

“The Way Home Fairfax” Homelessness Strategic Plan

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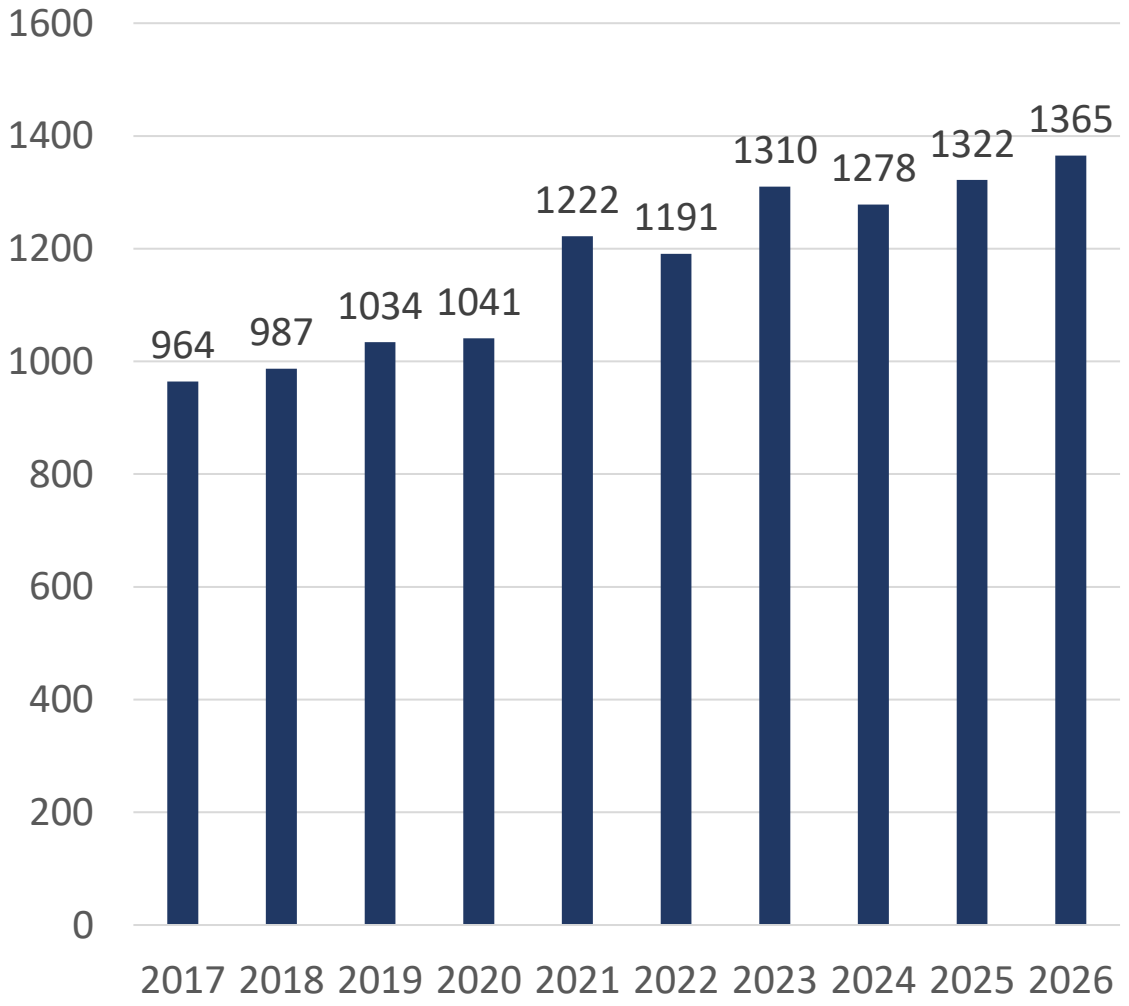
Local Homelessness Trends

There were 1,365 people experiencing homelessness on the night of the 2026 Point-in-Time Count.

A 3% increase from last year

Nearly 42% higher since 2017, with 401 more people



Current Landscape

- Fairfax County has increased shelter beds, housing for people experiencing homelessness, and service funding

  — but service provider and staff capacity is stretched
- Looming impact of changes from other federal programs (e.g. Medicaid & SNAP)
- Nationally, homelessness is at historically high levels
- Affordable housing is essential to reducing homelessness

Community Recommendations

- The Continuum of Care (CoC) Board and staff developed this plan through a year-long inclusive community engagement and strategic planning process
- It focuses on the fundamentals of homeless services, improving our community's response with innovative and under-utilized approaches
- Meanwhile, federal policies and funding priorities are shifting quickly, creating uncertainty

Strategic Plan Activities

Phase 1 – Nov 2025 – Jan 2026

- Listening sessions and surveys across all four Human Services Regions
- Input gathered from people with lived experience, providers/staff, and the public
- Identified shared priorities: rental assistance, eviction prevention, past-due rent/utility help
- Findings published in Phase 1 Report

Phase 2 – Feb 2026 – Sept 2026

- Researched best/promising practices from other communities
- BCT Partners conducted PCM analysis of 10+ years of HMIS data (six population groups, equity review)
- Interviews with prevention leaders to fill HMIS data gaps
- Additional listening sessions to validate findings and priorities
- Draft plan released for public comment

Strategic Plan Goals

Goal 1: Improve outcomes for people currently experiencing homelessness.

Goal 2: Strengthen prevention and early intervention services.

Goal 3: Reduce persistent unsheltered homelessness.

Goal 4: Increase community understanding and support for evidence-based strategies to prevent and end homelessness.

Goal 1: Summary

Goal 1

Improve outcomes for people currently experiencing homelessness

Why this goal

More than 10 years of HMIS data were analyzed across about 29,882 people and 18,117 episodes of homelessness.

The analysis identified six population groups and the service mixes associated with stronger housing outcomes.

What we learned

No single approach works for everyone; housing success rates vary widely by group.

People do better when they receive the service mix identified for their group: the 'Got What Works' mix.

Group 6 accounts for the largest share of episodes and has the lowest success rate, requiring a different approach.

Recommended strategies

Match services to each population group.

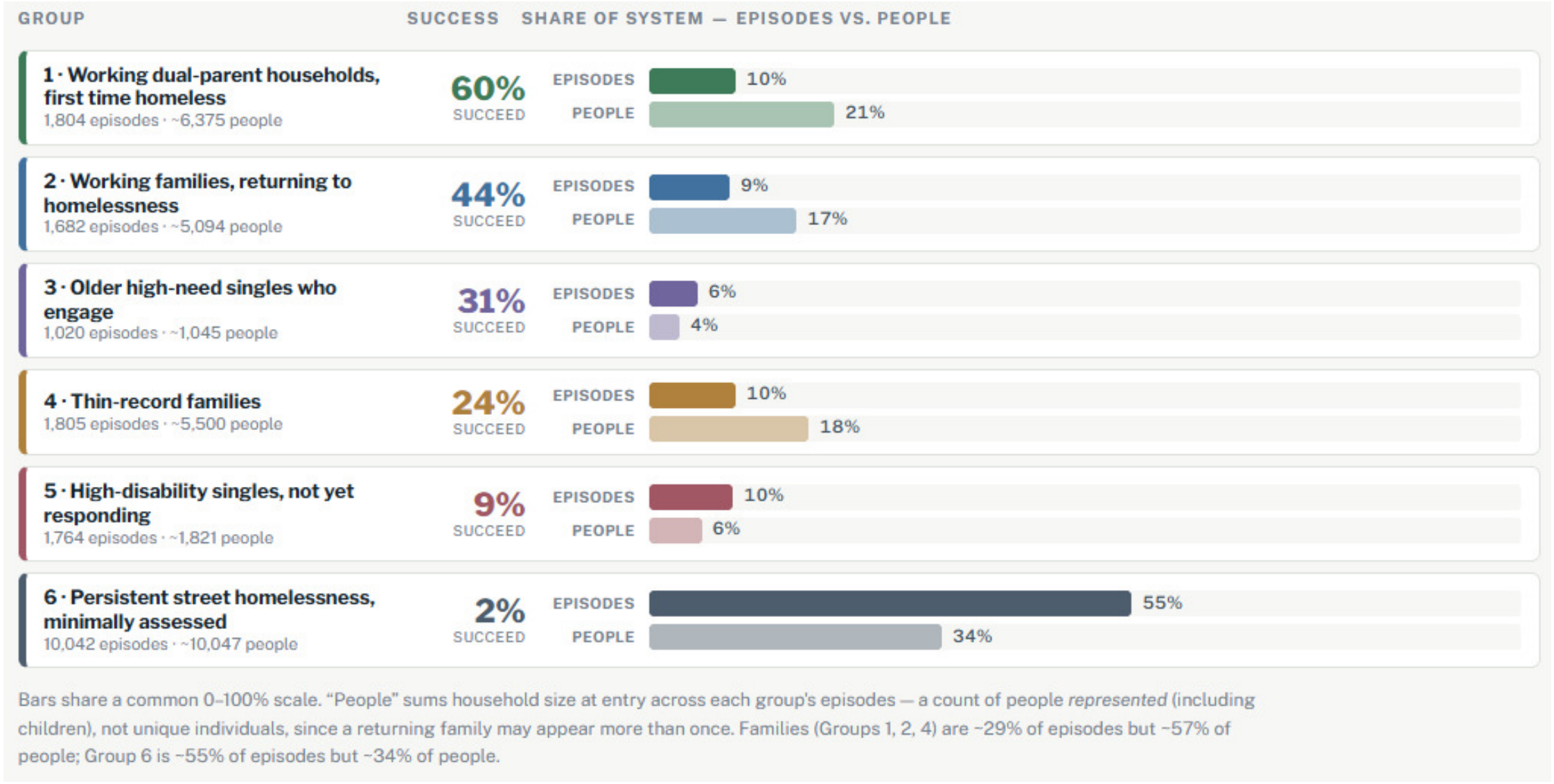
Close gaps in access to the 'Got What Works' service mix.

Track equity in access and outcomes.

Improve assessment data quality, especially for Groups 4 and 6.

Use HMIS to support day-to-day service decisions.

Precision Causal Modeling (PCM) Analysis



Bars share a common 0–100% scale. "People" sums household size at entry across each group's episodes — a count of people *represented* (including children), not unique individuals, since a returning family may appear more than once. Families (Groups 1, 2, 4) are ~29% of episodes but ~57% of people; Group 6 is ~55% of episodes but ~34% of people.

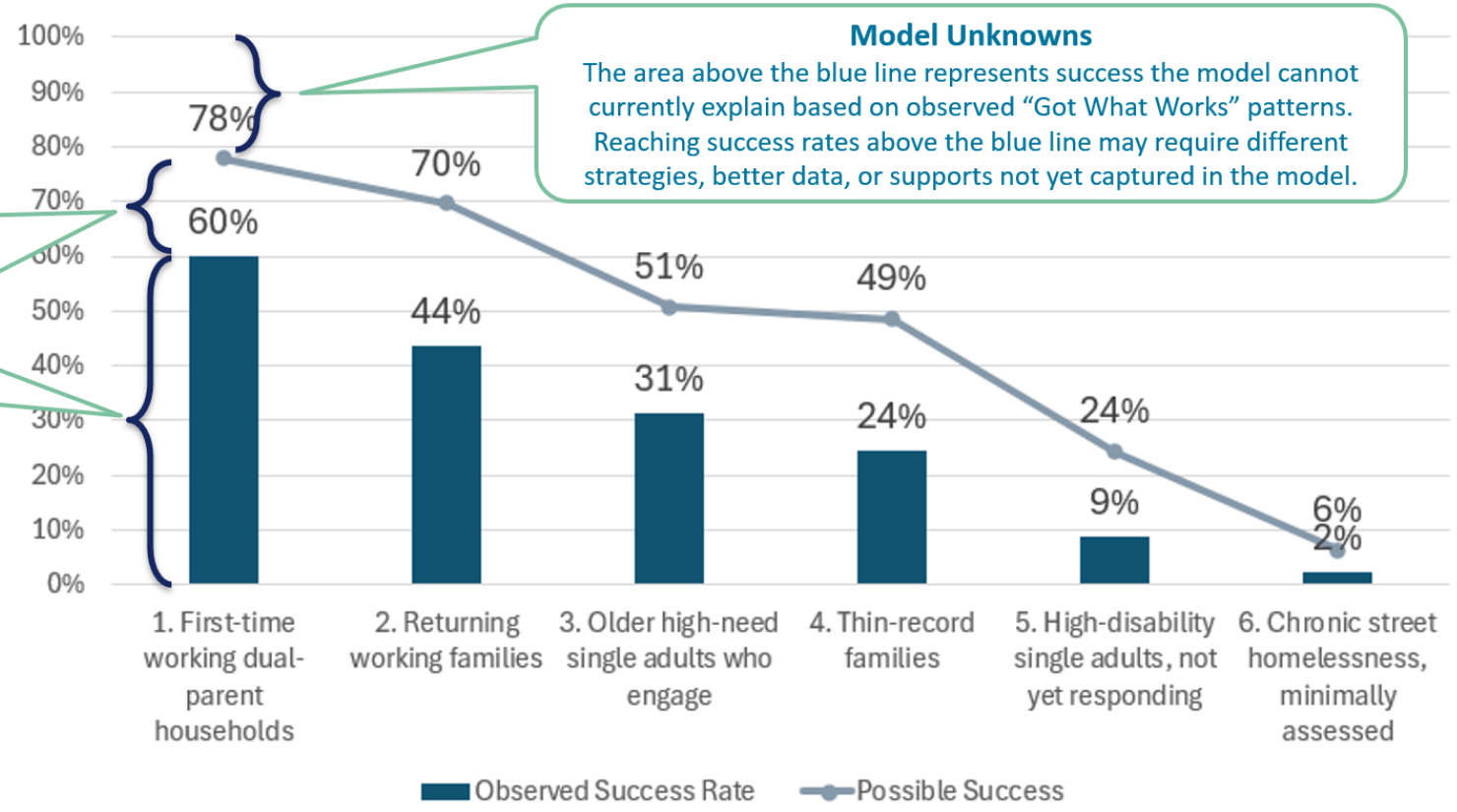
No Single Approach Works for Everyone

Significant Opportunities for Improved Outcomes Across All Groups

Possible Success Rate
Percentage of clients that could achieve the target outcome if all group members 'Got What Works'

Current Success Rate
Percentage of clients achieving the target outcome

Model Unknowns
The area above the blue line represents success the model cannot currently explain based on observed "Got What Works" patterns. Reaching success rates above the blue line may require different strategies, better data, or supports not yet captured in the model.



Goal 1 Objectives

1.1: Implement population-specific approaches based on PCM findings

1.2: Increase access to services associated with better outcomes

1.3: Increase exits to permanent housing for families and singles engaged in services.

1.4: Advance equity for populations with identified disparities in access and outcomes

1.5: Strengthen HMIS data quality and use HMIS as a decision-support tool

1.6: Establish continuous learning and evidence-based resource allocation

Goal 1: Outcome Measures and Targets

Measure	Year 1	Year 3	Year 5
Providers implementing DCG-informed service approaches	Establish baseline	≥75%	≥90%
Eligible episodes receiving "Got What Works"	Establish baseline	Baseline + 15 percentage points	Baseline + 25 percentage points
Overall lasting exit rate for Groups 1	Baseline - 60%	≥65%	≥70%
Overall lasting exit rate for Groups 2	Baseline - 44%	≥50%	≥60%
Overall lasting exit rate for Group 3	Baseline - 31%	≥35%	≥40%
Reduce equity disparities	Establish baseline	Annual monitoring and corrective action	25% reduction in largest identified disparities
Providers using PCM-informed HMIS decision support	Requirements/ design	≥75%	≥90%
Analysis refresh	Establish schedule	First refresh completed	Second refresh completed

Goal 2: Summary

Goal 2

Strengthen prevention and early intervention services

Why this goal

Participants consistently identified prevention as one of the most effective ways to reduce homelessness.

Prevention partners track services and outcomes across different systems, so prevention could not be included in the PCM analysis.

What we learned

Timing matters: prevention works best before an eviction judgment or crisis escalation.

Some households need help buying time; others need help regaining financial stability.

The system needs better information about whether households remain stable after receiving help.

Recommended strategies

Strengthen prevention data sharing across OPEH, CSP, and key partners.

Agree on core prevention data elements, including risk reason, services, referrals, assistance, and outcomes.

Expand Housing Problem Solving across CSP, shelters, coordinated entry, and outreach.

Provide frontline training, coaching, supervisor support, and case review.

Goal 2 Objectives

2.1: Establish a coordinated prevention data and measurement framework

2.2: Build the evidence base for targeted prevention

2.3: Expand and standardize Housing Problem Solving

2.4: Increase early intervention for households at risk of eviction

2.5: Improve equitable access to prevention

2.6: Prevent avoidable housing loss (Housing Choice Voucher and Permanent Supportive Housing)

Goal 3: Summary

Goal 3

Reduce persistent unsheltered homelessness

Why this goal

The data show that people experiencing persistent or repeated unsheltered homelessness have the weakest outcomes under the current service mix.

Many Group 6 episodes lack enough information to match people with supports.

This goal tests strategies that are new or underused locally.

What we learned

Group 6 includes both people who are not fully engaged with the system and people who are engaged but not moving into housing.

For people already engaged, the CoC needs pilots that expand viable housing pathways and supports.

Recommended strategies

Strengthen outreach, engagement, and assessment for people living unsheltered.

Create a pilot framework with clear eligibility, supports, measures, and review points.

Test peer benefits navigation to help document disability and access income or housing.

Test shared housing models with screening, matching, mediation, and support.

Group 6: What the Data Shows

Goal 3

Street Outreach Contact

33% vs 14%

of people who reached housing had street-outreach contact, versus everyone else in Group 6

Rapid Re-Housing Use

17% vs 5%

of people who reached housing had used Rapid Re-Housing — which reaches only 1 in 20 people in Group 6 overall

Length of RRH Stay

47 vs 13 days

average length of Rapid Re-Housing enrollment for people who reached housing, versus those who did not

Among the 233 people in Group 6 who reached housing, success was linked to assessment, outreach, and access to RRH, not simply receiving more services.

Goal 3 Objectives

3.1: Reach and assess the unengaged majority of Group 6

3.2: Establish a formal test-and-learn process for innovation

3.3: Pilot innovative approaches through the test-and-evaluate process

3.4: Improve lasting housing outcomes for Group 6

Community Spotlights

Goal 3

Practices from other communities the CoC could pilot

Peer Benefits Navigation

Rockford, Illinois

Trained peers with lived experience help people with disabilities complete SSI/SSDI applications: gathering records, prepping for interviews, and following up after approval.

Results: faster benefit approvals, less reliance on emergency services, improved housing stability — often at lower cost than adding clinical staff.

Fairfax fit: pair with HMIS to find Group 6 members who likely qualify but aren't yet enrolled.

Home Sharing

Tarpon Springs, Florida

Screens and matches people who have room to share with people who need an affordable place to live, using inspections, background checks, and person-centered matching.

Results: 94% of participants very satisfied; matches lasted 2.5 years on average; hosts earned $205K+ in combined rental income in one year.

Fairfax fit: could serve Group 6 members on fixed incomes, including people already living together outdoors.

Law Enforcement Teams

Multiple communities

Models range from parallel efforts to fully integrated teams, including joint planning for encampment response and the annual PIT Count.

Requires: clear roles, HMIS privacy safeguards, and jointly planned encampment protocols.

Fairfax fit: start by reviewing current provider – law enforcement practices and defining a shared approach.

Goal 4: Summary

Goal 4

Increase community understanding and support for evidence-based strategies

Why this goal

Effective programs need public understanding and support to succeed over time.

Public education can correct common misunderstandings and explain both causes and solutions.

The CoC can use shared messages, trusted messengers, lived experience, and existing outreach channels rather than creating a separate campaign infrastructure.

What we learned

Community engagement showed support for addressing homelessness and room to improve public understanding.

Survey responses showed many residents believe homelessness can be prevented and ended, while others remain unsure.

Residents want clear information about who experiences homelessness, why people lose housing, how the system responds, and which solutions work.

Recommended strategies

Develop and share a clear community narrative about homelessness.

Use positive community stories that show resilience, dignity, and the results of effective services.

Build a network of trusted messengers and partners.

Create meaningful opportunities for residents, landlords, businesses, faith communities, and civic groups to take action.

Goal 4 Objective

4.1: Reduce stigma related homelessness and increase awareness of effective programs

What Success Will Look Like

Success will not mean completing a list of activities. It will mean showing that more people avoid homelessness, move into permanent housing, and remain stably housed.

— The Way Home Fairfax, Executive Summary

Reviewed Quarterly

Implementation and outcomes are reviewed by the CoC and partners at least every quarter.

Assessed Annually

A broader annual review checks whether results are equitable and progress is on track.

Tracked at Year 1, 3, 5

Every goal carries measurable targets checked at these milestones across the five-year plan.

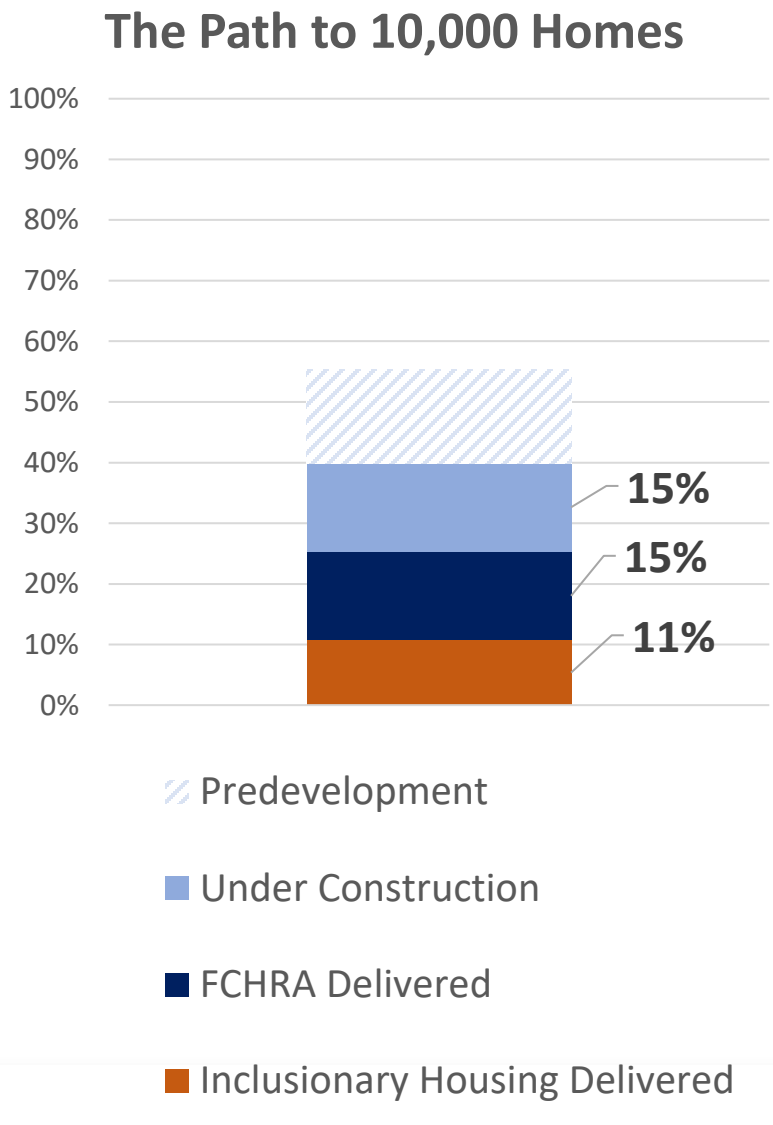


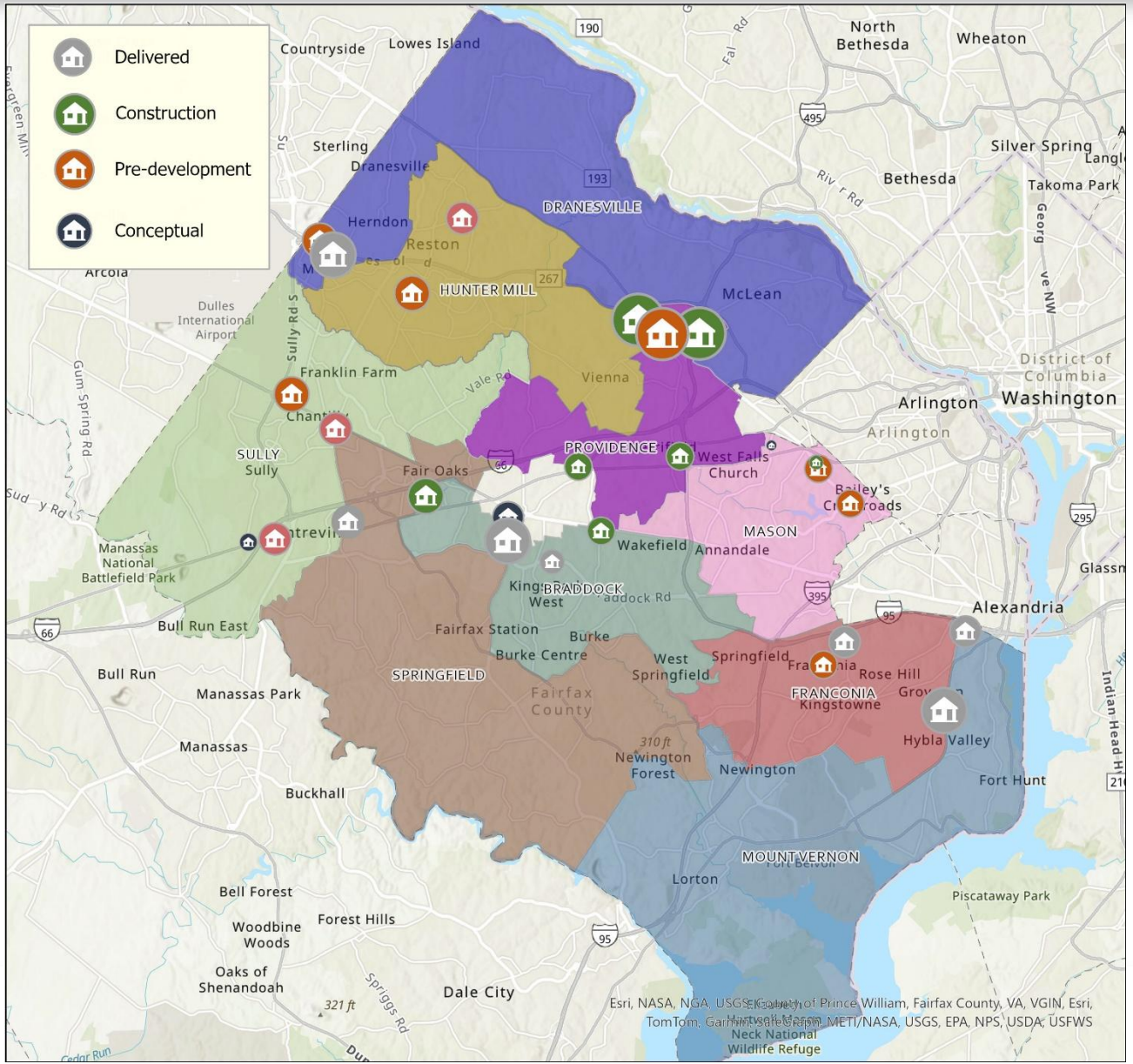
Questions/Comments



Appendix for Reference: Development Updates

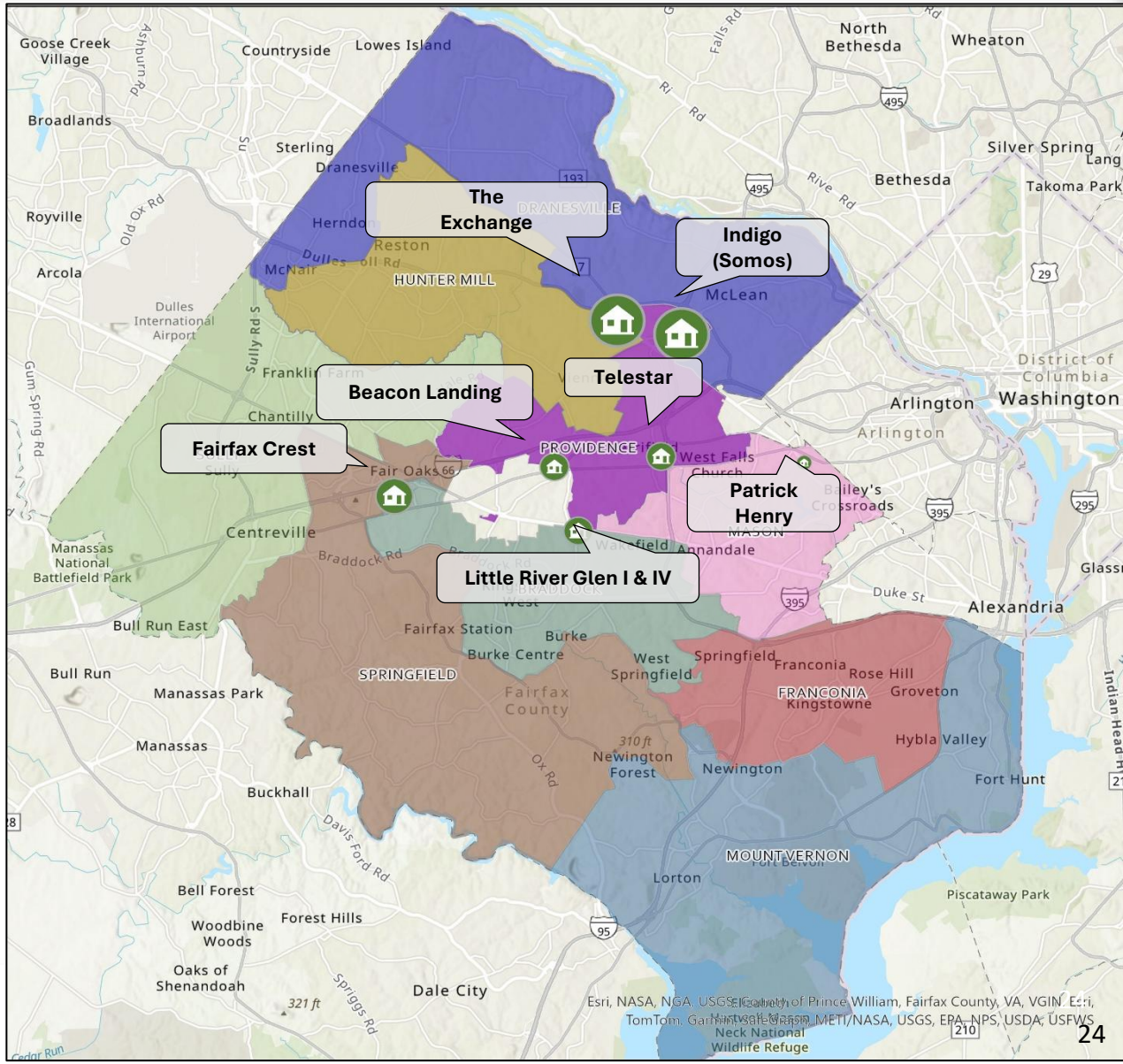
Housing Tracker as of May 2026





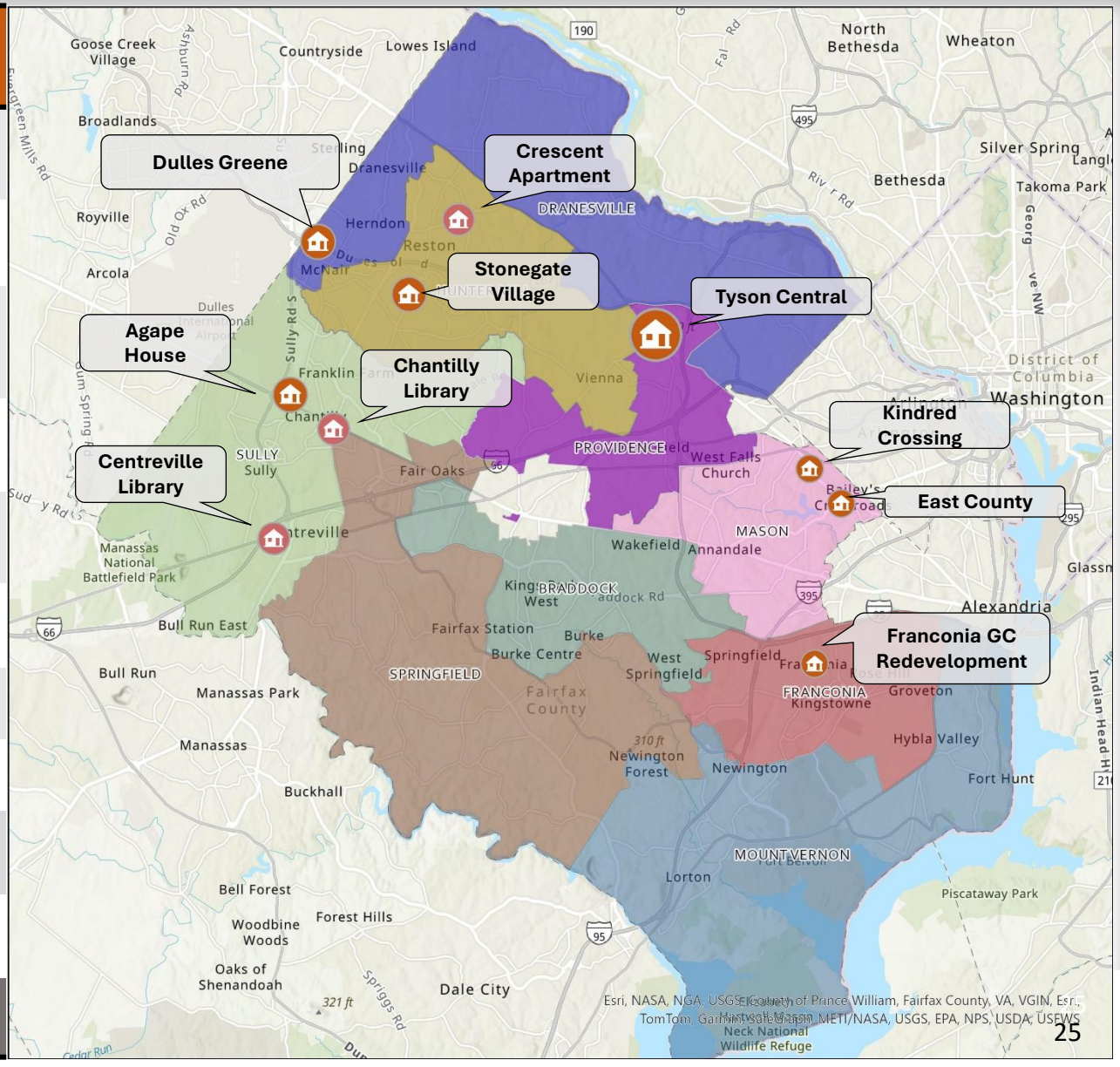
Deliveries – 6 Month Outlook

Projects	District	Project Type	No. Units	Status
Telestar	Providence	New - Acquisition/ Finance	80	Completing – End 2026
The Indigo at McLean Metro	Providence	New - Acquisition/ Finance	456	Completing – End 2026
The Exchange at Spring Hill Station	Hunter Mill	New - Acquisition/ Finance	516	Completing - 2027
Fairfax Crest	Braddock	New – PPEA	279	Completing – End 2026
Patrick Henry Program (PSH)	Mason	Replacement – CIP Program	16	Completing – 2027
Little River Glen IV	Braddock	New – FCRHA Development	60	Completing – End 2026
Little River Glen I Renovation	Braddock	Preservation	120	Completing – End 2026
Beacon Landing PSH (Lamb Center)	Fairfax City	New – Financing	54	Completing – Early 2027
TOTAL NEW			**1,461**	



New Production and Preservation – Pre-Development

Projects	District	Project Type	No. Units	Status
Stonegate Village	Hunter Mill	Preservation	234	Financing in development
Franconia GC Redevelopment	Franconia	New – PPEA	120	Financing in development
Crescent Apartments	Hunter Mill	Preservation/ New FCRHA	181/New Units TBD	Solicitation Pending
Kindred Crossing	Mason	New – Financing	95	Financing in development
Agape House	Sully	New – Financing	228	Financing in development
East County	Mason	New – PPEA	160	Entitlement
Dulles Greene	Dranesville	New – PPEA	250	Entitlement
Tyson Central	Providence	New – PPEA	500	Entitlement
Centreville Library	Sully	New – PPEA	170	Community Engagement
Chantilly Library	Sully	New – PPEA	TBD	Community Engagement
TOTAL POTENTIAL NEW			**1,523**	



Inclusionary Housing Production & Housing Trust Fund

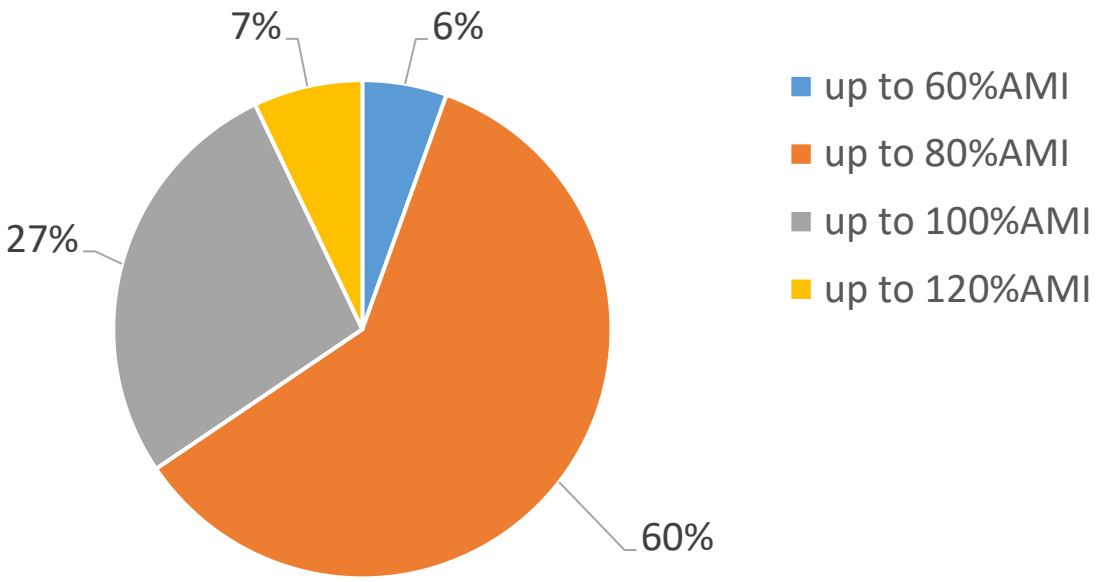
In total, 1,622 new ADU and WDU units have been delivered since January 2020, including:

- ***1,160 new rental units***
- ***462 new for-sale units***

In total, $9,000,937 has been contributed to the County's Housing Trust Funds since January 2020:

- ***$2,885,947 Countywide Fund***
- ***$1,321,837 CCF Fund***
- ***$4,793,152 Tysons Fund***
  - ***$724,002 Tysons CCF Fund***

Area Median Income Level of Units Delivered
January 2020 - September 2026



1,083 Inclusionary Housing units serve households 80% AMI and below

*** Includes WDUs adjusted to 60% AMI due to an Opt-in to new program**