

# Trends and Emerging Needs Impacting the Fairfax County Human Services System

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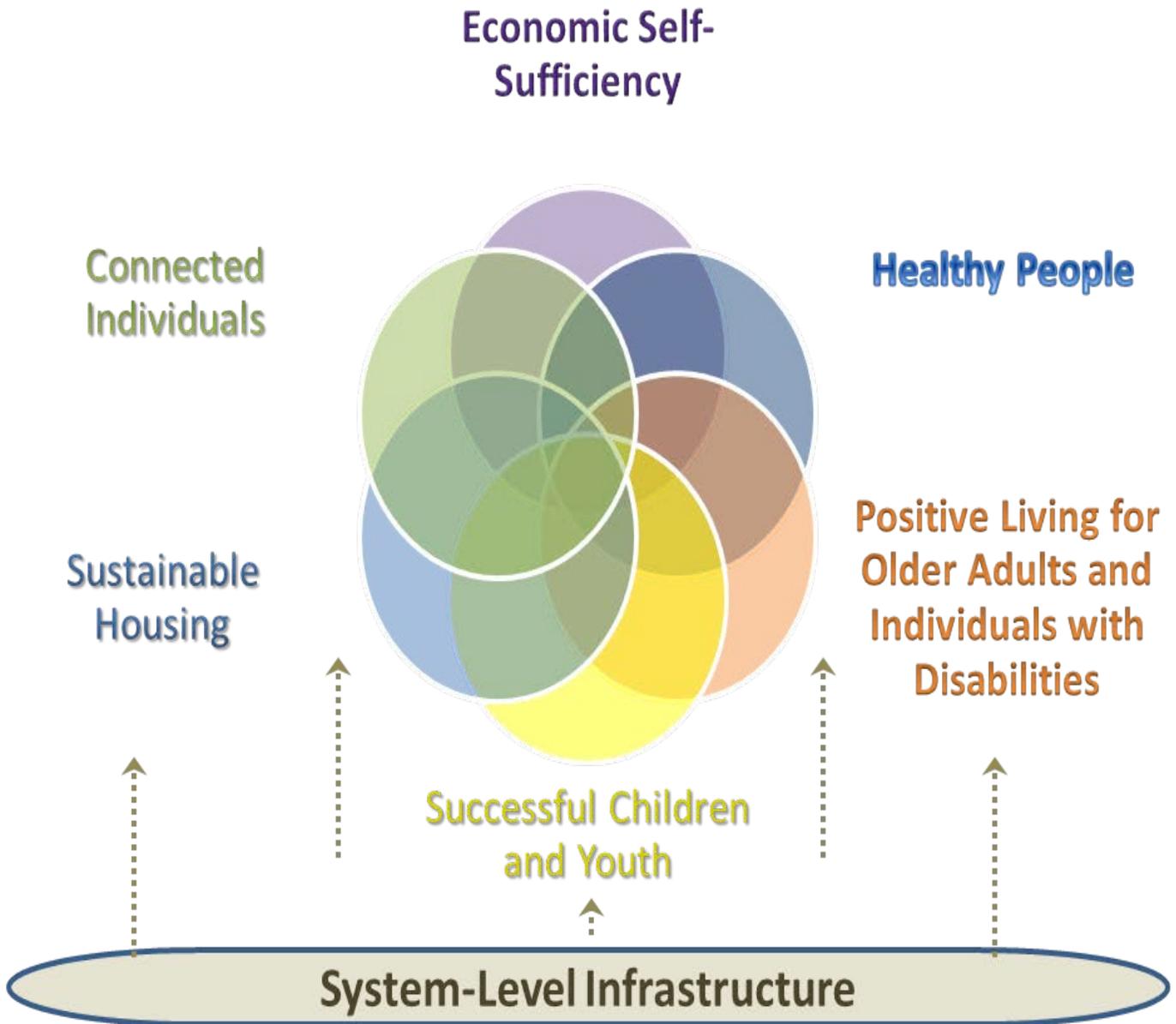


*Provided to the  
Human Services Council  
December 15, 2014*

*Revised January 12, 2015*

# FAIRFAX COUNTY HUMAN SERVICES SYSTEM FOCUS AREAS

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# INTRODUCTION

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Information contained in this document is intended to assist the Human Services Council members and other stakeholders as they review the county's FY 2016 proposed budget, by providing a compilation of the trends and emerging needs affecting the human services system in its delivery of services. The trends and emerging needs presented in this document are organized by six human services focus areas:

- ⊕ Connected Individuals
- ⊕ Economic Self-Sufficiency
- ⊕ Healthy People
- ⊕ Positive Living for Older Adults & Individuals with Disabilities
- ⊕ Successful Children & Youth
- ⊕ Sustainable Housing

System-Level Infrastructure trends and emerging needs are also cited, as the system infrastructure has a direct impact on the effectiveness of service delivery within the human services system.

All content within this summary report is sourced for further reference. Human services agency staff representatives have contributed and reviewed the content contained in this report.

Some recurring themes affecting service delivery across human services and traversing the focus areas include the following:

- ⊕ **Increasingly diverse population for which English is a second language could impede** the ability of residents **to be economically successful and socially integrated** within the county. **Limited English Proficiency** among Fairfax County Public Schools (FCPS) students is **increasing**. **Non-budgeted associated costs for mandated language interpretation and translation services** has continued to **increase** across the system, both in contracted and agency delivered services.
- ⊕ **Increasing reports of threats to one's personal safety** with the number of:
  - Domestic violence victims served rising;
  - Reports of suspected abuse, neglect, or exploitation involving older adults or incapacitated adults under age 60 increasing;
  - Families indicating domestic violence as the cause of homelessness rising;
  - Domestic relations intake complaints, including family abuse, climbing;
  - Children entering foster care and reporting that they have witnessed domestic violence reaching almost half;
  - 2013 Youth Survey student respondents reporting they bullied someone in the past year reaching almost half; and
  - 2013 Youth Survey student respondents indicating they were a victim of cyber bullying slightly increasing.

All of which **negatively impacts** the **stability of individuals and families**.

- ⊕ Emergent **behavioral health issues** (mental illness, risk for suicide) **faced by all ages – youth, adults, and older adults.**
- ⊕ **Lack of affordable housing options** especially for **low-wage earners** and among **very low-income** Fairfax County **residents with disabilities and older adults.**
- ⊕ **Increasing poverty among children** with more representation in food assistance programs. The number of those who are **economically disadvantaged is increasing for both children and youth.** Additionally, **more two-adult working households** are **living at 125% of the federal poverty level.** Individuals in need of **public assistance** (SNAP, Medicaid) are **on the rise.**

These and additional key themes are indexed for additional reference.

# ECONOMIC SELF-SUFFICIENCY



Economic Self-Sufficiency is the ability of individuals and families to maintain sufficient income to consistently meet their basic 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. The Fairfax County Human Services System seeks to help clients achieve their optimal level of economic self-sufficiency, acknowledging that some individuals will always require assistance due to a variety of physical, environmental, and behavioral reasons. Determinants of economic self-sufficiency include financial stability; educational attainment; literacy; family structure; health/disability status; and community connections.

Within the county, the human services system helps to promote economic self-sufficiency through a variety of mechanisms including: job training; employment counseling; work placement; basic skills training; education; English literacy and financial literacy training; and programs or services that are necessary to ready a participant to work (e.g., substance abuse treatment), help individuals remain at work or in school (e.g., health care, child care), strengthen youth development (e.g., parenting skills), and strengthen relationships to bolster self-sufficiency.

## Highlights:

- Poverty has increased in the county. Specifically:
  - the number of Fairfax County residents in poverty is approximately 65,000;
  - child poverty has increased substantially over the past five years (27%); and
  - the number of families who are slightly above the poverty rate (125% of poverty) grew over the past five years (by 24,000 individuals approximately).
- As poverty has increased, so has the number of individuals applying for public assistance. Food assistance has increased sharply including enrollment in SNAP and Free and Reduced-Price Meals.
- English language proficiency continues to be important and is linked to economic success – among individuals in poverty, almost 2/3 speak a language other than English at home.
- Housing continues to be difficult to afford in the county for low-wage earners.

## Trends & Emerging Needs

### Poverty

- From 2008 to 2013, the proportion of the Fairfax County population living below the **poverty level increased from 4.8% to 5.8% (from 47,832 to 64,851 residents)**.<sup>1</sup> The county's poverty rate is relatively low; however, due to its large population the county has more residents living in poverty than any other single jurisdiction in Virginia (64,851 residents in 2013).
- **Poverty among children (under 18 years of age) increased by 27%** from 2008 to 2013. This is roughly 4,200 more children in poverty (15,467 versus 19,704 children respectively).<sup>2</sup> Among Fairfax County Public School students, approximately 32% of kindergarteners in the 2013-14 school year were economically disadvantaged as well as 21% of seniors.<sup>3</sup>
- Due to the high cost of living in the county, it is often difficult to meet basic needs exclusively through low-wage employment. In 2013, a family of four with two adults working full-time at minimum wage (\$7.25 in Virginia) would earn approximately \$30,000 annually before taxes – slightly more than 125% of the federal poverty level (125% FPL = \$29,438; as reference, 200% FPL = \$47,100).<sup>4</sup> Between 2008 and 2013, the number of Fairfax County **residents living at 125% of the poverty level increased by approximately 24,000**.<sup>5</sup>
- **Fifty-one percent** of people receiving county services for mental illness, substance use disorder, or intellectual disabilities in 2013 had incomes below \$10,000.<sup>6</sup>

### Public Assistance

- As poverty has increased in the county, so has the number of individuals receiving public assistance. In FY 2014, the average monthly public assistance caseload rose to over 91,000 cases per month from an average of 82,000 the previous year. Continued increase in demand for services has been the trend in the past 10 years; all indicators show that this trend will continue as the county's population and the percentage of the population living in poverty grows. Additional staff resources are needed to support this increase in public assistance cases (DFS). In particular:
  - the average monthly caseload for **Supplemental Nutritional Assistance Program (SNAP) benefits** (formerly food stamps) **increased by 125%** from FY 2008 to FY 2014 (11,610 cases to 26,080 cases respectively)<sup>7</sup>
  - the average monthly caseload for **Medicaid benefits has also increased by approximately 51%** from FY 2008 to FY 2014 (37,130 cases to 56,213 cases respectively).<sup>8</sup>
- From 2003 to 2013, there were **over 18,000 more children enrolled in free and reduced-price meals** in Fairfax County (31,885 versus 50,629 children respectively). This equates to a 59% increase in the number of children enrolled in the program. In addition, the proportion of Fairfax County Public Schools students enrolled in the program increased as well, from 19% of the student population in 2003 to 28% of the student population in 2013.<sup>9</sup>
- As a safety net service, Coordinated Services Planning (CSP) is a point of entry into the human services system for vulnerable residents. Stress in the economy since 2008 resulted in a prolonged increase in the number of calls to CSP and a greater effort required by workers to coordinate the service response with nonprofit partners. Most recently, overall call volume to CSP trended slightly lower in FY 2012 and FY 2013; however from FY 2013 to FY 2014 **CSP experienced a 6% increase in**

**call volume (397 to 420 average number of calls per day).** In general, approximately 3 out of every 4 basic needs requests to CSP are met by community, public, and client resources, or a combination thereof.<sup>10</sup>

- Access to affordable child care is critical for working families with low to moderate incomes. In a county with a high cost of living, **the annual median income of families enrolled in the Child Care Assistance and Referral (CCAR) program is \$27,894.** Child care subsidies help families enter and remain in the workforce and ensure that their children are in safe and reliable child care arrangements. There are currently 759 children on the CCAR waiting list (as of Nov 5, 2014); this number is much lower than in previous years.<sup>11</sup>
- As a part of the its federal Moving to Work agency designation and **Total Housing Reinvention for Individual Success, Vital Services and Economic Empowerment (THRIVE) Initiative,** the Fairfax County Redevelopment and Housing Authority (FCRHA) is now implementing a “Housing Continuum.” **The THRIVE Housing Continuum consists of nearly all of Fairfax County’s and the FCRHA’s housing programs.** The THRIVE Housing Continuum assists individuals and families in achieving the greatest level of self-sufficiency of which they are capable by linking them with supportive services and moving them along the continuum to the level of housing support they need.<sup>12</sup>

#### **Employment Services**

- With the county's unemployment rate hovering a little above 4% over the past few years, the **number of job seekers served at the SkillSource Centers has leveled off at just over 42,000** in FY 2013 and FY 2014. The number of clients enrolled in intensive employment and training services remained relatively high at 4,086 for FY 2014 as more people who had given up looking for employment are returning to resume their job search. Enrollments in the Workforce Investment Act **Youth Program are expected to increase by 30% in FY 2015** due to programmatic changes and budget increases. This is a trend that is expected to continue under the new federal Workforce Investment and Opportunities Act (WIOA) which will become effective in FY 2016.<sup>13</sup>

#### **Income Inequality**

- Income inequality has also grown in the county. Data suggest this is due to **current residents losing economic ground,** rather than a growing number of low-income households moving into the county. From 2007 to 2012, there were real wage declines and job losses in lower paying industry sectors compared to real wage increases and net job gains in higher paying industry sectors resulting in greater income inequality.<sup>14</sup>

#### **English Literacy**

- Research shows a strong connection between command of the English language and economic prosperity. In 2013, two out of every five Fairfax County residents who spoke a foreign language at home indicate they spoke English “less than very well.” During the same year, **among residents living below poverty level, 61% spoke a language other than English at home compared to 39% who spoke only English.**<sup>15</sup>

# CONNECTED INDIVIDUALS



Connected Individuals are those of all ages and abilities who contribute to and are engaged in their communities as well as have access to local services. Factors which help connect individuals in their communities include financial and residential stability that promotes access to resources; opportunities to donate time and resources to others; opportunities to participate and contribute to activities of their choice; and natural and community support systems that enhance well-being.

Within the county, the human services system helps foster connections for individuals through a variety of mechanisms including transportation services; community resources and services such as sports activities and computer clubhouses; community stakeholder events; drop-in centers; peer services and supports; and linkage services for nonprofit organizations, community-based organizations, faith-based organizations, civic businesses, and education partners.

## Highlights:

- Over 26,500 individuals were engaged in volunteering activities through Volunteer Fairfax in FY 2013, which represents a 43% increase in the number of engaged individuals from the prior year.
- The majority of students in Fairfax County Public Schools engage in community service activities. According to the 2013 Fairfax County Youth Survey, 48% of respondents participated in some type of community service activities once a month or more. Additionally, 61% of the respondents indicated they spend at least one hour per week helping friends or neighbors.
- Approximately 384,000 people age five and older spoke a language other than English at home in 2013 in Fairfax County; an increase of 42% from the year 2000. These individuals may be more socially isolated due to language barriers and/or cultural differences.
- Transportation barriers can increase social isolation. A 2013 survey of older adults and individuals with disabilities in Fairfax County noted that approximately 1 out of every 4 survey respondents was unable to get to a destination in the past month due to a lack of accessible and affordable transportation in the county.

## Trends & Emerging Needs

### Engagement

- In FY 2013, the value of hours donated to the local Fairfax community by volunteers who were placed or referred by Volunteer Fairfax was over \$1.3 million. **Over 26,500 individuals were engaged in volunteering activities** through Volunteer Fairfax in FY 2013, which represents a 43% increase in the number of engaged individuals from the prior year.<sup>16</sup>
- The majority of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students in Fairfax County engage in community service activities. According to the 2013 Fairfax County Youth Survey, **almost half of respondents (48%) participate in some type of community service activities once a month or more**. This represents a decrease from 52% in 2012 and 49% in 2011. Additionally, **61% of the student respondents indicated they spend at least one hour per week helping friends or neighbors**; a decrease from 64% and 62% in 2012 and 2011 respectively.<sup>17</sup>
- In FY 2014, **74 new volunteers were trained to provide hotline, group, and other services** through Office for Women and Domestic and Sexual Violence Services (OFWDSVS). Eighty-seven percent of volunteers reported feeling better connected to the community through their volunteer service. This continues the trend of engaging the community in working together for change.<sup>18</sup>
- In FY 2014, **the Health Department Outreach Team served 23,423 community members through health promotion activities and outreach** to target populations. The Health Department is intensifying strategic efforts to engage ethnic, minority, and vulnerable populations through community partnerships and other population-based and culturally-appropriate methods.<sup>19</sup>
- The Valued Interns, Volunteers and Advocates (VIVA) program had **205 participants who provided 22,364 hours of service to the Community Services Board community** in FY 2014. Based on the Virginia Average Hourly Value of Volunteer Time, as determined by the Virginia Employment Commission Economic Information Services Division, the value of these VIVA services in FY 2014 was \$477,918.<sup>20</sup>
- In FY 2014, there were **504 volunteers** in the Health Department's **Medical Reserve Corps; 83% of the volunteers reported experiencing a stronger connection to their community** through their services.<sup>21</sup>

### Transportation Issues

- Transportation barriers can increase social isolation. A 2013 survey of older adults and individuals with disabilities in Fairfax County noted that individuals with the lowest annual household incomes were most likely to not leave their homes in a typical week due to transportation issues. **Approximately 1 out of every 4 survey respondents was unable to get to a destination in the past month due to a lack of accessible and affordable transportation in the county.**<sup>22</sup>
- Demand for transportation services continues to increase within Fairfax County. In addition, citizens consistently report a primary barrier to participation in county programs is the lack of transportation. From FY 2010 to FY 2014, the **number of unduplicated Human Services Transportation (HST) clients increased by 5%** (2,262 clients to 2,382 clients respectively). A cost-

saving program redesign to the Dial-A-Ride program at the beginning of FY 2014 transitioned some HST customers to the Taxi Voucher Program, thereby reducing the overall growth rate in customers over the past four years.<sup>23</sup>

- The Court Service Unit of **Juvenile and Domestic Relations District Court (JDRDC)** spent **\$37,342 in FY 2014 on one-way transportation trips** (bus tokens and cab vouchers) for clients without access to court proceedings, programs or services. **This reflects a 22% increase from FY 2012 (\$30,597).** Juvenile Accountability Block Grant funds, previously used for this purpose, are no longer available.<sup>24</sup>

### **Support Networks**

- Over the past two years, the Northern Virginia region has supported a successful **Peer Recovery Support Services pilot program** for adults with substance use disorders. **Positive results have included** reduced recidivism and relapse, increased self-sufficiency, and significant improvements in 12 core quality of life indicators, including a **22% increase in sobriety and a 20% improvement in employment.**<sup>25</sup>

# 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; have access to physical, oral, behavioral, and long-term health services; have healthy relationships; and are safe and free from abuse and domestic violence. Factors which promote health include health literacy; healthy living and working conditions; strong family structures; access to health care; social connectedness; and being prepared for emergencies.

The human services system promotes health through a variety of programs and services including (but not limited to) early interventions for toddlers and infants; substance abuse treatment; intellectual disability services; mental health services; domestic violence services; residential treatment; wellness and health promotion; environmental health; emergency preparedness; food safety, and patient care services.

## Highlights:

- Virginia's decision not to expand Medicaid under the Affordable Care Act to cover low income adults continues to place a strain on health safety net services to low income uninsured adults. An estimated 25,000 Fairfax County residents were projected to be Medicaid eligible as part of the expansion. Added publicity surrounding Health Care Reform resulted in more individuals applying for Medicaid coverage, however, many of these applications are being denied due to not meeting the program's eligibility requirements.
- There is a severe shortage of psychiatric beds across the Commonwealth, and Northern Virginia has, per capita, the lowest psychiatric bed capacity, both public and private. Northern Virginia also has the fewest crisis stabilization beds per capita.
- An increasing number of victims of domestic violence are being served by county programs and services. As an example, the number of victims served by the Domestic Violence Action Center increased 246% from FY 2012 to FY 2014.
- Fairfax County remains above the national average for depressive symptoms and suicidal ideation in public school students.
- Significant costs are associated with preventable illnesses and conditions. Statistics for Fairfax County estimate 11% of adults smoke and 22% are obese.
- Ongoing public health threats posed by emerging and re-emerging communicable diseases are exemplified by the recent Ebola outbreak in West Africa which has required a coordinated local response effort to monitor travelers.

## Trends & Emerging Needs

### Access to Care

- A 2011 survey of 1,300 adults on oral health in Northern Virginia found that lower-income adults are in greater need of dental implants and dentures and suffer more dental pain since they often cannot afford treatment. As a result, they put off needed procedures such as getting a tooth pulled. **Twenty-six percent of lower-income adults reported they need to have a tooth pulled, compared to just 6% of higher-income adults.**<sup>26</sup>
- There is a **severe shortage of psychiatric beds** across the Commonwealth, and Northern Virginia has, per capita, the lowest psychiatric bed capacity, both public and private. Northern Virginia also has the fewest crisis stabilization beds per capita.<sup>27</sup> Further complicating the bed shortage issue, from FY 2012 to FY 2014, **CSB experienced a significant increase in the number of people who were in need of temporary detention orders (36%) and emergency custody orders (42%).** Furthermore, recent legislative changes to the civil commitment process extending the maximum duration for each of these orders are expected to result in further increases in temporary detention orders and emergency custody orders.<sup>28</sup>
- At present, according to the Northern Virginia Mental Health Institute, 21-23% of Northern Virginia's local state **hospital beds are occupied by individuals who are deemed clinically ready for discharge, but who are unable to transition to community care due to a lack of services and supports.** The cost to serve individuals in the community, even those in need of intensive services to manage serious mental illness, is a fraction of the cost of providing such services in a hospital setting.<sup>29</sup>
- In FY 2014, **74 families were turned away from Artemis House, the county's 24-hour emergency domestic violence shelter.** An additional **82 families were placed in hotels** until space became available for them in the shelter.<sup>30</sup>
- Research indicates individuals living with serious mental illness face an increased risk of having chronic medical conditions. **Adults living with serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions.**<sup>31</sup> Co-location of services at the new Merrifield Center, opening in early 2015, creates an opportunity for seamless, integrated service delivery, with behavioral health services, primary health care and pharmacy services offered.<sup>32</sup>
- While the number of students enrolled in the Fairfax County Public School (FCPS) district has increased, the number of public health nurse positions in FCPS has remained unchanged at 62 positions since 2011.<sup>33</sup> Overall, **one out of every four students has an identified medical condition that requires a health care plan (approximately 46,000 students)** with the number of students that require support for their health condition increasing by 3% (or 1,580 additional students) since 2012. The number of FCPS student visits to school health clinics has decreased since 2012.
- **A reported decrease in primary and specialty health care providers accepting new patients with Medicaid or Medicare insurance coverage** is creating a shortage of available medical care for low income patients and older adults, due in part to inadequate state reimbursement rates for covering the cost of care.<sup>34</sup> Medicaid reimbursement rates have remained static since the 1990's.<sup>35</sup>

### Behavioral Health

- In 2012, there were an **estimated 43.7 million adults aged 18 or older in the U.S. with any mental illness in the past year**. This represented approximately 19% of all U.S. adults.<sup>36</sup> Also in 2012, there were an estimated 9.6 million adults aged 18 or older in the U.S. with serious mental illness. This represented 4% of all U.S. adults.<sup>37</sup>
- Fairfax County remains **above the national average for depressive symptoms and suicidal ideation in public school students**.<sup>38</sup>
- **Victims of teen dating violence do not access services at the same rates that the victimization is occurring**. Between FY 2011 and FY 2014, calls from victims aged 13-17 years old decreased 72% and calls from victims aged 18-24 years old decreased 38%, while national reports show the number of teens and young adults reporting being victimized has increased. Because victims are not using the traditional hotline as a means to entering services, OFWDSVS is increasing outreach efforts to ensure access to counseling and advocacy services for these victims.<sup>39</sup>
- Based on the standardized Massachusetts Youth Screening Instrument which is used when **youth are detained or placed in shelter care, the percent of youth scoring in the caution or warning ranges on the instruments six mental health indicators are noteworthy**. In FY 2014, about a third of youth placed in detention or shelter care scored at the caution or warning levels on the alcohol/drug use, anger/irritability, depression/anxiety, somatic complaints, and thought disturbance scales. Sixteen percent of youth scored at caution/warning levels on the suicidal ideation scale and 21% scored at this level on the traumatic experience scale.<sup>40</sup>
- According to a 2014 report by the Department of Behavioral Health and Developmental Services (DBHDS), **nearly 400,000 Virginians engaged in non-medical use of pain relievers in 2013, primarily those aged 18-25**. Individuals who have used opiates often shift to heroin, as prescription drugs become less available. Locally, **opiate/synthetic use reported by individuals served by the CSB increased by 22%** from 2009-2014. This takes into account all reported use of use of any opiates, including heroin and prescription drugs.<sup>41</sup> Emergency Medical Services is reporting an average of 10.17 patient contacts per month that are suspected overdoses of heroin or other opioids. This is an increase over 3.42 contacts per month two years ago and 6.25 last year. National trends indicate **increasing use of heroin, in particular among young adults**.<sup>42</sup>

### Family Stability

- A 2013 report to the Domestic Violence Prevention, Policy & Coordinating Council notes that **every month** in Fairfax County, domestic violence hotlines receive almost 260 calls, victims request 65 family abuse protective orders, **14 families escape to an emergency domestic violence shelter, and over 160 domestic violence arrests are made**.<sup>43</sup>
- **Domestic relations intake complaints are up 9%** from FY 2010, including child custody and visitation disputes, child and spousal support disputes, and family abuse.<sup>44</sup>

- The Office for Women & Domestic and Sexual Violence Services (OFWDSVS) has seen a **150% increase (up to 360 clients) in court consultations** to provide victims the education and support in the civil and criminal court process and a **750% increase (up to 114) in court accompaniments** from FY 2012-FY 2014.<sup>45</sup>
- Service **demand for the Stronger Together Supervised Visitation & Child Exchange Program has remained steady**. This program helps children visit with their non-residential parent, targeted to families that have experienced difficulty interacting in a non-threatening, appropriate manner. This program reports about 80% of their client's self-report domestic violence as a cause for being ordered to supervised visitation. An additional grant-funded program, Safe Havens Visitation and Exchange program focuses exclusively on families involved in domestic violence.<sup>46</sup>
- Over the past two fiscal years awareness of the comprehensive services offered by Fairfax County Domestic Violence Action Center (DVAC) has grown significantly. **The number of victims served by DVAC increased 246%** from FY 2012 to FY 2014 (279 individuals to 964 individuals respectively).<sup>47</sup>
- The 2013 Fairfax County Youth Survey revealed that **6% of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade student respondents (or 2,052 students) reported their parent hurt from actions by a spouse or partner**. Also, in Fairfax County, 17% of child protective services intakes involve domestic violence and **43% of children entering foster care reported witnessing domestic violence**. The Domestic Violence Policy, Prevention, and Coordinating Council recommended that the community focus on providing services for children who have witnessed domestic violence. In FY 2014, OFWDSVS was able to obtain a grant to develop a counseling position to work with these children.<sup>48</sup>
- An emerging trend seen by Domestic Violence Action Center over the last six months of FY 2014 is a **346% increase in the numbers of military affiliated domestic violence victims** served. Due to enhanced coordination and awareness with Fort Belvoir, victims are being provided more comprehensive services to include military and community based advocacy and resources.<sup>49</sup>
- Of the 695 persons in homeless families in 2014, **33% indicated they were homeless due to domestic violence**, an increase from 27% in 2013.<sup>50</sup>

### Health Coverage

- In 2013, an estimated **129,716 (or 11.6%) Fairfax County residents did not have health insurance**. This represents a decrease from 132,872 residents (or 12.2%) in 2011.<sup>51</sup>
- **Virginia is one of 23 states that have not acted to expand Medicaid** under the Affordable Care Act to serve an estimated 200,000 individuals. An estimated **25,000 Fairfax County residents** were projected to be Medicaid eligible as part of the expansion. The result is continued **strain on the current health safety net providers**, including the Fairfax-Falls Church Community Services Board, the Fairfax County Community Health Care Network, Inova hospital system, and federally qualified health centers serving Fairfax-Falls church residents. Without access to the federal funding, uncompensated care costs continue at the local level, and require needed local tax dollars to be diverted to cover the cost of primary care and behavioral health services. Individuals with severe and multiple illnesses, including diagnosed serious mental illness, and other chronic health conditions are in need of preventive care and ongoing health services to prevent more costly intensive acute care.<sup>52</sup>

- Health Care Reform continues to play a major role in shaping demand for services, the type of services provided, and how they are funded. The added publicity surrounding Health Care Reform resulted in more individuals applying for Medicaid coverage. However, since Virginia has not expanded its Medicaid program yet, many of these applications are being denied due to not meeting the program's eligibility requirements. **The number of individuals receiving Medicaid in the county has increased, but not commensurate with the number who have applied.** The "doughnut hole" – **those who do not qualify for Medicaid, but are too poor to qualify for subsidies** through the Federal Marketplace – are still in need of local supports to meet their healthcare needs.<sup>53</sup>
- As of April 2014, over **47,000 health plan enrollments for health insurance were selected by Fairfax County residents on the Health Insurance Marketplace during the first open enrollment** period of the Affordable Care Act (ACA). Fairfax County represented approximately 23% of the commonwealth's total ACA enrollments during this timeframe.<sup>54</sup>
- Approximately **4,000 current Community Health Care Network (CHCN) clients would have been eligible for Medicaid** if the eligibility criteria were expanded to 138% of the federal poverty level, per the Affordable Care Act. Regardless, the **CHCN waiting list has been reduced** from over 7,300 individuals in March of 2013 to 781 individuals in September 2014. The 20,434 patients enrolled and served during FY 2014 represent a slight decrease from the previous year due to the implementation of the Affordable Care Act.<sup>55</sup>

### Health Literacy

- The U.S. spends hundreds of billions of dollars annually to treat preventable illnesses and diseases. In 2013, health care expenditures tied to smoking total \$96 billion. Costs associated with conditions caused by obesity include more than \$43 billion.<sup>56</sup> Related **2014 statistics for Fairfax County estimate 11% of adults smoke and 22% are obese.**<sup>57</sup> Over 5% of students who responded to the 2013 Fairfax County Youth Survey reported using smokeless tobacco products, a trend that has been increasing. **More youth now use smokeless tobacco than smoke cigarettes.**<sup>58</sup>
- The Institute of Medicine has estimated that **nearly half of all Americans have difficulty understanding and acting upon health information.** Studies have shown that people with low health literacy understand health information less well, get less preventative health care and use expensive health services such as emergency department care more frequently.<sup>59</sup>

### Response Preparedness

- Although many states have made significant improvements in their public health preparedness efforts over the past decade, **persistent gaps still exist in the ability to respond to emergencies including serious disease outbreaks, extreme weather events, and bioterrorist threats.** In 2012, Virginia was ranked relatively strong on state public health preparedness except in the areas of state funding for public health; vaccination rates for whooping cough; and Medicaid coverage for flu shots.<sup>60</sup>

- **Communicable disease investigations by the Health Department increased 9% from CY 2010 (3,976) to CY 2013 (4,331).** Ongoing public health threats posed by emerging and re-emerging communicable diseases are exemplified by the recent Ebola outbreak in West Africa which has required a coordinated local response effort to monitor travelers arriving in this area from affected regions for a 21-day period. This type of response has required reallocation of existing resources from across the Health Department, partner agencies, and community volunteers and has impacted the delivery of core Health Department services (e.g., immunizations, travel vaccines, school health services). To effectively respond to communicable disease outbreaks, the local public health system must have adequate resources, including well-trained staff, to respond to communicable disease outbreaks and concurrently provide core public health services.<sup>61</sup>

### **Safe Food**

- The restaurant and food service industry in Fairfax is one of the most diverse in Virginia in terms of employees and owners, creating **challenges for education and ensuring safe food handling.** Education and outreach targeting food employee health policy requirements resulted in a **compliance rate of 84%** in FY 2014 compared to 35% in FY 2011. The number of food service establishment inspections has increased since FY 2012 to 7,759 in FY 2014. The recent trend of mobile food trucks in Fairfax has led to an increase in permits issued and inspections completed. A new risk-based assessment tool was developed in FY 2014 to better align inspection frequency with the risk for foodborne illness and the historical compliance of a food service establishment. Inspection frequency will range from one to four times per year.<sup>62</sup>

# POSITIVE LIVING FOR OLDER ADULTS & INDIVIDUALS WITH DISABILITIES

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Positive Living for Older Adults and Individuals with Disabilities is fostered through affordable and accessible supports that allow for the least restrictive daily living environment; access to community services and amenities; employment with reasonable accommodations; opportunity for social engagement; and health services that promote independence.

The Fairfax County human services system seeks to facilitate and support individuals living and thriving in their community of choice. Determinants of positive living include financial stability, engagement, living and working conditions, health care, and support networks. The human services system promotes positive living through a variety of programs and services including (but not limited to) adult day health care; adult protective services; day support and employment services; health and wellness services; home delivered meals; inpatient and outpatient services; Northern Virginia Long Term Care Ombudsman; residential services; senior centers; support coordination; therapeutic recreation; transportation; and volunteer services.

## Highlights:

- The proportion of the Fairfax County population comprised of adults aged 65 and over is increasing. In 2013, approximately 10% of the population was comprised of older adults. By 2020, older adults are expected to comprise 14% of the population.
- Approximately one out of every four older adults (65+) in Fairfax County has a disability. The number of older adults with a disability has increased.
- Reports of suspected abuse, neglect, or exploitation involving older adults or incapacitated adults under age 60 increased 21% from FY 2008 to FY 2014.
- Emergent mental health disorders, risk for suicide, and substance abuse are concerns for older adults. Among those who committed suicide in the Fairfax-Falls Church community from 2003 - 2011, the highest rates were for individuals ages 75-84 years of age (19%), followed by ages 45-54 (12%), and 85 years of age and older (11%).
- Among very low-income Fairfax County residents with disabilities and very low-income older adults, an estimated 17,600 households have unmet housing needs.
- Fairfax County households with a disabled member(s) have higher percentages of housing problems (e.g., incomplete kitchens and/or plumbing facilities; high housing costs) compared to households without a disabled member.

## Trends & Emerging Needs

### Demographic Changes

- There were approximately 119,000 older adults (age 65 and over) living in Fairfax County in 2013 (10% of the population).<sup>63</sup> By 2020, this number is projected to increase to approximately 159,000 adults, comprising approximately 14% of the population. **By 2030, it is estimated the population of adults 65 and over will comprise 15% of the county population.**<sup>64</sup>
- Based on U.S. Census estimates, **the county experiences a net outmigration of individuals age 50 to 84 years** with many of these persons moving to other locations within the state. **Among persons 85 years and older there is a net in-migration to Fairfax County.** In addition, adults age 70 and older who moved to the area are more likely to be widowed than those who moved out of the area. This may indicate that one of the reasons older adults move to the area is to relocate near other family members, perhaps for support as they age.<sup>65</sup>
- Although the proportion of the county population, aged 65 years or more, with a disability has remained relatively flat from 2007 to 2013 (approximately 26%), the **number of older adults with a disability has increased** from 24,231 individuals to 32,603 individuals respectively.<sup>66</sup>

### Behavioral Health

- Emergent mental health disorders, risk for suicide, and substance abuse are tremendous concerns for older adults. Many older adults experience mental distress associated with limitations in daily activities, physical impairments, grief following loss of loved ones, caregiving or challenging living situations, or an untreated mental illness such as depression. Suicide among older adults has been noted as a critical issue in Virginia. Among those who committed suicide in the Fairfax-Falls Church community from 2003 – 2011, the **highest rates were for individuals ages 75-84 years of age** (19%), followed by ages 45-54 (12%), and 85 years of age and older (11%).<sup>67</sup>

### Health Coverage

- Among **adults, 65 years or older** in Fairfax County, approximately **3.4% do not have any health insurance** (4,152 individuals).<sup>68</sup>
- As of FY 2014, nearly **50% of persons receiving Community Services Board services report no health plan coverage.**<sup>69</sup>
- As of FY 2014, Fairfax County has over **1,200 individuals with Intellectual Disability on the statewide Medicaid Waiver wait list.** Of those, 802 are considered in urgent need.<sup>70</sup>
- Medicaid and Medicare Virginia's Commonwealth Coordinated Care (CCC) program is the statewide initiative to coordinate the delivery of primary, preventative, acute, behavioral and long-term services and supports for dual-eligible individuals. As of October 31, 2014, approximately **22% of the 27,000+ enrollees statewide have identified with behavioral health issues.** Total enrollment is roughly 1/3 of Virginia's original estimate of individuals eligible for the CCC program. While only one Medicaid-Medicare Plan is currently available in Northern Virginia, the CSB estimates that 550 service recipients are eligible for this coordinated care program.<sup>71</sup>

- Virginia Governor McAuliffe has submitted a request to the Centers for Medicare and Medicaid Services (CMS) to allow the Commonwealth to test and implement Medicaid coverage through innovative program designs that do not meet federal program rules. This §1115 **Waiver application seeks to provide a limited benefit package of medical and behavioral health services to qualifying Virginians who suffer from a serious mental illness** and live at or below 100% of the federal poverty level. The Governor’s Access Plan (GAP) program is intended to be a state-designed and administered program and not an expansion of Medicaid. Among those served by the CSB, a minimum of **660 individuals meet the GAP criteria**. These individuals are between the ages of 19-64, have a serious mental illness, are uninsured, and incomes below \$11,670 for a single household size.<sup>72</sup>

### Poverty

- The proportion of individuals with a disability who live at or below the federal poverty line is higher than individuals without a disability. In 2013, **approximately 11% of individuals with a disability lived in poverty compared to 5% of individuals without a disability**. This trend has been relatively stable over the past five years.<sup>73</sup>
- Overall, the proportion of older adults who live at or below the federal poverty line is comparable to that of the whole population in Fairfax County. In 2013, **approximately 5% of adults aged 65 years or older lived below poverty in the county** (as compared to approximately 6% overall for the county).<sup>74</sup>

### Day Support & Employment .

- In 2013, among individuals 18 to 64 years of age in the county, **a lower percentage of individuals with a disability were employed (56%), compared to individuals without a disability (83%)**. Although the proportion of individuals with a disability who were employed has fluctuated over the past five years, it has consistently remained lower than for individuals without a disability.<sup>75</sup>
- There is a national trend to end sheltered employment programs, in which people with disabilities are paid based on their productivity compared to the productivity of a minimum wage worker (referred to as “commensurate wages”). Locally, **two of the four Community Services Board (CSB) providers are discontinuing sheltered employment** but will offer alternative and more costly services. It is anticipated that this trend will continue and will impact CSB costs for services.<sup>76</sup>
- Approximately **100 special education graduates with intellectual disability leave the school system every year**, with the largest number ever in 2014 (120 graduates). Day support and employment services, which are actively sought by these graduates, are provided directly by the CSB through the Cooperative Employment Program and Self-Directed Services program and by community based not-for profit organizations under contract with the CSB. While some graduates receive funding for these services through the Medicaid Waiver, additional local funding is typically needed annually.<sup>77</sup>

## Housing

- The Community Services Board will experience significant change as a result of 2012 settlement agreement between the U. S. Department of Justice (DOJ) and the Commonwealth of Virginia. This settlement agreement will reduce the number of people with intellectual disability currently residing in state training centers, and generates resources needs for staffing, day support, and housing for people with complex needs. Currently, **there are 73 residents of Fairfax County and the cities of Fairfax and Falls Church in state training centers, 56 of whom reside at the Northern Virginia Training Center.** Residential, employment and day support services in Northern Virginia are already at capacity and expansion is impeded by high real estate and service delivery costs and insufficient waiver rates.<sup>78</sup>
- Fairfax County **households with a disabled member(s) have higher percentages of housing problems** (e.g., incomplete kitchen and/or plumbing facilities; high housing costs) compared to households without a disabled member.<sup>79</sup>
- Among very low income Fairfax County residents with disabilities and very low income older adults, an estimated **17,600 households have unmet housing needs.**<sup>80</sup>
- The Fairfax County Redevelopment and Housing Authority (FCRHA) currently **owns and operates 504 units of rental housing for active seniors, and 112 beds of assisted living.** The **need for affordable senior housing continues to grow**, along with the senior population in Fairfax County. Based on the forums conducted as part of the 50+ planning process, seniors reported that they want affordable, walkable housing that is connected to the larger community. They also want to be able to remain in their own homes, and to understand how their homes can “evolve” to meet their needs as they age. They also want to see universal and accessible design incorporated into the new communities being built in the county.<sup>81</sup>
- Nearly **one-third of the households served** in the FCRHA’s major multi-family housing and rent subsidy programs **included at least one member with a disability.**<sup>82</sup>
- **Medicaid pre-admission screenings for Community Based Care**, including the Elderly or Disabled with Consumer Direction (EDCD) Waiver and PACE (Program for All-Inclusive Care for Elderly), **have increased** from 929 (includes 142 children) in FY 2012 **to 995 (includes 121 children) in FY 2014.** Medicaid screenings for nursing facilities are slowly declining from 123 in FY 2012 to 92 in FY 2014. This trend is supportive of helping older adults and individuals with disabilities live in their own homes.<sup>83</sup>
- In 2014, approximately **55% of all single adults who were homeless suffered from serious mental illness and/or substance abuse** (294 individuals) and many had chronic health problems and/or physical disabilities.<sup>84</sup>

## Support Networks & Services

- **Calls to the Aging, Disability and Caregiver Resource (ADCR) line have increased** from 12,843 in FY 2012 to 16,159 in FY 2014. This phone line is heavily advertised as providing intake for Adult Services and the Area Agency on Aging, as well as for Neighborhood and Community Services’ senior centers and the Health Department’s adult day health centers. ADCR social workers also provide consultation for caregivers and receive Adult Protective Services’ referrals.<sup>85</sup>

- **Reports of suspected abuse, neglect, or exploitation** involving older adults or incapacitated adults under age 60 **increased 21% from FY 2008 to FY 2014** (854 to 1,031 valid adult protective services reports investigated, respectively).<sup>86</sup>
- The **number of volunteers who donated their time to provide services for older adults and adults with disabilities increased by 44%** from FY 2012 to FY 2014. Volunteers are available in the community, but the recruitment process requires on-going efforts of advertising and developing partnerships with local businesses.<sup>87</sup>
- Although caregivers consistently report many positive outcomes for participants in the Adult Day Health Care Program (i.e., improved mood, physical health, involvement in meaningful activities, ability to remain in the community), **average daily attendance has decreased 9% since FY 2013**. This is due to a number of reasons: 1) lack of transportation, 2) severe weather events, 3) shorter length of stays, and 4) increased number of alternative long term care options available to community members. Three years ago the first Program for All-Inclusive Care for the Elderly (PACE) was established in Fairfax County. A core service of this program is adult day health care. Additionally more than 30 new home health agencies or branches have opened in the county over the last 10 years, as well as 12 new assisted living facilities that provide dementia care services. As the diversity of the county has increased, centers targeting the needs of specific ethnic populations have emerged.<sup>88</sup>
- Since FY 2010, **attendance at Neighborhood and Community Services Senior Centers has increased by 14%**. The rise in attendance has placed a strain on staff-to-participant ratios, center capacities, transportation demands, and programming capabilities. To relieve some of the demand in the central portion of the county, a senior center will be housed in the new Providence Community Center scheduled to open in FY 2015.<sup>89</sup>

# SUCCESSFUL CHILDREN & YOUTH



Successful Children and Youth are cared for by nurturing adults who support their healthy growth and development; live in safe environments free from abuse, neglect, and trauma; have basic necessities; have access to suitable recreational opportunities; have access to quality early care and education that fosters school readiness; choose healthy over risky behaviors; and have supports to develop employment and independent living skills. Factors which promote success for children and youth include having their basic needs met; access to support networks; access to health care; strong family structures; appropriate living conditions; and access to quality early care and education.

The human services system promotes successful children and youth through a variety of programs and services including (but not limited to) after-school programs and resources; child abuse prevention; child care assistance and referral; child protective services; community-based school transition services; family preservation services; foster care and adoption; gang intervention and prevention; intervention and treatment for at-risk children and youth; probation services; residential programs for court-involved youth; and school health support services.

## Highlights:

- Fairfax County remains above the national average for depressive symptoms and suicidal ideation. 2013 Youth Survey findings indicate 17% of students considered suicide in the past year.
- Children in the county are increasingly represented in food assistance programs – 28% of Fairfax County Public School students were eligible for free or reduced-priced meals during the 2013-2014 school year. Over one-third of kindergarten students have been eligible in the past two years.
- In fall 2012, 16% of kindergarteners in Fairfax County Public Schools did not meet reading intervention benchmarks and were referred for services.
- Enrollment in Head Start/Early Head Start programs in the county has continued to increase.
- Disparities exist in the proportion of students who graduate within four years of starting 9<sup>th</sup> grade in the Fairfax County Public School (FCPS) system. In 2014, the overall on-time graduation rate for FCPS was 93%. This rate was lower for Hispanic students (81%); Black students (91%); students who were economically disadvantaged (84%); Limited English Proficiency students (83%); and students who were homeless at any time (70%).
- The number of Limited English Proficiency (LEP) students in Fairfax County Public Schools increased by approximately 10,000 individuals from 2008 to 2013 (39,620 versus 49,443 students respectively). In addition, a larger proportion of the student body is now comprised of LEP students than in the past (23% of all FCPS students were LEP in 2008 versus 27% in 2013).
- In FY 2014, there was a 7% decrease in the number of calls received by the Child Protective Services (CPS) Hotline and a 5% decrease in the number of validated CPS referrals, compared to FY 2013. This represents a slight decrease across all abuse types – physical, neglect, sexual, and mental abuse (which includes exposure to domestic violence).

## Trends & Emerging Needs

### Behavioral Health

- Fairfax County remains **above the national average** for **depressive symptoms** and **suicidal ideation**. Suicidal ideation among males in 2013 was comparable to 2011; however, suicidal ideation increased by over two percentage points among females and Asian students. 2013 Youth Survey findings indicate 17% of respondents considered suicide in the past year. Fairfax County remains **below the national average for attempting suicide**.<sup>90</sup>
- The prevalence of alcohol use appears to be decreasing. Alcohol is the most frequently used substance for Fairfax County youth, but use is below national average. Binge drinking among Fairfax County twelfth-graders is comparable to their peers nationally, but appears to be in a downward trend compared to prevalence in 2010. Approximately two-fifths of Fairfax County students (41%) who responded to the 2013 Youth Survey reported drinking alcohol at least once in their lifetime, with **over three-fifths of twelfth-grade students (63%) having consumed alcohol at least one time**.<sup>91</sup>
- **Marijuana and cigarette use remains stable compared to 2012, while inhalant use has decreased**.<sup>92</sup> Among respondents to the 2013 Youth Survey, more youth now use smokeless tobacco than smoke cigarettes. Data collected since 2010 indicate flat or downward trends for past 30-day use of all other drugs covered in the Youth Survey.<sup>93</sup>
- An **Interagency Behavioral Health Youth Services Work Group** was established to increase communication between youth and family serving agencies and services providers, identify gaps in services and recommend possible solutions to address existing gaps, prioritize service needs, and improve the mental health delivery system for youth and families. Work group **recommendations included more focused efforts to address the gap in services to youth experiencing anxiety, depression, conduct concerns, trauma, and substance use**, particularly for youth without insurance or who face barriers in accessing existing services.<sup>94</sup>
- The **number of Fairfax County Public School students with autism has grown exponentially** from 235 in 1997 to 2,098 in 2013 (**793% increase**). There has been a steady increase in these numbers by an average of 8% over the last 5 years, indicating an increased need to accommodate this significant growth in programs and services. NCS staffing resources continue to be impacted by this increase within center operations, primarily at community centers where additional staff and community supports are needed to accommodate increasing numbers of participants with autism.<sup>95</sup>

### English Literacy

- The **number of Limited English Proficiency (LEP) students** in Fairfax County Public Schools **increased by approximately 10,000 individuals** from 2008 to 2013 (39,620 versus 49,443 students respectively). In addition, a greater proportion of the student body is now comprised of LEP students than in the past. In 2008, 23% of all FCPS students were LEP; by 2013, 27% of all FCPS students were LEP.<sup>96</sup>
- September 2012 Fairfax County Public School (FCPS) student registration data show that **over 170 languages were spoken at home** by elementary students and their families.<sup>97</sup>

### Family Stability

- **The Parenting Education Program (PEP)** is an evidence-based program that has consistently been recognized as cost-effective, validated, and family-centered with proven effectiveness in treating and preventing the recurrence of child abuse and neglect. A consistently high percentage of parents who participate in PEP go on to demonstrate improvements in their parenting and child rearing beliefs and attitudes, reaching a high of 91% in FY 2014. **PEP is not widely offered by community organizations and current demand for the program is greater than the county is able to provide.**<sup>98</sup>
- The Fairfax County Health Department has reported a **decline in the number of mothers accessing services through the maternity health clinics** which affected the number of participants entering Healthy Families Fairfax. Therefore, the **program expanded its eligibility** from accepting first-time mothers to multiparous mothers (women who have had more than one child) beginning on June 1, 2013. As a result, **positive screenings for referral through the Health Department have increased by 59%** from FY 2013 (954) to FY 2014 (2,303).<sup>99</sup>
- Over the past 5 years, there has been a **25% decrease in the number of youth in foster care**. Of the youth in foster care, there has been a **63% decrease in the number of those youth placed in congregate care settings** over the past 5 years. Additional efforts have been and continue to be implemented through various efforts by all Children Youth and Families programs to focus on achieving and preserving permanency for all youth.<sup>100</sup>
- Black/African-American children are disproportionately represented in the child welfare system in Fairfax County and nationwide. **Black/African-American children account for 9% of the total Fairfax County child population in 2013, but represent 34% of the children in foster care in FY 2014.**<sup>101</sup>

### Food Security

- In 2013, **9% of the students** who responded to the Youth Survey **said they were hungry sometimes, most of the time, or always due to a lack of food.**<sup>102</sup>
- Children in the county are increasingly represented in food assistance programs – **28% of Fairfax County Public School students were eligible for free or reduced-priced meals** during the 2013-2014 school year (50,629). Over one-third of kindergarten students have been eligible in the past two years.<sup>103</sup>

### High School Graduation

- **Disparities exist in the proportion of students who graduate within four years of starting 9<sup>th</sup> grade** in the Fairfax County Public School (FCPS) system. In 2014, the overall on-time graduation rate for FCPS was 93%. This rate was lower for Hispanic students (81%); Black students (91%); students who were economically disadvantaged at any time (84%); students who were Limited English Proficiency at any time (83%); and students who were homeless at any time (70%).<sup>104</sup>

### Immunizations

- Fairfax County Health Department provides childhood immunizations to protect against communicable diseases. **While the goal for the vaccine series completion rate is 80%, the rate for the Fairfax County Health Department is 61%** (statewide rate is 67%). Efforts to increase the immunization rate across the state include improvement to data collection methods, adherence to

best practice standards, increased partnerships with the medical community, the implementation of the Affordable Care Act, and enhanced community awareness.<sup>105</sup>

### Least Restrictive Environment

- Research indicates that juvenile correctional programs are less effective than programs which utilize diversion approaches in reducing recidivism. **Diversion of juveniles is part of a larger trend in human services to serve individuals in the least restrictive environment.** As reported in 2011 by the Annie E. Casey Foundation, several studies have found that juvenile incarceration increases the likelihood of future involvement with the justice system, particularly for youth with less serious offending histories. As part of its move toward evidence based practice, JDRDC's diversion options have increased. As a result of these efforts, **a quarter of delinquency and status complaints were diverted from formal court processing in FY 2014.**<sup>106</sup>

### Personal Safety

- Bullying remains an area of focus for our community. Among 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students, there appears to be a **downward trend in being a victim of bullying.** According to the 2013 Youth Survey, 51% of respondents reported having been bullied in the past year. **Nearly half of Fairfax County students (46%) reported bullying someone** in the past year. Both rates of bullying and of being bullied declined as grade level increased. Approximately 16% of students who responded to the 2013 Youth Survey indicated they have been a victim of cyberbullying. This was an increase of almost two percentage points from 2010 (14%).<sup>107</sup>
- In FY 2014, there was a **7% decrease in the number of calls received by the Child Protective Services (CPS) Hotline** and a **5% decrease in the number of validated CPS referrals**, compared to FY 2013. This represents a slight decrease across all abuse types - physical, neglect, sexual, and mental abuse (which includes exposure to domestic violence) - amongst the 2,224 validated CPS reports. This decrease may be attributed to improved outreach and training of mandated reporter groups as well as business process improvements in the screening and acceptance of reports by the CPS Hotline, including screening for FINS cases (Families In Need of Services), to provide the most appropriate and least intrusive response to the report. In addition, CPS consistently utilizes Family Partnership Meetings which help to ensure shared ownership of the needs of families.<sup>108</sup>

### Physical Activity

- **Nutritional habits among Fairfax County youth have improved since 2010, but there may be a downward trend in the number of youth who get the recommended level of physical activity.** In 2013, over one-fourth of Fairfax County students who responded to the Youth Survey (27%) ate fruits and vegetables at least five times per day in the past week. Rates of physical activity decreased as grade level increased, with 43% of 8<sup>th</sup> grade students participating in at least one hour of physical activity on five or more days in the past week, falling to 36% of 12<sup>th</sup> grade students.<sup>109</sup>

### Resilience

- The **Youth Survey continues to show the cumulative benefits of protective factors, or assets.** Among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade youth that had zero of six identified assets, over 60% reported having bullied someone in the past year, over 45% reported experiencing depressive symptoms in the past year, nearly 40% reported having used alcohol in the past month, and about 15% reported

having been in a gang. Among youth with three assets, those numbers dropped to below 50%, about 25%, about 20%, and about 3%. Overall, similar patterns indicating the benefits of protective factors can be seen in other outcomes.<sup>110</sup>

- Fairfax County Public School (FCPS) **student enrollment surged past an estimated 186,000 students** this school year (2014-15), with enrollment expected to continue to increase. This trend has placed greater demand on NCS partners and staff to provide recreational and social outlets for children which can be seen in an **increase of 2% in youth sports participation and an 18% increase in attendance at the middle school after-school program** since FY 2008. Participation in high quality out-of-school time programs is associated with improved social and educational outcomes, and can be a mitigating force in the efforts to combat negative environments for at-risk youth.<sup>111</sup>
- Fairfax County 2013 Youth Survey responses indicated that approximately **62% of students reported they did not have an adult(s) in their neighborhood with whom they could talk about something important**. This is compared with 60% in 2012 and 63% in 2011.<sup>112</sup>

### School Readiness

- In fall 2012, **16% of kindergarteners** in Fairfax County Public Schools **did not meet reading intervention benchmarks** and were referred for services. Early childhood education programs provide critical support in the development of children's cognitive and emotional development, leading to success in school. **Enrollment in Head Start/Early Head Start programs in the county has continued to increase.**<sup>113</sup>
- The CSB, which is the Local Lead Agency for Fairfax County as part of the state's compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant, provides services through the Infant Toddler Connection (ITC) program. ITC provides services such as speech therapy, occupational therapy, physical therapy and family education, and is funded through a combination of federal, state, local, and insurance sources. The CSB continues to see an upward trend in demand for Infant and Toddler Connection (ITC) services and it is anticipated that ITC will continue to grow at an average rate of six to eight percent annually. As the benefits of early intervention have become more widely known throughout the nation, **the average monthly number of children seeking and/or receiving ITC services has grown by more than 50%**, from 909 per month in FY 2010 to 1,380 per month in FY 2014. The state, not Fairfax County, is legally responsible for providing these services to eligible families, but state funding does not fully cover the cost of services. **The state has kept funding levels static** for fiscal years 2015 and 2016.<sup>114</sup>

### Sexual Health

- In 2013, approximately one-fifth of Fairfax County youth who responded to the Youth Survey (19%) reported having had sexual intercourse in their lifetime, ranging from 4% of 8<sup>th</sup> grade students to 38% of 12<sup>th</sup> grade students. **The percentages of 10<sup>th</sup> and 12<sup>th</sup> grade Fairfax County students who reported ever having had sexual intercourse were approximately half the national rates.**<sup>115</sup> In 2013, there was a downward trend in youth who reported ever engaging in sexual intercourse or oral sex (19%) from 2010 (23%). **The percentage of Fairfax County students who reported ever having sexual intercourse or ever having oral sex were the lowest reported since 2010.**<sup>116</sup>

# SUSTAINABLE HOUSING

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Sustainable Housing is safe, stable, and accessible living accommodations that all individuals and families – including those at risk of homelessness, persons with disabilities, older adults, and individuals in the local workforce – can afford along with other basic necessities. Factors which determine the ability of individuals and/or families to be housed include: financial stability; literacy; housing options which meet physical, behavioral and cognitive needs; access to safe and stable accommodations with resources that promote housing permanency; and housing options that meet the economic capacity of individuals and families.

The human services system promotes sustainable housing through numerous programs and services including, but are not limited to: homeownership education; mortgage assistance; rental and/or utilities assistance; case management services; financial literacy training; home repair/renovation assistance; hypothermia prevention services; shelters and crisis stabilization services; transitional housing programs and services; and subsidized housing programs.

## Highlights:

- In the last decade, the median market value of owned homes in the county increased by 27%.
- The average monthly rent paid for a unit in a rental housing complex increased by 37% during the last decade (from \$1,157 to \$1,590).
- The American Community Survey 2013 Profile for Fairfax County estimates 42% of renter households in the county are “housing cost burdened” (spending 30% or more of household income on housing).
- Fairfax County’s 2014 Point-in-Time Count of persons experiencing homelessness revealed 1,225 literally homeless people in the Fairfax-Falls Church area. The homeless population decreased by 33% from 2008 to 2014.
  - Of the single individuals (530) counted in 2014, 55% suffered from serious mental illness and/or substance abuse.
  - People in families accounted for 57% of all persons counted. Of the literally homeless, 33% were children under the age of 18.
- The average length of stay in emergency shelters has decreased; however, the number of people served has increased.
- The number of people exiting emergency shelter to permanent destinations increased 183% from 342 in 2010 to 970 in FY 2014.
- Fairfax County Department of Code Compliance reports a decrease in the number of complaints received for overcrowding of nearly 46% from 1,494 in 2008 to 814 complaints in 2013.

## Trends & Emerging Needs

### Affordable Housing

- Overall, housing costs are high in Fairfax County. In the last decade, the **median market value of owned homes in the county increased by 27%**.<sup>117</sup>
- In the last decade, the **proportion of owner-occupied units in the county decreased** by 3.4% and the **proportion of renter-occupied units increased** by 34%.<sup>118</sup>
- The **average monthly rent paid for a unit in a rental housing complex increased by 37%** (from \$1,157 to \$1,590) during that time period.<sup>119</sup>
- The American Community Survey 2013 Profile for Fairfax County estimates **42% of renter households in the county are “housing cost burdened”** (spending 30% or more of household income on housing).<sup>120</sup>
- **Challenges in securing affordable housing** for individuals with disabilities include:
  - **unemployed or underemployed** coupled with benefits that do not cover the cost of housing in Fairfax County
  - **limited numbers of landlords accept housing payment vouchers** and landlords often require income in addition to a voucher
  - lack access to **Housing Location Assistance services** to find landlords who accept rental assistance for participants of residential treatment or other residential programs;
  - **poor credit histories** and large debt coupled with **limited availability of budgeting and financial literacy programs**;
  - **time limits on rental assistance** through programs such as Bridging Affordability and rapid-rehousing from homelessness and the related stress can destabilize individuals who are making progress in their mental health or substance abuse recovery.<sup>121</sup>
- The Fairfax County Economic Advisory Commission conducted a series of stakeholder outreach events in 2014 to solicit input on a **Strategic Plan to Facilitate the Economic Success of Fairfax County**. The September 12<sup>th</sup> draft plan notes stakeholders consistently **identified affordable housing as a high priority for economic success**.<sup>122</sup>
- The Fairfax County Redevelopment and Housing Authority (FCRHA) and the Department of Housing and Community Development (via non-profit partners) operate four principal affordable housing programs: the federal Public Housing and Housing Choice Voucher programs, the Fairfax County Rental Program and Bridging Affordability. The **average household income served in these programs in FY 2014 was \$24,273** (an 8% decrease from FY 2012) this meets the federal definition of “extremely low income.”<sup>123</sup>
- According to the National Low Income Housing Coalition’s *Out of Reach 2014* report, the **annual income needed in FY 2014 to afford a two-bedroom fair-market rent in Fairfax County was \$58,760**, well above the means of thousands of Fairfax County residents to afford. According to the report, **a minimum wage earner would have to work nearly four full-time jobs** to afford a two-bedroom unit at the Fair Market Rate (\$1,469) in Fairfax County. As a result, many community members are living at-risk of homelessness, some becoming literally homeless.<sup>124</sup>

### Available Housing

- **Financing to develop residential options** such as intermediate care facilities (ICFs) and group homes **is shrinking**. Federal policy is discouraging the use of federal funds in ICFs and group homes, and Virginia Housing Development Authority no longer finances these types of residential settings.<sup>125</sup>
- According to the Center for Housing Research at Virginia Tech, the **total affordable housing gap** in Fairfax County for low- and moderate-income renters (earning 80% of the area median income (AMI) and below) **is approximately 31,360 units**. Based on job growth and housing data prepared by the Center for Regional Analysis at George Mason University, it is estimated that there is a need for approximately 49,284 net new affordable units for households earning up to \$124,000 per year (slightly over 115% of the AMI) by 2032. Taken together, this represents a need for nearly 82,000 units of affordable workforce housing in Fairfax County within the next 18 years.<sup>126</sup>
- As part of implementing the Ten-Year Plan to Prevent and End Homelessness, and to serve and house the county's chronic homeless population, **construction of new permanent supportive housing units is being pursued**. Mondloch Place, 20 units for single adults, opened late 2013 and Kate's Place, six units for families with children, is scheduled to open early 2015. Supportive services are limited for these high-need families and individuals.<sup>127</sup>

### Housing Stability

- Fairfax County's 2014 Point-in-Time Count of persons experiencing homelessness revealed **1,225 literally homeless people** in the Fairfax-Falls Church area. The homeless population decreased by 33% from 2008 to 2014.<sup>128</sup>
  - In 2014, single individuals represented 43% of the total number of persons counted. Of the single individuals, **55% suffered from serious mental illness and/or substance abuse**.<sup>129</sup>
  - People in families accounted for 57% of all persons counted. Of the literally homeless, **33% were children under the age of 18**.<sup>130</sup>
- During a three-day long outreach effort conducted in 2013, a total of **157 homeless individuals were identified at high risk of mortality**, having been homeless for at least six months and having at least one of the following at-risk indicators: more than three inpatient hospitalizations in the previous year; more than three emergency room visits in the past three months; 60 years or more of age; HIV+ or AIDS; kidney disease; liver disease; cold weather injuries; or tri-morbidity (mental health, serious medical condition and substance abuse).<sup>131</sup>
- Based on data from the Homeless Management Information System, emergency shelters for families with children have improved efficiency significantly since 2010. The **average length of stay in family shelters has decreased 27%** from 93 days in FY 2010 to only 68 days in FY 2014. However, the **number of people served in the family shelters has increased 42%** since 2010. In FY 2010, a total of 803 people were served in family shelters. In FY 2014 the number increased to 1,137.<sup>132</sup>
- Similarly, emergency shelters for single adults have improved efficiency significantly since 2010. The **average length of stay in single adult shelters has decreased 40%** from 66 days in FY 2010 to only

40 days in FY 2014. However, the **number of people served in the single adult shelters has increased 24%** since 2010. In FY 2010 a total of 790 people were served in single adult shelters. In FY 2014 the number increased to 978.<sup>133</sup>

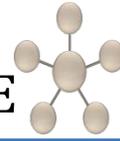
- **Obtaining housing for victims of domestic violence is difficult** Of 119 clients seeking help through the Housing & Economic Specialist with OFWDSVS, only 25% (or 30 clients) were able to secure long-term safe and stable housing during FY 2014.<sup>134</sup>
- Fairfax County Public Schools identified **2,449 homeless children enrolled in schools** during the 2012-2013 school year. Of these homeless students, **369 were identified as homeless unaccompanied youth** (i.e., young people who have run away from home, been thrown out of their homes, and/or been abandoned by parents or guardians).<sup>135</sup>
- The number of **people exiting emergency shelter to permanent destinations increased 183%** from 342 in 2010 to 970 in FY 2014, with the FCRHA being the single largest source of permanent affordable housing.<sup>136</sup>

#### **Safe Housing**

- The Fairfax County Department of Code Compliance reports a **decrease in the number of complaints received for overcrowding**. This decrease was nearly 46% from 1,494 in 2008 to 814 complaints in 2013. As of mid-November 2014, there were 740 overcrowding complaints. Overcrowded housing occurs when more than four unrelated people live in one house or more than one family and two renters live in one house.<sup>137</sup>

# SYSTEM-LEVEL INFRASTRUCTURE

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System-level infrastructure includes activities and programs which contribute to multiple result areas and have a direct impact on the effectiveness of the system in achieving its desired results. Programs and service areas that comprise the infrastructure of the human services system include, but are not limited to, those that develop and maintain physical resources such as buildings, lease agreements, and emergency planning; promote a knowledgeable and skilled workforce; provide budgetary guidance and financial analysis for the allocation and utilization of funding resources; provide the acquisition of services and resources for staff and end users; promote capacity building and coordinated efforts among private and public organizations in the county; and offer decision-support services to human services leaders.

## Highlights:

- Aging data systems for contracts administration and monitoring functions may impact timely issuance and completion of contracts for provision of client services.
- Recruitment of physicians and other medical professionals is lagging due to limitations in compensation packages.
- Over half of senior county managers will be eligible to retire in the next two years and the number will grow to 83% over the next decade necessitating emphasis on succession planning within the human services system.
- The multiplicity of languages spoken in Fairfax County has necessitated the use of language interpretation and translation services that are mandated but not budgeted. Costs to human service agencies to provide these services are increasing.
- Inventory of human services residential properties requiring lease management and property management service has grown.

## Trends & Emerging Needs

### Contracted Services

- **In FY 2014, the value of contracts for health and human services departments was approximately \$152 million offered through more than 1,100 contractual agreements.** This compares to the overall estimated expense for the human services system at \$480 million for FY 2013.<sup>138</sup>
- **Fifty-two percent of contracted services are provided by nonprofit providers, with the remainder provided through for profit companies and providers.** The varying organizational complexities of doing business with these providers, performing in excess of 400 differing lines of business, through unique service delivery models, requires sophisticated planning, requirements analysis, documentation, standards for performance and outcomes. Improved technology and resources to effectively monitor system-wide requirements is critical to maintaining timely issuance and completion of contracts for provision of client services.<sup>139</sup>
- An internal audit review of human services contracting practices identified deficiencies in reporting key performance elements and process activities to assure quality control and reporting for contracts compliance. **The human services system has aging data systems for contracts administration and monitoring functions.** Enhancements to the data systems and conformance to internal controls were recommended.<sup>140</sup>

### Human Resources

- **Recruitment of medical professionals** in the following fields is **lagging due to limitations in compensation packages:** physicians, medical epidemiologists, maternal/child public health nurses, psychiatrists, senior mental health clinicians.<sup>141</sup>
- Following trends at both the national and local level, a significant number of baby boomers in Fairfax County are poised to retire. **Retirement eligible merit employees will increase from 20% to 49% during the next decade.**<sup>142</sup> For example, in the Juvenile and Domestic Relations District Court, an estimated 72 of the 299 current merit staff (24%) are eligible to retire within the next five years.<sup>143</sup>
- Across the Human Services system, **179 individuals are currently in the county's Deferred Retirement Option Program (DROP)** and an additional 251 employees who are not in DROP **can retire by the end of calendar year 2014.**<sup>144</sup>
- **Over half of senior managers throughout the county will be eligible to retire during the next two years** and the number will grow to 83% over the next decade. Succession planning efforts are underway to ensure the system is prepared to fill key positions when they become vacant.<sup>145</sup>

### Language Interpretation & Translation

- The U.S. Census Bureau estimates that in Fairfax County, approximately **384,000 people age five and older spoke a language other than English at home in 2013;** an increase of 42% from the year 2000.<sup>146</sup>

- September 2012 Fairfax County Public School (FCPS) student registration data show that **over 170 languages are spoken at home** by elementary students and their families. The multiplicity of languages spoken has necessitated the use of language translation services that are mandated but not budgeted. Resources for both language interpretation and translation services are needed from multi-lingual personnel and supportive contract services. Recruitment initiatives in health and human services departments have increased capacity; 360 individual staff members are certified as proficient in a non-English language. Additional contractual language interpretation services totaling \$104,687 has increased language services and capacity.<sup>147</sup> Examples of agency costs related to interpretation and translation include:
  - Between FY 2012 and FY 2014, the **Juvenile and Domestic Relations District Court costs for paid translation/interpretation services increased by 85%**. In FY 2012 the agency spent \$45,780 on these services; in FY 2014, the cost rose to \$84,815. In FY 2014, the CSU's Volunteer Interpreters Program provided an additional 2,890 hours of translation for clients (an estimated value of \$70,776).<sup>148</sup>
  - **Spending on language translation among programs in the Department of Family Services has increased more than 65%** since FY 2009 to \$651,503 in FY 2014. Spending levels are expected to increase as diversity in the county grows.<sup>149</sup>
  - Since 2011, approximately **half of the Office for Women and Domestic and Sexual Violence Services' (OFWDSVS) counseling services are provided in Spanish.**<sup>150</sup>

### Physical Resources

- The **inventory of human services residential properties** requiring lease management and property management services (e.g., maintenance, upkeep, etc.) **has grown** by 20 additional units in FY 2013 and 5 in FY 2014.<sup>151</sup>
- As more people are moved through the county's shelters, **more demands are placed on the facilities in terms of the capital infrastructure, furniture, and appliances.**<sup>152</sup>

# INDEX OF THEMES

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This index represents key themes affecting service delivery across human services and traversing the focus areas.

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## ENDNOTES

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- <sup>1</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>2</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>3</sup> Virginia Department of Education, Fall Membership, available at:  
[http://bi.vita.virginia.gov/doe\\_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership](http://bi.vita.virginia.gov/doe_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership)
- <sup>4</sup> U.S. Department of Health and Human Services, Office of The Assistant Secretary for Planning and Evaluation, 2013 Poverty Guidelines, available at: <http://aspe.hhs.gov/poverty/13poverty.cfm>
- <sup>5</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>6</sup> Fairfax-Falls Church Community Services Board
- <sup>7</sup> Fairfax County, VA 2015 Human Services Issue Paper, available at:  
<http://www.fairfaxcounty.gov/government/legislation/2015/human-services-issue-paper-adopted-dec2.pdf>
- <sup>8</sup> Fairfax County, VA 2015 Human Services Issue Paper, available at:  
<http://www.fairfaxcounty.gov/government/legislation/2015/human-services-issue-paper-adopted-dec2.pdf>
- <sup>9</sup> Virginia Department of Education, Free and Reduced Price School Lunch Membership Data, available at:  
[www.doe.virginia.gov/support/nutrition/statistics/free\\_reduced\\_eligibility/2003-2004/divisions/2003-2004.pdf](http://www.doe.virginia.gov/support/nutrition/statistics/free_reduced_eligibility/2003-2004/divisions/2003-2004.pdf)
- <sup>10</sup> Fairfax County Department of Neighborhood and Community Services
- <sup>11</sup> Fairfax County Department of Family Services
- <sup>12</sup> Fairfax County Department of Housing and Community Development
- <sup>13</sup> Fairfax County Department of Family Services
- <sup>14</sup> *Economic Need in Fairfax County*, Fairfax County Demographics, available at:  
[www.fairfaxcounty.gov/government/about/data](http://www.fairfaxcounty.gov/government/about/data)
- <sup>15</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>16</sup> [www.volunteerfairfax.org](http://www.volunteerfairfax.org)
- <sup>17</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)
- <sup>18</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>19</sup> Fairfax County Health Department
- <sup>20</sup> Fairfax-Falls Church Community Services Board
- <sup>21</sup> Fairfax County Health Department
- <sup>22</sup> Fairfax Area Transportation Options for Older Adults and People with Disabilities, May 2013, available at:  
[www.fairfaxcounty.gov/dfs/disabilities/pdf/transportation-survey-report-2013.pdf](http://www.fairfaxcounty.gov/dfs/disabilities/pdf/transportation-survey-report-2013.pdf)
- <sup>23</sup> Fairfax County Department of Neighborhood and Community Services
- <sup>24</sup> Fairfax County Juvenile and Domestic Relations District Court
- <sup>25</sup> Fairfax-Falls Church Community Services Board
- <sup>26</sup> <http://novahealthfdn.org/wp-content/uploads/NVHF-OralHealth-Report-FINAL.pdf>
- <sup>27</sup> *“Department of Behavioral Health and Developmental Service - Bed Capacity Study of Northern Virginia Mental Health Institute to the Chairs of the House Appropriations and Senate Finance Committees”*, Nov. 20, 2012 report
- <sup>28</sup> Fairfax-Falls Church Community Services Board
- <sup>29</sup> Fairfax-Falls Church Community Services Board
- <sup>30</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>31</sup> Available at:  
[www.nasmhpd.org/docs/publications/MDCdocs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf](http://www.nasmhpd.org/docs/publications/MDCdocs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf)
- <sup>32</sup> Fairfax-Falls Church Community Services Board
- <sup>33</sup> Fairfax County Health Department
- <sup>34</sup> Fairfax County Health Department
- <sup>35</sup> Fairfax-Falls Church Community Services Board; Fairfax County Department of Administration for Human Services
- <sup>36</sup> National Institute of Mental Health, [www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-among-adults.shtml](http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-among-adults.shtml)
- <sup>37</sup> Available at: [www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml](http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml)
- <sup>38</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)

- 
- <sup>39</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>40</sup> Fairfax County Juvenile and Domestic Relations District Court
- <sup>41</sup> Fairfax-Falls Church Community Services Board
- <sup>42</sup> Fairfax County Department of Neighborhood and Community Services
- <sup>43</sup> Available at: [www.fairfaxcounty.gov/domesticviolence/documents/dvppcc-annual-report-2013.pdf](http://www.fairfaxcounty.gov/domesticviolence/documents/dvppcc-annual-report-2013.pdf)
- <sup>44</sup> Fairfax County Juvenile and Domestic Relations District Court
- <sup>45</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>46</sup> Fairfax County Juvenile and Domestic Relations Court
- <sup>47</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>48</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>49</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>50</sup> Available at: [www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm](http://www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm)
- <sup>51</sup> Available at: [www.fairfaxcounty.gov/demogrph/census\\_summaries/acs-1year/acs2013.pdf](http://www.fairfaxcounty.gov/demogrph/census_summaries/acs-1year/acs2013.pdf)
- <sup>52</sup> Fairfax County Department of Administration for Human Services
- <sup>53</sup> Fairfax County Department of Family Services; Fairfax County Health Department
- <sup>54</sup> Fairfax County Health Department
- <sup>55</sup> Fairfax County Health Department
- <sup>56</sup> Available at: [www.rwif.org/en/research-publications/find-rwif-research/2013/12/return-on-investments-in-public-health.html](http://www.rwif.org/en/research-publications/find-rwif-research/2013/12/return-on-investments-in-public-health.html)
- <sup>57</sup> Available at: [www.countyhealthrankings.org/app/virginia/2014/rankings/fairfax/county/outcomes/overall/snapshot](http://www.countyhealthrankings.org/app/virginia/2014/rankings/fairfax/county/outcomes/overall/snapshot)
- <sup>58</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)
- <sup>59</sup> Available at: [www.iom.edu/~media/Files/Report%20Files/2004/Health-Literacy-A-Prescription-to-End-Confusion/healthliteracyfinal.pdf](http://www.iom.edu/~media/Files/Report%20Files/2004/Health-Literacy-A-Prescription-to-End-Confusion/healthliteracyfinal.pdf)
- <sup>60</sup> Available at: [www.healthymamericans.org/report/101](http://www.healthymamericans.org/report/101)
- <sup>61</sup> Fairfax County Health Department
- <sup>62</sup> Fairfax County Health Department
- <sup>63</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>64</sup> Fairfax County Department of Neighborhood and Community Services, 2013, available at [www.fairfaxcounty.gov/demogrph/demrpts/report/fullrpt.pdf](http://www.fairfaxcounty.gov/demogrph/demrpts/report/fullrpt.pdf)
- <sup>65</sup> Fairfax County Department of Neighborhood and Community Services, *A Profile of Persons Moving To and From the Fairfax-Falls Church Area*, available at: [www.fairfaxcounty.gov/demogrph/pdf/migration2006-2010.pdf](http://www.fairfaxcounty.gov/demogrph/pdf/migration2006-2010.pdf), 2013
- <sup>66</sup> U.S. Census Bureau, American Community Survey, 2007 and 2013
- <sup>67</sup> *Suicide in Fairfax County, A Report to the Board of Supervisors*, September 2013, available at: [www.fairfaxcounty.gov/living/healthhuman/reports/suicide-in-fairfax-county.pdf](http://www.fairfaxcounty.gov/living/healthhuman/reports/suicide-in-fairfax-county.pdf)
- <sup>68</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>69</sup> Fairfax-Falls Church Community Services Board
- <sup>70</sup> Fairfax-Falls Church Community Services Board
- <sup>71</sup> Fairfax-Falls Church Community Services Board
- <sup>72</sup> Fairfax-Falls Church Community Services Board
- <sup>73</sup> U.S. Census Bureau, American Community Survey, 2008 and 2013
- <sup>74</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>75</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>76</sup> Fairfax-Falls Church Community Services Board
- <sup>77</sup> Fairfax-Falls Church Community Services Board
- <sup>78</sup> Fairfax-Falls Church Community Services Board
- <sup>79</sup> HUD User Website, CHAS Data Query Tool 2007- 2011 for Fairfax County plus CHAS 2008-2010 Data Set Table 6. Available at: [www.huduser.org/portal/datasets/cp.html](http://www.huduser.org/portal/datasets/cp.html)
- <sup>80</sup> HUD User Website, CHAS Data Query Tool 2008- 20110 for Fairfax County, available at: [www.huduser.org/portal/datasets/cp.html](http://www.huduser.org/portal/datasets/cp.html)
- <sup>81</sup> Fairfax County Department of Housing and Community Development

---

<sup>82</sup> Fairfax County Department of Housing and Community Development  
<sup>83</sup> Fairfax County Department of Family Services  
<sup>84</sup> 2014 Point in Time Count, Fairfax County Office to Prevent and End Homelessness, available at:  
[www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm](http://www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm)  
<sup>85</sup> Fairfax County Department of Family Services  
<sup>86</sup> Fairfax County Department of Management and Budget,  
[www.fairfaxcounty.gov/dmb/fy2011/adopted/volume1/00167.pdf](http://www.fairfaxcounty.gov/dmb/fy2011/adopted/volume1/00167.pdf) and Fairfax County Department of Family  
Services Performance Plan  
<sup>87</sup> Fairfax County Department of Family Services  
<sup>88</sup> Fairfax County Health Department  
<sup>89</sup> Fairfax County Department of Neighborhood and Community Services  
<sup>90</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>91</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>92</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>93</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>94</sup> Fairfax-Falls Church Community Services Board  
<sup>95</sup> Virginia Department of Education, available at:  
[http://bi.vita.virginia.gov/doi\\_bi/rdPage.aspx?rdReport=Main&subRptName=SpecialEducation](http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=SpecialEducation) ; Department of  
Neighborhood and Community Services  
<sup>96</sup> Available at: [http://bi.vita.virginia.gov/doi\\_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership](http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership)  
<sup>97</sup> Available at: [www.fairfaxcounty.gov/demogrph/languagemaps.htm](http://www.fairfaxcounty.gov/demogrph/languagemaps.htm)  
<sup>98</sup> Fairfax County Department of Family Services  
<sup>99</sup> Fairfax County Health Department  
<sup>100</sup> Fairfax County Department of Family Services  
<sup>101</sup> Fairfax County Department of Family Services  
<sup>102</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>103</sup> Available at: [www.doe.virginia.gov/support/nutrition/statistics/free\\_reduced\\_eligibility/2013-  
2014/divisions/frpe\\_div\\_report\\_sy2013-14.pdf](http://www.doe.virginia.gov/support/nutrition/statistics/free_reduced_eligibility/2013-2014/divisions/frpe_div_report_sy2013-14.pdf)  
<sup>104</sup> Available at: [www.doe.virginia.gov/statistics\\_reports/graduation\\_completion/cohort\\_reports/index.shtml](http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/index.shtml)  
<sup>105</sup> Fairfax County Health Department  
<sup>106</sup> Fairfax County Juvenile and Domestic Relations District Court  
<sup>107</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>108</sup> Fairfax County Department of Family Services  
<sup>109</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>110</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>111</sup> Fairfax County Neighborhood and Community Services  
<sup>112</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>113</sup> Fairfax County Department of Family Services  
<sup>114</sup> Fairfax-Falls Church Community Services Board  
<sup>115</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>116</sup> Fairfax County Youth Survey, available at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey)  
<sup>117</sup> Available at: [www.fairfaxcounty.gov/demogrph/demrpts/report/fullrpt.pdf](http://www.fairfaxcounty.gov/demogrph/demrpts/report/fullrpt.pdf)  
<sup>118</sup> Available at: [www.fairfaxcounty.gov/demogrph/census\\_summaries/acs-1year/acs2004.pdf](http://www.fairfaxcounty.gov/demogrph/census_summaries/acs-1year/acs2004.pdf) and  
[www.fairfaxcounty.gov/demogrph/census\\_summaries/acs-1year/acs2013.pdf](http://www.fairfaxcounty.gov/demogrph/census_summaries/acs-1year/acs2013.pdf)  
<sup>119</sup> Available at: [www.fairfaxcounty.gov/demogrph/demrpts/report/fullrpt.pdf](http://www.fairfaxcounty.gov/demogrph/demrpts/report/fullrpt.pdf) and  
[www.fairfaxcounty.gov/demogrph/rental\\_housing/rent2013.pdf](http://www.fairfaxcounty.gov/demogrph/rental_housing/rent2013.pdf)  
<sup>120</sup> Available at: [www.fairfaxcounty.gov/demogrph/census\\_summaries/acs-1year/acs2013.pdf](http://www.fairfaxcounty.gov/demogrph/census_summaries/acs-1year/acs2013.pdf)  
<sup>121</sup> Fairfax-Falls Church Community Services Board  
<sup>122</sup> Fairfax County Department of Housing and Community Development  
<sup>123</sup> Fairfax County Department of Housing and Community Development

- 
- <sup>124</sup> Fairfax County Office to End and Prevent Homelessness; Fairfax County Department of Housing and Community Development
- <sup>125</sup> Fairfax-Falls Church Community Services Board
- <sup>126</sup> Fairfax County Department of Housing and Community Development
- <sup>127</sup> Fairfax County Office to Prevent and End Homelessness
- <sup>128</sup> Available at: [www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm](http://www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm)
- <sup>129</sup> Available at: [www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm](http://www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm)
- <sup>130</sup> Available at: [www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm](http://www.fairfaxcounty.gov/homeless/point-in-time/pit-2014.htm)
- <sup>131</sup> Fairfax County Office to Prevent and End Homelessness
- <sup>132</sup> Fairfax County Office to Prevent and End Homelessness
- <sup>133</sup> Fairfax County Office to Prevent and End Homelessness
- <sup>134</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>135</sup> Available at: <http://commweb.fcps.edu/programprofile/report.cfm?profile=111>
- <sup>136</sup> Fairfax County Office to Prevent and End Homelessness
- <sup>137</sup> Fairfax County Department of Code Compliance, [www.fairfaxcounty.gov/code/property/overcrowding.htm](http://www.fairfaxcounty.gov/code/property/overcrowding.htm)
- <sup>138</sup> Fairfax County Department of Administration for Human Services
- <sup>139</sup> Fairfax County Department of Administration for Human Services
- <sup>140</sup> Fairfax County Department of Administration for Human Services
- <sup>141</sup> Fairfax County Department of Administration for Human Services
- <sup>142</sup> Team Fairfax Insider, Issue #42, November 14, 2014, available at: <http://fairfaxnet.fairfaxcounty.gov/News/Documents/team-fairfax-insider-11-14-fairfaxnet.pdf>
- <sup>143</sup> Fairfax County Juvenile and Domestic Relations District Court
- <sup>144</sup> Fairfax County Department of Administration for Human Services
- <sup>145</sup> Team Fairfax Insider, Issue #42, November 14, 2014, available at: <http://fairfaxnet.fairfaxcounty.gov/News/Documents/team-fairfax-insider-11-14-fairfaxnet.pdf>
- <sup>146</sup> U.S. Census Bureau, American Community Survey, 2013
- <sup>147</sup> Fairfax County Department of Administration for Human Services
- <sup>148</sup> Fairfax County Juvenile and Domestic Relations District Court
- <sup>149</sup> Fairfax County Department of Family Services
- <sup>150</sup> Fairfax County Department of Family Services – Office for Women and Domestic and Sexual Violence Services
- <sup>151</sup> Fairfax County Department of Administration for Human Services
- <sup>152</sup> Fairfax County Office to Prevent and End Homelessness