

Board Agenda Item  
June 20, 2017

ACTION – 4

Approval of the Consolidated Community Funding Advisory Committee  
Recommendations for the FY 2019 and FY 2020 Funding Priorities for the Consolidated  
Community Funding Pool

ISSUE:

Board of Supervisors' approval of the FY 2019 and FY 2020 Funding Priorities for the Consolidated Community Funding Pool, as recommended by the Consolidated Community Funding Advisory Committee (CCFAC).

RECOMMENDATION:

The County Executive recommends that the Board of Supervisors approve the FY 2019 and FY 2020 Funding Priorities for the Consolidated Community Funding Pool (CCFP) as recommended by the CCFAC.

TIMING:

The decision on the funding priorities for CCFP funding is requested in June to allow staff time to prepare the next Request for Proposals for the CCFP for release in the fall of 2017.

BACKGROUND:

The Board of Supervisors has charged the CCFAC with the responsibility for overseeing the Consolidated Community Funding Pool. As part of that responsibility, the CCFAC recommends funding priorities for the funding pool for each two-year cycle. For the FY 2017-2018 funding cycle, the CCFAC designed a new element in the CCFP priorities framework that identified targeted focus areas that represented key areas of need within the human services system. The table below outlines the specific outcome statements and targeted focus areas within each priority.

Board Agenda Item  
June 20, 2017

Priority	Outcome Statement	Targeted Focus Areas
<b>I. PREVENTION</b>	Families and individuals remain independent and have the tools and resources to prevent future dependence. Communities increase their ability to support their members in preventing dependence.	Behavioral health services for youth and older adults, including suicide prevention  Early childhood development services
<b>II. CRISIS INTERVENTION</b>	Individuals, families, or communities in crisis overcome short-term problems (generally not more than three months) and quickly move back to independence.	Domestic violence services, particularly those that provide housing opportunities for families affected by domestic violence  Food assistance for families with children  Emergency rental and utility assistance
<b>III. SELF-SUFFICIENCY</b>	Families, individuals, neighborhoods, and communities attain self-sufficiency over a period of three months to three years.	Healthcare affordability and accessibility services, particularly behavioral health services  Housing needs identified in the Fairfax County Housing Blueprint  English proficiency services
<b>IV. LONG-TERM SUPPORTIVE SERVICES</b>	Individuals who have continuing long-term needs and who therefore may not become self-sufficient, achieve and/or maintain healthy, safe, and independent lives to the maximum extent possible.	Affordable and accessible housing with supportive social services for very low-income individuals with disabilities and very low-income older adults



Board Agenda Item  
June 20, 2017

The Board approved a total of \$12.5 million in awards to successful programs for the two fiscal years FY 2017 and FY 2018. All awards, assuming successful performance, are through June 30, 2018.

The CCFAC utilizes a consistent process for gathering community input and evaluating data throughout the year to inform decisions on which funding and priority recommendations are developed. Throughout the CCFP's history, the CCFAC has strategically adjusted the priorities to meet the county's changing needs and to recognize the changing nature of community-based providers. This adjustment may also be reflective in the approach for how the priorities are developed.

Staff met with the CCFAC to present a recommendation for the approach of the CCFP priorities for the upcoming funding cycle (FY 2019-2020). This recommended approach entailed the continuation of utilizing the targeted focus areas to identify geographic or population-based areas of need through the analysis of demographic and programmatic data –and identifying strategies to expand community engagement efforts. The CCFAC appreciated the recommended approach, but viewed the targeted focus areas more as a stopgap measure than an ongoing strategy for the priorities. The CCFAC elected to completely revamp the priority setting process – which included developing recommendations for a new approach for the CCFP priority setting process and identifying strategies to expand community engagement efforts.

Several specific activities influenced and shaped the development of the priority recommendations this cycle. These included the following:

- CCFAC Subcommittee Meetings: A subcommittee of CCFAC members and staff convened to develop recommendations for the approach for the CCFP priority setting process for FY 2019-2020. Staff-prepared reports and analyses (relative to awarded programs in the current funding cycle – FY 2017-2018) and reviewed the 2014 CCFP Steering Committee Report, the 2016 Fairfax County Human Services Needs Assessment, and other pertinent human services data to support developing the recommendations. CCFAC subcommittee members and staff concurred that the recommended approach for the FY 2019-2020 priority setting process should align with existing human services focus areas and be reflective of community input. The basis for this approach was also noted as a recommendation by the CCFP Steering Committee.
- Community Engagement Efforts: CCFAC subcommittee members and staff identified a hybrid strategy for public participation utilizing both traditional (community engagement sessions) and technological (online and social media) methods. From October 2016 – March 2017, Neighborhood and Community Services (NCS) staff conducted various sessions across the county with diverse groups in efforts to gather input about the priorities as well as emerging needs.

Board Agenda Item  
June 20, 2017

NCS also developed a webpage to capture online feedback and utilized social media outlets to drive followers to this webpage. The feedback that emerged from these community engagement efforts were summarized and presented to CCFAC subcommittee members through a visual report. In addition to these efforts, staff also posted a public notice of the draft priorities on the Fairfax County website and in local newspapers (including minority newspapers) and distributed the public notice and an information flyer to community stakeholders and residents.

- Discussion of *Draft* Priorities at the CCFAC meeting on May 9, 2017: Community input captured at the public comment meeting on these *Draft* Priorities was considered in making the final recommendation to the Board of Supervisors.

The CCFAC recommends that the Funding Pool continue its historic focus on the provision of direct human services. Some institutional activities to support direct services such as organizational development, professional development, case management, public education, outreach, and networking will be appropriate components of a CCFP proposal as in the previous cycles. The CCFAC also explicitly recognizes the value of human services that emphasize neighborhoods (geographically defined) and communities (shared interests, not bound to one location), as well as those for individuals and families. It is recognized that the CCFP funds programs and is not to be considered as a general source of funding for organizations.

As the CCFP focuses on measurable outcomes for individuals, families, neighborhoods, and communities, the CCFAC is recommending new outcome-focused priorities which reflect a critical continuum of stability, connectedness, well-being, and self-sufficiency opportunities based on the need, condition, and potential among those being served. The CCFAC believes that these outcome-focused priorities will support a number of Board and human services system initiatives and will strengthen efforts to preclude conditions or behaviors that undermine health, stability, connectedness and engagement, growth and development, or independent living in the community.

The table below and the attached document outline the new priorities and their respective outcome statements. These new priorities represent the existing and emerging needs identified by the community and align with human services determinants that will result in positive and equitable outcomes.



Priority	Outcome Statement
I. HOUSING	<p><b>Families and individuals of all ages and abilities</b> – including those at risk of homelessness, people with disabilities, older adults, and individuals in the local workforce – can afford safe, stable, healthy, and accessible living accommodations along with other basic necessities and will have access to affordable, accessible housing with the supportive services necessary to live as independently as possible in a community setting.</p>
II. LITERACY/EDUCATIONAL DEVELOPMENT/ATTAINMENT	<p><b>Families and individuals of all ages and abilities</b> will have the ability to read, write, and speak English effectively, manage finances, and attain employment goals through academic and vocational achievement. Children and youth will have access to quality early care and education and supports to develop employment and independent living skills.</p>
III. FINANCIAL STABILITY (Financial Assistance to Financial Empowerment)	<p><b>Families and individuals of all ages and abilities</b> will have the ability to possess and maintain sufficient income to consistently meet their basic needs – with no or minimal financial assistance or subsidies from private or public organizations.</p>
IV. HEALTH	<p><b>Families and individuals of all ages and abilities</b> will have access to primary, specialty, oral, and behavioral, and long term health care, particularly prevention services. <b>Families and individuals of all ages and abilities</b> will develop the knowledge and resources to practice healthy behaviors and to take action to prevent and manage disease and adverse health conditions. Children will have access to supplemental food year-round, seven days a week.</p>

Board Agenda Item  
June 20, 2017

<b>V. SUPPORT/COMMUNITY/ SOCIAL NETWORKS</b>	<b>Families and individuals of all ages, abilities, and income levels</b> will have access to local services, including community-based transportation and childcare and the ability to establish and maintain communal and social relationships.
<b>VI. POSITIVE BEHAVIORS AND HEALTHY RELATIONSHIPS</b>	<b>Families and individuals of all ages, abilities, and income levels</b> will develop positive behaviors and healthy relationships that are safe and free from abuse, neglect and trauma and promote physical, emotional, mental, and social well-being.

**CCFAC Recommendation**

Based on the review and analysis of community input, supportive data, and human services outcome information, the CCFAC recommends that the Board of Supervisors approve the six priorities as shown above and in the attachment for FY 2019 and FY 2020.

**FISCAL IMPACT:**

None

**ENCLOSED DOCUMENTS:**

Attachment 1: Recommended Priorities for the Consolidated Community Funding Pool for Fiscal Years 2019-2020

**STAFF:**

Patricia D. Harrison, Deputy County Executive  
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Thomas E. Fleetwood, Director, Housing and Community Development  
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Dawn Hyman, Community Capacity Builder, Neighborhood and Community Services

ATTACHMENT 1

**Draft PRIORITIES FOR THE  
CONSOLIDATED COMMUNITY FUNDING POOL (CCFP)  
for Fiscal Years 2019-2020**

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

This document presents the Consolidated Community Funding Advisory Committee's (CCFAC) recommendations on priorities for the Consolidated Community Funding Pool (CCFP) for the two-year funding cycle beginning in Fiscal Year 2019 (July 1, 2018). The recommendations were developed by the CCFAC, the citizen group established by the Fairfax County Board of Supervisors and charged with the responsibility to recommend CCFP priorities based on community input, data and existing human services efforts. Members of the CCFAC are appointed by the County Executive and represent various public and private citizen advisory or administrative boards, councils, and committees within the county.

Throughout the CCFP's history, the CCFAC have strategically adjusted the priorities to meet the county's changing needs and to recognize the changing nature of community-based providers. For FY2019-2020, the CCFAC decided to revamp the priority setting process to ensure that the approach was more aligned with existing human services efforts and reflected community input. This decision to overhaul the priority setting process also supports the recommendations of the CCFP Steering Committee. In order to achieve this, Fairfax County staff hosted various community engagement sessions throughout the county to gather input about the priorities as well as emerging needs. Based on the community feedback, supportive data, and human services outcome information provided by staff, CCFAC identified and developed new CCFP priority "categories" and outcomes statements. These new priorities represent the existing and emerging needs noted by the community and align with human services determinants that will result in positive and equitable outcomes and are not in any specific priority or ranking order. CCFAC recommends that Fairfax County respond to them by specifically seeking CCFP projects that have a focus on these priorities.

Described below are the new six recommended priorities, the outcome statements to be achieved and service examples. For more insight about the community back and supportive data, please refer to the Appendix starting on page 5 of this document.

**I. PRIORITY: HOUSING**

**Outcome Statement: Families and individuals of all ages and abilities** – including those at risk of homelessness, people with disabilities, older adults, and individuals in the local workforce – can afford safe, stable, healthy, and accessible living accommodations along with other basic necessities and will have access to affordable, accessible housing with the supportive services necessary to live as independently as possible in a community setting.

**Service Examples (may include some of the following examples, but are not limited to):**

- Housing modifications for ADA accommodations, enable seniors to age-in place and other housing rehabilitation projects
- Provision of temporary or emergency shelter and supportive services to homeless individuals and families, including homeless youth
- Services to support housing stability and to maximize tenants ability to live independently (e.g., case management, mental health, alcohol and substance abuse, independent living, home health visits, vocational, health, furniture and other household goods, peer support and social activities)
- Acquisition, preservation, rehabilitation, and construction of affordable, accessible, safe, healthy, and stable housing with accessible supportive social services
- Services to assist individuals transitioning from institutional to home or community-based care
- Services to assist individuals and families to locate housing



**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**II. PRIORITY: LITERACY/EDUCATIONAL DEVELOPMENT/ATTAINMENT**

**Outcome Statement:** Families and individuals of all ages and abilities will have the ability to read, write, and speak English effectively, manage finances, and attain employment goals through academic and vocational achievement. Children and youth will have access to quality early care and education and supports to develop employment and independent living skills.

**Service Examples (may include some of the following examples, but are not limited to):**

- Early child development services
- Employment training/job skills/awareness of economic opportunities
- Adult education
- English proficiency services
- Supportive employment

**III. PRIORITY: FINANCIAL STABILITY (Financial Assistance to Financial Empowerment)**

**Outcome Statement:** Families and individuals of all ages and abilities will have the ability to possess and maintain sufficient income to consistently meet their basic needs – with no or minimal financial assistance or subsidies from private or public organizations.

**Service Examples (may include some of the following examples, but are not limited to):**

- Financial literacy/management training and counseling to foresee and prevent financial crises
- Utility payments
- Rental assistance
- Financial counseling
- Financial asset formation

**IV. PRIORITY: HEALTH**

**Outcome Statement:** Families and individuals of all ages and abilities will have access to primary, specialty, oral, and behavioral, and long term health care, particularly prevention services. Families and individuals of all ages and abilities will develop the knowledge and resources to practice healthy behaviors and to take action to prevent and manage disease and adverse health conditions. Children will have access to supplemental food year-round, seven days a week.

**Service Examples (may include some of the following examples, but are not limited to):**

- Healthcare affordability and accessibility services, particularly oral and behavioral services
- Health fairs and health screening clinics, dental clinics, inoculations, nutrition education
- Primary medical/dental services
- Healthy choices programs
- Emergency and/or supplemental food programs (weekend backpack programs)
- Nutrition education programs

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**V. PRIORITY: SUPPORT/COMMUNITY/SOCIAL NETWORKS**

**Outcome Statement:** Families and individuals of all ages, abilities, and income levels will have access to local services, including community-based transportation and childcare and the ability to establish and maintain communal and social relationships.

**Service Examples (may include some of the following examples, but are not limited to):**

- Courses that teach language or culture to help groups interact positively
- Mentoring programs for youth, adults, and families
- Language and cross-cultural assistance
- Transportation to provide access to existing programs, services and/or medical appointments
- Social environments for isolated individuals
- Respite services to help caregivers
- Childcare to help parents stay employed

**VI. PRIORITY: POSITIVE BEHAVIORS AND HEALTHY RELATIONSHIPS**

**Outcome Statement:** Families and individuals of all ages, abilities, and income levels will develop positive behaviors and healthy relationships that are safe and free from abuse, neglect and trauma and promote physical, emotional, mental, and social well-being.

**Service Examples (may include some of the following examples, but are not limited to):**

- Counseling services for individuals and families
- Conflict resolution and anger management training and counseling
- After-school or other programs that provide positive alternatives to risky behavior
- Services to victims of domestic violence and their families
- Services to assist with trauma recovery

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**APPENDIX**

<b>I.</b>	<b>Housing: Feedback Themes &amp; Supportive Data.....</b>	<b>6</b>
<b>II.</b>	<b>Literacy/Educational Development/Attainment: Feedback Themes &amp; Supportive Data...</b>	<b>7</b>
<b>III.</b>	<b>Financial Stability: Feedback Themes &amp; Supportive Data.....</b>	<b>9</b>
<b>IV.</b>	<b>Health: Feedback Themes and Supportive Data.....</b>	<b>10</b>
<b>V.</b>	<b>Support/Community/Social Networks: Feedback Themes &amp; Supportive Data.....</b>	<b>12</b>
<b>VI.</b>	<b>Positive Behaviors &amp; Healthy Relationships: Feedback Themes &amp; Supportive Data.....</b>	<b>14</b>



**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**I. HOUSING**

**Feedback Theme(s): Housing Acquisition, Housing Support Services, Aging in Place**

**Supportive Data:**

- **Housing Acquisition**
  - There are substantial shortages in the number of rental units in Fairfax County that are affordable for low- and moderate- income households. There is a shortage of approximately 31,360 rental units affordable to households earning \$68,000 or less. Population density and the limited amount of land available for development have contributed to the demand and high cost of housing in Fairfax County. (Source: 2016 Fairfax County Human Services Needs Assessment)
- **Housing Support Services/Aging in Place**
  - The older adult population is increasing and so will the number of adults who live alone. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - The demand for supportive services is on the rise. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - Facility-based care is more expensive than community-based services. Costs are high for supportive services for independent living, even though the benefits are vast. If older adults are unable to access supportive services through the Medicaid waiver program, they will seek them through the public or private markets. The number of individuals in Fairfax County on the statewide Medicaid Intellectual Disability Waiver waitlist has grown 308% from 2005 to 2016. This growth demonstrates a clear unmet need for supportive services to assist individuals in their own home, their families' homes, shared living settings, group homes, and other community living settings. (Source: 2016 Fairfax County Human Services Needs Assessment)

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**II. LITERACY/EDUCATIONAL DEVELOPMENT/ATTAINMENT**

**Feedback Theme(s):** Language/Cultural Literacy, Workforce Development, Affordable and Accessible Childcare

**Supportive Data:**

- **Language/Cultural Literacy**
  - Individuals with limited English proficiency are often precluded from fully participating in the labor market with written and oral communication skills as a key component to work place success. Although these individuals may not necessarily be linguistically isolated, there is a strong connection between English proficiency and poverty. (Source: 2016 Fairfax County Human Services Needs Assessment)
- **Workforce Development**
  - Disparities exist within the county when viewing the unemployment rate by race and ethnicity. Those that identify themselves as non-white residents have higher unemployment rates than white residents. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - Job recovery since the recession has been unequal among low-, middle-, and high-wage professions. While job loss during the recession impacted lower wage jobs and most of these low wage jobs have recovered since, they are generally paying lower wages than in the past. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - Currently, there is no collective effort throughout Fairfax County (in both the public and private sectors) to systematically identify the skills needed by employers. This limits the ability to effectively and efficiently meet the training and skill levels needed for high-growth, high-demand opportunities. Source: Economic Self-Sufficiency Report Card, March 2016)
  - There is also a lack of a cohesive system to help individuals build “stackable” and portable credentials aligned with the labor market. Many training programs are not short-term in nature, requiring substantial time commitments from participants. This type of commitment can be difficult for some individuals, who need to balance the need to immediately work in order to improve their economic situation versus acquiring skills which may benefit their career over the long-term. (Source: Economic Self-Sufficiency Report Card, March 2016)
- **Affordable and Accessible Childcare**
  - Childcare costs are the second-highest expense for families following housing expenses. In Fairfax County, the cost of center-based childcare for an infant can range from \$15,800 to more than \$18,000/year. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - Childcare is a key work support for many families in Fairfax County. Families earning low-incomes pay a significantly higher share of their income towards childcare than families with higher incomes. (Source: 2016 Fairfax County Human Services Needs Assessment)

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

- While state and locally funded childcare subsidies can provide families with needed support, there is often a waiting list for those seeking subsidies. While rates that are paid to childcare programs have increased, these rates sometimes do not fully cover the cost of care for families. (Source: 2016 Fairfax County Human Services Needs Assessment)



**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**III. FINANCIAL STABILITY**

**Feedback Theme(s): Financial Empowerment**

**Supportive Data:**

- **Financial Empowerment (Assistance through Empowerment)**
  - The Council for Community and Economic Research estimated in 2015 that living in the Washington metro area was nearly one and one half times more expensive than the US as a whole, ranking it the seventh most expensive area to live.
  - With over 1.1 million people living in Fairfax County and the median household income at \$112, 552, 7.2% of the households make less than \$25,000 per year and 11% make between \$25,000 and \$49,000 per year. (Source: American Community Survey, 2011-2015).
  - For one nonprofit, a typical client is a single parent working two jobs, supports two children and earns an average of \$28,000 per year. (Source: Britepaths FY2017-2018 RFP)
  - According to the MIT Living Wage Calculator a family of four would need a minimum of \$43,149 to meet their expenses (Source: State of the Poor, the Fairfax County Community Action Advisory Board, 2014)
  - Many clients live paycheck to paycheck and consequently do not have the resources needed to survive financial crises. (Source: Britepaths FY2017-2018)
  - The daily budget for financial assistance is exhausted by 10 am and have approximately 10 clients on our food program waiting list regularly. (Source: Britepaths, FY2017-2018)
  - The need for financial literacy education is evidenced by how many of our clients have fallen into an economic crisis that might have been averted with better financial planning, budgeting and credit skills. Providing mentoring for financial skills – as well as workforce and life skills – can help families avoid falling further into crisis and dependency. (Source: Britepaths, FY2017-2018 RFP)

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**IV. HEALTH**

**Feedback Theme(s):** Supplemental Food Programs, Fresh Food Accessibility, Health Literacy, Healthcare Services

**Supportive Data:**

- **Supplement Food Programs**
  - There are various nonprofits, community- and faith-based organizations that provide supplemental food programs throughout Fairfax County. One such program is the Weekend Backpack Program. A collaborative effort between nonprofits, community- and faith-based organizations and Fairfax County Public Schools, this program provides healthy meals, drinks, and snacks over the weekend to children who receive free or reduced-price meals during school days. For many children, these are the only meals they receive during the weekend. (Source: Fairfax Food Council 2015 Community Food Assessment)
  - Food for Others is one of many nonprofits in Fairfax County that manages a Weekend Supplemental Program. Their Power Pack Program (P3) provides children with a “pack of food” that consists of a gallon sized Ziploc bag with the following items: (2) breakfast items; (2) lunch items; (2) snack items; (2) dinner items; and (2) drink items. Source: Nikki Clifford, Volunteer and Operations Manager, Food for Others)
  - In FY 2016, Food for Others served 1,980 students per week (this is an unduplicated number). Source: Nikki Clifford, Volunteer and Operations Manager, Food for Others)
  - From the 29 schools they serve on a regular basis (they have three (3) that reach out to them when they are in need), an additional 3,144 packs of food have been requested. This request would fulfill the needs of students for the remaining 12 weeks of school. Source: Nikki Clifford, Volunteer and Operations Manager, Food for Others)
  - Food for Others budgeted to distribute 67,000 packs for the 2016-2017 school year and would need additional funding to increase their distributions with the requested 3,144 (which would cost \$12,576). (Source: Nikki Clifford, Volunteer and Operations Manager, Food for Others)
- **Fresh Food Accessibility**
  - Fresh fruits and vegetables are expensive and often limited in supply at local food pantries. In addition, direct sources for these items at farmers markets are viewed as pricey. Those struggling with finances cannot afford to have food spoil, so shelf life is a consideration when making food choices.
  - Fresh fruits and vegetables are limited in supply and highly valued. Donated items often come in the form of processed and canned items that can be easily stored. Many of the pantries have limited space for storage as well as refrigeration. While some of the pantries are able to glean items from local farmers markets or accept fresh vegetables from garden plots, this is primarily available from May to November. Most of the donations from supermarkets are in the form of breads, pastries, and canned food. There can be challenges with supermarkets donating fresh vegetables and fruit to local pantries.

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

- While some farmers markets participate in the SNAP double dollar program in the targeted areas, participation is low according to stakeholder interviews. Only six percent of households making \$50K or less indicated that they shop for food at a farmers market. According to stakeholder interviews, many perceive a farmers market as a high-end option for food. Time and transportation may also be factors.
- There still appears to be a demand for affordable produce in the targeted areas even with the efforts of the non-profit and faith community to distribute additional produce. The Capital Area Food Bank's (2015) Hunger Heat Map helps illustrate the need through an interactive map which highlights the gaps in unmet food pounds needed in food insecure areas of the community. While it provides a broad overview of all food donated and the many gaps to be met, it is clear that the produce gap is especially large due to the challenges in securing and distributing fresh fruits and vegetables. (Source: Fairfax Food Council 2015 Community Food Assessment)
- **Health Literacy**
  - More than 75% of all US health care costs are attributable to preventable health conditions related to factors that can be modified (i.e., nutrition, smoking, weight, and physical activity). A key components in promoting overall health is ensuring health literacy, which is the ability of individuals to obtain, process and understand basic health information to make appropriate decisions. Overall, individuals with low health literacy levels are a greater risk for hospitalization, use more health care services, and tend to use more expensive medical services such as emergency care. (Source: Healthy People Report Card, July 2016)
- **Healthcare Services**
  - Access to affordable health insurance is an important factor in accessing preventive and treatment services. In 2014, Fairfax County had an estimated 30,300 adults without health insurance who were between the ages of 18 and 64 and lived in households with incomes under 138% of the Federal Poverty Level. (Source: 2016 Fairfax County Human Services Needs Assessment)



**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**V. SUPPORT/COMMUNITY/SOCIAL NETWORKS**

**Feedback Theme(s):** Community Leadership Development, Language/Cultural Literacy, Community-Based Transportation Networks, Supportive Services for Caregivers

**Supportive Data:**

- **Community Leadership Development:** Unfortunately, there wasn't any immediate resources with data to support the need for Community Leadership Development programs/services.
- **Language/Cultural Literacy**
  - A significant number of residents have a limited ability to read, speak, and write or understand the English language. Of all the households in Fairfax County in 2014, 7% (26,389 households) were linguistically isolated. This means that no members of the household ages 14 or older spoke English "very well". (Source: 2016 Fairfax County Human Services Needs Assessment)
- **Community-Based Transportation Networks**
  - Transportation is costly. The estimated cost of transportation for Fairfax County residents is approximately \$11,000/year for a family with two working adults and three children. Public transportation is also expensive. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - Lower income workers – particularly those 150% below the Federal Poverty Level – are more likely to use public transportation or carpool than drive. Some households do not have access to bus routes or metro stations, which can lead to increased time and money spent getting to transportation hubs. Lower wage workers spend more time and money commuting and transferring across transportation systems – resulting in less take home pay. This is true for those that don't live near their jobs or work multiple jobs to make ends meet. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - Limited off peak operating hours. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - The system is not set up to accommodate simple errands – which can be challenging to residents to use public transportation. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - Residents with limited English proficiency face additional challenges and are further deterred from using public transportation and accessing resources within the county. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - Limited strategic efforts to coordinate transportation systems and programs inside the county and across jurisdictional lines, including those operated by the faith community, businesses, nonprofits and government. (Source: 2016 Fairfax County Human Services Needs Assessment)
  - There is a recognized need for mobility managers who can help promote the coordination of transportation systems and information to improve services for residents. (Source: 2016 Fairfax County Human Services Needs Assessment)

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

- Individuals with disabilities and older adults are particularly affected by public transportation issues. A main challenge for this group is commonly referred to as the “first-and last mile – gap”. Using public transportation requires an individual to get from their location point to the transportation hub. This may include using several modes of transportation – which can prove to be challenging for individuals with disabilities and older adults. (Source: 2016 Fairfax County Human Services Needs Assessment)
- **Supportive Services for Caregivers**
  - Family caregiving today is more complex, costly, stressful, and demanding than at any time in human history.
  - There is growing awareness that many family caregivers do much more than assist older people and adults with disabilities to carry out daily activities.
  - The majority of family caregivers (60%) caring for adults in 2014 were employed either full time or part time, placing competing demands on the caregiver’s time.
  - Family caregiving can be especially overwhelming and stressful when caring for someone with dementia.
  - There is now greater recognition among policymakers, researchers, and health and social service professionals that family caregiving is a central part of healthcare and long-term services and supports in the US today. (Source: “Valuing the Invaluable: 2015 Update – Undeniable Progress, but Big Gaps Remain,” AARP Public Policy Institute, July 2015)

**Draft PRIORITIES FOR THE CONSOLIDATED COMMUNITY FUNDING POOL  
(CCFP)**

**for Fiscal Years 2019-2020**

**VI. POSITIVE BEHAVIORS & HEALTHY RELATIONSHIPS**

**Feedback Theme(s): Youth Development**

**Supportive Data:**

- **Youth Development:**
  - There are over 9,000 “disconnected youth” (individuals ages 16 to 24 who are neither in school nor employed) in Fairfax County; nearly half of them are Hispanic. The Equitable Growth Profile recommended economic development strategies that included better workforce preparation. (Source: Live Healthy Fairfax website)
  - Healthy relationships with caring adults serve as an important protective factor against a wide array of negative outcomes and problem behaviors among youth. But only 41% of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade FCPS students believe “there are lots of adults in my neighborhood I could talk to about something important.” (Source: Fairfax County Youth Survey)
  - Among FCPS 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders, 26% report signs of depression and 36% report high levels of stress. These students are at significantly higher risk for suicidal ideation and behavior. (Source: Fairfax County Youth Survey)
  - Engagement in community service is an important protective factor against a wide array of negative outcomes and problem behaviors among youth. While 44% of FCPS 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders report engaging in community service at least monthly, 35% haven’t done so in the past year or ever. (Source: Fairfax County Youth Survey)
  - While 90% of kindergarten students do not require reading intervention, there are significant disparities. Only 80% of Hispanic students, 79% of low income students, and 80% of English language learners meet literacy benchmarks. (Source: Live Healthy Fairfax website)
  - Among FCPS 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders, 18% report being bullied by others, 11% report being cyberbullied, and 49% report that someone said something bad about their race or culture. Over 20% reported being bullied, taunted, ridiculed, or teased by a parent or adult. (Source: Fairfax County Youth Survey)