

# Human Services

## PROGRAM DESCRIPTION

The Human Services program consists of mental health, mental retardation, substance abuse programs, child care services, and support to individuals and families who are homeless. The Fairfax-Falls Church Community Services Board, the Department of Family Services, and the Office for Children are the major providers of these services.

### LINK TO THE COMPREHENSIVE PLAN

Fairfax County's Comprehensive Plan has established a number of objectives and policies in order to:

- ✓ Coordinate land-use compatibility in the programming of new human service facilities.
- ✓ Target facility construction in keeping with demand as exhibited by waiting lists for existing facilities. This includes long term residential facilities, treatment facilities, and barrier-free accessible group homes.
- ✓ Develop adequate transitional housing for homeless families.
- ✓ Provide for before and after-school child care needs of 15 percent of children attending elementary schools.
- ✓ Renovate, expand, and construct mental health centers and residential treatment facilities.

Source: 2003 Edition of the Fairfax County Comprehensive Plan, as amended

## CURRENT PROGRAM INITIATIVES

### **Fairfax-Falls Church Community Services Board**

The Fairfax-Falls Church Community Services Board (CSB) serves Fairfax-Falls Church residents with, or at-risk of, severe and persistent mental illness or acute psychiatric/emotional distress, mental retardation, or alcohol or drug abuse dependency. The CSB's mission is to support people to live self-determined and productive lives within the community, and to offer programs on prevention, treatment, residential, and other support services in a manner appropriate to the needs of each individual and family served. Mental Health and Substance Abuse services include emergency, outpatient, day programs, long and short term residential, prevention, and early intervention. In addition, inpatient psychiatric services are available for persons with mental illness, and detoxification services are available for people who have substance abuse problems. Mental Retardation services include case management, residential and day support, and family support. Additional services are provided through contractual arrangements.

An expanding mental health crisis exists in Virginia because of the increasing number of persons without health insurance, fewer private hospitals able to finance inpatient treatment, and chronic under funding of community mental health services, thus affecting the public safety, health, and welfare. The Commonwealth has developed an "Olmstead Plan" to direct localities to plan and provide a range of integrated community-based services for people with disabilities (Olmstead v. L.C. 527 U.S. 581; 1999).

However, due to a number of factors, there are insufficient resources to serve a diverse and growing community. CSB will need capital facilities to replicate the success of existing county programs (now filled to capacity) in the areas of mental health, and alcohol and drug treatment for youth and adults in recovery. In addition, aging citizens with disabilities and needing long-term supportive housing in assisted living arrangements require barrier-free housing for mobility throughout the structures. CSB has documented the critical need for community-based residential services for persons with mental retardation, mental illness, and substance abuse problems. Community residences thus have become a focal point for their care.

Currently, over 1,500 individuals need congregate residential services. Shortages of funding and a lack of barrier free housing impede development of these services. Demographic trends indicate that, if unmet, the increased demands for services will leave many citizens at risk for life threatening health problems caused by aging, substance abuse, chronic mental illness, and homelessness. Appropriate service delivery designed and delivered for individual needs has a long history of providing community stability for individuals and families.

Decreasing mobility and aging county residents in group homes have created an unmet need for barrier-free accessible homes to accommodate their needs, which is essential to comply with the Americans with Disabilities Act and the Virginia Olmstead Plan. Failure to provide these accommodations as needed prevents rapid discharges from hospitals, causing residents to be prematurely institutionalized to nursing home settings, and service delivery to be out of compliance with federal requirements. Thus, CSB has identified an urgent need to modify small residential group homes to accommodate the needs of the residents. Although not currently funded, a new 4,000-square foot single-level barrier-free residence would be developed on public land to provide supported housing for 6-8 residents with mental disabilities. As a model prototype, the design of the barrier-free group home could be modified for duplication on future sites.

#### **Department of Family Services**

The Office for Children (OFC) in the Department of Family Services (DFS) provides direct and support services to meet the child care needs of families in Fairfax County. These services advance the care, education and healthy development of children from birth through intermediate-school age. Through subsidized child development and family enhancement programs, low-income families are assisted in becoming self-sufficient and in breaking the cycle of poverty. The support services provided by OFC programs include coordinating all County-sponsored child care services for efficient delivery to residents, monitoring the child care provided in small home-based child care businesses in Fairfax County, tracking and responding to Federal and State child care legislation, and subsidizing child care fees of low and moderate income families using child care centers and family day care homes. The agency actively works to increase the supply of child care services and programs in the County by recruiting qualified providers for home-based care and by developing and funding new community-based child care centers. In addition, OFC works cooperatively with the business community to develop employer-sponsored child care benefit programs. The County also provides training and technical assistance to providers of child care in order to help them maintain and upgrade the quality of care for children. Parents are assisted in locating child care through the Child Care Resource System (CCRS) and, when selecting a family day care home, are assured of a safe child-care environment when such a setting has been issued a permit by the County.

Direct services provided by OFC programs include operating the School-Age Child Care (SACC) program in County elementary schools, and operating the Fairfax County Employees' Child Care Center for the children of County employees. The agency also administers the Head Start program (3-5 year-old children) for low-income families and operates and administers the Early Head Start program for low-income pregnant women and families with children from birth through two years of age.

In addition, DFS administers the County's homeless shelter system. Currently there are five homeless shelters in the County, two serving homeless individuals, one serving families only and two serving both families and single adults. The County shelters are full to capacity every night of the week throughout the year. The number of homeless persons has continued to rise. According to an annual point in time survey, homelessness has increased 17 percent over the past five years from 1,658 in 1998 to 1,949 in 2003. Of the homeless persons in 2003, there were 1,175 in families, including 843 homeless children. There is a critical need for increased shelter capacity. The community must have an adequate supply of shelter beds to be able to respond to immediate needs. Shelter capacity has not increased since 1991, but the County's population grew by approximately 185,000 persons between 1991 and 2003, an increase of 22 percent.

Homeless shelters can no longer meet true “crisis/emergency” needs of homeless families in the community. Since the spring of 1999 there has been an average of 50-70 families waiting 8-12 weeks for placement in the family shelters. Homeless families are forced to live doubled up with relatives or friends waiting for a shelter space to become available, placing everyone in the households' housing at risk. Homeless families with no other alternatives are being placed in motels to prevent them from living on the street or in other places not fit for human habitation, such as abandoned buildings, automobiles, or in the woods. While motels are an alternative resource for the homeless, they are a very poor environment for families, especially for the children in these families.

The Homeless Oversight Committee, in its 2001 Annual Message to the Board of Supervisors, recommended that an additional fourth family shelter be constructed to address the critical shortage of shelter beds for families. Pursuant to the recommendation, DFS staff in conjunction with staff from the Department of Housing and Community Development and the Facilities Management Division developed a proposal to construct a fourth family shelter. The new shelter will be a 60-bed facility with the capacity to serve up to 20 homeless families at a given time. A new shelter will help alleviate the use of motels as an alternative to shelters and will address the critical need for emergency shelter for homeless families. The new shelter will be administered by DFS and operated under the same general operating procedures currently in place in the three existing family shelters. In addition to a new family shelter, two transitional housing units are being considered with this project. The two transitional housing units will house up to three families in single family attached units in a Great House configuration.

### **Other Human Service Facilities**

Fairfax County continues to demand the timely delivery of specialized public health laboratory services, such as rabies, communicable disease, food-borne illness, and environmental and substance abuse testing. After 20 years of functional use, the existing Department of Health laboratory is in critical need of a comprehensive upgrade to meet current government standards for health and safety, particularly for the ventilation and operation of the Bio-Safety Level 3 (BSL-3) tuberculosis laboratory. The current laboratory is in leased space, is ideally situated near the geographic center of the County, is easily accessible by a wide variety of customers, and is colocated with the Department of Health Administrative Building. This facilitates enhanced communication between laboratory and epidemiology staff. However, security requirements for laboratory operations make it somewhat undesirable for the laboratory to be located in a public building, and thus limit the amount and variety of testing currently available. It would be more cost effective to relocate in a County-owned building that would give enhanced safety and more reliable maintenance of special scientific equipment and ventilation systems. Therefore, a laboratory location at a more secure County-owned building is being considered.

Several new initiatives have been included in FY 2007 to support low income assisted living facilities for seniors and long term care support programs for seniors. These initiatives are designed to facilitate public/private partnerships, stimulate community involvement, and leverage additional sources of funds to address solutions to Countywide senior issues.

## **CURRENT PROJECT DESCRIPTIONS**

- 1. Katherine K. Hanley Family Shelter.** \$6,664,297 for site acquisition and planning for a new 16,500 square-foot, 60-bed facility to accommodate up to 20 homeless families needing temporary shelter. The facility will be located on Lee Highway in western Fairfax County, and will help alleviate the use of motels and address the critical need for an emergency shelter for homeless families. The new shelter will be administered by the Department of Family Services and operated under the same general operating procedures currently in place at the other three family shelters. This new family shelter facility also includes two significant off-



Artist rendering of Katherine K. Hanley Family Shelter

site trail sections in the Lee Highway corridor, and provides the site infrastructure for the future Transitional Housing units to be located on the site. Construction of the family shelter is scheduled to start in 2006.

2. **School Age Child Care Centers.** This is continuing project for which a contribution of \$750,000 per year is funded to offset school operating and overhead costs associated with SACC centers.
3. **Mt. Vernon Mental Health Center.** \$10,130,000 is estimated for a 15,000-square foot addition and renovation for the Mt. Vernon Mental Health Center to address health and safety issues, and to meet service and personnel requirements. The approved project scope and budget may need to be re-evaluated due to the recent significant escalation of construction costs in the region. This project is supported by General Obligation bonds approved as part of the fall 2004 Human Services/Juvenile Facilities Bond Referendum.
4. **Woodburn Mental Health Center.** \$7,757,000 is estimated for renovation of the Woodburn Mental Health Center to address health and safety issues, and to meet service and personnel requirements. Opportunities to establish a new facility as part of a larger Mid-County Human Services Center at an alternate site also are being investigated. This project is supported by General Obligation bonds approved as part of the fall 2004 Human Services/Juvenile Facilities Bond Referendum.
5. **Gregory Drive Facility.** \$3,800,000 for renovation and expansion of the Gregory Drive facility to accommodate a relocation of the therapeutic mental health and substance abuse program from a privately owned house, thereby reducing costs and improving service delivery. The renovation will increase service capacity to 16 residents with 24-hour staff support services. The approved project scope and budget may need to be re-evaluated due to the significant recent escalation of construction costs in the region. This project is supported by General Obligation bonds approved as part of the fall 2004 Human Services/Juvenile Facilities Bond Referendum.
6. **Fairfax Family Care.** \$500,000 to support the Fairfax County CARE Fund, a project to address current shortages in low income assisted living facilities. The Fairfax County CARE Fund is a public/private collaborative partnership that will enable a one-time public investment of \$500,000 to leverage an additional \$2 million in private funds to address the critical shortage in assisted living options for low income seniors and adults with disabilities. Only two facilities currently target low income persons, Lincolnia Center (52 beds), and the District Home (64 beds, with 19 of these earmarked for Fairfax County residents). Currently, there is a waiting list of 205 individuals for the Lincolnia Center and/or the District Home. The average cost in Fairfax County for a private assisted living level of care exceeds \$4,000 per month. For persons who cannot afford that monthly payment, the only public assistance for assisted living is Auxiliary Grant (AG); however, the maximum monthly gross income limit to qualify for an AG in Northern Virginia is only \$1,219. As a result, many do not have the ability to pay for assisted living. Once established, the CARE fund will help develop affordable assisted living options for these individuals. It is also expected that the CARE Fund will provide the stimulus for facilities to develop creative strategies to address the gap between AG payments and actual operational costs while enabling the creation of additional affordable bed space.
7. **Strategic Planning for Long Term Care.** \$400,000 to support a new long term care non-profit that will integrate the various long term care support programs in the community, build capacity, and develop a single, coordinated long term care system that will be easier for families to navigate when seeking the most effective care for their loved ones. This organization will help facilitate community participation, assure capacity expansion, support implementation of the Long Term Care Strategic Plan and stimulate collaborative partnerships. It will serve as the focal point for the development of a quality long term care system, leveraging additional resources among providers, consumers, government agencies, nonprofits, for profits, educational institutions, businesses and faith-based organizations to cooperatively develop long term care solutions.
8. **Fairfax County Incentive Fund (FCIF).** \$300,000 to support the proposed Fairfax County Incentive Fund (FCIF). The FCIF will aim to widen the array of services available in the community by providing grants to community organizations to stimulate the development of self-sustaining initiatives that will build additional long term care options for seniors and adults with disabilities in underserved communities. Special attention will be paid to ethnic and cultural minorities. This program will be established with an initial \$300,000, and supported by a recurring investment for three years.

**PROJECT COST SUMMARIES  
HUMAN SERVICES  
(\$000's)**

Project Title/ Project Number	Source of Funds	Anticipated to be Expended Thru FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Total FY2007-FY2011	Total FY2012-FY2016	Total Project Estimate
1. Katherine K. Hanley Family Shelter / 009464	G, X	4,300	2,364					2,364		6,664
2. School Age Child Care Centers / 007012	G	C	750	750	750	750	750	3,750	3,750	7,500
3. Mt. Vernon Mental Health Center / 04A004	B	1,630	3,000	3,500	2,000			8,500		10,130
4. Woodburn Mental Health Center / 04A003	B	127	900	3,000	3,000	730		7,630		7,757
5. Gregory Drive Facility / 04A002	B	730	1,840	1,230				3,070		3,800
6. Fairfax Family Care / 009496	G	0	500					500		500
7. Strategic Planning for Long Term Care / 009497	G	0	400					400		400
8. Fairfax County Incentive Fund (FCIF) / 009498	G	0	300	300	300	300		1,200		1,200
<b>TOTAL</b>		\$6,787	\$10,054	\$8,780	\$6,050	\$1,780	\$750	\$27,414	\$3,750	\$37,951

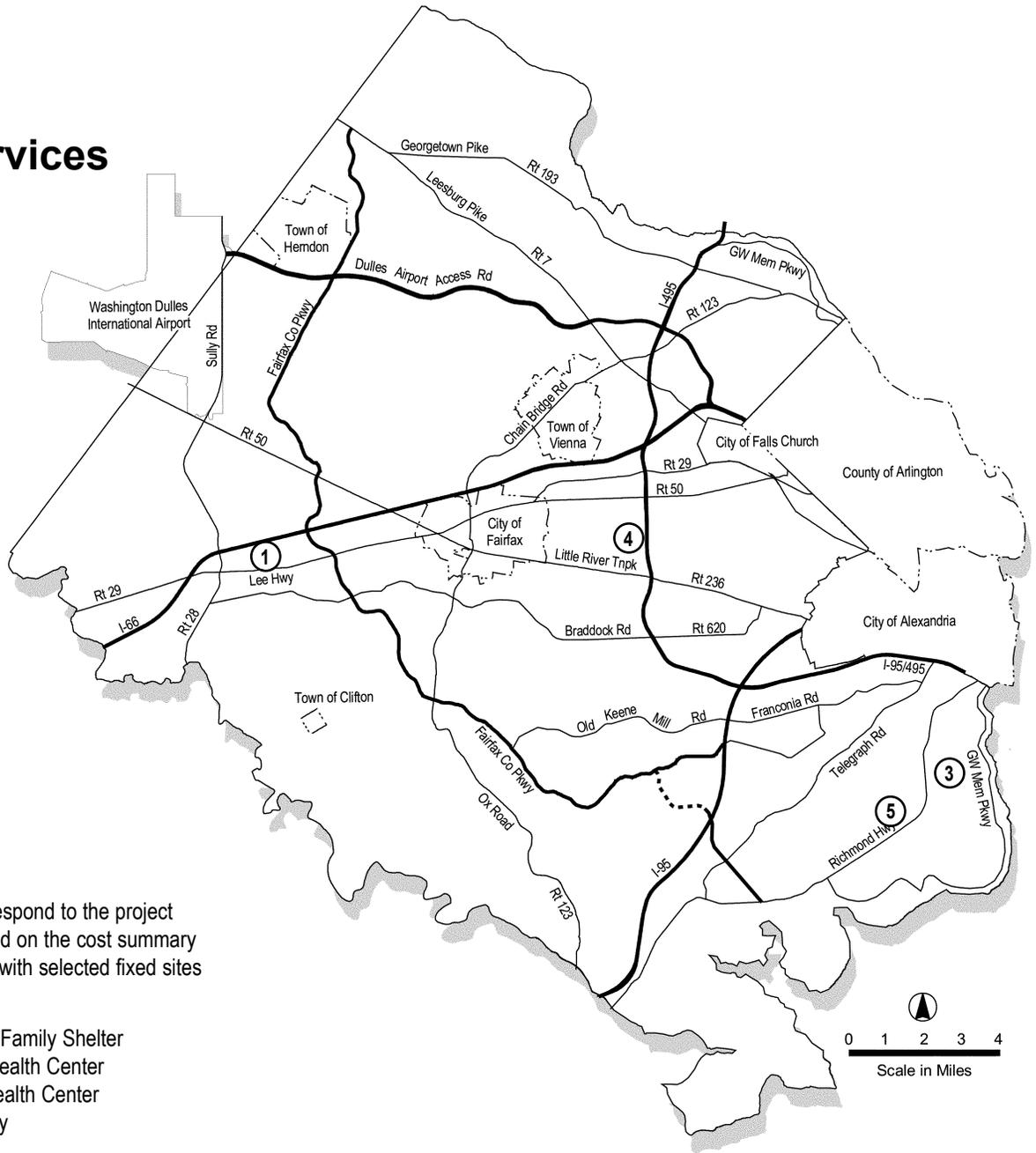
Key: Stage of Development	
	Feasibility Study or Design
	Land Acquisition
	Construction

Notes:  
Numbers in **bold italics** represent funded amounts.  
A "C" in the "Authorized to be Expended Thru FY 2006" column denotes a continuing project.

Key: Source of Funds	
B	Bonds
G	General Fund
S	State
F	Federal
X	Other
U	Undetermined

# Human Services

## Location of CIP Projects



**Note:** Map numbers correspond to the project descriptions in the text and on the cost summary tables. Only CIP projects with selected fixed sites are shown on the map.

- 1. Katherine K. Hanley Family Shelter
- 3. Mt. Vernon Mental Health Center
- 4. Woodburn Mental Health Center
- 5. Gregory Drive Facility