MEETING NEEDS TODAY:

A Needs Assessment of the Alexandria Human Services System

VOLUME 2 | MARCH 2015
Alexandria Council of Human Services Organizations
Prepared by: Peoples Consulting LLC
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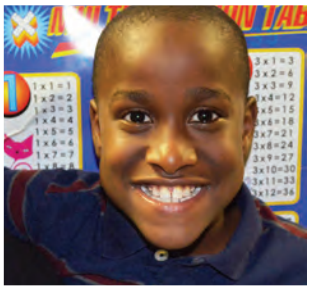

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The members of the Alexandria Council of Human Services Organizations (ACHSO) are pleased to submit this report for your thoughtful consideration and action.

This is the second in a series of reports planned by ACHSO. The first report, *Return on Investment: Alexandria Nonprofit Impact Report*, was published in 2014. In publishing these reports we seek to inform and educate the public and policymakers about the human services needs of the city's residents.

We have two goals in presenting this report. The first is to update an earlier ACHSO needs assessment report, published in 2008. Much has changed in the city since that report was published and, as you will read in these pages, much remains the same.

Our second goal is to help amplify and add perspective to the several other reports recently published regarding human services in the city. We have noted in this report where our information is consistent with the information contained in other recently published strategic plans and reports.

We hope that this report will help to further the common aspiration of our city's many caring stakeholders to improve the human services system for the children, youths, and families that call Alexandria home.

Our special thanks to the members of the ACHSO Research Committee: Mary Lee Anderson, J. Glenn Hopkins (Chairman), Carol Jackson, Shireen Lewis, Allen Lomax, Tammy L. Mann, and Melodie Seau. for their stewardship of this report. We gratefully acknowledge Peoples Consulting, LLC for authoring this report, and One Mile Creative for report design and community outreach. And, we thank ACHSO members and the many other organizations and groups that provided data and guidance.

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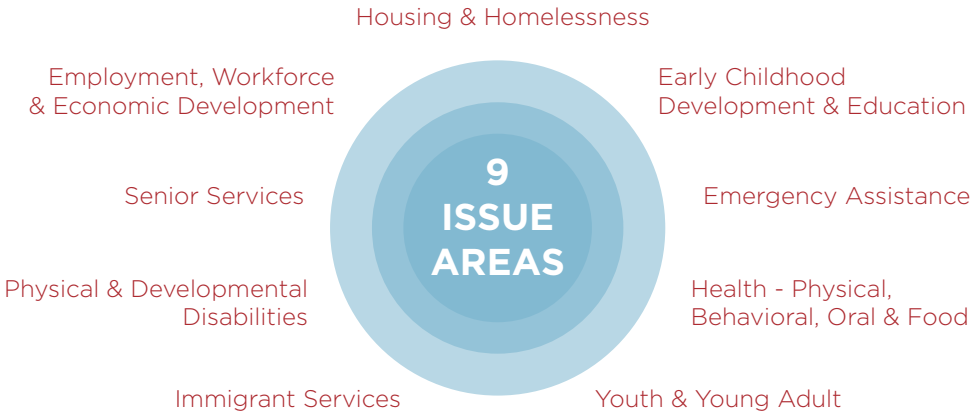
BACKGROUND & PURPOSE

The City of Alexandria has a large and engaged community of nonprofit human services providers who work tirelessly to address some of the city's most pressing needs – from affordable housing and education to hunger and health care. These providers work together as members of the Alexandria Council of Human Services Organizations (ACHSO). In 2008, ACHSO conducted and published a study of human services needs in the city for the purpose of guiding service delivery.

This report updates that earlier study. The input of hundreds of stakeholders – from government, nonprofits and the community – were engaged around nine key issue areas:



Through a series of focus groups and a broadly disseminated survey, stakeholders were asked to weigh in on access to services and information, barriers to progress since the previous study, and recommendations for future activity. The appendices of this report contain a full accounting of the information that came out of the focus groups and survey, which was undoubtedly influenced by the various master and strategic plan processes that have been conducted on a number of these issues.

Through all of our communications with stakeholders, a discrete number of **KEY ISSUES EMERGED**; issues that were repeated across various focus group participants. Over and over again, stakeholders referenced the need for:

1. Development of **more affordable housing**;
2. **Early intervention** for physical and behavioral health and developmental issues for youth;
3. **Bridging the information gap** for immigrant non-English speakers, and most specifically immigrants who also cannot read or write in their native language;
4. **Bridging the eligibility gap** between subsidy levels (Medicaid, child care, etc.) and income needed to afford the market cost of services; and
5. Enhancing **nonprofit advocacy** – particularly at the local and state levels.

Photo of Old Town Alexandria on front cover & here © 2011 William Coyle / William T. Coyle (wtcoyle.com)

METHODOLOGY

In 2008, the Alexandria Council of Human Services Organizations (ACHSO) engaged nonprofit service providers, government agencies and community members to create a human needs assessment for the City of Alexandria. The resulting report, *A Snapshot of Human Development in Alexandria: A Needs Assessment of the Alexandria Human Services System*, detailed needs to be addressed by service delivery, policy, and advocacy in the years to come. In 2014, ACHSO again engaged service providers, government and the community to update that report. This report relies on the following sources of data:

Focus Groups

ACHSO conducted a series of nine focus groups, comprised of local citizens and government and human services organization representatives, each dedicated to the following areas of service delivery to be explored in the study:

- Housing & Homelessness
- Early Childhood Development & Education
- Emergency Assistance
- Employment, Workforce & Economic Development
- Health – Physical, Behavioral, Oral & Food
- Immigrant Services
- Physical & Developmental Disabilities
- Senior Services
- Youth & Young Adult

Eighty-two participants attended the nine focus groups. In each group, the same questions were posed for discussion. Participants were asked to:

- Set goals for the session;
- Review needs identified in the previous needs assessment;
- Identify existing needs, including emerging ones;
- Review priorities and recommendations identified in the previous needs assessment; and
- Identify new priorities and recommendations.

Focus group participants were subsequently connected on Google lists where the notes from each session were shared for additional comments.

Survey

ACHSO distributed an electronic survey to its members, other services providers, and community stakeholders. Respondents were asked a series of general questions to determine their area of service and/or interest. Respondents could then pick from a series of sections to complete. The sections corresponded with the nine different issue areas of the report. In those sections, respondents were asked questions about the access to and availability of various services, service gaps, service improvements since the 2008 needs assessment, and recommendations for future service delivery.

Overall, the survey attracted 112 responses, but because respondents were allowed to answer only in sections where they had some interest and/or experience, each section/question varies in the number of respondents.

The results of both the focus groups and survey are detailed in the appendices of this report.

Existing Reports & Presentations

This report has relied on other relevant reports and presentations about Alexandria services, including: *A-COAN - Toward an End to Hunger in Alexandria* (2014), *Children and Youth Master Plan* (2014), *Housing Master Plan* (2012), *Partnership for a Healthier Alexandria Community Health Improvement Plan* (2014), *Partnership to Prevent and End Homelessness in the City of Alexandria Strategic Plan* (2014), and *Strategic Plan on Aging* (2012).

KEY ISSUE #1

AFFORDABLE HOUSING

The lack of affordable housing options was identified as the most significant factor affecting progress across the broad range of human services issues in the city. The inability of service providers to connect individuals and households to decent, safe, and affordable housing inhibits the progress they can make in their primary area of work with the residents they serve. In each focus group, providers reported the following:

Disabilities – While there are accessible units on the market, most of them are not affordable, which makes them inaccessible for most people with disabilities regardless of whether they work or receive Supplemental Security Income (SSI). According to Alexandria's *Housing Master Plan* 3,835 Alexandria households have a member with a disability, and 44 percent of those households are considered to be low-income. The study identifies an unmet need of 795 affordable units for persons with disabilities.

Early Childhood Education – The squeeze on affordable housing concentrates the majority of families who need affordable childcare in a few areas of the city (Arlandria and West End, for example), creating high demand and wait lists in those places even though citywide there might be enough child care slots for everyone.

Economic and Workforce Development – There is an unhealthy symbiosis between economic and workforce development in an environment where it takes a fairly high hourly wage to afford the average apartment - $28.25/hour to afford the average 2-bedroom according to the National Low Income Housing Coalition's latest *Out of Reach* study. Pressures on either side can lead to bad outcomes on the other; lack of skills, education or experience leads to low-wage employment or unemployment, resulting in housing instability, and housing instability compromises the ability to maintain employment and/or improve education and skills to improve employment options.

The lack of affordable housing is the ground zero of need in the city, influencing every other issue that service providers work to address.

Emergency Assistance – The lack of affordable housing is the main driver for the need for emergency assistance in the city. Rent increases, changes in rent cycles/due dates, loss of income, loss of a household's main breadwinner and hospital stays exacerbate housing instability, which fuels requests for financial assistance with rent and utility payments.

Health – Lack of housing stability compromises ongoing treatment and health of people with chronic diseases. Even if they stabilize as a result of medical treatment, the benefits of that treatment often end up being temporary if they are not released from the hospital into a stable housing environment where they can focus on getting and taking medications, following nutrition guidelines and reliably getting back to doctors' appointments; and maintaining an unreliable address compromises

the ability to maintain insurance coverage. Without steady coverage, patients cannot maintain follow up care (medications and doctor visits).

Immigrant Services – There is a significant lack of housing options for households where the adult(s) may be undocumented. This has led to overcrowding among these households which is often seen as a contributor to child abuse, emotional trauma, and other stresses.

Senior Services – Affordable housing is the main concern for seniors. Most of the affordable housing units designated for seniors are located far outside the city, and currently there are no plans to develop housing inside the city targeted to this group.

Youth Development – A range of housing issues affect youth in the city, including effects on younger children in low-income families who experience educational and emotional instability as well as poor health outcomes due to housing instability; older youth, particularly those aging out of foster care, who lack housing options they can afford once they are independent; and youth with physical and intellectual disabilities, who do not get to develop their full potential because they must remain dependent on their families.

ALEXANDRIA HOUSING MASTER PLAN

The City of Alexandria completed a *Housing Master Plan* in 2012; it was the result of years of community conversations; a compilation of new and existing data about housing gaps for rental and homeownership at all income levels, household sizes, and special needs categories; and a comprehensive accounting of existing tools to combat housing gaps as well as tools that are considered best practices in other jurisdictions that should also be employed in Alexandria.

Because the *Housing Master Plan* process was both recent and thorough, and because Alexandria's (public/private) Partnership to Prevent and End Homelessness has also subsequently laid out a strategic plan aimed at increasing affordable housing options for households that are homeless or at risk of becoming homeless, this report does not attempt to establish new needs or a new plan for housing. Rather, through the focus groups and survey processes, this study:

- **Confirms the continued relevance of the needs detailed in those reports**, and offers information gathered in focus groups and from surveys to support those details;
- **Positions housing need** relative to and in context to other human services needs;
- Confirms that, even with a master plan in place, **little progress has been made over the past several years** in developing affordable housing options, nor is a strategy apparent to begin aggressively implementing the plan's recommendations;
- **Serves as a call to action** on this issue for all providers, and particularly those for whom housing is their core area of service as well as those serving in other areas; and
- Confirms that **positive changes in the supply and availability of affordable housing would result in positive changes** in all of the human services areas that are part of this study

AFFORDABLE HOUSING GAPS & NEEDS

As part of this study, stakeholders participated in focus groups and responded to an online survey. Appendix A details information from those sources but, in brief, those sessions highlighted the following:

- **There is not enough housing for people at most income levels.** Middle income households are taking up housing that otherwise would be available to lower income households because there is nowhere for middle earners to go in the local market. There is nothing on the market or even in the committed affordable submarket for people with extremely low incomes, such as those on SSI who receive on average $721/month. There are also few low-barrier options for people with multiple barriers to housing other than just lack of income (substance abusers, sex offenders, those with arrests, etc.);

The inability of service providers to connect individuals and households to decent, safe and affordable housing inhibits the progress they can make in their primary area of work with the residents they serve.

- **Even when providers locate housing that is affordable to their clients, there are multiple other barriers** - bad credit, evictions, and under- or unemployment. It is very time-intensive to overcome these landlord barriers; it takes staff (housing locators) working in a concentrated way on behalf of each person's individual situation; and

- **NIMBY – Not In My Back Yard - is a significant problem in Alexandria.** There is a lack of support for including affordable properties in neighborhoods in the city when compared to other jurisdictions in the DC metro region.

RECOMMENDATIONS

This report follows the approval of a citywide Housing Master plan, and coincides with the release of a strategic plan for the Partnership to Prevent and End Homelessness. As many of the same stakeholders participated in all study processes, these recommendations are consistent with (though much briefer than) the recommendations made in both the Master Plan and the PPEH strategic plan. A detailed set of recommendations can be found in Appendix A, and briefly:

1 Affordable Housing Development
Create a continuum of housing, filling in the gaps at all income levels identified in the Housing Master Plan and creating/expanding tools like rental subsidies that will be critical for reaching extremely low-income households.

2 Affordable Housing-Related Services
Invest in more prevention and intervention services to avoid homelessness, such as more dedicated housing locators, who are critical to the success of finding client-appropriate rental inventory.

3 Advocacy, Public Education & Partnerships
Cultivate a visible and consistent housing advocacy effort to support real housing champions at the legislative level, combat NIMBYism and educate the Alexandria community about the importance of affordable housing investments.

KEY ISSUE #2

EARLY INTERVENTION SERVICES FOR YOUTH

Early intervention for physical and behavioral health, as well as developmental challenges for youth, emerged repeatedly throughout the focus groups, including:

Intellectual and Developmental Disabilities – There is a need for increased services to better diagnose and treat children. Providers often encounter significant challenges as parents struggle to acknowledge the need for intervention and support.

Social and Emotional Development – There is a need to continue social/emotional education of children through elementary school so they continue learning how to interact, empathize and resolve conflicts; to assist parents in identifying and accepting if their child has a development delay; and to pay particular attention to children from households where there may be a lot of instability, which can translate into behavioral health problems for the child.

Emergency Assistance – There is a need for early intervention and treatment services before behavioral health issues reach crisis level. Once situations reach crisis level the consequences can be severe (like removal of the child from the home), and those consequences can be difficult to remedy later.

Health – There is a need for early identification and prevention of potential behavioral health challenges, as well as social/emotional education that is taught and reinforced at school, home and in recreational settings as a way of avoiding situations that escalate to a need for intervention.

Immigrant Services – Many children experience trauma either on the trip here from their birth/home country, or as a result of current domestic violence or instability in their homes. Their issues often go undetected until they reach crisis levels.

Youth Development – There is a critical need for programs specifically designed to serve the particular needs of young, recent immigrants. In some instances, these programs may be new while in other instances, they may be cultural and linguistic enhancements to existing ones.

Each of these concerns point to a need for early identification as a necessary part of the continuum of services to connect children to needed services before a crisis situation occurs.

ALEXANDRIA CHILDREN, YOUTH, AND FAMILIES MASTER PLAN

The City of Alexandria completed a *Children and Youth Master Plan* in 2014. While many of the plan's goals, strategies and recommended action steps for promoting physical safety and health, academic well-being, and family support for children and youth were also echoed by providers throughout this study's focus groups, it is that plan's Goal 3 – Every child will be socially connected, emotionally secure and culturally competent – that aligns most closely with the need for early intervention that

resonated with so many providers during this study process. As part of that goal, the plan recommends:

- **Support for the development and alignment of programs** that foster social-emotional development of children and youth in and out of school, including developing programs that build skills in decision-making, anger management, coping and problem-solving;
- **Increased access to opportunities** for social-emotional development, particularly for vulnerable children and youth, including the expansion of mental health/substance abuse prevention and treatment programs;
- **Advocacy for and endorsement of public policies** that promote the social-emotional development of children and youth, including advocacy for increased funding to programs for children and youth with special needs; and
- **Cultivation of cultural competence and connections** among children and youth and those who serve them.

EARLY INTERVENTION GAPS & NEEDS

As part of this study, stakeholders participated in focus groups and a study survey. Additional detail from those sources on this topic can be found in Appendices 2 (Early Childhood), 7 (Disabilities), and 9 (Youth Development), but in brief, stakeholders highlighted the following:

There is a need for social/emotional education to continue into elementary school, where it may take a back seat to academic preparation. Activities like open-ended play, where children learn to interact, empathize and problem-solve, may not be valued beyond pre-school.

Existing (behavioral and physical health) services are mainly focused on intervention, but a full continuum of services is needed that includes education, prevention, and early identification as well as intervention, and that cuts across home, school and recreation settings. Particularly, kids are not getting prevention services that tackle issues before a crisis develops and intervention is needed.

Parents need help identifying and accepting if their child may be developmentally delayed. Children may be struggling in ways that their parents might not recognize as early signs of distress.

RECOMMENDATIONS

Detailed recommendations can be found in appendices 1,2,3 and 5, but briefly, stakeholderers from the focus groups as well as survey respondents recommended the following:

1. **Implement/improve screening** for early identification of potential challenges, particularly for children in newly immigrated families who may be dealing with trauma; Add screening to the school intake process to facilitate early identification of development delays or behavioral health challenges; and improve training/ education of teachers about how to spot potential issues (balalced, of course, by the realization that teachers are not social workers).
2. **Establish a full continuum of services** for young people that goes beyond just intervention.
3. **Expand socio-emotional education and conflict resolution skills** for elementary school-aged children, providing intentional instruction in this area.
4. **Provide more education to parents** specifically about children's different developmental stages, and how to discipline.
5. **Establish a mobile crisis unit** to provide mental health and substance abuse care before a full scale intervention is needed. (This recommendation was also repeated in other age groups.)

KEY ISSUE #3

THE INFORMATION GAP

The information gap is defined in this context as the inability to reach a specific community or group with targeted information about readily available services and/or benefits, or beneficial information. Over the course of focus group discussions, the issue of an information gap, resulting in an inability to reach (particularly immigrant) communities, was noted as a barrier in providing every service that is part of this study. In many cases, stakeholders noted that it was the inability to get information to those communities, not the availability of services, that was the critical issue.

Early Childhood – There is no robust referral system for families to learn about services/centers. They learn by word of mouth. Although communication with parents about the importance and availability of services is a need, providers do not have the capacity to tackle this need.

Emergency Assistance – Organizations are often keeping their own individual information systems about services available, which are often not well equipped with information about everything that is available in the community, and only useful if people actually reach out to them. They also noted that many of the entities giving out emergency assistance are not typical service providers, and as a result may be out of the loop of information about available services.

Employment – The issue in this area is more about access to information than the availability of services. Providers noted that, although there can always be improvements, there are resources for training and job search available through JobLink, ACPS partnerships, and nonprofit groups, but information about those resources do not reach the people who need them.

Health – The city lacks a centralized database of health resources and available services. Some citizens, particularly immigrants/refugees, have limited access to health information because they may not have internet access.

Senior Services – Seniors have some of the same gaps and needs as immigrants, i.e. they are more likely to learn and share information via word of mouth, often have more limited access to the internet, and may have literacy issues.

BRIDGING THE INFORMATION GAP FOR IMMIGRANT COMMUNITIES

Providers need real solutions for getting information to non-English speakers, and most specifically immigrants who might be illiterate in their native language. There are three key challenges to overcome related to this issue:

(a) Reaching Communities - Immigrant communities:

- Transfer information often by word of mouth;
- Only trust information from certain sources, which are not necessarily the same sources that the broader community (that doesn't have a language or cultural barrier) would trust; and
- Are not likely to approach government or other official resources to get information.

Several ideas for reaching immigrant communities are included in the recommendations section below and for each issue area, but in general, providers suggested some hybrid system where there is an official person or office who keeps current information on what services are being provided and where, regularly feeds that information to trusted community agents (that may range from churches to local business owners to nonprofit organizations providing services to immigrants) and provides the vehicles they need for distribution (phone messages, websites, etc.), and provides a regular forum for those trusted agents to reach the community and provide feedback about what is working.

(b) Language Translation: Most providers were unaware of translation services that exist, and those that were aware report that the services are often cumbersome to use. At DCHS, there are translators but those people often have other jobs to do and get pulled away from their regular duties to provide translation services. More and better translation was noted as a key need.

(c) Cultural Translation: Providers were clear that translation is not just about language translation. In order to link people to the right social services when they may not know exactly what service they are calling for and may not even clearly define what their real need is, translators who can also read cultural cues are needed.

In many cases, it is the inability to *get* information to those communities, not the availability of services, that is the critical issue.

RECOMMENDATIONS

Detailed recommendations can be found in appendices 2,3, and 5, but briefly, stakeholders from the focus groups as well as survey respondents recommended the following::

1. **GENERAL:**
Train other entities (like libraries, which get a lot of calls and requests) to make referrals.

2. **EMERGENCY ASSISTANCE:**
Establish a centralized location of resources and promote more information sharing among emergency assistance providers.

3. **IMMIGRANT SERVICES:**
Establish a peer network so that families who have been here for a while can connect new families to the service network and enhance "word of mouth" transmission of information.

4. **EMPLOYMENT:**
Bridge the information gap in immigrant communities about employment services. Use word of mouth and social media; faith-based organizations; places people already frequent (like supermarkets and schools) as information outlets; and automated voice messages throughout the community. If a few people listen, then the information spreads.

5. **HEALTH:**
Create natural advocates by promoting youth-driven and family-driven models.

6. **SENIOR SERVICES:**
Take advantage of groups already doing door to door work to distribute information to seniors, including churches; Meals on Wheels; Volunteer Alexandria; Fire Department; Senior Building social workers; and Division of Aging (to select areas). Use that built-in infrastructure to disseminate information in areas where we know there are information-based barriers – transportation, behavioral health.

KEY ISSUE #4

THE ELIGIBILITY GAP

The Eligibility Gap is another key issue that spanned multiple focus group discussions and issue areas. Program eligibility has to be set somewhere, but for many programs where the eligibility levels get set (at either the state or federal level), many families with higher incomes but living in high cost jurisdictions like Alexandria find it difficult to bridge that gap.

Subsidized Child Care – The federal government defines poverty as $24,250 for a family of four. Alexandria permits a family to gain access to child care subsidy if their income falls below 250% of the federal poverty guidelines ($60,625). If a family was paying market rate for Child Care cost above this income level, it would easily consume nearly one quarter of their family's income.

Medicaid – There is a larger gap left between income eligibility for Medicaid (in general, 143 percent of poverty in Virginia) and the cost of private insurance. Several groups fall into that gap, specifically young adults with disabilities (who are either ineligible or waiting for a waiver). Medicaid expansion can do much to bridge the gap for those who are currently ineligible but cannot afford the lowest cost plans available as a result of the Affordable Healthcare Act/"Obamacare."

Supplemental Security Income Benefits – Most individuals receiving SSI benefits receive roughly $700 per month. There is a big gap between this and even what most affordable rentals cost.

What is the Eligibility Gap? The gap between income eligibility limits and income needed to afford the market cost of services

There is a need for the development of more affordable housing options for extremely low-income households, including expanding rent subsidies to make developments that may already be considered affordable (because they reach households at 50 or 60 percent of AMI) further accessible to households at these income levels.

Many families with higher incomes but living in high cost jurisdictions like Alexandria find it difficult to bridge that gap.

RECOMMENDATIONS

Detailed recommendations can be found in appendices 1,2 and 5, but briefly, stakeholders from the focus groups as well as survey respondents recommended the following:

1. **Make access to early childhood education universal** for those who cannot afford it. This will likely require policy changes and additional funding (hence, advocacy) at both the state and local levels, as well as revisiting research and assumptions about an appropriate or acceptable portion of household budgets that should be spent on childcare before it becomes a burden.

2. **Connect to and/or support continued efforts to secure Medicaid expansion** at the state level.

3. **Support and implement the recommendations of the city's Housing Master Plan** as well as those of the Partnership to Prevent and End Homelessness, which is specifically focused on extremely low-income households. Both plans support the development of a continuum with enough housing for people at all income levels, and note particularly that there are few, if any, options on the market for people with SSI-level incomes, and even fewer options for people who have multiple barriers to housing stability even above and beyond lack of income.

KEY ISSUE #5

NONPROFIT ADVOCACY

Advocacy is needed at both the local and state level, on funding and policy issues. While almost all of the service areas covered in this report have highly organized and coordinated service provider groups, few also have robust advocacy efforts. There are a number of indicators that point to lack of advocacy as a significant factor in the lack of progress in key areas since the 2008 Needs Assessment:

1. Levels of local funding for human services issues are low or nonexistent – The city relies heavily on federal and state funds. During the course of focus groups, providers noted deep needs on issues like affordable housing (where almost no new local funds are spent), behavioral health care for youth, and legal services for undocumented immigrants, that will require investments that go far beyond what the city currently gets in state and federal funds. These issues require local investment to realize progress. Further, in every area of the survey associated with the study, when respondents were asked about the chief reasons for decline or lack of progress on recommendations made in the 2008 Needs Assessment, "lack of funding" was the top answer every time.

2. Lack of legislative champions (on the Alexandria City Council) for human services issues – On most issues in this study, stakeholders could rarely point to legislative champions who push aggressive policy and funding changes on their behalf, especially in the face of significant community opposition. Legislative champions have to be cultivated and consistently supported. Legislators have many issues competing for their attention, and it takes a strong advocacy community to keep them connected to recent data, best practices and policy/funding needs.

3. Lack of connection to state level advocacy efforts on human services issues – Several issues emerged in focus groups that were clear state policy issues: Medicaid expansion, child care eligibility rules, state rules about documentation needed for immigrants to obtain identification cards, etc. When these issues emerged, most participants were either unaware of or not connected to any state level advocacy.

4. Lack of movement on policy reform (even ones without budget impact) outlined in major plans and strategies – Every group that participated in this study noted, for example, the lack of movement on affordable housing, even after an extensive master plan process.

5. Low level of community education and support - In several focus groups for this study, participants noted issues like affordable housing and immigration as "third rail" issues in the Alexandria community. Alexandria was described, in this respect, as overwhelmingly "Democrat" (like most of its neighbors in the DC metropolitan area), but not necessarily "Progressive" (unlike some of its neighbors). It was noted that this dynamic on the part of some residents makes it difficult for legislators to take stances on issues like affordable housing that might meet with opposition efforts (which can be intense even if the opposition is low in numbers).

Progress on human services needs requires consistent advocacy even in jurisdictions where decision-makers have more resources to work with and have community support. It is, in many respects, the community's responsibility to position needs relative to each other. If affordable housing is an overwhelming need, legislators need to know how to prioritize that (in funding and policy changes) relative to other city priorities. These kinds of changes will not happen without strong, well organized and widely supported advocacy efforts on the part of providers and the broader community.

It is, in many respects, the community's responsibility to position needs relative to each other. If affordable housing is an overwhelming need, legislators need to know how to prioritize that (in funding and policy changes) relative to other city priorities.

RECOMMENDATIONS

Detailed recommendations can be found in appendices 1 and 5, but briefly, stakeholders from the focus groups as well as survey respondents recommended the following:

1. For issues like affordable housing and immigration that affect many other issues but attract a lot of opposition, **connect to and/or establish a broad coalition of nonprofit and other stakeholders** to engage in year-round advocacy and public education efforts in order to affect local policy, program administration and funding changes.

2. The coalition should **work to cultivate and support champions at the legislative level** to push needed reforms, and to be proactive in promoting a culture of tolerance in the city.

3. **Connect to and/or establish state level advocacy efforts** to educate the state's decision-makers about specific challenges delivering human services in a high-cost jurisdiction like Alexandria, and push for needed changes in health and child care access, affordable housing and immigrant services.

4. **Engage the people and communities that are directly affected by issues** like lack of affordable housing and immigrant services in advocacy and public education campaigns.

CONCLUSION

Alexandria and its partner organizations have made considerable positive strides in addressing some of the human services needs identified in ACHSO's 2008 report. The city government, with the input of hundreds of citizens and the support of its very active and engaged nonprofits, has developed master plans and comprehensive strategies for housing, health, children and youth, and seniors.

However, in updating the 2008 study, **we find that there is still much work to be done**. For example, despite a similar call in 2008, the city still lacks an adequate supply of affordable housing. The deficiency impacts the human condition of every segment of the city's population, irrespective of socio-economic status, and challenges the capacity of human services organizations to make sustained progress in meeting the needs of Alexandria's most vulnerable citizens.

This report is not only intended as an advocacy tool to educate the public and policy-makers about the challenges faced by the children, youths, and families that reside in the city, but also as a tool to assist in the pursuit of resources to help support a stronger and more robust human services support system.

Accompanying this report are a host of appendices that detail our findings and include the recommendations of the community stakeholders that participated in the development of this study. We invite the free and generous use of this information in our common aspiration to improve the human conditions of the children, youths, and families that call Alexandria their home.

Alexandria Council of Human Service Organizations

This report is also available online at www.alexandriava.gov/ACHSO

APPENDIX 1 – AFFORDABLE HOUSING

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*	*Identified in 2012 Housing Master Plan*
The increasing cost of both rental and for sale housing is a barrier, resulting in housing cost burdens and housing instability for low-income households. • Many providers are serving people who are spending 70-80 percent of their income on their housing costs.	✓	✓	✓
There is no continuum with enough housing for people at all income levels. • Middle income households are taking up housing that otherwise would be available to lower income households because there is nowhere for them to go in the market. They are occupying this housing because the next jump is more than they can afford, i.e. they can afford $900/month, but not $1,400/month. • For people with extremely low incomes, such as those on SSI who receive on average $721/month, there is nothing in the market for them, and little even in the affordable submarket. • There are also few low-barrier options (for substance abusers, sex offenders, etc.), as even the nonprofit-run affordable developments are often not good options for this group either.		✓	✓
There are few rent subsidies or other resources to make even already affordable units affordable to extremely low-income households. • Nonprofits like AHDC are developing units for households at 50 – 60% of AMI, but they need other types of subsidy to reach households at 30% of AMI or below. • The city has PSH goals – but they need to come with subsidy (like in Arlington).		✓	✓
There are no resources available to help people transition out of transitional housing successfully. • People are expected to make this move in two years, which is unrealistic because their incomes do not rise enough in that time to afford housing on their own.		✓	✓
ARHA has roughly 8,000 households on their wait list, and very little turnover of their units. • ARHA is the only city entity with significant resources to develop, but they are mostly renovating and not building anything new. • There is no strong collaboration between the city and ARHA to focus their resources.		✓	✓
Even when providers can find housing that is affordable to their clients, there are multiple other barriers. • Bad credit, evictions and under- or unemployment make it difficult to place people in housing. • Landlords may be using third party management agents, who are using rental procedures not friendly to providers' clients. • Nonprofit developments' boards cite fair housing regulations as a barrier to making exceptions on these issues for clients of service providers, and management companies enforce those decisions. • It is very time-intensive to overcome these barriers; it takes staff (housing locators) working in a concentrated way on behalf of each person's individual situation; it's hard to take that kind of effort to scale. • There are no housing locators for people outside of shelter.		✓	
NIMBY – Not In My Back Yard - is a big problem in Alexandria. • The community lacks knowledge about what affordable housing is. • There are some historical racial issues at play. • Alexandra is viewed by many as "Democrat" but not "Progressive," to explain the lack of support for the issue in the city compared to other jurisdictions in the DC metro region.		✓	

SURVEY FEEDBACK ON GAPS/NEEDS:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing less than fair (so either very poor or poor) in the following areas:

- Access to affordable housing units
- Adequacy of funding
- Having a comprehensive inventory of available rental housing
- Access to information by the public
- Co-location

Respondents noted that the city is performing better than fair on:

- Access to services
- Access to information by service providers
- Collaboration among service providers or other professionals
- Collaboration between government and service providers
- Access to services and information by special populations
- Cultural sensitivity of customer service/service delivery

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When asked how critical service gaps were citywide or in different parts of the city, respondents answered that gaps were critical or somewhat critical in every area of the city except Eisenhower corridor.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either decline or no change in all areas, including:

- More affordable housing
- More affordable housing options for special populations
- More accessible affordable housing
- More affordable units as part of new market rate developments
- Better preservation of existing affordable housing
- More subsidies for land, construction and financing
- Development and implementation of a plan for housing
- Shorter shelter stays for those with language or cultural differences
- More case management at shelters
- Increased support for chronically homeless persons
- Increased low-barrier shelter beds, particularly for chronically homeless persons
- Expansion of conversations about plans for housing to other partners besides the office of housing
- Location of services in previously underserved areas

Respondents noted some or vast improvements in the following areas:

- Year round access to shelter

Respondents were asked to list any new or emerging issues that have presented since the 2008 Needs Assessment. Answers included:

- Trend to eliminate transitional housing, nationally and locally
- Rent subsidies for incomes up to 60 percent of AMI
- Veterans homelessness housing
- Idea to prioritize public land for affordable housing
- Increased developer contributions for affordable housing and no waivers of the requirements
- Housing locator services for those looking for affordable housing
- Housing with extensive services for youth in transition
- Replacement of affordable housing units lost through development

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of funding (Almost every respondent listed this as the top issue.)

There is much more balance among the other issues as reasons for decline or lack of progress, but in order they are:

2. Lack of outreach and public education
3. Lack of coordination among service providers*
4. Lack of coordination between service providers and government*
5. Lack of an advocacy and/or support network
6. Lack of services in typically underserved areas
7. Lack of transportation to reach services/units
8. Lack of specific goals and measurable outcomes to work toward

RECOMMENDATIONS

This report follows the approval of a citywide Housing Master plan, and coincides with the release of a strategic plan for the Partnership to Prevent and End Homelessness. As many of the same stakeholders participated in all of these study process, these recommendations are consistent with (though much briefer than) the recommendations made in both the Master Plan and the PPEH strategic plan. The following recommendations are from both the focus group on this topic as well as the survey.

Affordable Housing Development

- Create a continuum of housing, filling in the gaps at all income levels identified in the Housing Master Plan.
- Focus on creating units where the price is at least consistent with Fair Market Rent.
- Rental subsidy programs are considered to be part of the solution and critical for reaching households under 30 percent of AMI, even though they get expensive fast. Rental subsidies can end up being lifelong for some residents (particularly those with disabilities and seniors), and the cost goes up each year, but the city can maximize by pairing rental subsidies with (more) affordable housing development.
- Consistent with the recommendation in the Housing Master Plan, look at more co-location opportunities.
- Promote the development of smaller/micro units for single person households (where there is a lot of need) to maximize volume/minimize cost.
- Encourage integration of permanent supportive housing units in other affordable developments by nonprofit developers who are currently doing rehabilitation of properties (as developers in DC and Arlington are doing).
- Examine the potential use of church-owned land.
- Increase collaboration between the city offices with responsibility for planning/zoning and housing.
- Promote conversation/community education re: appropriate places for higher density development.
- Make affordable housing part of the city's conversation/negotiation on all developments.

Affordable Housing-Related Services

- Invest in more prevention and intervention services to avoid homelessness.
- Invest in financial education to help people overcome barriers like bad credit and poor rental histories.
- Increase the number of housing locators; the city needs these in order to effectively use an inventory of available properties.

Advocacy, Public Education & Partnerships

- Cultivate a housing champion at the legislative level.
- Advocacy should be persistent and not daunted by claims of "no budget" for changes.
- Advocacy should be loud and visible, making it easier for legislators to take strong public stances on this issue.
- Frame housing as a community investment, as opposed to a "need" or "charity."
  - o Invest in and promote good research to learn about and highlight the public cost of not providing affordable housing.
- Cultivate a culture of tolerance to combat NIMBYism. Start with legislators, who can be proactive in setting the tone for city.
- Look at libraries for partnerships on homeless services.
- Engage the people who are affected by the lack of affordable housing in community education and advocacy efforts.

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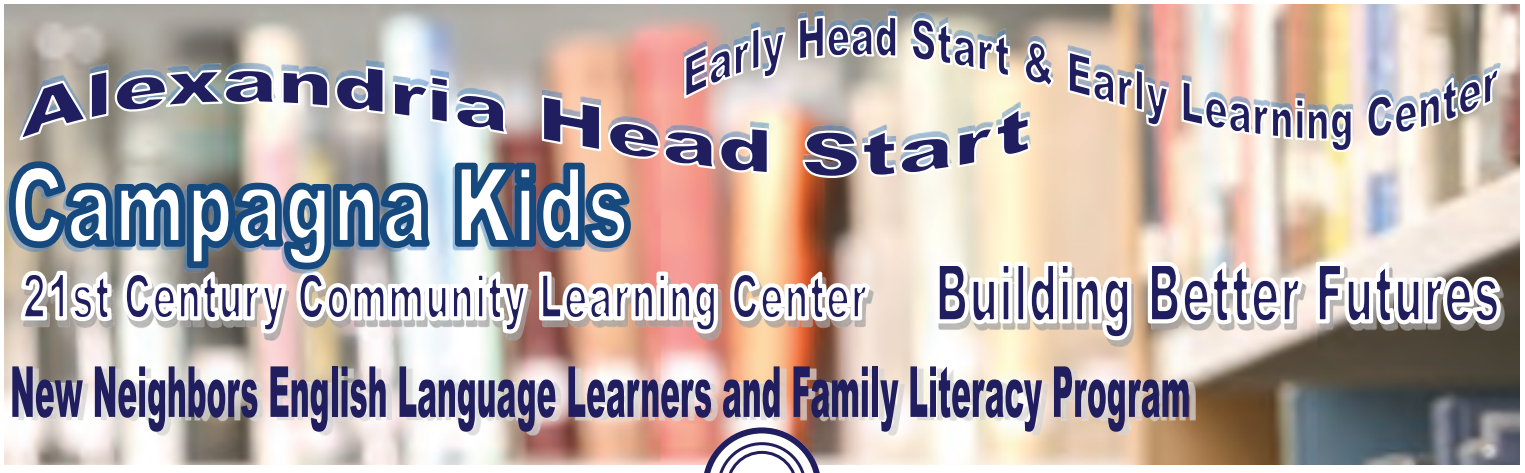
APPENDIX 2 - EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*	*Identified in 2014 C/Y Master Plan*
QUANTITY AND QUALITY OF SERVICES • There is not enough affordable childcare that is also high quality and complies with regulations. • Subsidies are available to families up to 250% of poverty, but there is a big jump between that and the incomes needed to afford unsubsidized child care (at roughly $900 per month). Many families are caught in that void. • Virginia Preschool Initiative (VPI) begins subsidizing families when children are 4. This leaves a gap for children 0 – 3 years old. Also, even though the number of slots for 4 year olds has expanded, there are still gaps in some communities. • Better data is needed about how many entering kindergarteners and 1st graders have preschool or Head Start experience. This would determine whether there are enough 4 year old preschool slots, or whether the problem is one of communication and/or distribution. • Notably, if VPI began covering more or younger children, additional local subsidies would be needed. • As it stands, existing local funds have been cut each year for the past few years, and it is difficult for providers to raise private funds. • With unreliable data about the number of kids who need slots, providers have poor or incomplete information to plan, and they lose funding when slots are not filled. • Providers have a need for data about how kids are doing throughout elementary school so that they can evaluate the effectiveness of their services and make changes where needed. • Providers are losing certified teachers because they cannot compete with salaries offered by ACPS. They need better data to know if this is a concerning issue, i.e. is the teacher with a BA better prepared than the teacher with a CDA, and what resources are needed to retain the BA if s/he is, indeed, better qualified. • The family child care system needs to be both strengthened and integrated into the overall system. DCHS meets monthly with family providers; this may be a good starting point. • Church-based providers are not required to be licensed. • More full-day preschools are needed. • More afterschool care is needed for the preschool population.	✓	✓	✓
TRANSITION FROM EARLY CHILDHOOD TO ELEMENTARY SCHOOL • Children are entering kindergarten at age 5 or 1st grade at age 6 with no previous school experience. • This is particularly challenging in areas where families have other issues (language and cultural barriers, income, educational background, etc.)Parents do not always understand school expectations about the child's preparation/readiness for elementary school, and how their child's progress will be measured. There is a cultural context that is missing, and families can end up feeling unwelcome in the schools. • The Children/Youth Master Plan speaks to this issue, but providers want to know that someone entity is taking responsibility for it, as they don't feel they have the capacity or are well positioned to take it on themselves.	✓	✓	✓
SOCIAL/EMOTIONAL READINESS • Kids' needs for social/emotional education continues into elementary school, where it may take a backseat to academic preparation. • Kids' needs have grown because the needs of the families have grown. Families are increasingly experiencing instability because of lack of affordable housing, sufficient income, immigration status, and/or other challenges. The family is focused on the emergency need, and the home environment is not conducive to rest and preparation for school. • There is a need for open-ended play to continue into elementary school. Parents and teachers need to be educated about the value of open-ended play where kids learn to interact, empathize and problem-solve.		✓	✓
NEED FOR PARENTAL SUPPORT AND EDUCATION • There is no robust referral system; families learn about services/centers by word of mouth. • Communication with parents about the importance and availability of services is a need, but providers don't have the capacity to tackle. • Parents need help identifying and accepting if their child may be developmentally delayed. • The push for universal pre-K should be expanded to include kindergarten. Virginia does not require children to enter school until age 6/1st grade. • Parents who opt for their kids to stay home until kindergarten or 1st grade need support and education about the types of experiences the kids will need to be successful in elementary	✓	✓	✓



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school. This is a particular concern for families where English is either a second language or not spoken at all.			
GEOGRAPHIC AND DIVERSITY CONCERNS • The need for additional services has shifted to include communities in the west. Providers in Del Ray and Arlandria always have wait lists, even though it's not clear whether there is a gap in the number of slots system-wide. • Transportation becomes an issue if there aren't enough slots in a particular community and families need to try to get to another area. • Geography of both needs and service delivery is being driven by changes in housing and communities. If no housing is being built for families, and low income housing is being either lost or eliminated, that changes needs of a community and the services that get prioritized for it. • Similarly, the racial disparities in programs mirror the communities. Changing this in programs requires tackling some deeper/broader in the way that communities are shifting.	✓	✓	

SURVEY FEEDBACK:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing less than fair (so either very poor or poor) in all areas, including:

- Co-location of services
- Access to family supports
- School readiness among children approaching elementary
  - o One respondent noted that approximately 25 percent of children entering kindergarten at ACPS are characterized as "not ready to learn."
- Social and emotional readiness

Respondents noted that the city is performing better than fair on:

- Access to services
  - o One respondent noted that there is good availability of services, but that families are often not aware of those services or are not taking part in them.
- Adequacy of funding
- Access to information (by public and providers)
- Collaboration (among service providers and between government and providers)
- Access to services by special populations
- Cultural sensitivity of customer service/service providers
- Availability of parenting education

When asked how critical service gaps were citywide or in different parts of the city, respondents answered overwhelming that the critical gaps were in Arlandria, and to lesser extend (but still critical) in West End and Citywide. Gaps were rated as somewhat not or not critical in Del Ray, Eisenhower Corridor and Old Town.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either decline or no change in the following areas:

- More "at school" afterschool programs
  - o One respondent noted that the longer school day at Jefferson Houston reduced the number of at-school after school programs at that school, even though the need for those services there might have been high.
- Improved access to and space for child care

Respondents noted some or vast improvements in the following areas:

- Stronger and more prevalent family resource centers, and in close proximity to libraries and schools
- Streamlined screening and early intervention processes
- Improved quality of child care
- Decreased fragmentation in continuum of services
- Improvement in cultural gaps in families' understanding
- Development and implementation of uniform standards
- Development of methods and implementation for teaching the foundations of learning (listening, standing in line, etc.)
- Improvement in the education skills and preparation of parents
- Availability of parent resources and awareness
- Availability of training courses on parenting skills
- Location of services in previously underserved areas

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of funding
2. Lack of outreach and public education
3. Lack of coordination among service providers
4. Lack of coordination between services providers and government agencies
5. Lack of services in typically underserved areas
6. Lack of an advocacy and/or support network
7. Lack of access to transportation to reach services
8. Lack of specific goals or measurable outcomes

One respondent added to this list, noting that lack of public/parent awareness of the importance of reading on grade level by the 3rd grade is an issue. "If a child can't learn to read by third grade, they will have a hard time learning to read in 4th grade and beyond."

RECOMMENDATIONS

The following recommendations are from both the focus group on this topic as well as the survey.

- Train other entities – like libraries, which get a lot of calls and requests – to make referrals. (This recommendation was made in several groups for several issues.)
- Get community input and work with DASH on transportation expansion to increase families' access to different centers.
- Make access to early childhood education universal for those who cannot afford it.
- The city should work closely with private providers to ensure they are adequately funded and provide quality services.
- Look to Attendance Works website for ways to address chronic absence.
- Focus on the percentage of children who are not reading on grade level by third grade, as they are more likely to become dropouts later.
- Improve quality of ad access to after school care programs at recreation centers
- Provide more recreational opportunities for children with disabilities
- For improved agency collaboration, reinvigorate the Early Literacy Roundtable

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APPENDIX 3 - EMERGENCY ASSISTANCE

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*
FINANCIAL ASSISTANCE (RENT, MORTGAGE & UTILITIES) AND HOUSING • Housing is the main need for families in need in Alexandria. • Lack of affordable housing creates instability through the continuum of human needs services. • Providers are seeing a lot of rent increase, change of rent cycles, and loss of income that leads to people being late. For immigrant families if they lose their main breadwinner (job loss, deportation, etc.) then they lose their ability to keep up with bills. Once they are late then they can't catch up due to the fees that are added. • People being released from the hospital often do not have stable places to go to, which compromises their ability to improve their health. Hospital social workers work with people to find an immediate spot for them, but they can't judge or guarantee the long term stability of those spots, and so they often see people cycle back through the ER repeatedly. • Year-round shelter is available, but there is a need specifically for more medical beds. • Financial assistance (for housing and other needs) is limited, typically just a few hundred dollars given out by churches and other social service organizations that take applications/requests various days of the week. Applicants must show proof of residency and can only apply for help once every few months at most places. Most turn a number of people away each month for lack of funds or because they can't demonstrate ability to pay the balance of the debt.		✓
FOOD • Food pantries are stressed, mostly in cycles though (summer and holidays). • A recent food security study noted inconsistency in the organizations seeing increases vs. decreases in requests, likely linked to inconsistent or underutilization of federal programs. Providers serving those receiving public food benefits often only need help to bridge gaps right before a benefit distribution, whereas programs serving people who don't get public benefits get more requests for assistance from those people.		✓
CLOTHING • There is a need for work boots and interview attire. • There is a need for warm clothing (sweatshirts and sweatpants) for homeless persons; once their clothing gets wet in winter it often has to be discarded.		✓
MEDICATION • There are huge gaps due to: 1) People who are ineligible for Medicaid to cover their medications; 2) People who lose their eligibility because they do not comply with ongoing eligibility requirements (lack of a stable address complicates this); and 3) People whose chronic issues cycle out of control and treatment becomes complicated.		✓
TRANSPORTATION • The need here is really concentrated on getting people to follow-up doctor's appointments, particularly if the follow-up involves travel to a specialist not in the immediate area or accessible via public transportation.	✓	✓
MENTAL HEALTH SERVICES • There is a need for access to psychiatric evaluation before situations reach crisis levels. Often people get evaluated for the first time after a crisis has already occurred.		✓
CLEANING ASSISTANCE (FOR HOARDERS) • This represents a growing need for people who have behavioral health issues and for people with traumatic brain injury. • There is a lack of professionals who can provide this service, both the cleaning and the education for how to maintain the household. • There is a lack of funding to pay professionals for this work.		✓

SURVEY FEEDBACK:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing less than fair (so either very poor or poor) in all areas, including:

- Adequacy of funding
  - o One respondent noted that because there is so much need for financial assistance and so little funding available, there is a need for both more private funding and public funding to keep people in their homes and with access to food and medication.
- Access to information by the public
- Access to services by special populations
  - o One respondent noted what was described as serious underfunding and understaffing at the Community Services Board, hindering their ability to respond to emergency situations on behalf of the population they serve.

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Alexandria Library Online

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Library hours vary by location.

APPENDIX 3 – EMERGENCY ASSISTANCE (continued)

Respondents noted that the city is performing better than fair on:

- Access to services
- Access to information by service providers
- Collaboration among service providers
- Collaboration between government and service providers
- Co-location of services
- Cultural sensitivity of customer service/service providers

When asked how critical service gaps were citywide or in different parts of the city, respondents answered that gaps were critical or somewhat critical citywide, in Arlandria, and on the West End. Gaps were rated as somewhat not or not critical in Del Ray, Eisenhower Corridor and Old Town.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either decline or no change in the following areas:

- Improvement in increased emergency funds for seniors

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of funding
2. Lack of coordination between service providers and government

There is much more balance among the other issues as reasons for decline or lack of progress, but in order they are:

3. Lack of coordination among service providers
4. Lack of an advocacy/support network
5. Lack of outreach and public education
6. Lack of services in typically underserved areas
7. Lack of access to transportation to reach services
8. Lack of specific goals or measurable outcomes

One respondent added to this list, noting the lack of space for storing food for emergency assistance.

Respondents were asked to list any new or emerging Issues that have presented since the 2008 Needs Assessment. Answers included:

- There is a lack of affordable housing that exacerbates the need for emergency assistance.
- There is a lack of temporary, transitional, and supportive (for people with mental illness and/or intellectual disabilities) housing, which created instability for people in emergency situations.
- There is a need for more coordination of private efforts with city efforts so there is no duplication.
- There is a need for more job training (to increase incomes and reduce the need for emergency support).
- There is a need for more transportation assistance.

RECOMMENDATIONS

The following recommendations are from both the focus group on this topic as well as the survey.

- Create more medical shelter beds. Some people have conditions that cannot be addressed in normal shelter beds.
- Improve communication and outreach among shelters.
- Improve outreach among organizations and agencies who offer resources/funds.
- Facilitate more information sharing among providers. A lot of the entities giving out emergency assistance are not typical or otherwise service providers, and so may be out of loop of information about available services.
- Establish a centralized location for resources.
- Alleviate the need for a stable address for compliance (for insurance applications).
- Establish expedited process for those who have lapsed in insurance instead of requiring that they start the process all over again.
- Provide more transportation assistance for those who have trouble getting to places via public transportation.
- Establish mobile crisis units – for mental health and substance abuse care before a full scale intervention is needed. (This recommendation was also repeated in other focus groups for other topics.)
- Establish better connections between providers and organizations that are trusted agents in immigrant communities.
- Increase participation by the city in community and provider conversations about this topic.
- Allocate local budget funds for emergency assistance.

ALEXANDRIA HEALTH DEPARTMENT

4480 King Street, Alexandria, VA, 22302
Phone: 703.746.4996 Fax: 703.746.4938

Office Hours:
Monday - Friday
8 a.m. - 4:30 p.m.
Closed Thursday Mornings

APPENDIX 4 - EMPLOYMENT, WORKFORCE & ECONOMIC DEVELOPMENT

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*
EMPLOYMENT FOR IMMIGRANTS • Needs can really be stratified by those that affect immigrant populations and those that affect the population as a whole. • Those who lack English skills are difficult to place/serve. Beyond this, those who are also illiterate in their first language are particularly hard to serve. • No legal documents are a barrier that is impossible to counter. • Translation services are needed.		✓
EMPLOYMENT FOR POPULATION AS A WHOLE • Individuals who have been unemployed for a long stretch of time have barriers. • There is a need for people whose skills are outdated, perhaps because they have been out of work for a long time, or they have been in a job that didn't require updating of skills. Once they become unemployed and try to look for work elsewhere, they find their skills don't measure up. • Lack Education/GED – Job competition is between people who have college degrees and higher. • People who lack internet access do not have access to job listings or application processes. • Ex-offenders have difficulty in the job market. • If you don't meet eligibility criteria of JobLink you cannot get the training they provide. (You need to be a resident and meet income guidelines.) • Individuals may have the skill set to do a certain job, but cannot pass required tests due to challenges with comprehension, reading, etc. • Many people lack soft skills. For some, the interview process takes them out of their comfort zone or is unfamiliar in setting, questions asked, etc. • If a person's credit background is poor, they often cannot pass background checks. This is important for those who want to work for government contractors, which is a lot of the higher paid work in this area • The criteria for job placements have changed; candidates need both degrees and experience in jobs that previously were considered entry level. • There is a lack of a transition from low-skilled/low paid work to high skilled, high paid, so people have no real way to get from one to the other. • There is a need for work supports like transportation and affordable child care.	✓	✓
There is a need for more mentoring services for youth and adults.		✓
The problem is awareness more than it is access.		✓
There is a domino effect where lack of employment leads to no housing or health insurance; if people don't qualify to get assistance then this is exacerbated.		✓

SURVEY FEEDBACK:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing fair or better in all areas, including:

- Access to Services
- Adequacy of funding
- Access to information by the public
- Access to information by service providers
- Collaboration among service providers
- Collaboration between service providers and government
- Co-location of services
- Access to services and information by special population
- Cultural sensitivity of customer service/service providers

One respondent did note a tremendous need to provide employment opportunities to people with disabilities, as well as services that help them transition from high school to the work world.

When asked how critical service gaps were citywide or in different parts of the city, respondents answered that gaps were critical or somewhat critical in Arlandria, the West End and citywide. Gaps were rated as somewhat not or not critical in Del Ray, Eisenhower Corridor, and Old Town.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either decline or no change in the following areas:

- Reserved funding for programs that serve in the continuum rather an independently

Respondents noted some or vast improvements in the following areas:

- Prioritization of job skills training for low income residents
- Prioritization of mentoring services for low income residents
- Increase in the availability of work supports like child care
- Update in social services benefits so there is gradual termination
- Targeting of services to groups/families that have displayed generational poverty
- More links to businesses to help people get jobs
- Location of services in previously underserved areas
- Increased availability of services for special populations

APPENDIX 4 – EMPLOYMENT, WORKFORCE & ECONOMIC DEVELOPMENT (continued)

Respondents were asked to list any new or emerging issues that have presented since the 2008 Needs Assessment. Answers included:

- Need for post-graduation plans for graduating seniors
- Lack of part-time employment options for high school students
- Need for targeted employment services for persons/households experiencing homelessness
- Need for improved transportation modes from residence to job location
- Job training at TC Williams that results in real job opportunities
- Appropriate job opportunities for the growing population of students with disabilities in the schools
- Workforce development targeted to people with behavioral health challenges
- Employment for youth
- Employment for Ex-Offenders
- Positive afterschool activities for middle and high school students
- Better soft skills training - how to present oneself, apply and interview
- Housing for recovery clients

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of funding
2. Lack of coordination among service providers
3. Lack of work supports
4. Lack of outreach and public education
5. Lack of intensive services for those with multiple barriers to employment
6. Lack of coordination between service providers and government agencies
7. Lack of services in typically underserved areas
8. Lack of an advocacy and/or support network
9. Lack of specific goals or measurable outcomes
10. Failure of job applicants to pass drug and/or ethics tests
11. Lack of access to online job listings

RECOMMENDATIONS

The following recommendations are from both the focus group on this topic as well as the survey.

- Update Social Services to gradual termination and not hard termination for food stamps and other temporary benefits.
- Independent programs need to be brought into the fold.
  - o Break the cycle of generational poverty through financial education of youth and better understanding and utilization of HUD's Family Self Sufficiency program (for public housing residents and voucher holders).
- Establish more links to businesses to offer help in connecting them to potential employees.
  - o Expand connections through social media and partnerships.
  - o Develop a package for new businesses to add on to their service needs.
- Establish a shortcut database to help people with low-skills connect to businesses offering jobs that fit their criteria.
  - o Those people can be linked to JobLink for additional training to improve their skills, but still have immediate job options in the meantime.
- Encourage libraries to host job fairs with businesses in the area. (All libraries throughout Alexandria would cover all areas of the city).
- Provide more training in credit management and financial literacy to mitigate this as a barrier for jobs that require background checks.
- Developing an asset map (one-stop shop) of employment-related services.
- Improve and promote the 211 system.
- Promote the Library's testing database for practice exams to help people prepare for employment tests.
- Bridge the information gap about what is available. Use:
  - o Word of mouth and social media;
  - o Faith-based organizations;
  - o Boards at various supermarkets;
  - o Places people frequent as an information outlet; and
  - o Automated voice messages throughout the community.
- If a few people listen, then the information spreads.
- Provide incentives to businesses to take on those who are low-skilled. Focus incentives on hardest to reach population – like individuals who may not be able to read or write in their native language or English.
  - o JobLink is trying to come up with a grant program to address a turn around on business investments.
  - o Project SOAR: Offered training for jobs to send individuals out to small businesses as a temporary type of service (trial and run).
- Create a "Stamp of Approval" that individuals could earn and present to an employer.
  - o Other organizations could vouch for their credibility prior to hiring.
  - o Those organizations could provide continued monitoring/mentoring just like what is done with housing/rent subsidies.
    - o If the job does not work out, the organization can be made aware of the reason to help the individual find/keep their next employment.
- Create/support apprentice programs to give people skills and then move them into employment.

APPENDIX 5 - HEALTH

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*	*Identified in 2014 Partnership Study*
INSURANCE • Lack of insurance affects low income households or people without documentation. They have jobs that do not carry enough hours to qualify for employer provided. • There is a lack of providers for behavioral health and specialists who take Medicaid. Specialist referrals can be expensive, so many people will not go and get follow up treatment if insurance does not cover it. • There are basic issues with families crossing jurisdictions but their benefits not easily following. They end up lacking in basic needs not being met – food and healthcare. This can turn into a CPS issue, which is then a hard system for the family to exit. • There is an issue getting even singles to retain coverage.	✓	✓	✓
IMMIGRANTS • Providers have seen a rise in undocumented families. • Many have behavioral health issues because of trauma experienced, sometimes on the trip here. • Language and cultural barriers keep people from accessing services or even getting information about available services.	✓	✓	
CHILDREN AND YOUTH • Youth involved in risky behaviors (gangs, etc.) is an issue. • There is a high need for behavioral health services for kids that goes beyond just intervention. Need early identification, emotional/social education and supportive environment that cuts across school, home and recreation settings. Right now we're just doing the intervention. Need full continuum of services that includes education, prevention, early identification as well as intervention. • Kids are not getting preventions services because there is no time for it. Their weight issues are not identified/tackled early before they develop into serious health issues. • There is a gap in educating young girls about reproductive health. Hospitals seeing uptick in very young girls delivering. Seeing households where parents have their own emotional stress and are not paying attention to the young girls. • Boys also need education. There is an erroneous assumption that the negative consequences only affect the girls. • Providers are seeing uptick in kids who are referred for residential services when there may be other options; one referred there is no coordinated care system to get them out.	✓	✓	✓
DENTAL • The WOW Van, ACPS's Wellness on Wheels health services vehicle that provides dental services at schools, currently goes to two schools but needs to go to more.	✓	✓	✓
INFECTIOUS DISEASES • City needs to determine its long term role in educating residents about infectious diseases.	✓	✓	
CHRONIC DISEASES • Providers are seeing a high number of 30-40 year olds with diseases that can be managed (like diabetes) escalate to chronic stages (dialysis and beyond). Affects lots of different people in that age range, so points to that it is an education issue.	✓	✓	✓

SURVEY FEEDBACK:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing fair or better in all areas, including:

- Access to services
- Adequacy of funding
- Access to information by the public
- Access to information by service providers
- Collaboration among service providers
- Collaboration between government and service providers
- Co-location of complementary services
- Access to services by uninsured persons
- Access to services and information by special populations
- Access to service providers who accept Medicaid
- Cultural sensitivity of customer service/service delivery
- Referral system of services

When asked how critical service gaps were citywide or in different parts of the city, respondents answered that gaps were critical or somewhat critical in every area of the city except Eisenhower corridor.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either decline or no change in all areas, including:

- Increase in number of preventative services
- More Medicaid funding

APPENDIX 5 – HEALTH (continued)

Respondents noted some or vast improvements in the following areas:

- Expansion of non-emergency behavioral health services
- Expansion of crisis stabilization services
- Creation of parent support groups
- More behavioral health professionals available
- Improved public education
- Less criminalization of residents with behavioral health challenges
- Increase in staff diversity through incentive based recruitment of bilingual doctors and nurses
- Increase in comprehensive case management
- Increase in sharing of electronic records
- More early identification services
- More counselors for students
- More bilingual skills for staff
- More customer service professionalism
- More education about alcohol and drug abuse
- More infectious disease prevention and treatment
- Increased and improved services to uninsured residents
- Increased access to specialists by low-income populations
- More dental care for low income residents
- Location of services in previously underserved areas of the city
- Increased mental health services for youth and young adults
- Standardized computer system/data tracking among various health care providers

Respondents were asked to list any new or emerging issues that have presented since the 2008 Needs Assessment. Answers included:

- There are no autism services for adults
- Employment services for people with developmental disabilities is lacking (also mentioned in other focus groups on other topics)
- There is a lack of housing options (noted in every other focus group on every topic)
- There is a lack of recreational opportunities
- There is a lack of before and after school care for children who have physical disabilities

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of funding (Almost every respondent listed this as the top issue.)

There is much more balance among the other issues as reasons for decline or lack of progress, but in order they are:

2. Lack of services in typically underserved areas
3. Lack of advocacy and/or support network
4. Lack of access to no or low-fee services
5. Lack of coordination among service providers
6. Lack of coordination between service providers and government agencies
7. Lack of access to insurance
8. Lack of access to transportation to reach services
9. Lack of specific goals or measurable outcomes to work toward

RECOMMENDATIONS

The following recommendations are from both the focus group on this topic as well as the survey.

- Expand and improve the pool of providers.
- Expand the number of qualified behavioral health providers who take Medicaid.
- Expand the WOW Van to more sites.
- Establish a mobile crisis intervention unit.
- Create a full continuum of (behavioral and physical health) services for kids that is not limited to just intervention.
- Move to an integrated health services model. The current system needs to be improved to support this model. Time with doctors and educators will be an issue to overcome.
- Provide earlier sex education for girls and boys.
- Allocate funds that can be used to help people get to follow-up doctors visits/specialists – outside of co-pay.
- Provide more education and support for people with chronic diseases to maintain lifestyle changes.
- Expand the number of providers who focus on prevention.
- Establish and professionalize a peer support network to combat behavioral health challenges.
- Create natural advocates by promoting youth-driven, family-driven, etc. models.
- Increase diversity of health care workers.

This report coincides with the release of the Partnership for a Healthier Alexandria's Community Health Improvement Plan, and there is some synergy in the respective recommendations, particularly as it relates to access to health insurance, better services for seniors, and reducing risky behaviors among youth. Briefly, the goals and objectives in the Partnership's plan include:

- Improve access to care by:
  - o Increasing the number of people who have health insurance
  - o Expanding the "Program for All Inclusive Care for the Elderly" (PACE) into Alexandria
- Improve health and well-being of adolescents by:
  - o Reducing alcohol use and abuse by 7-12th graders
  - o Reduce 7-12th graders who report marijuana use
  - o Reduce 7-12th grade cigarette use
  - o Reduce teen pregnancy rate
- Help seniors age well in place by completing action steps to encourage accessible housing from Strategic Plan on Aging
- Promote Clean and Smoke Free Air by reducing the proportion of adults who smoke
- Promoting Healthy Eating and Active Living by increasing proportion of Alexandrians who are at a healthy weight.
- Improve HIV/AIDS Prevention and Care by reducing the rate of new cases
- Improving Maternal and Child Health by :
  - o Increasing the proportion of pregnant women who access prenatal care in the first trimester; and
  - o Maintaining low rates of low birth weight and infant mortality
- Reducing the Social Stigma of Mental Illness by increasing participation in community events

APPENDIX 6 - IMMIGRANT SERVICES

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*
SERVICE COORDINATION AND ACCOUNTABILITY • Need some "office" that is responsible for coordinating service provision and organizing providers. • Need trusted community partners who can communicate directly with communities. • Also use places where people already gather or approach for information – libraries, ACPS, Recreation Centers. • Need comprehensive study/strategy as there has been for other issues.	✓	✓
LEGAL STATUS • Lots of barriers just will not go away unless peoples' lawful status changes, they can get work permits and/or citizenship. Legal help is the only way to make this happen. • Legal services lacks capacity to address. • Without documentation, it leaves nonprofits and faith-based orgs to address social service needs, and people can't cycle out of that need without documentation. • Eventually they may experience a crisis, hit a wall and end up at DCHS or shelter, where there's no easy exit for them if they don't have documentation. • If someone just has a work permit, they may not also be eligible for housing, health or food stamp benefits.		✓
INFORMATION • Need more effective ways of disseminating information. • ALIVE is doing some dissemination already. • Residents with multiple vulnerabilities are difficult to reach/serve, i.e. they are immigrants and also have a domestic violence issue, or behavioral health challenges or are LGBTQ. • Need for services for people who cannot read or write, either in their native language or English. (This also noted in the Workforce Development section as a major barrier to employment.) • Need for cultural sensitivity among service providers; language translation is often not enough alone. Translation services also need to be culturally competent. • Need more funding for adult education; federal funding has been cut and state funding encourages creaming. • There is no advocacy base for this issue, which is third rail issue in the country and Virginia is no exception. Alexandria is also no exception. • Organizations working on this issue need respect from Alexandria legislators for their advocacy. Perhaps some kind of ombudsman or citizen advocate on behalf of immigrant issues is needed. • State level policy change needed. The Department of Motor Vehicles will not accept employment authorization documentation, which is federally issued and has a photo ID. • Need more funding for programs for immigrants. • Need more affordable housing. • There are few affordable units. Communities experiencing overcrowding, which destabilizes families and can lead to abuse. • This issue is connected to legal status; with no documentation people often end up in substandard housing. • People need a lot of assistance to fill out job applications. • Applications are online so internet access is an issue. • People use library computers, and may ask for help there but the help they need is intensive, and more than what library staff can provide.	✓	✓

SURVEY FEEDBACK:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing less than fair (so either very poor or poor) in all areas, including:

- Access to information by the public

Respondents noted that the city is performing better than fair on:

- Access to services
- Adequacy of funding
- Access to information by service providers
- Collaboration among service providers
- Collaboration between service providers and government agencies
- Co-location of complementary services
- Access to services and information by special populations
- Cultural sensitivity of customer service/service delivery

When asked how critical service gaps were citywide or in different parts of the city, respondents answered overwhelming that the critical gaps were in Arlandria and West End. Gaps were rated as somewhat not or not critical citywide, in Del Ray, Eisenhower Corridor, and Old Town.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either some or vast improvement in all areas, including:

- Information about available services shared in multiple languages
- Information about available services shared on ethnic/language-specific media
- Other options for affordable housing besides public housing
- More bilingual service providers
- Improved outreach to immigrant groups

APPENDIX 6 – IMMIGRANT SERVICES (continued)

- Increased and improved referrals through agents trusted by immigrants
- Increase city sponsorship of nonprofits working on immigrant/ immigration issues
- Better staff training in language interpretation and cultural sensitivity
- Public education about issues immigrants face
- Continued implementation of Policy re: inquiring or reporting of immigration status of residents
- Requirements set by some service agencies (need for photo ID, proof of residence, etc.) that prevent some immigrants from getting services
- Location of services in previously underserved areas of the city

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of funding

There is much more balance among the other issues as reasons for decline or lack of progress, but in order they are:

2. Lack of coordination of service providers
3. Lack of outreach and public education
4. Lack of services in typically underserved areas
5. Inability to access services due to language barriers
6. Lack of coordination between service providers and government agencies
7. Inability to access services due to program rules
8. Lack of access to transportation to reach services
9. Lack of knowledge about local laws
10. Lack of an advocacy and/or support network
11. Lack of specific goals or measurable outcomes

RECOMMENDATIONS

The following recommendations are from both the focus group on this topic as well as the survey.

- Increase support for programs that are helping youth who come from immigrant communities.
- Dedicate energy and resources to local leadership development and empowerment.
- Increase certifications that people have to allow them to get better jobs.
- Support and expand Immigration Legal Services.
- Promote conflict resolution skills in families.
  - o Help parents teach and discipline with the context of new bi-cultural/ bilingual situation, while also maintaining closeness with their children.
- It is not reasonable to believe that all immigrants can become fluent in English.
  - o Must be aware that for some, learning English is not going to happen.
  - o We must still embrace them.
- Expand youth job training programs for immigrant youth.
- Provide additional therapy and bilingual support for families dealing with trauma.
- Look at progress/reform in homeless services as a model (for provider and government agency collaboration, and for prioritizing toughest pocket of need).
- Draw in voice of affected population into planning and recommendations to be made. (This has not been done on a citywide level.)
- Use churches as information centers. (A number of them do this already, but need more coordination and collaboration.)
- Establish a citywide position to be responsible for :
  - o Coordinating service providers
  - o Identifying where services are doubling up
  - o Collecting and disseminating info (to trusted community agents who then disseminate to communities)
- FACE is starting to do some of this work already and so they may have a model to investigate
- Develop legislative champions.
- Create advocates in the business community. Some of them are big employers of this population.

APPENDIX 7 - PHYSICAL & DEVELOPMENTAL DISABILITIES

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*
INTEGRATED JOBS • There is a need for more and varied types of employment opportunities for people with physical and/or developmental disabilities. • Employers have a lot of misconceptions about what people with disabilities can and cannot do. (This is especially the case for people with developmental disabilities, but also applies to many with physical disabilities as well.) • As a result, they are often matched with job opportunities that are not the right fit. • Typically, they are given jobs that are not career-oriented and often don't showcase their skills, strength or training. (e.g. courtesy clerk at a store). • These jobs are also often low-paid with no advancement potential, which traps people with disabilities in a cycle where they never realize any self sufficiency and ability to live on their own. • Employers also don't get to realize the potential benefits to them; there is ample evidence that on average people with disabilities take fewer sick days, stay in their jobs longer, promote good work attitudes and challenges the level of discourse in the workplace. • It takes highly invested parents and/or case workers to successfully counter these assumptions. • Virginia DARS provides the bulk of services, but their approach is cookie cutter, making it difficult to identify and/or intervene for any one person who may need something different. • They also do not do any specialized training for employers to help debunk some of the erroneous assumptions they have. • Social skills gap is a bug hurdle for job placement, and need more employer education to counter this challenge.	✓	✓
INTEGRATED HOUSING • There is a need for housing units affordable to people with disabilities that would allow them to live independently. • On average, the income of people with physical and/or developmental disabilities do earn enough to afford market rate housing in Alexandria. • This is the case whether they are working or depending solely on SSI. • Both scenarios place them in that category of residents who earn less than 30 percent of AMI, and remember there are no rental options for people in that income band outside of public housing, a few project-based section 8 properties and a few units owned by nonprofits. • The inability for this group to move out into housing on their own puts a continued strain on these individuals and their families. • They are forced to be more dependent on their families than they need to be because cost prohibits them from moving out on their own. • Families cannot encourage independence and reaching full potential. • Individuals can end up feeling like they are not as productive in society as everyone else, which can lead to self esteem issues and depression. • The city is not doing any housing developments for people with disabilities, and rent subsidy programs are oversubscribed. • People are ending up in nursing homes or assisted living because there are no other options. • Lots of building going on and it may even be accessible, but if it's not affordable it's useless for this population.	✓	✓
COMMUNITY BUILDING, PARTICULARLY FOR YOUNG ADULTS • There is a lot of structured support for youth while they are still in school, but it all disappears once they are not in school anymore.		✓
TRAUMATIC BRAIN INJURY SUPPORT AND SERVICES • Brain injury can occur at any stage in life and is disruptive when it does occur, but it often happens to adults. • Need cognitive, physical and rehab therapy, in additional to mental health therapy. • There is a lack of overall support and resources for this group. • The infrastructure that exists for seniors doesn't exist for this group. • Can be difficult to serve people whose disabilities present in peaks and valleys. • Memory and behavior problems can prevent someone from benefitting from traditional treatment. • Haven't spent their entire lives with a disability, so difficulty adjusting. • TBI presents with lots of cognitive difficulties; those affected have difficulty learning or retaining new information (even though long term memory may be intact). • These residents can be served by CSB only if they get a diagnosis of a serious mental illness. Otherwise need to have private insurance to get help. • Even with insurance, it may not cover the lifetime of recovery services the person needs.		✓

APPENDIX 7 – PHYSICAL & DEVELOPMENTAL DISABILITIES (continued)

AUTISM SUPPORT AND SERVICES • Like TBI, autism falls outside of how services are typically delivered. • There is also a need for transition services for kids leaving school, as there is little support after this point for kids with all kinds of disabilities. • There is a need for services for autistic youth and adults that promote independence. • The city needs options for daily activities for those who do not go to work. • There is an IQ-based determination for who gets served by CSB, and this can leave autistic children and adults out. • Autistic children and adults have different abilities than those with DD/ID, but they still get shuttled into same cookie cutter jobs. • The community lacks education on what autism looks like, and as a result find it challenging to respond to autistic individuals (at school, at work, in public).		
LIMITED SERVICES • Many services are limited to screening people to get on the developmental disabilities (DD) waiver list. • There are not a lot of other services offered outside of that.		

SURVEY FEEDBACK:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing less than fair (so either very poor or poor) in all areas, including:

- Access to services
- Adequacy of funding
- Access to information (by the public and by providers)
- Collaboration (between providers and government)
- Cultural sensitivity
- Access to affordable insurance

The only area noted where the city is performing better than fair is early detection (of developmental delays/disabilities and/or behavioral health challenges) in children and youth, although notably both the focus groups on early education and youth development cited a need for more and better early detection services.

When asked how critical service gaps were citywide or in different parts of the city, respondents answered that gaps were critical or somewhat critical in every area of the city.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either decline or no change in all areas, including:

- Increased case management and support services
- ADA education for business community and public
- Increased number of affordable and accessible units

Respondents were asked to list any new or emerging issues that have presented since the 2008 Needs Assessment. Answers included:

- There are few job training and employment opportunities specifically for youth with developmental disabilities.
- There is a lack of affordable housing options for people with disabilities
- There is a lack of meaningful recreation opportunities.
- There is a need for better information about Medicaid waivers that are available for individuals with disabilities and/or their families.
- People with disabilities face discrimination in treatment and basic discussion.

All of these issues were echoed in some form in the focus group on this issue.

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of funding (Every respondent listed this as the top issue.)

There is much more balance among the other issues as reasons for decline or lack of progress, but in order they are:

2. Lack of coordination among service providers
3. Lack of coordination between service providers and government
4. Lack of an advocacy or support network
5. Lack of outreach and public education
6. Lack of services in underserved areas
7. Lack of specific goals or measurable outcomes
8. Lack of access to transportation to reach services

RECOMMENDATIONS

The following recommendations are from both the focus group on this topic as well as the survey.

- Establish more programming for children/youth with development disabilities.
  - o Creation of structures beyond schools in places that this population frequents.
  - o Remember that rising costs in Metro Access cuts back on people going to day centers, so they would need to be address as well.
  - o Look to the ACPS Transition Services as a smart practice for modeling transition to the next phase for adult youth.
- Boost employment options by:
  - o Creating an entity that would connect people with disabilities to jobs.
  - o Establishing a wider range of successful outcomes for DAR, such as connecting people to internships.
  - o Providing inclusion education for the business community and public at large.
- Improve service delivery by:
  - o Looking comprehensively at infrastructure built for seniors and model that for people with Traumatic Brain Injury
  - o Improving access to case managers, community partners and/or mentors to help people with disabilities (particularly adult youth) to navigate employment, housing, social, etc. situations.
  - o Increasing funding for services and look to nonprofits to contract for expanding services.
  - o Establishing a one-stop placement service for persons with disabilities where they can get connected to housing as well as services.
  - o Increasing services to better treat and diagnose children.
  - o Improve city staff knowledge about the services and needs for individuals with disabilities.
- Improve transportation access by:
  - o Facilitating help and training with transportation services. (A similar recommendation also made for seniors.)
  - o Look to the model for travel training offered by SPARC in Fairfax County.
- Improve access to affordable housing by implementing private/public partnerships to grow affordable and accessible housing.

APPENDIX 8 - SENIOR SERVICES

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*	*Identified in 2012 Aging Master Plan*
HOUSING • Lack of affordable housing is the most concerning need. • Affordable communities for seniors are located miles outside of the city. • No allocation of funds aimed at developing senior housing. • Accessibility and affordability is an almost nonexistent combination. • Typical senior who needs affordable housing makes less than 25K per year.	✓	✓	✓
TRANSPORTATION • Information about available transportation services is more of an issue than availability. • Although there is still more need for taxis and specialty transport, particularly if riders need to go out of the city. • Some DASH bus routes either run too infrequently or are unavailable altogether outside of rush hour, which is not when seniors need them. • Need options for people who do not meet the income guideline of senior taxi or do not have a doctor's order.	✓	✓	✓
VOLUNTEERS/IN-HOME HELP • Need for more volunteers who can serve in the middle of the day. • Need volunteers who speak different languages and have a range of cultural competences. • Need for more in-house services (companion aide). • The income requirement for this (for Medicare to cover) is too low, though. • Some people do not qualify because they have someone living in the household who could technically serve as an aide, whether that person actually does so or not.	✓	✓	✓
BEHAVIORAL HEALTH • Seniors have a range of behavioral health concerns. • Depression is common due to increased isolation. • Hoarding is a problem, and can lead to homelessness. • There is a stigma associated with labeling a behavioral health concern, so seniors do not often speak up when they begin to feel that something is not right. • There are limited beds for seniors in psych wards. • Substance abuse is major concern, with alcohol and tobacco being most abused. • After lifetimes of abusing, seniors do not want to change their behavior or find it nearly impossible to do so. • Can become a compliance issue in some of their housing.	✓	✓	✓
INFORMATION • There is an information gap for seniors that needs to be crossed. • They are often mostly getting information by word of mouth as well.	✓	✓	✓
CAREGIVER SUPPORT • There is a need for more caregiver support. • Full-time caregiving becomes a burden for the spouse when there is no relief. • The quality of life of both are hindered. • Need volunteers to even just allow caregivers to leave the house for an hour to go to a support group. • Need more in house aides, education programs for caregivers and support groups.	✓	✓	✓
SENIOR CENTERS • Need to begin developing a range of different activities at senior centers than what has previously been offered to accommodate changing demographics (younger and healthier seniors, federal retirees, etc.)	✓	✓	✓

SURVEY FEEDBACK:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing less than fair (so either very poor or poor) in all areas, including:

- Access to affordable housing
- Adequacy of funding
- Access to information by the public

Respondents noted that the city is performing better than fair on:

- Access to services
- Access to information by service providers
- Collaboration among service providers
- Collaboration between government and service providers
- Co-location of complementary services
- Cultural sensitivity of customer service/service delivery
- Access to recreational activities

APPENDIX 8 – SENIOR SERVICES (continued)

When asked how critical service gaps were citywide or in different parts of the city, respondents answered that gaps were critical or somewhat critical citywide and in Arlandria. Gaps were rated as somewhat not or not critical in Del Ray, Eisenhower Corridor, Old Town and West End.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either decline or no change in the following areas:

- More timely transportation options
- More affordable housing options

Respondents noted some or vast improvements in the following areas:

- Increase in assisted living units
- Increase in assistance with home repairs and upkeep
- Assistance with paying for prescription medications
- Improvements in pedestrian safety at certain intersections
- Additional funds for emergency needs
- Increased recreational activities

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of funding
2. Lack of affordable housing

There is much more balance among the other issues as reasons for decline or lack of progress, but in order they are:

3. Lack of coordination among service providers
4. Lack of access to transportation to reach services
5. Lack of coordination between service providers and government
6. Lack of outreach and public education
7. Lack of services in typically underserved areas
8. Lack of specific goals or measurable outcomes
9. Lack of emergency funding (for housing, utilities, food)
10. Lack of home based care services
11. Lack of an advocacy and/or support network

RECOMMENDATIONS

The following recommendations are from both the focus group on this topic as well as the survey.

- Expand Senior Taxi.
- Deploy "senior buses" specialized for on/off ease and safety.
- Increase city funding for senior services.
- Build political will, allocate funds and educate the community in order to get more housing.
- Service providers should:
  - o Have DASH, Metrobus representatives come in and discuss their services and walk seniors through the processes (continual education and services through senior centers);
  - o Reach out to seniors in places they frequent;
  - o Look at automated systems for taxis and transit as a model; and
  - o Enter their needs for volunteers in the Volunteer Alexandria system to increase chances of receiving volunteers.
- Establish a mobile crisis unit that could engage before behavioral health issues reach crisis level (similar to recommendation in the health and youth development sections).
- Mirror successes in other places like Arlington where local dollars are allocated in addition to state and federal.
- Increase and improve caregiver support:
  - o More education programs; and
  - o Assistance so that breaks are possible.
- Take advantage of groups already doing door to door work to distribute information:
  - o Churches;
  - o Meals on Wheels;
  - o Volunteer Alexandria;
  - o Fire Department;
  - o Senior Building social workers; and
  - o Division of Aging (to select areas).
- Use that built in infrastructure to disseminate information in areas where we know there are information-based barriers – transportation, behavioral.

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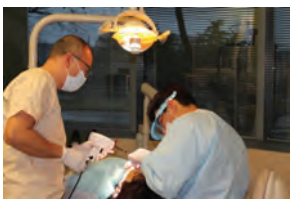

Five Convenient Locations in the City of Alexandria
Four Additional Sites in Arlington & South Fairfax Counties

APPENDIX 9 - YOUTH DEVELOPMENT

FOCUS GROUP FEEDBACK:

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*	*Identified in 2014 C/Y Master Plan*
ELEMENTARY SCHOOL AGED YOUTH • The critical and growing need is concentrated among new immigrant families, many who have trouble accessing services both in schools and in the community. o Schools cannot meet the needs of so many children due to lack of staff, time and funding. o It is also not clear how well school counselors are trained in identifying all services that the children need. o Children may go under the radar if they do not have an easily observed issue. o When there are not enough school-based services to meet the need, children may be referred out, but then lack of insurance or documentation may prevent them from getting the services. o Although there are many services available, there is not an easy referral system for children to reach outside providers once needed services are identified. • Geographically, these challenges are generally in the West End and in Arlandria, where new immigrant families are concentrated. o Communication is challenging, and the families have problems identifying with and trusting the services that are available to them. o There is a need for structured peer support where families who have been in the community for awhile connect with families who are new to the country, and connect them to needed services. • Families of young children (in new immigrant families) are missing and/or not getting connected to the following services: o Early screening, support and education for families of children with developmental delays/ disabilities, particularly those families that may be in denial about a child's developmental challenges. o Mental Health services for the families , particularly those who have experienced trauma (such as sexual and physical abuse in their home country, or domestic violence in the household that affects the children) o Prevention services, few of which exist. o Sex education, which exists for older children but not really for this younger group, where a curriculum exists but is not consistently taught. o Immigrant services • There are not as many resources in Alexandria for changing a family's status as there is need; legal services are the primary need as there are limited options (for increasing income, accessing health care, etc.) without changing the family's status. • For services in general, there are specifically few resources that are both language- and culturally-competent. • Children are often translating for the parents, and much (nuance and understanding) can be lost when the translation is from a child's perspective. • The Language Line is not a trusted or comfortable option when dealing with vulnerable populations, and use of it can be awkward. • Children of all ages are affected (i.e. dad gets taken by immigration, mom is left struggling and this creates insecurity, chaos and/or trauma). • The lack of connection to services is less about provider capacity (even in challenged areas like the West End), and more about bridging the information gap for immigrant families. o The communication gap is a bigger issue than lack of language capacity and training (on the part of providers and families); the person who is linking a family (whether it is a provider, someone acting in a referral capacity or just someone who is translating) needs to also understand the family culturally in order to even ask the right questions. o New immigrant parents are struggling with trying to figure out how to support, care for and educate their families in a new environment where they do not know how any of the systems work. o This creates hesitation on their part in exactly the moments when they need to speak up. o Providers need a stronger connection with schools, where a lot of identification of children's needs take place. • There has been an uptick in disciplinary issues and disruptive behavior for elementary school aged children (overall, not just children in new immigrant families). o Children who act out violently in schools are often facing violence at home. o Children are not receiving socio-emotional education and learning how to resolve conflict, and this bad behavior escalates with age. o Not many (prevention) programs in place to deal with behavior problems and teach resolution skills before kids reach the point where they need definite intervention. o Skills that are not learned at school or received at home never get taught. o Many parents request tutoring, but they really are in need of a mentor, a second parent, and/or a disciplinarian. • There is no screening for developmental disabilities. o Children may be struggling in ways that their parents are not aware of.			

APPENDIX 9 – YOUTH (continued)

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*	*Identified in 2014 C/Y Master Plan*
MIDDLE SCHOOL YOUTH • Need for prevention services, few of which exist. • Need for community, youth and family education about statutory rape and human trafficking, which is more common than people know. o There is infrastructure for addressing rape and trafficking concerns once we are able to identify who these children are, but identifying them can be challenging. o Children may be at risk or may even be survivors but do not always know how to name it. o Major need to address for this age group what are appropriate relationships. o Services are available at the Sexual Assault Center where there is good treatment for the child, but the prosecution system is not great. o Services are aggressive once children are identified, but not before it becomes a problem. • Need more parental knowledge to catch things before they become a problem. • Once the child is identified, CPS may get involved and remove the child from the home. • Service providers need to know what to do when they uncover something (call the police). • Need for more afterschool activities, and to better connect this group to existing activities. o No broad based activities going on for this age group. o Part of it is a reflection of lack of demand for activities. • Many middle schoolers are not enrolled in any activities, and spend time after school and before parents get home unsupervised and/or in unstructured activities. • Parents sometimes don't feel as much pressure to enroll kids at this age because: o They need them to care for younger siblings after school; o They perceive cost as an issue (and are unaware of the wide availability of free programs); o Transportation is an issue; o Unlike for elementary school students, middle schoolers are not required by law to be supervised/accounted for during this period; o They feel their middle schoolers are mature enough to be unsupervised; and/or o They are unaware of the continued need for the type of development that happens in these programs for kids that age. • Those who are enrolled in afterschool activities are usually enrolled because the parents want them to be accounted for (even if the children are opposed). • The lack of afterschool program participation by this group is exacerbated by the fact that Alexandria does not have many middle school sports. Further, the lack of exercise leads to pent up energy, which leads to disruptive behavior. • There is also a mismatch in need for mentoring services and participation; many kids/families need the services but either do not request them or cannot get referred to services.	✓	✓	✓
YOUNG ADULTS HS – 24 • This group lacks post secondary education options. • Urban Alliance, which could help students progress who are on the fence about going to college, could be an important link but has to be accredited for T.C. Williams before it can be used. • Expansion of capacity and resources available for college prep is needed. • Cost and undocumented students are factors in more students not pursuing post-secondary education. • Even though you can go for free, NOVA has a stigma. • There are too few options for children who are at a 2.0 GPA or less. • Need to open up the definition of college to "post-secondary education" to include more than just pursuit of a traditional 4 year degree. • The middle college concept could offer support for kids who need to be prepared for college. (There are no classes currently in Northern VA, though.) • Support needed for application process and exams, specifically for children whose parents do not speak English. o Employment Options • JobLink does not have a consistent presence, and is not seen as generating actual jobs that students coming out of high school can get. • Joblink should link to more internships for this group. • Need more "hubs" for employment than joblink. • Nonprofits should expand their internship options. • Employers need support, as many are not effective in how to train and deal with youth in the workplace. • Schools have moved away from teaching skilled trades and soft skills. • It takes extensive search to find apprenticeships. o Kids lack financial management skills; have little knowledge about what life after high school and/or on their own costs. o Need for transitional bridging of programs (from elementary to middle and middle to high and so forth).	✓	✓	✓

GAPS/NEEDS:	*Identified in 2008 study*	*Identified in 2015 study*	*Identified in 2014 C/Y Master Plan*
ALL AGES • Outreach to parents for education and support is not working well. o Parents don't have time or access. o It is difficult to get parents to come out during the evenings; so many other parental responsibilities take place after work. • Health - Physical and Behavioral o Free services at available at clinics for children aged 10-19, but access for some groups is difficult. o Less easy to access for middle school due to transportation. o Mental health services are oversubscribed. • There are free services at the high school level, so need is most critical for middle schoolers. o Major concerns for youth who are over 18 (at this point they lose eligibility for a lot of services) and for undocumented. This is where the health care gaps are. o Substance abuse is a huge issue, and there are not as many out-patient resources, which is often the better option for youth. o Stress management and anxiety are an issue for this group as well. o It is often cheaper to pay for medication than put kids in therapy. o Lack of insurance or money results in other options once prescription is no longer attainable (such as cocaine, marijuana, etc.). • Need for more preventative services. • Access to contraceptives is there, but people lack the knowledge to obtain it. o STDs in the community among teens are high. • There is need for more middle school support with health issues. • Highest teen pregnancy is between the ages of 18-19. o Rare at the middle school level. o Younger kids are having babies to make a family for themselves that they never had before. o This issue also reflects back to the need for education about healthy and appropriate relationships. • The age range for fathers of teens' babies ranges from 16 – 64. • "Sanctioned" substance abuse is a problem (i.e. Ritalin). o Youth on Medicaid and in the system have a higher percentage of children on medications. o Education is needed on other methods of managing children with behavioral challenges. o Many are not getting intense services because it is easier to put them on medications. • Foster Care o There are not many cases, but they are outsourced outside of the city, i.e. not placed in Alexandria. o Not a huge priority for the city because there is a low number. o The core need is for more support and supportive services to try and keep kids within their families. o There is a need for a different type of intervention as opposed to taking the children out of their homes. • Diversity o Problems with finding advocates for immigrants who they can culturally identify with. o Issues with getting youth to understand and accept the different cultures. o Children self-select, but most times it is by cultural identity. o There needs to be someone who oversees workshops and discussions about accepting others culturally within the schools. • Promoting and allowing students to appreciate who they are. • Identifying what benefits each culture has brought to this country to promote better understanding among cultures. • Conversation needs to be started on the level of youth. • Need for programs that allow appreciation of differences.	✓	✓	✓

SURVEY FEEDBACK:

When asked how the city was performing in a number of areas, respondents answered that Alexandria was doing less than fair (so either very poor or poor) in all areas, including:

- Access to services
- Access to information by the public
- Collaboration between government and services providers
- Co-location of complementary services
- Access to services and information by special needs populations
- Parental involvements and parenting education
- Access to mental health services and treatment
- Employment opportunities
- Promotion and facilitation of physical activity

APPENDIX 9 – YOUTH (continued)

Respondents noted that the city is performing better than fair on:

- Adequacy of funding
- Access to information by services providers
- Collaboration among service providers
- Cultural sensitivity of customer service/service delivery
- Gang and violence prevention
- Pregnancy prevention
- Substance abuse prevention and treatment
- Truancy/dropout prevention
- Racial disparity in college enrollment rates

When asked how critical service gaps were citywide or in different parts of the city, respondents answered overwhelming that the critical gaps were in Arlandria, Citywide, West End and Del Ray. Gaps were rated as somewhat not or not critical in Eisenhower Corridor and Old Town.

When asked to look at recommendations made in the 2008 Needs Assessment and provide an opinion on whether conditions had progressed, respondents answered that there was either some or vast improvement in the following areas:

- Increase in number of workforce and vocation development opportunities
- Parenting curriculum established and implemented
- More after school activities for middle schoolers
- Establishment and maintenance of a list of public and private after school activities
- More publicity for post secondary education, training options
- Establishment of afterschool sex education programs in schools
- Classes on budgeting, financial literacy and life skills
- More after school programs in the West end of the city
- More outreach services
- Improvements in the growing economic disparity among youth
- Need for more recreational options and transportation to get to these options
- Improvements in delinquency issues in lower income areas
- Decrease in pregnancy rate (for older teens)
- Increase in programs that promote racial and cultural understanding
- Increased tutoring services
- Earlier sex education

Respondents were asked to list any new or emerging issues that have presented since the 2008 Needs Assessment. Answers included:

- Playground and outdoor recreation access and maintenance
- Tutoring for at-risk and disabled students
- Better services for children with ASD, especially ESL children

When asked about the chief reasons for decline or lack of progress in these areas, respondents answered that the main reasons were (in this order):

1. Lack of Funding
2. Lack of coordination among service providers
3. Lack of outreach and public support
4. Lack of coordination between service providers and government
5. Lack of an advocacy and/or support network
6. Lack of services in typically underserved areas
7. Lack of access to transportation to reach services
8. Lack of quality in programs
9. Lack of specific goals or measurable outcomes

One respondent also noted that privacy concerns keep organizations from communicating about youth who need services and knowing which services any particular youth receives.

RECOMMENDATIONS

The following recommendations are from both the focus group on this topic as well as the survey.

Elementary

Implement/improve screening for early identification of potential challenges, including:

- Make a blanket assumption that newly immigrated families need services, and get them referred out to a trusted community agent who could spend time doing a more in-depth assessment to determine what, if any, services the child and/or family needs.
- There is a social worker in each school; use them as potential sources of data.
- Screening to target early identification of developmental delays or behavioral health challenges should be added to school intake process.
- Need for more teacher education about how to spot potential issues, balanced by the realization that the teacher is not a social worker.
- Possibly tap into after school services instead of adding to the teachers' workload; do better training of those providers to identify potential issues.
- Need to teach socio-emotional education and conflict resolution skills for this age group.
- Parents need more education specifically about children's different developmental stages, and how to discipline.
  - o FACE has a model for this, although their model is time intensive and would be challenging to implement at a citywide scale.
- Immigrant families need some sort of peer network so that families who have been here for awhile can connect families who have just arrived to the network of services. Information travels by word of mouth.
  - o SCAN does something similar for parents going through the reunification process that could be a model.
  - o In general, identify "cultural brokers" who can disseminate information.
- More violence prevention education.
  - o Intentional instruction around socio-emotional education, conflict resolution skills, etc.

Middle School

o Overall, more out of school time efforts/activities needed for this group.
- Need an overall change in attitude toward this, as kids and parents need to buy into needing these services.
- Since there is legally no obligation for kids to be supervised at this age, need other motivations for parents/kids to participate.

o There needs to be more parent education through parent workshops; education should focus on:
- Bridging the disconnect between parent perception and what kids are really facing;
- How to encourage healthy sexual development in their kids; and
- How to navigate difficult family/home situations (particularly where there may be multiple families in one home).

o We should develop technological tools for providing parent engagement that allows the student to receive credit for it.

o Should require workshop attendance (by parents) in the afterschool programs.

HS – 24

o Increase JobLink opportunities for the summer months and open opportunities for internships.

o Use libraries to fill in gaps (for access to tools like practice tests).

o Develop activities to encourage appreciation of diversity.
- Nothing organized, but just offer the opportunity to interact.
- Anti- Defamation Team should be organized within schools.
- Need to counter that many kids are not comfortable with kids of other races.
- Need for both structured and unstructured support.

Overall

o Develop a network with information of what providers are doing.

[i] *See the section on nonprofit advocacy for more about Alexandria's Partnership to Prevent and End Homelessness.*

[ii] *There were a number of areas where respondents indicated that they did not know whether there had been decline or improvement. Where 2/3 of the respondents answered "Don't Know," we did not include those items in the list above. The items taken out include: free or low-cost preschools near public housing; more hours that child care is available; improvement in language limitations among home-based providers; lower lag time between referral and service delivery; improvement in shrinking profit margins for providers; more educated staff; improved ability of parents to serve as the child's "first teacher;" increased number of children attending pre-school; increased opportunities for state and federal funding; increased no-fee pre-school programs; increased collaborations between businesses and child care providers; increased number of foster parents; increased services for autistic children.*

[iii] *Answer choices where a significant number of respondents indicated "Don't Know" were eliminated from this list. They include: Availability of and information about specialty transport; Expansion of senior taxi; More DASH runs and routes; More collaboration between government and service providers; Provision of adaptive technologies; Services in underserved areas; and Establishment of a one stop shop.*

[iv] *A majority of respondents indicated "Don't Know" about the following items so they were left out: resources for elderly residents with psychiatric illnesses; extra hours of in-home personal care help; more nurse, outreach and social workers; More availability of specialty van transport service; housing assistance for persons who are over-income.*

[v] *The following options were excluded because of the high number of people who answered "Don't Know": vocational training, workforce development and employment assistance; extension of foster care services and Medicaid benefits for 18-21; more mental health services targeted to this group; more funding for prevention (gang and violence, teen pregnancy, etc.); more social workers for foster children; more collaboration on services for agencies serving children; more supports for youth aging out of foster care; location of services in previously underserved areas of the city; improved implementation for CSA; increased mentoring services, and increased services for autistic children.*

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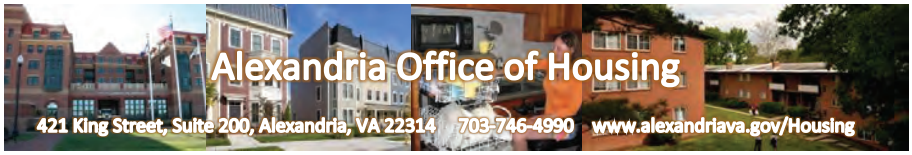

The Office of Housing provides a variety of housing related programs and services to Alexandrians.

For Income Eligible Homeowners

The Home Rehabilitation Loan Program (HRLP) provides no-interest, deferred payment loans of up to $90,000 to low and moderate income homeowners for accessibility modifications, energy improvements and to address code and safety issues.
The Energy Efficiency Loan Fund (EELF) provides affordable financing for residential energy efficiency improvements.

For Income Eligible Homebuyers

The Affordable Set-aside Homeownership Unit program provides a limited number of discounted, resale restricted units in some newly constructed homeownership developments. Eligible first time buyers can receive loan assistance to acquire homes that were foreclosures or short sales. Homebuyer and condominium education and foreclosure prevention are also offered.

For Renters

The Rental Accessibility Modification Program (RAMP) provides grants and assistance to low and moderate income tenants with physical disabilities to make accessibility modifications to their rental units.
The Affordable Rental Set Aside Program offers a limited number of affordable apartments in newly constructed rental complexes to income eligible applicants
Landlord Tenant Division provides counseling and mediation to landlords and tenants and conducts a survey of all Alexandria multifamily apartments with 10 or more units which is available to the public.

For Non-Profit and For Profit Developers

The Office of Housing works with developers to structure and finance projects that include affordable housing using federal, state and local funds. The Department secures and administers developer contributions through the affordable Housing Trust Fund.

For more information call 703-746-4990 www.alexandriava.gov/Housing

Serving Alexandrians

Alexandria Department of Community & Human Services

Site Directory:

1900 North Beauregard Street
AlexandriaWorks! | 703.746.5865
Center for Alexandria's Children | 703.838.4381
Early Childhood Division | 703.746.5437
Workforce Development Center | 703.746.5940
TeensWork! | 703.746.5880
Office of Youth Services | 703.746.5970

2525 Mt. Vernon Ave.
Child Welfare | 703.746.5757
Community Services | 703.746.5700
Eligibility Programs | 703.746.5801
Women's Initiatives | 703.746.5030
Homeless Services Assessment Center | 703.746.5700

421 King St.
Alexandria Campaign on Adolescent Pregnancy | 703.746.3131
Domestic Violence Program | 703.746.4911
Sexual Assault Center | 703.683.7273
School-Age Youth Development | 703.746.3436
Substance Abuse Prevention Coalition of Alexandria | 703.746.3670

720 North Saint Asaph Street
Administrative Offices, CSB | 703.746.3400
Emergency Services | 703.746.3401
MH/ID/SA Intake | 703.746.3535
Outpatient Mental Health Services | 703.746.3400

4480 King Street
Child Assessment and Treatment Center | 703.838.4708
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Residential Services Administrative Offices | 703.746.3500
West End Wellness Center | 703.746.3456

2355 Mill Road
Detox Center | 703.746.3636
Ex-Offender Services | 703.746.5919
Substance Abuse Services | 703.746.3600

4401 Ford Avenue
Aging and Adult Services | 703.746.5999
Alexandria Vocational Services | 703.746.3333
Intellectual Disability Case Management | 703.746.3333

www.alexandriava.gov/dchs | 703.746.5902

ALEXANDRIA COUNCIL OF HUMAN SERVICES ORGANIZATIONS

The mission of the Alexandria Council of Human Services Organizations (ACHSO) is to improve human services through cross sector collaboration for the benefit of the Alexandria community.

Learn more at www.alexandriava.gov/ACHSO

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