



**A Snapshot of Human Development
in Alexandria:
A Needs Assessment of the
Alexandria Human Services System**

Prepared by
Braintree Solution Consulting, Inc.

For



www.alexandriaserves.org

2008

**A SNAP SHOT OF HUMAN DEVELOPMENT IN ALEXANDRIA:
A NEEDS ASSESSMENT OF
THE ALEXANDRIA HUMAN SERVICES SYSTEM**

PREPARED FOR THE

ALEXANDRIA COUNCIL OF HUMAN SERVICE ORGANIZATIONS

BY

BRAINTREE SOLUTION CONSULTING, INC.

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THE ALEXANDRIA HUMAN SERVICES NEEDS ASSESSMENT

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NEIGHBORHOOD NEEDS ASSESSMENT SURVEY RESULTS

INTRODUCTION

Background

The Alexandria Council of Human Service Organizations (ACHSO), in reviewing information currently available to describe the human service needs and resources in the City's communities, has contracted the services of Braintree Solution Consulting to draw together existing reports and conduct new research to provide ACHSO with a tool for analyzing Alexandria's human services system. This needs assessment is intended to address the comprehensive array of issues affecting the recipients of human services. Though this research and analysis will provide a broad review, there will not be program-specific evaluations or recommendations, only recommendations addressing the larger system of human services.

The ACHSO has based the collection of the data for this assessment on the need for meaningful, actionable and user friendly information that addresses Alexandria's unique needs and not just point in time statistics. This process has involved research, focus groups, two online surveys, interviews, site visits, and collaborative sessions all geared toward assessing the human services system and its programmatic and institutional resources and challenges.

Goals for the Needs Assessment

- Inform the creation of a more unified human services system
- Provide an accurate and comprehensive analysis of the human service system
- Develop a clear view of the system that is useful to public and private stakeholders alike

Outcomes of the Needs Assessment

- Position human service providers to target and conduct joint fundraising efforts
- Provide stakeholders with a summary of the main issues at work across Alexandria and within individual neighborhoods
- Empower stakeholders to make informed policy and program changes in order to facilitate systems integration and the alignment of populations, services, accountability and outcomes
- Assist ACHSO in making the "whole greater than the sum of the parts"

INTRODUCTION

Acknowledgments

Braintree wishes to acknowledge and express our appreciation to the members of the Research Committee of the Alexandria Council of Human Service Organizations for their guidance, oversight and commitment to this process. Without their involvement and enthusiasm this report would not have been possible.

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-  Charles Konigsberg and other staff from the Alexandria Health Department
-  John Porter, Jay Grymes and other staff from Alexandria City Public Schools
-  Mike Gilmore of Alexandria Mental Health

The following people were instrumental in hosting and/or scheduling focus groups during this process:

Catherine Augustine	St. Martin de Porres Senior Center
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EXECUTIVE SUMMARY

The purpose of this report is to highlight and synthesize findings from existing research that profiles Alexandria’s human services systems and to provide new analysis based upon two stakeholder surveys and several interviews and focus groups with stakeholders and clients of human services. While it is the intention of this report to identify needs, “gaps” in services, and opportunities to improve human services, research has revealed a great deal of positive activity occurring in Alexandria. Identified throughout this document are areas of challenge for each element covered but the overall context for these shortcomings is far more positive than might be suggested from a literal reading. Indeed, Alexandria possesses great strengths and the stakeholders involved have shown a sincere commitment to bettering the lives of all residents and visitors in Alexandria.

The content of this report is also partially dependent upon the feedback and opinion of those who were surveyed, interviewed, or who participated in focus groups. As such, some of the ideas presented reflect perceptions and not necessarily a uniform and constant reality. Efforts to verify major themes of this report have been undertaken and where hard data has been available or developed, it is so noted.

In presenting an executive summary of Alexandria’s human services system, Braintree has divided its recommendations into four categories to better accommodate the types of challenges and corresponding solutions seen throughout this report. The first two categories found below present issues and recommendations developed by Braintree that are of a systemic and strategic nature and that cut across multiple themes and service areas. The final two categories related to specific age groups and special populations offer strategies and suggestions provided by stakeholders and focus groups.

1. Strategic Issues	Developed by Braintree
2. Cross Cutting Recommendations	
3. Major Issue Area Recommendations: “Ages and Stages”	Strategies and Suggestions from Stakeholders and Focus Group Participants
4. Special Population and Service-Area Recommendation	

STRATEGIC ISSUES

Despite several challenges, the needs assessment process discovered that Alexandria, as a whole, also has a rich array of resources and people. As Charles Dickens once wrote of London, Alexandria is a “tale of two cities” with extremes of wealth and influence alongside poverty and helplessness. Part of the role of the Alexandria Council of Human Service Organizations is to help “connect the dots” by increasing awareness, improving quality and access, expanding the continuum of offerings, ensuring universal access, reducing institutional and policy barriers, and helping to bring and leverage existing resources to areas currently under-served.

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The following highlights the major themes encountered during the needs assessment process. More detailed information on these findings is found in the sections and attachments that follow.

Strategic Issue Number 1:

Many recipients and providers do not know what resources exist in Alexandria and/or have difficulty accessing them for correctable reasons

Recommendations

- Promote the 211 line and website as a one stop resource and referral service
- Create a resource map of human services that is categorized by focus area and shows providers and residents / clients what is available in Alexandria

Strategic Issue Number 2:

A high degree of dependence on a relatively limited array of funding sources to support the programmatic infrastructure serving various human service recipients

Recommendations

- Create a list of local / regional funding sources that have few restrictions or have no restrictions (Community Development Block Grant, etc.)
- Raise awareness of funding available from sources which traditionally have been considered difficult to obtain (Medicaid, HUD, etc.)

Strategic Issue Number 3:

A desire for more co-located services by multiple agencies and a “system of care” approach available in communities across Alexandria

Recommendations

- Align provider outcome measures so that everyone is on the same page and heading in the same direction
- The ACHSO should become the lead entity advocating for the coordination of human service provision in the City. Operating under one roof, ACHSO could seek out resources as a collective and allow complimentary disciplines to work collaboratively to provide wraparound services to individuals and families. At the same time this would allow for the potential consolidation and/or alignment of a number of committees and boards prevalent throughout the City

Strategic Issue Number 4:

Improve the educational skills and preparation of parents, including the planning of their families, their awareness and utilization of resources, and their ability to serve as their child’s “first teacher”

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Recommendations

- Strengthen existing or create new family resource centers in locations convenient to parents (libraries, schools, etc.) residing across Alexandria's diverse communities
- Survey parents on their primary concerns with regard to the goals they want to achieve for their children
- Create parent resource and awareness guidelines specific to key issues facing children and youth in Alexandria
- Amplify existing family resource centers in Alexandria with courses to train parents in positive ways to improve specific parent skill sets

Strategic Issue Number 5:

A need to streamline the collaborative and planning groups and commissions addressing human services issues

Strategic Issue Number 6:

A need to streamline and improve the coordination of services across public and private providers – particularly those with shared constituencies and clients

Recommendations

- Create a list of venues willing to share space and a description of the space (size, type, etc); a step further: establish space sharing relationships with public and private agencies and/or allow ACHSO members to book space in advance via a centralized facility
- Create community-based human service resource centers (see cross-cutting Recommendation #3 below)

Strategic Issue Number 7:

The challenges to residents in Alexandria related to affordable housing and transportation have numerous effects on human services; any effort to address and improve human development outcomes in Alexandria relies in part on these larger economic development challenges (and vice versa)

Recommendations: Transportation

- Increase the number of specialty van transport services
- Provide more information to residents on transportation services available
- For students, have after school programs available at schools, to reduce the need for additional transport
- Expand Senior Taxi to unlimited usage and add evening hours (enable seniors to go to religious services, library, DHS, YMCA)
- Expand Dash bus service with new routes and additional runs on smaller buses

Recommendations: Affordable Housing

- Preserve existing affordable housing sought for redevelopment

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- Increase subsidies either for the land, construction, or the financing for more affordable housing
- Continue to ensure that when new development takes place, some affordable units are provided
- Assemble a comprehensive snapshot of all housing stock available in Alexandria, including rental housing
- Have the taskforce working on affordable housing issues in the City expand consideration to include residents making less than \$60,000
- Since the City has a trust fund and plan to provide more affordable housing – expand the conversation from primarily the Office of Housing to include other local partners such as human services, local shelters, and other relevant local stakeholders
- Increase support services for chronically homeless individuals

Strategic Issue Number 8:

The impact of cultural diversity and language barriers for immigrant populations are both an asset in Alexandria and a challenge for human services and their ability to effectively serve these clients

Recommendations

- Create culturally sensitive training opportunities for providers
- Work with businesses to form linkages to help people get jobs
- Provide information to the community on services available in Spanish and other languages of local immigrant groups; also use media that targets these groups (TV and radio -- "El Sol" for Hispanics -- as well as activities at schools)

CROSS-CUTTING RECOMMENDATIONS

Informed by the above strategic issues, and in an effort to address major challenges through innovative and cost-effective ways, several cross-cutting strategies emerged from the Human Services Needs Assessment and are *recommended for action* by Braintree Solution Consulting to ACHSO and its partners:

- 1) **Improve Resource Awareness.** A major issue identified through the Needs Assessment is the need to provide service providers and the public at large with information regarding the programs and services available in Alexandria. One strategy to accomplish this task is for ACHSO to enhance and promote the 211 call line and website and the data contained in other referral services.
- 2) **Improve Public Education/Awareness.** An issue related to the awareness of resources is the need to educate the public in ways that enhance their access to and utilization of these programmatic resources. These programs affect their skills as parents, their access to workforce development, youth access to programs and the overall demand for human services. Here again, a strategy to accomplish this task is for ACHSO to enhance and promote the 211 call line and website and

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other referral services. This could include more “face-to-face” efforts to engage human service consumers and providers to use 211 and other resources.

- 3) **Community-based Human Resource Centers.** While there are examples of community-based system of care organizations, their availability has been identified as an area worth greater investment and replication. Alexandria residents have strong preferences – and often transportation challenges – that indicate a need for locally-based programs to provide access to a wide array of services. The availability of more co-located services, both City and nonprofit services, might also ameliorate some stakeholder concerns regarding a lack of coordination among service providers who share clients and constituencies.
- 4) **Increase Business/Employer Involvement and Investment.** Alexandria and northern Virginia as a whole possess a wide variety of businesses and industries. Their involvement and support, both internally to their organizations with regard to workforce readiness and family-friendly policies, and externally as allies to create political will and investment in human services, are critical to the success of ACHSO’s efforts. However, activities to engage the business community would be best served through regional cooperation in northern Virginia.
- 5) **Consolidate / Merge Planning Groups and Commissions.** The City of Alexandria has a significant number of planning groups and other collaborative activities (both public and private) that provide an opportunity for collaboration and feedback among service providers and clients. Indeed, this culture of collaboration is among the strengths of the human services system. However, many stakeholders believe there is room for streamlining these groups. ACHSO, and City partners, should examine the status of various commissions and determine which groups, if any, can be merged or realigned. This would help address the issue of “planning / meeting fatigue” noted by some stakeholders.
- 6) **Unify Strategic Planning and Advocacy Efforts Among Human Service Organizations.** One of the themes communicated by stakeholders in Alexandria is the desire for improved unity among public and private human service organizations to “speak with one collective voice” for change and investment by the City and other local investors. While multiple advocacy efforts can operate simultaneously, especially those that pertain to population-specific issues such as early childhood or immigrant policy, some stakeholders commented that advocacy efforts are too often in competition, rather than cooperation.

MAJOR ISSUE AREA RECOMMENDATIONS: “AGES AND STAGES”

Research uncovered many areas for Alexandria human service providers to focus on in the future. The categories below offer age-specific recommendations derived directly from stakeholders and focus groups (and were not vetted by Braintree).

Early Childhood (pre-birth through five years old)

- Create free or very low-cost preschools near or in public housing zones

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- Increase the draw down on matching funds that subsidize the cost of child care and preschool programs
- Create a comprehensive full service center for families that address the health, child care, employment, and training needs of the whole family
- Make the screening and early intervention process consistent and standardized for all residents

Youth (six to seventeen years old)

- Increase the number of workforce and vocational development opportunities in the schools
- Empower parents with knowledge: establish family resource centers that provide parents with the tools to help their children succeed
- Create an Alexandria parenting education curriculum that can be disseminated throughout the community via workshops that rely on volunteer parent educators
- Increase the number of activities and programs that are after school and during the summer, particularly for middle school aged youth
- Publicize post-secondary education and training options and available scholarships

Young Adults (eighteen to twenty-five years old)

- Establish after school sex education programs in the schools
- Offer vocational training, workforce development, and employment assistance geared towards young adults
- Consider the extension of foster care services and Medicaid benefits for 18-21 year olds
- Offer classes on budgeting, financial literacy, and life skills

Adults (twenty-six to sixty-four years old)

- Expand non-emergency mental health clinical support / crisis stabilizations services
- Expand workforce development and training / retraining opportunities
- Create parent support groups
- Enhance service access through improvements in transportation, language capacity, and outreach / publicity campaigns

The Elderly (sixty-five years of age and older)

- Since developers are coming into the City and putting up condos that remain empty, design some of the units as assisted living apartments
- Provide more help with services at home (repairs, shovel snow, cut grass, counseling)
- Assist seniors to find the best options to pay for prescription medications
- Find or create needed resources for those with psychiatric illnesses
- Provide more information to residents on services available
- Provide more mental health professionals available for crisis intervention

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- Extra hours of in-home help for those requiring an assisted living level of care, but cannot afford the prices, to remain in their homes ¹
- Support the development of the Program for All Inclusive Care for the Elderly, which serves low-income seniors and aims to keep them in their homes ²

SPECIAL POPULATION AND SERVICE-AREA RECOMMENDATIONS

Stakeholders and focus groups also provided recommendations to address human services issues related to special populations, including immigrants and asylum seekers. The following recommendations are categorized according to the specific needs of residents.

Low-Income Residents

- Provide more information to residents on available services, in different languages as they are represented in the community
- Make job skills training and mentoring available on a priority basis to low-income clients
- Increase the availability of child care services so residents may search for jobs and attend interviews
- Update social services benefit terminations to be more gradual and less “all or nothing,” so that clients have incentives to progress, rather than face “catch twenty-two” choices; for example, once a client passes the income threshold, they no longer can receive child care subsidies; this discourages clients to earn higher wages for concern that benefits may be lost
- Reserve funding for programs that work as a part of a continuum of services, rather than independently; many low-income residents need more than one service
- Target groups or families that have displayed generational poverty for services to break this vicious cycle

Developmentally Challenged Residents

- Provide early identification and special needs services for residents with demonstrated need
- Improve coordination and communication between MHMRSA and nonprofit service providers
- Significantly increase resources for case management and support services
- Provisions for more adaptive technology to be made available to disabled persons to perform various jobs (available in JobLink, but not for use outside of JobLink)
- Education of the business community and the public at large of the Americans with Disabilities Act and what is involved in employing disabled staff

Immigrants and Asylum Seekers

- Avoid public housing projects to address the housing issue – reserve a few apartments for low-income people in apartment complexes, to avoid congregating

¹ Office of Aging and Adult Services

² Building a More Livable Alexandria for All Ages

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low income residents in a segregated community, which can lead to disenfranchisement

- Improve awareness of and assistance to access services for immigrants, with information in different languages and bilingual providers
- Improve and increase outreach to various immigrant groups to transcend cultural barriers; some feel shame at asking for assistance, others fear potential consequences
- Complete effort to develop a standardized computer system among various health service providers (INOVA, Health Department, Arlandria) to share information about services available
- Increase and improve referrals through agents trusted by immigrants
- Boost City sponsorship of immigrant nonprofits to better bridge cultural gaps in providing services
- Better training for staff in language interpretation and cultural sensitivity
- Better educate the public on the issues that many immigrants face

Mental Health Services

- Improve public education on mental health issues and less criminalization of residents with mental health challenges
- Early intervention and treatment services
- Crisis response services
- Intensive support services ³

Health Care Services

- Recruit and retain more health care staff, as many field nurses and directors are reaching retirement
- Increase staff diversity through incentive based recruitment of bilingual doctors and nurses
- Place more focus on workforce development
- Increase comprehensive case management services
- Find models of service delivery that can be shared among community partners
- Increase sharing of electronic medical records to provide all health divisions with access to medical records and to improve referrals; continue to leverage technology for information exchange
- Boost the number of preventative services available (from pregnancy to dental)

NEXT STEPS FOR ACHSO

The recommendations and findings contained within this report provide a framework through which ACHSO can determine priorities, set agendas, and implement action. The next steps for ACHSO include:

- Identify recommendations appropriate for ACHSO implementation

³ The Access Task Force Report presented to House Health, Welfare and Institutions, September 2007 (the second through fourth bullets came from this source)

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- Use individual committees and the full council to determine priorities and stages for implementation of the above recommendations and their associated action steps
- Develop a plan for the use and dissemination of this report
- Work with the appropriate committees and commissions to identify and facilitate the in-depth pursuit of specific issues (aka “drill down”) through strategic planning, additional focus groups, and other activities
- Empower existing committees to pursue their own issue areas
- Conduct an abbreviated strategic planning process to accomplish the above actions

FOCUS GROUP SUMMARIES

Overview

Braintree is pleased to have conducted twenty focus groups in Alexandria. The following section provides a summary of some of the main observations made in many of these focus groups. Views and opinions expressed here add nuance and perspective to interview feedback gathered from human services stakeholders and providers.

Smart Beginnings - School Readiness Council Committee Members

The focus group with the Smart Beginnings – School Readiness Council Committee Members took place on January 14th, 2008. Participants maintained that insufficient quality child care exists in the City. Stakeholders present also felt strongly that the continuum of services for children is highly fragmented, with a host of commissions tackling the same issues separately. Attendees emphasized the cultural gaps in families’ understanding of what services exist, as well as the need to improve the overall quality of service provision to families.

Department of Human Services Early Childhood Staff

The focus group with Early Childhood Staff of the Department of Human Services took place on February 13th. Participants noted the limits in after hours child care available. They also pointed to the language limitations of many home based providers. They suggested more uniform standards of quality are needed, and also stressed the need to teach foundations for learning (teach kids how to listen, stand in line, concepts of words).

Child Care Center Directors

The focus group with child care center directors took place on February 20th, 2008. Stakeholders maintained that lack of access to and space for child care remains problematic. The stressed that parent education in terms of their own responsibilities for their children has become necessary. Participants lamented the lag times between referral and delivery of services for children. With profit margins shrinking, they strongly advocate more business partnerships and collaboration among agencies.

Head Start and Early Head Start Policy Council

The focus group with Head Start and Early Head Start Policy Council members took place on February 26th, 2008 at T.C. Williams High School. Stakeholders noted the lack of both access and affordability of preschool care. They felt parents needed more information about services, quality and how to navigate the system. They suggested that more educated staff were needed in many child care settings, and parent involvement and training remained crucial to the children's progress.

Youth Services Coordinating Council

The focus group with the Youth Services Coordinating Council took place on February 12th, 2008 at the Department of Human Services. Stakeholders noted the lack of before and after school programs, particularly in the West End of the City. They observed the growing economic disparity present and ensuing depression that results in youth. More outreach and services for youth were strongly advocated.

Middle School Students

The focus group with middle school students took place at Hammond Middle School on February 25th. The youth present noted various challenges including peer pressure and anger management to self-esteem and balancing work at school and at home. They felt that counseling was one service gap, and wanted teachers and parents to treat them more respectfully. The students also wanted to see more places available for them to hang out.

High School Students

The focus group with high school students took place on February 13th, 2008 at the Durant Center. Students expressed the need for better training and higher wage jobs. They stressed that more guidance should be coming from people who have been in similar circumstances, and asked that adults speak to them with more respect. Students also advocated for more recreational options and transportation to get to these options.

Alexandria Campaign on Adolescent Pregnancy (ACAP)

The Alexandria Campaign on Adolescent Pregnancy (ACAP) focus group took place at the Office on Women on February 21st, 2008. Stakeholders noted they served clients from a variety of backgrounds, which led to a number of issues from education and health care to transportation and affordable housing. Parent education was stressed as key to help avoid teen pregnancy. They felt that there is a lack of information about services available in the schools or community. Participants noted that more youth development activities for teens could refocus them in positive ways. They also stressed the need to link program outcomes to impact on clients.

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Cities and Schools' Staff Group

The focus group with the Cities and Schools' Staff Group took place at DHS on December 13th, 2007. Discussion focused on the topics of youth and mental health concerns. Participants noted that while delinquency was traditionally concentrated in lower income areas, families' historically-based animosities were leading to increasing confrontation and violence. Transience in Alexandria was also presented as an issue. Stakeholders stressed the increase of mental health concerns such as depression and suicide for middle school aged children. For older teens, they noted much higher pregnancy rates for youth with limited access to services. Increasing utilization of existing services was suggested, along with more regional collaborative efforts. Attendees also emphasized the need for more alternative forms of education and training in social skills for youth, as well as managing teacher expectations. The need to increase funding dedicated to prevention efforts was also stressed.

Department of Mental Health, Mental Retardation and Substance Abuse (CSB)

The focus group with staff from the Department of Mental Health, Mental Retardation and Substance Abuse took place at the Community Services Board on February 19th, 2008. Stakeholders noted several insufficiencies: early identification services, counselors for students, Medicaid funding, bilingual skills, and customer service professionalism. They pointed to the incarceration of many clients with mental health and substance abuse issues. Participants also stressed the need to increase use of programs based on evidence-based practices.

Alexandria Family Drug Court Staff

The focus group with staff participating in the Alexandria Family Drug Court took place on February 27th at the Department of Human Services. Stakeholders noted that the cost of living and lack of job training leads to numerous difficulties for many of their clients. In addition, they point to the scattered services and lack of service coordination. Participants stressed that more education about drug and alcohol abuse should be shared both with clients as well as service providers. Wait lists for mental health and substance abuse services prolong clients' inability to receive needed services. Better approaches were advocated to ensure efficient use of funding, as well as improved outcomes.

Alexandria Family Drug Court Participants

The focus group with current and former participants in the Alexandria Family Drug Court program took place on March 5th at the Substance Abuse Center. Finding and keeping decent jobs presented one of the most significant challenges for participants. They stressed that customer service staff needed to increase its professionalism and knowledge, as well as work to be more responsive and positive toward clients. Participants also noted that transportation was an issue, as public transport was not

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always reliable. They stressed the importance of better awareness of services in the community, so residents learn about programs before they lose their house or even their children. One point of concern for many participants was what they see as exceedingly strict income guidelines that prevent many residents from obtaining needed services.

Court Appointed Special Advocates (CASA)

The Court Appointed Special Advocates (CASA) focus group participation took place both via an online survey that was distributed in mid December 2007, as well as a number of phone interviews. CASAs felt strongly that the high caseloads currently faced by social workers hurts their ability to manage the cases effectively. CASAs also pointed to the shortage of foster care and adoptive parents as a serious gap in the quest to find suitable homes for children in the system. Participants advocated more consistent and coordinated service provision by the host of agencies currently serving children.

Family Assessment Planning Teams (FAPT)

The focus group with Family Assessment Planning Team (FAPT) staff took place on January 25th, 2008. Stakeholders strongly called for more case management services for child and youth cases. They feel that there is not a sense of the “community kid” who all agencies collaborate to assist. They pointed to the gap in services for children and youth between the point of initial assessment and treatment, and the opposite end of the spectrum option of residential treatment, which they seek to avoid. Many suggest that the placement of children in residential settings far from the City further damages familial ties and ability to maintain contact. Participants stressed how cultural misunderstandings can lead to misdiagnosis of a familial situation.

Homeless Services Coordinating Committee, Executive Committee

The focus group with the Homeless Services Executive Coordinating Committee took place at Carpenter’s Shelter on February 7th, 2008. Stakeholders stressed that clients with mental health concerns needed supportive services (budgeting, crisis counseling) to keep the basic services (housing) they might receive. They also noted that clients with language and cultural issues had more trouble than the average client, resulting in longer shelter stays and need for services. Participants also noted that more education and training programs are needed for their clients to improve their situation and progress to more independent and stable living conditions. They stressed the importance of case management, while noting it’s often the first target for budget cuts.

Immigrant Service Providers

The focus group with various immigrant service providers took place at DHS, using a conference call to various parties. There is a genuine appreciation that the City supports a diverse population and has publicized its resolution that the local policy is not to inquire or report on the immigration status of residents. Access to and information about

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services for immigrants presented primary concerns. Other issues specific to immigrants involved requirements set by some service agencies that are, in effect, prohibitive for immigrants to access services (photo identification, proof of residence). The fact that many staff serving immigrants are not trained sufficiently in either language or cultural sensitivity also presents a barrier to effective service for immigrant residents.

Parent Leadership Training Institute

The focus group with the Parent Leadership Training Institute group took place on February 8th, 2008 at the Minnie Howard School. The parents wanted more affordable and accessible daycare options, as well as a one stop shop for all families' needs in one physical location, as well as online. They suggested that area programs are scattered and information about all available programs needs to be distributed better, with more culturally diverse mediums in mind. Parents also noted the lack of recreational programs for children after school. They wanted more parent education for themselves, as well as sensitivity training for providers in the community.

JobLink Staff

The focus group with JobLink staff took place on January 23rd, 2008. Staff pointed out that generational poverty exists for many young clients they see, who are members of the same families they've been serving for years. More outreach appears to be necessary for many groups served, particularly for youth but also for adults who are ex-offenders, the disabled, as well as seniors, who have fewer job assistance options now. As federal funding shrinks, some stakeholders in this group point to the plethora of nonprofits that duplicate services locally.

Charles Houston Senior Citizen Center

The focus group with seniors at the Charles Houston Senior Citizen Center took place on February 19th. Timely transportation options emerged as a significant concern for this group, in particular for medical appointments. Seniors requested more assistance with filling out forms, also in different languages. Many are on wait lists for affordable housing or companion aide services. Seniors also raised public safety concerns in crossing certain intersections in the City.

St. Martin De Pores Senior Center

The focus group with seniors at the St. Martin De Pores Senior Center took place on February 11th. Seniors would like the center to receive additional funds to expand its facilities, with more equipment and space. They also wanted to recover three crucial onsite workers (nurse, outreach worker and social worker) that the center lost. They advocated for more assistance applying for aid, as well as improved transportation options and more affordable housing. Several expressed public safety concerns in crossing certain City intersections.

METHODOLOGY

Meta Data and General Statistics

This report is based on local reports, stakeholder surveys, interviews, and focus groups with both human services providers and clients who receive such services.

Surveys

The first survey (summary report attached as an appendix) was emailed to over 400 stakeholders and providers in December and collected 140 responses, 90 of which were complete (all possible questions were answered).⁴ This first survey emphasized the collection of stakeholder feedback on the issues affecting various age groups (from early childhood to elderly) in Alexandria.

A second survey was emailed in February to over 700 contacts (based on the initial survey list as well as some additional names). This second survey allowed Braintree to drill down on the human services needs of four specific neighborhoods within the City (Arlandria, Del Ray, Old Town, and West End) as well as the issues affecting immigrants. This second survey yielded 79 responses, with 48 fully completed.

In the first survey, most respondents served more than one age group and of these nearly half served all age groups. The following tables offer a profile of the stakeholders and providers who responded according to which target populations and ages they served:

Overview of Respondents: Target Populations and Ages Served (N=118)					
	At-Risk	Developmental Challenges	Behavioral Challenges	Low-Income	All Populations
Early Childhood Only	3	0	1	3	0
Youth Only	2	2	7	4	10
Adults Only	4	2	2	5	5
Elderly Only	1	0	0	2	2
More than one age	32	18	17	40	40

The following table shows an overview of the types of organizations that responded. The breakdowns show that respondents were broadly representative of the City’s human service system.

Overview of Respondents by Organization Type (N=140)		
Private Nonprofit	61.40%	86
Government / Public Sector	24.30%	34
Advocate	20.00%	28
Private For-Profit	7.90%	11

⁴ 10 of those 90 complete responses in the database were the result of telephone interviews.

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Overview of Respondents by Organization Type (N=140)		
Referral	7.10%	10
Funder	2.90%	4
Research / Technical Assistance	2.10%	3

The following ranked table shows the number of times a service focus was chosen by respondents.⁵ Although “youth services” was the number one service focus of respondents, other age groups are well represented here. It should be recognized that several organizational focus categories relate to multiple age groups. For example, “job training” services may be provided to youth, young adults, adults, and the elderly.

Overview of Respondents by Organizational Focus (N=130)					
Youth Services	35.40%	46	Victims/Survivors	12.30%	16
Counseling	30.00%	39	Consumer Services	10.80%	14
Education	28.50%	37	Basic Sustenance	10.00%	13
Crisis Assistance	26.90%	35	Psychiatric Services	10.00%	13
Healthcare - Wellness	22.30%	29	Temporary Aid	9.20%	12
Mental Healthcare	21.50%	28	Adoption (Pre/Post)	9.20%	12
Neglected Children	21.50%	28	Before/After School	9.20%	12
Family Preservation	20.80%	27	Income Maintenance	8.50%	11
Employment	19.20%	25	Outpatient Care	7.70%	10
Information Services	19.20%	25	Legal Services	7.70%	10
Housing	17.70%	23	Public Health	5.40%	7
Foster Care	17.70%	23	Rehabilitation	4.60%	6
Job Training	16.90%	22	Spiritual Enrichment	4.60%	6
Early Childhood	16.90%	22	Criminal Justice	3.80%	5
Disability Services	15.40%	20	Public Safety	3.80%	5
Substance Abuse	14.60%	19	Leisure Activities	3.80%	5
Emergency Care	14.60%	19	Religious	3.10%	4
Food	13.10%	17	Insurance	2.30%	3
Childcare	13.10%	17			

Most respondents served all of Alexandria rather than just one or two specific neighborhoods.⁶ The following table shows which areas respondents indicated as serving:

Overview of Respondents by Location Served (N=130)	
West End	90.80%
Old Town	88.50%

⁵ There is some duplication here as many respondents have more than one service focus.

⁶ The neighborhoods as defined here were not

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Overview of Respondents by Location Served (N=130)	
Del Ray	87.70%
Does not serve or affect Alexandria *	5.40%

* Those who indicated that they did not serve or affect Alexandria were automatically taken to the end of the survey and did not have the opportunity to contribute to the data set.

The following table shows the types of broad service categories which respondents provide to their clients:

Overview of Respondents by Service Delivery (N=118)		
Family Support (parenting education, respite services, etc.)	46.60%	55
Education (job training, teaching, child care/preschool, after school programs, etc.)	44.90%	53
Health and Safety (physical/mental/public health, domestic or community violence, etc.)	41.50%	49
Basic Needs (temporary assistance, shelters, food provision, etc.)	34.70%	41
Individual Care (child care, elderly care, etc.)	21.20%	25

Interviews

Braintree interviewed 23 individuals over the course of 18 interviews, some by phone and others done in-person. The individuals interviewed involved a mix of seasoned human services veterans. Backgrounds of interviewees included work in the schools, courts, health system, as well as work concerning affordable housing, homeless issues, early childhood, youth, and immigrant issues.

Focus Groups

Braintree has conducted 20 focus groups with service providers as well as clients in a variety human service fields, including early childhood, at risk youth, homelessness, mental health, immigrants, seniors and others.⁷ Additional details are contained in the focus group summaries seen earlier in this report, as well as in the full focus group notes included in the addendum.

Data / Reports

This report includes data from approximately 80 reports, assessments, plans, presentations, and brochures that describe the state of human services in Alexandria, in both a local and regional context.⁸ The more prominent documents used in this report are listed in the annotated bibliography. Dozens of websites were used to add detail to this report.

⁷ A list of focus groups conducted appears in the appendix of this report.

⁸ An annotated bibliography of many of these reports appears in the appendix of this report.

OVERVIEW OF ALEXANDRIA

Living in Alexandria

Quality of Life

Alexandria is a cosmopolitan and charming city with a history extending to colonial times when it was a major port and center for international trade. As one of the most attractive addresses in the metropolitan area, the City enjoys close proximity to the capital, acclaimed architecture, fine restaurants, and a variety of cultural events throughout the year.

Local quality of life indicators are among the best in the country. The local economy is generally seen as robust with low unemployment (2.1%) and a high median household income (\$74,201 in 2002). Crime rates are low, having been cut almost in half between 1993 and 2002. Nearly a quarter of residents have a graduate or professional degree.

Difficulties of Disparity

There is, however, another side to this otherwise positive picture. Alexandria is in fact a place of socioeconomic extremes: there is much wealth, but there is also much deprivation. While the cost of a single family home routinely exceeds \$1 million, 51% of the City's public school students are eligible for free or reduced price lunch, according to Alexandria City Public Schools Food and Nutrition Services.⁹ Spread across a relatively small area, Alexandria is densely populated and socio-economically diverse with pockets of severe poverty and public housing to be found alongside some of the City's most expensive neighborhoods.

As a result of the City's presumed wealth, human service providers sometimes find themselves defending their substantial efforts, especially when applying for grant money and outside aid. While life in the City is good for many, it must be recognized that some are still in need of assistance.

Common Goals Advocated by Local Human Service Professionals

Many stakeholders in the Alexandria human services community share the common goal of continuing to improve services for residents. One goal echoed by many providers throughout the community was increased service integration, which can be achieved by identifying specific common outcome measures, as well as through improved coordination among private, nonprofit, and public agencies. While many stakeholders note that Alexandria enjoys a naturally collaborative environment already, increasing such efforts was recommended to further reduce duplication and enable the human service community to effectively reach more clients in need of services. Allowing staff to find creative solutions was also encouraged, though this would need to be balanced with goals for more evidence-based practices.

⁹ ACPS Food and Nutrition Services 'Percentage of Students Eligible for Free and Reduced Priced Meals by Individual School' (Alexandria, 31 October 2007).

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Another theme that emerged from discussions with stakeholders was the need to empower clients receiving services, so they have more of a stake in and can take more responsibility for their own progress. This process of empowering, or “teaching a man to fish,” would occur through training, comprehensive information of the systemic process they were entering, clear expectations of how they could contribute, and other service supports to enable an expansion of their role in achieving personal successes.

The City’s Human Service Advantages

Several stakeholders noted that Alexandria was one of the most participatory and cooperative cities they have known. The fact that Alexandria is a wealthy community provides multiple resources to address a variety of issues. There are many free or reduced fee programs, and a host of services available to address a variety of resident needs. The city has an outstanding recreation center and the schools are generally held in high regard.

Alexandria also benefits from the presence of a tight knit community of human service professionals who respect, know, and trust one another in public, private, and non-profit settings. These well-informed professionals complement the role of a City Council that has shown an interest in fostering community involvement in human services. In sum, there are many dedicated individuals and professionals in Alexandria with a high level of commitment to address human service issues.

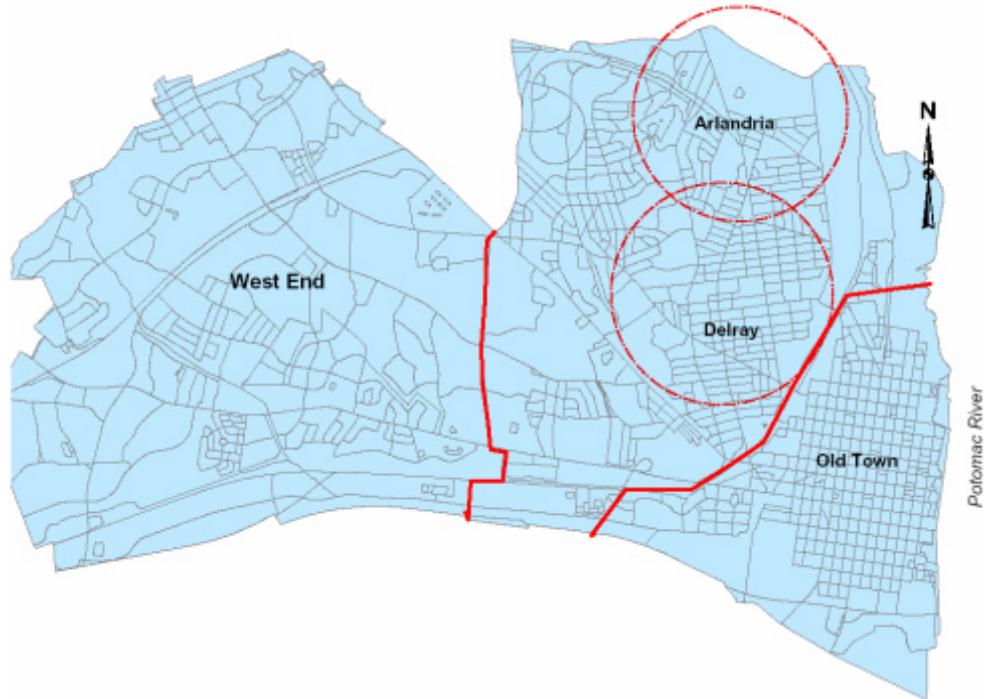
OVERVIEW OF ALEXANDRIA

Alexandria’s Communities

Having already gathered stakeholder feedback about the whole of Alexandria in the first survey, Braintree created a second survey designed to drill down on the specific neighborhoods of the city and determine *where* these issues were of particular concern. The second survey asked respondents to rate the severity of the human services gap in four neighborhoods (Arlandria, Del Ray, Old Town, and West End) on a scale from 1 to 5 where 1 is critical and 5 is non-critical.¹⁰ This process required that Braintree develop a neighborhoods map with boundaries that would be recognizable to respondents, which could be used in the future to coordinate planning efforts for human services, and which minimized geographic overlap. This task was fraught with complexity and many compromises were made to achieve the final result which appears below:

¹⁰ See separate survey report attached as an addendum to this document for complete methodology.

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This report contains several GIS maps that show socioeconomic data using these boundaries as a template, allowing the data to seamlessly integrate itself with the contents and layout of this report.

The survey attracted 79 responses, 48 of which were complete responses where all required questions were answered. The following table shows the results as well as the average assessment made for each neighborhood and each age group:

Neighborhoods Survey N = 48, 3/17/08	Arlandria	Del Ray	Old Town	West End	Age Group Averages
Early Childhood	2.11	2.76	2.84	2.37	2.52
Youth	2.00	2.65	2.71	2.29	2.41
Young Adults	2.10	2.65	2.71	2.33	2.45
Adults	2.21	2.78	2.84	2.49	2.58
Elderly	2.39	2.67	2.67	2.47	2.55
Neighborhood Averages	2.16	2.70	2.75	2.39	

West End (2.39 – somewhat critical) and Arlandria (2.16 – somewhat critical) were consistently seen by respondents as having more serious human service gaps than Del Ray (2.70 – close to neutral) or Old Town (2.75 – close to neutral). Human services for youth, especially in Arlandria, were seen as needing the most attention.

¹¹ Though Braintree sought guidance from the Department of Planning and Zoning in developing this map, the City of Alexandria cannot and does not endorse it in any way.

ARLANDRIA COMMUNITY PROFILE

Arlandria is home to a diverse population, consisting largely of Hispanic, African-American, and immigrant residents who face language barriers and higher poverty rates. Surveyed stakeholders named affordable housing, unemployment, lack of outreach, and the influx of immigrants as the area's major challenges. Less frequently cited challenges include affordable and quality child care, health care, parent involvement, and screening and prevention services for early childhood.

Health and Safety

Health and safety concerns focused on gang related activities, mental health needs, and safe residential, recreational, and commercial areas. One stakeholder mentioned that residents have been calling for more police intervention to ensure public safety. The neighborhood could benefit from improvements in the following areas:

- Preventative health care, health screenings
- Substance abuse prevention
- Mental health treatment
- Increasing prenatal services
- Pediatric care
- Crisis hotline

These preventative approaches are vital in countering health problems in their early stages to avoid future chronic conditions.

Family Development

Stakeholders would like to see families be more involved in their child's life, providing supervision, discipline, constructive parenting, and maintaining strong ties with the schools and teachers. Community and recreation centers play an important part in child development and stakeholder feedback suggests these resources are well-utilized by the public.

In terms of areas for improvement, some stakeholders voiced a desire to see additional services for workforce development, legal issues, financial literacy, parenting skills, and ESL classes. Providing such educational services helps build the workforce capacity, expand viable employment options, and maintain an educated population.

Immigration Population

Contrasting views were voiced regarding immigrants in Arlandria. One stakeholder noted the following:

The major challenge in this community is the need to encourage foreign born and immigrant residents, in particular, to take advantage of existing city and community services that may be available in the neighborhood or offered through headquarter locations in other parts of the city. Part of this may be attributed to language barriers and in some cases a lack of trust for government, especially if residents are undocumented.

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Racial and cultural distinctions between Latinos and African Americans may require extra consideration in developing youth programs that are appropriate, relevant, and culturally competent for all. One stakeholder remarked that “there is a need to provide programs across racial and cultural groups to promote understanding and appreciation among these groups.” There were specific requests for additional Latino youth job training programs and teen youth groups, as well as outreach and training for their parents to increase awareness of available services and provide training on supervision and discipline. The presence of a large Spanish-speaking population may require some adjustments in city administration. One focus group participant observed:

One Stakeholder addressed the issue of trust: Spanish-speaking residents may be reluctant to seek services, and especially reluctant to seek services other than those provided in Spanish and that they trust and know. Residents may be reluctant to discuss even with service providers such things as suicide, mental illness, abuse, and other highly stigmatized and extremely private issues.

Some Latino community leaders have expressed a need for more bilingual city staff to bridge the gap between Spanish speaking citizens seeking city services. I think more outreach efforts will aid in linking non English speaking citizens to services as well as impressing upon them the need to engage themselves more in the processes involved in the education of their children.

Accessibility and Outreach

There were calls for improved outreach and awareness of services (several suggested establishing a human services outreach office in Chirilagua) to assure that all volunteers and outreach workers are equipped with accurate and local information. To reach more residents in need and to improve service delivery, services should be offered in multiple languages, at flexible off-peak hours for those working 9am-5pm, with enhanced culturally sensitive customer service. The lack of bilingual staff was noted for psychiatrists, therapists, and case managers in particular. Some services are not located directly in Arlandria, such as JobLink, and require additional outreach efforts.

One stakeholder noted that “there is a disconnect between schools, parents, and community organizations. The services are seemingly in place, but the cooperation and collaboration between the three aforementioned entities is lacking,” indicating that Arlandria will benefit from outreach as well as improved communication across the service sectors.

With a high population density, Arlandria residents face difficulties in housing and stakeholders would like to see more affordable and safe options as well as rental assistance. Transportation is an issue as there is no metro stop in the neighborhood, and those without cars have trouble accessing services, especially disabled individuals.

DEL RAY COMMUNITY PROFILE

Like Arlandria, Del Ray is also home to a multicultural and socio-economically diverse population, but with a more complex human services environment. The disparity between socio-economic groups in Del Ray is widening and has already marginalized some of the poor and low-income working class of the community, disconnecting some

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minority populations from the education and social services system. The neighborhood has resources, yet not all parts of the community are aware of them or have access. Surveyed stakeholders reviewed many challenges facing Del Ray, focusing on housing, safety, parent support and education, workforce development, and additional outreach.

Housing

Housing costs in Del Ray are beyond the financial means of many families. Low-income families are in need of additional affordable housing, rental assistance, and transitional housing. All residents would benefit from financial assistance to become homeowners. There have been changes in the housing makeup of Del Ray, as noted by one stakeholder:

The face of Del Ray is changing. There is an influx of middle class households that now mix with some low-income households. The needs therefore are not uniform across Del Ray. They are targeted to special areas.

Health and Safety

There has been some noticeable gang related violence in recent years in the neighborhood, and stakeholders call for efforts in gang and substance abuse prevention. With more constructive after school activities, youth programs, school-based programs, and quality child care, youth can be kept busy and productive, decreasing their likelihood of engaging in drugs and violent behavior. Encouraging volunteering and community connectivity among all residents, especially youth, stands to unite Del Ray as a neighborhood in improving the communal environment and instill in youth the importance of civic engagement. In terms of health concerns, more affordable health care would enable many more families to access preventative and treatment services. Additional programs for the elderly were also requested.

Education

The need for educational improvements for youth in Del Ray was voiced by several stakeholders. Mt. Vernon Community School was seen as requiring extra attention to address the multilingual needs of its diverse student body, despite the fact that all schools in Alexandria have access to a real-time interpretation service that accesses more than 80 different languages and dialects. Financial literacy and employment training, especially for minority youth and young adults, are needed to build a productive, financially responsible workforce. There are also some residents who grew up in the community and can no longer afford the cost of living. Increasing educational outreach efforts and career building opportunities can provide the skills needed to command higher salaries.

Additional education efforts are needed for parents as well. Parenting education can include “the risk factors of teen pregnancy, crime, drug abuse, poor school performance, gang involvement and highlights to the services and supports to combat these issues,” as one respondent highlighted. One specific informational insight for parents regarding public educations was how “some streets in Del Ray feed to Jefferson-Houston school, and parents need to understand options if the school is unaccredited in the future.”

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Barriers

Parents often would like to be more invested in their children, but are sometimes impeded by basic needs factors. As one anonymous stakeholder summarized:

I feel that parents all want their children to succeed, but may not have the resources, time, knowledge, language skills to help their children. Human services which help children should also help parents.

Human services can improve their outreach to the Del Ray community, as a number of young professional families and minorities remain unaware of existing programs and services.

OLD TOWN COMMUNITY PROFILE

From historic structures and tourist attractions, to economically diverse residents and public housing, Old Town holds many characteristics and unique challenges. The neighborhood is typified by a high population density, robust tourism, and parking, transportation, and traffic challenges. While necessitating a balance between commercial and neighborhood property, public housing and homes also need to reach an agreeable equilibrium. Major challenges in Old Town relate to housing, health care, and education and training services.

With the varying economic status of Old Town residents, programs and services have to adjust accordingly as not all programs will be affordable or suitable to all populations. Pre-school services and childcare are unaffordable to those low-income residents, who may require subsidies or sliding scale fees.

Housing

Old Town faces a unique situation of having public housing and pricy town homes within close proximity of one another. Stakeholders indicate that the isolated pockets of public housing becomes “dysfunctional and there is a great divide between these areas and the houses which surround them.” There have been problems with poverty and drug usage in association with housing projects. Such dramatic socioeconomic boundaries have been known to cause localized tension and lead to crime. Some surveyed stakeholders called for the expansion of Section 8 housing opportunities throughout the City.

Other housing concerns included:

- Providing counseling and transition services to help families successfully integrate into new communities
- More safe and affordable housing for very low-income citizens, and specifically for seniors in need of case management.
- Improved quality of life for Ladrey Senior Public Housing

Health and Education

Health concerns include the need for more available and accessible health care services for mental health issues and for combating substance abuse and addiction. One

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respondent hoped for increased child and court advocacy for abused and neglected children throughout the entire city.

Educational needs include job training for all economic populations, additional investment in early childhood education, and “continual enhancement of parent education,” as specified by one respondent.

WEST END COMMUNITY PROFILE

West End is characterized by a densely populated, multicultural population with relatively few neighborhood based programs and services. Those that are available are spread across the area. Surveyed stakeholders identified major challenges regarding language barriers, transportation, health and safety, and housing.

Language Capacity

With various spoken languages, human services may need to adapt their outreach efforts to effectively reach immigrant populations. One stakeholder observed that immigrants are not tied to services, and there is even a reluctance to participate in government sponsored programs for fear of arousing suspicions over residency status. Another stakeholder reflected on the “multiple human services needs” of the neighborhood primarily due to “so many people being from so many other places.” Nevertheless, basic human services are needed by all, such as:

- Medical services
- Employment assistance
- Education (especially in regards to ESL and society’s legal codes)

While some respondents note the lack of available human services and community organizations, others regarded services as competent but see a lack of community collaboration.

Transportation and Housing

The services that are available appear to be spread out, creating access barriers due to transportation challenges. Difficulties arise in particular for children and families in the high rise communities who must travel to other parts of the City to access basic human services and community programs. An improvement in the transportation system will facilitate easier access for basic needs of many West End residents, and can address the traffic issues facing Alexandria.

As in other parts of Alexandria, housing is a challenge for many residents in the West End. Stakeholders familiar with the area noted especially:

- The need for safe, affordable housing and housing counseling for low-income families and individuals
- Apartments, condos, and high rises are densely populated with immigrant populations

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- An increase in needs of home repairs in the West End

Health and Safety

Affordable and quality health care is another challenge for residents in West End. Crime, drug use, and gang-related activities were observed to be significant issues, often seen by stakeholders to be contributing to graffiti, teen pregnancy, and poor school performance. Additional recreational, after school, and volunteer programs for children and teens will help prevent youth engaging in unsupervised and risky activities. Providing positive role models and mentors can also encourage youth to make constructive choices.

Child and Parent Education

One stakeholder stressed the importance of viewing high-quality early education for poor children as an opportunity, as those children most in need tend to make the greatest gains when given the chance. Yet, it appears that a large number of children from non-English speaking backgrounds are not enrolled in preschool programs, as noted by one stakeholder:

According to the Alexandria City Public Schools' (ACPS) Profile of the 2005-2006 Kindergarten Students with no Preschool, 60% of the children who did not attend preschool before entering kindergarten spoke a language other than English at home and lived disproportionately along the western border of Alexandria (West End)...

Stakeholders also hope for additional parent education and support that link new parents to services. Playgroups were recommended as a way for parents to receive support from one another and to share their knowledge of available services. Job trainings and assistance in gaining employment was also mentioned as an area for improvement.

MEDICAL CARE

Overview

According to Braintree's needs assessment survey, physical health did not appear to be a top concern or service gap for stakeholders. This may be due to the relative strength of health care services in the City, or because other concerns were viewed as more urgent. When asked to rank the severity of physical health service gaps from 1 to 5 (1 being critical, 5 being non-critical), stakeholders responses averaged at:

- 1.90 regarding Early Childhood, the lowest concern of seven issue areas¹²
- 2.09 regarding Youth, third lowest concern of nine issue areas
- 1.89 regarding Adults, the third lowest concern of seven issue areas

When asked to choose the top three priorities from the same issues, physical health was chosen in the top three:

- 26.93% of the time in regards to Early Childhood, chosen the least amount of times
- 20.29% of the time in regards to Youth, chosen the second lowest of nine priorities

¹² The term "physical health and safety" was used in the survey regarding Early Childhood issues, while "physical health" was used when surveying Youth and Adult issues.

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- 32.24% of the time in regards to Adults, chosen the third lowest of seven priorities

Although low on the critical gap and priority list for stakeholders, physical health was an issue in which many stakeholders would like to devote additional funds. When asked in the survey how they would allocate \$100 million dollars among human services (using the same issues as the previous two questions), stakeholders' allocation to physical health averaged to be:

- \$15,517,600 for Early Childhood, fourth highest allocation; top issue received \$16,599,200
- \$11,566,833 for Youth, fourth highest allocation; top issue received \$15,769,167
- \$14,455,254 for Adults, third lowest allocation; top issue received \$16,881,356

The health care gaps perceived by stakeholders appear to require significant funds to address, as the high cost of health care is a noticeable trend locally, as well as nationwide.

Health Care Providers

The safety net of health providers in Alexandria includes four major cornerstones:

<p>Alexandria Health Department This agency monitors the community's health and infectious diseases, provides immunizations and medical services, and conducts health outreach.</p>	<p>Alexandria Neighborhood Health Services ANHSI manages the <u>Arlandria Health Center</u>, the only federally qualified community health center in Northern Virginia, which provided affordable health care services to 7,120 men, women and children in 2007.¹³</p>
<p>Inova Alexandria Hospital This is the only hospital in Alexandria. It contains 339-beds and includes services such as inpatient, emergency, free and reduced cost care, and some specialty care.¹⁴</p>	<p>Primary care physicians Almost 500 primary care physicians (219.9 primary care physicians per 100,000 residents), more than 150 licensed dentists (76.4 dentists per 100,000 residents), and several independent fee-for-service clinics¹⁵ offer services locally.</p>

The Alexandria Health Department's mission is to ensure the health of the public by assessing preventive and public health services, developing policy and planning, assuring compliance of all laws and regulations regarding public health in the City, and assuring access to preventive and primary health care services. The following two service providers operate from the Health Department:

- Flora Krause Casey Health Center / Clinic - offers a limited range of specialty and general medical services, including pediatric and prenatal, for those determined to be medically and administratively eligible¹⁶
- Adolescent Health Center - provides a variety of health services to adolescents, including physical exams, treatment of minor illnesses, immunizations, family planning, pregnancy

¹³ <http://www.anhsi.org/>

¹⁴ Alexandria Health Department, 'A Healthy Outlook: The Alexandria Community Health Assessment 2004', (Alexandria, 2004), p. 5.

¹⁵ Ibid.

¹⁶ <http://www.alexhealth.org/floracasey.html>

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testing, treatment of sexually-transmitted diseases, HIV counseling and testing, and mental health and substance abuse counseling ¹⁷

Access is a priority with these services. While Health Department clients must meet basic eligibility requirements to receive services – residency and income to assess sliding scale fee responsibility – ANHSI does not ask for proof of residency. ANHSI provides a larger volume of direct health services than the Health Department and also accepts insurance. Both the Health Department and ANHSI have providers who speak various languages and use a tele-interpreter service, whereby professional interpreters are available by phone. ANHSI staff is culturally sensitive in particular toward its Hispanic clientele, but also toward African Americans, which are one of their target populations.

Serving in a system access and advisory role, the Alexandria Public Health Advisory Commission connects residents to the Mayor and City Council, representing residents’ health concerns and needs. Another local provider noted by stakeholders is the Queen Street Clinic, run by a family nurse practitioner. The website describes this as a “Low-cost medical clinic for men, women, and children without health insurance located in Old Town”.¹⁸ Another consideration that should be mentioned is the fact that – as in many other cities nationwide – some health care services in Alexandria serve patients who live in other jurisdictions and some Alexandrians obtain health care services outside the City.

The following chart highlights some of the City’s health care system strengths and weaknesses reported in Alexandria’s Safety Net Assessment, many of which were echoed by local stakeholders and respondents.¹⁹

Reported Strengths	Reported Weaknesses
<ul style="list-style-type: none"> ▪ Strong referral system ▪ Potential for regional initiatives ▪ Willingness to work together ▪ Commitment to uninsured ▪ Leadership 	<ul style="list-style-type: none"> ▪ Lack of shared goals and outcome standards ▪ Lack of coordination and integration ▪ Unclear / confusing eligibility requirements ▪ High cost of care ▪ Nursing shortage / pay scale issues ▪ Elder care concerns

Alexandria’s Health Status

Alexandria’s first community health assessment was compiled in 2004, with the “emphasis on finding those targets of opportunity where community prevention strategies could be applied or enhanced.” The report notes that while there have been “major gains in longevity, reduced infant mortality, and generally improved health status,” today’s health problems are largely related to chronic diseases and behavior.²⁰ The report utilized evidence-based research and resident feedback in setting its priorities for action. Based on preventability, effectiveness of intervention, urgency, economic impact, political

¹⁷ <http://www.alexhealth.com/adolescent.html>

¹⁸ <http://www.queenstreetclinic.com>

¹⁹ Stephen Horan, ‘Results of the Alexandria Safety Net Assessment’, Community Health Resource Center (Alexandria, 13 June 2005), pp. 11-12.

²⁰ Alexandria Health Department, ‘A Healthy Outlook: The Alexandria Community Health Assessment 2004’, (Alexandria, 2004), p. 1.

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support, affordability of action, legal constraints, and the community’s priorities, the following priority list for action was developed:

- | | |
|------------------------------------|-----------------------------------|
| 1) Obesity | 7) Teenage Pregnancy |
| 2) Tobacco Use | 8) HIV/AIDS |
| 3) Mental Health / Substance Abuse | 9) Breast Cancer |
| 4) Influenza | 10) Colorectal Cancer |
| 5) Cardiovascular Disease | 11) Severe Accidents and Injuries |
| 6) Diabetes | 12) Tuberculosis |

While Alexandrians are generally healthy overall, outperforming Virginia and the United States on many health indicators, there are some areas for improvement. The percentage of Alexandrians practicing a sedentary lifestyle is relatively high at 47%, compared to the 40% average in the United States, which perhaps partly explains obesity as the top priority.²¹ While tobacco use in Alexandria is fairly high at 34%, only 1.8% report substance abuse, compared to the national rate of 6%.²²

Alexandria also has room for improvement in combating several diseases, as the City’s incident rate is in some cases significantly higher than both national and state rates:

Infectious Disease Rates (per 100,000 people) 2000 ²³			
	Alexandria	Virginia	United States
Tuberculosis	11.7	4.3	6.0
AIDS	43.7	12.8	14.4
Colorectal Cancer	Male: 54.6 Female: 38.0	Male: 60.8 Female: 44.7	Male: 25.8 Female: 18.0

Services to the Uninsured

One stakeholder noted that while Alexandria has traditionally provided health services to the uninsured, the influx of additional immigrants will increasingly stress the local health care system. The health care community will need to consider how best to leverage and effectively use resources to support and improve the access and quality of health services for all Alexandria residents, both long time residents and the newly arrived. The Health Department and ANHSI share the goal to serve more low-income uninsured residents. ANHSI’s website notes, in particular:

We are also seeing an increasing number of longtime community residents who have no health insurance, either because they are (1) unemployed; (2) working and underinsured; or (3) working but unable to afford insurance. Our patients also include young and middle age professionals who suddenly lose their jobs and older adults with no or inadequate insurance.

²¹ Ibid., p. 9.

²² Ibid., p. 8.

²³ Alexandria Health Department, ‘A Healthy Outlook: The Alexandria Community Health Assessment 2004’, (Alexandria, 2004), p.13.

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We are **the health care safety net** for the majority of these families and individuals who *have no other health care options* and who otherwise would seek care through the emergency rooms, or go without entirely. Over 11,000 individuals now call ANHSI their health care home, and new patients walk in and call every day.²⁴

Gaps in Services

In addressing challenges and gaps in human services, *access* to health care was seen as a significant challenge for Alexandria despite the large network of care already in place. Low-income populations do not have access to specialists to prevent a deterioration of chronic conditions, especially the working poor who are ineligible for Medicaid programs, and continue to rely on the emergency room for health care or simply go without treatment until they are very ill and require more extensive and expensive hospitalization. One group of stakeholders stressed that while the health care community includes significant assets, service gaps still exist.

The Alexandria Safety Net Assessment conducted a staffing assessment of seven (7) health organizations in Alexandria.²⁵ The following table shows the number of organizations which felt they had a sufficient number of health care professionals in several categories:

Alexandria Safety Net Assessment: Organizations Reporting a Sufficient Number of Health Professionals by Specialty	
Bilingual providers / trained interpreters	1 / 7
Primary care providers	1 / 7
Lab and diagnostics	1 / 7
Hospital providers	1 / 7
Medical specialists	0 / 7
Pharmacy	0 / 7
Dental providers	0 / 7
Mental health providers	0 / 7
Patient educators	0 / 7
Case managers	0 / 7

The lack of dental care services, even preventative dental care, for low-income clients presents a significant gap according to stakeholders. The chart above reflects local providers' concern that none of the respondents felt they had adequate dental professionals to meet demand. The Health Department provides dental services four days weekly. ANHSI uses Health Department facilities on a fifth day to provide some dental care, and uses Arlington County Division of Public Health Facilities on another day to provide dental services. Another dental provider noted by stakeholders is the Northern Virginia Dental Clinic, a nonprofit sponsored by private dentists and funded partly by the

²⁴ <http://www.anhsi.org/>

²⁵ Stephen Horan, 'Results of the Alexandria Safety Net Assessment', Community Health Resource Center (Alexandria, 13 June 2005), p. 8.

²⁷ <http://www.whitehouse.gov/omb/expectmore/detail>, accessed March 31, 2008.

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City. One issue not unique to Alexandria involves finding dentists who take Medicaid to serve children.

For children, there are a number of doctors who accept Medicaid for health services. However, for expectant mothers, stakeholders pointed out that there were only two obstetricians in Alexandria that take Medicaid. Health care providers stressed their difficulty in complying with a multitude of unfunded mandates required by Medicaid waiver, state licensure, and others.

One stakeholder praised the comprehensive services of CATCH (Child Assessment & Treatment Center for Health), but felt that a gap exists for the CATCH population of children in protective services. These youth don't have people looking at their medical records because they often are moved from placement to placement. Former medical or other health records are often inaccessible from one location to another, so a consistent record of these children's medical background is not always available.

Special needs populations, such as developmentally and behaviorally challenged children and adults, experience some difficulty in accessing health care services, sometimes in terms of transportation, but much more often with respect to paying for these services, which is not always a straightforward process. A few respondents would like to see an increase in at-home services available to ease the access burden for this segment of the population.

Another issue that contributes to service gaps, noted by stakeholders, involves tertiary referral systems. Typically, due to the positive climate among service providers in Alexandria, if a patient requires a certain test, their primary provider will call another provider that they know provides the needed service to try to make it available for the client. There is not, however, a systems approach to better facilitate provision of necessary services for patients. A related health care concern is the lack of comprehensive case management. Stakeholders stressed that one challenge for primary care locally is helping people manage their health care needs and getting needed care. "Mini-silos" result in completely separate channels a patient must pursue to obtain anesthesiology, laboratory, and prescription services.

This issue becomes more pronounced in the context of specialty care, which presents challenges of affordability as well as availability. Stakeholders stressed that residents typically are able to find health care services on either end of the spectrum – primary care or hospitalization. What remains elusive for many, however, is the specialty care needed by some to manage a condition to prevent hospitalization. Private specialists remain in short supply and some providers "plead, beg and borrow" where they can for patients to receive necessary specialty care. The Health Department can pay a small amount for some residents to receive specialty care services, but this funding is limited. ANHSI has even fewer connections to obtain specialty care services for clients. A new program, Project Access, managed by the Medical Society of Northern Virginia and serving health care safety net providers in Alexandria and Fairfax County, provides streamlined referral and increased access to specialists for low-income uninsured clients.

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Even some children with Medicaid, referred to pediatric specialists in other jurisdictions, may not receive service due to specialists' limited capacity; consequently, children with Medicaid have been turned away from some regional health care providers. Cancer treatment for uninsured, low-income residents presents another specific specialty care gap. The Health Department coordinates some care for these patients via private outpatient care; ANHSI does not have this capability currently. Stakeholders noted that regionally there are aspirations of consolidating specialty care, though transportation, cultural competency, and jurisdictional boundaries remain issues in this effort.

Collaboration Successes and Integration Goals

Stakeholders reported on the eager sentiment among health care providers to improve the system and work better together. Disagreements may occur in regards to how best to improve the system (which resources to utilize, specific expectations, etc.) but the overall atmosphere is one of hopeful collaboration. The collective goal involves, as one stakeholder put it, all agencies "working smarter together (one City, one plan) and this is meant to include every family and child in one plan, rather than many independent plans." One path this stakeholder proposed to achieve this is to "find models of service delivery that they can all be a part of and enhance the community through working together." The maternity care system present in the City may serve as one model of a fairly integrated system which includes Inova Hospital, private physicians, and the Health Department.

While a health care *system* exists informally, due to the City's small size and providers' genuine willingness to work together, the different components of the system are not always well integrated. One group of stakeholders emphasized that some confusion exists for partner agencies, as well as patients, on how to navigate the health system. One suggestion was to consider reinvigorating the Healthy Communities Access Program (HCAP) model, which is no longer funded. HCAP is a process to invest in coordinated system of care:

The Healthy Community Access Program (HCAP) seeks to improve access to health services for low-income individuals. The program's authorization and grant guidance broadly state that grantees should expand access to care for individuals without insurance or chronic conditions through better integration of health services within communities. Communities can spend programs funds on a wide range of activities, including buying computers, developing disease management protocol, and developing referral arrangements. Thus, the mechanism that the program uses to achieve greater access to health care varies across grantees. Grantees stated goals and objectives in grant applications also vary...The program provides grants to local consortia of public health departments, health centers, hospitals with a low-income utilization rate of 25% or more, and health care providers that have traditionally served the medically underserved. The average new HCAP initial grant award is \$900,000, with decreasing Federal support in Years 2 and 3. By statute, only 15% of program funds can be spent on direct patient care.²⁷

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The following describes HCAP activities in Alexandria in 2005.²⁸

- Establish the Alexandria Coalition for Coordinated Health Care
- Improve continuity of care through integration between (safety net providers)
- Implement a streamlined eligibility system so patients can obtain more efficient access to all levels of care within the community network
- Develop integrated systems of care that utilize evidence-based health care practices, improving overall quality of care and health status outcomes
- Establish a collaborative quality improvement function encompassing all levels of care in the delivery system

Suggestions from stakeholders focused on strengthening existing efforts rather than concentrating mainly on organizational restructuring, and on helping the current health service components improve their coordination and communication. One stakeholder remarked how this was especially important for serving kids at-risk or in DSS custody, and how joint visits are now made between departments, referrals are better coordinated, and information-sharing is improved.

The increased cooperation between the Commonwealth Attorneys' Office and Police Department regarding child abuse and neglect cases must continue to be truly collaborative and effective. One point to emerge from the Alexandria Safety Net Assessment with regard to system integration involves the issue that “few written agreements between providers”²⁹ exist. Formal written agreements provide one tangible avenue for partners to determine and clearly specify how they can genuinely cooperate and collaborate for mutual benefit.

Stakeholders also noted that internal restructuring of health services had already begun at the Alexandria Health Department, such as co-locating child well care services and ill child care in the same building, creating one record for each child, and minimizing miscommunication. They mentioned that potential exists for future ventures between health and human services, such as the mental health and social services sectors, which would allow more comprehensive screenings and intervention. One stakeholder suggested increased sharing of electronic medical records across divisions that would provide access to information like updated immunizations, as well as to better facilitate the process of making referrals.

Government restrictions account for part of the barrier to increased integration among various service components in the overall human services system. There are funding restrictions and guidelines about who can be served by a particular agency. Stakeholders note that more coordination and collaboration among the strong leadership already present among the cornerstone components charted above, as well as with other agencies involved with health care system-wide, is critical to expand partnerships, increase joint planning strategies, and foster critical thinking to find collective means to resolve health care concerns, especially for vulnerable populations. Despite the challenges faced in

²⁸ Stephen Horan, ‘Results of the Alexandria Safety Net Assessment’, Community Health Resource Center (Alexandria, 13 June 2005), p. 3.

²⁹ Ibid.

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better integrating the system of care in the City, Alexandria is fortunate to have eager partners who are ready and willing to improve access to health care and to enhance coordination and collaboration within the system.

The Next Steps

Alexandria is proactively countering its health concerns to ensure a healthier community.

<p>Mental Health/Substance Abuse Work Group: Selected Strategies</p> <ul style="list-style-type: none">• Community-wide youth anti-stigma campaign (Laptop/Electronic Blackboard initiative at T.C. Williams; Focus groups with students and faith communities)• Inventory of MH/SA programs & services for youth• Long-term, comprehensive MH and SA interventions (e.g., TeenScreen, Project Northland) <p>Healthy Lifestyles Work Group- Selected Strategies:</p> <ul style="list-style-type: none">• Team-based, workplace intervention to increase physical activity• Continue <i>Proud To Be Smoke Free</i> Program with Alexandria restaurants• Posters to encourage stair use in public buildings (available in other languages)• Explore long-term HL initiatives using data from Inova Health System's <i>Healthy Weight Collaborative</i> survey• City-wide mentoring initiative• Creation of a coalition to focus on youth substance abuse.
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The Community Health report called for a “major emphasis...in influencing personal behavior changes and in organizing community efforts in prevention.” One stakeholder echoed this sentiment in stating, “From a healthcare point of view, there is insufficient emphasis on prevention.” The report highlighted that “in addition, every Alexandria resident must have access to high quality primary and preventative care or many of these improvements will not be possible for a significant number of the City’s residents.”

After the release of the health assessment, The Partnership for a Healthier Alexandria was created, and workgroups on Healthy Lifestyles, Substance Abuse Prevention, and Mental Health Anti Stigma Campaign were initiated, soon to be followed by an Environmental Health workgroup. Each work group has established strategies to address these health issues, and the Partnership has worked to identify partners and existing services, and is researching and working to implement evidence-based practices.³⁰

While Inova Hospital, ANHSI, other local clinics, and primary care physicians focus primarily on providing direct health care services, due to the pressing local need, the Health Department also contributes significantly to the provision of direct services. In fact, approximately half of the Health Department’s budget is devoted to direct services, which are technically non-mandated according to state law. As health care needs within the community grow, the Health Department’s budget cannot expand to meet growing direct services needs (for example, it simply cannot hire more physicians). The Health Department does not take Medicare patients, but it does encourage Medicaid enrollment among low-income patients who need it. At the same time, the Health Department is also responsible for various administrative functions, such as controlling communicable diseases and ensuring long term emergency preparedness for the City.

ANHSI’s budget of significant federal grants, City funding, and monies from private foundations places it in a position to potentially expand services in the future to meet

³⁰ See text box for a brief outline: ‘Overview: 2004 Alexandria Community Health Assessment & Partnership for a Healthier Alexandria,’ (Alexandria, 2007).

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demand. One issue for ANHSI noted by stakeholders is physical space, which limits the number of health care providers they can employ to provide services. Just as ANHSI uses Health Department space for limited dental services, increased collaboration and cooperation to bridge the space gap could continue to add meaningful capacity to better address local service gaps. Successful collaborative examples already exist in the community – such as the Health Department’s Flora K. Casey Health Center’s location in a City-owned building – which demonstrate how joint sharing of local assets among various partner agencies provides mutual benefits for the agencies as well as their clients.

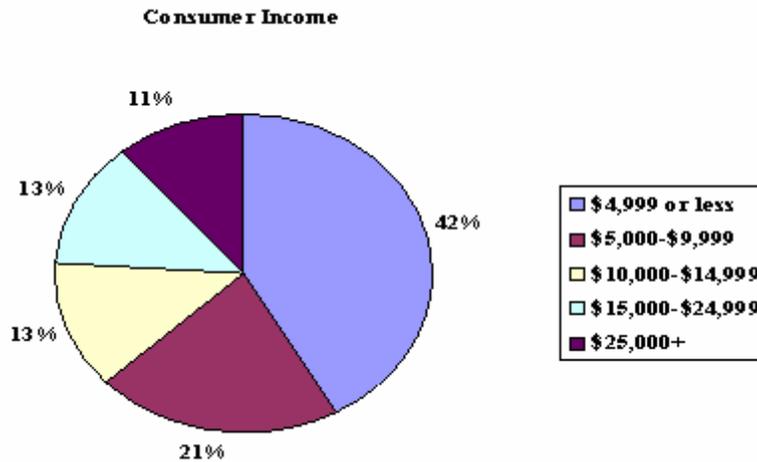
Regarding quality assurance among health system providers, outcome-based assessments are seen as a positive step forward, though funders should understand the extra work evaluation creates for an already strained human services workforce. While some stakeholders highlighted the importance and need for outcome evaluation, others stressed the need for strategic planning within and across agencies so that there are shared outcomes when priorities collide. Professionals working in health care locally stressed that they needed assistance for implementing quality assurance efforts (e.g. program evaluation) with a particular need to make the system more user friendly. Improving clinical quality was also a goal. Stakeholders want to see more focus on workforce development, recruitment, retention, and staff alignment to continue fostering a strong and stable health care workforce.

MENTAL HEALTH AND SOCIAL-EMOTIONAL DEVELOPMENT

Overview

Based on Braintree’s survey results, local service providers rated mental health as the second most critical gap for youth, the third most critical gap for adults, and the fifth most critical gap for the elderly. When presented with the opportunity to allocate funding to the top issues of concern locally, more money was dedicated to the category of mental health than any other for youth and adult categories, while it remained in a consistent fifth place for the elderly.

Residents with mental and emotional health challenges often face social and financial difficulties. To gain a picture of the financial constraints these residents face, consider the chart below provided by Alexandria’s Community Services Board (ACSB) on the income of consumers it served in 2007.



The U.S. Department of Health and Human Services’ guidelines for 2007 demonstrate that, if the consumer is living alone, at least 63% of the Alexandria CSB clientele were living well below the poverty line in 2007.³¹

Compounding Issues

Many citizens without mental health or socio-emotional issues often have difficulty comprehending the challenges faced by people with such issues. Consequently, social barriers are often erected that separate “us from them,” which only makes it more difficult for those with mental health challenges to seek and find help. This point was expressed by a local teenager at a Public Hearing in May 2006:

I represent the Intensive Outpatient Drug Group (Court-ordered students recovering from substance abuse) with the Alexandria Community Services Board. There are currently 12 members in this group. We are Latino, African American, Iranian, Peruvian and Caucasian. We are ages 13 to 19...We are on probation for possession of marijuana,

³¹ U.S. Department of Health and Human Services 2007 Poverty Guidelines.

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possession of cocaine, truancy, assault and battery, grand theft and petty theft and robbery. We are your neighbors, your sons, your daughters and your kids' friends and we go to your schools.³²

In addition to social and financial issues, the Alexandria Community Service Board (ACSB) notes that 'research and experience has shown that more than half of our consumers have co-occurring substance abuse disorders.'³³ Consequently, many consumers in the realm of mental health are concurrently facing substance abuse addictions, which may place these individuals in greater danger. In addition, the number of consumers served by the local CSB in recent years appears to be increasing. In 2007, ACSB served an unduplicated total of 4,019, about 9% more than in 2006.³⁴ Another stakeholder explained:

The number of Adult Protective Service complaints we received increased almost 100% from fiscal year 2003 to 2006. We are already beginning to see the predicted influx of "baby boomers" into the system. Many persons have dementia, schizophrenia, substance abuse problems or other conditions requiring mental health services.³⁵

These matters cannot be ignored, as mental health and social-emotional problems affect the individuals dealing with such issues as well as the community at large. The 'Mental Health/Substance Abuse Needs Leading to Action Steps' report provided by the Partnership for a Healthier Alexandria's MH/SA Work Group found the following with regard to mental health concerns in Alexandria:

- Mental health problems, including depression, were ranked second only to heart disease by all 383 Alexandrians surveyed.
- 87.5% of surveyed African-Americans regarded mental health problems, including depression, as a "major problem," more than any other chronic condition.
- 87% of 18 – 24 year olds surveyed considered mental health problems, including depression, as a "major problem."³⁹

A recent local survey showed the percentage of Alexandria high school students who report having attempted suicide is relatively similar to the national average, with some counts lower for Alexandrians.⁴⁰ Of the 245 families served last year by Healthy

³² Alexandria Community Services Board, 'Public Hearing', (Alexandria, 11 May 2006), p. 1.

³³ Alexandria Community Services Board, '2007 Annual Report', (Alexandria, 2007), p. 1.

³⁴ Ibid., pp. 1, 5.

³⁵ Alexandria Community Services Board, 'Public Hearing' (Alexandria, 11 May 2006).

³⁹ Alexandria Health Department, 'A Healthy Outlook: The Alexandria Community Health Assessment 2004' (Alexandria, 2004).

⁴⁰ Youth Risk Behavior Survey, February 2008, p. 26, Alexandria City Public Schools, http://www.acps.k12.va.us/mes/reports/20080229_yrbs_full.pdf According to the U.S. Government's *Center for Disease Control*, 7 – 9% of 9 – 12 graders had attempted suicide in the 1991-2005 time period.

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Families Alexandria (Northern Virginia Family Service), however, 70% scored positive for depression and many experience other issues such as anxiety, PTSD, personality disorders, compulsive disorders, and substance abuse.⁴¹

Access to Services

Given that 70% of the families served by Healthy Families Alexandria face depression and other mental health concerns, the community will need to regard mental health as a significant issue. At a Public Hearing held by the Community Services Board, a program manager for Healthy Families Alexandria (HFA), noted that access issues form a barrier for consumers seeking effective mental health services:

HFA has found it difficult to access outpatient mental health services because of waiting lists, lack of Spanish Speaking therapists (a translator really detracts from the therapeutic process), and expense. We have attempted to access services on less than 10 occasions. Out of those, only two were successful. For many we were told that there would be a waiting list or that the client would need to get themselves to the clinic.⁴²

Every two years, the administrative staff of the Alexandria Community Services Board conducts a needs assessment survey for the provider community (including those outside of the CSB), the latest of which was conducted in 2006. Access barriers emerged again as a top concern. One positive outcome was that 95% of those surveyed felt ACSB staff were very knowledgeable in their respective fields, down only 2.4% from 2004. The following were the top concerns from the assessment:

Accessibility Barriers	<ul style="list-style-type: none"> * 31% felt that MHMRSA programs or facilities had: <ul style="list-style-type: none"> > Attitudinal barriers / client perception > Ease of entry into services * 30% felt that another such barrier is communication or language barriers * 27% felt that transportation is a barrier
Special Populations Whose Needs are Not Being Met	<ul style="list-style-type: none"> * 17% felt that children or adolescents needs are not being met * 15% felt that the needs of homeless citizens are not being met
Services Provided, but Lack Sufficient Capacity	<ul style="list-style-type: none"> * 31% felt more case management or intensive case management is needed * 22% felt more intensively staffed apartments or group homes are necessary

Low-income consumers with mental health concerns are perhaps the worst afflicted by the lack of access to mental health services. In a letter to the ACSB, a Family Support Worker with ALIVE! wrote:

⁴¹ Alexandria Community Services Board, 'Public Hearing' (Alexandria, 23 May 2006); Testimony of Carol Freeman, Program Manager, *Healthy Families Alexandria*. Several community leaders testified at this hearing about the mental health crises facing the City's youth, as well as elderly and homeless individuals.

⁴² Alexandria Community Services Board, 'Public Hearing' (Alexandria, 11 May 2006).

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I have referred many clients in crisis to Alexandria’s Mental Health Outpatient Program for Emergency Services only for them to be placed on a long waiting list. It has been my experience, as the referring clinician, that these clients are not seen for months. Although these clients can receive therapy in other programs, the Mental Health Program is the only place clients on Medicaid can go for psychiatric services. Clients only other recourse is to go to the Emergency Room. Thus increased services would mean more providers which could reduce long waiting lists for needed services.⁴³

In the Opening Remarks made to the Commission on Mental Health Law Reform, Richard Bonnie noted that “among people who are committed, only 6% were committed to outpatient treatment,” a critical service noted above for which capacity is severely limited. According to stakeholders, virtually every population or target group in the City faces its unique challenges in obtaining appropriate mental health services. Participants of one focus group noted the following top issues faced in Alexandria:

POPULATIONS	TOP CHALLENGES
Early Childhood (0 to 3)	<ul style="list-style-type: none"> > Getting access to early identification services remains a barrier; many are not referred until there is a problem > Insufficient Medicaid funding leads to long waiting lists
Children and Youth	<ul style="list-style-type: none"> > Counselor to student ratios are 300 or 400 to 1 in some schools > Not enough child psychiatrists, as 210 more kids were seen last year > Those with emotional disorders are often sent to residential placement care far from their families and friends > If emotionally disturbed or intellectually disabled, youth cannot be worked with without DHS, School, Health Department, and the family – <i>case management</i> is vital to successful treatment > Transitioning kids from school to school is a risk factor
Older Youth (around 18) and Adults	<ul style="list-style-type: none"> > Aging out of services with inadequate transition services to assist in successful independent living > If they find affordable housing, there is still a need for assistance with functional limitations – how to budget, pay bills > More Section 8 housing vouchers than can be used because there is a lack of such supportive services > Large number of substance abuse consumers in jails that should instead be in mental health treatment centers > Those with disabilities related to substance abuse have less access to Section 8 vouchers than disabled and seriously mentally ill; either get stuck in detoxification facilities, or have nowhere to go > Residential programs for women with children is scarce > Shelter staff often not trained to deal with mental health crises
Seniors	<ul style="list-style-type: none"> > As assisted living and care is not affordable locally, seniors may not see their families as often > Many older adults are on the margins with insufficient income, and as they are not yet 62 or disabled, there are few services to provide assistance > Increasing day support needed, but no resources to provide this > Medicaid does not pay for substance abuse treatment, but seniors cannot go to detoxification facilities due to medical risks > Shelters are not sure what to do with seniors who have lost their home and have medical issues

⁴³ Public letter read: Alexandria Community Services Board, ‘Public Hearing’, (Alexandria, 11 May 2006).

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Immigrants	<ul style="list-style-type: none"> > Bilingual individual and family therapy support is needed for families > Heightened stigma associated with accessing mental health services keeps these families from accessing services at community sites; thus at least initially, providing home-based mental health services would be ideal
All Groups	<ul style="list-style-type: none"> > Increased use of programming based on evidence-based practices > More customer service professionalism, speed and compassion > Transportation limitations have resulted in many missing medical appointments > Difficulty in access to medical care for low-income consumers; wait times from 1 month or more, then receive huge bills (may prevent consumers from getting necessary help in the future); there are no options if they don't have Medicaid

The importance of improving the delivery of mental health services to all groups is a local as well as regional goal. Relevant state entities have recently identified key goals and areas for improvement. In the Opening Remarks made to the Commission on Mental Health Law Reform, Richard Bonnie listed five specific goals to use in providing a comprehensive examination of Virginia's mental health laws:

1. Reducing the need for commitment by improving access to mental health, mental retardation and substance abuse services
2. Reducing unwarranted criminalization of people with mental illness
3. Redesigning the process of involuntary treatment so that it is more fair and effective
4. Enabling consumers of mental health services to have more choice over the services they receive
5. Helping young people with mental health problems and their families before these problems spiral out of control⁴⁴

There are many dedicated mental health professionals working in Alexandria, but there is simply not enough staff locally to meet the needs of all the citizens with mental health issues. Mental health issues are not easy to showcase, though citizens with any proximity to these problems are acutely aware of the critical need for more services.

MEETING BASIC NEEDS

Economy and Employment

Economy

Much of Alexandria rests on firm economic footing. The Alexandria Economic Development Partnership reported in September 2007 an unemployment rate for the City of only 2.10%, compared to 2.80% in Virginia and 4.5% across the United States.⁴⁵ Employers find the City to be an attractive place to conduct business as well. Alexandria's office space vacancy rate was shown to be only 6.4% compared to 12.6% for Northern Virginia and 10.9% for the DC metro area.⁴⁶ While overall the City fares well in a regional macroeconomic context, there are pockets of poverty scattered throughout Alexandria. West End, Arlandria, and even Old Town are home to some of

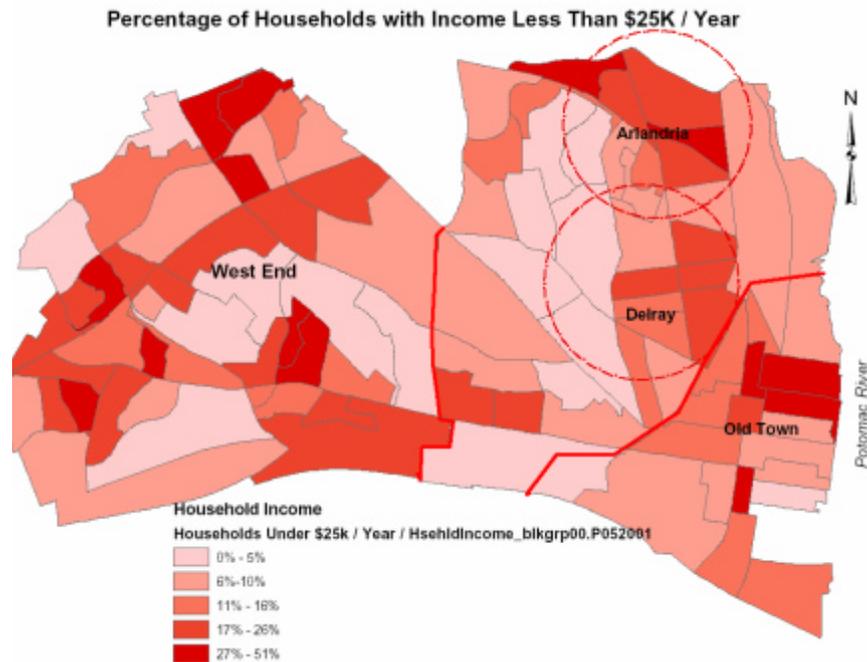
⁴⁴ R. Bonnie, 'Opening Remarks', Commission on Mental Health Law Reform (Williamsburg, 2006).

⁴⁵ Alexandria Economic Development Partnership, 'Local Economic Indicator Report' (Alexandria, December 2007).

⁴⁶ Ibid.

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the City's poorest residents. The map below shows the percentage of households earning less than \$25,000 per year in each census block; up to 51% of households in the darkest areas earn less than 25k per year:



Recent national and regional real estate declines have begun to affect the local economy, resulting in decreased tax revenue for the City budget. According to the proposed 2009 budget, sales tax revenue is down \$2.4 million and personal property tax revenue is down \$1.2 million.⁴⁷ Budget cuts are expected across the human services. The proposed 2009 fiscal year budget anticipates over \$1 million in cuts to Department of Human Services (almost \$900,000 coming from the child care fee subsidy), over \$225,000 in reductions from the Department of Mental Health, a direct cut of \$100,000 from the Office of Housing and a cut of over \$500,000 to the Affordable Home Ownership Program.⁴⁸

Property taxes may need to be adjusted in compensation for this decline. The Alexandria City Council voted on March 16 to 'propose a real estate rate increase of up to 3 cents, potentially raising the tax rate to 86 cents per \$100 of assessed valuation.'⁴⁹

Employment

Despite the healthy overall economy, stakeholders see job training as a critical issue for Alexandria and stakeholders in interviews as well as focus groups echoed this concern. Over half of all residents have a college degree, but a significant number of the less educated lack the skills necessary to compete in a job market where skill expectations have risen sharply in recent years. Many low paying jobs require skills which might only

⁴⁷ 'City Manager's Message', *City of Alexandria Fiscal Year 2009 Proposed Budget* (Alexandria, 12 February 2008).

⁴⁸ Ibid.

⁴⁹ Kirstin Downey, 'Real Estate Tax Rate Increase Proposed', *Washington Post* (Washington DC, 16 March 2008).

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have been expected for higher paid positions just a few years ago. Stakeholders noted that a receptionist position now requires experience using Microsoft Office. The adult and young adult populations of Alexandria risk falling behind the demands of their future employers.

There are a number of job training programs already in place, but many stakeholders suggest that Alexandria invest in providing more training opportunities for job seekers and expand skills training coordination activities with the schools. At T.C. Williams High School, where over 1800 children participate in Free or Reduced Price Lunch, only 120 students are enrolled in a subsidized work experience program. Improving the skills capacity of residents should be a priority for Alexandria.

MEETING BASIC NEEDS

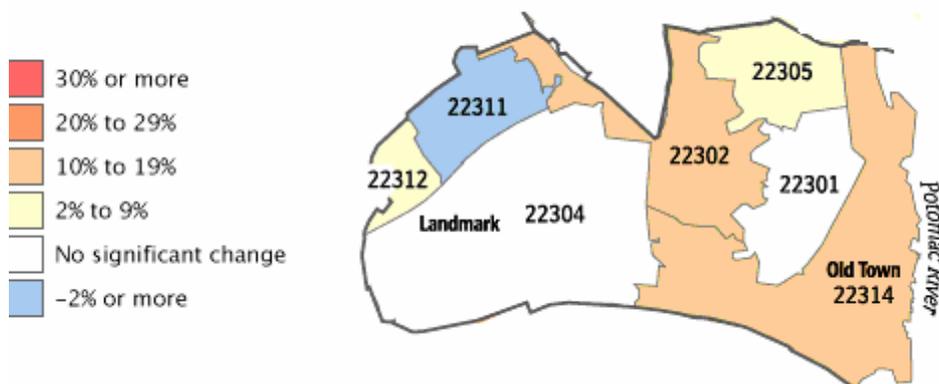
Housing and Homelessness

Housing

The dramatic rise in the cost of housing in Alexandria over the last 10 years has made much of the City unaffordable for residents. Alexandria's housing stock is 60% renter occupied and 40% owner-occupied. Viable rental apartment units for those earning 60% of the City's median income shrank from 18,218 to 8,456 from 2000 to 2007 and for those at only 50% of the median, the number of affordable units decreased from 10,374 to 583 over the same period, a decline of 94%.⁵⁰

According to a Washington Post 'Housing Outlook 2007' article, the median purchase price for a home in Alexandria during 2005 was \$585,000; in 2006 it was \$599,000.⁵¹ The accompanying map from this article demonstrates how housing prices have risen in recent years:

Percent Change in Median House Price from 2005 to 2006



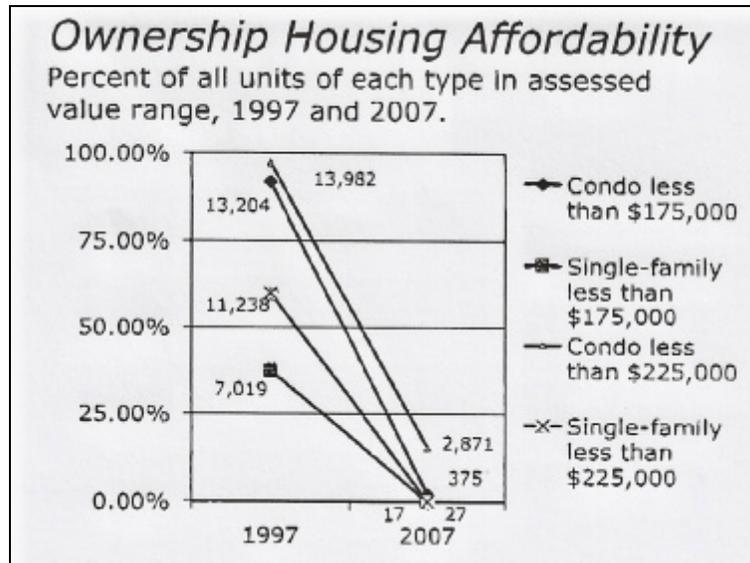
From 2000 to 2007, the HUD-determined median income for the Washington, DC metropolitan area increased by 14%, from \$82,800 to \$94,500, while the average rent for

⁵⁰ Affordable Housing, Presentation to Leadership Alexandria, February 13, 2008.

⁵¹ S. Straight, 'Housing Outlook 2007: Alexandria', *Washington Post* (Washington DC, January 2008).

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a market rate two bedroom unit in Alexandria increased by 46.9%, from \$1,034 to \$1,519.⁵² The following slide from the same report illustrates the similar downward slide in availability of affordable housing for ownership:



53

Gentrification has caused several near term and long term systemic issues for Alexandria. Survey results from this needs assessment and a wide variety of focus groups have shown that affordable housing is becoming a serious issue for many populations, especially for families with young children and the elderly. As income levels increase, pockets of poverty have been left behind as income disparities between rich and poor have widened.

Homelessness

A whole other world apart, residents most severely affected by the worsening trends in the housing market noted above, suffer from chronic difficulties of obtaining a stable place to live. Local stakeholders noted that the clients they are serving more often include female single parents, those with intellectual disabilities and substance abuse disorders, and recent immigrants – particularly from African nations (Eritrea, Ethiopia, Sierra Leone) but also increasingly from the Middle East. They also note homeless residents face:

- Language and cultural issues – foreign born residents don't understand the language as well, they have even more trouble than the average client navigating the system, which leads to longer stays in shelter or need for associated services
- Affordable independent living options -- clients with mental health challenges often need help with day to day challenges like managing money or a breakdown
- Lack of education and training programs for people; though it's notable that Carpenter's Shelter has a mandatory job mentoring program

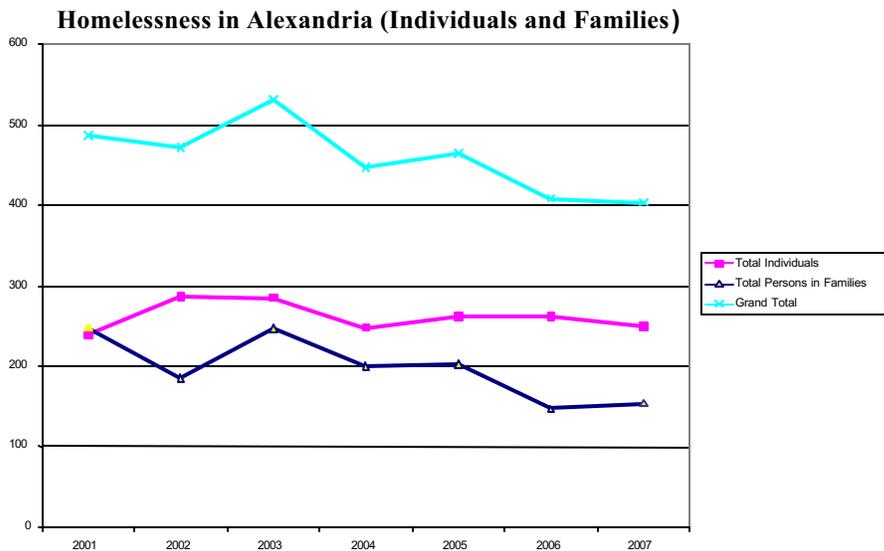
⁵² Affordable Housing, Presentation to Leadership Alexandria, February 13, 2008.

⁵³ Ibid.

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- Overwhelming bureaucracy and paperwork burden for clients and the fees sometimes required (background check for jobs)
- Support services deficit – HUD is cutting funding for such services, which often determine whether larger assistance programs (housing) will be effective

Homelessness continues to be an issue in Alexandria, though trends over the last seven years have shown some improvements. While the number of non-family homeless individuals has remained steady, it has been encouraging to see a decline in the number of families (typically a single mother with 2 children) who find themselves in need of shelter and related emergency services. The chart below shows the overall number of homeless individuals in Alexandria from 2001 to 2007 and the number of homeless family persons and non-family individuals that add up to that total:



Source: Homeless Services Coordinating Council Survey (January 2007)

One reason for the uneven improvement in numbers may be related to the recent cuts made to some of the more intensive case management and support services on which many non-family homeless individuals typically rely: a recent survey of the homeless in Alexandria found that 64.8% of homeless in this category suffer from severe mental illness, chronic substance abuse, or both.⁵⁴ A focus group with the Alexandria Homeless Services Coordinating Council Executive Committee agreed: Alexandria needs more support services for chronically homeless people who have become institutionally dependent and are unlikely to emerge from the system without assistance.⁵⁵

Stakeholders would also like to see a more open shelter service policy designed to maximize available beds. An anonymous provider commented that ‘more “real” shelter beds’ are needed in Alexandria and went on to describe the current state of shelter services:

⁵⁴ Alexandria Homeless Services Coordinating Council, ‘Data Totals for Families and Individuals 2001–2007’ (Alexandria, 2007).

⁵⁵ Braintree Solution Consulting, ‘Focus Group Summary: Alexandria Homeless Services Coordinating Council, Executive Committee’ (Alexandria, 7 February 2008).

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The changes in the shelter system in Alexandria now mean that people who may need a night or two (or a week or two) of shelter are not typically able to get it. Carpenters no longer sees themselves serving that role...it leaves a gaping hole for people who simply need a shelter bed. Also, when a shelter resident breaks a rule, they are kicked-out and often cannot return for a year. Where is the person supposed to go when this happens? We need a "hypothermia-like" system year round. That is, anyone who needs a safe bed can get one for the night.

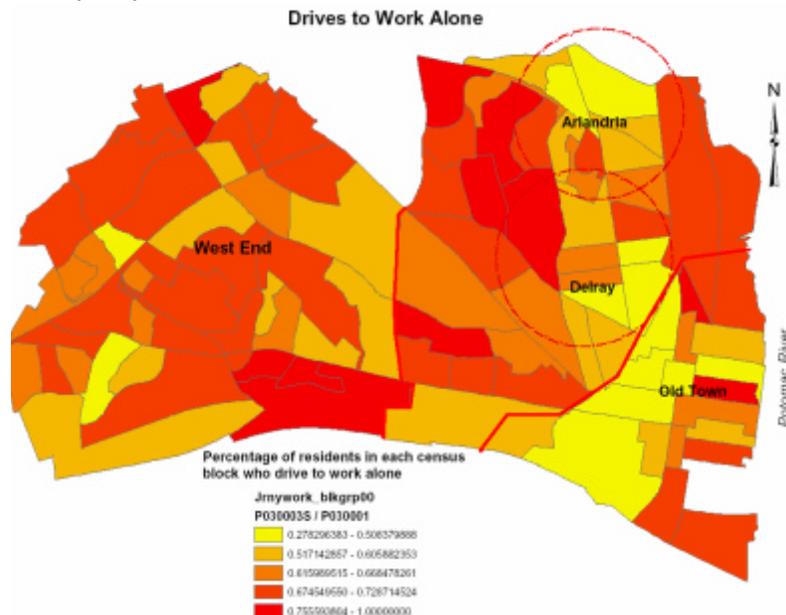
Greater flexibility with shelter service policy may allow those who are chronically homeless a chance to get off the streets and into the service system.

MEETING BASIC NEEDS

Transportation

Overview

Alexandria's transportation system is characterized by a substantial commuter population and high levels of rush hour congestion. Some residents work in the City and some work outside of Alexandria – in DC or in the wider metropolitan area – but wherever their job is located less than 15% of the population uses public transportation to get there. About 65% of the population commutes to work by driving alone (i.e. with no other passengers). On average, it takes residents about 30 minutes to get to work.⁵⁶ In addition to the daily exodus by residents, many providers noted that most people working in the City live elsewhere. At one focus group at a local agency, participants noted that only 11% of their staff lived in Alexandria. As such, a tremendous daily exchange of commuter traffic is taking place every day in this small urban environment.



⁵⁶ Alexandria Department of Health, 'An Environment for a Healthier Alexandria' (Alexandria, 2007), p. 14.

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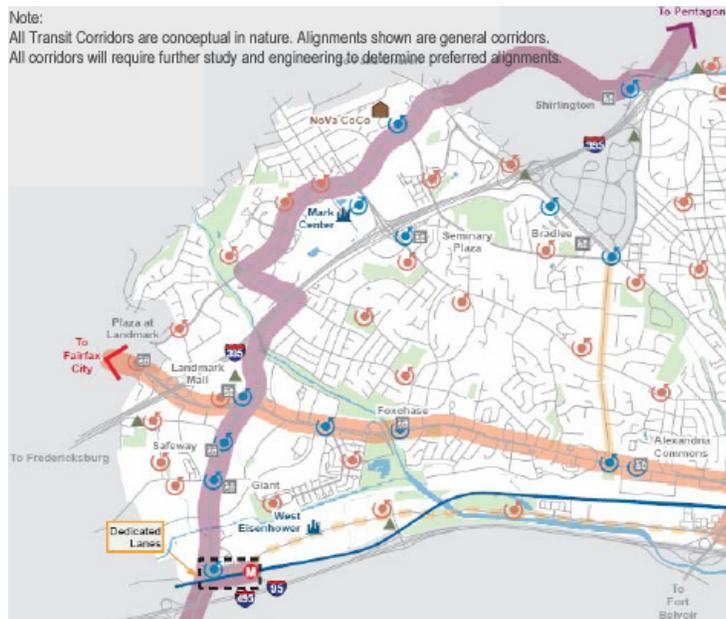
Fortunately, Alexandria’s small size lends itself to a number of feasible transportation options, which the community has begun to emphasize in its latest transportation plans. The recently finalized Comprehensive Transportation Master Plan focuses on less traditional forms of mass transit – walking, biking, using public transport – each of which is presented as a separate major section of the report. The elevation of alternative transportation options represents a more environmentally conscious and holistic strategic approach, which the City acknowledges in the Master Plan:

This shift in thinking aims to overcome the traditional approach that the City has taken in the past, assuming the primary use of the automobile in the design and operation of its infrastructure. In the 21st Century, Alexandria must embrace all methods of overcoming automobile dependency.⁵⁷

The Comprehensive Transportation Master Plan designates three new transport corridors to ‘ensure that people can travel into, within and out of the City of Alexandria by providing transportation choices that combine different modes of travel into a seamless, comprehensive and coordinated transportation system.’⁵⁸ The three main transport corridors from the Master Plan are shown below:



Route 1 Corridor

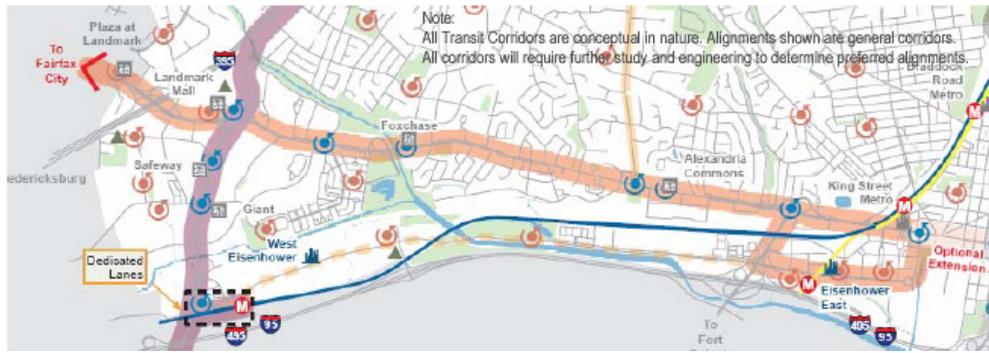


Van Dorn / Beauregard Corridor (Source: City of Alexandria)

⁵⁷ Alexandria Department of Transportation and Environmental Services, ‘Comprehensive Transportation Master Plan’ (Alexandria, 24 January 2008), p. 2.

⁵⁸ *Ibid.*, pp. 1-3.

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Duke Street Corridor (Source: City of Alexandria)

The Alexandria Department of Transportation and Environmental Services plans to focus on expanding transportation options and infrastructure along these routes in the future to better serve the population

Traffic Safety

Focus groups feedback and survey respondents expressed concerns about traffic safety in Alexandria. The 2006 Annual Report from the Alexandria Police Department shows some of the most dangerous intersections in the City:

Top Accident Sites in 2006	
Location	Crashes
Duke Street & South Walker Street	22
Pershing Avenue & Telegraph Road	18
King Street & Quaker Lane	15
Mill Road & Telegraph Road	14
Duke Street & South Pickett Street	14
North Beauregard Street & West Braddock Road	14
South Washington & Wolfe Street	14
Duke Street & South Washington Street	14
Duke Street & West Taylor Run Parkway	13
North Washington Street & Madison Street	13
North Beauregard Street & Seminary Road	12
Duke Street & South Quaker Lane	12

⁵⁹

Service Gaps

Transportation is a crosscutting systemic barrier to human services provision in Alexandria. Despite the expected improvements in the coming years, focus groups and reports show the City is not adequately addressing the transportation needs of at least some residents.

Seniors, who often cannot walk long distances and/or drive themselves, are dependent on public transport. A report from the Office of Aging and Adult Services concluded:

In suburban and rural areas, home to nearly 80% of the older adult population, destinations are often too far to walk, public transit is poor, taxis are costly, and special

⁵⁹ Alexandria Police Department, '2006 Annual Report' (Alexandria, 2006), p. 6.

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services are limited...Service providers recognize that transportation is a vital link to preventing loss of independence, isolation, and depression.⁶⁰

In a recent survey conducted by the Office of Aging and Adult Services, the elderly ranked transportation as their third most significant issue. A closer analysis from a focus group found that seniors have difficulty *accessing* public forms of transportation:

- Seniors with walkers or canes still find it physically challenging to use public transport despite some improvements for the disabled
- Many seniors are entirely unaware of available transport options (Senior Taxi, nonprofit transport services, etc.)
- Public transportation is often inconvenient for reaching the preferred destination of many seniors (YMCA, senior centers, etc.)

Youth in need of services rarely have their own means of transport and, perhaps not surprisingly, two separate focus groups with youth service providers and high school students from T.C. Williams named transportation as one of the most significant barriers to after school programs and services in the City.⁶¹ Many youth, especially those most in need, cannot reach the programs being offered to them because they have no means of getting there.

A focus group with early childhood providers noted that parents of **children** who are too young to travel alone on public transportation have difficulty in arranging for the routine transfer of their children throughout the day: from home to school / child care, from school to after school programs, and then finally back to their home.⁶² There is reportedly no coordinated transportation service system in place, public or private, that adequately addresses this need.

Transportation deficiencies in Alexandria, therefore, are most apparent in populations who cannot drive themselves – the elderly, adults with special needs, youth, and young children – which is perhaps itself a sad commentary on the state of public transportation, but more likely a result of the City’s reliance on the automobile to grow an urban infrastructure that is now at the mercy of rising gas prices and severe road congestion.

Stakeholders would like to see more specialty transportation services in Alexandria offered by nonprofits as well as public agencies. These do not have to be expensive and complex systems. Survey respondents and focus groups explain that in many cases a simple van service would be extremely helpful when applied to certain key populations, such as those mentioned above.

⁶⁰ Alexandria Office of Aging and Adult Services, ‘A Needs Assessment Summary for Alexandria’s Seniors’ (Alexandria, March 2004), Appendix A.

⁶¹ Braintree Solution Consulting, ‘Focus Group Summary: Youth Services Coordinating Council’ (Alexandria, 12 February 2008).

⁶² Braintree Solution Consulting, ‘Focus Group Summary: Smart Beginnings Alexandria School Readiness Council’ (Alexandria, 14 January 2008).

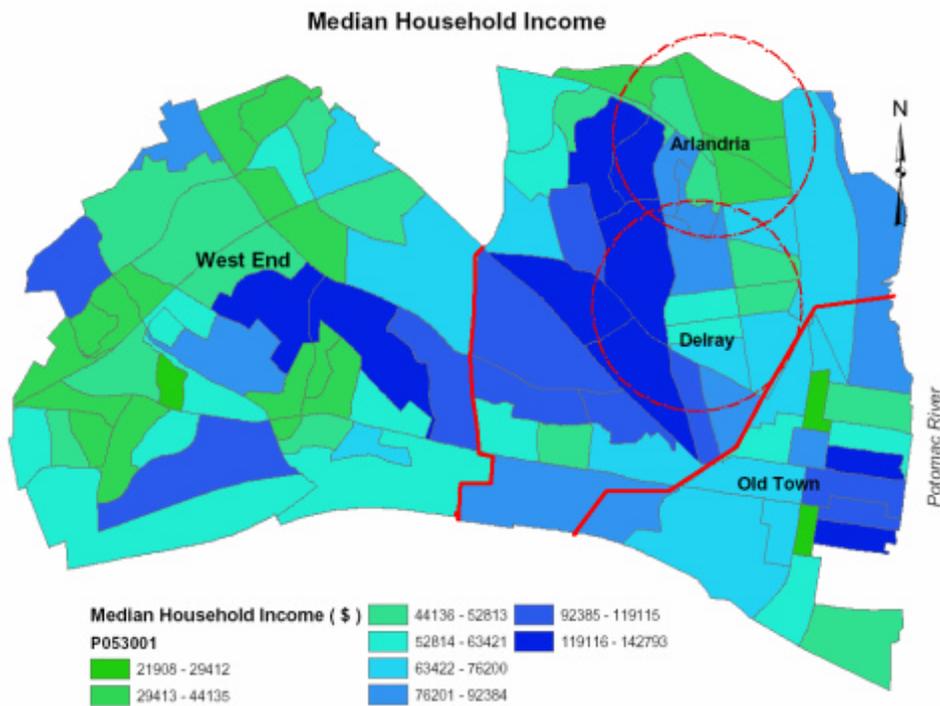
CHALLENGES FOR LOW-INCOME POPULATIONS

Overview

Alexandria has the reputation of being a relatively wealthy city. It enjoys a median household income of approximately \$75,000 per year. The charming streets of Old Town attract thousands of tourists each year. Unemployment is low and property values are high. At the same time, however, the City has the highest percentage of residents living below poverty in Northern Virginia (7.8%).⁶³ Alexandria also has many low- and moderate-income residents:

HUD tabulations based on 2000 U.S. Census data show that at the time of the Census 33% of all city households had incomes at or below HUD’s moderate-income limits (currently \$58,000 for a four person household).⁶⁴

Alexandria is therefore somewhat of a paradox. Poverty is not necessarily confined to specific areas. The following GIS map shows the median income by census block; the greener areas are poorer and the bluer areas are wealthier:

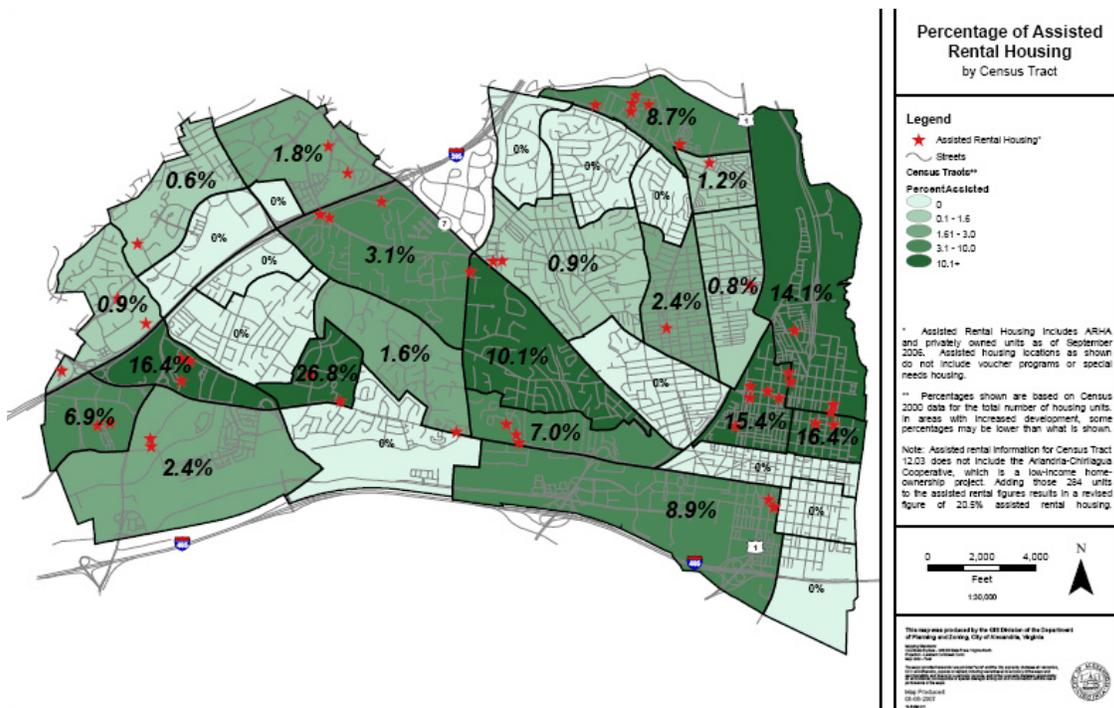


Housing assistance and related Office of Housing services follow these patterns. Rather than concentrate public housing in one area, low-income and rent subsidized homes can be found throughout the City:

⁶³ Alexandria Office of Housing, ‘Consolidated Plan for Housing and Community Development FY 2006-2010’ (Alexandria, June 2005), p. 8.

⁶⁴ Ibid.

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Source: Alexandria Office of Housing

Low-income populations, especially in Old Town, live side by side with some of the wealthiest residents of the City.

The relatively even geographic distribution of the low and moderate income populations throughout the City holds at least one important implication for human service delivery: providers have a lot of ground to cover in Alexandria and so do their clients. Transportation and access to services has, therefore, become a critical issue for the provision of human services in the City.

Department of Human Services and perhaps some large nonprofit agencies should consider opening neighborhood field offices to ease the travel burden on both providers and clients and allow staff to become better acquainted with the specific needs of each area.

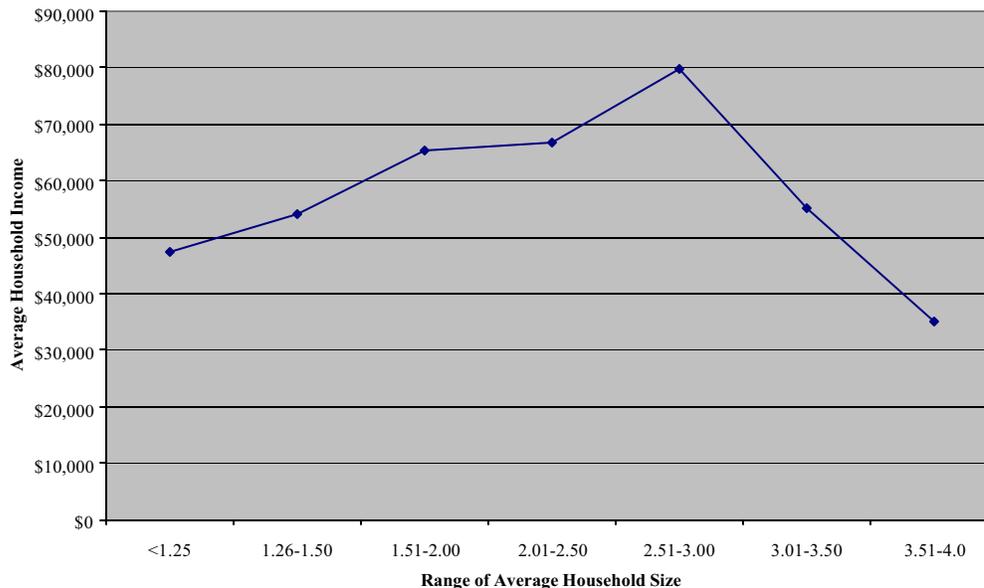
Families

Areas with a high concentration of families tend to be poor in Alexandria as census block groups with average household sizes greater than three have some of the City's lowest median household incomes.⁶⁵

⁶⁵ While there are exceptions, most three person households are families with children (two parents with at least one child or one parent with at least two children).

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Household Income vs Household Size (Census Block Groups)



As shown by the graph, areas of the City that have many families with three or more persons, especially larger families, also tend to be poorer than those areas with smaller household sizes. With the federal poverty line for a family of three or four falling somewhere between \$17,170 and \$20,650 in 2007, this would indicate that the average household income in some parts of Alexandria is less than 200% of poverty. Placing this analysis in terms of the Economic Self-Sufficiency Standard developed for Alexandria as part of the State Organizing Project for Economic Self-Sufficiency may be more telling.⁶⁶ According to this measure, a household in Alexandria with one adult and two children may need an annual income of \$43,308 just to be considered economically self sufficient. Family support services in these areas should be a priority.

LIVING WITH PHYSICAL AND DEVELOPMENTAL CHALLENGES IN ALEXANDRIA

Overview

The Census Bureau estimates that in 2006, 12,301 residents of Alexandria had a disability status, or about 10% of the population.⁶⁷ Physically and developmentally challenged residents of Alexandria are fortunate to have excellent services available. In the first survey, some respondents even described the current system as an ideal model. Many of the improvements suggested by providers focused on broader state and national issues rather than city specific gaps:

- Virginia medical waiver availability

⁶⁶ Alexandria United Way and Alexandria Economic Opportunities Commission, 'Living from Paycheck to Paycheck' (Alexandria, June 2001), pp. 6-7.

⁶⁷ 2006 American Community Survey Data Profile Highlights, <http://factfinder.census.gov>, accessed March 14, 2008.

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- Fully funded federal programs (IDEA Part C)
- Public schools understanding of education laws
- Providers and families lack of understanding how to navigate the federally funded disability service system

The most widely shared view specific to Alexandria concerned the lack of coordination and communication between Department of Human Services, the Department of Mental Health Mental Retardation, and Substance Abuse (MHMRSA), and the private nonprofit groups that together share responsibility for providing comprehensive services for developmentally challenged residents.

Early Childhood and Youth

All stakeholders agree that the sooner a developmental delay is diagnosed, the better the chance of achieving a successful educational and developmental outcome. Focus group feedback from providers, however, expressed concern over the ad hoc nature of early intervention and screening programs in Alexandria. Currently the efforts being made are not comprehensive enough to reach all children. It should be emphasized that early detection improves the effectiveness of programs and can achieve significant cost savings down the road in terms of the level of service provision required, so more funding can be dedicated to reach all children for screening and any appropriate treatment services.

Respondents' suggestions to improve services for developmentally challenged children and youth in Alexandria focused on an expansion of nonprofit case management services, which are typically provided by the schools and already overburdened family members. Stakeholders would also like to see more therapeutic recreation services available, especially over the summer and after school, as well as more skilled in-home service providers for families. A number of local providers lamented the dearth of counselors available in the schools, the insufficient number of child psychiatrists available locally, and the lack of local residential placements for youth with emotional disorders.

Increasing the number of professionals and services available to diagnose and treat young residents should be a priority to adequately address growing numbers. Improved education of parents emerged as another important tool to ensure that children receive the appropriate services. Finally, prevention programs that are evidence-based and or school-wide can ensure no youth fall through the cracks and miss important services that can better prepare them for the future.

Young Adults, Adults, and the Elderly

Residents with developmental challenges have an often inevitably difficult transition from youth to adulthood. Many services disappear at the age of eighteen or twenty-one. Finding suitable housing and a satisfying and fulfilling job becomes a priority. One stakeholder stressed that housing was the number one priority for residents with physical and sensory disabilities – not only availability and affordability, but also accessibility (ramps or other adjustments suitable for the particular disability). Family members who once cared for loved ones and helped them navigate the service system may no longer be able to provide assistance.

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According to stakeholders, Alexandria is succeeding in providing job training and work opportunities for developmentally challenged residents. Participants of one focus group noted that the Alexandria branch of the Virginia Department of Rehabilitative Services has many specialized job training services available. Another stakeholder noted that Alexandria exceeded every other jurisdiction in the country in terms of employed residents with disabilities – while the national average is 75% unemployed persons with disabilities, 75% is also the rate of persons with disabilities that are employed in the City. Expanding employers’ knowledge of the methods that can be used to help employ more residents with developmental challenges would expand job opportunities for these residents.

According to the needs assessment conducted by the Alexandria Commission on Persons with Disabilities, while housing was one of the top three primary concerns, accessing transportation services ranked first:

As noted in the surveys returned, accessible transportation continues to be the primary concern for persons with disabilities in Alexandria. While undoubtedly there are a number of transportation providers and means in the City of Alexandria, accessible, affordable, and perhaps most importantly, reliable transportation remains as an essential unmet need.⁶⁸

Stakeholders noted that while a number of transit assistance services exist –DOT Paratransit, Metro access, and Senior Taxi – a number of eligibility requirements exist as well. Residents with disabilities are required to prove their disability annually, including residents who are blind or have other permanent disabilities.

Another of the top three concerns identified by the Alexandria Commission on Persons with Disabilities’ needs assessment was access to medical and therapeutic services.

Increasingly, in the City of Alexandria and all across the country, persons with disabilities are struggling with accessible and affordable medical insurance and services. It is clear that the soaring costs of health care combined with low incomes and limited or no insurance coverage prevent many people with disabilities from seeking and receiving adequate health care. In addition, both physical and attitudinal barriers prevent many persons with physical and sensory disabilities from obtaining basic health care services.⁶⁹

This is a pervasive concern expressed by many groups in Alexandria, including all low-income adults and the elderly.

One stakeholder recommendation involved the establishment of either a one stop shop, or single service agent that could simultaneously facilitate application and evaluation for multiple services required (housing, transportation, employment) with one form,

⁶⁸ Needs Assessment Report to the Virginia Disability Services Council, February 2006, Alexandria Commission on Persons with Disabilities, p. 4.

⁶⁹ Ibid., p. 5.

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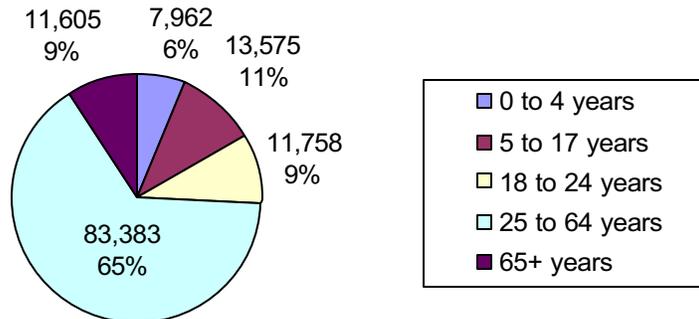
checking off the relevant boxes. The establishment of a centralized collaborative framework for residents to access services would reduce wait times and duplication of effort on the part of these clients. It could also facilitate better efficiency and use of nonprofit strengths, as well as to mitigate the effects of reduced state funding for these services.

AGES AND STAGES IN ALEXANDRIA

The statistics assembled below from the 2000 Census provide a snapshot of the distribution of the population in Alexandria by age group.⁷⁰ Though some of these age groupings do not correlate precisely with those we have specified, all are very close approximations for the categories we examine in further detail in the following sections:

- Early Childhood (0 to 5)
- Youth (6 to 17)
- Young Adults (18 to 25)
- Adults (26 to 64)
- Seniors (65+)

Alexandria's Age Distribution in 2000



Early Childhood

Overview

According to the US Census, early childhood issues have fortunately received increasing attention at the state level. In a recent article, Governor Kaine stated:

I asked legislators to significantly expand access to pre-kindergarten for at-risk children this year. While economic realities forced a limited expansion of this important program, legislators agreed that a \$22 million expansion was a good investment. Because members of the General Assembly saw the value of early childhood education, Virginia will enroll thousands more at-risk children in high-quality pre-kindergarten in coming

⁷⁰ <http://factfinder.census.gov>, accessed March 19, 2008.

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years. And legislators agreed with my proposal to fully fund the Standards of Quality, ensuring that our students will achieve beyond standard base models and move toward excellence.⁷¹

Part of the local challenge for Alexandria is increasing its opportunities for state and federal assistance. Despite the City’s many advantages and professionals dedicated to the task, a significant fraction of Alexandria’s children do not attend preschool and some require more affordable basic health care services.

Survey Results

Braintree’s first survey, which asked respondents to prioritize population specific issue areas, showed that for young children stakeholders are most concerned about child care and the cost of providing it in a way that complies with regulations and high quality standards.

Survey respondents rated, on a scale of 1 to 5 (1 being the most critical), the perceived gaps among various services in Alexandria. The following shows their averages:

Early Childhood Critical Gaps (N=52, 1/22/08)	
	Average Rating
Affordable Child Care	1.48
Family Supports	1.52
Social-Emotional Health	1.64
Quality Child Care	1.64
School Readiness	1.67
Parenting Education	1.68
Physical Health and Safety	1.90

Survey respondents were then asked what they would select as the top three priorities for Alexandria from among the same list of issues. The following are the percentages that result:

Early Childhood Top 3 Priorities (N=52, 1/22/08)	
	% chosen as a top 3
Affordable Child Care	49.98%
School Readiness	48.10%
Social-Emotional Health	48.10%
Family Supports	48.07%
Parenting Education	44.23%
Quality Child Care	34.65%
Physical Health and Safety	26.93%

⁷¹ ‘Governor Kaine Announces Legislative and Budget Successes’ (Richmond, 13 March 2008).

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As a means to gauge how stakeholders would “vote with their checkbook,” the online survey asked respondents to respond to a hypothetical scenario in which they are asked how they would allocate \$100 million among the various services in Alexandria. The following represents the averages allocated by respondents – verifying in most instances the priorities and critical gaps noted above.

Early Childhood - \$100 Million Allocation (N=50, 1/22/08)	
	Average Spend
Affordable Child Care	\$16,599,200
Family Supports	\$16,844,000
Social-Emotional Health	\$16,043,200
Physical Health and Safety	\$15,517,600
School Readiness	\$12,724,000
Quality Child Care	\$11,436,800
Parenting Education	\$10,837,600
Total	\$ 100,000,000

The Challenge

Of the approximately 8,000 children under the age of five living in Alexandria, just under half of them (3,492) are living at or below 185% of the poverty line and of these only about a third (1,193) are enrolled in subsidized child care or publicly funded classroom programs.⁷² About one third of all children in Alexandria arrive in kindergarten without the benefit of having a pre-school experience according to an October 2006 report from the Alexandria Early Childhood Commission.⁷³

Child Care Provision

Improving access to child care and/or preschool and making it more affordable for parents was a major concern of survey respondents who served young children. While the current reality is somewhat disappointing for stakeholders, the causes are apparently well understood. Major funding has decreased or remained flat over the last several years among four major revenue streams:

- The city’s proposed 2009 budget includes a \$891,269 cut to funding intended to address the child care fee system waiting list
- Alexandria Children’s Fund: provides a base of funding for established programs but cannot expand to finance new programs, despite an increase in need
- Child Care and Development Fund (CCDF): federal pass-through allocation cut by 82% on 1 June 2006

⁷² The 2000 U.S. Census estimated 7,962 children under age five in Alexandria; 3,492 children under age five considered to be at-risk due to family income at or below 185% of poverty line: Alexandria Early Childhood Commission, ‘Biennial Report’ (Alexandria, June 2004), pp. 2-3.

⁷³ S. Johnson, ‘Plan for Increasing Access to Preschool Opportunities in Alexandria’, Alexandria Early Childhood Commission (Alexandria, October 2006).

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- Virginia Preschool Initiative (VPI): The City is not able to fully tap into an available \$800,000 in State match funding without identifying significant additional resources. In fiscal year 2008, the City drew down on only \$220,020 of this available total. One piece of good news is that there appears to be \$12 million in new funds in the state budget for the fee system over the 2009-2010 biennium and \$5 million for Head Start wrap-around services.

On the last point listed above, one stakeholder shed some light on why the city is only able to draw down just over a quarter of the available VPI funds:

It's always a struggle to serve more at-risk four year olds via VPI, because the local match for VPI is the same as for other school funds, which is based on a composite index of the city's ability to pay -- this is 80% for Arlington and Alexandria. This is based on the assumption of \$5700 per child per year, but it actually costs \$10,000 annually per child with the wrap-around services and family support and parent involvement services (parent involvement is a number one indicator of success). They have had to do some creative "braiding", rather than blending, of funding streams to use money from funding sources that stays somewhat distinct, but can help them as part of the matching funds. Fortunately, the General Assembly approved a budget that includes an increase in the assumed cost of care to \$6,000 beginning in FY 2009 and capped the match required from localities at 50% beginning in 2010. This last change should significantly increase the amount of VPI dollars that can be drawn down by Alexandria.

Nevertheless, the community continues to devote a significant level of funding to the care of its youngest citizens:

Early Childhood Funding Streams (March 2006)⁷⁴			
Program	Local	State / Federal	# Children Served
TANF / Transitional Child Care	\$161,467	\$1,453,205	191
Head Start Wraparound	\$0	\$59,894	35
Fee System	\$836,414	\$3,082,197	625
Head Start	\$150,000	\$1,771,369	258
Early Head Start	\$0	\$674,153	60
Child and Family Network Centers	\$358,791	\$153,360	188
VA Preschool Initiative	\$1,470,449	\$208,440	193
Children's Fund	\$1,037,317	\$0	600

Early childhood service gaps in Arlandria, Old Town, and West End were viewed as critical by 40-50% of survey respondents, though 48.4% of respondents viewed the gaps as neutral in Del Ray. Stakeholders suggested adding additional centers that are available to all socioeconomic groups, creating free or very low-cost preschools near or in public housing zones (especially in Old Town), and supporting early learning initiatives. As one

⁷⁴ 'Early Childhood Funding Streams', Universal Access to Preschool Workgroup, Alexandria Early Childhood Commission (Alexandria, March 2006).

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stakeholder explained, even low cost child care programs are inaccessible to some populations in Alexandria :

There is the perception that all poor children have the opportunity to participate in early childhood programs through either the federally funded Fee Subsidy Program or by attending Head Start. However, what people don't realize is that the Fee Subsidy Program is not an education program, it is a work program. Consequently, many of Alexandria's most vulnerable children are not eligible because their immigrant parents are unable to document their employment, provide a lease with their name on it, work unconventional hours, are looking for work and/or are unable to document their child's paternity. Clearly more quality preschool programs offered at no charge are needed.

Respondents praised the contribution of Child and Family Network Centers as a great resource, though limited with space. Surveyed stakeholders call for additional subsidized child care, especially in areas high population density areas such as Arlandria. One stakeholder hoped for the creation of a “culturally competent comprehensive full service center for families that include the whole continuum of services for families (health, child care, employment, and training).”

Unfunded Mandates

As is the case across Virginia, child care providers in Alexandria are subject to heavy regulation and receive relatively little funding in compensation. Stakeholders claim that profit margins are shrinking, new employees burn out quickly, and that health care and other benefits are expensive and difficult to provide to staff. According to one focus group, providers want to give young children the best education programming available, and many are well aware of best practices, but they simply cannot afford to pay highly qualified staff and meet the demands of legislation all at the same time.⁷⁵

Collaboration with Businesses

There is a widespread consensus among stakeholders that businesses should partner more with child care providers and offer onsite facilities for their employees with the help of tax incentives and write offs from the City. The ACHSO may wish to engage the business community and sponsor such a proposal in the future.

Health Care and Safety

In addition to education, stakeholders noted the importance of providing affordable and quality health care service for children, especially at early ages when screening and intervention services are most effective. There were calls for more home-based mental health and developmental services, dental care, and for free distribution of child car seats to ensure child passenger safety.

Strengths

- ❖ Alexandria is ahead of the game – it is the only city regionally with an Early Childhood Commission

⁷⁵ Braintree Solution Consulting, ‘Focus Group with Child Care Center Directors’ (Alexandria, 20 February 2008).

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- ❖ The Director's Group learns from and provides support to one another
- ❖ Promising collaboration between child care centers and schools
- ❖ Significant local money to pay for child care assistance for families who wouldn't otherwise be eligible
- ❖ The City pays a higher reimbursement rate than the maximum allowable for providers
- ❖ Extra funds exist for kids with special needs
- ❖ A parent education manual has been devised in English, soon to be distributed; it will also be later translated into Spanish
- ❖ Preschool programs require accreditation; VPI programs are NAEYC accredited

AGES AND STAGES IN ALEXANDRIA

Youth

Overview

According to the 2000 Census, there were 13,575 youth ages 5 to 17 in Alexandria, approximately 11% of the population. Youth in Alexandria face many challenging issues. Youth in some segments of the city become disenfranchised and drop out of school. More outreach and flexible approaches are required to reach youth that do not see opportunities for success in their future. Mental health services for youth have emerged as one of the top critical service gaps in the opinion of local stakeholders.

Youth who act out due to mental health issues often end up mistakenly in the juvenile justice system. Gangs provide unfortunate alternatives for youth experiencing difficulties at home. Parent education, which could greatly improve youth chances to manage their many challenges more successfully, received top honors among survey questions on priorities and gaps for youth. Fortunately, Alexandria has a high degree of collaboration among city agencies serving youth which can often examine and address youth issues comprehensively.

Survey Results

The first survey, which asked respondents to prioritize population specific issue areas, showed that for youth stakeholders are most concerned about parenting education and getting parents involved in the lives of their children.

Survey respondents rated, on a scale of 1 to 5 (1 being the most critical), the perceived gaps among various services in Alexandria. The following shows their averages:

Youth Critical Gaps (N=69, 1/22/08)	
	Average Rating
Parent Involvement and Parenting Education	1.58
Mental Health	1.73
Gang Activity	1.82
Teen Pregnancy	1.87

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Youth Critical Gaps (N=69, 1/22/08)	
Employment Opportunities	2.01
Quality of Youth Programs	2.06
Physical Health	2.09
Affordable Youth Programs	2.24
Quantity of Youth Programs	2.28

Survey respondents were then asked what they would select as the top three priorities for the City from among the same list of issues. The following are the percentages that result:

Youth Top 3 Priorities (N=69, 1/22/08)	
	% chosen as a top 3
Parent Involvement and Parenting Education	57.95%
Mental Health	46.41%
Quality of Youth Programs	42.03%
Employment Opportunities	39.13%
Teen Pregnancy	31.87%
Gang Activity	28.99%
Affordable Youth Programs	21.76%
Physical Health	20.29%
Quantity of Youth Programs	11.60%

As a means to gauge how stakeholders would “vote with their checkbook,” the online survey asked respondents to respond to a hypothetical scenario in which they are asked how they would allocate \$100 million among the various services in Alexandria. The following represents the averages allocated by respondents – verifying in most instances the priorities and critical gaps noted above.

Youth - \$100 Million Allocation (N=60, 1/22/08)	
	Average Spend
Mental Health	\$ 15,769,167
Parent Involvement and Parenting Education (parent training classes, outreach programs to involve parents, etc.)	\$ 14,182,500
Gang Activity	\$ 12,001,500
Physical Health	\$ 11,566,833
Employment Opportunities	\$ 11,264,333
Quality of Youth Programs	\$ 9,614,167
Teen Pregnancy	\$ 9,498,667
Affordable Youth Programs	\$ 9,200,667
Quantity of Youth Programs	\$ 6,899,833
Total	\$ 100,000,000

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Education Challenges and Public School Strategies

Stakeholders note the high number of youth dropping out of school without certifications, training, or trade skills. According to Kids Count, Alexandria's dropout rate in 2006 was 4.5%, which placed it among Virginia's 50 localities with the highest dropout rate.⁷⁶ Providers note there is at least one local organization dedicated to preventing youth drop-out by focusing on achievement, attendance or behavior difficulties.

Stakeholders with Alexandria City Public Schools stress the efforts they are making to address and reduce the dropout rate:

- At all four ACPS middle and high schools teams of counselors, psychologists, social workers, administrators and teachers focus on encouraging students to stay in school and to enroll in as many advanced courses as possible.
- At Minnie Howard School an entire team of educators is assigned to the 70 students deemed most at risk for underachievement and/or absenteeism.
- The Secondary Training and Education Program (STEP), operates through Academy I at T. C. Williams High School. Participation in these programs is voluntary and depends on strong partnerships with the families of the students they serve.
- The Adult Education program supports high school completion by students who must work during the day time and take classes at night.
- For students whose behavior has put them out of the middle or high schools, the Interim Education Program, located at the Stonewall Jackson facility, offers them the opportunity to continue to earn course credits and stay on track for graduation. The Stonewall Jackson facility ACPS offers the Individual Student Alternative Education Program (ISAEP) for 16 and 17 year old students who want to prepare for the General Equivalency Diploma (GED). The full GED program is also offered at Stonewall.
- Counselors from Northern Virginia Community College are available to students to assist them in enrolling in college after earning their GED or their high school diploma.

Some stakeholders pointed to areas in the City where the cycle of generational poverty affects youth of certain families; the children many human service providers work with today are the grandchildren of people they worked with previously. A number of service providers explained that while many services exist for youth, those disenfranchised are less likely to tap into available programs. One provider lamented:

Generational poverty cycle – it's difficult to get out; there's the desire to succeed, but it's hard for them to know how. There's peer pressure (particularly for 17 year olds that can't read). Welfare to work successes have occurred, but then it's back to the education issue, as moms or dads can't help kids with homework when they're working a lot.

Some providers feel there is a disconnect between youth expectations and reality – that they don't really understand the need to pass classes to graduate – this may be reinforced by the system, as some schools allow students to participate in graduation exercises if they are expected to complete requirements that summer. Nevertheless, stakeholders

⁷⁶ Annie E. Casey Foundation, Kidscount.org

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with Alexandria City Public Schools insist that “to participate in the T. C. Williams High School commencement exercises students must earn all standard course credits and all verified credits required to earn a diploma.” Another concern illustrating the youth disconnect is that although teachers are mandated to stay after school to help kids who are falling behind, student attendance is poor.

One issue stressed by a number of providers and stakeholders involves what they see as an imbalanced focus on college as a goal for *all* students. In particular, many describe the lack of vocational training as a serious gap. The Comprehensive Services Act website, which conducted a gaps assessment, lists “Career Technical and Vocational Education” as second most critical service gap in Alexandria.⁷⁷ Stakeholders with Alexandria City Public Schools described their commitment to “preparing every student for success in college and in the workforce” and listed some of the 79 Career and Technical Education courses available to T.C. Williams High School students:

Business Management and Law	Marketing	Entrepreneurship
Web-page Development	Health Occupations	Automotive Services
Early Childhood Education	Cosmetology	Criminal Justice
Teachers for Tomorrow	Culinary Arts	Electronics
Construction Technology	Facilities Maintenance	Graphic Communications

There is concern that some schools treat marginal kids as a problem not to be solved but as a liability that should be removed from their balance sheet: some schools want to simply kick out troublesome kids rather than help them. Stakeholders explain that this occurs largely because schools do not always know how to handle kids with issues. One provider emphasized that it costs at least \$10,000 annually for every child who is not in school. There is considerable concern about the lack of adequate counseling and other appropriate staff to work with youth on the margins. Stakeholders with Alexandria City Public Schools emphasized, “[t]he academy structure at T. C. Williams now provides a counselor for every 210 students, a social worker for every 450 students and an administrator for every 450 students.”

Collaborative Efforts

Alexandria has taken strides in furthering its collaboration and partnerships within the youth service system, including active involvement by high level elected and appointed officials, community leaders, and key youth organizations and groups. These collaborative efforts allow for an enhanced assessment of children and youth needs, and result in the adoption of policies and funding of programs for the benefit of children and youth.

Mayor William Euille has shown considerable involvement in the youth system, chairing the Youth Policy Commission (in which a City Councilman and Juvenile Court Judge also serve) and the Alexandria Campaign on Adolescent Pregnancy. Other city official

⁷⁷ http://www.csa.virginia.gov/reports/cpmt_service_gap_survey

⁸⁰ FY07 CSA Critical Service Gaps, Office of Comprehensive Services, November 2, 2007.

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involvement is noticeable, such as a City Councilmember's representation on the Comprehensive Policy and Management Team, and the City Manager and School Superintendent's representation in ex-officio capacities on the Early Childhood Commission.

Another collaborative entity is the Youth Services Coordinating Council, a monthly forum convened by the Department of Human Services Office of Youth Services, for interagency collaboration, information sharing and program planning. Operating for more than twenty-five years, this monthly forum currently has participating representatives from more than 30 city and community agencies participate.

The City and Schools Staff Group (CSSG) serves as an oversight entity for collaborative efforts. Under the leadership of the Assistant City Manager for Community and Human Services and the Deputy Superintendent of Schools, the CSSG ensures collaboration between City agencies and the Alexandria City Public Schools (ACPS). Established in 1988 and reconstituted in 2006, the CSSG is a committee of City department heads and ACPS administrators, responsible for improving the delivery and coordination of services provided by City agencies and the Schools to Alexandria's youth and their families, and for providing a forum for identifying and addressing shared youth issues. Member agencies include: the Alexandria City Public Schools; Court Service Unit; Department of Human Services; Department of Mental Health, Mental Retardation and Substance Abuse; Department of Recreation, Parks and Cultural Activities; Health Department; and Office of Management and Budget.

Parent Education

Parenting education emerged as one of the most pressing concerns in our survey. Youth service providers from many sectors express frustration at the potential limitations of their efforts in the face of poor follow through by parents. There is a feeling that much hard work is being undone by what takes place at home. "Parenting/Family Skills Training" is listed among the top ten service gaps for northern Virginia by the Office of Comprehensive Services.⁸⁰

One service provider explained that parents are sometimes embarrassed when their kids experience difficulties and they may even move to avoid their child being labeled or having a record. Parents, particularly those from different cultures, may not be aware of school priorities and remain in the dark about a wide array of services and resources available for youth in the City. Efforts to improve public awareness, access and utilization of existing services would be justified among such populations, as one principal noted in a Public Hearing that "...56 percent of our students do not speak English at all."

Parenting education was, perhaps surprisingly, ranked as the most critical gap and as the number one priority in the youth survey. Providers would like to motivate parents and demonstrate the importance of their involvement in the development of their child. Outreach is clearly an important component but some providers contend that the real challenge is in educating parents so that they themselves are able to recognize when their

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children need help and to know where to turn for assistance. The Middle School Matters Report recommended that the City “establish and maintain a current list of after school and summer programs, public and private, that is accessible to middle school parents, faculty and organizations.”⁸¹

Mental Health

Mental health services for children in middle school was described as a serious issue by several respondents and evidence from the December 2007 Youth Risk Behavior (YRB) Survey would appear to confirm these conclusions. The YRB survey showed:

- 23% of middle school students had ‘seriously considered attempting suicide.’
- 55% of female middle school students are trying to lose weight
- 23% of female middle school students had fasted for ‘24 hours or more to lose weight or to keep from gaining weight.’

A number of mental health service providers lamented that they do not typically meet the children they serve, that they used to get a picture of the kids they were serving in the file, but no longer. A few pointed out that photos helped some of them clinically to see any worrying physical changes. One local principal noted in a Public Hearing:

They (Alexandria City Public Schools) have one person available for five hours of intense therapy per week; this is a service that many of their students need, yet out of 1200 students, she can only see four students at a time; this is not enough.⁸²

Mental health emerged as one of the most pressing service gaps for youth in the survey. The survey results suggest that there are a sufficient number of programs available for youth (quantity of programs ranked last in all three questions), but there is a lack of services that treat specific problems, especially mental health, and the quality of programs that already exist could be improved. Service providers note that Alexandria is top heavy in clinicians for programs, but few volunteers to provide services for youth and families that do not always need services at the clinical level.

Another significant concern of stakeholders involved the frequency with which youth with mental health concerns mistakenly end up in the juvenile justice system. According to one report, the Department of Juvenile Justice reported that a “survey of young people in custody for delinquency revealed...43% are diagnosed with mental and emotional problems...Juvenile justice is NOT the best place to serve children with mental health issues.”⁸³ Low-income youth are one group affected by this oversight, as families with limited resources present youth with very few options. One stakeholder presented the following picture of mental health struggles for low-income youth:

⁸¹ ‘Middle School Matters: A Report for the Campagna Center’ (Alexandria, January 2003), p. 6.

⁸² Alexandria Community Services Board, ‘Public Hearing’ (Alexandria, 11 May 2006).

⁸³ ‘Child and Adolescent Task Force Report, Presentation to House Health, Welfare and Institutions’ September 6, 2007.

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Service providers that exist for low-income kids see many depressed kids that don't see a way out. These kids live chaotic home lives with no privacy, which is why providers try to help parents find a place after school for kids to have their own time. These kids also need more caring adults to talk to – the few existing counselors are overwhelmed by the sheer numbers; there are often wait lists. Many youth fall through the cracks as people try to find outside organizations (also overwhelmed) to provide counseling services.

The Department of Recreation offers an after school program and an all day summer program for middle school students (the Power up Program); however, focus group participants voiced a desire for more such opportunities.

Comprehensive Services for At-Risk Youth

Comprehensive Services for At-Risk Youth (CSA) consists of a multiple-agency approach to collaborate and pool funding to serve at-risk children and their families. Virginia CSA cites that 'the purpose of the act is to provide high quality, child centered, family focused, cost effective, community-based services to high-risk youth and their families.'⁸⁴ Representatives from local child-serving agencies form six multi-disciplinary teams in Alexandria called Family Assessment and Planning Teams (FAPTs). A participating local agency will refer the child, and families may contribute to the cost of services based on their income and ability to pay. FAPTs meet with youth and their families to create service plans that best meet the unique needs of the child.

To receive services from Alexandria FAPTs, youth must meet at least one of the following:

- 'has serious emotional or behavioral problems
- needs resources beyond normal agency services
- requires a more restrictive special education placement mandated by an Individualized Education Program (IEP)
- receives foster care or prevention of foster care services
- is under supervision of the juvenile and domestic relations court'⁸⁵

The Child and Adolescent Task Force presents the top three reasons for a child to receive services under CSA as special education, behavioral, and emotional issues; secondary reasons included mental issues, physical aggression, homicidal or suicidal issues, or self-mutilation.⁸⁶

The Community Policy and Management Team (CPMT), which is made up of agency designees from local human services providers, is responsible for the local funds pool, the appointment of FAPT members, and policy development.

The CSA has allowed many at-risk youth to receive comprehensive services in a multi-disciplinary setting, increasing communications and collaboration between various child-serving agencies in Alexandria. Mental health youth in particular have received

⁸⁴ http://www.csa.state.va.us/html/about_csa/about.cfm, Accessed on 2/28/07.

⁸⁵ <http://alexandriava.gov/humanservices/info/default.aspx?id=8208>, Accessed on 2/28/07.

⁸⁶ Charlotte V. McNulty, 'Child and Adolescent Task Force Report' (Richmond, September 2007), p. 7.

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increased assessments and care. While careful planning has gone into the creation of such comprehensive services plans, there is still room for improvement within the implementation process. CSA implementation has been highlighted by the State as an area needing further attention. As the Vice Chair of the Child and Adolescent Task Force stated in a presentation to the House Health, Welfare and Institutions that “CSA should be a conduit for access but implementation has been problematic.”⁸⁷ Implementation can be difficult when coordinating with multiple agencies and funding sources, as each agency retains their individual funding in addition to pooled funding. Challenges facing implementation include:

- Lack of autonomy for CSA oversight branches
- Separate funding streams for CSA agencies in addition to CSA pooled funds may allow for duplication of services as oversight authority is often not extended over these separate funds
- Lack of computer system and data production cohesion across CSA agencies

By addressing such implementation difficulties, CSA can benefit further from effective oversight and policy development, and continue improving collaboration and communication across agencies.

Gangs and Drugs

According to stakeholders, youth are served by human services providers for a number of reasons: 1) criminal background / incarcerated, 2) sexual acting out or inappropriate sex, 3) suicide or homicide, 4) severe substance abuse, 5) chronic truancy, 6) mental retardation, 7) parental neglect / abuse, 8) homelessness or in a shelter, 9) behaviorally or emotionally disturbed or in a psychiatric hospital, 10) cognitive deficit referrals, 11) delayed or autistic children, 12) at-risk / in residential treatment. Drugs are the most common problem. In the Child and Adolescent Task Force Report, the Department of Juvenile Justice reported that among those young people in custody for delinquency “70% are diagnosed with a substance abuse disorder.”

Gangs have become a prominent issue in recent years and gang prevention and awareness emerged as one of the most pressing service gaps for youth in Braintree’s survey. Consider the following percentage of youth who answered yes to the following questions from the 2007 Youth Risk Behavior Survey:⁸⁸

Question	Seventh Grade	Eighth Grade
Have you ever carried a weapon such as gun knife or club?	31%	36%
Have you ever been in a physical fight?	64%	67%

While the City was reported to have taken immediate and positive action by creating a gangs and violence prevention initiative, the program still consists of only a director

⁸⁷ Charlotte V. McNulty, ‘Child and Adolescent Task Force Report’ (Richmond, September 2007), p. 5.

⁸⁸ Alexandria City Public Schools, ‘Youth Risk Behavior Survey: Preliminary Report’ (Alexandria, December 2007).

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without any staff. The relatively high funding allocation rank in the survey (\$12 million, 3rd overall) would suggest that more resources may be needed to strengthen this effort. Some programs that are full to capacity and with wait lists of youth hoping to enroll are losing funding.

Many stakeholders stressed the need for more mentoring services. As one stakeholder emphasized, “Mentoring is so important, because it keeps kids engaged. If kids don't see how therapy or treatment improves their lives, they won't become engaged.” Some providers point out that because there is often no time to find mentors, they pay \$70.00 an hour for continuity rather than finding someone from a church in the community to volunteer time – they added that paid mentors often leave. One report focused on tutoring locally found the following:

The volunteer coordinators and principals were invited to estimate the number of additional tutors that could be put to good use in the public schools. Estimates were another 1,450 for the elementary schools and another 480 for secondary schools, with a total increase of 1,930.⁸⁹

One stakeholder laments that some residents are still in denial about certain issues. There is a “not my child” or “not in my city” syndrome. One instance noted is when they had trouble getting people to acknowledge that gangs existed in Alexandria - now they do, but it's impossible to justify resources until people accept that a problem is happening.

The same argument could be made for drug and alcohol concerns. Yet in one local survey distributed to teenagers on drugs and alcohol concerns, they found that “Teen perception of drug and alcohol use was that 35% thought that ‘some’ youth were using alcohol or drugs.” A second survey regarding student substance abuse was sent to teachers at T.C. Williams High School. When asked if they thought youth substance abuse was a serious problem in Alexandria, 94% ranked it as either a serious problem or a very serious problem.⁹⁰ One middle school principal noted at a Public Hearing:

We have many students at-risk at Hammond...Many of our kids are at-risk for substance abuse. They're exposed to it in their homes, in their neighborhoods, through their older siblings, through other family members. They feel pressures from their peer groups... Alexandria Police tell us that Substance Abuse is on the rise.⁹¹

General Service Concerns

Stakeholders emphasize that Alexandria has many services for youth, but that duplication exists with many smaller programs unaware of other similar services. The quality of youth programs emerged as one of the most critical service gaps in Braintree's survey. Other stakeholders explained that desirable high quality programs – which have obtained some sort of accreditation – typically have fees attached. One 2004 report found that

⁸⁹ ‘Tutoring in Alexandria, Contributing to Success in the Public Schools’ (Alexandria, 16 August 2000).

⁹⁰ ‘Adolescent Needs Assessment for SAMHSA grant and TC Teacher Survey’ (Alexandria, December 2007).

⁹¹ Alexandria Community Services Board, ‘Public Hearing’ (Alexandria, 11 May 2006).

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“[t]he majority of program sites are not enrolled to capacity – variance is primarily based on whether there is a fee.”⁹²

Many low-income families cannot afford child care, yet space exists for some of these families. Scholarships are available, yet increased licensing and accreditation, which most recognize as essential for the future of such programs, raises fees prohibitively. The City is known for having a small middle class and a consequent wide disparity between low-income and wealthier residents.

Another common concern was that placements for youth with difficulties are often located far away, making it difficult for family to maintain close contact. The SWAY House had helped with crisis counseling for families, as well as therapeutic services, yet this was moved to Fairfax. Several providers pointed out that requirements for youth to exit the system, once they have entered, often overwhelm families – instead of simply concentrating on the precise issue or offense for which the youth was brought into the system (judges often want parent fitness evaluations, though not always necessary).

A number of service providers expressed fear of being in the newspaper for some system failure; social workers were fired in a recent case in DC involving four girls who died after being returned to the custody of their mother. They would like to see a greater focus on how problems can be prevented in the future, rather than a blame game that reduces experienced staff available to work such critical cases. When asked whether adequate prevention services existed, providers emphatically explained that Alexandria is very reactive. They asserted that there are not many resources for prevention, primarily due to staffing and time constraints.

Service providers touched on a number of gaps in services for youth locally. One common sentiment from service providers included the lack of before and after school programs, as well as summer school programs. A Campagna Center report found that “[t]here is a clear need for more programs for middle school students, both after school and in the summer.”⁹³ The Comprehensive Services website lists “After School Recreational / Social Services” as one of the top five service gaps for Alexandria.⁹⁴

Transportation presents a common barrier for youth seeking to access services. One report recommended the school system “reshape after school transportation.”⁹⁵ Another local study found lack of awareness and transportation as the primary reasons parents did not enroll their children in programs after school.⁹⁶

Providers are also concerned about the lack of foster care parents locally, especially foster parents of color, to better relate to some children from different cultures, or foster

⁹² ‘Piecing Together the Puzzle, School-Age Child Care in the City of Alexandria’ (Alexandria, 25 October 2004), p. 22.

⁹³ ‘Middle School Matters: A Report for the Campagna Center’ (Alexandria, January 2003), p. 5.

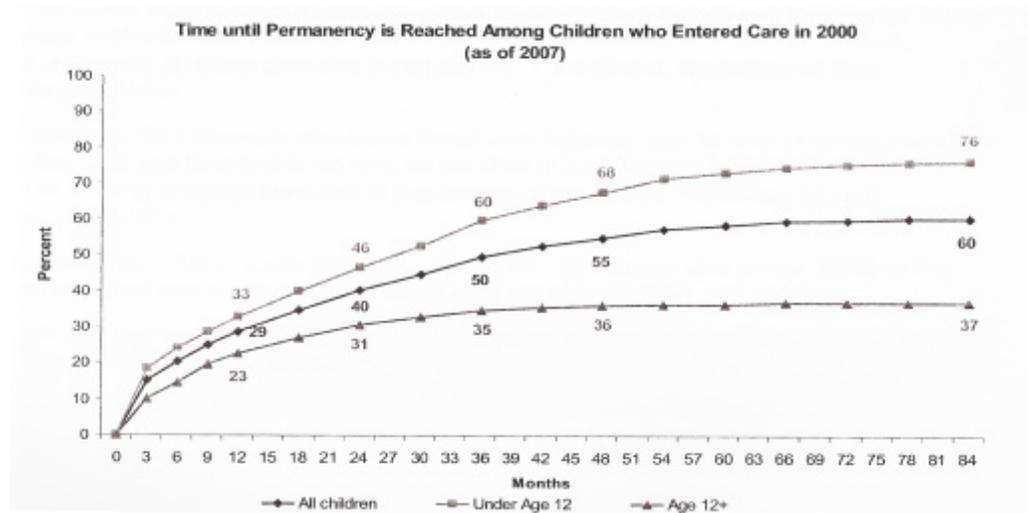
⁹⁴ http://www.csa.virginia.gov/reports/cpmt_service_gap_survey

⁹⁵ ‘Middle School Matters: A Report for the Campagna Center’ (Alexandria, January 2003), p. 6.

⁹⁶ ‘PRC Consumer Perception Study, Teen Pregnancy’ (Alexandria, 2003).

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care placements for mentally retarded children. The Office of Comprehensive Services lists foster care as one of the most common service gaps in northern Virginia.⁹⁷ In 'Hitting the M.A.R.C.,' the rationale for low recruitment rates of foster parents was investigated nationally and determined that "Virginia's current foster care rates must be increased by up to 64% in order to cover the real costs of providing care for children."⁹⁸ The chart below from the For Keeps Initiative shows that older foster children have diminished chances to achieve permanency after two years in care.⁹⁹



Some of the most pressing gaps affect segments of youth that are either less visible or seen as less deserving. One stakeholder pointed out that no services exist that are specific to autistic children's challenges. Other stakeholders note the lack of drug treatment or detoxification facilities for juveniles, as well as the very limited services for youth sex offenders to evaluate and reintegrate them into society.

Strengths

- ❖ The anticipated physical merger of social services and mental health services will co-locate operations in the same building
- ❖ There are a significant number and diversity of programs, especially considering the small size of the City
- ❖ The CATCH program (one year running) provides health screenings and dental assistance for children who are at-risk of abuse or neglect, in foster care, or who are homeless¹⁰⁰
- ❖ The Court Service Unit's probation diversion programs have cut the delinquency rate in half, improved truancy, and lowered the number of custody cases
- ❖ JobLink's component for disabled youth is commendable – both school and rehabilitative services for 10 youth without work experience with severe disabilities; a summer program; adaptive technology and job coaches (3 full time with full benefits)

⁹⁷ FY07 CSA Critical Service Gaps, Office of Comprehensive Services, November 2, 2007.

⁹⁸ 'Hitting the M.A.R.C., Establishing Foster Care Minimum Adequate Rates for Children' (October 2007).

⁹⁹ Anne Holton, 'For Keeps Initiative, Families for all Virginia Teens'.

¹⁰⁰ <http://mchb.hrsa.gov/mchirc/gsip/catalog/20VApe.htm>

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- ❖ There are special education middle school programs working with kids with learning disabilities and two dual language programs in elementary schools.
- ❖ There are remedial classes for kids that fall behind (“intercessions”).
- ❖ The Alexandria Department of Recreation, Parks, and Cultural activities hosts the “Saturday Night Hype” program for middle school students twice per month for a fun night with food provided, which also provides a respite for parents
- ❖ High level elected and appointed officials and community leaders actively work with key groups advocating for youth policies and providing programs and services; the Mayor shows significant involvement; many Councilman have children and are personally invested in improving youth services
- ❖ Strong collaborative efforts such as City and Schools Staff Group (CSSG), Youth Services Coordinating Council, Youth Policy Commission, Alexandria Campaign on Adolescent Pregnancy, etc.
- ❖ Comprehensive Service Act brings together multiple agencies from varying disciplines to collaboratively and effectively meet the needs of youth and their families; by serving families over long period of time, they are building trust
- ❖ Teen health clinic and Arlandria Clinic reach many youth in need of health services
- ❖ The school system invests more money per capita than other areas
- ❖ Human growth and development program in the schools (kindergarten to high school) are commendable
- ❖ Alexandria Campaign on Adolescent Pregnancy has considerable city and state funding for its work
- ❖ Child care for teens is now considered a priority on wait lists, and is often free
- ❖ Students commended the Alexandria Central Beatley Library and the Park in Old Town
- ❖ With only two juvenile judges in Alexandria, people know who to call for what
- ❖ Resource Mothers (home visiting program) is very help ful
- ❖ CATCH is providing much needed health screenings and dental assistance for foster care and needy kids
- ❖ The Department of Recreation offers an after school program and an all day summer program for middle school students – the Power up Program
- ❖ Many free or low-cost recreational activities are available

AGES AND STAGES IN ALEXANDRIA

Young Adults

Overview

According to the 2000 Census, there were 11,758 young adults ages 18 to 24 in Alexandria, approximately 9% of the population. Some young adults in Alexandria find themselves unprepared at that challenging impasse between childhood and adulthood. Those that don’t attend college often need additional guidance, training and services after high school. Yet there are few collective forums for young citizens in their late teens and early twenties (outside of colleges), so service providers find it difficult to reach them. Those that do not receive assistance may flounder, some become pregnant, and many

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may have additional challenges (mental health, few social supports) that hinder their success in finding the employment they desire. Finding ways to support this group to achieve success in this challenging transition phase is key to ensuring they can achieve independence and self-sufficiency.

An Elusive Group

Young adults in Alexandria face a complex situation: while many would benefit from youth development opportunities and other human services, the services and opportunities available become increasingly limited past the age of 18. Many human services are focused on children and youth 0-18, but young adults require continued assistance in the transition from youth to adulthood and self-sufficiency. Skills and education needs specific to this age group include career guidance, workforce development, financial literacy, and life skills.

Young adults require post-secondary education options, whether academically-based (universities, community colleges, vocational schools) or experience-based (apprenticeships, job training, etc.). Outreach efforts are needed to connect young adults to employment, education, housing, health/mental health/substance abuse and recreational services. Information offered in multiple languages will help in reaching those young adults who encounter language barriers when accessing services.

JobLink's Youth Employment program served 673 Alexandria youth between the ages of 14 and 21 in fiscal year 2006. Programs for youth and young adults include subsidized summer employment at City agencies and local nonprofits, employment and job coaches for youth with disabilities, year-round private sector employment, and the Workforce Investment Act (WIA) In School and Out of School training and employment programs.

Participants of one focus group observed that youth 18-21 years old who are no longer in school and no longer qualify for programs simply "wander the streets." They also reported that these youth are characterized with the highest teen pregnancy rates and are difficult to engage in programs as they are spread throughout the City. They contended that these young adults are missing the opportunity for workforce and socio-emotional development, for furthering their intellectual growth, and for developing into productive citizens. Many young adults still face literacy and academic deficiencies, and are in need of continued educational development. These challenges are made more difficult through challenges associated with access to transportation and affordable housing.

Post-High School Graduation Trends

Alexandria City Public Schools conducted a Senior and Alumni Survey for the 2003 high school graduates to monitor post-graduation plans, collecting 111 responses to both surveys. The study found that:

- '90% of Alumni Survey respondents was attending college as of winter 2004. There was a significant disparity with regard to ethnicity: 100% of White and Asian respondents were attending college, compared to 77% of Black and Hispanic respondents.'

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- ‘29% of respondents was employed. When asked to rate how well T.C. Williams prepared them for doing their job effectively, the average response was 3.33 out of 5. Their average job satisfaction was 3.13 out of 5.’
- ‘ESL students were almost as likely as non-ESL students to head to college right after high school.’
- ‘Graduates from economically disadvantaged households (free/reduced meals program) go to college at a better than three-in-four rate -- much lower than students from the more affluent households, but a high rate nonetheless (nationwide, 64% of low-income high school graduates in 1992 attended college within two years of graduation).’¹⁰¹

The above statistics may not accurately reflect the overall college attendance rate as only those who responded to both surveys are included, making up 20.4% of the 2003 graduating class. Yet the results give a general idea of the progress of Alexandrian high school seniors.

Of the seniors who planned to enroll in college, 95% actually enrolled in college, and 90% were attending the college they planned to attend as seniors in high school. Of the seniors planning on working after high school, only 59% were actually employed several months later as indicated on their Alumni Survey.¹⁰² This indicates that seniors planning to attend college tend to follow through on their educational plans while those who choose to work instead of attend college are less likely to actively pursue employment opportunities.

Almost 50% of Alexandrian seniors from 2003 attended a four-year college, though two-year colleges and employment were also common pursuits. Compared to six other Northern Virginia areas (Arlington, Fairfax, Falls Church, Loudoun, Manassas, Prince William), high school graduates from Alexandria are the most likely of all six areas to attend a two-year college (35% of 2003 seniors) and the second mostly likely to pursue employment out of high school (12% of 2003 seniors).¹⁰³

From student responses, the report highlighted two areas for additional focus: Advanced Placement courses and technology. It appears that students who take at least one Advanced Placement course are more likely to enroll in college. Student responses also indicated that ACPS will need to devote future efforts to improving student’s technological skills to prepare them with skills to be successful in an increasing technological society.

After reviewing the results of various questions asked to seniors and alumni, the report concludes that the results ‘indicate that college enrollment is heavily associated with ethnicity, socio-economic status, and, of course, high school academic achievement, as well as behavioral aspects such as attendance.’ While Blacks and Hispanics are

¹⁰¹ Monitoring and Evaluation Services, *2003 ACPS Alumni Study*, Alexandria City Public Schools (Alexandria, December 2004), pp. 7, 49.

¹⁰² *Ibid.*, p. 48.

¹⁰³ *Ibid.*

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outperforming the national rates of 18 to 24 year olds high school graduates who enroll in college (77% for Alexandrian Blacks and Hispanics versus 40% Blacks and 35% Hispanics nationally), they are still far behind the 100% enrollment rate of White and Asian Alexandrian graduates.¹⁰⁴

Considerable efforts are being made to prepare youth for college. The Department of Human Services Office of Youth Services' Project Discovery (PD), a college preparatory program that was instituted in 1985, benefits low-income and/or first generation college eligible students, serving 150 students annually. Of the participating students, 49% are recent immigrants, many of whom are in the English as a Second Language (ESL) program and score lower on the SAT due to limited language skills. Ninety-two percent of last year's Project Discovery graduating seniors continued their education at two- or four-year colleges or technical schools.

Workforce and Life Skills Development

As college isn't an appropriate option for all youth, part of JobLink's task is to provide vocational training, though funding cuts have decreased the number of alternative programming for those who do not attend college. Surveyed stakeholders acknowledged the substantial need for youth job training, employment assistance, vocational training, and skill development, as well as guidance in choosing between post-secondary educational or training options. This will assist youth in obtaining higher paying jobs, as youth service providers in a focus group noted that many youth who were about to turn 18 were still getting paid minimum wage (\$5.85 an hour). One stakeholder suggested holding trade school training and workforce development classes at the recreational centers, as they have extended hours and will keep youth busy in the afternoons and evenings.

JobLink focus group members acknowledged the need to change the perception that everyone needs a degree to be employable. Participants also recommended oversight of job training institutions and programs that leave youth without jobs, viable skills, and overwhelming school loan debt after completion of the program.

Youth will also benefit from courses and programs focused on life skills and on personal finances and budgeting. Stakeholders also hoped for additional ESL, literacy, and computer courses. Programs focused on career development should be balanced with programs that engage youth in a social-emotional development, gang prevention, and mentoring. Activities such as sports, recreation, cultural and enrichment activities, community volunteer programs will keep young adults engaged in their community and interacting with peers in a healthy, constructive manner.

Transition to Independence for Foster Children

Foster care children face particular difficulties transitioning to adulthood as they often lack a strong support system when facing job, housing, finance, and personal relationship

¹⁰⁴ Monitoring and Evaluation Services, *2003 ACPS Alumni Study*, Alexandria City Public Schools (Alexandria, December 2004), p. 49.

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challenges. Without support, many young adults end up in homeless shelters, in gangs, on welfare payments, or occasionally in mental health or correctional facilities. The percentage of children exiting to permanent placement in Virginia (72%) is much lower than the United States average of 86.7% in 2003.¹⁰⁵ Children entered the foster care system after age 12 in Virginia are at an even greater risk of not achieving permanency, as 43.7% compared to 72.2% in the United States achieved permanency in 2003. Virginian First Lady Anne Holton's *For Keeps Initiative: Families for Virginia Teens* focuses on providing family and adult support and guidance to children aging out of the foster care system.

The Initiative collected feedback from youth and families in Spring 2007 regarding foster care teens aging out of the system. Suggestions included providing financial assistance for college and local resource contacts should they encounter programs with housing, health care, vocational training, employment, etc.¹⁰⁶

The Initiative recommends the following to assist youth in transition:

- Mandate, by policy or legislation if necessary, that foster children be allowed to continue foster care services until age 21 so long as the child is a participant in an educational, treatment or training program.
- Provide Medicaid benefits to youth 18, 19, 20 with income at or below 200% of the federal poverty level who were receiving foster care services on their 18th birthday.
- Request that the Virginia Department of Social Services study the feasibility of open adoptions for older foster children.
- Collaborate with the Virginia Community College System to provide services that support foster children transitioning to independence.
- Virginia and its child-serving agencies and partners should adopt a state-wide philosophy that supports family-focused, child-centered, community-based care with a focus on permanence for children, which is reinforced by a training program for local staff in DCC and CSA, as well as for resource families.¹⁰⁷

For Keeps is continuing its work to assist youth in transition through advocacy, strategy development, and educating the community about challenges facing older youth in foster care.

Health Care

As health care coverage can become limited for youth over age 18, young adults require access to affordable and quality health services. Young adults are especially in need of services related to mental health, substance abuse, pregnancy prevention, and STD education. Of the 18 – 24 year olds surveyed in Alexandria's Community Health Assessment, 87% thought that mental health problems, including depression, were a "major problem."¹⁰⁸ Teen pregnancy rates are noticeably above state and national rates,

¹⁰⁵ Anne Holton, 'For Keeps Initiative: Families for All Virginia Teens', p. 10.

¹⁰⁶ Ibid., p. 8.

¹⁰⁷ Ibid., pp. 14-16.

¹⁰⁸ Alexandria Health Department, 'A Healthy Outlook: The Alexandria Community Health Assessment 2004', (Alexandria, 2004).

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and young adults and teens will require additional education and prevention services to reduce this rate in Alexandria. For those young adults with children, parenting skills, education, and support will be vital in ensuring the well-being of the child and the mother.

Teen Pregnancy

As teenage mothers age into adulthood, they become one of the heaviest users of human services. Unfortunately, “teen pregnancy is out of control,” according to one stakeholder. One study found that 67.5% of residents surveyed perceived teen pregnancy to be a serious problem in the City of Alexandria.¹⁰⁹ The Alexandria Health Department provided the following comparison in 2005, which shows that Alexandria had more than twice the teen pregnancy rate of the state and well over three times the regional rate.¹¹⁰ This report, along with another from the Health Department, also revealed a positive trend – that Alexandria’s pregnancy rate declined gradually between 1996 and 2006.¹¹¹

Teen Pregnancy Rates Per 1,000 Females Age 10-19 Years	
Commonwealth of Virginia	26.5
Planning District 8 (Counties of Arlington, Fairfax, Loudoun, Prince William and cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park)	17.2
Alexandria	58.6

The Youth Risk Behavior Survey found that 22% of seventh graders and 31% of 8th graders answered “Yes” when asked if they had ever had sexual intercourse.¹¹² Despite the fact that, collectively, more than a quarter of these middle school students have had sex, the report exclusively examining ten year trends notes that “while the teen pregnancy rate is decreasing among *younger* teens, it is increasing among *older* teens”. Another group found in this report to have a rising rate of pregnancy was Hispanic teenagers. This is substantiated by providers’ comments of serving more pregnant Hispanic teenagers and by a survey of Hispanic Parents in Alexandria.¹¹³

A common barrier noted by several stakeholders aiming to reduce teen pregnancy is that it’s difficult to gain entry into schools to provide after school educational programs to youth, in particular sex education. This may be due to the fact that human growth teachers are present in some schools and speaking to these issues. One stakeholder noted that since there is a day care for teen mothers at T.C. Williams High School, the school might make better use of the Family Life Program, which discusses sex education (some believe it would be promoting sex). Other stakeholders stress that programs are not educating children about sex early enough.

¹⁰⁹ ‘PRC Consumer Perception Study, Teen Pregnancy’ (2003).

¹¹⁰ Alexandria Health Department, ‘2005 Teen Pregnancy Data.’

¹¹¹ Alexandria Health Department, ‘Teen Pregnancy in the City of Alexandria: Ten Year Trends, by Age and Race/Ethnicity’.

¹¹² Alexandria City Public Schools ‘Youth Risk Behavior Survey: Preliminary Report’ (Alexandria, December 2007).

¹¹³ M. Matheus, ‘The City of Alexandria’s Hispanic Parents’ Views on Teen Sexuality, Pregnancy & Abstinence’ (Alexandria, December 2002).

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Another barrier to effectively providing sex education to youth is parents. Providers acknowledge that parents' apprehension affects schools' resistance. Hispanic parents taking the Alexandria survey were found to be uncomfortable with discussing intercourse with their daughters, though they wanted to learn more about how to do this.

Strengths

- ❖ Alexandria Community Trust, a community foundation serving as a catalyst for increasing charitable investment, provides twenty year olds with volunteer opportunities
- ❖ JobLink's Youth Employment program , subsidized summer employment at City agencies and local nonprofits, employment and job coaches for youth with disabilities, year-round private sector employment, and the Workforce Investment Act (WIA) In School and Out of School training and employment programs
- ❖ Alexandrian high school graduates attend college in large percentages, and follow through with their educational plans
- ❖ The Department of Human Services Office of Youth Services' Project Discovery (PD) plays an important role in providing college preparation for low-income and/or first generation college eligible students, serving a high percentage of recent immigrants, and showing very high college enrollment rates
- ❖ Attention is being given to ensuring foster children age out of the system with the support they need
- ❖ The community is aware and ready to take action to deal with the high teen pregnancy rates

AGES AND STAGES IN ALEXANDRIA

Adults

Overview

According to the 2000 Census, there were 83,383 adults ages 25 to 64 in Alexandria, approximately 65% of the population. Adults in Alexandria tend to be viewed as being in one of two categories, the “haves or the have-nots”. While the “haves” standard of living in the City is among the best in the country, the have-nots often find themselves at the opposite end of that scale. This issue becomes magnified as the two groups reside in close proximity in a city approximately 16 square miles in size. Adult “have-nots” often require additional services make ends meet, which was strongly supported by Braintree’s survey. Adults with mental health challenges rated as the second highest priority, and increasing the services available to this group has become a significant concern of local providers. Increasing workforce development is recognized as the key elevator out of poverty and dependence.

Survey Results

The first survey, which asked respondents to prioritize population specific issue areas, showed that for adults, stakeholders are most concerned about access to services, but mental health services were seen as needing the most financial support. Comments in the essay sections of the survey showed a strong desire to improve the “enabling” services,

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such as information and referral, translation services, outreach / publicity for programs, and public transportation.

Adults Critical Gaps (N=63, 1/22/08)	
	Average Rating
Improving Access to Services	1.57
Emergency Services	1.82
Mental Health	1.84
Workforce Development and Training Opportunities	1.86
Physical Health	1.89
Multi-lingual Services	1.92
Parenting Education	2.02

Adults Top 3 Priorities (N=62, 1/22/08)	
	% chosen as a top 3
Improving Access to Services	61.31%
Mental Health	50.02%
Emergency Services	48.40%
Workforce Development and Training Opportunities	48.38%
Physical Health	32.24%
Multi-lingual Services	30.62%
Parenting Education	24.18%

As a means to gauge how stakeholders would “vote with their checkbook,” the online survey asked respondents to respond to a hypothetical scenario in which they are asked how they would allocate \$100 million among the various services in Alexandria. The following represents the averages allocated by respondents – verifying in most instances the priorities and critical gaps noted above.

Adults - \$100 Million Allocation (N=59, 1/22/08)	
	Average Spend
Mental Health	\$ 16,881,356
Improving Access to Services	\$ 16,099,661
Workforce Development and Training Opportunities	\$ 15,472,203
Emergency Services	\$ 14,677,288
Physical Health	\$ 14,455,254
Parenting Education	\$ 11,407,797
Multi-lingual Services	\$ 11,001,525
Total	\$ 100,000,000

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Mental Health Services

The mental health service structure for adults in Alexandria was seen as another top priority by survey respondents. Essay responses suggest that the issue with mental health services is not only one of quality or quantity but of access. Additional funding could address all three priorities (access, quantity and quality) and increase the number of people able to successfully access mental health services. Too often, mentally ill residents fail to receive non-emergency clinical support services or crisis stabilization services in time to avoid entering high cost incarceration, remediation, and forced residential programs. This problem is common throughout Virginia. A September 2007 Access Task Force Report presented to the House Health, Welfare and Institutions Committee on the state of mental health services found a similar lopsided service structure that showed an ‘inability to access community based, private and public mental health services’ and a tendency to misuse incarceration/arrest or hospitalization as a means of addressing mental illness. Services offered in non-English languages are limited, decreasing access to many Alexandrian adults.

Workforce Development

Surveyed stakeholders overwhelmingly noted the need for workforce development. Additional job skills, employment assistance, and vocational training can assist those with low paying jobs to become more competitive in the job market.

JobLink is one of Alexandria’s major employment programs that work to ‘bring together job seekers who desire permanent employment and businesses that need reliable employees’ and ‘prepares individuals through education, training and counseling and refers qualified candidates to prospective employers.’¹¹⁴ There are eight employment and training programs available to adults through JobLink, each focusing on a unique need or employment challenge. The programs and the number served by each in 2006 are listed below:

‘JobLink customers obtained jobs generating approximately 10,000,000 in annual income’

-- Alexandria DHS 2006 Annual Report

- General Public Program - served 867 job seekers
- Eagles Program – served 203 ex-offenders
- Disabilities Program – served 174 job seekers with disabilities
- Adult Training - served 132 economically disadvantaged and low-skilled clients
- Refugee Resettlement Program – served 86 clients who have fled religious or political persecution
- Dislocated Worker Program – served 85 individuals affected by layoffs, downsizing and company closings
- Food Stamp Employment Program – served 71 clients receiving food stamps
- Virginia Initiative for Employment Not Welfare (VIEW) – served 485 VIEW clients who often face difficulties such as poor health, learning disabilities, substance abuse, or children with health issues.

¹¹⁴ JobLink Mission Statement

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Many Alexandrians receive employment assistance through JobLink in FY 2006, indicating the extensive usage of JobLink's services throughout the City:

- ◇ 14,740 total customer visits
- ◇ 4,789 clients received services
- ◇ 2,103 adults served through special employment programs
- ◇ 2,013 job seekers utilized only the Resource Center

Although the unemployment rate is relatively low in Alexandria, those who are unemployed often require the most assistance in workforce development and obtaining employment. Adults also benefit from financial literacy and budgeting workshops, as well as classes to improve English literacy and speaking skills, and a more diverse staff to address their needs. Applicants do not always have JobLink staff assistance in completing applications and resumes, and those with minimal English literacy skills are at a severe disadvantage in the job search. As job assistance programs have been facing funding cuts, additional efforts will be needed to either obtain alternative funding streams or to create low-cost programs that rely heavily on volunteer assistance.

Stakeholders have noticed that job advertisements are often available primarily online, putting job seekers without internet access at a disadvantage. Other job seekers lack the knowledge of how to prepare for an interview and the appropriate clothing to wear. Transportation also serves as a barrier, as reaching job trainings services and interviews can be difficult for those without a car. Services offered at more convenient locations, such as at schools, community centers, and after school program locations, will increase access for those without cars and for those who pick up their children from these locations. JobLink staff also observed generational poverty in their clients. The clients they have today are often the grandkids of those they have worked with previously.

Job seekers with a criminal background face increasing difficulties in finding employment. The JobLink focus group members noted that 92% of employers conduct criminal background checks. Drug tests and ethic tests are also common practices. Applicants with disabilities or socio-emotional/psychological challenges encounter difficulties in seeking job placements as well. JobLink's special employment programs work to assist job seekers facing such challenges.

The character of the workforce is changing in Alexandria. Skills used in the past have become obsolete with the rise of technology, and skills useful in one sector are often not transferable to other sectors in today's market. JobLink workers remarked that people today need training before they can obtain a job, unlike previously when training was mostly used to obtain a better job.

Health Care

Adults often face difficulties in affording health care and have less assistance available to them than do youth and children. Those without employer coverage frequently cannot afford to purchase coverage on their own. Choices can come down to purchasing health insurance versus child care or housing payments. There are many health care providers

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in Alexandria for those in need of services, and the Alexandrian health service system is currently engaging in improving communication and service delivery within the system. Stakeholders called for more culturally sensitive behavioral health care and substance abuse services.

Parenting Education

Parenting education, while not a critical gap or top priority as viewed by surveyed stakeholders, is vital in a child's development and in maintaining healthy, stable families in Alexandria. Stakeholders called for parent training to focus on topics such as early learning and socialization, discipline, early intervention services, and childhood developmental stages, and should all be offered in multiple languages with cultural sensitivity. Literacy programs can help both parents and children develop important language skills while building a parent-child bond. For parents of older children, suggested training topics include teen pregnancy, poor school performance, crime, drug abuse, and gang involvement.

Parent support groups were suggested as a way to decrease parent isolation and to learn about parenting techniques and available services from other parents in their community. Parents new to the community will require additional outreach efforts, though existing supports such as the introduction kit and Alexandria.gov website are very helpful. One stakeholder recommended asking parents how they prefer communication (via email, mail, phone, newspapers, TV, etc.) to ensure outreach efforts are most effective and reach all pockets of each neighborhood.

Strengths

- ❖ In the City, there are no ordinances against immigrants, which provides a sense of relief among immigrant residents of the community
- ❖ Resource guides are free in the City (often cost \$40 to \$60 in other locations)
- ❖ JobLink is providing many workforce development opportunities to the general public and for adults with special conditions such as ex-offenders, those with disabilities, economically disadvantaged and low-skilled clients, refugees, laid off employees, and those receiving food stamps

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The Elderly

Overview

Low cost housing emerged as the top priority and most critical gap, according to local providers for seniors. As the number of seniors in Alexandria and elsewhere continues to climb, demand for services to help this group with costs for housing, transportation, health care, and basic needs can be expected to significantly increase. Other particular concerns for many elderly residents are affordable assisted living and low cost in-home personal care services. Recreation and employment opportunities for the increasing

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number of fit baby boomers are also vital outlets to enable older residents to continue to lead balanced lives while maintaining a comfortable standard of living.

Survey Results

Braintree’s first survey to local stakeholders, which asked respondents to prioritize population specific issue areas, showed that for issues which affect the elderly, stakeholders are most concerned about affordable housing, followed by affordable assisted living facilities, and in-home personal care services.

The Elderly Critical Gaps (N=40, 1/22/08)	
	Average Rating
Low Cost Housing	1.37
Low cost in-home personal care services	1.43
Emergency Funds for Short Term Needs (housing, food, cleaning for hoarders, clothing, medical supplies, etc.)	1.47
Affordable Assisted Living Facility in the City	1.53
Geriatric Mental Health	1.71
Transportation (door-to-door services, senior taxi expansion)	1.78
Assistance and/or housing for persons who are over-income for auxiliary grants	1.80
Meals on Wheels	1.88
No/Low Cost Chore and "Handy Man" Service	2.11

The Elderly Top 3 Priorities (N=41, 1/22/08)	
	% chosen as a top 3
Low Cost Housing	58.52%
Affordable Assisted Living Facility in the City	58.52%
Low cost in-home personal care services	48.80%
Emergency Funds for Short Term Needs (housing, food, cleaning for hoarders, clothing, medical supplies, etc.)	31.72%
Geriatric Mental Health	26.84%
Transportation (door-to-door services, senior taxi expansion)	26.80%
Meals on Wheels	24.36%
Assistance and/or housing for persons who are over-income for auxiliary grants	19.48%
No/Low Cost Chore and "Handy Man" Service	4.88%

As a means to gauge how stakeholders would “vote with their checkbook,” Braintree’s online survey asked respondents to respond to a hypothetical scenario in which they are asked how they would allocate \$100 million among the various services in Alexandria. The following represents the averages allocated by respondents – verifying in most instances the priorities and critical gaps noted above.

The Elderly - \$100 Million Allocation (N=40, 1/22/08)	
	Average Spend

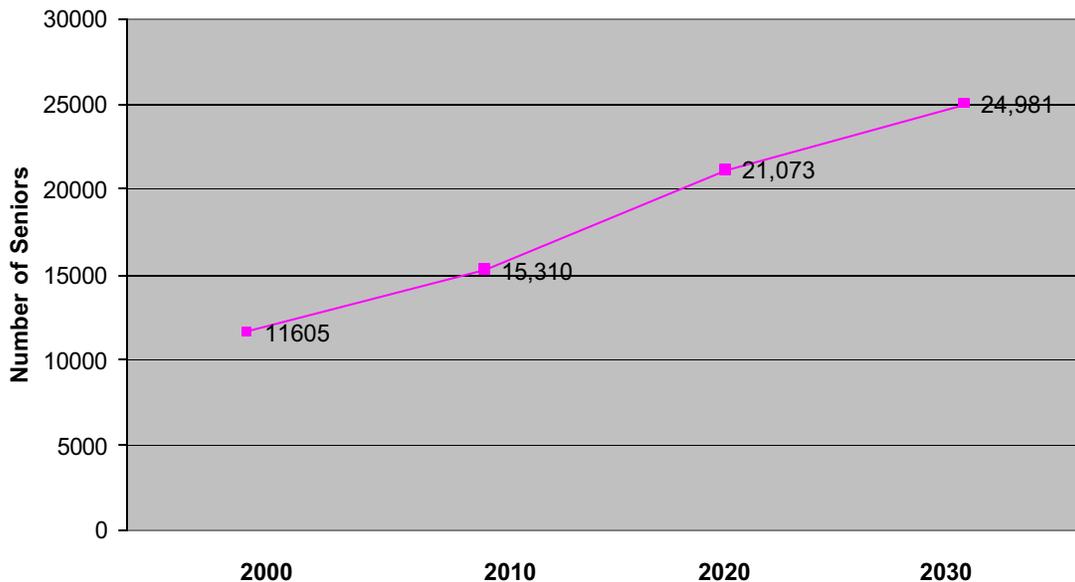
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Affordable Assisted Living Facility in the City	\$ 20,573,000
Low Cost Housing	\$ 18,549,750
Low cost in-home personal care services	\$ 11,974,500
Emergency Funds for Short Term Needs (housing, food, cleaning for hoarders, clothing, medical supplies, etc.)	\$ 11,622,250
Geriatric Mental Health	\$ 8,926,250
Assistance and/or housing for persons who are over-income for auxiliary grants	\$ 8,000,750
Meals on Wheels	\$ 7,726,000
Transportation (door-to-door services, senior taxi expansion)	\$ 7,572,000
No/Low Cost Chore and "Handy Man" Service	\$ 5,048,250
Total	\$ 100,000,000

Seniors Rising

A number of stakeholders we spoke with noted the increasing numbers of senior citizens in Alexandria, largely due to the Baby Boomer generation which is just starting to swell the population of seniors nationwide. During the 2000 Census, the total population for Alexandria was 128,283. Seniors (age 65 and older) represented 9% of this count, a total of 11,545. The U.S. Census figures updated for 2006 show a total population for Alexandria of 136,974, with the number of those 65 and older at 14,844.¹¹⁵ This represents about 11% of the population. According to the Building a More Livable Alexandria, the elderly population in Alexandria will be 115.3% larger in 2030 than it was in 2000.

Increase in Number of Seniors in Alexandria by Decade



¹¹⁵ <http://factfinder.census.gov>

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Local stakeholders have stressed the recent dramatic increase in requests for services for the elderly. The increasing need for services will impact a variety of providers – public, private and nonprofit – in their goals to meet the growing demand for services such as medical care, housing, transportation, assistance services, recreation, employment and basic needs.

Medical Care and Affordability

A Needs Assessment Survey distributed to seniors in Alexandria in 2003 revealed that medical care was the top issue of concern for 76.24% of local seniors. This is most likely not attributable to the availability of services, as 91% said they did not have a health concern for which professional care was unavailable. Cost presented the primary issue for 48% of seniors, and 40% specifically noted they could not afford prescriptions. The Needs Assessment Summary noted that health care as a major concern was greatest for those seniors with incomes \$25,000 and lower.¹¹⁶ One consideration for these results is that they were collected prior to the Medicare Part D program implementation in 2006.

In Braintree's recent focus groups, local seniors voiced their challenges regarding health care. One local senior center used to have a full time nurse, a full time social worker and an outreach worker, but lost all three due to funding cuts. Seniors felt that people at the center were very helpful in guiding them in the right direction, yet a number of seniors requested assistance filling out forms and paperwork, in particular in applying for Medicare (federal law requires seniors to apply in person for Medicare and Medicaid) and obtaining necessary medications.

The focus groups revealed that some senior center staff are not allowed to assist with Medicare problems. Seniors could receive assistance with paperwork, but by federal law they must travel to the Social Security Administration to apply for Medicare and to the Department of Human Services to apply for Medicaid. Another issue raised was the diverse ethnicity of seniors in Alexandria. Seniors from 40 different countries visit some centers and many patrons of these centers would appreciate paperwork assistance in their native language. Seniors from various backgrounds hoped to learn about assistance available to them.

Alexandria's Office of Aging and Adult Services lists geriatric mental health as one of the unmet needs of seniors¹¹⁷:

In October 2007, the Geriatric Mental Health Foundation (GMHF) launched a public awareness campaign in Nashville to increase awareness about late-life depression and provide resources to those impacted. With nearly 28 percent of older Nashville residents living alone, a significant number are at increased risk of depression due to isolation, personal loss, bereavement, or retirement. Further, older people who have other chronic

¹¹⁶ Alexandria Commission on Aging, 'A Needs Assessment Summary for Alexandria's Seniors Age 60 and Over' (Alexandria, March 2004), p. 8.

¹¹⁷ Unmet Needs of Seniors, From the Perspective of The (Alexandria) Office of Aging and Adult Services

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illnesses, such as diabetes, cancer, or cardiovascular disease often have depression, too, which reduces their ability to recover or rehabilitate.¹¹⁸

According to the 2007 Community Services Board Annual Report:

Geriatric Program staff continued their work with the Northern Virginia Geriatric Team (NVGT) to address the lack of treatment and placement resources for the geriatric population. The Region was awarded over \$1 million from the State to implement a regional geriatric mental health team and to purchase local assisted living beds so that geriatric persons with a mental illness can be treated “in place”¹¹⁹

According to the 2006 Needs Assessment Survey by the Alexandria Community Services Board, 18% of outside stakeholders felt that elderly or disabled individuals in need of MHMRS services had unmet needs.¹²⁰

Housing Prospects

One surprising statistic emerging from the Needs Assessment of seniors in Alexandria in 2003 was that 86.66% of seniors responded affirmatively when asked whether they were satisfied with housing. More detailed questions revealed issues of concern. Of seniors surveyed, 93.22% received no rent relief and 90.11% received no real estate tax relief – the latter issue received several comments from seniors, one of which declared that the City was “killing us with real estate taxes.” A number of respondents stressed that many seniors who were homeowners had to move due to significantly increasing real estate taxes.

Tempering these results is another finding from the 2003 Needs Assessment of a “general lack of knowledge within the senior community of services that are currently available.” DHS staff working with rent relief applicants relayed that in 2007, 57 seniors applied and 48 qualified for rent relief, or 84% of seniors who applied. Further, they specified that of those that did not qualify, five were over-income and four didn’t return all the necessary paperwork required. The high percentages of seniors who did not receive relief from either program could have been due at least in part to the lack of knowledge of and, consequently, lack of applications for these programs.

Braintree’s survey of local service providers showed low cost housing to be the number one priority for the elderly in Alexandria, closely followed by other priorities related to support in or for a home environment:

- Affordable assisted living facility in the city.
- Low cost in-home personal care services
- Emergency Funds for Short Term Needs (housing, food, cleaning for hoarders, clothing, medical supplies, etc.)

¹¹⁸ Geriatric Mental Health Foundation, ‘Depression is Not a Normal Part of Aging: For 80% of Seniors Diagnosed with Depression, Treatment Works’ (October 2007).

¹¹⁹ Alexandria Community Services Board, ‘2007 Annual Report’ (Alexandria, 2007), p. 9.

¹²⁰ Alexandria Community Services Board, ‘Needs Assessment Survey’ (Alexandria, 2006), p. 3.

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Demand for affordable senior housing is expected to increase as demographic studies have estimated that the City's elderly population will rise by 60-70% or more over the next 20 years. Much of the problem is directly related to the gentrification process which has raised real estate prices throughout Alexandria. The equation is simple: the higher the market price, the larger the subsidy required to house seniors at a price they can afford.

The Office of Aging and Adult Services lists finding low cost housing, especially for disabled elderly, as the top unmet need for Alexandria's seniors. The City's 2005-2010 Consolidated Plan for Housing and Community Development details unmet senior needs for housing and rental assistance. In HUD Table 1B, the unmet need for "Frail Elderly" seniors was 480 seniors. HUD Table 2A specifies that 369 local elderly renters' needs also were not met.¹²¹ One stakeholder remarked that "indications are there will be more seniors. There are not enough resources to go to these issues and affordable housing. You never hear anybody talk about senior citizens."

Raising the public contribution to housing is always an option, but the cost will need to be commensurate with the need. The 2004 Final Report for the Commission on Aging Needs Assessment Survey for Seniors noted that "Most Alexandria seniors were satisfied with their housing (87%)."¹²² Of the remaining 13% who were unsatisfied, 50% blamed the cost of housing and 29% blamed the need for repairs (a cost related factor). Therefore, only 10.27% [$13\% \times (50\% + 29\%)$] of the seniors responding to the survey appeared to consider the cost of housing to be an issue. To put these numbers in perspective, 10.27% of a senior population of 15,473 comes to roughly 1,589 city residents out of a total population of 128,283 in 2004, or about 1.2%.

The Blueprint for Action, developed by the National Association of Area Agencies on Aging, also lists the lack of affordable and appropriate housing options as one of the most common barriers for seniors.¹²³ The Needs Assessment of Alexandria seniors found that 63% of those surveyed were homeowners and 37% rented housing. Whether owning or renting, median home prices in much of the City have risen dramatically.

Transportation Concerns and Awareness

As voiced by one interviewee, "Transportation is part of seniors' independence." The 2003 Needs Assessment of seniors revealed that transportation was the third most important issue identified by 33.24% of seniors surveyed. The Office of Aging and Adult Services also ranked transportation -- services and expanded programs -- as third on the list of unmet needs of seniors. Seniors from the community relayed to Braintree that metro access was poor, and that while recreational opportunities were available at the local YMCA, transportation remained a barrier.

¹²¹ 'Alexandria Consolidated Plan for Housing and Community Development July 1, 2005 – June 30, 2010' Appendixes II.

¹²² Final Report for the Commission on Aging Needs Assessment Survey for Seniors, 2004, p. 8.

¹²³ Building a More Livable Alexandria for All Ages, (Alexandria, September 2007).

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One interviewee notes that there actually are many transportation programs for seniors in Alexandria, including the Department of Transportation (DOT) Paratransit program for persons with disabilities and Senior Taxi (medical appointments within the city and within a 5 mile radius outside of city limits and grocery shopping within city limits). Despite the availability of services, lack of awareness about available transportation options presented a concern for 56% of seniors surveyed in the 2003 Needs Assessment. On a positive note, transportation programs for senior do exist.

Employment and Basic Needs

The 2003 Needs Assessment Survey of Seniors revealed that the second most important issue for 45.17% of seniors is having enough money to live on. Many seniors live on fixed incomes, much of which can be devoted to meeting basic needs. Fortunately, the survey revealed that seniors felt that nutrition and safety needs were being met: 1) 93% felt they were eating good meals daily and 2) 94% or higher felt safe at home, in the community and with family. Yet according to the Office of Aging and Adult Services, other issues relevant to basic needs were listed as unmet needs for seniors:

- Meals on Wheels service expansion to include weekends
- Emergency funds to meet short-term needs of clients
- Assistance and/or housing for persons who are over-income for auxiliary grants

With regard to the vital Meals on Wheels program, the lack of service during the weekend is a significant gap that should be bridged. According to information from the City's Human Services website, as well as from the Office of Aging and Adult Services:

Meals on Wheels is available to persons age 60 and over who can no longer prepare meals for themselves, who have no other means of receiving meals, and are homebound. Each person receives two meals per day: a hot lunch and a cold supper. Meals are delivered by volunteers with Senior Services of Alexandria, a private nonprofit that the Office of Aging and Adult Services contracts out to coordinate the volunteers. The cost of the program is \$36.65 per week, with financial assistance available for those who cannot afford to pay and who meet the required criteria.¹²⁴

While 46.86% of seniors surveyed in the 2003 Needs Assessment made over \$50,000 annually and another 18.78% made \$30,000 to \$49,999, over one third of seniors in Alexandria hold very low annual incomes.

In June, the Alexandria City Council voted 6-0 to implement a living wage ordinance that requires city service contractors to pay their employees at least a living wage, currently \$12.66 an hour, (06/06) indexed annually to the poverty threshold for a family of four in combination with costs for health insurance.¹²⁵

According to one wage conversion website, "An hourly rate of \$12.66 equates to a weekly pay of \$506, monthly pay of \$2,194, and an annual salary of \$26,333."¹²⁷ The

¹²⁴ <http://alexandriava.gov/humanservices/info/default.aspx?id=8150&terms=meals+on+wheels>; some comments updated from the Office on Aging and Adult Services

¹²⁵ Tenants and Workers Support Committee, Ironworkers, CWA

¹²⁷ http://www.fincalc.com/pay_04_o.asp

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2003 Needs Assessment survey of Alexandria’s seniors revealed that “When asked if they had enough income to meet basic needs, the vast majority (74%) that replied “no” had annual incomes of less than \$25,000.00¹²⁸. Interestingly enough, the Needs Assessment survey revealed that 17.90% of older Alexandrians are working full time and another 11.09% work part time. A small number of seniors indicated in open comments in the 2003 Needs Assessment survey that they would like to have additional assistance with job opportunities.

Assistance Services

Not only are the number of seniors rising, but so are the ages of seniors. This holds implications for the kinds of services that will have the highest demand. The Needs Assessment Summary for seniors notes that “census data clearly shows that the number of the City’s oldest seniors, age 75 and above, is growing considerably faster than any other senior age group. These individuals will need the costliest services, including in home companion care, community based care and assisted living.”¹²⁹ According to the Office of Aging and Adult Services, the following concerns made the list of unmet needs for Alexandria’s seniors:

- Affordable assisted living
- No / low cost chore and ‘handy man’ service
- Low cost in-home personal care services

One senior explained that all of their social security was used to pay rent. This individual had been on a two year wait list for Claridge House, a privately owned facility which has lower rental rates for seniors. The individual also noted that the rates were rising and somehow the wait was getting longer – not only were more people getting on the list, but more were getting ahead of this individual on the list.

In Building a More Livable Alexandria for All Ages, the first of several Strategies to Plan for Future Needs of Seniors in Alexandria (table below) is to continue efforts to establish affordable assisted living in Alexandria¹³⁰. As shown in the Survey Results Table, “The Elderly Top 3 Priorities”, above, overall local service providers found affordable assisted living as the number two priority for seniors, and when given imaginary funding to address all issues relevant to seniors, as shown in the Survey results table, “The Elderly \$100 Million Allocation” above, providers allotted more funding to affordable assisted living than any other issue.

LONG TERM GOALS	
1	Continue efforts to establish affordable assisted living in Alexandria
2	Support the development of the Program for All Inclusive Care for the Elderly (PACE) in Northern Virginia. PACE serves primarily low-income seniors that

¹²⁸ Final Report for the Commission on Aging Needs Assessment Survey For Seniors, June 1, 2004, p. 9-10

¹²⁹ A Needs Assessment Summary for Alexandria’s Seniors Age 60 and Over, Alexandria Commission on Aging, March 2004, p. 11

¹³⁰ Building a More Livable Alexandria for All Ages, Office of Aging and Adult Services, 2008.

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	receive both Medicaid and Medicare. The programs are operated by nonprofit organizations and strive to keep seniors in their homes in the same community by coordinating all aspects of their health care and supporting their family caregivers
SHORT TERM GOALS	
3	Request for the City manager to designate a staff person within each department that would be the ‘aging expert’
4	Hold public forums in Spring 2008 to gather input on current and future needs
5	Compile information currently available on current and future trends
6	Meet with staff from Arlington and Fairfax Counties to discuss their successful efforts in looking ahead

With regard to PACE’s efforts, one stakeholder stressed that “Seniors must require a skilled level of care to be eligible since it is a waiver program”.

Recreational Options and Significance

Apart from the critical physical, social, and financial needs for seniors, ensuring older citizens have sufficient recreational opportunities to ensure a meaningful quality of life must also be part of any holistic plan to better meet overall needs. As one interviewee put it, the Baby Boomer generation wants to do a lot more than sit around and watch TV. In addition to recreation’s intrinsic value of relaxation, recreational activities can also help seniors maintain fit minds and bodies. According to one analysis of seniors in Alexandria, the following percentages of various types of activity limitations were found:¹³¹

Disabled, but not institutionalized	38.8%
Mobility	18.1%
Sensory	16.7%
Cognitive / Mental	12.0%
Self Care	8.8%

One focus group participant we spoke with stated that one “senior center” she visited in another state serviced citizens 55 and older – it had a swimming pool, exercise rooms, computer labs, restaurants, so much for seniors to do. Several focus group participants agreed that it would be beneficial if the City could provide additional funding to local centers for expansion and addition of exercise equipment at the centers. The St. Martins center, the largest in the area, is in desperate need of more space, as seniors there are “squashed” when they do exercises. Other seniors wanted swim classes, which they can currently pay to do at the Chinquapin Recreation Center. Many seniors were unaware of this, though the City mails a booklet on recreational opportunities twice annually. Better outreach to seniors to promote awareness of existing services could prove useful.

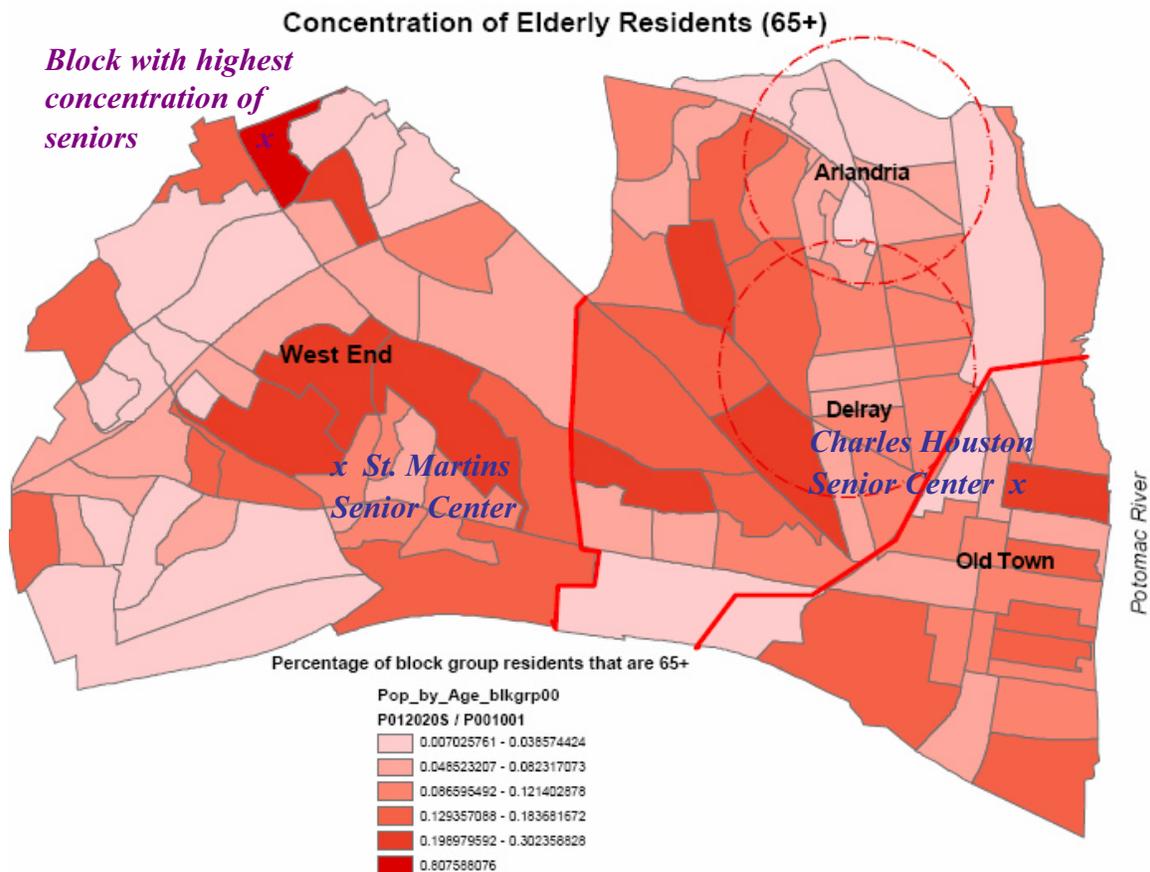
Seniors relayed in recent discussions that many positives exist in the service system, which fall into the realm of recreation. They highlighted trips to local attractions or out

¹³¹ Aging in Alexandria

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to lunch twice each month, various games that were available for their use (bingo, cards, dominoes, even billiards), a partnership with one center that had young children visit, and making friends at the local center that they never would have otherwise met. Most seniors expressed their desire to remain in Alexandria, if possible.

The GIS map below displays the concentrations of seniors in various blocks of the City. The two main senior centers are located in areas with some of the highest concentrations of seniors, one in the West End and another in Old Town. Worth noting is the section in the upper left portion of the map with the darkest block – the area with the highest concentration of seniors city-wide. According to Map Quest, a trip from Dawes Avenue (which traverses the block in question) to the closest senior center would be 2.5 miles. This is very close by any form of vehicular transport, though not within walking distance for many seniors, particularly those with disabilities. While it has been noted above that transportation can be difficult for many seniors to obtain for accessing recreational facilities, one stakeholder pointed out that the Office of Aging and Adult Services provides bus transportation to the two senior centers it funds.



Strengths

- ❖ Twice yearly the city mails a booklet on recreational opportunities
- ❖ The Charles Houston Senior Center has a good program – management is effective and respectful, and a bus stop is located there

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- ❖ St. Martins Senior Center has trips twice monthly (museums, lunch out, etc.), recreational activities, a partnership with young children visiting, and helpful staff
- ❖ The community is becoming increasingly aware of the needs of seniors and the rising number of soon to be seniors
- ❖ The Alexandria Office on Aging is taking action and planning for the future of Alexandrian seniors

AGES AND STAGES IN ALEXANDRIA

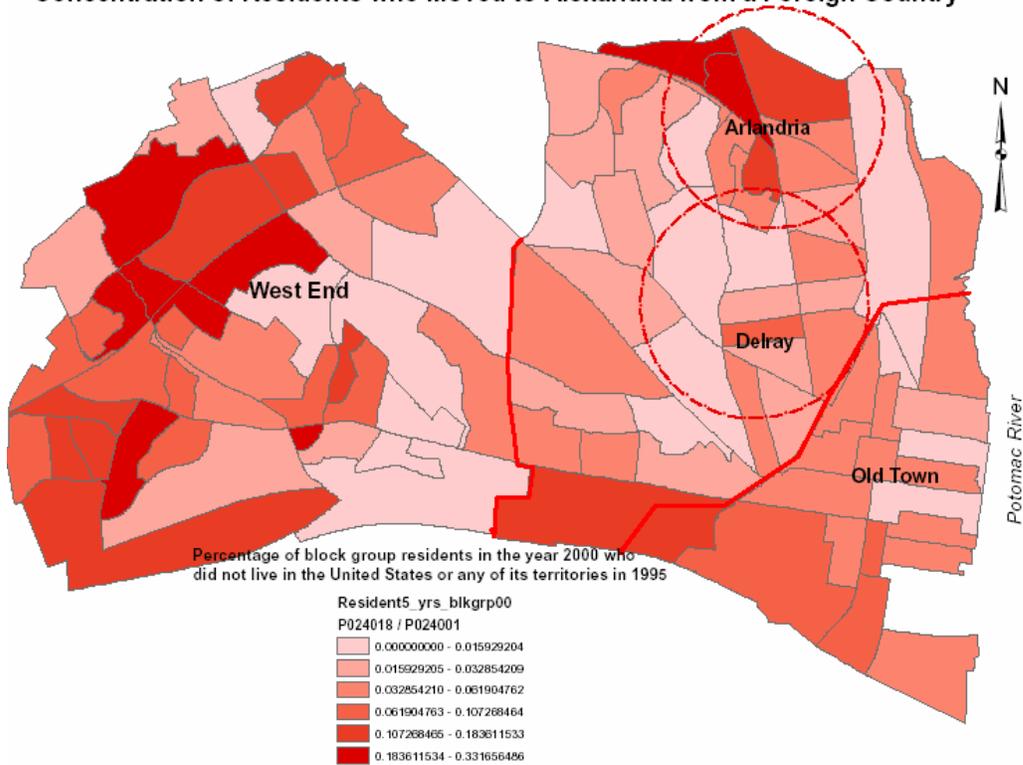
Immigrants and Asylum Seekers

Overview

The rise in immigrant populations in Alexandria is not a new phenomenon. The city’s close proximity to the capital, which is ranked as the fifth most frequent destination for legal immigrants in the US, and the large military community have made the City popular with foreigners for some time now. However, the number of immigrants has risen rather dramatically in recent years and now poses a significant challenge to the providers of human services. According to US Census Estimates, the number of foreign born residents in the City in 2006 was 32,005, or 23.4% of the population.¹³² At nearly one quarter of the population, immigrants are an established segment of the City.

Immigrant populations are concentrated in the West End and Arlandria, though some can also be found in Old Town. The diversity of immigrants in Alexandria poses several challenges for the City, as providers have emphasized that needs and effective methods of outreach are not uniform across the various ethnic groups. Stakeholders noted the following countries of origin for some of the immigrants they work with: Sudan, Eritrea, Ethiopia, Sierra Leone, Iraq and Iran. The following GIS map shows the concentration of residents who said they lived in a foreign county in 1995 when asked by the U.S. Census in the year 2000:

Concentration of Residents who Moved to Alexandria from a Foreign Country

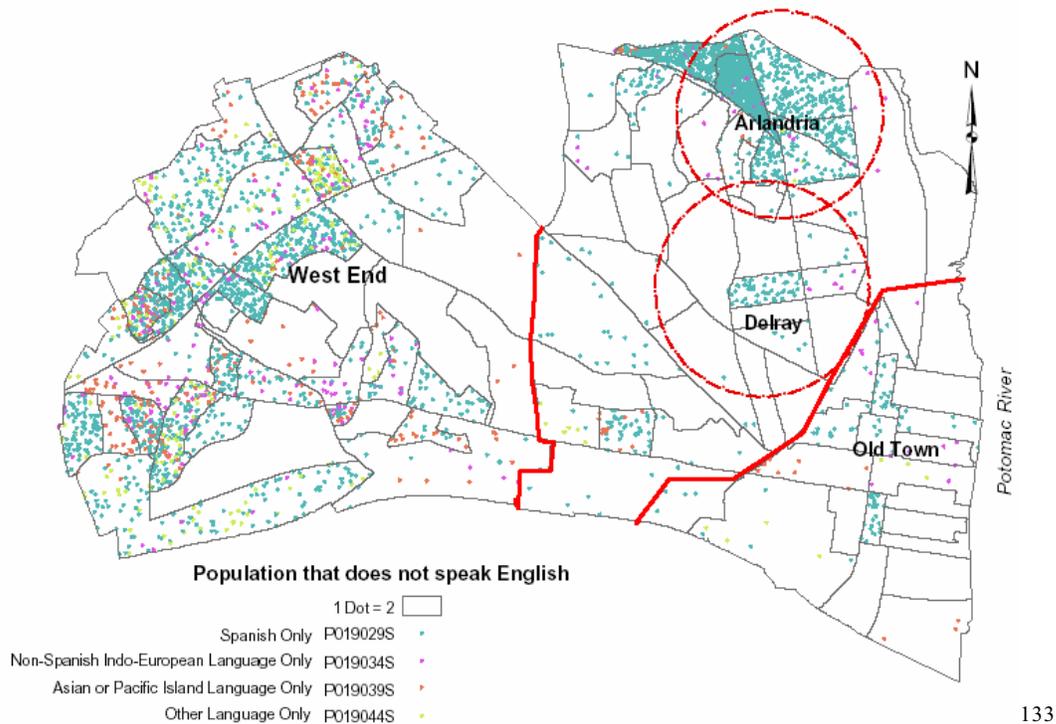


¹³² <http://factfinder.census.gov>, 2006 American Community Survey Data Profile Highlights, accessed on March 13, 2008.

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Language

Language is one of the most significant barriers to receiving services in Alexandria. Immigrants who do not speak English cannot complete paperwork or call providers to request services. At the same time, most pamphlets and posters that aim to raise awareness of services and programs cannot hope to reach populations where English is not understood. One immigrant we spoke with stressed that some immigrants cannot read or write, are not working, and need help to fill out forms for basic services like food stamps. One provider serving refugees and asylum seekers noted that language was the number one challenge for these immigrants and one area that human services should work on the most. Another immigrant active in the community applauded the language line, local legal assistance, and services available locally for immigrants. The following GIS map shows the concentrations where English is not spoken in Alexandria:



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Students in Alexandria City Public Schools speak 69 native languages and some respondents are concerned about children from immigrant backgrounds who come to school without basic English language skills. If English skills do not improve rapidly, they may remain behind their peers permanently. While stakeholders stress the importance of developing English skills in young children, they also want to celebrate diversity in Alexandria and encourage them to keep their bilingual ability.

Cultural Issues

One provider noted the heightened sensitivity that many immigrants continue to experience since September 11th, 2001. In addition to language, immigrants often need assistance in understanding society's codes and basic rules. One stakeholder commented:

¹³³ Each dot represents two residents.

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Many people get in serious trouble because they don't comprehend the necessity of obeying laws that govern daily life. One example is driving on a suspended license. That is serious and yet many are incredulous when they find out that they can go to jail for such behavior. Another example is hitting your wife. Many men from other cultures are shocked when they find themselves facing jail time for such behavior. They need to be taught what is and is not acceptable in this country.

Providing culturally competent services will likely become one of the biggest challenges facing human services providers in Alexandria. As the cultural dynamic changes in the City, immigrant communities will need programs that are sensitive to the specific needs, customs, and values of their heritage, religion, and ethnicity. An immigrant from one African ethnic group noted the possible feelings of shame by some immigrants in asking for assistance. Hispanic providers, as well as one African provider, explained that some immigrants they served feared the consequences (arrest, deportation, harassment) of approaching any government entity for possible assistance.

One provider presented the cultural challenges from the perspective of American work ethics, noting that once many immigrants they are employed, they must learn more about the expectations from that particular leadership and agency. It was also noted that local skills training proved imperative, even for those who had learned similar skills in their country of origin.

Quantitative Survey Analysis

Braintree's neighborhoods survey also included a section on the human service needs of immigrant populations. Respondents were asked to rate the severity of the human services gap for immigrants on a scale from 1 to 5 where 1 is critical and 5 is non-critical.¹³⁴ The table below shows the eight immigrant issue areas ranked in order from most critical to least critical:

Immigration Issues (Critical Gap Rating Scale) N = 48, 3/17/08	
Affordable Housing	1.46
Mental Health Care	1.73
Physical Health Care	1.83
English Literacy (reading, writing, speaking, etc.)	1.90
Access to Services	1.96
Culturally Competent Services	1.96
Education Services (GED, job training, computer skills, etc.)	1.98
Legal Services	1.98

Perhaps not surprisingly, affordable housing is seen as the most critical issue facing immigrants, much as it is the case for the rest of the population. This was affirmed by immigrant providers and clients. While it might be tempting to address the housing crisis with additional public housing sections, one immigrant stressed the need to integrate,

¹³⁴ Critical = 1; Somewhat Critical = 2; Neutral = 3; Some what Non-Critical = 4; Non-Critical =5

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rather than segregate, these low-income residents by reserving apartments in complexes across the city for low-income; this can prevent development of areas where violence and drugs might be more prevalent in poorer neighborhoods, where residents can feel disengaged from the rest of the community.

Health care, both mental and physical, is also strongly represented in the data, as immigrants who are undocumented or have lost their sponsorship often lack health insurance and are hesitant to seek help from government systems.

Though 'Education Services' were judged to be one of the least critical issue areas for immigrants, this is likely due to the amazing array of training services available to immigrants in Alexandria. Providers have praised the plethora of education and skills training services available, many of which are low cost or even free.

Some local providers stressed that general access to services for immigrants was problematic – not having information available, not having it in different languages, and the difficulties overcoming cultural barriers that might deter or discourage immigrants from pursuing certain services. One African nonprofit provider suggested the City should increase sponsorship of such programs to better bridge the cultural gap.