City of Alexandria

PROPOSED COORDINATED COMMUNITY POST-COVID-19 RECOVERY PLAN

October 2020

A report prepared by the City Government Community Recovery Plan Team

Introduction
The emergence of coronavirus disease 2019 (COVID-19) has created unprecedented challenges for the delivery of coordinated community services to City of Alexandria residents, particularly those who are most vulnerable and facing health risks and financial loss. This plan sets forth to identify and provide resources and support to programs, systems, policies, and initiatives that are focused on the City's most vulnerable populations impacted by COVID-19. While, many of these services already exist or had been planned prior to Spring 2020, the COVID-19 crisis has elevated the need for many of the services to either be enhanced through interdepartmental and partner collaborations or elevated as a higher priority. Further, this crisis has provided an opportunity to recognize and then re-imagine the service systems and infrastructure through a stronger equity lens that aims to mitigate vulnerabilities within our community.

This plan envisions that the current and future services the City and partners provides will not only support vulnerable populations through the current crisis, but will lift them above the pre-COVID-19 baseline, ensuring 1) they are prepared to quickly overcome challenges if a similar situation were to arise again and 2) they can build opportunities for themselves and thrive in our community. The recommendations of this plan seek to advance a long-term theory of change; transformative recovery strategies require policy and practice shifts in multiple sectors and organizational systems to overcome the institutional barriers disproportionally vulnerable populations face.

Areas of Focus
The COVID-19 pandemic has impacted millions of Americans by the sudden blow to their finances, job security, families, and ways of life. The pandemic has spared few industries with more than 33 million people across the country filing initial unemployment claims.

In the City of Alexandria, 18,592 residents have filed initial unemployment between March 14 and August 8, 2020. A third of the filings are by individuals in low-wage jobs. The most impacted sectors are Food Preparation and Serving Related Occupations, Management Occupations, Office and Administrative Support Occupations, Sales and Related Occupations, Transportation and Material Moving Occupations as well as Personal Care and Service Occupations. It is also important to note that the total number of claims does not fully account for those in the gig economy. Even before the COVID-19 pandemic hit, one in ten Alexandria residents were living in poverty and many more were struggling even when they had employment.

More than one in four Alexandrians were under the ALICE (Asset Limited, Income Constrained, but Employed) threshold and, 9% fell under the Federal Poverty Guideline. In essence, 37% of residents were either unable to afford necessities such as food, housing, childcare, and other essential services or did not have savings to cover regular expenses. These individuals are either fully employed but in low paying jobs or underemployed. The most widely used conceptualization of underemployment measure looks at those involuntarily working in fewer hours or individuals working in positions that are lower than their education and skill levels. Given the large and growing foreign-born (foreign-trained) population, a growing number of older adults returning to the workforce, automation and related labor

market dynamics, individuals are forced to seek jobs that are not commensurate with their skill levels and the cost of living in Northern Virginia.

For residents of Alexandria to be able to improve and maintain optimal economic stability and mitigate the effects of crises like COVID-19, medium and long-term economic security and mobility strategies are needed while mitigating the immediate needs of the population.

The pandemic has further widened the gap of economic inequities and the ability to acquire and build resources and protective factors. The digital divide, as represented by residents' without devices, internet access, or knowledge of how to use technology, has disproportionately impacted adult learners and those who depend on public facilities to access the internet and online information about services. Completing and submitting forms for benefits, such as unemployment insurance, is not always equally and easily accessible when an individual does not have internet access. This pandemic has hastened the need to improve digital literacy and access amongst adults. Further, Alexandria City Public Schools identified 10-15% of its student lacking internet access at the start of the crisis and has needed to quickly seek devices and access to allow for virtual learning, highlighting the necessity of internet access for education at all levels

Addressing these issues requires collaborative, cross-departmental strategies. Rather than looking to specific departments to lead initiatives, this plan brings together initiatives and programs from across different departments to focus on improving four areas in the community, particularly as felt most our vulnerable populations. The team selected these four areas to focus on as they provide a framework to identify strategies related to social determinants of health equity, community well-being, and access to opportunity.

For the purposes of this document, these focus areas are defined as:

1. **Economic Stability, Security and Mobility**: Ensure that our residents and businesses can sustain their essential needs and have stable income and resources, now and into the future.
2. **Access to Medical/Behavioral Health Care and Disability Services**: The ability of residents to have appropriate health care resources in order to preserve or improve physical and behavioral health.
3. **Basic Necessities:** Basic necessities typically refer to what is needed to survive: food, water, shelter, oxygen. Through the lens of the COVID-19 pandemic, this plan also considers necessities to include connection to others and sanitation as these needs have shown to be essential in staying mentally and physically healthy throughout the pandemic.
4. **Transportation**: Ensure the infrastructure is in place to provide the most vulnerable within our community the ability to be mobile and connect to their jobs, care, and basic necessities.

Who this Plan Will Help
Vulnerable populations are groups and communities most at risk for losing their economic stability, access to care, basic necessities, and have more limited transportation options, as a result of the social, physical, political and environmental barriers they experience in society. For the purposes of identifying specific strategies to enhance and/or initiate in the City of Alexandria, this plan recognizes there are six groups of vulnerable populations that have experienced the greatest impact during this crisis and are likely to continue to experience hardship.

Current information for the six vulnerable groups is unavailable, however, pre-COVID-19 demographics provide a baseline for understanding challenges confronting these populations. It is important to note that there is crossover and variation among the groups. An individual or family may fall within multiple vulnerabilities, facing even greater challenges as they struggle to overcome setbacks amplified because of the pandemic.

While the recommendations detailed later in this plan may not be specific to these populations, they are meant to be actions that can start to identify the needs of the groups below and support their economic stability and health. Furthermore, as departments look to prioritize their workplans in the upcoming year, existing or planned initiatives that support the following groups should be considered of higher importance.

1. *Households below the ALICE Threshold (Asset Limited, Income Constrained, Employed).*
   ALICE represents the households with income above the Federal Poverty Level but below the basic cost of living. In Alexandria, this threshold is considered $51,624 for a single adult, $66,504 for two adults, $101,076 for two adults with two school age children, $120,372 for two adults with two children in childcare, $54,456 for a single senior, and $71,124 for two seniors. In 2018, 37% of households in Alexandria were below the ALICE Threshold.[i1] The race/ethnicity of ALICE households is shown below:

Households by Race/Ethnicity, Alexandria City, Virginia, 2018
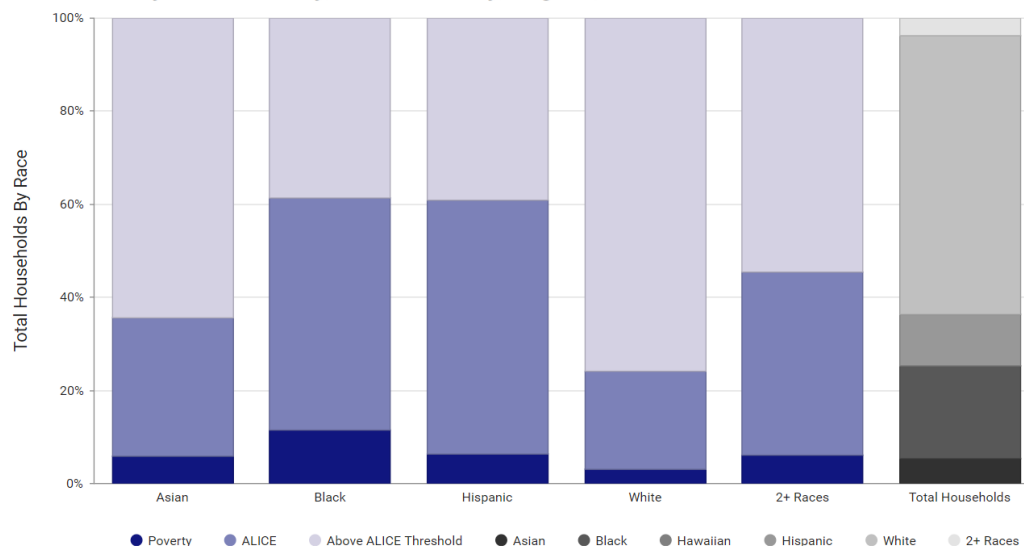
Households near the ALICE threshold are particularly at-risk of falling below the poverty level as a result of the pandemic because of a loss of income, lack of savings, and, in some cases, increased need for unanticipated expenses such as change in childcare.

2. *Homeless.* The 2020 Annual Point-in-Time (PIT) Count, conducted January 22, 2020, revealed 207 persons experiencing homelessness -- unsheltered and in emergency temporary shelter

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1. Based on 2018 report: https://www.unitedforalice.org/virginia

made available by City and non-profit homeless services providers -- in the City of Alexandria. That includes 32 households with adults and children (36 adults and 50 children) and 121 singles (85 men and 36 women), including 11 unsheltered singles and 15 chronically homeless singles. A total of 65% of people experiencing homelessness in Alexandria on January 22 were African American, despite being approximately 21% of Alexandria's total population.

As more residents' struggle to pay rent as a result of the pandemic, individuals and families may be at greater risk of evictions and, potential homelessness.

3. ***Victims of domestic violence (DV) and sexual assault (SA).***
   In Fiscal Year 2020, DCHS served 720 adult family violence victims and 58 child victims. The demographics of victims included: 202 African American/Black; 25 Asian/Pacific Islander; 199 Caucasian; 256 Hispanic/Latino: 256; and 51 Other. DCHS served 236 sexual assault victims, of the following demographic breakout: 50 African American/Black; 8 Asian/Pacific Islander; 61 Caucasian: 97 Hispanic/Latino; 17 Other/Unknown; and 3 Multiple Races. The demographics illustrate the disproportionality of victims and the struggles and inequities faced by throughout the community.

   Due to distancing during the pandemic, victims have been largely out of the sight and contact of traditional reporters. By the time many of these cases come to the attention of professionals, they tend to be much worse because of lack of opportunities for earlier intervention. It is anticipated that referral numbers will spike, in general proportion with recovery efforts in the upcoming months.

4. ***Minority and immigrant business owners.*** The number of minority and immigrant owned businesses in Alexandria is currently unknown. The City's procurement system provides the following SWaM (small, women, and minority-owned) data:
   - Currently have 448 SWaM Vendors are registered in the procurement system[2,3]
     - Of which, 24 are minority owned
     - 97 are located in Alexandria
     - And of the 97 in Alexandria, 3 are minority owned.

   Minority and immigrant businesses have been particularly struck with economic instability as a result of the pandemic as they have historically had limited financial capital from which to build their business upon. A recommendation from this plan is to develop a system for tracking these businesses in order to better understand how to support their needs when faced with severe economic challenges.

5. ***Individuals with pre-existing health conditions.*** 30% of residents self-report being in personal health that is less than "very good" or "excellent"[4] A full review of Alexandria's health status and disparities in health outcomes is available from the Alexandria Health Department's 2019 Community Health Assessment. As highlighted in the Assessment, the risk of chronic conditions increases with age—about 85% of older adults are living with at least one chronic condition and

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[2] Numbers or Data is subject to change as a result of signing on new SWaM service providers
[3] Not all SWaM vendors who do business with the City have registered as SWaM vendors
[4] Alexandria Resident Survey, 2020

60% are living with at least two. Chronic conditions disproportionately affect persons of color, especially Black or African Americans, and studies support a link between experiences of racism and risk of chronic illness. Individuals with pre-existing conditions are particularly vulnerable to more severe cases and recovery from COVID-19.

6. **Individuals who have Limited English Proficiency (LEP).** As of the 2018 American Community Survey, the total foreign-born population in Alexandria was 43,362 (28% of the Alexandria City population).[3]Of this population, 17,542 (40%) speak English less than well[5]. Limited English language proficiency affects individuals' ability to access critical services, meaningfully engage in community activities and is a barrier to enter or advance in the workforce.

   Individuals with Limited English Proficiency have greater challenge in receiving adequate health information, which ultimately exacerbates health disparities. Further, these individuals are [overrepresented in domestic, service and janitorial occupations](#) where [work hazards are common](#) and employers are less likely to provide paid sick leave, which acts as a perverse incentive for this population to work despite being ill. Additionally, people with limited English proficiency are more likely to live in impoverished communities that are usually hit hardest by pandemics because of overcrowding, close living conditions, and less-developed trash and sewer infrastructures.

PRIORITIZED RECOMMENDATIONS

To develop the prioritized list of recommendations below, team members started by conducting a thorough review of existing, pre-COVID-19, City plans and strategies. The purpose was to pull the initiatives that departments had already determined to be important and had been previously vetted and discussed with the community. These plans included: The Partnership to Prevent Homelessness Plan (2015-2020) (currently being update for next five years), Age Friendly Community Plan (2018), Housing Master Plan (2013), Children and Youth Master Plan (2015) (currently being updated), and the Transportation Master Plan (2008, currently being updated). While most of the existing plans call for many more initiatives and strategies, those considered for inclusion in the recommendations would provide our organization with a greater ability to support individuals specifically hardest hit populations during the COVID-19 crisis.

After a document review, the team met with Department Heads and involved staff to review a complied list of initiatives (appendix 1) and determine if needs have changed or if strategies were missing. During these conversations the team also noted initiatives that cross multiple departments and could be combined in order to more efficiently and effectively address a City problem. An example includes multiple plans within the Department of Community and Human Services (DCHS), and concerns raised by Recreation, Parks, and Cultural Activities (RPCA) in conducting outreach to senior populations. If combined, these efforts could reach a broader audience and provide greater information on available city services.

The recommendations below are not an exhaustive list of all the tremendous work being done throughout the organization to address the needs of vulnerable populations impacted by this crisis. Ultimately, the team selected the ten recommendations below to be priority projects and/or initiatives

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[5] The term Limited English Proficient (LEP) refers to any person age 5 and older who reported speaking English less than "very well" as classified by the U.S. Census Bureau. The term English proficient refers to people who reported speaking English only or "very well."

because 1) for the most part, they were either unfunded or underfunded; 2) they are initiatives that were not in existing plans because they are specific to COVID-19; and/or 3) it would provide a more efficient and effective way to address the initiative through a coordinated and inter-departmental process, rather than being led by one service area. These recommendations are not shown in prioritized order.

1. **Develop a Digital Equity Plan**
   In Spring 2020, when Alexandria City Public Schools (ACPS) closed due to COVID-19, according to the ACPS IT Department, 10-15% of students did not have access to internet in their homes. ACPS found that this was for a variety of reasons – lack of devices, lack of internet service, overwhelmed data usage, and/or a lack of digital literacy, among some of the findings. While ACPS was able to address many of these issues through distributing devices, they could not reach the needs in each household. Further, their efforts did not address households without ACPS students, such as seniors. A Digital Equity Plan would first survey the community and conduct outreach to understand the needs throughout the City. The City could then prioritize how to invest in bridging the divide while seeking to expand affordable, high-quality Internet access through strategic partnerships. It would also help the City launch digital literacy innovation programs and test new ways to provide technology training and support in high-need communities.

   > *Focus Area:* Basic necessities
   > *Vulnerable Populations Impacted:* Alice
   > *Next Step:* This effort would be led by the Department of Information Technology Services, with support from the Office of Equity, the Workforce Development Center, and ACPS. An initial plan would cost $70,000-$150,000, including a survey, community engagement, and small-scale implementation. The plan will determine larger scale resource needs.

2. **Develop IT Strategy for improved electronic client documentation**
   There are multiple needs to improve electronic documentation for DCHS clients, including resources to be able to expand telehealth opportunities. One of the biggest challenges DCHS has faced is the lack of a single system/application (electronic point of entry) that captures all of the client information. A resident may be served in several DCHS programs, but there is not the ability to document the interventions and outcomes collectively. This significantly impacts the client experience and impedes DCHS' staff ability to provide seamless and integrated client centered services. COVID-19 also revealed the need for the Department to have systems to capture client signatures electronically. DCHS staff has used tablets and telephones to provide counseling and telehealth services since mid-March. Purchase and use Sharefile for client signatures would expand health care options.

   A more comprehensive and holistic approach to a health services documentation would bring together and integrate client and service data. This would improve the ability of staff to perform their jobs and to support management decision-making.

   > *Focus Area:* Access to Care
   > *Vulnerable Populations Impacted:* Alice and Pre-Existing Health Conditions

Next Step: This effort would be led by DCHS, with support from ITS and coordination with other City agencies and partners. The next step would be to inventory the client documentation needs to develop a full scope of work. The Citrix ShareFile is $300 per user annually. Other resource needs to be determined based on full inventory of needs.

3. **Collect a Minority and Immigrant Owned Business Inventory**
The City currently does not have an inventory of the minority and immigrant owned businesses in the City. Without this data it is difficult to ensure program implementation, such as the Back to Business Grants, reach these owners. There is also a lack of information to track economic improvement for these owners, particularly during COVID-19 recovery. This project would Develop a mechanism for collecting and mapping minority and immigrant owned businesses in order to provide greater assistance and track metrics. One mechanism for collecting data could be through business licenses.

> *Focus Area:* Economic Stability
> *Vulnerable Populations Impacted:* Minority and Immigrant Business Owners
> *Next Step:* This project would be led by the Race and Social Equity Officer, in coordination with the Department of Finance and Alexandria Economic Development Partnership. The project would require ITS support to establish mapping and a database.

4. **Maintain an advance supply of PPE for city childcare and health care workers**
In the early weeks and months of the pandemic, the City (and nation) experienced a shortage of critical PPE supplies that were necessary for our own staff and for childcare and essential workers. Ensuring a supply of PPE is efficiently procured, appropriately stored and accessible, should the need occur again, will be necessary to maintain essential functions and human services.

> *Focus Area:* Basic Necessities
> *Vulnerable Populations Impacted:* Alice and pre-existing health conditions
> *Next Step:* Through after-action reporting of the current crisis, the City should develop a strategy for determining inventory needs and standard operating procedures for distribution. Procurement and storage of supplies should be coordinated between DCHS and the Department of Finance and include collaboration with essential city-affiliated entities.

5. **Coordinate Inter-departmental outreach strategies for various population segments**
Many of the city services are targeted towards similar population segments, though each department has its own various outreach strategies. As an example, DCHS, RPCA, and Housing all provide services to seniors, though their marketing and engagement may reach different seniors. A crisis, such as COVID-19, demonstrates the need for a centralized approached to outreach, as our residents need to be reached quickly without confusing messaging.
> *Focus Area:* Access to Care
> *Vulnerable Population Impacted:* Alice and ESOL
> *Next Step:* Compile best practices learned through outreach from COVID Joint Information System and develop metric of baseline for engagement. Equity Officer, in coordination with stakeholder departments, to lead this initiative.

6. **Increased access to ESOL services:**
Various community-based organizations, including the public, for-profit, and non-profit private agencies, currently provide ESOL services. While some of these programs are regulated, others are not. Their structure, formality, and teaching focus differ from program to program depending on their revenue sources and the length, intensity, and level of class offerings. Under-employed residents, including those who have earned their education and work experience abroad, find it difficult to utilize their skills in the United States partly because of the language barrier. Others struggle with the limited availability and flexibility of classes as they juggle household responsibilities. Still, cannot afford to pay the fees charged, such as those offered by private schools and the community college. Expanding access to quality ESOL services will go a long way in removing barriers to parents' employment and improving their children's educational outcomes, thereby impacting the whole family. The City's recent pilot initiative to expand employment-focused ESOL services is a good example. Strengthening existing services and increasing resources will be critical in this regard

> *Focus Area:* Economic Stability
> *Vulnerable Population Impacted:* Alice, ESOL, Minority and Immigrant Owned Businesses
> *Next steps:*
> > i. Compile resources and ensure outreach regarding services available.
> > ii. Continue and expand funding for ESOL services from the Alexandria Fund for Human Services targeting immigrant and refugee residents of Alexandria. Currently, the City provides annual funding to the following organizations that provide services targeting new Alexandrians. These funds[6] budgeted until June 30, 2021:
> > > 1) Computer Core, Building Careers and Community -$14,040
> > > 2) Literacy Council of Northern Virginia, Destination Workforce - $30,000
> > > 3) Literacy Council of Northern Virginia, Family Learning Program-$10,000
> > > 4) Lutheran Social Services for the National Capital Area, Refugee Immigrant Services-$49,125
> > iii. Expand the employment focused ESOL program that was initiated by the City Manager and is currently administered by the DCHS Workforce Development Center by $75,000 to serve a waiting list of individuals under the current offering.

7. **Maintain and expand resources in the FY21 budget to ensure rental assistance and alternative housing are available beyond December 31, 2020**;
As cited in the September 22, 2020 Memo to City Council, the demand for eviction prevention and housing stability assistance is expected to continue to grow with the gap in extended unemployment benefits, persistent unemployment or underemployment in many local job sectors like retail, restaurants, hospitality and personal services and the expiration of the current CDC moratorium on evictions at the end of 2020. In order to ensure residents are able to stay in their homes, the City will potentially need to provide financial assistance through supplemental resources once CARES ACT and CDBG COVID grant funds are depleted. This may include: 1) providing city support for distressed, COVID-19 impacted homeowners through extensions of property tax due dates or other relief; 2) enhanced access to counseling and

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[6] These funds are for the organizations who provide ESOL services, though not exclusively for the ESOL programs.

assistance on behalf of borrowers to secure loan modifications; 3) local funding to continue the emergency rental assistance programs established through the CARES Act funding allocations; 4) enhanced landlord-tenant counseling, mediation and housing information and referral services for renters; and 5) continued support of DCHS's Eviction Prevention and Housing Stability Assistance program. Without continued assistance, the City's most vulnerable populations face dire instability and potential loss of shelter.

> *Focus Area:* Basic Necessities
> *Vulnerable Population Impacted:* Alice and Homeless
> *Next steps/Resource need:* Identify funding and policies to relieve housing burdens caused by the COVID-19 pandemic

8. **Establish community wellness hubs in city facilities, such as recreation centers**
Many of our city facilities are suited to serve as community wellness hubs by leveraging their role as trusted gathering places that connect members of the community to essential programs, services and spaces that advance health equity, improve health outcomes and enhance quality of life. Community wellness hubs meet the unique needs of their communities through a variety of ways including access to healthy foods, physical activity, social connections and connection to nature. An example in Baltimore puts services, such as job training, family support, wellness programs, support groups, chronic disease self-management programs, and care coordination under one community center roof. While Alexandria may not have the physical space to dedicate towards all these resources, we can have "wellness center hours" at three recreation centers that have the great community need: William Ramsay, Chick Armstrong, and Charles Houston.

> *Focus Area:* Access to Care
> *Vulnerable Population Impacted:* Alice, Pre-Existing Conditions, ESOL
> *Next Step:* Through community engagement, develop an understanding of the types of services needed in a more accessible space and plan to ensure city facility space is maximized by creating flexible areas that can accommodate different uses and adapt to community needs. This would allow prioritization of offerings and space requirements. Once complete, departments would need to develop a plan to re-deploy staff with rotating hours to provide services at these locations. Additionally, self-service kiosks for service applications could be deployed to these City Facilities. AHD and DCHS would lead the process to determine the services needed in facilities.
>
> This recommendation should be included in the Joint Facilities Master Plan for future site renovations of city facilities and school sites, preparing for flexibility of spaces that allow for private counseling.

9. **Advance ATV 2022 Bus Network to increase frequency of bus service focused on ridership needs.**
This recommendation is to increase investment in routes with the highest ridership, primarily on the West End and in Arlandria.

> *Focus Area:* Transportation
> *Vulnerable Populations Impacted:* Alice
> *Next Step:* Apply for operational funding through I-395 grant for AT9 and AT1 routes.

Dash has started to create plans based on ridership levels and will continue to increase service to pre-COVID-19 levels and will evaluate additional next steps.

10. **Ensure food security beyond the end of the calendar year**
    The initial CARES allocation by City Council for food security was $2.4 million which funded the distribution of groceries and the distribution of grocery gift cards. This effort resulted in 586 events which to date have provided 1.6 million meals (or meal equivalents). Council has approved the City Manager's recommendation that an additional $1.53 million of CARES funding be allocated for food security to continue the food security programs through the end of the calendar year.

    These food security initiatives, including large-scale distributions, home deliveries, grocery gift cards, and pantry support, have provided food for more than 12,000 individuals per month. However, following December 31, 2020, the current source of funding will be unavailable. As the City and partners continue the provision of food and other resources to address food insecurity, we will monitor demand and access and respond to any changing needs. Through on-going reporting and analysis of the current crisis, the City should continue to work with community partners to seek out and implement long-term food security strategies and to continue to build economic security approaches with employers, families and individuals. These strategies would have to be linked to any affordable housing and increased employment approaches as these have profound impacts on the food security of residents in the city.
    Focus Area: Basic Necessities
    Vulnerable Populations Impacted: Alice, Homeless
    Next Step: Document current partnerships and systems for distribution, determine monthly costs since March (including partners and ACPS) to identify financial resources, whether through the city general fund or grants, needed beyond December 31.

Follow-Up

The Coordinated Community Recovery Plan Team will solicit quarterly feedback from department leads on each of the recommendations. The feedback will include questions regarding collaboration, resource needs, and an evaluation on the impact the recommendation has on vulnerable populations. The feedback will allow the team to evaluate and measure progress. The first evaluation period will be the first week of January 2021.

APPENDIX 1

The Coordinated Community Recovery Plan Team identified the following initiatives impacting vulnerable populations from existing plans and initiatives. The prioritized ten recommendations were pulled from this larger list. While many of the initiatives shown below are in existing plans, they are not necessarily funded, or their funding needs have changed because of the crisis. Additionally, some of the initiatives listed are new and identified as a need because of the COVID-19 crisis. The initiatives are shown in four stages. Stage 1 occurred in May 2020 to July 2020; Stage 2 is July to October; Stage 3 is October to December; and Stage 4 is 2021 and beyond. Most initiatives below are in Stage 4 as they require a long-term approach.

	TRANSPORTATION INITIATIVES	Targeted Population	Progress	Funded	Notes
Stage 1	Essential Travel Only, Masks Required, Physical Distancing on transit	A, P-EC	100%	Y	
	Reduced Service to Protect Operators and Customers on transit	A	100%	Y	
	Fare Free Public Transit; Rear Door Boarding with Exemptions for Disabled Persons	A, P-EC	100%	Y	
Stage 2	Kick off Low-Income Fare Policy Study	A		Y	
	Increased service levels on DASH to enhanced Saturday Service	A	100%	Y	
	Continue fare free public transportation	A	100%	Y	
	Implement permanent changes to cleaning/safety procedures to reduce risk and protect staff/customers	A, P-EC	50%	Y	
	Install new bikeshare stations on the west end	A	50%	Y	
	Add scooter corrals in identified equity areas		10%	Y	
	Increase paratransit service to include non-essential trips to pre-COVID-19 levels	A, P-EC	75%	Y	
Stage 3	Sited locations for new bikeshare stations and additional scooter corrals in areas of need	A	25%	Y	
	Complete Low-Income Fare Policy Study & make recommendations	A	0%	Y	
	Increase levels of bus service to pre-COVID levels	A	100%	Y	

			Progress	Funded	
	Improved automatic passenger counters to better track and respond to ridership trends, and provide real-time vehicle capacity information	A	25%	Y	
	Develop a strategy for creating resilient and customer-oriented transit system as DASH upgrades its fleet	A	25%	N/A	When procuring new buses, contactless payment options and protective barriers will be included.
	Evaluate next generation and contactless payment options in partnership with the region	P-EC	25%	N/A	
Stage 4	Expand bikeshare network throughout the West End	A	20%	N	
	Evaluate fare free transportation policies & options	A	25%	N/A	
	Advance ATV 2022 Bus Network to increase frequency of bus service focused on ridership needs	A	25%	N	Additional operations funding needed for routes serving Arlandria and the West End.
	Evaluate & streamline paratransit program for increasing needs	P-EC	25%	Y	

ECONOMIC STABILITY AND SECURITY					
	Minority and Immigrant Owned Business Initiatives	**Targeted Population**	**Progress**	**Funded**	**Notes**
Stage 1	Increase community awareness and utilization of emergency and other resources and the provision of assistance in completing applications	M/IBO, A	25%	Y	Research is needed to determine size and unique needs of these businesses in order to benchmark baseline and initiate programs towards improving their situation.
Stage 3	Conduct targeted outreach to SWaM businesses on the availability of the ALX Promise program.	M/IBO, A	75%	Y	
	Target second wave of Back to Business Grants towards known minority owned businesses	M/IBO	25%	Y	Demographics of grants awardees documented, though there is no baseline data of how many minority owned businesses are in Alexandria to compare to.
	Seek SWaM vendors for recovery related services	M/IBO	25%	Y	
Stage 4	Capture demographic information of business owners through business license applications in order to map and track outreach and progress	M/IBO	50%	No	Would require coordination and execution with Finance.

		Targeted Population	Progress	Funded	Notes
	Outreach to SWaM vendors on grant opportunities	M/IBO	25%	Y	Research is needed to determine if and which Grants are currently available to businesses.
	Seek SWaM vendors for recovery related services	M/IBO	25%	Y	
	Hold open forums regarding SWaM opportunities with various minority Chambers of Commerce within Northern Virginia.	M/IBO	50%	Y	SWaM Team in person initiatives have successfully been shifted to an online format via zoom, etc. We have successfully held, and paneled forums with Chambers of Commerce (minority and non-minority).
	Establish a baseline of SWaM vendors and a goal of using vendors	M/IBO	75%	Y	
Workforce Development		**Targeted Population**	**Progress**	**Funded**	**Notes**
Stage 1	Increased community awareness and utilization of employment resources and services Increased access to job readiness services (using virtual platforms)	A, MI/BO	70%	Partially	Expand current multi-channel outreach effort including integrated awareness building of employment resources that resulted in over 40 virtual events hosted since June 2020 that were attended by more than 1,500 City residents. Strengthen partnership with VEC to continue to assist UI benefits and employment opportunities.
Stage 2	Partner with business to incentivize hiring of trained persons with minimal experience in the field Transition the Summer Youth Employment Program to a virtual platform	A	75%	Partially	Two Regional Virtual Job Fairs, 6 Meet the Employer events; effort underway to engage businesses for work-based (subsidized employment) opportunities. Pilot initiative for expanding work-based learning underway.
Stage 3	Increase access to VESOL and development of work experience opportunities	A, ESOL, MI/BO	50%		Infrastructure built-up and running for weekly group and 1:1 job readiness service.
Stage 4	Expand retraining opportunities for dislocated workers	A	50% (short and medium term)	Partially	Submitted a NOVA consortium rapid response activity for dislocated workers at DCA and IAD airports. This may require a temporary satellite job center.
	Support programs, systems, policies, and initiatives to improve economic security and access to universal ESL, Digital Literacy, and Internet Services	A, ESOL	(long term)	Partially	This process started pre-COVID-19 and will continue.

	Housing Initiatives	Targeted Population	Progress	Funded	Notes
	Enhance and give greater focus to apprenticeship opportunities, training and work experience for disengaged and out of school youth				

BASIC NECESSITIES

	Housing Initiatives	Targeted Population	Progress	Funded	Notes
Stage 1	Provided rental assistance and alternate housing options for most vulnerable populations Provide financial assistance to alleviate housing stability crises i.e. rental and utility assistance	A	On-going	Yes	Additional Resources Needed to meet anticipated rental assistance demand and prevent evictions, particularly as unemployment assistance benefits expire and/or some job sectors remain closed.
Stage 2	Refer vulnerable residents to committed units				Coordination with ARHA, AHDC, CLI, non-profit partners and for profit affordable unit owners to process applications, provide eligibility documentation and housing search
Stage 4	Maximize opportunities to preserve privately owned, publicly assisted units within the city, with priority for units serving households with incomes below 50% of AMI	A	25%	Yes	This initiative is ongoing. The resources provided in the FY2021 revised budget must be maintained for progress to continue to be made.
	Increase the number of housing units affordable to households earning below 30% of AMI, or in need of permanent supportive housing including senior households, especially in areas with access to amenities, services and transportation	A	25%	Yes	This initiative is ongoing. The resources provided in the FY2021 revised budget must be maintained for progress to continue to be made, especially in terms of the city pilot rental assistance program and upcoming potential City-sponsored nonprofit development projects (e.g., in Arlandria) that are anticipated to provide significant components of deeply affordable housing in response to community need.

Support the rehabilitation and redevelopment of ARHA-owned units as mixed-income communities pursuant to the City and ARHA's joint commitment to maintain at least 1,150 committed affordable units	A	25%	No	At this time, no ARHA-specific resources are planned/budgeted beyond a reserve set aside from Braddock-area developer contributions (approx. $1.1M currently). ARHA has exhausted its revolving development loan fund for expenses and cost overruns related to Ramsey Homes/The Lineage.
Provide home rehabilitation loan assistance to low income seniors to address code and safety issues, modify for accessibility and/or energy efficiency to enhance their ability to age in place	A	75%	Yes	This program is ongoing and is funded through the City's annual CDBG federal funds allocation. No additional City resources are anticipated, although demand is expected to be high as low-income homeowner's experience income loss may seek City assistance for emergency home repairs during and after COVID.
Promote accessibility and visitability in all new residential development	A	75%	Yes	Accessibility modifications to rental (RAMP) and sales/ownership units (HRLP) are usually funded through federal funds (HOME and CDBG) allocated annually to the City. Accessible units are typically 10% of all units in City-supported new affordable housing development.
Increase awareness of existing City housing services, resources and establish an ongoing rental assistance fund to address non-crisis for resident not qualified as disabled or senior.	A	100%	No	Housing has been incorporating elements of culturally competent outreach in its public engagement and outreach, securing VHDA planning grants to do so, as needed, so far. Support for appropriate translation and interpretation services at public meetings to ensure those impacted by development can participate should be a cost the City budget anticipates in future FYs.
Examine all housing policies, development and programs to ensure the City is affirmatively furthering fair housing and promoting racial and social equity	A	50%	Yes	The City is standing up the ability to provide this assessment within existing staffing resources. Among GARE, AFFH work and training occurring in Housing, as well as the equity function added within the CMO, we have the expertise review and update policies, development and programs, as needed.

	Coordination of services	Targeted Population	Progress	Funded	Notes
Stage 1	Coordinate access health (COVID related) and establish additional emergency beds for the continuum of care (homeless services)	Homeless			On-going but needs increase in funding
Stage 3	Provide PPE for childcare options for essential workers	A	25%	No	Both Centers and Family Day Homes need masks, protective clothing, social distancing marking, cleaning and sanitation products; children need 2 masks on site, adults need access to a mask each day (cloth).
Stage 3	Streamline (user-friendly) application system for social benefits and supports	A	0%	No	Need for common application when applying for similar services. For example- rental assistance at DCHS and Housing. Not funded. Review of technology and privacy needs as next step.
Stage 4	Partner with non-profits to connect people to healthy and affordable food sources and safety services	A			
Stage 4	Identify organizations (private, non-profit and faith-based) that address issues affecting the homeless and create opportunities to share information and leverage resources	H, Pre-H			Coordinating with various groups (private, non-profit and faith-based) to update the homeless strategic plan.
Stage 4	Develop strategies and improve coordination and integration of employment programs with homelessness assistance programs and providers to improved outcomes	H, Pre-H			Regular meeting with the OCS homeless and community services teams and WDC employment navigator to support collaborate persons experiencing homelessness have access to WDC services and resources
Stage 4	Ensure that all providers in the Continuum of Care work with clients to actively assist with participation in benefit programs and expanded health care enrollment as part of individual housing/service plans	H, Pre-H			Need to do another training for shelter staff on supporting clients in completing the benefits application on Commonhelp
	IT Initiatives	Targeted Population	Progress	Funded	Notes

	Initiatives	Targeted Population	Progress	Funded	Notes
Stage 3	Implement public space Wi-Fi and outdoor classroom in Arlandria, in partnership with Casa Chirilagua	A, ESOL	75%	Y	Funded through NACTO grant (awarded in August 2020
Stage 4	Make funding available for residents to obtain and utilize technology services to remotely access behavioral health care	A, ESOL	25%	N	
	Develop survey and work with community partners to understand the technology gaps in the community. May include Wi-Fi, devices, cost of service, etc.	A	0%	N	Next Steps include: • hire a firm that is familiar with broadband policy and strategy / digital literacy / etc. • create a survey • perform the data analysis • crowd sourcing map • define the goals as to how this information will be used • use the information to inform budgetary, policy, staffing, etc. needs and possible partnership opportunities
	Based on technology survey, develop and deploy strategy for ensuring internet access and digital literacy throughout the community	A	0%	N	

	ACCESS TO CARE				
	Initiatives	**Targeted Population**	**Progress**	**Funded**	**Notes**
Stage 4	Explore expansion, or increase homeless community utilization, of the Neighborhood Health Services Inc. (NHSI) initiative that provides integrated primary and behavioral health services	H, Pre-H			
	Provide increased information and access to SNAP and Medicaid Applications				

	Identify partnership opportunities to offer health and mental health services in city facilities, including recreation centers with Safe Place designation.	A, PEC, ESOL, H	0%	N	
	Implement targeted COVID-19 testing events with Neighborhood Health to provide access to testing and offer a medical home to underserved areas.	A, PEC, ESOL, H	50%	Y	
	Identify and utilize technological options to expand health and mental health care	A, Pre-H	0%	No	Ongoing coordination support from City
	Conduct outreach to older residents and adults with disabilities about health and community services, with special attention given to minority communities. (Including, multi-language informational materials). Outreach should include cross-departmental offerings, including RPCA	ESOL, Pre-H	No		The Commission on Aging and staff in the Division of Aging & Adult Services [DCHS] held several Listening Sessions with groups of older residents. The Listening Sessions were structured so that initially staff indicated City and private programs that are currently available to older Alexandria residents followed by opportunities for participants to ask questions as well as indicate additional needs.
	Sustain and expand current mental health, substance use disorders and developmental disability services to reduce or eliminate wait times Develop and execute a communication plan to reach older adults and adults with disabilities with information that enables them to prepare for emergencies.	Pre-H			

Key

A	Alice
PEC	Pre-Existing Condition
H	Homeless
ESOL	English to Speakers of Other Languages
M/IB O	Minority and Immigrant business owners

DV/S   Victims of Domestic Violence and
A   Sexual Assault

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