	FY 2024 PERF	ORMANCE PLAN	
Pern	manent Supportive Housing	EID/HAB	Sara Thompson x1316
Program Purpose	House and support low-income a apartments	adults with disabilitie	s in permanent, affordable
Program Information			
Service Delivery Model	hoth remotely and in person		
PM1: How	much did we do?		
Staff	Total of 17 FTEs: • 1.0 FTE Supportive Housing S • 1.0 FTE Assistant Manager • 2.0 FTE Management Analyst • 3.0 FTE Housing Support Ser • 1.0 DBHDS Clinical Case Man	: vices Specialist	

- 1.0 CTI Specialist (housed in Behavioral Health Division)
- 1.0 Housing Locator
- 3.0 FTE Housing First Case Manager
- 1.0 FTEs Housing Benefits Specialists
- 3.0 FTEs Case Managers (6% of 51 staff in BHD, ADSD, and CFSD)

In addition, 1.5 contracted Residential Specialist staff support the Arlington Mill Supportive Studio project.

Customers and Service Data

	FY 2021	FY 2022	FY 2023	FY 2024
Occupied Households at the end of fiscal year (by funding source)	320 (268 local, 8 federal, 44 state)	319 (260 local, 8 federal, 51 state)	347 (264 local, 7 federal, 76 state)	345 (252 local, 6 federal, 87 state)
Tenants placed per year*	86	42	91	44
Average number of individuals waiting for housing per month	49	49	63	73
Participating landlords	14	13	13	13

^{*}This includes new tenants placed and tenants who moved within the program in FY 2024

PM2: How well did we do it?

2.1	New committed affordable units (CAFs) secured each year for PSH
2.2	Landlord Satisfaction
2.3	Timeliness of obtaining housing
2.4	Effectiveness of support services

PM3: Is anyone better off?

3.1	Approved applicants awaiting housing
3.2	PSH tenants who remain in permanent housing

Permanent Supportive Housing 1 Occupied Households at end of fiscal year Measure Data Occupied Households by end of Fiscal Year 400 347 345 350 320 319 300 250 200 150 100 50 0 FY2021 FY2022 FY2023 FY2024 +6% - 0.3% + 9% -0.6% Racial Equity Analysis 70% 59% 60% 50% 42% 36% 33% 38% 40% 32% 30% 21% 21% 19% 18% 20% 12% 9% 8% 10% 5% 5% $^{2\%}$ 0% 1% 0% 0% 0% White Black American Asian Other Multiple Races Hispanic Indian/Alaska (duplicated) Native

Data Summary

Total number of occupied households has increased 8%, from 320 in FY 2021 to 345 in FY 2024. Additionally, there was a 0.6% decrease from FY 2023 to FY 2024.

CSB Clients

■ Below 100% FPL

Source of data is from the Homeless Management Information System.

■ PSH Population

What is the story behind the data?

In FY 2024, African Americans comprised most households (59%).

- African Americans were disproportionally represented as they only comprise 38% of a comparable population, individuals who are receiving any CSB service.
- Over-representation of African American households in PSH could be attributable to systemic racism that has resulted in housing barriers for African American individuals, including increased incarceration rates and increased poverty rates. Systemically racist policies such as "redlining" in which African Americans were denied access to housing is also a factor.
- A racial equity analysis was done comparing occupied PSH households against individuals who were in the waitlist during FY 2024. The purpose of the analysis is to see if there is a correlation between race/ethnicity and access to PSH housing. 59% of individuals in occupied households were African American as compared to 42% of individuals in the waitlist were African American. A higher percentage of African Americans are in PSH than in the PSH waitlist. Regarding ethnicity, 9% of occupied PSH households reported Hispanic/Latina/o/x ethnicity, as compared to 14% of individuals in the PSH waitlist reported Hispanic/Latina/o/x ethnicity. One reason for the increased number of Hispanic/Latina/o/x remaining in the waitlist is that only 7% of the Hispanic/Latina/o/x individuals in the waitlist were homeless.

Recommendations	Target Dates
 Continue to advocate for more affordable housing and more dedicated permanent supportive housing. Continue to conduct a racial equity analysis comparing occupied PSH household against individuals who are in the PSH waitlist to determine if there is a higher or lower proportion of African Americans and Hispanic/Latino/as obtaining PSH than in the PSH waitlist. Consider adding a comparison population of homeless clients to the racial equity analysis. Explore options for housing additional populations in locally funded units, including people with incomplete documentation and disabled individuals. 	 Monthly, at Continuum of Care (CoC) Housing Committee meetings Q4 FY 2025 Q4 FY 2025 Q4 FY 2025

Forecast

 For FY 2025, it is anticipated that the number of households occupied by the end of Q4 FY 2025 will be 355.

Permanent Supportive Housing 2.1 New committed affordable units (CAFs) secured each year for PSH Measure Data New CAFS Secured Each Year 16.0% 14% 14.0% 12.0% 10.0% 8.0% **Goal= 8%** 6.0% 4.0% 2.3% 2.0% 0.6% 0% 0.0% FY2023 FY2021 FY2022 FY2024 18/766 CAFs 18/132 CAFs 10/1580 CAFs 0/139 CAFs

Data Summary

- 14% or 18 of 132 Committed Affordable Units were secured for PSH in FY 2024, which exceeds that 8% development goal.
- Units are considered "secured" when a project is approved and has Board Approved County funds.
- Data is collected from Community Planning and Housing Department (CPHD) reports

- With PSH securing 14% of CAFs in 2024, the goal of 8% was exceeded. This is the first time that the development goal was met since FY 2013.
- In FY 2024, there were two projects that included PSH units in their development. They were Crystal House 3 (88 units and 9 PSH units) and Barcroft Apartments renovation (93 units and 9 PSH units).
- The PSH program depends on the number of affordable units developed and the number of PSH units the developer proposes in each project.
- The number of PSH units secured is expected to reach its original goal of 425 within the next couple of years.

Recommendations	Target Dates
 Continue to negotiate with developers to secure a percentage of CAFs for PSH tenants. Continue to approach landlords about amending contracts to add PSH units to existing properties. 	On-goingOn-going
 Continue to work with CPHD to learn about development opportunities and continue to advocate for dedication of CAFs. Examine the need for future PSH units to be "secured" if we have met our goal of 425. 	On-goingQ4 FY 2025

- Fill 15 new units at Park Shirlington.
- Continue to attend Housing Commission meetings to learn about development opportunities.
- Utilize DBHDS Housing Navigator to develop PSH units for DBHDS clients
- Q4 FY 2025
- Monthly meetings
- Ongoing

Forecast

• In FY 2025, it is anticipated that the percentage of PSH units secured will be 0%, as no units are anticipated to be secured.

Permanent Supportive Housing Landlord satisfaction 2.2 Measure Data Landlord Satisfaction 100% 90% Goal: 90% 25% 80% 14% 70% 60% 50% 40% 30% 20% 10% 0% FY 2021 FY 2022 FY 2023 FY 2024 22 Respondents 20 Respondents 15 Respondents 16 Respondents ■ Satisfied Neutral ■ Dissatisfied

Data Summary

- FY 2024 overall satisfaction rate was 81% with 16 respondents. The goal is 90% satisfaction. 19% of respondents were dissatisfied. The survey was distributed to 70 site managers and property managers representing 13 landlords, with a response rate of 23%.
- The survey is distributed to landlords and property managers via email. The survey asks questions regarding the ability of PSH staff to be helpful during the lease-up process, responsiveness to tenancy issues, and overall satisfaction with the PSH program. The survey also provided feedback on individual Housing Specialists.

- Did not meet satisfaction goal of 90%; however, satisfaction increased by 6%.
- Areas of strong satisfaction included accurate and on-time subsidy payments, strong communication with landlords and mediation with tenancy issues.
- Areas for improvement revolve around PSH staff assistance with addressing tenancy issues, increased home visits and referring individuals to properties in a timely manner.
- Response rate decreased by 6% compared to FY 2023.
- Landlords indicated that they would like to see more support for individuals who are having increased symptoms related to mental health and substance abuse.

Recommendations	Target Dates
• Continue to send out survey in 3 rd quarter, to allow adequate time for landlord participation.	• Q3 FY 2025
Work with PSH staff on prompt communication/response to landlord requests.	• Q2 FY 2025

- Continue with on-call system, maintenance reserve fund, and protocol and guidelines.
- Continue quarterly BHD coordination meetings to ensure home visits occur, tenant issues are reported, and mental health and substance abuse issues are being addressed.
- Continue to maintain regular communication and meetings with landlords.
- Communicate the 72-hour response time allowed by Housing Specialists to the landlords so they are aware of when they can expect a response.
- Identify ways that PSH can more promptly refer individuals to PSH contracted units

- On -going
- July 2024, October 2024, February 5 May 2025, Jun 2025
- On-going
- Q2 FY 2025
- Q3 FY 2025

Forecast

In FY 2025 it is projected that at least 90% of survey respondents will be satisfied with PSH supports.



Data Summary

- In FY 2024, the median time for obtaining housing was four months from application approval to move-in. The goal was met.
- Data was collected from the Homeless Management Information System

- Median time decreased by three months in FY 2024. The goal was met.
- Reasons for the decrease in wait time were related to the fact that during the course of the
 year, we only housed 2 non-homeless individuals. Non-homeless individuals have a longer
 wait time because their housing need isn't as urgent. Another potential factor in the
 decrease in wait times is the implementation of a Compliance Sheet that the Arlington
 County Continuum of Care's Housing Sub Committee developed for homeless services
 providers. This sheet educates housing specialists on all the documentation requirements
 that landlords require when applying for the apartment. The Compliance Sheet was
 developed with the goal of reducing wait times when applying for housing.
- PSH continues to prioritize individuals who are homeless. The median wait time for individuals who were homeless was 4 months, and the median for non-homeless was 22 months. It should be noted that in April 2024, PSH revised its admissions policy to accept referrals only from individuals who are exiting a psychiatric institution, chronically homeless, homeless or residing in a transitional setting. Non-homeless individuals are no longer eligible for the program.

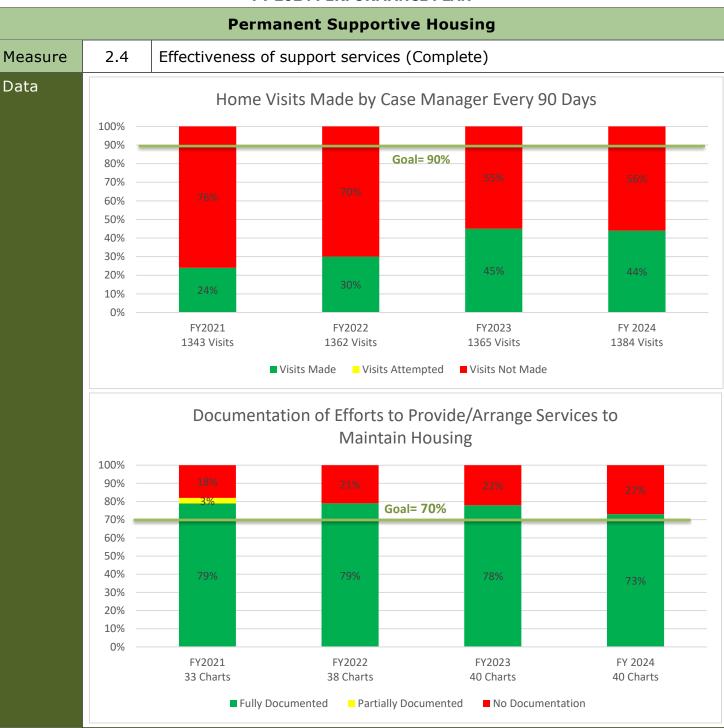
Recommendations	Target Dates
Continue to ensure landlords are satisfied with PSH program and tenants.	On-going

- Every month continue to update PSH waitlist so that individuals on the waitlist who are ready to be housed can quickly move through the application process without delays such as missing paperwork or identification.
- Continue work with the Arlington Landlord Partnership, which is part of the Arlington County Continuum of Care and addresses housing barriers with landlords.
- To reduce wait times for applicants, PSH will have one dedicated staff person be responsible for performing intake duties such as gathering necessary financial documents and completing intake paperwork with PSH applicants.
- Finish leasing up APAH's Ballston Station in FY 2025 in a timely manner.
- Continue to prioritize individuals with the highest housing need for housing placement.

- Monthly
- On-going
- On-going
- Q2 FY 2025
 - Ongoing

Forecast

• In FY 2025, anticipate median of five months to obtain housing.



Data Summary

- In FY 2024, the percentage of home visits conducted or attempted every 90 days was 44%. Data was collected from the electronic health record system.
- In June 2024, 40 PSH charts were randomly selected by Compliance and Records Team (CRT). 73% of charts audited fully documented concerted efforts to provide or arrange for appropriate services for the clients to maintain housing, and 27% of charts did not meet the full documentation requirements. A chart contains full documentation of efforts if at least 4 out of 5 service requirements are met (i.e., home visit every 90 days, assessment that references PSH, service plans documenting housing supports, etc.).

What is the story behind the data?

- The goal of 90% of home visits completed within 90 days has not been met. An average of 44% of home visits were completed in FY 2024. This figure is a 1% decrease over FY 2023 data.
- The percentage of charts containing full documentation of efforts decreased to 73 percent. This included documentation of on-going assessment of housing needs, overall efforts to provide/arrange services to maintain housing and service plans reflecting individual needs related to PSH. Documentation goal was exceeded for the fourth year in a row.
- Challenges regarding completion of home visits impacted the percentage of charts that fully documented efforts to provide appropriate housing support.
- In Q2 of FY 2024, the way in which home visits are documented in Welligent was revised to that clinicians must document a home visit occurring as part of their clinical quarterly report. The rationale was that this would improve the likelihood of documenting completed home visits.
- One of the issues highlighted in the audit was inconsistent efforts to document coordination of services between PSH and BHD.
- The audit revealed a need for training on how and when to offer interpreter/translation services for clients.

Recommendations	Target Dates
• Continue regularly scheduled meetings with BHD management team to improve program effectiveness and coordination. Home visits will be a standing action item on the agenda.	Quarterly
Develop Standard Operating Procedures (SOP's) with what and how often communication between clinical and housing teams should happen.	• Q2 FY 2025
Develop a training on the SOP's so teams know what is expected for intrateam communication and what events indicate a need for care coordination.	• Q3 FY 2025
 Continue with on-going monitoring of charts. Continue with twice a year training for DHS staff. Continue with recording trainings and explore on-line options. Part of the training will include the SOP's on documenting coordination of care between PSH and clinical case managers. The training will also include instruction on when and how to provide translation and interpretation services to clients. 	On-goingQ4 FY 2025
Explore opportunities to expand measure to include home visits by all DHS staff, including housing specialists.	• Q3 FY 2025

Forecast

In FY 2025, we anticipate that 55% of tenants will receive home visits or attempts once
every 90 days. We anticipate that 78% of charts reviewed will be fully compliant in
documenting efforts to provide appropriate housing interventions, and 22% of charts
reviewed will not be in compliance of documentation of efforts to provide appropriate housing
supports.

Permanent Supportive Housing 3.1 Approved applicants awaiting housing. Measure Data **Approved Applicants Awaiting Housing** 100% 80% 60% 6% Goal = 65% 9% in PSH or 9% other 40% permanent 6% housing 4% 20% 0% FY2021 FY2022 FY2023 FY 2024 103 Approved 88 Approved 124 Approved 123 Approved

Data Summary

27% of all applicants who were in the waitlist during FY 2024 obtained permanent housing; 24% in PSH and 3% in other permanent housing, 69% of applicants were still awaiting housing, and 4% were removed from the waitlist without obtaining permanent housing. The percentage of individuals who obtained PSH in FY 2024 decreased by 29% from FY 2023 data.

Removed from Waitlist

■ Still Waiting Housing

Data collected from the Homeless Management Information System. Data includes all clients who were on the PSH waitlist in FY 2024 and who were open at least 90 days as of 6/30/24.

What is the story behind the data?

In PSH

Goal not met. Primary Reasons for not meeting the goal include:

Other Permanent Housing

- o Low vacancy rates The average occupancy rate for the dedicated units is 95%. For units in a general contract, PSH must wait for a unit to become available when a non-PSH individual leaves a committed affordable unit.
- o Temporary slowdown of placing individuals in apartments to prevent staff burnout and additional staff turnover. PSH experienced departures of 3 staff in FY 2024. This resulted in increased caseloads that were already higher than optimum caseload rates. To prevent additional turnover and burnout of existing staff, the decision was made to slow down the rate at which individuals are housed. This resulted in fewer individuals being housed.
- Continued efforts to move or re-house PSH tenants who lose their housing compete with efforts to house individuals in the waitlist. For example, when an individual is moved or re-housed within PSH, it impedes the placement timing for other individuals already on the waitlist to be housed.
- Limited Housing Stock: FY 2024 only had one new property lease up during this time. This property did not start to lease up until April and as of the end of FY 2024, was still in the process of leasing up PSH units.
- Factors contributing to applicants successfully obtaining housing:

- Contracts with landlords for PSH units
- o Ongoing communication between landlords and PSH staff
- Landlord satisfaction with program
- PSH staff advocacy to appeal denied applications.
- Factors contributing to PSH applicants remaining in the waitlist awaiting housing:
 - o Client Barriers criminal history, prior evictions, poor credit
 - System Barriers Low vacancy rate, staff capacity to place additional tenants, available funds for rental subsidies, restrictive screening criteria of some landlords.
 - Moving individuals This year, we moved 13 individuals currently in PSH, which
 prolongs the amount of time individuals remain in our waitlist. Reasons for moving
 include accessibility, safety, health, household composition, and rehousing after
 eviction*.
- A few individuals are removed from the wait list each year because they are in jail, have dropped out of services, or have left the area.

Recommendations	Target Dates	
 Continue to outreach to landlords to learn about vacancies as they arise. 	Monthly, on-going	
 Prepare clients for lease-up for one new development with dedicated PSH units coming online in FY 2025. 	January 2025	
Identify ways to quickly refer individuals to apartments when vacancies occur.	• Q2 FY 2025	
 Continue with eviction prevention efforts so individuals do not need to be re-housed. 	On-going	
Continue to monitor the success rate of Arlington Landlord Partnership.	On-going	
 Request adequate funds to cover costs of existing units and new development. 	• Q3 FY 2025	
Continue to utilize the CoC Compliance Sheet that provided information on what documents are needed to apply for an apartment.	Ongoing	
 apartment. Continue to monitor reasons individuals are removed from wait list. 	Quarterly	
Continue to hire new staff to reduce caseload sizes	• Quarters 1-3 FY 2025	

Forecast

• In FY 2025, we anticipate 40% of applicants who were on the waitlist during the year will have been housed through PSH, 5% housed in other permanent housing, 5% removed from the waiting list, and 50% still awaiting housing.

*Evictions noted under PSH most often do not follow the legal definition of eviction (removal of a tenant by the landlord) or result in legal proceedings formally filed with the court system. PSH clients counted under this category may include clients discharged from the PSH program by the Department of Human Services or clients ending their apartment lease cycle where the landlord has issued a non-renewal lease notice. Eligible clients reported under the PSH eviction category may continue to receive PSH services and be re-housed among other properties.

Permanent Supportive Housing 3.2 PSH tenants who remain in permanent housing Measure Data **PSH Tenants Who Remain in Permanent Housing** 100% Goal = 90% 80% Permanent ly Housed 60% 40% 20% 0% FY2021 FY2022 FY2023 FY 2024 361 Tenants 350 Tenants 393 Tenants 373 Tenants ■ Still in PSH Housing ■ Other Permanent Housing ■ Deceased or Evicted

Data Summary

- Data was collected on tenants who were housed in PSH at any time during FY 2024 (July 1, 2023-June 30, 2024).
- 93% of PSH tenants served during FY 2024 remained in permanent housing (92% in PSH and 1% who moved on to other permanent housing). A total of 27 or 7% left without obtaining permanent housing (evicted, died, moved to higher level of care, etc.). Evictions noted under PSH most often do not follow the legal definition of eviction - see footnote below.
- The goal is for 90% of tenants served during the year to maintain housing. PSH exceeded this goal.
- Data collected from the Homeless Management Information System.

- Factors contributing to tenants maintaining housing:
 - Resolution of tenancy issues through ongoing communication between property manager, PSH staff, tenant, and case manager.
 - Quarterly meetings with landlords.
 - o Commitment from property managers to keeping individuals housed.
- It should be noted that the percentage of individuals remaining in housing increased during a year of staffing shortages and high caseloads.
- Individuals who left PSH pursued other permanent housing options such as the Housing Choice Voucher Program, Nursing Homes, and Housing Grants.
- A Graduation plan has been developed and incorporated into the PSH policies.
- A total of 15 (4%) PSH evictions* occurred in FY 2024. This is a slight increase from the FY 2023 rate (3%). We anticipate that this trend may continue as landlords continue to evict individuals who remained in housing during COVID despite being tenancy issues or rent owed.

- PSH evictions typically include issues such as substance abuse, criminal activity, and unauthorized occupants.
- The overall tenure of PSH tenants should be noted. Of the individuals who remained in PSH:
 - o 19% remained 10 years or more.
 - 20% remained 6-9 years.
 - 20% remained 4-5 years.
 - o 15% remained 2-3 years.
 - 26% remained up to one year. This consists primarily of individuals who moved in over the course of a year.

The average tenure of the individuals who were evicted was 4 years. This is a significant increase in tenure over the FY 2023 PMP's. The increase is from three individuals living in PSH for over 10 years before losing their housing. One of these individuals lived in his apartment for 19 years.

Recommendations	Target Dates
Continue to provide training to staff on housing-focused case management.	• Q4 FY 2025
Continue to re-house individuals when they lose their apartment.	On-going
Continue to assist individuals to transition out of Permanent Supportive	On-going
 Housing into other permanent housing. Review cases to see if there are PSH clients who can be transitioned onto another subsidy. 	Quarterly
Continue housing support to minimize the number of individuals evicted.	On-going
 Monitor the number and causes of PSH deaths. 	Monthly
PSH manager to continue to review at- risk tenancies with PSH staff during bi-	On-going, twice/month
 weekly supervision. Continue to monitor case management services to ensure that tenancy-related support is provided. 	Quarterly

Forecast

• In FY 2025, we anticipate that 94% of all tenants served will remain in permanent housing (92% in PSH and 2% in other permanent housing).