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. This focus area represents a wide range of residents in the county from active older adults who want to be civically and socially engaged to frail older adults with significant cognitive and/or physical impairments making it difficult to perform daily living activities without assistance. This area also represents individuals, regardless of age, who are challenged with physical, intellectual, developmental and/or mental health disabilities. Additionally, this focus area supports family caregivers, as they remain an integral part of the county support system for older adults and individuals with disabilities. Overall, the health and human services system seeks to facilitate and support individuals living and thriving in their community of choice through numerous programs and services including, but not limited to: adult day health care; adult protective services; congregate meals; day support and employment services; inpatient and outpatient services; medical services; residential services; senior centers; senior housing; support coordination; therapeutic recreation; and volunteer services.

GOALS:

- Increase people’s ability to live, work, and play in settings of their choice
- Improve the quality of life for older adults and individuals with disabilities

Why Does This Matter? There were approximately 141,193 older adults (65 and older) living in Fairfax County in 2016. By 2030, it is projected there will be an estimated 186,959 individuals age 65 and older. The number of older adults with a disability has also increased over time in Fairfax County. From 2008 to 2016, the number of older adults with a disability (age 65 years and older) increased by 36% (approximately 27,265 adults to 37,036 adults respectively). Similarly, the county has also witnessed an increase in the number of adults, of all ages, with a disability increasing by 23% from 2008 to 2016. These demographic trends in the county underscore the need for the health and human services system to continue to implement strategies and programs that promote and protect the health and welfare of this population.

Issues particularly critical to older adults and individuals with disabilities include the following:

- Affordable and accessible housing is central to quality of life for people of all ages. High housing and maintenance costs may limit the ability of some low-income older adults to live in the place of their choice and be able to meet their basic expenses. Lack of in-home accessibility options can prevent older adults and individuals with disabilities from living safely and comfortably in their homes. In addition, modifying homes with accessibility features can be too costly for some individuals.

- Employment and daily activities are a fundamental component of positive living for individuals with disabilities. Self-esteem, financial security, self-worth and independence are built through meaningful experiences that promote community integration and engagement.

- Older adults are particularly vulnerable to social isolation and loneliness due to loss of friends and family, mobility or income. Research shows that social isolation and loneliness can have harmful effects on an individual’s physical and mental health. Staying connected to other people through a variety of meaningful activities can yield important health benefits as one ages. Adults who remain socially engaged throughout their lives can be protected from physical and cognitive issues over time. In some cases the lack of affordable and accessible transportation can lead to further isolation and loneliness.

- The stress related to providing complex care, demands of jobs and family, economic pressure, and the physical and emotional demands of caregiving can have major health impacts on caregivers. Without support and respite services family caregivers may experience burnout leading to unnecessary or premature facility-based care for their loved ones.
Positive Living for Older Adults and Individuals with Disabilities

What is happening in our county? — Representative Indicators of Fairfax County

Fairfax County monitors the following population indicators to assess conditions which may impact older adults and individuals with disabilities.

<table>
<thead>
<tr>
<th>Population Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of individuals, 65 years of age or older</td>
<td>10.7% (2012)</td>
<td>12.4% (2016)</td>
</tr>
<tr>
<td></td>
<td>119,279 / 1,118,602</td>
<td>141,507 / 1,138,652</td>
</tr>
<tr>
<td>% of individuals, 85 years of age or older</td>
<td>1.2% (2012)</td>
<td>1.3% (2016)</td>
</tr>
<tr>
<td></td>
<td>13,423 / 1,118,602</td>
<td>14,802 / 1,138,652</td>
</tr>
<tr>
<td>% of adults, 65 years of age or older, with a disability</td>
<td>28% (2012)</td>
<td>27% (2016)</td>
</tr>
<tr>
<td></td>
<td>32,770 / 117,877</td>
<td>37,035 / 139,757</td>
</tr>
<tr>
<td>% of population with a disability (all ages)</td>
<td>6.3% (2012)</td>
<td>7.1% (2016)</td>
</tr>
<tr>
<td></td>
<td>69,014 / 1,103,966</td>
<td>79,909 / 1,125,491</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey

Fairfax County also monitors the following issues and trends which can have an impact on the overall well-being of older adults and individuals with disabilities.

**Housing:** Housing is particularly expensive in Fairfax County. This leaves low-income older adults, as well as individuals with disabilities, who live on fixed incomes vulnerable to housing insecurities and makes it nearly impossible to live on their own in market rate properties in the Fairfax area.

As shown in the graph, in 2016 26% (Owners) and 53% (Renters) of all head of households aged 65 years and older spend a third or more of their income on housing in Fairfax County. Both percentages are greater than the population as a whole in 2016. According to the U.S. Department of Housing and Urban Development (HUD), if an individual pays more than 30% of income on housing, it creates a financial burden. (Source: U.S. Census Bureau, American Community Survey, 2016)

Approximately 37 percent of the households served in the Fairfax County Redevelopment and Housing Authority major multi-family housing and rent subsidy programs include at least one member with a disability. (Source: Fairfax County Department of Housing and Community Development, 2017)
In 2018, an estimated 95% of the housing units in Fairfax County (421,836) do not have accessibility features. 74% of housing stock was built prior to 1990 and before federal Fair Housing accessibility requirements. Regardless of whether you own or rent a home, modifications can be costly. This expense may force older adults and individuals with disabilities out of the homes of their choice. (Source: Understanding Housing Needs of Fairfax County Residents with Disabilities & Older Adults, report to the Long Term Care Coordinating Council)

In FY2018, 64% of people supported in County operated group homes (57%) and supervised living placements (100%) are now/will be over the age of 55. (One individual is 54, all others are 55 and over). 43% are over age 60. Program data supports a trend in significant aging related health concerns and/or behavioral challenges for this population (25 of the 28 individuals age 55 and older). (Source: Fairfax-Falls Church Community Services Board)

**Employment:** In 2016, among individuals 18 to 64 years of age in the county, a lower percentage of individuals with a disability were employed (33%), compared to individuals without a disability (72%). (Source: U.S. Census Bureau, American Community Survey, 2016)

Employment or a day activity is a foundational component of positive living for individuals with disabilities. Self-esteem, self-worth and independence are built through meaningful experiences that also promote community integration and engagement. Restricting factors that contribute to the lack of employment opportunities for individuals with disabilities include a shortage of job coaches available to assist people with disabilities in traditional work settings. Individuals with intellectual or developmental disabilities often have medical issues, behavioral issues, attention span or developmental limitations that impact their long term success in employment.

In 2017, the Fairfax-Falls Church Community Services Board recognized the following positive benefits from services that support individuals with disabilities including:

- 1,868 persons with mental illness, substance use disorders, and/or intellectual disability received employment or day support services;
- 67% of individuals with serious mental illness, substance use disorders, or co-occurring disorders obtained employment as a result of assistance through individual supported employment services. The average hourly wage for these individuals was approximately $12/hour; and
- 559 individuals with disability received supported employment services which resulted in collective annual earnings of over $5.6 million. These services helped enable individuals to pay taxes as applicable, purchase goods and services, and be engaged members of their communities. (Source: Fairfax-Falls Church Community Services Board)
Positive Living for Older Adults and Individuals with Disabilities

Transportation: The county offers a variety of transportation resources for older adults and individuals with disabilities including Fastran, Dial-A-Ride, Seniors-on-the-Go, Fairfax County TaxiAccess and faith- and community-based volunteer services. While much has been done to strengthen and increase the network of transportation options for individuals who cannot drive, access to transportation services continues to be a challenge. A survey conducted in 2016, by Human Services Transportation, revealed 27% of respondents were unable to get to a destination in the past month due to a lack of accessible and affordable transportation in the county. This is slightly up from 25% in 2013. (Source: Department of Neighborhood and Community Services, 2016)

Social Integration/meaningful activities: A large body of research has demonstrated a robust association between loneliness and poor health including cardiovascular disease, inflammation, and depression. A variety of programs in the county are designed to offer older adults and individuals with disabilities opportunities to engage in meaningful activities to meet their needs for socialization, a sense of accomplishment, a sense of purpose and play, as well as cognitive and physical stimulation. Some of these programs include the Adult Day Health Care Program (Health Department), Therapeutic Recreation, Senior Centers, and Senior Center Inclusive Support Services (Department of Neighborhood and Community Services), and Day Support Programs for individuals with developmental disability (Community Service Board). Collectively these programs served 7,259 individuals in FY 2017 with a total annual attendance of 634,912 visits.

Support Services: The County continues to see an increase in the number of older adults and individuals with disabilities in need of supportive services to assist them with their community involvement and ability to remain in their homes. Some examples of this trend include:

- Calls to the Aging, Disability and Caregiver Resource (ADCR) line have increased from 15,394 in FY 2013 to 17,339 in FY 2017. (Source: Department of Family Services, Adult and Aging)
- Home Delivered Meals have increased slightly from serving 818 adults in FY 2013 to 936 adults in FY 2017. (Source: Department of Family Services, Adult and Aging)
- Home Based Care Services increased from serving 990 adults in FY 2013 to 1,119 adults in FY 2017. (Source: Department of Family Services, Adult and Aging)
- Medicaid pre-admission screening requests have increased from 866 in FY 2012 to 1,379 in FY 2017.
- Medicaid pre-admission screenings that resulted in the use of community-based services increased from 612 in FY 2012 to 811 in FY 2017.
- In 2016, approximately 18% of Fairfax County residents 65 years of age and older lived with either a parent, nonrelative, or someone other than a spouse. As many of these older adults age in place, the caregiving demands on their family members are expected to increase. (Source: U.S. Census, American Community Survey)
- As of July 2017, Fairfax County had 1,972 individuals with Developmental Disability on the Medicaid Waiver waiting list. Because of changes adopted on July 1, 2016, the Medicaid Waiver Wait List now covers individuals with developmental disability (inclusive of intellectual disability) and changes to the criteria for the Waiver also went into effect; therefore, comparisons to previous years can no longer be made. (Source: Fairfax-Falls Church Community Services Board)
**Health Issues:** 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 Health District from 2011 – 2015 aged 65 years and older, the highest age-adjusted rate per 100,000 population was for individuals aged 75-84 years of age (19.6 in 2014), followed by individuals aged 65-74 (12.5 in 2013). (Source: Virginia Department of Health, Virginia Online Injury Reporting System)

In 2015, approximately 10% of Medicare beneficiaries, 65 years and over, in Fairfax County were treated for depression, which is lower than the approximated 15% treated in Virginia and 17% treated nationally in the same year. (Source: Centers for Medicare and Medicaid Services)

According to the National Alliance on Mental Illness (NAMI), depression in older adults increases the risk of further medical illnesses and cognitive decline. Nationally, some estimate 14% of older adults requiring home healthcare experience major depression, according to the Centers for Disease Control (CDC).

In 2015, approximately 10% of Medicare beneficiaries, 65 years and over, in Fairfax County were treated for Alzheimer’s disease or dementia, which is slightly higher than the approximated 9% treated in Virginia in the same year. The county rate of Medicare beneficiaries, 65 years and over, treated for Alzheimer’s disease or dementia tracks with the national rate. Nationally in 2017, Alzheimer’s disease was estimated to cost Medicare and Medicaid around $175 Billion in care costs. This amount is expected to grow to approximately $758 Billion by 2050.

The Centers for Disease Control Prevention (CDC) estimates that in 2013, 5 million Americans lived with Alzheimer’s disease and project that by 2050 that number will rise to 14 million. Alzheimer’s disease is the 5th leading cause of death in adults aged 65 years or older. However, evidence is growing that physical, mental, and social activities may help to reduce the risk of developing the disease. (Sources: Centers for Medicare and Medicaid Services, Centers for Disease Control)

In 2015, approximately 22% of Medicare beneficiaries, 65 years and over, in Fairfax County were treated for diabetes, which is lower than the approximated 27% treated in Virginia and nationally in the same year. (Source: Centers for Medicare and Medicaid Services)

Type 2 Diabetes increases the risk of developing Alzheimer’s disease according to the National Institutes of Health, National Institute on Aging.

Recent findings from a Northwestern University study (Maher, 2017) provides more evidence showing the importance of positive social relationships formed through remaining socially engaged as we age. Studies, as early as 2006, show that by participating in social activities, like volunteering, spending time with friends, taking trips or going to a major social / cultural event, aging individuals have better cognitive health. (Source: National Institutes of Health, National Institute on Aging)

According to the Alzheimer’s Association:
- More than 15 million Americans provide unpaid care for individuals living with Alzheimer’s or other forms of dementia.
- In 2016, these same caregivers/care partners provided approximately 18.2 Billion hours of care, which is valued at $230 Billion.
Positive Living for Older Adults and Individuals with Disabilities

How are we doing? Within Fairfax County, select programs and services offer a variety of support and assistance to older adults and individuals with disabilities to promote positive living. As the overall demographic composition of the county increases in age, more adults are likely to face age-related disabilities and need supportive services. Aging, disability, and caregiver support services are critical to help prevent or delay individuals from requiring more intensive services. Support is particularly acute for individuals with limited financial resources, as the high cost of care can be a barrier for some. An important component in promoting positive living is offering respite and other caregiver services in order for family and friends to have the support needed to best assist loved ones.

An additional aspect in increasing people’s ability to live, work, and play in the setting of their choice is creating communities where individuals can “age-in-place” and have access to accessible housing units. Affordability is also of critical importance, as housing is expensive in the county and low-income older adults as well as individuals with disabilities are more vulnerable to housing insecurities.

The following are indicators the health & human services system is monitoring:

<table>
<thead>
<tr>
<th>System Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of persons who have options that support their physical, behavioral and cognitive needs</td>
<td>86% (FY 2013) 1,283 / 1,497</td>
<td>91% (FY 2017) 1,937 / 2,128</td>
</tr>
</tbody>
</table>

Source: Fairfax County Health and Human Services System Data

This indicator contains eight measures that exemplify programs within the county’s health and human services system that currently measure ability to live, work and play outcomes. It is supported by Adult Services Case Management Services (DFS), Adult Day Health Care (HD), Fairfax County Rental Program (HCD), Group Homes for Individuals with Developmental Disability (CSB), Home Repair for the Elderly (HCD), Public Housing (HCD), Support Shared Housing Program (HCD), and Reasonable Accommodations (HCD). For this measure, data is not representative of the county as a whole, but rather of individuals participating in public sector programs. The measures are a starting point of program data collection and are not inclusive of all programs operated through Fairfax County government.

Supportive Services, Day Support Programs, and Housing Programs and Services are crucial elements supporting people’s ability to live work and play in the setting of their choice. From FY 2013 (86%) to FY 2017 (91%) the county experienced a five percentage point increase in the percentage of persons who had options that helped them meet their physical, behavioral and/or cognitive needs.

A major component of this system indicator is ample, affordable and accessible housing options. The Health and Human Services (HHS) system recognizes the challenge in ensuring ample, affordable and accessible housing opportunities, especially for older adults and individuals with disabilities, who often have limited income. The gap in available housing options are confirmed by the current wait lists for the following types of housing units:

- Accessible units for individuals with disabilities within public housing and housing choice voucher programs (only): 51
- Low and moderate income FCRHA senior assisted living units: 112
Ability to Live, Work, and Play
Goal: Increase people’s ability to live, work, and play in settings of their choice

Positive Living for Older Adults and Individuals with Disabilities

How are we doing? Demand is expected to grow unless innovative and sustainable solutions are adopted. Over the next couple of years, several new senior housing facilities will be constructed and these are some upcoming soon:

- The Fallstead at Lewinsville Center, a public—private partnership project, is being constructed on the old Lewinsville Senior Center site in McLean, VA. On this property, the new structure will house 82 residential units of senior affordable housing and also a separate support services building will be constructed to house the senior center, adult day health care center and the two privately operated child care centers. This new campus is expected to open late summer 2018.
- Additional affordable senior housing will be developed at the Little River Glen site; however, the number of units to be developed has not yet been determined.

Due to the complex nature of the housing issues, the health and human services system will need to continue actively engaging key stakeholders to develop strategies that leverage resources and build capacity.

Other factors which influenced performance for this composite indicator included:

- Cross-agency case conferencing and interdisciplinary meetings designed to provide person-centered services allowed HHS staff to better assess and meet the needs of their mutual clients.
- The HHS system also recognizes the value of continued partnerships with public and private community-based organizations in an effort to leverage resources and build capacity. As the population of older adults and individuals with disabilities increases, so does the need for additional service choices best accomplished through community capacity building.
- In FY 2017, the Fairfax County Redevelopment and Housing Authority (FCRHA) verified and approved 75% (151 out of 201 requests) of the reasonable accommodation requests received. Of those approved, 49 were approved live in aide requests and 33 were approved modification requests. As a result, 90% (or 57 out of 63) individuals were able to remain in their home another year.
- In 2017, the FCRHA made advances in meeting the need for accessible, affordable housing and enabled 31% (9 out of 29) of residents in public housing and 67% (10 out of 15) in rental housing to transfer off of the medical transfer list into units that most appropriately met their needs.
- The county offers a range of services that contribute to an individual’s ability to live in their home designed to eliminate or delay the need for facility-based care. Case management, home based care, home delivered meals, adult day health care, day support programs, transportation to medical appointments and grocery stores, respite for family caregivers are a few of the services that enable older adults and individuals with disabilities to remain in the community of their choice.
Ability to Live, Work, and Play

Goal: Increase people’s ability to live, work, and play in settings of their choice

Positive Living for Older Adults and Individuals with Disabilities

How are we doing? For older adults and individuals with disabilities to be able to live, work and play in the setting of their choice, their caregivers/ care partners are critical in ensuring their quality of life and well-being is being maintained and opportunities to be socially engaged are maximized. In turn, for caregivers / care partners to continue providing supportive care, they too must be able to receive support services that enable them to maintain and/or improve their own health and well-being.

The following are indicators the health & human services system is monitoring:

<table>
<thead>
<tr>
<th>System Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of caregivers who receive health and well-being benefits from support services</td>
<td>89% (FY 2013) 96 / 108</td>
<td>81% (FY 2017) 90 / 111</td>
</tr>
</tbody>
</table>

Source: Fairfax County Health and Human Services System Data

This indicator contains three measures that exemplify programs within the county’s health and human services system that currently measure ability to live, work and play outcomes. It is supported by Therapeutic Recreation (NCS), Adult Day Health Care (HD), and ElderLink (DFS—Contracted Provider). For this measure, data is not representative of the county as a whole, but rather of individuals participating in public sector programs. The measures are a starting point of program data collection and are not inclusive of all programs operated through Fairfax County government.

Family caregivers represent a valuable, but often overlooked resource. Services that help sustain their ability to continue caregiving are critical. This measure focuses on caregivers who received support and respite services from three county operated programs, Adult Day Health Care (Health Department), Therapeutic Recreation (Department of Neighborhood and Community Services), and Elderlink. There are many other services that support family caregivers including:

- Day Support Programs,
- Caregiver Respite Funds,
- Aging, Disability, and Caregiver Resource Line,
- Caregiver Support Groups,
- Senior Center Inclusive Support Services, and
- the Caregiver Fall and Spring Seminar Series.

One source of additional support that is focused on providing options to support the physical, behavioral and cognitive needs of older adults and individuals with disabilities, as well as the health and well-being needs of their caregivers, is the Consolidated Community Funding Pool (CCFP), which contracts with local organizations to provide support services. In the FY 2017-18 funding cycle, the Consolidated Community Funding Pool (CCFP) awarded funding to non-profits providing health and human services that provide options to support the physical, behavioral and cognitive needs of older adults and individuals with disabilities, as well as the health and well-being needs of their caregivers, within the local community. Seven CCFP-funded programs supported 506 older adults and individuals with disabilities in FY 2017. Of those persons supported, 63% achieved the desired outcomes. Additionally, two CCFP-funded programs served 148 caregivers in FY 2017. Of these supported caregivers, 100% achieved the desired outcomes. It is worth noting that CCFP contracted providers may vary with each two-year funding cycle.
Quality of Life

Goal: Improve the quality of life for older adults and individuals with disabilities

How are we doing? Opportunities for engagement and social interaction are key in helping to promote positive living and improve the quality of life for older adults and individuals with disabilities. Engagement can help improve health outcomes, both physical and mental, as well as decrease social isolation. These benefits often translate into reduced medical and social costs. Along with these opportunities, comes the need for accessible and affordable transportation options that ensure access to opportunities that improve peoples’ quality of life.

Within Fairfax County, programs and services promote engagement for older adults and individuals with disabilities of all ages including therapeutic recreation, congregate meals, and day support and employment. Senior and community centers also provide an opportunity for individuals of all ages and abilities to engage in a variety of different activities. Since FY 2014, attendance at Neighborhood and Community Services Senior Centers has increased by 29%.

The following are indicators the health & human services system is monitoring:

<table>
<thead>
<tr>
<th>System Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of persons who are able to participate in meaningful and accessible activities of their choice</td>
<td>94% (FY 2013) 848 / 902</td>
<td>82% (FY 2017) 1,194 / 1,452</td>
</tr>
</tbody>
</table>

Source: Fairfax County Health and Human Services System Data

This indicator represents four of many county programs, within the county’s health and human services system, designed to provide older adults and individuals with disabilities the opportunity to engage in meaningful opportunities in an effort to improve their quality of life. It is currently supported by Therapeutic Recreation (NCS), Adult Day Health Care (HD), Support Coordination Services (CSB), and Senior Centers (NCS). For this measure, data is not representative of the county as a whole, but rather of individuals participating in public sector programs. The measures are a starting point of program data collection and are not inclusive of all programs operated through Fairfax County government.

Without a comprehensive approach to data collection across the system for this indicator, the results can shift from one year to the next as more programs began to collect and report data. While the outcome may appear low; however, overall it is actually a very strong outcome for the population served by this program.

In general, adults with developmental disabilities are living longer and experiencing additional disabilities and illnesses related to aging. This presents a challenge because currently some county programs are not designed to meet the needs of these individuals. They often require more support and assistance to cope with these additional disabilities and health conditions. As individuals with intellectual, mental and/or developmental disabilities age there will be an increase in demand for programs to meet the unique needs of this population.
Quality of Life

Goal: Improve the quality of life for older adults and individuals with disabilities

Positive Living for Older Adults and Individuals with Disabilities

How are we doing? As the trend towards more inclusive programming continues to rise, therapeutic recreation is seeing a shift towards serving individuals with more specialized needs, therefore requiring lower staff-to-participant ratios to maintain a safe and successful environment. Participant needs include behavior management, medical procedures, personal care assistance, dietary, and physical assistance. Therapeutic Recreation has managed to reallocate resources to maintain the needed ratios; however, if the trend continues, therapeutic recreation will need to serve fewer participants annually in order to maintain the required staffing ratios needed to serve participants.

One source of additional support focused on providing meaningful and accessible activities for older adults and individuals with disabilities, is the Consolidated Community Funding Pool (CCFP), which contracts with local organizations to provide options from which older adults and individuals with disabilities can choose. In the FY 2017-18 funding cycle, the Consolidated Community Funding Pool (CCFP) awarded funding to nonprofits providing health and human services that provide meaningful and accessible activities for older adults and individuals with disabilities within the local community. Nine CCFP-funded programs provided meaningful and accessible activity options to 572 older adults and individuals with disabilities in FY 2017. Of those persons participating in these activities, 81% achieved the desired outcomes. It is worth noting that CCFP contracted providers may vary with each two-year funding cycle.
Positive Living for Older Adults and Individuals with Disabilities

“I would like to age-in-place, but not being close to easily accessible transportation will be a potential problem for me.”

- Senior Survey Respondent

“Coming here takes up my time, because I wouldn’t have anything else to do, but sit and watch television. I can get out of my house and come and visit with other people and have friends.”

– Senior Center Participants

Programs and Services Contributing To Ability to Live, Work & Play Goal

Options that Support Physical, Behavioral & Cognitive Needs Indicator: Adult Services Case Management Services · Adult Day Health Care · Fairfax County Rental Program · Group Homes for Individuals with Developmental Disability · Home Repair for the Elderly · Public Housing · Supported Shared Housing · Reasonable Accommodations

Caregiver Health & Well-Being Indicator: Therapeutic Recreation · ElderLink (Contracted Service Provider) · Adult Day Health Care

Programs and Services Supporting Ability to Live, Work & Play Goal

Options that Support Physical, Behavioral & Cognitive Needs Indicator: Four nonprofits with CCFP funded programs

Caregiver Health & Well-Being Indicator: One nonprofit with a CCFP funded program

Programs and Services Contributing To Quality of Life Goal

Meaningful & Accessible Activities Indicator: Adult Day Health Care · Support Coordination Services · Therapeutic Recreation · Senior Centers

Programs and Services Supporting Quality of Life Goal

Meaningful & Accessible Activities Indicator: Seven nonprofits with CCFP funded programs

Other Programs, Services, Boards, Authorities and Commissions, and Activities Supporting Ability to Live, Work & Play & Quality of Life Goals

Channel 16’s Mature Living Program · Commission on Aging · Eldercare Locator · Fairfax 50+ · Fairfax Area Disability Services Board · Fairfax County Public Library · Fairfax County Park Authority · Fairfax County Public Schools Special Education · Human Services Transportation · Long-Term Care Coordinating Council · Long-Term Care Ombudsman Program · Senior Navigator · Transportation for Seniors & Disabled · Volunteer Solutions
Our Strategies related to the Ability to Live, Work and Play goal:

- Explore additional partnerships to provide opportunities for clients to age-in-place and have support services
  - Ensure services are delivered in appropriate settings for clients and caregivers/care partners.

- Improve the ability of county health and human services agencies to share data cross-system as it relates to commonly served consumers [clients and caregivers/care partners], including demographic and service-related information in order to:
  - Provide a more holistic view of the consumer and their needs
  - Serve consumers in a more cross-system integrated manner
  - Measure similar services in a consistent and standardized manner

Our Strategies related to the Quality of Life goal:

- Increase diversity of program offerings that better meet the needs of a variety of individuals with various disabilities and their caregivers/care partners

- Explore additional options for appropriate modes of reliable, affordable and accessible transportation, along with the ability to provide supportive services based on clients’ needs

Currently, the Positive Living for Older Adults and Individuals with Disabilities Strategic Workgroup is continuing and expanding on-going efforts with regards to all four of their strategies.
Terms and Methodology

**Baseline:** Term refers to data for “year zero” and will be used as a comparison point for future performance.

**Composite:** Term refers to a single data point which represents various programs and services contributing to outcomes. Percentages on report card are composites and these are calculated by a) summing all individuals who are better off as a result of participating in contributing programs or receiving services – this sum is the numerator; b) summing the total number of individuals who participate in all contributing programs or receive services – this sum is the denominator; and c) dividing numerator by denominator; i.e., composite (%) = numerator ÷ denominator.

**Rounding:** Figures presented as percentages are in most cases rounded to the nearest whole number percentage. Due to rounding, percentages may not add up to 100%.

The system indicators reflect a representative sampling of those persons served by human services within county administered programs. Based on existing system indicator outcomes, health and human services appraises the overall system performance in attaining the desired goal utilizing the classifications below:

**LEGEND:**

- ☀️ An opportunity to celebrate the significant progress made in moving toward achievement of the desired result.
- ☁️ An opportunity to continue to improve upon the progress made toward achievement; this reflects less progress than the opportunity to celebrate; however, positive movement has been made.
- ⚡️ An opportunity to improve, reflecting the need for the community and Health & Human Services System to address the desired result more effectively.