeless individuals and families to move into permanent housing and to maintain their housing. Case managers and outreach workers will be provided ongoing training that will allow them to better serve the different homeless populations they may encounter. Staff will develop connections to current affordable housing resources for youth exiting from foster care to independent living.

**Support Services Strategy 2: Promote an integrated, comprehensive system of care.**

Providing housing first and then engaging clients in support services over time has been shown to be an effective service delivery strategy. Arlington will implement a system that first offers easy access to housing. Clients will not be required to participate in services to get housing, but will be proactively contacted after moving in to ensure their needs are being met. Public and private providers will develop protocols to maximize integration of services and reduce duplication. Through effective relationship building, clients will come to accept services that build on their strengths and help them to maintain stable housing. Services will "wrap-around" the residents. This means that the services will be provided to the families and individuals in their apartments if needed. By holding interdisciplinary Care Coordination team meetings, providers will ensure responsive and integrated services that enhance overall

efficiency, deliver essential services and minimize barriers to success.

**Support Services Strategy 3: Expand the capacity to serve people with mental illness and/or substance use disorders.**

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 families. Often they are jailed for nuisance crimes, such as loitering or failure to provide identification. 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. Shelter and street outreach staff will focus on early identification and resolution of family or individual housing barriers and will connect homeless persons with mental health and substance abuse services for further assessment and review. Staff will research and define a plan for Medicaid revenue maximization and work with appropriate stakeholders to increase the number of people who qualify for Medicaid.

**Short Term Support Services Milestones  
(one to three years)**

- Develop protocols for a “housing first” model of rapidly re-housing homeless individuals and families.
- Develop protocols between public and private providers to maximize responsiveness and integration of service delivery.
- Establish and implement a plan for a volunteer network to support homeless individuals and families in cooperation with the faith community and other community organizations.
- Develop and implement a training plan to meet the needs of front-line case managers (public and private) working with the varied homeless populations in Arlington County.
- Develop a financial literacy program to be used by all service providers to assist homeless persons in improving their credit histories and learn budgeting and money management skills.

**Long Term Support Services Milestones  
(four to 10 years)**

- Identify methods to fill any gaps in support services provided to transition youth living in permanent supportive housing; develop housing models for youth including single site permanent housing if so indicated.
- Expand capacity of psychosocial rehabilitation programs for homeless persons with serious mental illness.
- Develop a peer support program and identify resources to support the program.

### Goal 3: Prevent Homelessness at Every Opportunity

**Prevention.** Arlington County understands that a key component to ending homelessness will be to “close the front door” to homelessness, which means stopping homelessness from occurring in the first place. Homelessness is an undesirable condition, both for the people it affects and for the community in general. In the long run, **preventing homelessness is more cost effective than providing emergency shelter or housing persons in jails or hospitals.** This will require a change in focus to early identification of persons at risk of homelessness and directing sufficient resources to keeping them housed. Outreach and engagement of landlords is important because they are the first to know of problems paying the rent. Their cooperation and referrals will be key in early identification of those at risk of homelessness.

#### **Prevention Strategy 1: Educate service providers, landlords, persons at risk of homelessness and others on indicators of potential homelessness and availability of services.**

Preventing homelessness will require that the entire community assists in identifying those at risk of homelessness. Regular educational outreach will be directed at landlords to assist them in making early identification and referral to ensure that tenants in trouble get services they need. Outreach staff will develop relationships with landlords aimed at mediating disputes and reducing evictions.

#### **Prevention Strategy 2: Develop proactive homeless prevention strategies.**

Develop a coordinated service model that includes all community resources and provides those at risk of becoming homeless with a single access point to universal information, referral and assistance. A single point of access will offer critical information and combined, flexible resources early enough to prevent housing crises from turning into homelessness. Strategies will include increasing access to housing subsidies, flexible funding pools for improved outcomes, landlord relationships aimed at reducing evictions and systems of care with “early warning” triaging tactics. Single individuals and families with children will be linked with case management to increase money management skills, access job training and placement, and receive other assistance needed to live independently.

#### **Short Term Prevention Milestones (one to three years)**

- Develop a single access point for information regarding homeless prevention, financial assistance and community resources.
- Develop protocols to identify families at risk of homelessness and link them with services.

- ☑ Develop prevention marketing materials for educating the community and identify an initial core group of organizations and individuals that will be provided information about the prevention services (at least 10-15 community organizations and property management companies).
- ☑ Expand and coordinate all community financial emergency resources (community and non-profit, faith-based and County) to provide a flexible pool of funding to keep people housed.

**Long Term Prevention Milestones  
(four to 10 years)**

- ☑ Develop protocols to engage the entire community in the prevention of homelessness.
- ☑ Develop memorandums of agreement with the Arlington County jail, mental health institutions, foster care agencies, and the Arlington Hospital Center to ensure that individuals are not discharged to homelessness.
- ☑ Continue to identify and educate organizations and property management companies about the early intervention services available in Arlington County to tenants who are struggling to pay their rent.

**Goal 4: Increase Income of Homeless People Through Employment and Benefits**

The cornerstone of ending/preventing homelessness rests upon providing a secure income, whether it is through employment or public subsidy, so that individuals and families can pay their rent and meet their basic needs. This involves gaining and keeping employment, as well as accessing all public assistance benefits for which the resident qualifies, such as food stamps, housing grants and child care.

**Income Strategy 1: Expand access to employment and training opportunities for homeless persons.**

In order to obtain and maintain employment, individuals will access intensive case management to assess needs, identify skills and develop employability plans. Access to career-enhancing skills training opportunities will be facilitated, as well as workshops, coaching and training in getting and keeping a job. New solutions will be developed to meet identified gaps in services.

**Income Strategy 2: Facilitate access to public benefits programs such as supplemental income (SSI), veteran's benefits, food stamps and child care.**

Some individuals will not be able to work immediately or permanently. These persons will need easy access to public benefit programs, such as working with the Social Security Administration (SSA) to improve the application process for Social Security benefits.

**Short Term Income Milestones  
(one to three years)**

- ☑ Identify existing employment services and improve coordination and integration among provider agencies to improve employment outcomes.
- ☑ Identify gaps and propose solutions to improve job placement and retention rates.
- ☑ Increase opportunities for job readiness and other on-the-job training programs.
- ☑ Increase public knowledge of public assistance programs available to homeless individuals and families.
- ☑ Strengthen relationship with the Social Security Administration (SSA) to facilitate approval of applications.

**Long Term Income Milestones  
(four to 10 years)**

- ☑ Establish partnerships with employers, training organizations and homeless service providers. Identify and apply for additional funding sources to operate new employment and training programs.
- ☑ Establish a best-practice model that will be implemented with the SSA to provide presumptive benefits.

## 6 Data Management and Evaluation System

Developing strategic plans, goals, milestones and actions are only the beginning steps in the work of ending homelessness. An ongoing data management and evaluation system is needed to measure progress, ensure accountability and make course corrections. It is critical to the success of the Plan to develop meaningful outcome measures at both the system and program levels in order to track success in meeting the goal of ending homelessness. This includes outcomes for affordable housing, preventing homelessness, developing supportive services and increasing the income of homeless individuals.

Arlington's **Homeless Management Information System** will provide the client data needed to monitor progress on selected outcome measures. All homeless service providers, both private non-profit and County, have begun to implement this system. When fully operational, this system will result in improved data on homeless households, their service needs, and housing and employment the system will also track outcomes.

As the Plan goes forward, periodic reports documenting activities and progress will be developed for the Leadership Consortium. The Leadership Consortium will use these reports to ensure that the community and elected leaders are kept informed about the progress of the plan.

## 7 Call to Action

In Arlington County's vision each person is important. This Strategic Directions Report lays out the framework for ending homelessness in Arlington County in 10 years. Ending homelessness will require the courage to change policies, practices and systems; redirect resources; develop innovative housing and service models; and the commitment to monitor progress and change directions as needed.

Ending homelessness will require resources from the entire community to develop the necessary housing and services.

Arlington has the knowledge, resources, compassion and will necessary to achieve the goals. **Ending homelessness in Arlington is achievable.**

