

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

The Human Services leadership team continues to develop a comprehensive Human Services Capital Improvement Plan (CIP) with a vision which 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. The goals of the Human Services CIP 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 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 is expanding more rapidly 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.

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 program, 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 local system of community based services for people with mental illness, intellectual disabilities and alcohol or drug dependency is operating in an increasingly challenging environment: growing numbers of persons lack health insurance, fewer private hospitals can finance inpatient treatment, long-term care options are out of reach for most families, and resources for community services are declining. At the same time, demand is steadily growing. This region has witnessed an influx of veterans coping with brain injuries, post traumatic stress disorder, and other conditions who require numerous mental health services. New State mandates call for CSBs across Virginia to begin serving people with autism spectrum disorders and developmental disabilities in several years. The CSB has also documented the critical need for community-based treatment and residential services for persons with mental illness and substance abuse problems who are aging or have co-occurring and intensive mental health and medical needs. Nearly one in ten individuals receiving ongoing CSB services is over the age of 55. The baby boom cohort is experiencing the onset of physical health issues associated with aging, yet they are expected to live longer than any previous generation. The population of persons age 65 and older is projected to increase 68 percent between 2005 and 2025. Therefore, the population of aging adults with mental illness, intellectual disabilities and substance abuse disorders is likely to similarly grow over the next 20 years. The combined medical, mental health and physical care concerns this population will require our system to develop significant capacity for their specialized housing needs. Over 1,600 individuals are currently on CSB waiting lists for affordable housing, congregate residential services such as group homes, assisted living, and/or residential treatment facilities. The loss of market rate affordable housing, funding shortages and a lack of physically accessible housing have hindered the development of these services. Finally, in recent years, the number of individuals reporting abuse of prescription drugs (opiates, in particular) seems to be rising. In addition, the number of young (18 – 30 year old) opiate dependent people appears to be increasing. The CSB's medical and social detoxification center reports it turns away approximately 500 people a year due to lack of space.

Demographic trends indicate, if increased demands for services are unmet, many residents will be at greater risk for life threatening health problems caused by aging, substance abuse, chronic mental illness and homelessness. The lack of appropriate treatment facilities and supportive housing options often interferes with discharge planning, disrupts the recovery process, and puts individuals at risk of homelessness, incarceration, hospitalization or institutionalization.



The New Horizons Treatment Center, located on Gregory Drive in Alexandria, opened in July 2010.

The CSB has actively participated in the CIP process since 1985 and has received funding for the construction of several projects, most recently the renovation and expansion of the Gartlan Mental Health Center (formerly the Mount Vernon mental Health Center) and the renovation and expansion of the Gregory Drive facility to accommodate the relocation of a therapeutic mental health and substance abuse program. Although resource constraints have limited the CSB's ability to grow in some areas and to address certain critical needs, the numerous changes occurring within and outside the service system are

impelling the CSB to re-think its service models and explore whether different types of facilities can support these models. Over the coming fiscal year, the CSB will embark upon a strategic plan to reconfigure its capital needs program. Proposed projects will be shaped by: (1) treatment and service paradigms that promote recovery and self-determination, (2) additional populations the CSB will serve (e.g., people with autism, "Wounded Warriors"), (3) key activities such as the goals and objectives of the County's Ten Year Plan to End Homelessness, the Blueprint for Housing, the Beeman Commission, and federal Money Follows the Person demonstration projects, (4) opportunities to craft different business models that include shared facility use/co-locating programs, public-private ventures, and effective use of county resources (e.g., affordable dwelling units), (5) new state and federal health care reform requirements, and (6) the restructuring of management and systems at the CSB, Human Services and County levels. The intent of this planning process is to identify critically needed facilities that will provide the most person-centered, efficient, effective and collaborative CSB services.

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.

Office to Prevent and End Homelessness

The Office to Prevent and End Homelessness administers the County's homeless shelter system. Services to the homeless include homelessness 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. 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.

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.

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. **Woodburn Mental Health Center** (Providence District): \$7,780,000 in General Obligation bond funding is available for the Woodburn Mental Health Center approved as part of the fall 2004 Human Services/Juvenile Facilities Bond Referendum. This project ultimately includes the proposed design and construction of a 200,000 square foot replacement facility for the current Woodburn Mental Health Center and a consolidation of Community Service Board programs currently located in lease space. The County has entered into a two phase Contract of Sale with Inova Health Systems for the transfer of approximately 15 acres of land including the Woodburn Mental Health Center and Woodburn Place in exchange for an approximate 5 acre parcel/pad site at Willow Oaks II, a \$15 million cash payment, and a ten year lease of 40,000 square feet within the new Mid County Center building. The first phase of the Contract of Sale was approved in early 2011. The second phase is expected to be approved by early 2012. The order of magnitude total project estimate is \$101 million, and could be funded through a combination of compensation to be received for the current site, savings from lease consolidation, the currently approved general obligation bonds and economic development bond funds. Final design documents are scheduled for completion in late 2011 with an anticipated bid date of January/February 2012.
3. **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.
4. **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 and is being evaluated as a Public Private Partnership project. 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 2011 | | | | | | Total FY2012- FY2016 | Total FY2017- FY2021 | Total Project Estimate |
|---|-----------------|--------------------------------------|---------------|---------------|---------------|--------------|---------|----------------------|----------------------|------------------------|
| | | | FY 2012 | FY 2013 | FY 2014 | FY 2015 | FY 2016 | | | |
| 1 School Age Child Care Centers / 007012 | G | C | 750 | 750 | 750 | 750 | 750 | 3,750 | 3,750 | 7,500 |
| 2 Woodburn Mental Health Center / 04A003 | B, X | 5,000 | 13,000 | 42,000 | 34,000 | 7,000 | | 96,000 | | 101,000 |
| 3 North County Human Services Center Feasibility Study / 009505 | G | 25 | | | | | | 0 | | 25 |
| 4 East County Human Services Center/009701 | G, U | 125 | | | | | | 0 | | 125 |
| TOTAL | | \$5,150 | \$13,750 | \$42,750 | \$34,750 | \$7,750 | \$750 | \$99,750 | \$3,750 | \$108,650 |

| 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 |

Human Services Project Locations



2 Woodburn Mental Health Center

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