

# Trends, Factors, and Emerging Needs Impacting Services and Resource Allocation

Information Provided to the Human Services Council Organized by Six Result Areas

The information contained in this document is intended to assist the Human Services Council, other human services-related Boards, Authorities, and Commissions, interested community stakeholders, and the county's Human Services system, in their understanding of factors affecting service delivery. It contains highlights of those factors most affecting the system and is one many source documents available as a resource. This information was provided to the Fairfax County Human Services Council on January 14, 2013.

## Affordable Housing

Affordable 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 affordable housing through a variety of programs and services which include (but are not limited to) homeownership education; mortgage assistance; rental and/or utilities assistance; case management services; home repair/renovation assistance; shelters and crisis stabilization services; transitional housing programs and services; subsidized housing programs; and programs which deliver multiple services.

### *Related facts which highlight the importance of affordable housing ...*

- People earning minimum wage, which is \$7.25 per hour, earn only one-quarter of what a person would need to afford a two-bedroom apartment in our community.
- The average monthly rent paid for a unit in Fairfax County rental complex increased 27% from 2001 (\$1,129) to 2011 (\$1,433).
- Approximately 1 in 3 Fairfax County households (124,233) spend 30% or more of their income on housing costs based on 2011 American Community Survey estimates; this translates into *over 2 out of every 5 renter-occupied* households and *over 1 in 4 owner-occupied* households.
- As of December 2012, Fairfax County Public Schools identified 1,824 homeless children enrolled in schools during the 2011-2012 school year, compared to a total of 2,278 homeless children last academic year.

### **Trends From Within the Human Services System**

- The Fairfax County Redevelopment and Housing Authority (FCRHA) operates three principal affordable housing programs: the federal Public Housing and Housing Choice Voucher programs, and the Fairfax County Rental Program. The average household income served in these programs in FY 2012 was \$26,387, or approximately 27 percent of the Area Median Income (AMI) for a family of three; this meets the federal definition of “**extremely low income.**” (HCD)
- 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 percent of the area median income (AMI) and below) is approximately 28,405 units. (HCD)
- 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. (HCD)
- The average rents at multifamily complexes in Fairfax County have steadily increased, while vacancy rates have substantially declined. Conditions in the rental market, coupled with the increase in both individuals living below the poverty level and the number of low-income households earning \$50,000 or below, is putting affordable rental housing increasingly out of reach for many. (HCD)

- Although the number of individuals served in FCRHA programs has increased somewhat over the last three years, the programs do not have – and are not expected to have – the capacity by themselves to address the dramatic increase in need among the county’s most needy residents. (HCD)
- The inventory of human services residential properties requiring lease management and property management services (e.g., maintenance, upkeep, etc.) has grown at least 10% each year over the last 2-3 years. This trend is expected to continue for the next 1-2 years. (DAHS)
- DAHS’ team of property managers and maintenance workers is at capacity and may not be able to absorb additional workload without additional resources. (DAHS)
- Aging commercial appliances in some of the CSB’s 24-hour residential facilities will likely increase DAHS’ workload due to growing number of requests for maintenance and replacement. (DAHS)
- Limited and shrinking availability of federal resources for the acquisition of affordable housing and for rental subsidies. As pressure to tighten federal spending grows, these resources are likely to become even more limited. (CSB)
- As rental costs rise and individuals’ incomes remain stagnant, the cost for the CSB to provide housing-related services will increase. (CSB)
- More than 50% of individuals with mental illness seeking CSB residential services are not eligible for Medicaid. (CSB)
- Although the number of homeless people in other subpopulation areas has been reduced, the chronically homeless population has increased to 353 individuals. (OPEH)
- Housing opportunities for chronic homeless require the most intensive service supports for clients with the highest barriers. OPEH, CSB, HCD, Health Department, nonprofit partners and others have launched the 100,000 Homes Campaign to house chronic homeless. (OPEH, CSB, HCD, Health Dept.)
- The homeless delivery system includes the county, nonprofits, faith-based entities, and businesses and is in the process of being retooled to support a Housing First approach which will help the county meet an increasing demand for assistance and support. (OPEH)
- In response to the tremendous need created by the current economy, the number of homeless people served by the county has increased significantly over the past three years. While the number of people has increased, the partnership organizations and programs and shelters have become more efficient in the use of resources to prevent homelessness and more clients have been rapidly re-housed into permanent housing. (OPEH)
- 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. As a result, additional resources will be required to maintain safe and functional facilities. (OPEH)
- 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 Mondloch Residences has begun. These studio units are expected to be operational towards the latter part of FY 2014. (OPEH)

- The cost of affordable housing units has continued to increase, making households with low incomes at the highest risk of homelessness and makes the movement of individuals into permanent housing more and more challenging. (OPEH)
- More than 63,000 people in Fairfax County lived without sufficient income to meet their basic needs. The annual income needed in FY 2012 to afford a two-bedroom fair-market rent in Fairfax County was \$60,240, well above the means of thousands of Fairfax County residents to afford. As a result, many community members are living at-risk of homelessness, some becoming literally homeless. (OPEH)
- Since the inception of the county's Homelessness Plan through FY 2012, a total of 468 homeless households were placed in permanent housing, with the FCRHA being the single largest source of permanent affordable housing. In January 2012, a total of 1,534 people were counted who were homeless, of whom 55 percent were in families and 45 percent were single individuals. Thirty-three percent of all persons who were homeless, or 505 persons, were children under the age of 18. This is a slight drop of two percent from 2011. (HCD, OPEH)
- Nearly 1,650 CSB clients (persons with intellectual disabilities, mental illness, or substance use disorders) needed affordable housing as of June 2011. Of those, approximately 70 percent can afford to pay no more than \$205 per month toward rent. Thirteen percent have experienced homelessness. Affordable housing is less available to people with disabilities because, in part, they have a disproportionately lower rate of workforce participation and higher poverty rate compared to people without a disability and, thus, they have fewer funds to dedicate to housing. In Fairfax County in 2011, for the non-institutionalized population age 16 and over with a disability, the employment rate was just 42.2%, compared to 67.4% for the non-disabled population age 16 and over. Approximately one-third of the households served in the FCRHA's programs include a person with a disability. (HCD, CSB)

## 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.

### *Related facts which highlight the importance of connections for individuals and families ...*

- Employees of Fairfax County government donate considerable time and efforts in their community. In 2011, Fairfax County employees donated over 12,000 hours of time to organizations in the community.
- The majority of students in Fairfax County engage in community service activities. According to the 2011-2012 Fairfax County Youth Survey, approximately half of all respondents (49%) participate in some type of community service activities once a month or more. Approximately 62% of the student respondents indicated they spend at least one hour per week helping friends or neighbors.
- In 2011, 86% of the people living in Fairfax County were living in the same residence one year earlier.
- In the Washington Metropolitan region, there are twice as many nonprofits per capita compared to other metropolitan areas of comparable size. In FY 2012, there were 5,929 nonprofit organizations registered with the IRS located in Fairfax County.

### **Trends From Within the Human Services System**

- Requests for transportation services continue to increase and wait-lists continue to grow. Citizens consistently report a primary barrier to participation in county programs is the lack of transportation. As the elderly population grows and the disabled population becomes more mobile, the number of persons requesting specialized transportation continues to increase. Increasing demand, rising costs, and the need for alternative providers are emerging issues that will need to be addressed in the coming years. The service models within the Human Services Transportation program area are limited to current service levels. The ability to access transportation to obtain needed services continues to be vital to the well-being of participants throughout the Human Services system. (NCS, JDRDC)
- Fairfax County's population has grown increasingly diverse over the last decade. According to the American Communities Survey, 37% of persons age five and older spoke a language other than English at home. An increasing number of consumers have limited English proficiency and departments must comply with Federal civil rights act mandates to provide language translation and interpretation services. (DFS, JDRDC, DAHS)
- Approximately half of the Office for Women and Domestic and Sexual Violence Services' (OFWDSVS) counseling services are provided in Spanish. (DFS)

- The multiplicity of languages spoken by clients has necessitated the use of language translation services by departments. These services are mandated and unbudgeted; additional resources are required, or services will need to be restricted or eliminated in the future. (DFS, JDRDC, DAHS)
- In FY 2012, the Health Department Outreach Team reached 16,818 members of the difficult-to-contact target populations, (e.g., English is not their primary language; persons do not have access to mainstream media, etc.). 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. (Health Dept.)

## 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.

### *Related facts which highlight the importance of economic self-sufficiency ...*

- Unemployment is low in Fairfax County, however it has almost doubled since 2007 (2.1% in September 2007 versus 4.0% in September 2012).
- Poverty rate in the county has also increased sharply in recent years – from 4.8% in 2007 to 6.8% in 2011. The rate at which poverty has increased in the county is higher than for the District of Columbia.
- Research shows a strong connection between command of the English language and economic prosperity. In 2011, 15% of Fairfax County residents did not speak English “very well.” Among those in the county who are living below the federal poverty level, the majority (65%) speak a language other than English at home.

### **Trends From Within the Human Services System**

- Poverty remains a daunting challenge at time when housing remains “out of reach” for many: In Fairfax County, the National Low Income Housing Coalition *Out of Reach 2012* report found that the monthly Fair Market Rent (FMR) for a two-bedroom housing unit rose \$45 to \$1,506 from 2011. At minimum wage, a total of four full-time jobs would be needed for a household to afford a two-bedroom apartment in Fairfax County at the FMR. According to Census figures, there are about 73,794 people living in Fairfax County below the poverty level. (HCD)
- While Coordinated Services Planning (CSP) call volume requesting emergency assistance with food, shelter, utilities, etc., has settled into a post-recession “new normal,” the workload has increased by 14 percent from pre-recession levels. CSP coordinators reported having to contact multiple organizations to raise funds to fulfill these requests as partner CBOs exhausted budgets earlier each month, putting stress on the ability to maintain regular client contact and meet basic need requests. During this time period CSP staffing levels have had to be fortified with other positions within NCS to maintain reasonable service levels. (NCS)
- Fairfax County’s poverty rate of 6.8% is relatively low; however, due to its large population, Fairfax County has more residents living in poverty than any other single jurisdiction in Virginia. For example, the City of Richmond has a poverty rate of 26.9%, but has 52,459 residents living in poverty compared to Fairfax County’s 73,794. (DFS)

- In 2011, the American Community Survey estimated that one in every six Fairfax County residents live in households that have difficulty meeting their needs without some kind of assistance. (DFS)
- As of October 2012, public assistance (i.e., SNAP, TANF, and Medicaid) caseloads rose to over 82,000 cases per month, which represents more than a doubling since FY 2000. (DFS)
- 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 program is \$26,986. Child care subsidies help families enter and remain in the workforce and ensure that their children are in safe and reliable child care arrangements. (DFS)
- With the county unemployment rate declining, the number of job seekers served at the SkillSource Centers declined from more than 60,000 in FY 2011 to just under 52,000 in FY 2012. Yet, the number of clients enrolled in intensive employment and training services continues to exceed that of a few years ago as 3,276 persons were enrolled in FY 2012 compared to 1,974 in FY 2009. (DFS)

## 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.

### *Related facts which highlight the importance of health ...*

- An estimated 132,872 (or 12.2%) Fairfax County residents do not have health insurance (2011 ACS).
- Among adults with health insurance, only 24% have coverage that includes dental care.
- Approximately 1 in 7 Americans live with a serious mental illness; this translates to 64,860 Fairfax County residents.
- Only 7% of individuals with co-occurring mental illness and substance use disorders received treatment for both conditions.
- Fairfax County Public School students report being depressed at a higher percentage than the national rate (The Fairfax County Youth Survey Report School Year 2011-2012).

### **Trends From Within the Human Services System**

- **Complying with Federal Mandates associated with Health Care Reform:**
  - Fee revenues from Virginia Medicaid account for at least 25% of the total non-County funding streams for CSB services. Overall, Medicaid reimbursements are the CSB's third largest funding source – with Fairfax County and State allocations exceeding Medicaid revenues. (CSB)
  - Medicaid does not increase rates on an annual basis and has remained at rates similar to those established early in the 1990's. (CSB)
  - Many people who receive services from the CSB for mental illness, substance use disorder, and intellectual disability have poor access or no access to primary health care services. (CSB)
  - Health Care Reform will play a major role in shaping demand for services, the type of services provided, and how they are funded. Changes to eligibility requirements for programs such as Medicaid will result in more individuals applying for coverage. (DFS, CSB, Health Dept., DAHS)
  - Fairfax County has a 12.2% uninsured rate, or nearly 135,000 uninsured individuals, many of whom should be eligible for health care through newly created state health exchanges and proposed State Medicaid expansion. (Health Dept.)
  - Approximately 30,000--40,000 residents would be eligible for coverage under the Virginia Health Insurance Exchange. In January 2014, as many as 430,000 additional Virginians including 135,000 Fairfax residents will require health insurance coverage under Health Care Reform. (Health Dept.)
  - Approximately 25,000—30,000 persons may qualify for Medicaid if expanded; 3,200 current Community Health Care Network (CHCN) clients may be eligible for Medicaid. The CHCN has a waiting list of 5,330 individuals, despite over 8,000 individuals being removed from the list in the past 18 months. (Health Dept.)
  - A shortage of primary health care providers may occur, since many providers refuse to accept patients with Medicaid or Medicare or are at capacity with existing patients covered through public insurance programs. (Health Dept.)

- Domestic relations intake complaints are up 13% from FY 2010, including child custody and visitation disputes, child and spousal support disputes, and family abuse. (JDRDC)
- Children served in the Stronger Together Supervised Visitation & Child Exchange Program are up 58% since 2009. This program helps children visit with their non-residential parent, targeted to families that have experienced difficulty interacting in a non-threatening, appropriate manner. (JDRDC)
- State funding of locally based adult probation (Community Corrections) has been reduced, requiring absorption of 3 FTE positions to maintain appropriate caseload sizes, where more than 90% of current offenders are supervised for Domestic Violence. (JDRDC)
- Youth in Juvenile and Domestic Relations District Court (JDRDC) programs with unmet mental health needs continue to strain agency resources. Court ordered psychological evaluations have increased 49% since FY 2010. (JDRDC, CSB)
- Based on standardized screening tools used when youth are detained, the number of youth in detention scoring in the caution or warning ranges on mental health indicators have increased in almost every area over the past five years. (JDRDC)
- Health planning experts have agreed that Northern Virginia has an acute care psychiatric bed shortage of at least 80 beds. (CSB)
- Two years ago Virginia closed 19 of their 129 psychiatric beds due to a budget shortfall -- all of the 19 beds were for people with acute care needs. The regional CSBs have been working with members of the Northern Virginia legislative delegation to try to restore funding for those 19 beds, including developing a study that reinforced that need. The estimated cost of restoration of those beds is \$1.4 million -- the Governor has proposed funding of \$700,000. (CSB)
- Due to the bed shortage, individuals are sometimes transported to hospitals out of this area in other parts of Virginia. Since they are usually involuntarily hospitalized, Fairfax County Police are required to provide the transport. (CSB)
- Awareness and need for domestic violence services is growing. The number of OFWDSVS counseling clients has risen 140% over the past four fiscal years and Offender Services has seen an increase of 51% in clients seeking batterer intervention services. Since ChildHelp closed in 2012, the county has no local provider of low-costs counseling for child sex abuse victims who were victimized by family members (incest victims). Stronger Together supervised visitation program reports about 80% of their client's self-report domestic violence as being a cause for being ordered to supervised visitation. (DFS)
- There is an increase in strangulation cases and other more serious cases. A new strangulation law was enacted in July 2012 and there were over 10 strangulation prosecutions from July through December 2012. (DFS)
- The soon-to-be-released Fatality Review Team report reveals that the police districts where domestic violence related homicides happened are often not the same as where the majority of arrests are made, possibly indicating that victims of domestic violence in certain areas are not reaching out for help until it's too late. (DFS)

- Victims of teen dating violence do not access services at the same rates that the victimization is occurring. While overall hotline calls increased about 10% from FY 2011 to FY 2012, calls from victims aged 13-17 years old decreased 68% and calls from victims aged 18-24 years old decreased 25% between those two years. (DFS)
- In the Office to Prevent and End Homelessness' 2012 Point-in-Time Count of Persons Who Were Homeless in the Fairfax-Falls Church Community, 52% of homeless families reported domestic violence as the reason for their homelessness. (DFS)
- In FY 2011, Artemis House (the county's 24-hour emergency domestic violence shelter) turned away 158 households. According to Artemis House data, the average household size they admitted was 2.34 (this number is not available for turnaways), and the average length of stay was 41 days. Multiply these and the estimated need is 15,159 bed nights. Dividing by 365 days, 41.5 (42) additional beds are needed to serve the number of people fleeing domestic violence seeking crisis shelter at that time (without taking into account an increase in demand due to the economy and the lack of affordable housing). (DFS).
- Ongoing public health threats posed by emerging and re-emerging communicable diseases are exemplified by: Reduced vaccination rates, genetic mutation, environmental changes, urbanization, and increased globalization. (Health Dept.)
- Communicable disease investigations by the Health Department increased by 11.5% from FY 2011 (2,207) to FY 2012 (2,496). Forty-six percent (46%) of these investigations were Salmonellosis, Campylobacter, and Chickenpox related. (Health Dept.)
- The number and variety of communicable diseases requires well trained staff equipped with the knowledge and skills necessary to respond in a timely and effective manner to disease outbreaks. (Health Dept.)
- In the Fairfax County Public Schools (FCPS): The number of students assigned a contract nurse during the educational day has increased by 42% from 19 to 27 students since FY 2010; the number of student visits to school health clinics has increased to 765,784 in FY 2012; 27% (47,511 out of 177,435 students) of the school population have an identified medical condition that requires a medical care plan; and, 13,590 newly diagnosed medical care plans have been documented. (Health Dept.)
- An increasing trend of people consuming a larger percentage of their meals at restaurants versus home prepared meals expands risk. 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. The Health Department is working with food establishments on employee health policy initiatives, and enforcing *the Food and Food Handling Code*. (Health Dept.)

## Positive Living for Older Adults and Individuals With Disabilities

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.

### *Related facts which highlight the importance of resources for older adults and individuals with disabilities ...*

- By 2030, the Fairfax County older adult (age 65 and over) population is estimated to increase by 41% (2011 ACS).
- An estimated 6,153 (or 5.5%) older adults in Fairfax County live below poverty (2011 ACS).
- In Fairfax County, the median household income for households headed by persons age 65 and over is \$83,130 versus \$105,797 for all households (2011 ACS).
- An estimated 3,624 (or 3.3%) older adults in Fairfax County do not have health insurance (2011 ACS).
- People with disabilities in the Fairfax area are almost twice more likely to live below poverty than people without disabilities (7.8% vs. 4.1%).

### **Trends From Within the Human Services System**

- Fairfax County has over 1,000 residents waiting for Medicaid funding for services with approximately 500 of those individual considered in urgent need. (CSB)
- Among those on the waiting list for Medicaid funding are people who graduate annually from Fairfax County Public Schools' Special Education programs and need services -- approximately 100 annually. (CSB)
- The DOJ settlement with Virginia has created a timeline for closing operations at four of Virginia's Training Centers over the next few years. There are 116 Fairfax residents living in state Training Centers with the largest number (87) living at the Northern Virginia Training Center. (CSB)
- Because Medicaid funding does not fully cover the cost of services, the CSB estimates that it will cost \$6 million for housing and \$2.3 million for services over and above the cost of current Medicaid and state funding. (CSB)
- Currently, the CSB budget includes over \$4 million in local funds that support needed services for people with ID who are Medicaid funded. (CSB)
- Seniors are the fastest growing age segment in Fairfax County and are projected to comprise 11.1 percent of the County's population by 2015. According to the U.S. Census Bureau, in 2011, there were approximately 110,623 residents of Fairfax County who are 65 years of age or over, approximately 5.5

percent of whom, or about 6,076, are living in poverty. This is an increase from 4.8 percent in 2010 and 4.6 percent in 2009. The FCRHA currently owns and operates 504 units of rental housing for active seniors, and 112 beds of assisted living. (HCD)

- Since FY 2010, attendance at NCS senior centers has increased by 14 percent. The population of senior adults in the NOVA region continues to increase. In 2010, 9.9 percent of the population in the Northern Virginia region was over the age of 65. By 2020, that percentage is estimated to climb to 15.9 percent and by 2030 to 19 percent. This increase manifests in many ways to impact NCS program and services, ways that have already started to be felt. The rise in attendance has placed a strain on staff-to-participant ratios, center capacities, transportation demands, congregate meal demands, and programming capabilities. To relieve some of the demand in the central portion of the county, a new senior center will be housed in the new Providence Community Center scheduled to open in FY 2015. (NCS)
- Fairfax County Public School (FCPS) data confirms current national data indicating a large growth in population of people diagnosed with autism. The number of FCPS students with autism has grown exponentially from 235 in 1997 to 2,549 in 2011. There has been a steady increase in these numbers by an average of 10.5 percent over the last 5 years, indicating an increased need to accommodate this significant growth in programs and services. NCS continues 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. This demand creates staffing resource challenges to be able to accommodate such an increased need. (NCS)

## Successful Children and 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.

### *Related facts which highlight the importance of successful children and youth...*

- In Fairfax County, children are more likely than adults to live in poverty.
- Children in the county are increasingly represented in food assistance programs – approximately 26% of Fairfax County Public School students were eligible for free or reduced-priced meals during the 2011-2012 school year.
- Children with developmental delays, autism spectrum disorders and other long-term disabilities are increasingly being identified in programs and schools.
- Between 2007 and 2012, juvenile delinquency and status offense complaints decreased by 25%. The shift mirrors state and national trends in juvenile offending. However, during this same period, domestic relations complaints involving custody and visitation have increased by 43%.

### **Trends From Within the Human Services System**

- An increase in the school age population is anticipated, with 2,900 new students expected to enroll in the upcoming school year of 2012-2014, bringing estimated total enrollment to over 184,000, one of the leading indicators for our service demands. (JDRDC)
- Based on a Federal program (IDEA-Part C), the CSB program provides services such as speech therapy, occupational therapy, physical therapy and family education to over 1,500 families with infants and toddlers at risk of developmental delays each year. The service demand has grown by over 46% in the past two years. The state funding has been limited, which has created pressure on local government to fund services or allow infants to be placed on a waiting list. This CSB needs at least \$1 million in additional funding for both FY 2013 and FY 2014. Statewide there is an \$8.5 million shortfall, just for these services. The Governor has proposed funding \$3 million for both FY 2013 and FY 2014. (CSB)

- Since FY 2008, NCS has seen an increase of 6 percent in youth sports participation and a 17 percent increase in attendance at the middle school after-school program. Growth in student enrollment within FCPS has surged past an estimated 180,000 students for the first time in the county's history, an increase of 5 percent since FY 2010, placing greater demand on our partners and staff to provide recreational and social outlets for the county's children. Additionally, NCS programs place focus on youth at-risk and the current economic downturn has impacted this number as well. Approximately 9.7 percent of children in Fairfax under the age of 18 live in poverty, and research shows the effects of poverty can negatively impact children's social, academic, and health outcomes. 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. The increase in both sports participation and the middle school after-school program indicates an increase in demand for these positive outlet opportunities. (NCS)