Human Services

PROGRAM DESCRIPTION

The Human Services program consists of mental health, intellectual disabilities, 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, Community and Recreational Services and the Health Department 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:

- ✓ Develop human services centers to serve the eastern and western portions of the County.
- ✓ Provide for the residential needs of persons with mental illness, intellectual disability, and substance abuse problems through small and large supervised and supported residential services located Countywide.
- ✓ Develop adequate transitional housing for homeless families, and provide for the before- and after-school child care needs of 15 percent of children attending elementary schools.
- ✓ Locate public health offices to maximize accessibility to the service population.
- ✓ Expand and renovate Mt. Vernon and Woodburn mental health centers.

Source: 2007 Edition of the Fairfax County Comprehensive Plan, Areas I, II, III, & IV, and the Policy Plan Element, Human Services Section, as amended.

CURRENT PROGRAM INITIATIVES

In line with the notion of preparing Fairfax County for the future, the Human Services leadership team has envisioned a comprehensive Human Services Capital Improvement Plan (CIP) and is working to develop this concept further. This vision addresses efficient delivery of human services that meet individual and community needs of the County residents and supports the sensitivity to the trends most likely to influence and impact County government programs and services. Noting the County's vision: "…*in partnership with the community, we shape the future,"* a comprehensive CIP supports human services delivery centers that are owned by the County and are community facilities. These facilities are viewed as community focal points, instead of institutional government buildings. Human Services' leadership team continues to develop a comprehensive Human Services CIP based on the County's Guiding Principles and will address human services agencies capital improvement needs. The goals will promote co-location of provided services and revitalization of communities including:

- Allowing future growth of the service areas that meet the community's existing requirements and emerging needs identified through the socio-economic indicators as well as demographic parameters and trends;

- Providing efficient service delivery by co-locating pertinent service providers in a readily accessible and user-friendly environment. Service delivery centers need to strategically and comprehensively integrate the human element and work environment to achieve optimization in service delivery;

- Exercising principles of sound financial management and balancing the planned service delivery centers with the fiscal capacity of the County. The current commercially leased human services facilities may more effectively be replaced with County owned centers in order to stop incurring excessive expenses for delivery of services; and

- Promoting economic vitality and supporting high quality of life. The focus of future development is shifting from accommodating new growth to that of redevelopment and providing more lifestyle choices for an increasingly diverse population.

The Human Services' leadership team recognizes the importance of developing a coordinated CIP that is comprehensive and results in the development of service delivery centers that combine efficiency with caring. By developing facilities that provide services, trainings, technology and conferences, residents will benefit and the community will gain strength. A coordinated Human Services CIP will catalyze and foster open communication and community engagement, especially in emerging communities. This Plan will also strengthen the existing partnerships between County service providers and non-profit organizations.

The Human Services delivery system represents a multi-dimensional response to the needs of a wide range of County residents. In addition, Human Services delivery is driven by factors that the system has little or no control over, including:

- Social Factors (e.g., shifts and changes in various population segments, such as the expanding aging population and ethnic diversity);

- Economic factors (Lease costs and market value of the real estate); and

- Inter-governmental factors.

It should be noted that some factors that can considerably affect the human services delivery system are inherently difficult to forecast accurately. The Department of Systems Management for Human Services' extensive work indicates that demographic trends are difficult to project from a human service delivery standpoint. The primary reason is that such services should be arranged to meet not only the existing, but also the emerging, needs of a community in transition. Recent studies on the local level have provided information on correlations between demographic trends and service implications. Fairfax County will experience a steady increase in the number and percentage of persons age 65 and older through 2010 due to longer life spans and the number of persons currently between 60 and 65 who are expected to remain County residents. The senior population in Fairfax County will expand more rapidly after 2010 because the oldest baby boomers will reach age 65 in 2011, increasing the rate of growth of this age group. For example, the "Long Term Care" study conducted by the Long Term Council shows that attention needs to be paid to the aging population in Fairfax County. The County is experiencing an increase in the elderly population in recent years and research shows that this trend will continue for the next several years. This increase in the aging population will increase the demand for programs that provide support and respite for caregivers and care for those without family caregivers. It will also increase the need for adult day health care, community health care network and senior assisted living, as well as initiatives such as Program of All-Inclusive Care for the Elderly (PACE). Several CIP projects are currently in place to respond to the already occurring trends in the County.

At present, the Human Services system is unique among the County service systems in that it not only delivers a wide spectrum of services through both private and public agencies, but these services are delivered in a variety of settings which include: private homes, satellite field offices, residential group homes, senior centers, health care facilities and regional co-located service centers.

Over the past several years, the County implemented a regional approach to the human service delivery system. This approach allows for drawing on regionally based staff from multiple agencies to respond to the strengths and needs of specific communities. This approach also has allowed Fairfax County to participate in the national trend to nurture citizen and community engagement more effectively. In

addition, co-locating the service providers has enabled the regional facilities to promote the one stop shopping idea. It has also fostered collaboration and better flow of information among various service providers. Implementation of the professional development initiatives for the work force has improved the quality of services and has been possible because of the service areas co-location.

The County's Human Services System is currently divided into four distinct regions. Each region has a major co-located Human Services delivery facility and many smaller sites that provide services to the County residents. Department of Systems Management for Human Services, Department of Administration for Human Services, Health Department, Department of Family Services, Department of Community and Recreation Services, Community Services Board (Mental Health, Mental Retardation & Alcohol and Drug Services), Department of Housing and Community Development and Juvenile and Domestic Relations Court Services all have presences at these regional facilities. It should be noted that the Human Services delivery system is greatly enhanced by contributions from the private sector providers and community/neighborhood based organizations.

Several specific agency initiatives in the Human Services area are included below:

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, intellectual disability 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. Intellectual disability services include case management, residential and day support and family support. Additional services are provided through contractual arrangements.

The mental health crisis in Virginia is expanding because of the increasing number of persons without health insurance, the decrease in private hospitals able to finance inpatient treatment and a lack of resources for community mental health services. This crisis affects the safety, health and welfare of all Virginians. CSB has also documented the critical need for community-based residential services for persons with intellectual disabilities, mental illness and substance abuse problems. Currently, over 1,500 individuals need affordable housing, congregate residential services like group homes, assisted living and/or residential treatment facilities. Shortages of funding and a lack of handicapped accessible housing have impeded the development of these services.

Demographic trends indicate that if the increased demands for services are unmet, many citizens will be at greater risk for life threatening health problems caused by aging, substance abuse, chronic mental illness and homelessness. In recent years, there appears to be a rise in the number of individuals reporting abuse of prescription drugs, opiates in particular. In addition, the number of young (18 – 30 year old) opiate dependent people appears to be increasing. Several trends noted in previous years also continue. Individuals served often have concurrent acute and/or chronic medical problems. Individuals often present with more than one disorder (i.e. co-occurring mental health and substance abuse). In collaboration with the community planning to end homelessness, the CSB is adopting more "*Housing First*" options, a well documented approach to housing people who may be treatment resistant initially, and who are supported with a housing placement not contingent on services. The goal is to build relationships with the consumers and work to increase their insight and need for appropriate mental health or substance abuse support services, always respecting their individual choices. The provision of the housing provides an opportunity for real stability which often reduces the trauma of multiple housing moves, and lack of personal case management for many people with chronic issues. More residential sites need to be funded in the CIP to address the ongoing housing and service demands.

The CSB has actively participated in the CIP process since 1985 and has received funding for the construction of several projects. However, due to a number of factors, there are insufficient resources to deliver well-designed services to a diverse and growing community. CSB will need capital facilities to expand successful mental health and substance abuse programs which have reached capacity, and to provide additional options for critical service delivery.

In addition, aging citizens with disabilities require handicapped accessible living arrangements. Failure to provide these accommodations increases the length of hospital stays and often leads to the premature

institutionalization of residents to nursing home settings. Further, failing to provide these arrangements may cause Fairfax County to be out of compliance with the requirements of the federal Americans with Disabilities Act (ADA) and Virginia's Olmstead Plan. CSB has identified an urgent need to modify small residential group homes to accommodate the physical needs of the residents. Although not currently funded, a new 4,000-square foot single-level barrier-free residence is envisioned to provide supported housing for 6-8 residents with mental disabilities, and increase the accessible housing inventory. As a model prototype, the design of the handicapped accessible group home could be modified for duplication on future sites.

The CSB Board has indicated their strong interest in more collaboration among County agencies to review land and other resources that may best serve the need for more affordable and long term housing for people with disabilities. A thorough analysis of opportunities for co-locations and shared sites would enhance service delivery and keep services close to community resources such as libraries, shopping centers, public safety facilities, parks and recreation and retail and employment areas. The CSB is also actively participating in the development of new Community Behavioral Health facilities, which is updating the community mental health system to better meet consumer and community needs.

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. Services to the homeless include homeless prevention services, medical/health care in the homeless shelters, drop-in centers for the unsheltered homeless, and hypothermia centers developed in partnership with the community. Currently, there are six homeless shelters in the County, two serving homeless individuals, two 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 in the County has continued to rise. According to the 2007 point in time survey, there were 1,813 homeless persons, including 1,083 in families, of which 674 were children.

Homeless shelters can no longer meet "crisis/emergency" needs of homeless families in the community. At any given time, there is an average of 80 families waiting 8-12 weeks for placement in the family shelters. Homeless families are forced to live with relatives or friends waiting for a shelter space to become available, placing everyone living in the household 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. Permanent housing opportunities are needed and partnerships to develop/obtain such housing will be strongly supported.

The Homeless Oversight Committee, in its 2001 Annual Message to the Board of Supervisors, recommended that an additional 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 new 60-bed shelter facility with the capacity to serve up to 20 homeless families at a given time. This shelter is helping to alleviate the use of motels as an alternative to shelters and addresses the critical need for emergency shelter for homeless families. The Katherine K. Hanley Family Shelter is administered by DFS and operated under the same general operating procedures currently in place at the existing family shelters.

In light of the continuing demand for homeless services, Fairfax County is looking to make significant changes in the way services are delivered. Members of the community have responded to the County call for ending homelessness. Community representatives have joined with non-profit organizations, faith communities and County staff to develop new strategies for preventing and ending homelessness.

One strategy to be examined is how all of the shelters could be used differently. In some areas homeless shelters have been converted to permanent housing and/or assessment and triage centers. These centers are used to assist homeless and potentially homeless persons and to provide access to the most appropriate available housing and supportive services options. The Katherine K. Hanley Family Shelter, opened in August 2007; however, the five shelters that predate this newest shelter, are all more than 20 years old and do not meet modern standards for accessibility or enhanced services delivery. Planning for major renovations to these shelters is required in the near future.

One way to initiate these renovations is to conduct engineering/architectural studies, in conjunction with service delivery teams who will operate programs in a vastly different “Housing First, Rapid Rehousing” service delivery model. Another benefit of this comprehensive approach is that the County can plan for rehabilitation of buildings, staged over a period of a few years.

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 undergoing 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 collocated 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 is more cost effective to relocate the laboratory to 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 constructed.

The Department of Health laboratory is undergoing a comprehensive upgrade to meet government standards for health and safety, particularly for the ventilation and operation of its Bio-Safety Level 3 tuberculosis laboratory.

CURRENT PROJECT DESCRIPTIONS

1. **School Age Child Care Centers** (Countywide): 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.

2. **Mt. Vernon Mental Health Center** (Mt. Vernon District): $10,900,050 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. This project is supported by General Obligation bonds approved as part of the fall 2004 Human Services/Juvenile Facilities Bond Referendum and the General Fund.

3. **Woodburn Mental Health Center** (Providence District): $7,780,000 is available 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.

4. **Gregory Drive Facility** (Lee District): $4,951,429 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. This project is supported by General Obligation bonds approved as part of the fall 2004 Human Services/Juvenile Facilities Bond Referendum and the General Fund.

Artist rendering of the Gregory Drive Facility to accommodate the therapeutic mental health and substance abuse program for County residents.

5. **County Health Laboratory Relocation** (Fairfax City): $6,500,000 to support the renovation of the Belle Willard school property in preparation for the replacement of the County's health lab. The lab provides timely delivery of specialized public health laboratory services, such as testing for rabies, communicable disease, food-borne illness and environmental and substance abuse. After 20 years of use, the existing Department of Health laboratory was 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. Currently, the health lab is in leased space which is in need of substantial renovations in order to keep the lab operational. In addition, 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. This replacement facility will enable the Health Department to comply with current safety standards and increase lab security. It was more cost effective to relocate the laboratory to a County-owned building that provides enhanced safety and more reliable maintenance of special scientific equipment and ventilation systems.

6. **North County Human Services Center Feasibility Study** (Hunter Mill District): Funding of $150,000 was originally earmarked for a feasibility study to examine the possibility of expanding the North County Human Services Center. Funding of $125,000 has been re-directed to the East County Human Services project below based on a potential Public Private Partnership which may accelerate the East County project. The Department of Planning and Zoning is currently conducting a land use study of the entire North County Government Complex including the Human Service Center.

7. **East County Human Services Center** (TBD): $125,000 was redirected from the North County Human Services project listed above to begin space programming and environmental assessment work on a new East County Human Service Center. This project supports a co-located Human Services service delivery site. This facility will provide enhanced service delivery to the residents of the Eastern part of the County. The goal for this facility will be to address the residents' needs in an effective and efficient manner by co-locating agencies in this center.

PROJECT COST SUMMARIES
HUMAN SERVICES
($000's)

Project Title/ Project Number	Source of Funds	Budgeted or Expended Through FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	Total FY2011-FY2015	Total FY2016-FY2020	Total Project Estimate
1 School Age Child Care Centers / 007012	G	***C***	***750***	750	750	750	750	3,750	3,750	7,500
2 Mt. Vernon Mental Health Center / 04A004	B, G	***8,686***	***1,300***	***914***				2,214		10,900
3 Woodburn Mental Health Center / 04A003	B	***842***	***3,750***	***3,188***				6,938		7,780
4 Gregory Drive Facility / 04A002	B, G	***3,066***	***1,885***					1,885		4,951
5 County Health Laboratory Relocation / 009520	G	***6,500***						0		6,500
6 North County Human Services Center Feasibility Study / 009505	G	***25***						0		25
7 East County Human Services Center/009701	G, U	***125***						0		125
TOTAL		***$19,244***	$7,685	$4,852	$750	$750	$750	$14,787	$3,750	$37,781

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

Notes:
Numbers in ***bold italics*** represent funded amounts.
A "***C***" in the 'Budgeted or Expended' column denotes a continuing project.

Key: Source of Funds

B	Bonds
G	General Fund
S	State
F	Federal
X	Other
U	Undetermined