



# THE PATH TOWARD TOMORROW

THE 2016 FAIRFAX COUNTY HUMAN SERVICES  
NEEDS ASSESSMENT



# ACKNOWLEDGMENTS

*The Path Toward Tomorrow: The 2016 Fairfax County Human Services Needs Assessment* was made possible through the valuable support and input from the many residents of Fairfax County who provided feedback and information on needs in our community. Special acknowledgment and gratitude to members of the Needs Assessment Advisory Group for their time, commitment, and insight on developing and writing this report.

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*The Path Toward Tomorrow: The 2016 Fairfax County Human Services Needs Assessment* reflects the contributions of many individuals, but does not necessarily reflect the position of any particular organization. In addition to members of the Needs Assessment Advisory Group, various staff and subject matter experts provided input in developing the report, including Michelle Gregory, Linda Hoffman, Dawn Hyman, and Tracy Steffek of Countywide Service Integration and Planning Management, Fairfax County; John Ruthinoski, Department of Family Services, Fairfax County; Susan Shaw, Department of Neighborhood and Community Services, Fairfax County; and Jeannette Cummins-Eisenhour, formerly of the Fairfax-Falls Church Community Services Board, Fairfax County.

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# WELCOME

## BY DEPUTY COUNTY EXECUTIVE PATRICIA HARRISON



The human services system touches the lives of all Fairfax County residents, working to create opportunities for individuals to be safe, be healthy, and realize their full potential. Community partners and county agencies coordinate efforts to create a network of programs that helps residents meet a wide range of needs with a focus on prevention, equity, and support for all residents

regardless of age or ability. This network is the foundation for thriving communities throughout Fairfax County.

As is the case in other jurisdictions, Fairfax County is experiencing substantial changes in its population, economy, and infrastructure. To understand the impact of these changes and prepare for the future, we conducted an assessment to identify key needs and challenges currently facing residents. The assessment was based on data collected from a variety of methods that include community feedback and discussion sessions; local, state, and national surveys; and data from Fairfax County programs and services. To better understand disparities that must be addressed to build a stronger and more equitable county, we emphasized identifying the needs of specific populations, considering age, income, disability status, race, and ethnicity.

If left unaddressed, the challenges that residents currently face will continue to become more complex, affect more people, and jeopardize the quality of living that our community values. The results of the assessment are significant:

- Affordable and accessible housing for all residents continues to be paramount and important for a vibrant economy and a strong tax base;
- Financial stability is key to the economic prosperity of residents who are increasingly struggling to meet basic needs;
- Access to health insurance, behavioral health services, and domestic violence services are critical to ensuring the continuation of the county's livable, caring, and safe neighborhoods; and
- Affordable, accessible, and efficient transportation options are fundamental for residents to fully participate in recreational opportunities, maintain connections to others, and travel to their places of employment.

**To successfully preserve the character of our county and ensure its success, we must all work together to examine our current efforts and find innovative ways to invest in these critical concerns.**

The future of Fairfax County depends on it.

A handwritten signature in black ink, appearing to read 'Patricia Harrison'. The signature is fluid and cursive, with a long horizontal flourish at the end.

**Patricia Harrison**

*Deputy County Executive*



To successfully preserve the character of our county and ensure its success, we must all work together to examine our current efforts and find innovative ways to invest in these critical concerns.



# EXECUTIVE SUMMARY:

## FAIRFAX COUNTY IS CHANGING

For much of the latter half of the 20th century, Fairfax County grew at a rapid rate, transforming from a slow-paced Washington, D.C., bedroom community to a destination of its own. With an exceptionally strong economy due to the presence of the federal government, excellent schools, and a host of amenities, Fairfax County greatly influenced the growth of the metropolitan area and continues to be a cornerstone within the regional economy.

Like the nation as a whole, Fairfax County has experienced trends that have impacted the demand for human services. Population growth has slowed, the overall age of the population is getting older, and the proportion of the population that speaks a language other than English at home is increasing. Although Fairfax County was not impacted as severely as other jurisdictions by the 2007 to 2010 recession, the county's economy has been slower to recover than that of the nation. In addition, income growth has not kept pace with inflation, making it increasingly difficult for some residents to afford

the cost of housing, transportation, and other basic necessities. These population, economic, and infrastructure changes are significant when viewed independently, but when evaluated together they result in an increased need for human services.

As Fairfax County has become more urbanized, the challenges facing residents have broadened and now span a variety of demographic and socioeconomic populations. Importantly, populations expected to grow in the future are those that have historically experienced the greatest number of challenges in the past, such as older adults and individuals with limited English proficiency. Challenges often overlap for many of these residents. For example, an older adult living on a fixed income may have to choose between medicine and food in order to pay rent. Or a single parent may not be able to secure affordable and stable child care in order to work a varying schedule. As the county has changed, more often than not these illustrations are the reality for many of our residents.

# KEY HUMAN SERVICES NEEDS

AFFORDABLE HOUSING • ACCESSIBLE HOUSING FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES • SERVICES TO SUPPORT INDEPENDENT LIVING FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES

FINANCIAL ASSISTANCE • AFFORDABLE CHILD CARE AND EARLY EDUCATION OPPORTUNITIES

AFFORDABLE HEALTH INSURANCE • BEHAVIORAL HEALTH SERVICES FOR ADULTS • BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH • DOMESTIC VIOLENCE SERVICES

AFFORDABLE AND ACCESSIBLE PUBLIC TRANSPORTATION SERVICES • ACCESS TO HUMAN SERVICES INFORMATION

Consequently, we can no longer identify human services as a critical safety net for only the very poor but rather for all residents. Through a network of private and public organizations, the human services system is essential in supporting the growing number of residents who need assistance on a range of issues that include housing, economic self-sufficiency, health, and connections to resources. The system is an essential component of Fairfax County, helping to make it a desirable place to live — with excellent schools, a vibrant economy, an effective public safety system, and more.

Collectively, we must implement strategies that will enable human services to be better prepared to address future community needs. Human services should be represented in planning and decision-making efforts as it relates to all aspects of government, such as in coordination with public safety or land use planning; possess effective tools and the facilities necessary to proactively address

needs; improve communications to effectively share information; integrate and align programs and services; and strengthen accountability efforts.

If left unaddressed, the needs identified by the community and outlined in this report will continue to multiply and will undermine the well-being of our entire county.

Commitment, collaboration, and the determination to tackle the root causes of these issues will strengthen our community and enhance its long-term prosperity.





# CHANGES IN THE FABRIC OF **FAIRFAX COUNTY** ARE DRIVING NEEDS

**Evaluating population, economic, and infrastructure changes that have occurred in Fairfax County over the past few decades is critical to understanding the environment and the challenges facing residents. Together, these changes tell a story about a community that has undergone significant transition.**

Since the 1950s, Fairfax County has grown from a small suburban community to a vibrant, highly dense area. With more than 1.1 million people, the population is projected to continue to grow. As the population grows, there will be more racial and ethnic diversity, and English proficiency will increasingly become a key component for individuals working toward economic success. Additionally, older adults are projected to become an even greater percentage of the population.

As the population has grown, housing has become more dense and expensive, particularly for renters. Shifts in housing and population are also inextricably linked to transportation and infrastructure, which are needed to support the changing community.

The county has also undergone shifts in the local economy. In general, Fairfax County has rebounded slowly from the

Great Recession with an overall sluggish economy. Wages have not kept pace with inflation, and because of the cost of housing, transportation, and other goods, many more residents are now finding it difficult to achieve economic success and get ahead as compared with the past.

These population, economic, and infrastructure changes are significant when viewed independently, but when evaluated together they are having a profound effect on the fabric of the county. The challenges that residents face are complex, often spanning across demographic and socioeconomic populations. Understanding these changes and how they influence respective human services needs is vital in the continuous effort to successfully identify challenges, effectively plan and coordinate efforts, and efficiently align programs and services that help maintain a successful community for all residents.



## CHANGES IN THE POPULATION

Changes in population density, the average age of the population, racial and ethnic diversity, and English proficiency levels of residents affect the strength of the local economy and county infrastructure. These population changes also have subsequent effects on human services needs for some residents, particularly children, older adults, and individuals with disabilities.

### The overall population is growing.

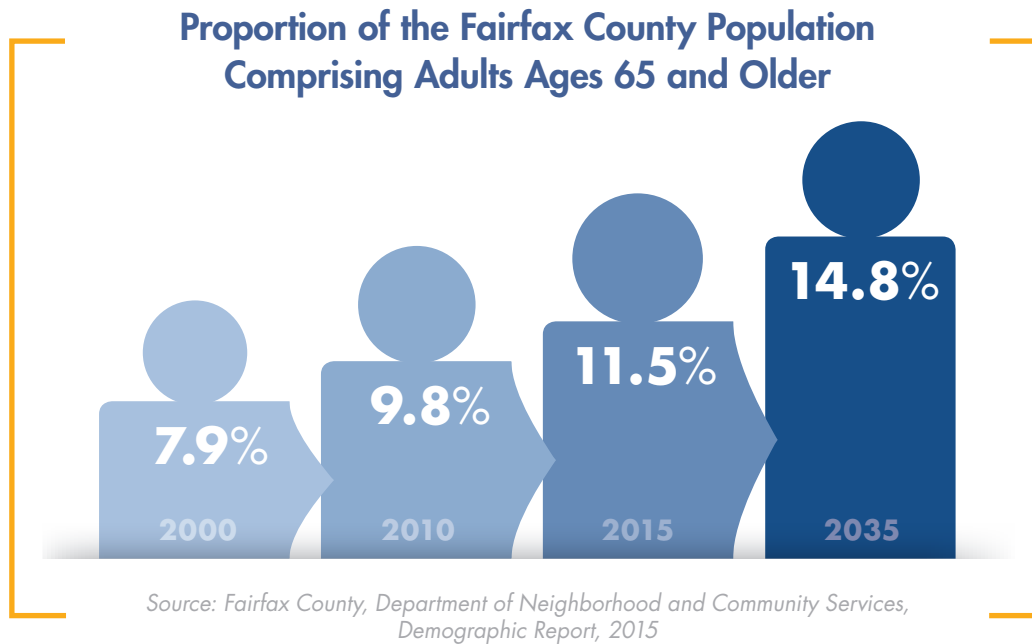
Fairfax County has become a much denser place to live, with the population nearly doubling from 596,900 in 1980 to 1,125,400 residents in 2015.<sup>1</sup> From 2010 to 2015, the population increased by 4.0 percent.<sup>2</sup> Based on 2015–2016 enrollments, Fairfax County contains the largest school system in Virginia and the 10th largest in the United States.<sup>3</sup> Although the county is increasing in population, the rate of growth is projected to remain less than 1 percent per year, on average, through 2045.

### Population growth is shifting.

Since 1960, the center of the population has shifted approximately 5 miles west — from the Falls Church area to just east of Fairfax City.<sup>4</sup> This center is forecasted to shift another half a mile north by 2040. The projected shift is mostly attributed to growth in the Tysons Corner area.<sup>5</sup> Planning districts with the greatest expected population growth from 2015 through 2045 are McLean (83.0 percent), Vienna (50.3 percent), and Upper Potomac (38.1 percent).<sup>6</sup> Understanding where the population is growing in the county is important in order to properly plan and provide resources for residents with varying income levels and demographics.

## The older adult population is growing.

The total population of adults ages 65 and older continues to increase at a higher rate than the overall population. It is estimated that by 2035, adults ages 65 and older will make up 14.8 percent of the population.<sup>7</sup> Increases in life expectancy rates and migration changes are also influencing the growth of this segment of the population.



## The population continues to become more diverse.

Since 2005, the proportion of the population comprising black or African-American residents, Asian residents, and residents indicating they are two or more races has increased, while the proportion of white residents has decreased.<sup>8</sup> In addition, there has been an increase in the percentage of residents identifying as Hispanic or Latino (of any race).<sup>9</sup> When compared to the population of the county overall, youth are the most racially and ethnically diverse, and older adults are also becoming progressively more diverse.<sup>10</sup>

## Some residents are linguistically isolated.

Although Fairfax County is highly educated overall, a significant number of residents have a limited ability to read, speak, write, or understand the English language. Of all households in Fairfax County in 2014, 7 percent (26,389 households) were linguistically isolated. This means that no members of the household ages 14 or older spoke English “very well.”<sup>11</sup> Among households that spoke Asian and Pacific Island languages in Fairfax County, 25 percent were linguistically isolated, and approximately 19 percent of households speaking Spanish were linguistically isolated.<sup>12</sup>

## CHANGES IN THE ECONOMY

Along with changing demographics, Fairfax County has experienced several key economic changes over the past decade. These shifts have subsequently increased the need for human services for some individuals and families in the county. The Great Recession that began in 2007, and whose effects reached into 2010, had a profound effect throughout the country. Although Fairfax County weathered the economic downturn better than other jurisdictions due to the composition of the job market, its effects can still be seen.

### Disparities exist in the unemployment rate.

While the overall unemployment rate of Fairfax County is below that of the Commonwealth and the nation, it has not returned to pre-recession rates. Importantly, like other jurisdictions, disparities exist within the county when viewing the unemployment rate by race and ethnicity. Overall, individuals who identify as non-white have higher unemployment rates than white residents.<sup>13</sup> Equity of opportunity and of access to resources that are critical to achieving success in the labor market will determine whether Fairfax County will continue to be a desirable place to live and work.

### Income inequality is greater than in the past.

Research shows that higher rates of income inequality mean less upward mobility and fewer opportunities for individuals to move out of poverty. From an economic perspective, research also indicates that higher rates of income inequality can lead to reduced gross domestic product per capita growth, in both the short and the long term.<sup>14</sup> From 2007 to 2012, data suggest income inequality in Fairfax County grew at a higher rate than in the past. Since 2012, the rate of income inequality growth appears to have slowed in the county.<sup>15</sup>

### Economic recovery has been unequal.

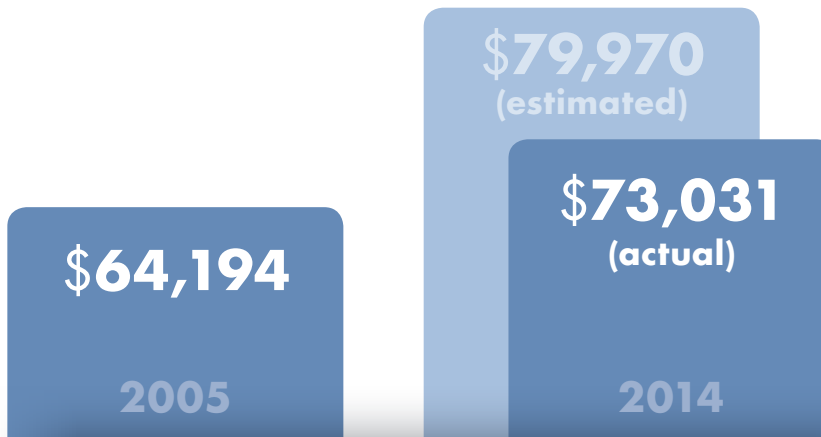
The recovery of jobs since the recession has been unequal among low-, middle-, and high-wage professions. Job loss during the recession affected lower-wage occupations more than higher-wage jobs. Most of these lower-wage jobs have been recovered since the recession; however, they are generally paying lower wages than in the past.<sup>16</sup> Since 2013, the county also has shed jobs in the professional and business services as well as federal government sectors, which historically have been the backbone of the local economy and offered higher wages.<sup>17</sup> These trends have contributed to a more hourglass-shaped local economy, with an increasing proportion of high-wage jobs and increasing proportion of low-wage jobs.<sup>18</sup>

## Inflation is outpacing wages.

In general, wages have not kept pace with inflation over the past decade. With inflation outstripping wages, purchasing power has been strained, making it difficult for the local economy to flourish. In 2005, an average full-time worker earned approximately \$64,000. By 2014, this same worker should have made approximately \$80,000 if wages had increased at the same rate as inflation. Instead, the worker made approximately \$73,000 — eroding that person’s purchasing power by \$7,000.<sup>19</sup>

### Inflation Eroding Purchasing Power in Fairfax County

Average Earnings of Full-Time Workers



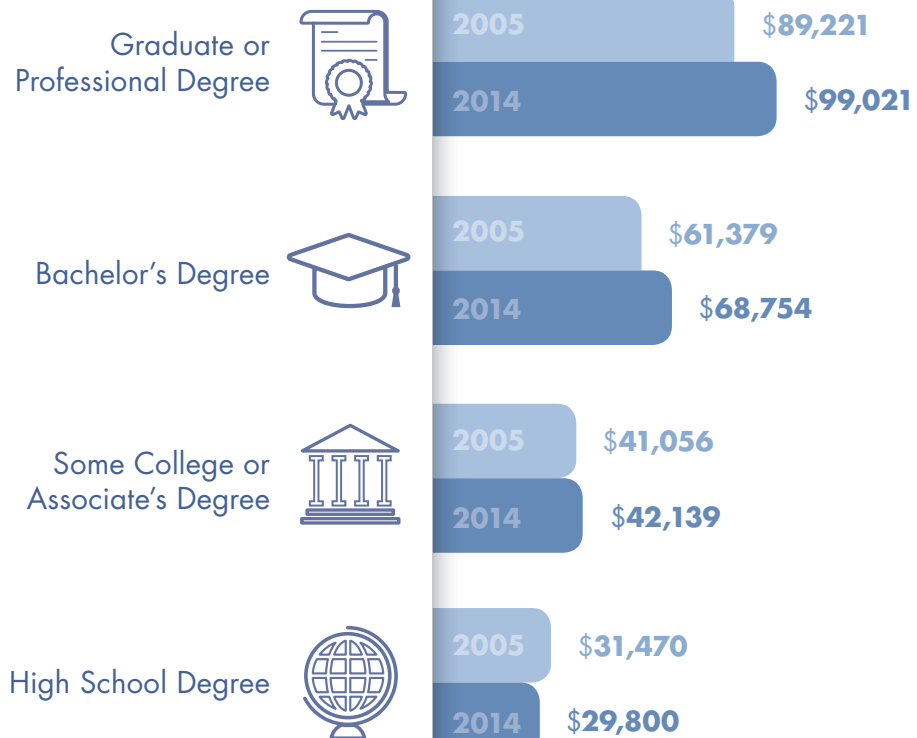
Source: U.S. Census Bureau, 2014, and U.S. Bureau of Labor Statistics, 2004–2014



## Wages are unequal by education.

Overall, residents of Fairfax County are highly educated, with approximately 92 percent of the total adult population holding a high school degree or higher. For individuals with only a high school degree, the negative effects of the recession on wages were more severe than for individuals with some level of postsecondary education.<sup>20</sup> From 2005 to 2014, the median earnings for individuals with a graduate or professional degree increased more than \$9,000. This compares to individuals with a high school degree (no postsecondary education) who witnessed a loss in median earnings during this same period, from an average of \$31,470 to \$29,800. This trend was not unique to Fairfax County: Since 2007, individuals in the Washington, D.C., metropolitan area with only a high school degree have witnessed a decline of 80 cents an hour in inflation-adjusted median wages — a larger decline than the nation as a whole at 51 cents an hour.<sup>21</sup> In sharp contrast, individuals in the Washington, D.C., metropolitan area with a bachelor's degree or higher have seen their median wages (inflation-adjusted) grow by \$2.78 an hour during this same time period.<sup>22</sup>

### Median Earnings by Education, Fairfax County Adults



Source: U.S. Census Bureau, American Community Surveys, 2005–2014

## Child poverty rates remain higher than the overall poverty rate.

Although the overall poverty rate is low in Fairfax County compared with other jurisdictions in Virginia, the population size of the county results in a large number of individuals in poverty — more than 74,000 individuals in 2014.<sup>23</sup> Importantly, child poverty rates are consistently higher than the poverty rate for the overall population in Fairfax County. In 2014 alone, more than 23,000 children were living below the poverty rate in the county (\$23,850 for a family of four in 2014).<sup>24</sup> Exposure to poverty during childhood is a barrier to an individual's success and can affect his or her lifelong ability to be self-sufficient as an adult.<sup>25</sup>

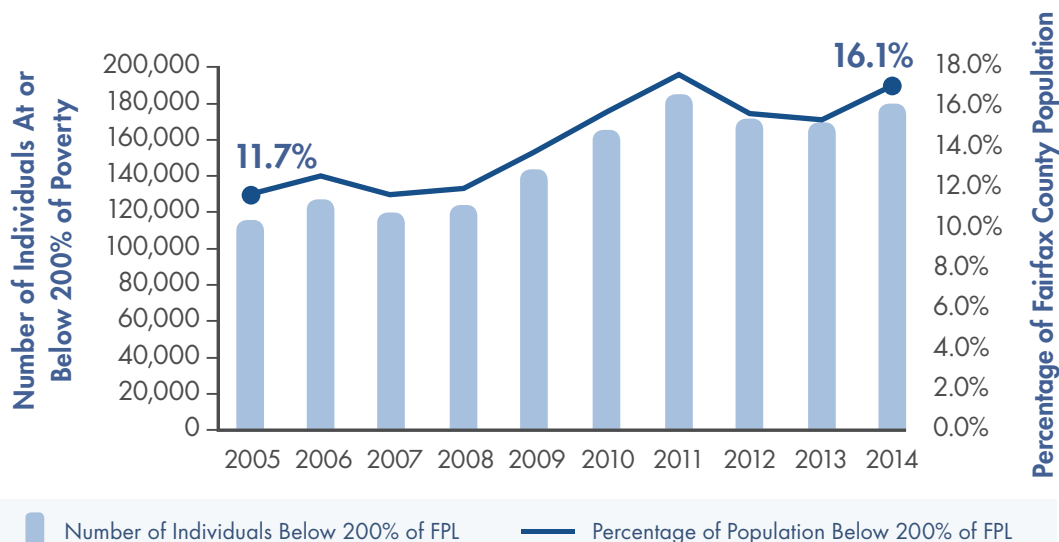
## Limited English proficiency is tied to poverty.

Individuals with limited English proficiency are often precluded from fully participating in the labor market, with written and oral communication skills a key component to workplace success. When examining those individuals who were living in poverty, from 2005 to 2014 more than half of all individuals spoke a language other than English at home.<sup>26</sup> Although these individuals may not necessarily be linguistically isolated, there is a strong connection between English proficiency and poverty.

## Residents living above poverty still face difficulties.

Not only is Fairfax County witnessing an overall increase in individuals living below the federal poverty level (FPL), but it has also seen an increase in the number and proportion of the population living at or below 200 percent of poverty (\$47,700 for a household with four members as of 2014).<sup>27</sup> Individuals and families who are living below 200 percent of poverty may be particularly in need as they may not qualify for some public assistance benefits. Often vulnerable are individuals and families who do not qualify for benefits but have income levels below what is needed to afford basic necessities.

### Number and Proportion of Population At or Below 200% of Poverty



Source: U.S. Census Bureau, American Community Surveys, 2005–2014



## Federal resources are decreasing.

While still critical to the economic infrastructure, federal procurement dollars entering Fairfax County's economy have decreased. At the end of fiscal year 2014, federal spending levels in Fairfax County were more than 10 percent below that of fiscal year 2012. The effects from sequestration cuts also have had a longer-lasting effect on the local economy than previously anticipated, with the local economy underperforming the national economy from 2011 to 2014.<sup>28</sup>

## Real estate markets have slowed.

Homes are taking longer to sell, prices have risen only modestly in recent years (although the cost of housing remains high), and the overall supply of homes is placing downward pressure on the market.<sup>29</sup> This trend has significant implications for Fairfax County, because a large proportion of the county's budget stems from real estate taxes (approximately 64 percent).<sup>30</sup> Flat or reduced real estate taxes translate into a decrease in funds to support local government spending, which in turn can affect investments in human services.

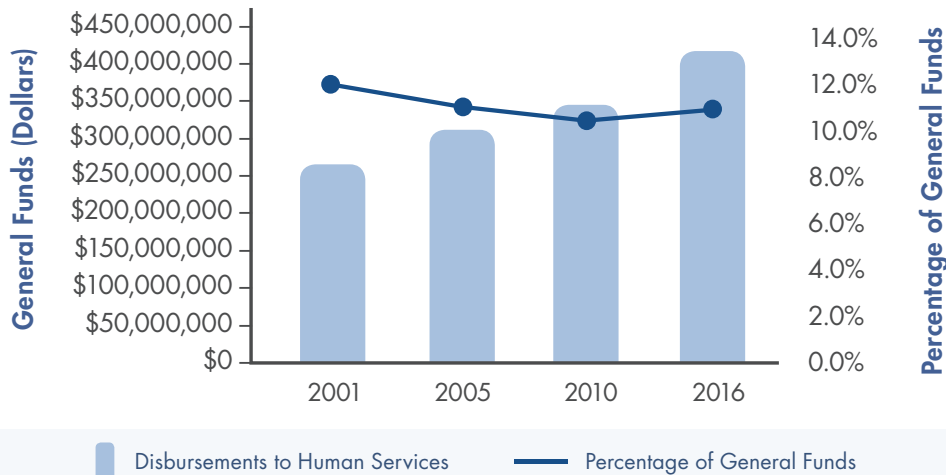
Changes in the labor market have also negatively affected the commercial real estate market. With the local economy shedding jobs in professional services and government sectors, office vacancy rates are at their highest since 1991. This change has a significant impact on county taxes, which are assessed only when commercial real estate spaces are occupied.

## The proportion of human services funding has declined.

Concurrent with trends reflecting a tightening of the county's general funds, there has been a shift in the proportion of dollars supporting human services. While the dollar value has increased from \$269 million in 2001 to \$419 million in 2016, the proportion of the county's general funds that support human services decreased from 12.5 percent to 11 percent during this same time frame.<sup>31</sup> These dual trends of fewer resources at the local level along with more individuals and families living in or near poverty will continue to affect the ability of local government to respond to human services needs, and will put additional strain on local nonprofit organizations and partners to meet demand.



## Fairfax County Human Services — General Funds



Source: Fairfax County, Department of Management and Budget, 2001–2016

## CHANGES IN THE INFRASTRUCTURE

Since the 1950s, Fairfax County has grown from a sparsely populated community to a densely populated, urbanized area. In this time, the type and location of housing and transportation systems have evolved to support the growing population and demand for infrastructure.

### The type of housing has changed.

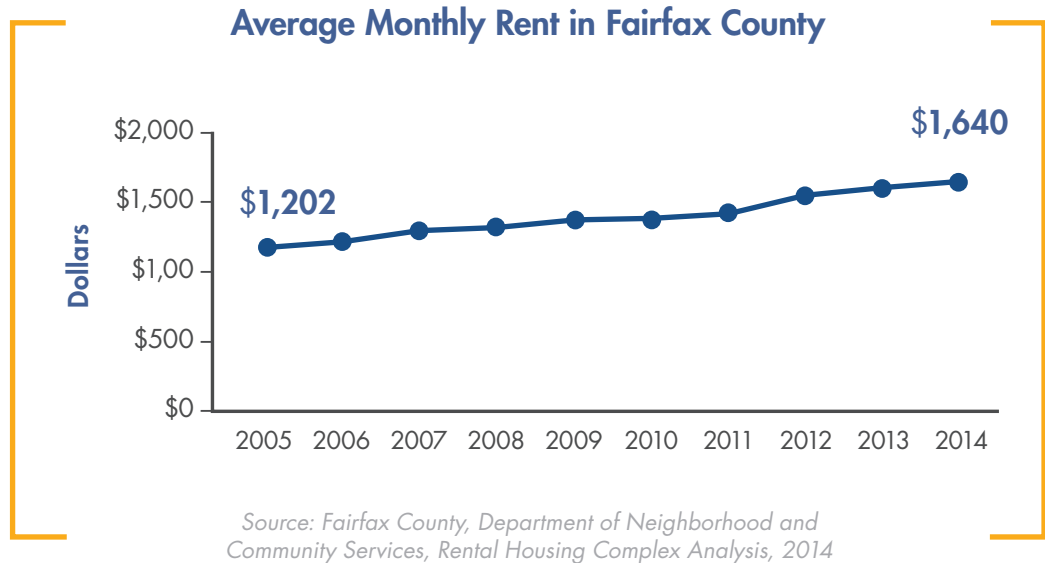
In 1950, more than three-fourths of the housing units in the county were single-family detached homes, with a small percentage of townhomes, duplexes, and apartments.<sup>32</sup> As of 2010, less than half of the housing stock was composed of single-family homes, with the remaining proportion comprising single-family attached units (townhomes, duplexes, etc.) and multifamily units (garden, mid-rise, and high-rise units).<sup>33</sup> This change in housing has occurred in tandem with population growth.

### Land availability and population growth are driving housing costs.

Population density and the limited amount of land available for development have contributed to the demand and high cost of housing in Fairfax County. Since 2005, the median market value of owned homes has been above \$400,000, with prices slowly increasing since the recession.<sup>34</sup> In 2014, the median market value of owned homes was \$492,126.<sup>35</sup> While this shift is good news for homeowners, it points to a hurdle that individuals looking to purchase a home must overcome.

## Rent is increasing.

While the median market value of owned homes increased slightly from 2005 to 2014, the average monthly rent in the county increased at a faster rate during this same period. From 2005 to 2014, average monthly rent for units located in major rental housing complexes (those with five or more units) increased by 36 percent.<sup>36</sup> In conjunction with an increase in the average cost of renting, the county is also seeing a larger proportion of renter-occupied units.



## Transportation options are in demand.

Population growth in Fairfax County has affected not only housing, but also transportation. The location of jobs has also changed in the Washington, D.C., metropolitan area, with employment opportunities now more geographically dispersed than in the past. With more people living in the county, as well as more people commuting in and out of the county for work, transportation continues to be a key issue.

## Commute times are long.

Traffic in the Washington, D.C., metropolitan area is extremely congested, with the average commuter in this region spending approximately 82 hours — almost 3.5 days per year — in gridlock. This statistic and others ranked the Washington, D.C., area as No. 1 on a list of the nation's most traffic-congested cities in 2015, above Los Angeles, California.<sup>37</sup>

## Transportation is costly.

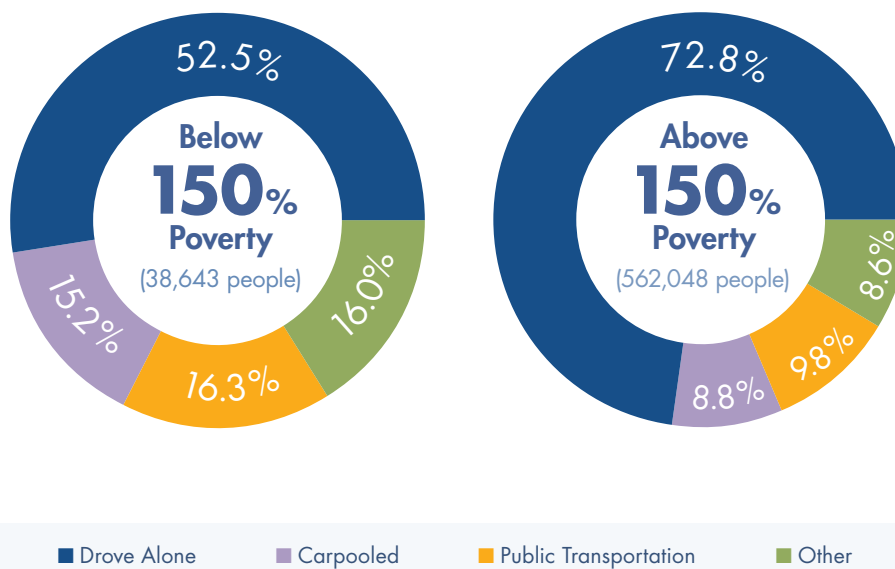
Regardless of the transport mode, transportation within the county is costly. Research from the Massachusetts Institute of Technology estimates that transportation costs for Fairfax County residents are approximately \$11,000 per year for a family with two working adults and three children.<sup>38</sup> Public transportation, particularly Metrorail (the Metro), is expensive, with fare prices based on distance traveled instead of flat rates.

## Lower-income workers are more likely to use public transportation.

According to U.S. Census data, residents below 150 percent of the federal poverty level are more likely to access public transportation or carpool rather than drive to work compared with residents above poverty.<sup>39</sup> However, some households do not have easy access to bus routes or Metro stations, which can lead to increased time and money spent getting to transportation hubs. For Fairfax County residents using public transportation, specifically those who are low-income earners, the additional time and money spent on commuting and transferring across systems results in less take-home pay and less time spent with family. This is particularly true for individuals who do not live close to their jobs or have to work multiple jobs to make ends meet.



### Transportation Mode by Poverty, 2014



Source: U.S. Census Bureau, American Community Surveys, 2014

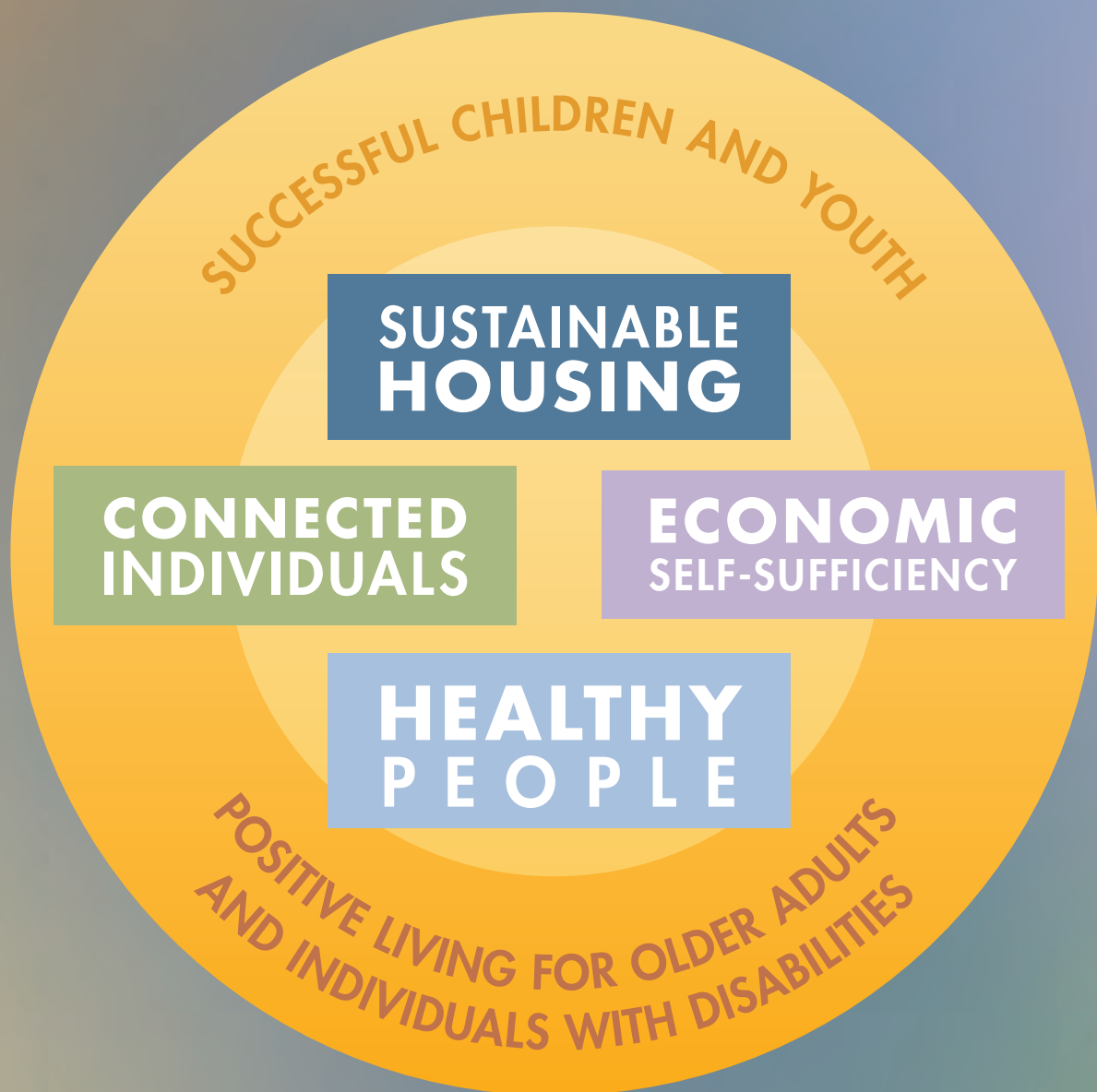
# KEY HUMAN SERVICES NEEDS

Population, economic, and infrastructure changes are driving human services needs around housing, economic self-sufficiency, health, and connections to resources. More than ever before, a greater number and percentage of residents are facing intense and complex service needs. For most individuals and families, several factors contribute to these needs, often intersecting one another and resulting in pressing implications. For instance, an older adult living on a fixed income may have to choose between medicine and food in order to pay rent. Or a single parent may not be able to secure affordable and stable child care to allow them to work evening hours, making it difficult to maintain employment.

Although often hidden when examining the overall strength of Fairfax County, more often than not these examples are the reality for many residents. If left unaddressed, these needs can jeopardize the long-term financial and social well-being of all Fairfax County residents.

The needs detailed in this report were identified by analyzing local program data and various community feedback efforts, which included both residents and stakeholders. Although the needs included in this report do not address every important local challenge, residents and stakeholders have identified them because of their mounting urgency and complexity.

The human services system works to collectively support and improve efforts in several key areas: sustainable housing, economic self-sufficiency, healthy people, and connected individuals. The system also focuses on improving outcomes for specific populations, including children and youth, older adults, and individuals (of any age) with disabilities. The needs of these populations are not isolated, therefore they are woven into the discussions and findings of this report.







# SUSTAINABLE HOUSING

Sustainable housing is defined as safe, stable, and accessible living accommodations that all individuals and families — including those at risk of homelessness, people with disabilities, older adults, and individuals in the local workforce — can afford along with other basic necessities.

## SUSTAINABLE HOUSING is important for a community

Many factors can influence the ability of an individual or family to be housed, including financial stability; financial literacy; accessibility modifications; housing options that meet the physical, behavioral, and cognitive needs of individuals and family members; access to resources that promote housing permanency; and housing that complies with fair housing laws.

Although all of these factors are critical to ensuring that everyone has a home, community members identified several housing issues as key needs in our community: housing affordability, housing accessibility, and support services that help individuals live safely in their choice of residence.

If left unaddressed, these issues will jeopardize the strength of our economy as well as the safety and vibrancy of our neighborhoods. Affordable and accessible housing is not only key for individuals and families in our communities, but also a critical ingredient in promoting economic and tax growth and ensuring a vibrant workforce.

### KEY NEEDS

AFFORDABLE HOUSING • ACCESSIBLE HOUSING FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES • SERVICES TO SUPPORT INDEPENDENT LIVING FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES



## AFFORDABLE HOUSING

### Residents are burdened by housing costs.

Households that spend more than 30 percent of their income on housing costs are defined as “housing cost-burdened.” While not problematic for all households, spending more than one-third of income on housing can limit a person’s ability to afford other critical items such as food, clothing, and health care as well as hinder their ability to save money. From 2005 to 2014, a range of 41 percent to 47 percent of all households in Fairfax County that rented were considered housing cost-burdened.<sup>40</sup>

In 2014, the average annual income needed to afford an efficiency apartment at fair market rent in Fairfax County was \$50,920.<sup>41</sup> This assumes that the household did not spend more than 30 percent of its income on housing costs. In 2014, approximately 18 percent of households (69,683 households) in Fairfax County had income levels of \$50,000 or less.<sup>42</sup> These households would not have been able to afford an efficiency rental unit without some type of assistance.<sup>43</sup>

**41% to 47%**  
of rental households were  
housing cost-burdened  
from 2005 to 2014.





## Affordable rental housing units are in limited supply.

There are substantial shortages in the number of rental units in Fairfax County that are affordable for low- and moderate-income households. Overall, there is a shortage of approximately 31,630 rental units affordable to households earning \$68,000 or less.<sup>44</sup>

The high cost of housing and the lack of affordable housing options mean that residents of Fairfax County are particularly vulnerable when any life shocks occur. Feedback from community members indicated that a divorce, a serious illness in the family, losing one's job, having a bad credit history, or fleeing an abusive relationship can place serious economic strains on households, leaving few housing options. In particular, older adults and individuals with disabilities living on fixed incomes are often more vulnerable to housing insecurities than others.

## African-Americans and older adults disproportionately experience homelessness.

Due to strategic community efforts and partnerships, homelessness in Fairfax County has declined over the past decade. From 2008 to 2016, the overall number of individuals experiencing homelessness declined by 42 percent (from 1,835 to 1,059 individuals, respectively).<sup>45</sup> Despite this overall positive trend, a disproportionate number of black or African-American individuals experience homelessness in Fairfax County — in 2016, approximately 49 percent (514 individuals) of the identified homeless population were black or African-American, compared with only 10 percent of the entire county population.<sup>46</sup>

Also of concern is the growing proportion of adults ages 55 and older among those who are experiencing homelessness in the county. In 2009, 16 percent of single individuals (106 individuals) who were homeless were ages 55 and older.<sup>47</sup> This proportion has steadily increased over time: In 2016, among single individuals who were homeless, 29 percent (139 individuals) were ages 55 and older.<sup>48</sup>

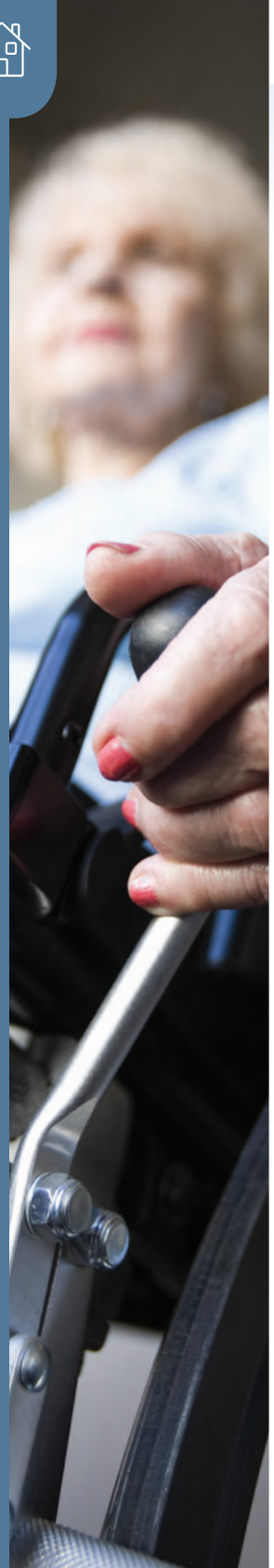
## Expensive housing affects economic competitiveness.

The inability to afford local housing also affects the capacity of businesses to attract and retain workers. High housing rental costs affect workers of all ages, particularly younger individuals, who in general earn less than older and more experienced workers.

“Corporations make decisions on where to locate depending on affordable housing options ... If housing is too expensive, it will detract from businesses operating in our county.”<sup>49</sup>

“The need for more affordable housing is evident and growing. It is a challenge to the county's future economic competitiveness, as well as significant investments made by the county's human services system and community partners.”<sup>50</sup>





# ACCESSIBLE HOUSING FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES

## Accessible housing and affordability are intertwined.

Lack of adequate income is one of the main reasons that individuals with disabilities are unable to obtain housing that meets their needs. The same is true for many older adults in the county: As individuals age, on average, income levels decrease. Private landlords are required by law to grant reasonable accommodations and permissions to make modifications to housing units; however, they are not necessarily required to pay for those modifications, particularly for properties occupied prior to March 1991. In addition, landlords can pass along the often high costs associated with returning a housing unit to its original condition for new tenants who occupy the property. These factors compound the issue of a lack of affordable and accessible housing for many older adults and people with disabilities in the county.

## Accessible housing units are in limited supply.

Overall there is a lack of accessible housing units in Fairfax County. Because there is no way to uniformly capture information on whether privately owned housing units are accessible, the precise number of accessible units in Fairfax County is difficult to determine. However, the majority of the county's residential structures were built prior to the Fair Housing Accessibility Guidelines of 1991 and, therefore, are not required to meet any accessible design or construction standard. An additional proportion of the housing units in the county are in multifamily buildings of one to four stories, which are often garden-style apartment buildings without elevators. These types of units are also unlikely to have been built or retrofitted to meet accessibility guidelines, leaving only a small proportion of the housing stock in the county as likely to be accessible. Based on these overall assumptions and anecdotal evidence, it appears that less than 5 percent of the county's housing stock is potentially accessible.

The number of accessible housing units owned and operated by the Fairfax County Redevelopment and Housing Authority (FCRHA) can be used as a proxy for the number of accessible units in the county as a whole. A total of 164 of the multifamily and senior housing units owned and operated by the FCRHA are accessible, or approximately 5 percent of the total. This does not include the FCRHA's group homes and other specialized housing.



## SERVICES TO SUPPORT INDEPENDENT LIVING FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES

### Supportive services are critical.

The ability to live in the place of one's choice is critical to the health and overall well-being of older adults and individuals of all ages with disabilities. Research illustrates that facility-based care is far more expensive than community-based supportive services. Although the benefits of receiving services to support independent living are vast, costs can be high, thereby limiting options for some residents. In addition, a lack of support and respite services can place tremendous financial and emotional demands on family caregivers, potentially leading to unnecessary or premature facility-based care for their loved ones.

### Gaps exist for home and community-based services for individuals with disabilities.

Medicaid waivers are one of the primary financing tools Virginia uses to provide long-term supportive services to older adults and individuals with disabilities living in their own homes and community-based settings. In general, Medicaid waivers are based on income-eligibility criteria, support lower-income individuals, and are one indicator to gauge need for supportive services. The number of individuals in Fairfax County and the cities of Fairfax and Falls Church on the statewide Medicaid Intellectual Disability Waiver waitlist has steadily grown 308 percent from 2005 to 2016 — from 343 Fairfax–Falls Church residents in 2005 to 1,399 residents in 2016. This growth demonstrates a clear unmet need for supportive services to assist individuals in their own homes, their families' homes, shared living settings, group homes, and other community living settings.<sup>51</sup> There is also a statewide waitlist for the Individual and Family Developmental Disabilities Support Medicaid Waiver among eligible individuals with developmental disabilities (e.g., cerebral palsy, autism, epilepsy, spina bifida, and other conditions that occurred prior to age 22 that affect the ability to perform personal care and independent living activities).

### Home and community-based services are in demand.

The proportion of adults ages 65 and older who live alone has remained relatively constant over the last decade.<sup>52</sup> However, as the number of older adults in the county continues to increase, so will the potential number of individuals ages 65 and older who reside alone. As individuals age, they are more likely to have one or more disabilities that make it difficult to live alone without supportive services, which can be costly. Those who are unable to access these services through the Medicaid waiver program may seek similar services either from the public or private market. The demand for services — such as home-delivered meals, respite care, and in-home assistance with activities of daily living — is on the rise.<sup>53</sup>





# ECONOMIC SELF-SUFFICIENCY

Economic self-sufficiency is the ability of individuals and families to maintain sufficient income to consistently meet their needs — including food, housing, utilities, health care, transportation, taxes, dependent care, and clothing — with no or minimal financial assistance or subsidies from private or public organizations.

## **ECONOMIC SELF-SUFFICIENCY** is important for a community

Several factors collectively influence the success of whether individuals and families are able to become self-sufficient when trying to move up the economic ladder. These factors include having sustained income and being able to meet basic needs; level of educational attainment; the ability to speak, read, and write in English; family stability; and relationships with people or organizations that bolster self-sufficiency. Although all of these factors are important for individuals and families to become more economically self-sufficient, community members identified several key needs: financial assistance, child care, and early education opportunities.

As the county continues to slowly recover from the recession, residents continue to seek public and private financial assistance, signaling that more people are struggling to meet their basic needs than ever before. If left unaddressed, these needs will continue to burden our local economy and the strength of our public school system, keeping residents in or near poverty levels and perpetuating existing disparities.

### KEY NEEDS

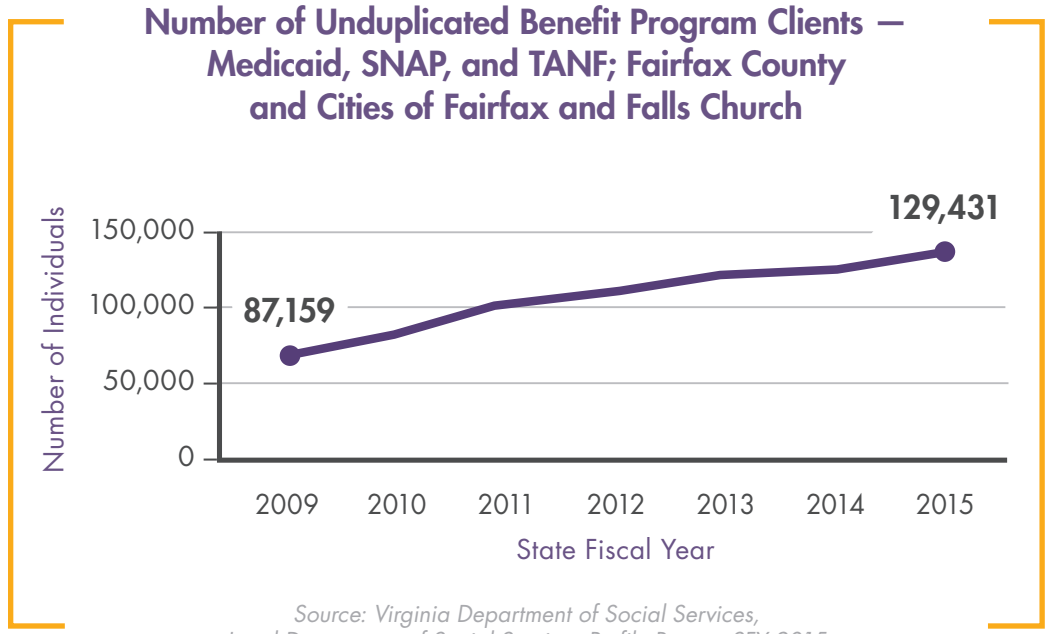
FINANCIAL ASSISTANCE •  
AFFORDABLE CHILD CARE AND EARLY EDUCATION OPPORTUNITIES



## FINANCIAL ASSISTANCE

### More residents are receiving financial assistance.

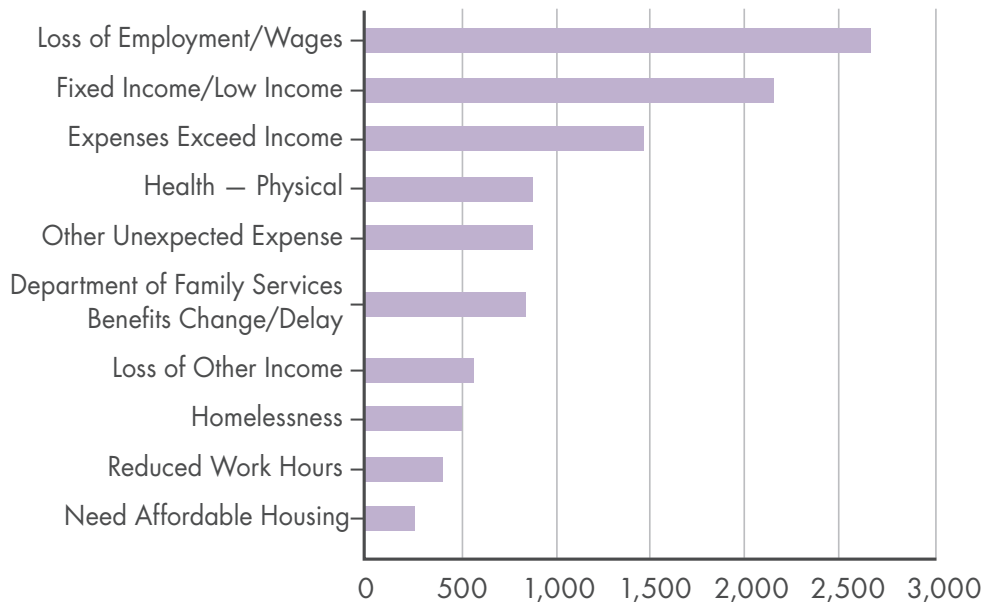
With the slow economic recovery and subsequent economic pressures on middle- and lower-income households, many more individuals than in the past have sought some type of financial assistance to make ends meet. From 2009 to 2015, there has been a 48 percent increase in the number of individuals receiving Medicaid, Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) benefits, or Temporary Assistance for Needy Families (TANF) cash assistance benefits. This percentage reflects unduplicated counts.<sup>54</sup> This increase equals approximately 42,000 more residents receiving some type of assistance through these three programs.





Calls to Coordinated Services Planning (CSP), a program that links residents to community resources for assistance with basic needs, highlight the impact of a changing economy in Fairfax County. The majority of calls to CSP from July 1, 2014, to June 30, 2015 (Fiscal Year 2015) were due to a loss of employment or wages, followed by calls where individuals were not able to meet their basic needs due to low- or fixed- income levels.

### Top Reasons for Calls to Coordinated Services Planning — July 1, 2014, to June 30, 2015



Source: Fairfax County, Department of Neighborhood and Community Services, Trends in Community Needs Illustrated by Demand for CSP Services, FY 2016



## AFFORDABLE CHILD CARE AND EARLY EDUCATION OPPORTUNITIES

**The cost of child care can be a significant burden for families.**

Child care costs are often the second-highest budget item for families, following housing expenses. In Fairfax County, the cost of center-based child care for an infant can range from \$15,800 to more than \$18,000 per year.<sup>55</sup> In contrast, the average cost of in-state tuition for a four-year public college in Virginia is approximately \$11,000.<sup>56</sup>

Child care is a key work support for many families in Fairfax County. In more than 65 percent of families with young children and more than 70 percent of families with school-age children, all parents are working.<sup>57</sup> Families earning low incomes pay a significantly higher share of their income for care than do families with higher incomes. Child care subsidies (both state and locally funded) make it possible for families to enter and remain in the workforce, progress toward and achieve self-sufficiency goals, and access safe and reliable child care. However, there is often a waiting list for families seeking child care subsidies. And while subsidy rates paid to child care programs have increased, the rates sometimes do not fully cover the cost of care for families.

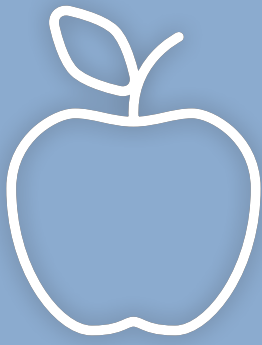
**Quality matters for children's development.**

Quality child care helps young children arrive at kindergarten ready to succeed in school and beyond, as well as provides school-age children with out-of-school experiences that expand their interests, develop their talents, and enhance their learning. Quality early childhood education programs support children's cognitive and social emotional development that contributes to ongoing success. Parents seeking affordable, high-quality care may have additional obstacles to overcome if other barriers exist, such as a parent working a nontraditional schedule or a child who requires medical care.









# HEALTHY PEOPLE

Healthy people are those of all ages who practice healthy behaviors; take action to prevent and manage chronic disease; are free from exposure to environmental hazards; and have access to physical, oral, behavioral, and long-term health services. In addition, healthy people are those who have positive relationships and are safe and free from abuse, as well as sexual and domestic violence.

## HEALTHY PEOPLE are important for a community

Health and well-being encompasses a wide variety of preventive and treatment strategies in such areas as physical and mental health; abuse, violence, and neglect; and community protection against health threats.

Although a multitude of factors affect health, community members identified access to health insurance, behavioral health resources, and services to prevent and address domestic violence as critical to achieving well-being for everyone. Importantly, these issues cut across socioeconomic and demographic boundaries, affecting all residents in our county. If needs in these areas are left unaddressed, residents will not have consistent access to preventive and treatment services, which will compromise the overall health of our community and drive up health care costs. In addition, adults and children with behavioral health needs will have fewer community support systems and services to draw on, ultimately affecting families, communities, schools, and our criminal justice system.

### KEY NEEDS

AFFORDABLE HEALTH INSURANCE • BEHAVIORAL HEALTH SERVICES FOR ADULTS • BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH • DOMESTIC VIOLENCE SERVICES



## AFFORDABLE HEALTH INSURANCE

**Coverage gaps exist between Medicaid and private health insurance.**

A major provision of the Affordable Care Act (ACA) was to allow states to expand Medicaid eligibility to individuals with incomes at or below 138 percent of the federal poverty level. The option to expand Medicaid was intended to provide health insurance to a larger group of low-income individuals. ACA also allows low-income individuals to purchase insurance through state-based health insurance marketplaces. The combination of expanded Medicaid eligibility and health insurance marketplaces would provide insurance coverage options for those who met eligibility requirements. Due to a U.S. Supreme Court ruling in 2012, states are not required to expand Medicaid eligibility. As of January 2016, 19 states had not expanded Medicaid eligibility — including Virginia.<sup>58</sup>

Eligibility levels for Medicaid are established by states and based on personal income levels and assets. Medicaid eligibility requirements in Virginia are:

- Children ages zero to 18 years must be below 143 percent of the federal poverty level.
- Pregnant women must be below 143 percent of the federal poverty level.
- Adults ages 65 and older and individuals with disabilities must be below 80 percent of the federal poverty level.
- Working parents with children must be below 49 percent of the federal poverty level — or \$9,844 for a family of three.
- Childless adults are not eligible unless they have a disability.<sup>59</sup>



Although the ACA expanded options, many individuals in Virginia cannot afford health insurance through the private market and do not qualify for Medicaid, falling into what is known as the “coverage gap.” In 2014, Fairfax County had an estimated 30,300 adults between the ages of 18 and 64 who did not have health insurance and who lived in households with incomes under 138 percent of the federal poverty level.<sup>60</sup> These individuals likely fall into the coverage gap, which means they currently are not eligible for assistance with their health insurance. Individuals younger than 18 and those ages 65 and older are typically covered under Medicaid and Medicare (if eligible) and therefore are not included in coverage gap estimates.

The reasons an individual or family falls into the coverage gap vary. These reasons include not meeting eligibility or income categories to qualify for Medicaid, not having enough income to purchase health insurance privately, not having employer-sponsored health insurance, or not being able to afford the premiums of employer-sponsored health insurance.

Health services for some uninsured individuals are available through the Fairfax County Community Health Care Network (CHCN), a partnership of physicians, health professionals, local government, and hospitals. CHCN provides comprehensive and primary health care to approximately 15,000 low-income, uninsured residents per year. The majority of individuals served are ages 21 and older and are working (or are supported by someone who is working). All CHCN participants have gross family income levels at or below 200 percent of the federal poverty level.



## BEHAVIORAL HEALTH SERVICES FOR ADULTS

### Prevention and treatment services are multifaceted.

Various types of behavioral health prevention and treatment services are available throughout the county through both public and private entities; these include the faith community; the Fairfax County Public Schools system; and various human services agencies that include the Fairfax–Falls Church Community Services Board (CSB), Department of Family Services, Health Department, and Office for Women and Domestic and Sexual Violence Services.

The CSB provides a safety net of vital services for individuals with developmental delays, intellectual disabilities, serious emotional disturbances, mental illness, or substance use disorders. As the single point of entry into publicly funded

**“If [behavioral health issues] are not addressed then it leads to problems in the community; and we are all in the community together.”<sup>61</sup>**

behavioral health care services, the CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers. While all residents can access CSB’s acute care, emergency, referral and wellness, as well as health promotion and prevention services, most other non-emergency CSB services are targeted primarily to people whose conditions seriously affect their daily functioning.

### Residents face challenges when accessing outpatient services.

Although it is difficult to determine the exact number of residents facing barriers when trying to obtain outpatient behavioral health services, community input points to the existence of various barriers. Needs stem from issues that include a lack of insurance coverage, a lack of financial resources to pay for health services, the location of services, and transportation barriers.

A highly complex web of public and private providers of behavioral health services exists within Fairfax County. Individuals in need of outpatient services often face difficulties in understanding the available choices, learning about the various eligibility and financial requirements associated with services, and finally obtaining assistance. The complexity of the system and lack of consistent information on outpatient services can be challenging for some residents and their families.



## Residential treatment services are prohibitive for many.

Residential treatment includes counseling, psychiatric services, medication management, case management, and services to assist with transitions back into the community. Services are provided in residential treatment settings that are matched to the level of care and duration needed per individual.

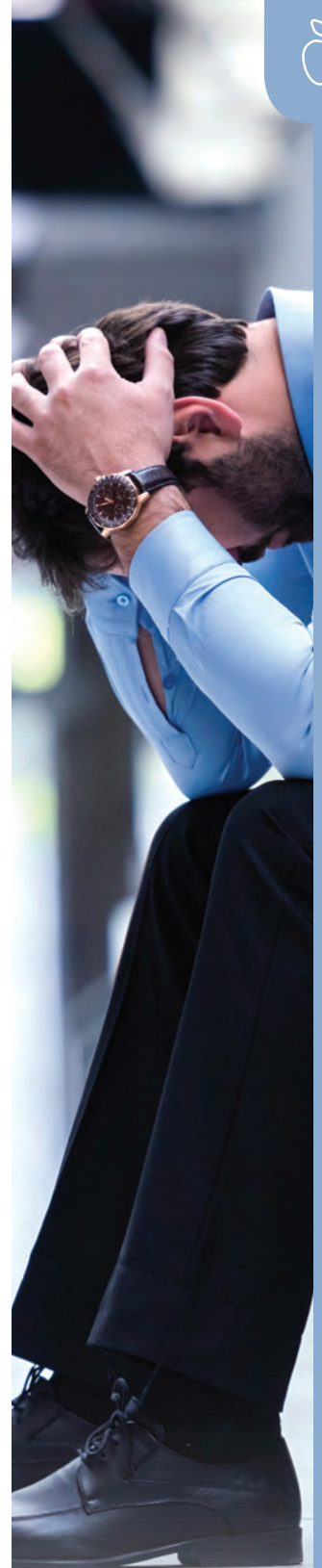
In both the private and public markets, many individuals face barriers when trying to access residential treatment services. In the private market, services are often cost prohibitive and have limited availability. Insurance plans that cover intensive residential substance abuse treatment may have deductibles or co-insurance terms that render treatment financially out of reach. Additionally, many private health insurers do not offer transitional and supportive residential services in their behavioral health plans.

Barriers within the public market are of a slightly different nature and often pertain to gaps in exit strategies from programs. The coupling of behavioral health services with affordable housing is critical for individuals to have the resources necessary to live to their fullest potential. Among residential treatment programs provided through the public sector, individuals often remain in programs longer than necessary because there is no viable housing option on program exit. Appropriate community resources include group homes, supported residential apartments, or assisted living facilities that can safely support the individual in a less restrictive setting. The extended residential stays of some residents, in turn, create barriers for people to enter programs due to system capacity.

## Therapeutic alternatives to incarceration are necessary.

Within Fairfax County, there is a need to reduce the number of people with mental illness who are incarcerated. According to the Fairfax County Sheriff's Office, as many as half of all Fairfax County Jail inmates at any given time have mental health or co-occurring substance use disorders.<sup>62</sup> Nationally, people with mental illness remain incarcerated four to eight times longer than those without mental illness for the exact same charge, for a cost of up to seven times higher.<sup>63</sup>

Behavioral health disorders negatively affect issues that both public safety and human services are designed to address, including the ability of an individual to achieve economic self-sufficiency, a healthy lifestyle, and sustainable housing. Therapeutic alternatives that divert low-risk offenders from arrest lead to improved outcomes for people with behavioral health disorders, enhanced public safety for law enforcement and residents, a decreased need for mental health interventions in jails, and decreased recidivism and costs for the county.





### Language, stigma, and cultural differences create barriers.

Input from the community described challenges or a reluctance faced by some residents in obtaining behavioral health services due to language and cultural differences as well as social stigma. As the county continues to become more ethnically diverse, continuing to build on a linguistically and culturally competent workforce will remain important.

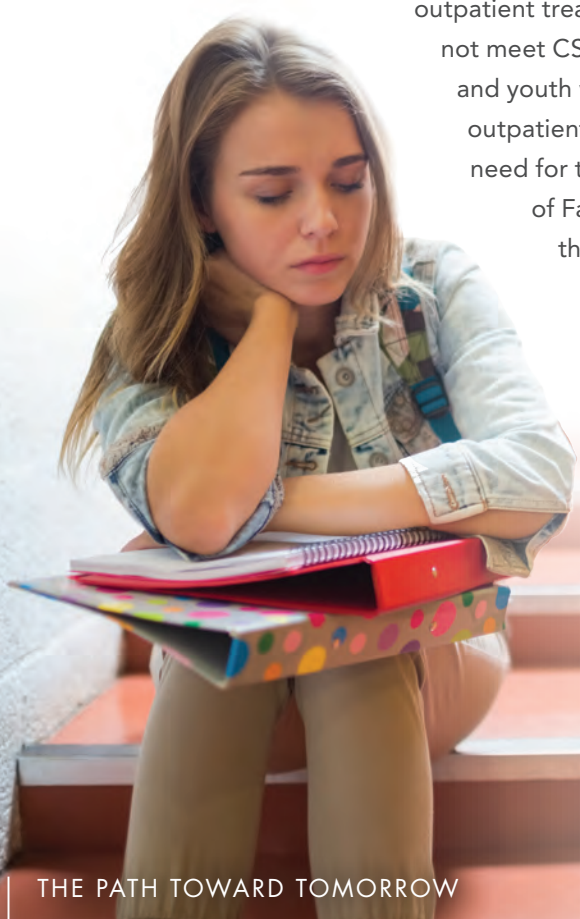
### Emergent mental health disorders, risk for suicide, and substance use are concerns for older adults.

Many older adults experience mental distress associated with limitations in daily activities, physical impairments, grief following the loss of loved ones, caregiving, challenging living situations, or an untreated mental illness such as depression. As the proportion of older adults in the county continues to increase, it is anticipated that there will be an increased need for psychiatric and substance use disorder services specifically designed for this population.<sup>64</sup>

## BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH

### Children and youth outpatient services are in demand.

Feedback from community members noted the lack of easily accessible and affordable outpatient treatment services for children and youth in Fairfax County who do not meet CSB eligibility criteria. Of particular concern is a gap for children and youth with mild to moderate anxiety and depression who need access to outpatient services. Results from the Fairfax County Youth Survey point to the need for treatment options for children and youth with depression. Overall, of Fairfax County Public Schools (FCPS) students who responded to the survey in 2014, 32 percent (10,198 students) indicated they had experienced depressive symptoms — a higher proportion than national averages.<sup>65</sup> A higher percentage of female students reported symptoms of depression than did male students.<sup>66</sup>







## Gaps exist in community-based services for children and youth.

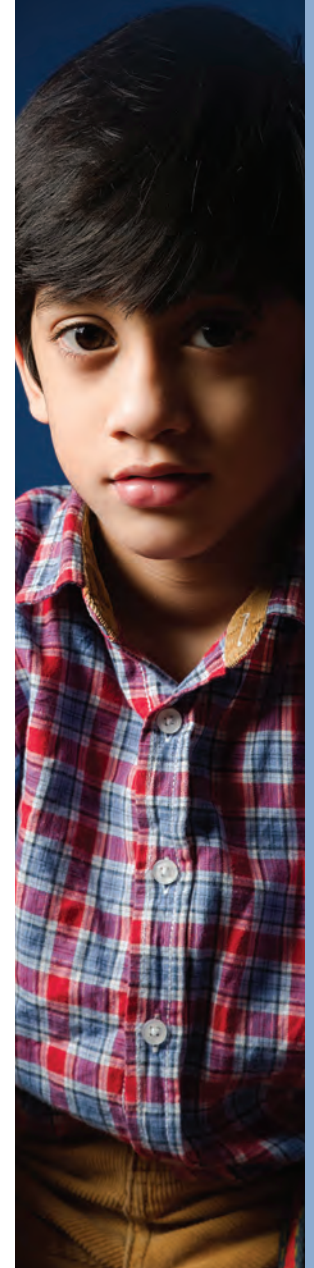
Behavioral health services are critical in order to help children and youth stay in their homes, reduce the need for residential treatment services, and successfully reach their academic goals. The FCPS system provides a wide range of assessment and counseling services for children, youth, and their families predominantly related to needs associated with school-based issues. However, children and youth who require intensive care coordination or case management services on a long-term basis are often unable to receive services from FCPS personnel and must seek treatment in the community. Input from community members illustrate the difficulty that some families have when trying to obtain the appropriate type and level of services to address behavioral health needs for their child. Families face challenges related to language and cultural issues, overall affordability and accessibility of providers, and access to trauma-informed providers. Importantly, the complexity of the system along with a lack of coordinated care and services among families, school personnel, and providers of behavioral health services are barriers in the community.

## Gaps exist in services for young adults who age out of programs.

Throughout Virginia, more public services are available for children in need of behavioral health services than there are for adults. This same trend holds true for Fairfax County. Gaps exist when youth age out of services or no longer qualify due to their age (typically at age 18). For young adults with high-intensity needs, aging out of programs and services can be a critical issue if

“Families and children in particular need access to services early, and this is often difficult. This leads to challenges down the road, particularly after a child turns 18 [years old] and then services are hard to obtain.”<sup>67</sup>

they are unable to receive the support needed to achieve optimal health. Youth who age out of residential treatment programs are particularly vulnerable — these individuals and their families often need access to treatment services as well as transitional supportive housing and case management services, which can be more challenging to obtain as an adult.



## DOMESTIC VIOLENCE SERVICES

### Domestic violence does not discriminate.

Domestic violence can occur among people of all ages, races, and ethnicities; of all economic, educational, and religious backgrounds; in heterosexual and same-sex relationships; living together or separately; and married or unmarried. Domestic violence affects one in four homes in Fairfax County and is a leading cause of homicide in our community.<sup>68</sup>

#### Every month in Fairfax County:



Domestic violence **hotlines** receive over 200 calls.



More than 160 **family abuse arrests** are made.<sup>69</sup>

### Domestic violence services are in demand.

A primary goal of court and legal advocacy services is to work with victims to enhance their safety. These services are provided through the Domestic Violence Action Center (DVAC), which is staffed by county agencies and nonprofit partners. Court and legal advocacy services facilitate access to the court and legal system as well as provide crisis intervention, safety planning, emotional support, and court accompaniment for victims of domestic violence, sexual violence, and stalking. From Fiscal Year 2013 to Fiscal Year 2015, the number of individuals served by DVAC increased by 47 percent.<sup>70</sup> Offender services are also a key ingredient in the coordinated community response to domestic violence. These programs hold offenders of domestic violence accountable for their behaviors and also work to develop compassion and empathy for their partners and themselves in an effort to eliminate future violence. Over the past three years, three certified batterer-intervention programs in Fairfax County have seen an enrollment increase of 38 percent (352 clients served in Fiscal Year 2013 and 486 served in Fiscal Year 2015).



## Reducing domestic violence increases positive outcomes for children.

Over the past three years, more than half of the residents at Artemis House, Fairfax County’s 24-hour emergency domestic violence shelter, were children under the age of 18.<sup>71</sup> Children from violent homes have higher risks of alcohol and drug abuse, post-traumatic stress disorder, and juvenile delinquency. Statistics demonstrate that witnessing domestic violence is the single best predictor of juvenile delinquency and adult criminal behavior.<sup>72</sup> The 2013 Fairfax County Youth Survey also shows that youth who witness domestic violence in their home

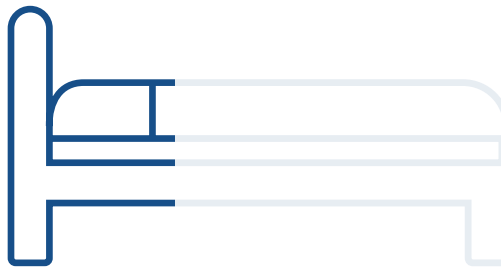
Lisa, four months pregnant, entered the emergency domestic violence shelter Artemis House with her young son. She was fleeing her husband, who was increasingly drinking, gambling, and becoming more aggressive. He was financially abusive and had restricted Lisa’s access to the family bank account. In a fit of paranoia, he physically attacked her. While at Artemis House, she received the resources needed to move out of state, where she had her family’s support throughout her pregnancy.<sup>74</sup>

are more likely to report depressive symptoms, have sexual intercourse, and become victims of teen dating abuse.<sup>73</sup> However, early identification and intervention for children exposed to violence and trauma can change those statistics through the promotion of healing and resiliency.

## There is a shortage of emergency beds.

The demand for 24-hour emergency shelter for victims affected by domestic violence remains high, and our jurisdiction lingers behind national standards for an adequate number of domestic violence shelter beds for a community of this size. The county’s 24-hour emergency domestic violence shelter, Artemis House, has 42 beds. Fairfax County residents are also eligible for shelter at the nonprofit Bethany House of Northern Virginia, which has 25 beds for the entire Washington, D.C., metropolitan area. Even with an estimated 10 of those 25 beds filled by county residents, our jurisdiction would have only 52 of the 160 recommended beds — or one-third of the national standard.<sup>75</sup>

Fairfax County has approximately **66% fewer** emergency beds than the national standard.







# CONNECTED INDIVIDUALS

Connected individuals are those of all ages, abilities, and income levels who have access to local services. They contribute to and are engaged in their communities.

## CONNECTED INDIVIDUALS are important for a community

Factors that help connect individuals include access to resources that promote financial and residential stability, opportunities to donate time and resources, opportunities to participate in activities of their choice, and support systems that enhance their well-being. While all of these factors strengthen connections for people, community members identified several key needs as critical in Fairfax County: affordable and accessible transportation options and information regarding human services.

Affordable and accessible transportation options are a critical component to ensuring that all residents are connected to resources, their places of employment, and others in their community. Likewise, access to information regarding human services is also critical to promoting the overall health and well-being of county residents. These connections allow residents to self-navigate and reach resources when and where they need them. The lack of action to address needs in these two areas can have significant consequences on the quality of life for all residents, limiting the ability of individuals to be connected and fully thrive in our community.

### KEY NEEDS

- AFFORDABLE AND ACCESSIBLE PUBLIC TRANSPORTATION SERVICES •
- ACCESS TO HUMAN SERVICES INFORMATION



## AFFORDABLE AND ACCESSIBLE PUBLIC TRANSPORTATION SERVICES

### Travel in Fairfax County is often grueling.

Public transportation systems were developed primarily for the purpose of addressing commuter needs. As employment opportunities have become more geographically dispersed and residential areas have become more developed, transportation needs have shifted. Many county residents do not work traditional 9-to-5 work hours. With limited off-peak operating hours and a system that isn't set up to accommodate simple errands (e.g., taking a child to child care or shopping for groceries), it can be challenging for residents to use public transportation.

### Local transportation is not straightforward.

It is often difficult to intuitively find and decipher public transit schedules, anticipate transfers, and estimate costs for many transportation options. Residents who have additional barriers, such as limited English proficiency, are further deterred from using the public transportation systems in place and accessing resources within the county. Input from the community supported these concerns, particularly for the older adult population and individuals with disabilities.





### **Coordination is limited among providers.**

There is limited strategic effort to coordinate transportation systems and programs, both inside the county and across jurisdictional lines, including those operated by the faith community, businesses, nonprofits, and government.<sup>76</sup> There is also a recognized need for mobility managers, who can help to promote the coordination of transportation systems and information to improve services for residents.<sup>77</sup>

### **Individuals with disabilities and older adults are particularly affected by public transportation issues.**

Public transportation systems and programs provide a critical resource by enabling residents to travel to work, engage socially, and perform activities of daily living. It is a means by which residents maintain their independence and self-sufficiency. For individuals with disabilities and older adults, this link is critical to helping them remain connected and active in their community. A main challenge that older adults and individuals with disabilities (of any age) face when accessing public transportation is commonly referred to as the “first- and last-mile gap.” When an individual uses a vehicle for transportation, it takes them from point to point; however, when using public transportation, individuals need to get from their location to the transportation hub. This often requires the individual to use more than one form of transportation, such as taking a taxi or shuttle, ride-sharing, walking, or bicycling to get to the hub. For an individual with a disability or an older adult, this is typically the most challenging part of using public transportation.



# ACCESS TO HUMAN SERVICES INFORMATION

## Information is not easily accessible.

Information about public and private resources available within the county is not always intuitively located or clear. Residents and service providers specifically voiced these concerns through community discussions. For residents who attempted to explicitly access human services information, both in person and online, individuals reported challenges in navigating the system or coordinating multiple services.

“The county needs to make more direct efforts to reach out and inform people about available services in addition to the website. The website is great, but other efforts are needed.”<sup>78</sup>

“The services are so complex. It’s hard to understand what’s available and what fits your need ... because many of these issues are interconnected.”<sup>79</sup>

## Internet access is unequal.

With a growing reliance on technology as a way to communicate information on human services, “digital divides” based on income and age are of concern within the county. Approximately one-quarter of all households in Fairfax County with household income levels under \$35,000 do not have Internet access from any source. For households with income levels ranging from \$35,000 to \$54,999, approximately 14 percent do not have Internet access. This compares sharply to approximately 1 percent of households with income levels greater than \$100,000 that do not have Internet access.<sup>80</sup>

The same trend holds true for families with children under age 18. Lower-income households with children are less likely to have Internet access compared to households with higher income levels. With a growing reliance on technology to both teach children and communicate with families, this is a concern within the county.

“Demographics make a difference regarding Internet access ... children in low-income families have access to the Internet through school but often do not have access at home, which puts them behind their peers.”<sup>82</sup>

Low-income households that include a person age 65 or older are also less likely to have Internet access. Specifically, among households with income levels of less than \$35,000 who have an older adult present, 43 percent do not have Internet access.<sup>81</sup> Likewise, among households with income levels between \$35,000 and \$54,999 who have an older adult present, 26 percent do not have Internet access.

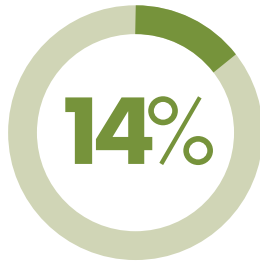




### Households without Internet Access, by Income



Less than  
\$35,000

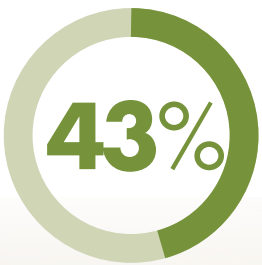


Between \$35,000  
and \$54,999



Greater than  
\$100,000

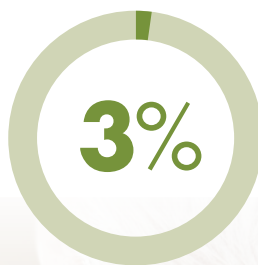
### Households with a Person over Age 65 without Internet Access, by Income



Less than  
\$35,000



Between \$35,000  
and \$54,999



Greater than  
\$100,000



PUTTING IT ALL TOGETHER:

# WHAT DOES THIS MEAN FOR FAIRFAX COUNTY?

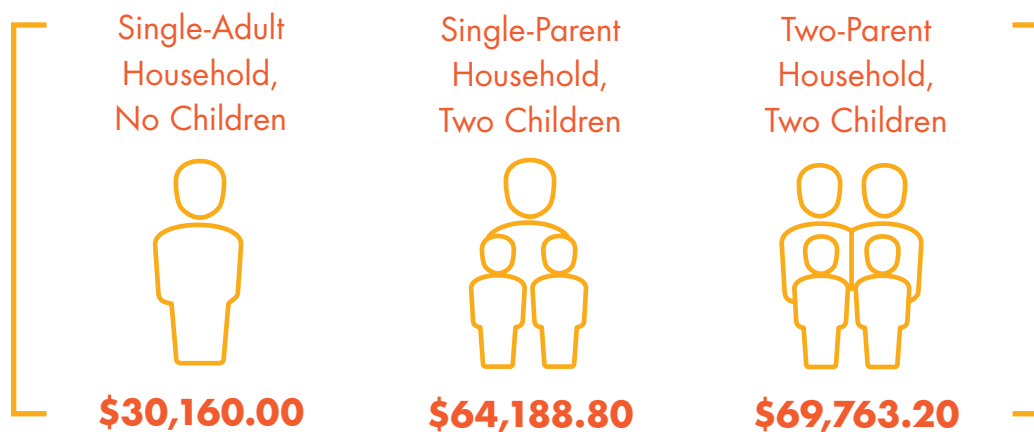
Collectively, the population, economic, and infrastructure changes occurring over the past decade in Fairfax County are having a profound effect on the landscape of the community by exacerbating the challenges many residents face. Community needs are increasingly crucial as many now cut across socioeconomic and demographic boundaries, no longer solely determined by income, race, ethnicity, or age.

While these challenges do not affect every household within the county, there is a ripple effect as the challenges grow and become more complex.

## Fairfax County is an expensive place to live.

Basic necessities such as housing, transportation, and food are costly, making it a challenge for some individuals and families to make ends meet, let alone prosper. To illustrate this point, a calculator developed by the Massachusetts Institute of Technology (MIT) highlights the hourly wage a person must earn to support his or her family working full time year-round.<sup>83</sup> This tool underscores how expensive it is to live in Fairfax County. The model calculates the wages necessary to afford such basic needs as housing, food, child and health care, and transportation; it does not account for money needed for other items, including savings, school equipment, retirement income, student loans, or home computers.

The information below illustrates the household composition and work status of a typical family within the county and the wages (converted to an annual salary) required to meet basic needs.



To put these annual wages into perspective, typical annual starting salaries for various critical professions within Fairfax County are listed below.<sup>84</sup> Using the MIT tool as a guide, if these individuals were single parents or sole earners of two-parent households, they would not earn the wages needed to cover their basic needs if they lived and worked in Fairfax County.



## Many residents do not earn enough to meet their basic needs.

As previously described, estimates show that a family of four in Fairfax County needs \$69,763 annually to afford basic necessities. Due to data limitations, it is difficult to precisely determine the number of families in Fairfax County who have income levels below this amount. Families who are particularly vulnerable within this population are those that have too much income to qualify for federal assistance programs (typically with income levels greater than 200 percent of the federal poverty level, or \$47,700 for a household with four members as of 2014) but do not have enough income to make ends meet.

Using a similar methodology as the MIT calculator, a recent study was conducted on the economic status of children in Fairfax–Falls Church families. Findings conclude that approximately one out of every three children live in a family with an income level that is insufficient to meet his or her basic needs without help from others. Children living in families with income levels below self-sufficiency are more likely to face high housing costs relative to their income level, live in overcrowded housing, lack health insurance, and receive government assistance.<sup>85</sup>

## Many residents are unable to get ahead.

While most public and private subsidies focus on assistance to meet the immediate financial needs of individuals and families, few programs are available to support long-term financial independence and wealth accumulation. Individuals and families are often able to accumulate wealth through homeownership and retirement savings.<sup>86</sup> These two types of assets, however, are increasingly more difficult for many Fairfax County residents to obtain. As noted earlier, homeownership rates have declined as a result of an increasing average cost of housing and a limited supply of affordable housing options. A high proportion of renters in the county are also housing cost-burdened, where 30 percent or more of their income per month must go toward housing costs.<sup>87</sup> These circumstances reduce residents' ability to save or develop other types of assets and limit their ability to weather unexpected emergencies such as a divorce, the loss of a job, or a health crisis.

## Changes hinder economic success and affect other outcomes.

Safe, stable, affordable, and accessible housing will continue to place a huge burden on many Fairfax County residents due to the high cost of living. Housing by itself is a significant issue in the county, but when linked to transportation options, employment opportunities, and access to community resources, its impact on the overall vitality of the community is more significant. Many individuals and families now face housing insecurities, which consequently affects their ability to work, succeed in school, and practice healthy behaviors.

Population, economic, and infrastructure changes underway in Fairfax County also affect the health of our neighborhoods, families, and individuals. Health and well-being encompasses a wide variety of prevention and intervention strategies in such areas as physical and mental health; abuse, violence, and neglect; and community protection against health threats. Collectively, these efforts and others help ensure vibrant and strong communities. Understanding how economic stressors, cultural norms and differences, and access to health resources affect overall well-being is key, particularly to ensure healthy starts for children and appropriate resources for adults as they age.

The capacity of individuals of all ages and abilities to access local services and engage in activities is critical. As the county continues to become more diverse and populous, it will become more important to ensure that individuals are not physically or linguistically isolated and can easily navigate resources when needed. Populations that are projected to grow in the future are those that have historically experienced the greatest number of barriers in the past, such as older adults and individuals with limited English proficiency.

The human services needs outlined in this report will not dissipate on their own. If left unaddressed, the breadth and complexity of needs now facing residents will decrease the ability for many in our county to attain the quality of life that once was an expectation, rather than an aspiration.

**As Fairfax County undergoes transformation, the notion that the human services system provides a critical safety net only to the very poor is a fading concept.**

All residents benefit from the collective body of human services. To ensure a vital and thriving Fairfax County, the community as a whole — residents, faith communities, nonprofit organizations, businesses, schools, public safety agencies, and county agencies — must [mobilize](#) into action and strategically examine these challenges. This requires building awareness and developing nontraditional collaborations outside of human services. Leveraging all sectors and collectively investing resources will allow for a modern approach to best serve individuals and families when and where they are most needed. This includes co-locating services, place-based initiatives, and technology strategies to provide flexibility in accessing information and services. All of these efforts require coordination, persistence, and patience, but they are the only way to transform the system and build a stronger community for all Fairfax County residents.

# APPENDIX A: METHODOLOGY

Findings from this report are based on quantitative and qualitative data collected through a variety of mechanisms and locations throughout Fairfax County. Data was compiled and analyzed to provide an overall picture of key needs currently facing residents. While many issues and challenges were identified through data collection and analyses, those that had the greatest impact on all Fairfax County residents were included in this report.

## Qualitative Data

To ensure a wide spectrum of viewpoints were represented in the qualitative data, specific outreach was conducted to obtain feedback from residents; nonprofit service providers; members of various boards, authorities, and commissions; faith-based organizations; representatives of the Fairfax County Public Schools system; business representatives; and subject matter experts from Fairfax County Government. Data was collected during the summer of 2015 in various locations throughout the county. Tools used to collect qualitative data were:

- Public forums, where participants identified and discussed key needs of Fairfax County residents (attended by approximately 120 residents).
- Community input sessions designed for service providers that focused on challenges within affordable housing, accessible housing, and behavioral health (attended by approximately 80 providers in total).
- Focus groups designed to obtain specific information on needs from residents who had received or were currently receiving assistance from the human services system (attended by approximately 25 residents).
- Ad hoc community feedback and meetings, where participants provided information on key needs facing individuals and families. Community meetings (approximately 24 groups) were structured through the “meetings on the go” tool, which provided groups with a set of standardized questions to discuss. Feedback was also collected through the use of independent voting opportunities, where residents indicated critical needs facing residents (used in approximately 21 locations throughout Fairfax County).
- A business roundtable discussion, where business leaders provided feedback on community needs and their impact on economic and workforce development issues (attended by approximately 15 representatives).

## Quantitative Data

A variety of quantitative data was collected and analyzed to develop an understanding of key trends occurring in Fairfax County as well as corresponding changes in needs over time. Key sources of data included the U.S. Census Bureau American Community Survey one-year summaries; an online Fairfax County public survey, which asked respondents to identify human services needs and populations most affected by these issues (approximately 1,300 respondents); Fairfax County Youth Survey data; statistics generated and published by Fairfax County’s Department of Neighborhood and Community Services, Economic, Demographic, and Statistical Research; information provided by Fairfax County programs and service areas; and ad hoc reports.

# APPENDIX B: MAP OF FAIRFAX COUNTY, VIRGINIA



# ENDNOTES

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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services, and activities. Reasonable ADA accommodations will be provided on request. For information, call 703-324-4600, TTY 711.

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