INVENTORY OF COUNTY ACTIVITIES, PROGRAMS, AND SERVICES

Volume 3

Human Services

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September 2001

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Office For Women

▶ Agency Mission

To remove barriers to women and girls so that they are better able to benefit from and contribute to the community.

▶ Trends/Issues

The Office For Women is a General Fund agency that works closely with the Commission For Women, a sole source contributory organization of the County. The Office For Women has one CAPS, Initiatives and Programs for Women and Girls. Trends, initiatives, changes, and challenges are identified in the CAPS Summary.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
05-01	Initiatives and Programs for Women and Girls	$480,735	8/7.5
TOTAL Agency		**$480,735**	**8/7.5**

05-01-Initiatives and Programs for Women and Girls

Fund/Agency: 001/05	Office for Women	
Personnel Services	$454,292	This CAPS accounts for 100 percent of total expenditures
Operating Expenses	$26,763	
Recovered Costs	$0	
Capital Equipment	$0	
Total CAPS Cost:	**$481,055**	
Federal Revenue	$0	
State Revenue	$0	
User Fee Revenue	$320	
Other Revenue	$0	
Total Revenue:	**$320**	
Net CAPS Cost:	**$480,735**	
Positions/SYE involved in the delivery of this CAPS	8/7.5	

▶ CAPS Summary

The Office For Women was previously two programs, the Career Development Center for Women and the Financial Education Center. The Office For Women (OFW) removes barriers to women and girls through: policy development, information and assistance, community programs, and partnerships that effect change. OFW operates in both a county and a regional context, and it is closely aligned with the Commission For Women (CFW), an advisory body to the Board of Supervisors. The Director of the OFW reports to the Commission Chair and has a liaison relationship with the Deputy County Executive. There are some 300 state and local commissions for women across the United States, each different in structure and its relationship with an elected body. However, all commissions for women--and the offices for women affiliated with them-- seek women's full participation in social and economic areas through policy recommendations brought forward to key decision makers. A common goal of these organizations is to include women's perspectives in the decisions of government, where historically women's needs have not been well understood or addressed.

In the early 1980's, offices for women typically were remedying discrimination against women in employment, credit, housing, legal treatment, and education. During this time, OFW designed training for displaced homemakers, helped improve services for sexual assault victims, held job fairs, and provided financial counseling programs for County residents.

In the past twenty years, blatant sex discrimination has diminished through legal recourse and economic changes, but true equality for women and girls remains a struggle in many areas of life and work:

- Single mothers comprise the largest percentage of people living in poverty. More than one-third of female-headed households live below the poverty line. For African-American and Hispanic female heads of household, the number rises to 50 percent.
- The U.S. has the greatest percentage of elderly women in poverty of all the major industrialized nations. Nearly 40 percent of older women who live alone live in poverty or near the poverty level.
- More than 73 percent of women in Fairfax County are in the labor force, compared to 59.7 percent nationally. This makes the availability of high quality, affordable child care, flexible work policies, and family leave all the more critical for families in Fairfax County and for employers who wish to retain their employees.
- Nationally, women represent only 5 percent of senior managers, 11 percent of engineers, 6 percent of machinists, and less than 3.5 percent of firefighters, carpenters, electricians, and pilots. Women are still occupationally clustered into sales, retail, and administrative fields.
- Only 38 percent of women receive employer-provided pension benefits compared to 57 percent of men.
- Women-owned businesses receive less than 3 percent of the over $200 billion in Federal procurement dollars.
- In 1984, women earned 37 percent of undergraduate computer science degrees; in 1999, women earned less than 20 percent of computer science degrees. In the U.S., women hold only 19 percent of science and technology jobs, and they leave them at twice the rate of men. In the Fairfax County Public Schools, boys outnumber girls by 4 to 1 in advanced placement computer science classes.
- The Federal government has provided free breast and cervical cancer screening to more than 2.5 million women over the past 10 years. Still, a recent study by the Centers for Disease Control and Prevention (CDC) estimated that the Federal screening program only reaches between 12 percent and 15 percent of eligible women. In addition, women whose breast cancer was detected by the Federal screening program were three to four times more likely to have late-stage disease.
- According to the U.S. Department of Health and Human Services, one in four women report that they have been victims of domestic violence or stalking by a spouse, partner, or date. Violence against women is the number one cause for injury of American women between the ages of 15 and 44.

These realities are a legitimate focus of public policy. Moreover, local government stands as the best vehicle to effect change for women in their communities. The Office For Women is the one entity in Fairfax County that integrates public policy, leadership, advocacy, and information directed toward policy reform for women and girls. Because OFW represents the interests of all the County's women, we have a comprehensive approach to solutions and offer a voice for women who are most disadvantaged economically and socially. It is through collaboration and consensus, rather than regulation or enforcement, that OFW removes barriers. OFW and CFW spotlight these barriers for the community: for example, inadequate treatment of domestic violence victims, the glass ceiling in County government, inequities in girls' athletics, and the under-representation of girls in technology.

Key Accomplishments

Fairfax County government has been a regional and national leader on several issues affecting women. The most significant accomplishment for OFW itself has been our ability to identify an emerging issue, act as a catalyst for addressing that issue, galvanize stakeholders, and change or develop policy.

Among OFW's accomplishments (some in conjunction with CFW):

- In 1978, established the first women's shelter for victims of domestic violence in the Washington D.C. metropolitan area — also one of first in the nation.
- Established the Re-entry Women's Employment Center in 1979, the first local government program to help displaced homemakers reenter the job market. In 1985, established the Financial Education Center to provide money management and reverse mortgage counseling for women and their families. Both programs were recognized by the National Association of County Organizations.
- In 1986, OFW sponsored the first of six annual Women's Job Fairs that served over 7,000 job seekers, the first of its type in the metropolitan area.
- A 1993 report on gender distribution of Fairfax County Boards, Authorities, and Commissions brought to public attention the need for the Board of Supervisors to appoint more women and minorities to the Board's advisory groups.
- Work/family policies and glass ceiling barriers were addressed between 1990 and 1997. A report on job sharing led to the Board of Supervisors' approval of new job sharing policies and practices. A 1994 work/family report recommended more flexible scheduling, a work/family task force, and a telecommuting pilot in County government. A 1997 report on breaking the glass ceiling for women in County government has led to a number of workplace improvements: an outreach recruiter position, organizational exit interviews, and more coaching and development for women in the pipeline and in senior management. OFW/CFW was the catalyst and resource for the County's first job fair for Women in Public Safety in 2001. A number of these efforts have been adapted by other local and state governments and recognized by the National Association of Commissions For Women, the United States Department of Labor Women's Bureau, and Northern Virginia Family Services.

- In 1997, only one high school girls' softball field had lighting and irrigation compared to 23 such fields for high school boys. At the recommendation of the Commission For Women, the Board of Supervisors set up a Girls' Fast Pitch Softball Equity Action Plan Review Team to monitor a 5-year equity plan for the 5,000 girls who play softball. Today, there is lighting or funding approved for over 21 of 24 the County's high school varsity softball fields. The Department of Community and Recreation Services funded improvements to 26 field sites, and there is a plan to build two fields at Wakefield Park.

- OFW's Legal Roundtable has brought together judges, attorneys, and service providers to improve women's access to legal information — resulting in expansion of the Fairfax Bar Association's Pro Bono Neighborhood Outreach, a group of volunteer lawyers.

- For the past two years, OFW has been an innovator in developing strategies and programs that encourage girls' participation in technology education and careers. Working in partnership with schools, County agencies, businesses, and non-profits, OFW has advised the Fairfax County Public School Board and administrators on strategies for addressing under-representation of girls in technology education. It has served as a resource to school boards across Virginia through the Governor's Education Conference and to educators in other states, and we have developed a training video for County employees who work with children and technology in recreational settings. OFW is a "go to" program for marketing techniques, methods, and materials for girls in technology, including its Summer Tech Resource Guide for Girls, a publication recognized nationally as a new way to engage girls in technology.

- The Women's Business Center of Northern Virginia (WBC), the first such center in Virginia, began service delivery in 2000. Funded by the U.S. Small Business Administration and Fairfax County Government, and supported by the Community Business Partnership and the Mason Enterprise Center at George Mason University, the WBC provides women with the technical assistance and support to start or expand successful small businesses, with special emphasis on disadvantaged women. OFW's role is to help those underserved by existing programs, women who own very small "micro" businesses, and those who face language or cultural barriers. The WBC has trained and counseled over 120 women business owners with truly "micro" businesses: 60 percent of the women were just starting their business and 37 percent had annual business revenues of less than $35,000. Over 80 percent of the trained business owners were minority and/or non-English speaking women.

- OFW has developed unique materials to help women and girls, including:

  - The Resource Directory for Women Business Owners, a "one-stop" information guide for women entrepreneurs,

  - The English and Spanish versions of the Resource Guide for Women, a women and diversity forum and report, and a multicultural directory represent a cultural outreach to all communities of women,

  - The Summer Tech Resource Guide for Girls,

  - Divorce and Separation Fact Sheets,

  - Job Loss Survival Guide, and

  - So You Want to Be a Business Owner?

These materials have reached thousands of women, and three of these publications have been adapted by other organizations. Several publications are already available on the OFW web site. In conjunction with the cable division of County government, we have produced numerous public programs and three training programs for the County government training network.

Changes in OFW

In the early 1990's, OFW provided counseling, training, and direct services to about 15,000 clients annually (both County residents and County government employees), paving the way for similar career counseling programs. With the adoption of the FY 1993 budget during an across-the-board reduction in funds, the OFW budget was reduced by 36 percent. In that same year, a resolution by the Board of Supervisors moved the OFW reporting line to the Deputy County Executive, reflecting OFW's cross-cutting role as an agency that "makes recommendations about County policies affecting all agencies of County government" and "responds to and helps rectify community and County government problems and injustices." OFW shifted its focus to long-term changes and policy development.

OFW still maintains some services through its community programs, forums, job fairs, and job bank, resource library, and information and assistance. Our client base, however, has changed. In 1996, about 60 percent of clients had a college degree and 53 percent of participants had an income below $30,000. About half had dependents at home and 18 percent were minorities. OFW's clients today are not only those who participate in programs, but those who are the focus of policy initiatives. Overall, they have less education, less income and are far more diverse in ethnicity and ages.

For example, OFW's Legal Roundtable pro bono clients are all low-income, the majority are Hispanic, and 92 percent are ages 18-59. The reason they most often seek legal help is because of domestic abuse.

OFW has also designed business training for family day care providers attending the Women's Business Center — 27 percent are Hispanic, 22 percent African-American, and 17 percent Caucasian. In addition, girls are now part of the client base. In the girls and technology initiative, girls range from middle school age to high school age and they are extremely diverse — over half are minorities, mainly African-American, Hispanic and Asian.

As County government has undergone changes, so has OFW. Continuous improvement has always been part of the mission to improve the status of women. Because of its small size, OFW has improved how it works by leveraging quality through partnerships. We have become known for the quality of our information — in specialized material, a range of cable and video productions, and the expertise of staff on specific topics. A second change is deeper community involvement. Advising County government and the community about changes in policies or programs requires assessing the needs of constituents, so we have deepened our involvement with community-based organizations, ethnic and civic groups, and professional and educational sectors of the community. OFW initiatives also represent the increasing diversity of the community. OFW has led diversity dialogues, issued a diversity report, and publicly advocated for greater numbers of women and minorities in senior level positions and for demographic data that include both gender and ethnicity.

Future Challenges

OFW's challenge continues to be selecting the most compelling issues related to Fairfax County within the resources of OFW. In the last four years, OFW has focused on economics of women in the workplace, the under-representation of girls and women in technology, diversity, and athletic equality. Issues for the near future are health, older women, and domestic violence. For example, domestic violence is a cross-cutting theme for women from many cultures, and the County has seen an increase of minority women seeking psychological, financial, and legal help as a result of domestic violence.

Another challenge is to bring together all perspectives on an issue affecting women, to integrate that knowledge and to repackage it in ways that are useful to members of the community and to the County's decision makers.

OFW will provide solutions and models that can improve the lives of women and girls. We will help service providers and County agencies on work/life balance, career development, women's policy issues, and program design. We will remain a resource for County government and its employees on how to institutionalize practices, policies, and a culture that are equitable.

OFW is committed to stewardship. We support a collective vision of the future, and a quality of life that benefits women, girls, and the entire community.

▶ Method of Service Provision

Service is provided directly to customers (County residents and County government employees) who either call or come into the office for information or to use the career reference library, job bank, or to receive individual information or materials. The hours of operation correspond to those of the agency: 8:00 a.m. through 4:30 p.m., Monday through Friday. Expanded service delivery is achieved through partnerships with other County agencies, community-based organizations, businesses, and individuals who share the mission of the Office For Women. Programs are offered during the workday, evenings, and occasionally on weekends — at sites throughout Fairfax County. Information is also provided through the following: "Doing Business with Fairfax," "Fairfax County Newcomers' Guide," "News to Use (Office of Public Affairs)," the OFW's web site, the County's infoline, Channel 16, and through various publications offered directly to the public or through association with other organizations.

▶ Performance/Workload Related Data

(Performance measurements related to assisting individuals and programs include the Commission For Women.)

Performance measurement data in FY 1992 reflect the year prior to a major reduction in the County's budget. OFW had 11 SYEs, a net budget of $354,884, and served nearly 11,000 clients. The agency generated over $10,170 from client fees. These core career planning workshop fees were based on a sliding scale.

In FY 1993, the OFW's funding was reduced 36 percent to a net budget of $225,242. Staffing levels dropped to 7/6.5 SYEs and the Financial Education Center was eliminated.

From FY 1994 through FY 1999, the OFW transitioned to a policy focus. Direct services declined and the agency began to focus on broader issues such as the glass ceiling in County government.

The use of volunteers declined as services shrank, especially when the Financial Education Center was eliminated (a program that was volunteer driven). To leverage its expertise and resources, OFW developed partnerships — alliances with individuals and organizations that supported the goals of our initiatives. These partnerships have increased program delivery and outcomes. Examples of partners are:

- County government agencies and programs: the Police Department, Libraries, Community and Recreation Services, the Circuit Court, Office for Children, and the Hope Center for Women
- Community-based organizations: the Center for Multicultural Human Services, Jewish Council for the Aging, and Reston Interfaith
- Women's organizations: American Association of University Women, League of Women Voters, Institute for Women's Policy Research, the Women's Research and Education Institute, and the Virginia Women's Network
- Educational organizations: George Mason University, Fairfax County Public Schools, and Northern Virginia Community College
- Professional organizations: Women in Technology, the Fairfax Bar Association, and the American Association of Retired Persons
- Businesses: NationsBank, BTG, Inc., J.C. Penney, and MicroCenter.

Agency partnerships increased from 27 in FY 1998 to over 66 in FY 2001. OFW's process of developing partnerships is being outlined in a guide that will be distributed to all agencies as a result of many requests for a model of how to develop win-win partnerships.

OFW continues to assess ways to measure long-term outcomes of removing barriers to women and girls and to measure what is "value-added" through partnerships. While number of individuals served has remained somewhat stable, the demographics of clients have shifted to lower-income, more ethnically diverse populations. The agency has also expanded its focus from programs that assist women to include girls. Given this shift to serving economically disadvantaged populations, OFW has moved away from user-fee programs to initiatives developed through donations and in-kind assistance provided by partners to offset program costs.

The following table summarizes performance and workload related data:

Indicator	FY 1992 Actual	FY 1993 Actual	FY 1994 Actual	FY 1995 Actual	FY 1996 Actual	FY 1997 Actual	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimated	FY 2002 Estimated
OFW Staff	11/11	7/6.5	7/6.5	7/6.5	7/6.5	7/6.5	7/6.5	7/6.5	7/6.5	8/7.5	8/7.5
Net Budget	$354,884	$225,242	$257,820	$276,534	$288,931	$303,170	$303,615	$303,785	$329,937	$406,842	$480,735
Individuals served through OFW programs	5,797	2,868	3,404	3,529	3,500	2,615	1,725	2,716	3,007	3,000	3,000
Individuals provided with information by OFW staff	10,100	4,469	3,613	3,249	3,800	4,222	7,510	9,367	10,321	10,000	10,500
Total Individuals Served	15,897	7,337	7,017	6,778	7,300	6,837	9,235	12,083	13,328	13,000	13,500

Indicator	FY 1992 Actual	FY 1993 Actual	FY 1994 Actual	FY 1995 Actual	FY 1996 Actual	FY 1997 Actual	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimated	FY 2002 Estimated
Active partnerships (programs/ initiatives)	N/A	13	15	15	17	21	27	34	45	45	50
Volunteer/ Intern hrs	3,352	4,000	1,611	762	803	439	N/A	N/A	N/A	N/A	N/A
Cost per program participant	N/A	N/A	N/A	N/A	N/A	$5.77	$5.76	$5.51	$6.10	$6.10	$6.10
Fees charged/ revenue impact	$10,170	$5,455	$6,360	$1,855	$1,155	$1,477	$2,054	$1,105	$314	$320	$320

Note: Performance Measurements included are those that best reflect history of programs and initiatives.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0603	Core Career Workshop Fee	$320

Current Fee	Maximum Allowable Fee Amount
$0 to $75 Fee was based on sliding income scale. Family Income Level = Core Career Workshop Fee $0 - $14,999 = $0.00 $15,000 - $24,999 = $25.00 $25,000 - $34,999 = $35.00 $35,000 - $44,999 = $45.00 $45,000 - $54,999 = $55.00 $55,000 - $64,999 = $65.00 $65,000 and above = $75.00	$75

Purpose of Fee:
To recover a portion of the materials provided by the agency in career planning workshops from 1979 through 1999.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
None	None	Approximately FY 1990

Other Remarks:
OFW has charged fees in the past two years for some events such as networking roundtables for established women entrepreneurs. This type of service is now provided by the Women's Business Center (WBC) of Northern Virginia, an organization for which OFW is a partner. OFW designs specialized WBC programs and materials for minority or lower-income participants.

At the time the agency submitted its FY 2001 budget, program development for the WBC had not been finalized. With the full operation of the WBC, OFW has eliminated user fees from its former business programs.

Since 1979, OFW has assisted over 280,000 individuals.

Office of Human Rights

▶ Agency Mission

To enforce Chapter 11 of the Code of Fairfax County, as amended, and to institute an affirmative human rights program of positive efforts to eliminate discrimination and provide citizens with recourse for discriminatory acts.

▶ Trends/Issues

During the past several years the Human Rights Commission has:

- Increased the production of closed cases by 56 percent from 344 in FY 1997 to 537 in FY 2000.
- Decreased the average investigative staff hours per closed case by 30.7 percent from 61.3 hrs./case in FY 1997 to 42.5 hrs./case in FY 2000.
- Published the "Report of the Fairfax County Human Rights Commission on Sexual Orientation Discrimination".
- Established and staffed the Fair Housing Task Force which wrote and recommended the County's Fair Housing Plan adopted by the Board of Supervisors in July 1999.
- Conducted fair housing rental tests and published a "Fair Housing Rental Testing Report".
- Conducted 157 fair housing training for rental agents and housing counselors in the County's private and public rental market.
- Successfully completed its contractual obligations to the U. S. Equal Employment Opportunity Commission.

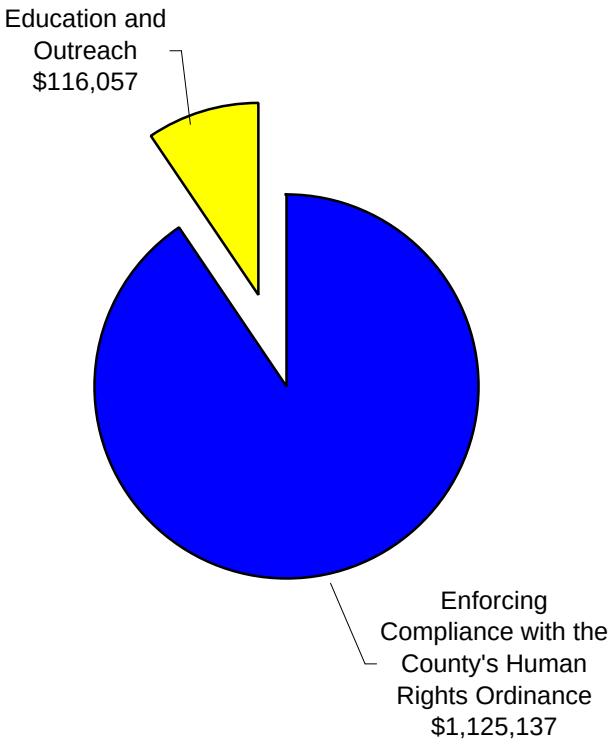
In FY 2002 the Commission intends:

- To develop and implement a fair housing training program that will meet the needs of the rental and sales markets in the County to have new agents trained.
- To implement an internal professional development training program tailored to the job of Human Rights Specialists.
- To continue fair housing testing and reporting.
- To implement an interactive web site capable of receiving and answering questions, taking new complaints, and providing appropriate referrals.
- To increase productivity of closed cases to a total of 574 closed cases for the year.
- To begin a contract with the Department of Housing and Urban Development to be reimbursed for processing housing discrimination cases cross-filed with HUD.
- To continue its contract with the U.S. Equal Employment Opportunity Commission to allow reimbursement for processing employment discrimination cases cross-filed with the EEOC.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
39-01	Enforcing Compliance with the County's Human Rights Ordinance	$1,125,137	17/17.5
39-02	Education and Outreach	$116,057	2/1.5
TOTAL Agency		**$1,241,194**	**19/19**

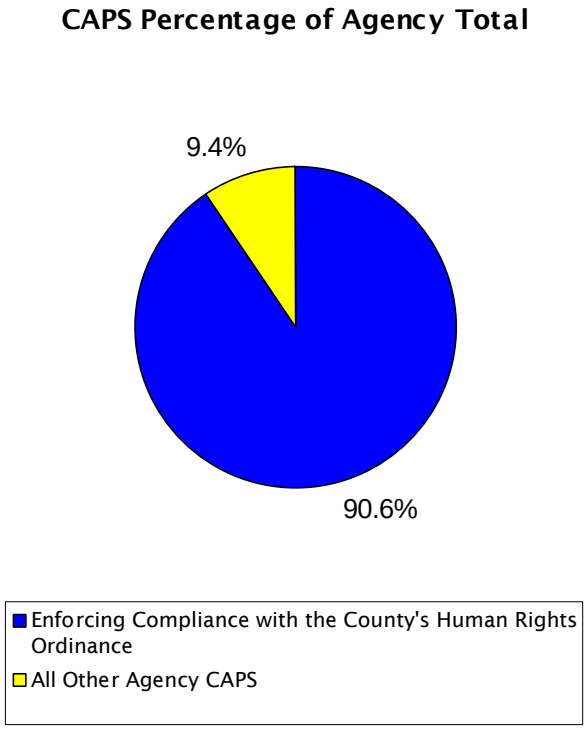
Office of Human Rights



Total FY 2002 Adopted Budget Expenditures = $1,241,194
Total FY 2002 Adopted Budget Net Cost = $1,241,194

39-01-Enforcing Compliance with the County's Human Rights Ordinance

Fund/Agency: 001/39	Office of Human Rights
Personnel Services	$1,011,779
Operating Expenses	$113,358
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,125,137**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$1,125,137**
Positions/SYE involved in the delivery of this CAPS	17/17.5



▶ CAPS Summary

Commission receives and investigates complaints filed by any person who believes they have been discriminated against in Fairfax County in violation of the County's Human Rights Ordinance. Persons file discrimination complaints on the basis of race, color, sex, religion, national origin, marital status, age, familial status, or disability in the areas of employment, housing, public accommodations, public education, or consumer credit.

▶ Method of Service Provision

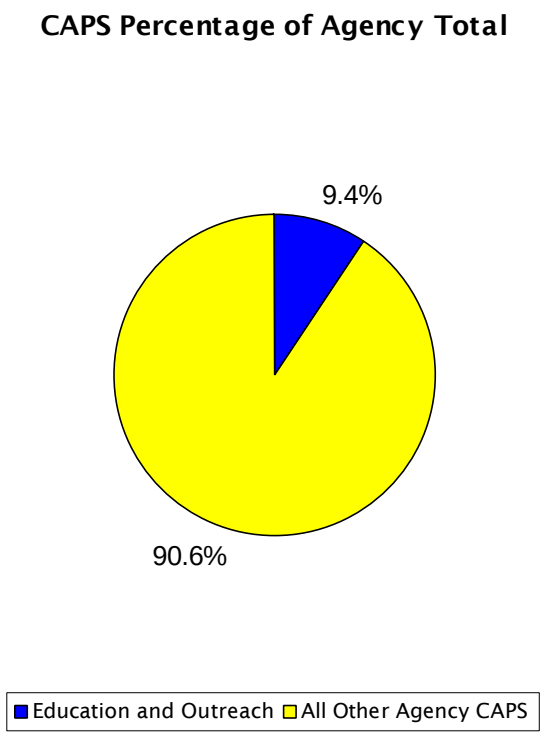
This service is provided by County staff serving the Human Rights Commission. In addition to investigations of complaints conducted by the staff, the Commission holds appeals and public hearings when necessary. The Commission meets twice a month to carry out its duties under the Ordinance.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output: Cases Processed	1,002	1,053	1,118	1,056	998
Cases Closed	443	393	537	533	574
Efficiency: Cost per case processed	$1,001	$961	$1,064	$1,117	$1,238
Cases Closed per investigator (SYE)	40	40	45	44	48
Cases processed/ investigator (SYE)	91	106	94	88	83
Service Quality: Average number of days required to close cases	425	423	412	400	380

39-02-Education and Outreach

Fund/Agency: 001/39	Office of Human Rights
Personnel Services	$91,057
Operating Expenses	$25,000
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$116,057**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$116,057**
Positions/SYE involved in the delivery of this CAPS	2/1.5



▶ CAPS Summary

The Commission provides educational services to employers, the housing industry and other businesses in Fairfax County on compliance with the Ordinance. In addition, the Commission tests the housing market for discrimination and publishes reports on its results. The Commission also conducts studies and publishes its reports to the Board of Supervisors on the need for legislative changes in the Ordinance and other topics relating to its mission. Once a year, the Commission holds a Human Rights Awards Banquet to honor citizens, organizations, and businesses who have provided exemplary human rights leadership in the County.

▶ Method of Service Provision

This service is provided by County staff serving the Human Rights Commission. In addition, the Commission holds public hearings on community concerns relating to its mission and conducts focus group meetings with citizens to hear their concerns about the mission of the Commission.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Persons trained in Housing	N/A	200	381	604	600
Persons trained in Employment	256	310	320	300	300

Department of Family Services

▶ Agency Mission

The Department of Family Services (DFS) promotes and supports the well-being of families and individuals within the community — especially children, older persons and those who are most vulnerable — by providing integrated services that help protect them from abuse, neglect, and exploitation while assisting them in achieving and maintaining independence and their greatest level of self-sufficiency.

▶ Trends/Issues

The Department of Family Services offers a wide range of programs and services for residents of Fairfax County and the cities of Fairfax and Falls Church. Programs and services are provided through four divisions: Adult and Aging; Child Care/Office for Children; Children, Youth and Family; and Self-Sufficiency. Disability Services Planning and Development, and Volunteer Programs and Opportunities units further support the DFS mission. Many DFS programs are Federally and/or State funded, have specific eligibility requirements, and serve low-income families and individuals.

Historically, societies have turned to government to provide guidance and support in dealing with the complex challenges of the frail, weak and elderly. Institutions such as orphanages, "poor houses", and mental asylums were common social service centers offering at least housing and subsistence care to those unable to care for themselves. More recently we have seen social welfare programs such as Medicare and Medicaid, Head Start, and Food Stamps evolve into sophisticated service delivery systems operated by Federal, State and local government agencies.

1. Changing Federal and State Legislation and Subsidies

Currently welfare reform (PL 104-193), the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, is the landmark national policy guiding the delivery of social services in the United States. This initiative has revitalized the welfare system by moving the emphasis from receiving benefits to earning wages. With support services provided and a strong economy offering a variety of job opportunities, many have found employment. However, this policy shift is only one of the changes impacting the way we do business.

The Federal Adoption and Safe Families Act and Virginia's Court Improvement legislation (1997) have significantly altered the way DFS approaches child welfare services. Mandated timelines have required the County to restructure and better coordinate our services to reduce the time children spend in foster care. Intensive prevention and early intervention services provided as a result of the legislation have also greatly strengthened the agency's ability to support family stability and permanent safe homes for children.

These legislative initiatives mandated major changes in the way DFS does business; but other noteworthy societal trends and local issues have also influenced the DFS response to community needs. Child care is one example. The demand often outstrips the supply as providers leave the field for more lucrative jobs. Despite the providers' low-wages, the cost of care is often as expensive as the cost of housing. State subsidies have not kept pace with the demand as market rates have increased disproportionately faster than wages. The failure to provide a service delivery system adequate to support low-income families places many young children at risk of being left unattended or not receiving the quality care necessary to nurture their development.

2. An Increasingly Diverse Population

The 2000 Census confirms the increasing cultural diversity of our nation. This is not news to Northern Virginia. Because of our proximity to Washington D.C., Fairfax County has always been home to a rich blend of nationalities. However, our growing multicultural environment is requiring DFS to expand our outreach efforts and develop new service initiatives. Thirty-one percent of our County residents older than five years of age speak a language other than English at home. Many of these residents are new to America and arrive here with a willingness to work hard, but few financial resources. A large number also lack the English skills, education and job experience needed for a smooth transition to a highly technical job environment. Some, whose formal education was interrupted by war or poverty, are not literate in their first languages.

In order to assist these clients, we must first provide them with information about types and locations of services and eligibility requirements. People in need of social services frequently access our system as a last resort. They are emotionally distraught, and worried that seeking government assistance might somehow jeopardize their dream of American citizenship. These barriers alone are sufficient to cause communication problems between clients and social workers. When compounded with an inability to be understood by workers when they express their needs in their own languages, these families are often overwhelmed.

In an effort to better serve these residents, we have hired staff who are racially and ethnically diverse. We have also provided multicultural training and language classes to current workers. We offer printed materials in languages other than English, most commonly in Spanish, Vietnamese, and Farsi. We are currently working to translate materials on our DFS web site and to list web addresses in languages other than English as links through our web pages. Through programs provided by the Workforce Investment Act and our Family Resource Centers we link clients to ESL classes, and provide multicultural outreach through DFS contracts with community based organizations. The Office for Children has recently developed an ESL component for family home care providers, and is actively recruiting multicultural providers.

Over time, we have learned that cultural barriers extend beyond an inability to speak English. People are reluctant to ask for help outside of a comfortable environment. They are more likely to seek services in a timely manner if they can do so in their own neighborhood. Consequently, we have decentralized many of our service entry points and now staff a number of community locations to be more easily reached by public transportation. Multiple services are co-located, so clients can schedule several appointments within a set timeframe. Clustering service providers enables us to facilitate translation capabilities in a variety of languages at key locations.

3. A Continuing High Level of Children in Poverty

In 2000, nearly 19 percent of the children attending Fairfax County public schools were eligible for free or reduced-cost lunches. Even though welfare rolls have decreased dramatically, these children, most of whose parents are working, are still living in poverty. This reflects the wage and benefit structure of low-skilled, entry-level and service sector jobs.

Children whose families are poor need all the support we can offer. DFS services must respond to both their short and long-term needs. Food programs, acute and preventive health care, subsidized housing, quality child care, Head Start, parenting and other prevention and early intervention programs help to assure their basic nutrition, health and safety. While providing these necessities, DFS must also address the educational and technical skills their parents need to qualify for better paying jobs. Yet the availability of Temporary Assistance for Needy Families (TANF) funds which support some of these services may be in jeopardy as Congress wrestles with the reauthorization of the 1996 welfare reform legislation and debates the purpose and amount of future TANF block grants.

In FY 2000 DFS provided eligibility assessments, case management services and benefits re-certification for individuals who submitted 24,200 applications for assistance. Through aggressive outreach and working with an interdisciplinary team, the agency enrolled 1,724 in the Children's Medical Security Insurance Program (CMSIP). The average Medicaid cases under care (which do not include CMSIP) total 19,087. The County's Head Start program served 1,568 children in 2000, and an additional 7,751 children received subsidized day care. These services, coupled with our Healthy Families and prevention oriented mentoring programs address specific needs; but long-term solutions are dependent on the evolution of a national policy which rewards all workers with wages able to sustain self-sufficiency.

4. An Increase in Unfunded Mandates and Program Accountability

Federal funds awarded through the Social Services Block Grant program will decrease in FY 2002 despite the transfer of TANF funds authorized by the 2000 General Assembly to fill the gap. WIA funds to provide employment and training services to job seekers who may be new to the workforce, displaced from previous employment, or have other substantial employment barriers have already been allocated for this year. The Northern Virginia Workforce Investment Board must now find and leverage funding from other sources to continue supporting the program at the previous level.

Three other sources of DFS revenues have disappointed us lately. First, the 2001 General Assembly's failure to agree on a State budget prevented the usual second year adjustments to the State's biennial budget process. This has limited our flexibility to address newly emerging issues such as the increasing energy costs impacting our low-income and elderly residents. Second, the anticipated local savings resulting from the authorization of Medicaid as a funding source for the Comprehensive Services Act (CSA) have not materialized. Consequently, the County has continued to carry a hefty portion of both program and administrative CSA costs. Finally, the State has been slow in drawing down all available Federal funds for child day care. This has negatively impacted the ability of all Virginia localities to assist low-income parents to obtain affordable, quality child care.

Funds may be down, but accountability is up. While maintaining a caseload of 6,500 families receiving Food Stamps and serving as a pilot locality for the initiation of Virginia's new Electronic Benefits Transfer (EBT) program, DFS staff must constantly monitor the eligibility criteria for each case. Quality control problems subject States (and potentially localities) to fiscal penalties.

5. The Complexity of Service "Solutions"

Fairfax residents who seek social services assistance today generally have a myriad of presenting problems. The high cost of housing reduces their ability to meet other expenses. However, the reasons for needing assistance with housing, food or health care, are often more involved.

In some cases families do "need money" because their annual income is far below the real cost of living in Northern Virginia. With monthly rent charges averaging $1,039 a month for a two bedroom apartment, child care costs of $669 a month, and transportation fees costing $145 a month, a single parent with a preschooler needs to earn $15.63 an hour, or $33,012 a year to meet their basic expenses. Although the median household income in Fairfax County was $90,934 in 2000, many of our DFS clients fall within the 8.7 percent of our population that have incomes of less than $25,000 a year. (Data in this paragraph was obtained from the Fall 1999 Report, The Self-Sufficiency Standard for the Washington, DC Metropolitan Area; The Washington Post, June 10, 2000; the Fairfax County Economic and Demographic Information Section of the Fairfax County website; and Fairfax County 2000 Rental Housing Complex Census Analysis).

Our ability to provide or refer clients to specific services often determines their ability to increase their earning power. Our clients need ESL classes and or family literacy instruction to improve their communication skills. Individuals who do not have a high school diploma need at least a GED certificate to compete in the job market. Those who have a high school education need to develop focused work skills and build a stable job history. Fairfax County has taken an active role in implementing the Workforce Investment Act (WIA) offering a network of one-stop employment centers that give businesses and job seekers the tools they need. All workers with young children need child care; but even with subsidies many families cannot afford the cost. Sometimes a job readiness and upward mobility path is interrupted by the need to resolve mental health or substance abuse problems. A lack of health and/or dental insurance can be a major barrier to families receiving the services and treatment needed.

Family violence issues and cultural variations in parenting practices also prevent some families from making progress. By offering prevention, mentoring, child protective services, and foster care services regionally, we have been able to achieve a rapid response rate to requests for assistance. We have also better supported our clients in the community where they live by developing service programs with community and mentor relationships. Hopefully this will help to illustrate the human dimensions of "social service" issues and encourage other traditional service providers, such as religious organizations, to recognize that neighbors struggling with problems often respond favorably to personal links to other strong, loving adults.

6. A Growing Elderly Population

Since 1990 the number of elderly Fairfax County residents has grown by 39 percent. As the aging population increases, so does the demand for services for citizens living on fixed incomes. The normal challenges of growing older and the rising cost of necessary goods and services, such as mounting fuel costs and astronomical prescription expenses, have greatly diminished their purchasing power. Those living with a debilitating illness and needing in-home assistance or long-term care are fearful of depleting their assets.

Traditional elderly services will need to be provided on a larger scale. Volunteers continue to be the backbone of services such as Meals-on-Wheels, nursing home Ombudsmen, and information and education services. The market demand for caregivers, either to provide in-home services, or to work in nursing facilities, has outpaced the industry's ability to train workers. Low-wage rates combined with physically and personally demanding work and the ready availability of alternate employment at comparable or higher wages has created a serious shortage of qualified staff willing to continue in their field.

DFS continues to improve communication about senior resources through its quarterly newsletter to seniors, The Golden Gazette (which now reaches 28,000 readers), expanded web site activities, senior publications in nine languages and phone lines also staffed in multiple languages. We are currently working with the County Department of Transportation to address the significant public access issues confronting the elderly and handicapped. FASTRAN's Dial-a-Ride has expanded hours for door-to-door bus rides for clients 65 and older; and the Seniors On The Go program, a taxicab voucher pilot program offering rides at a reduced cost, began in March 2001.

7. Systemic Changes in Child Welfare Service Delivery

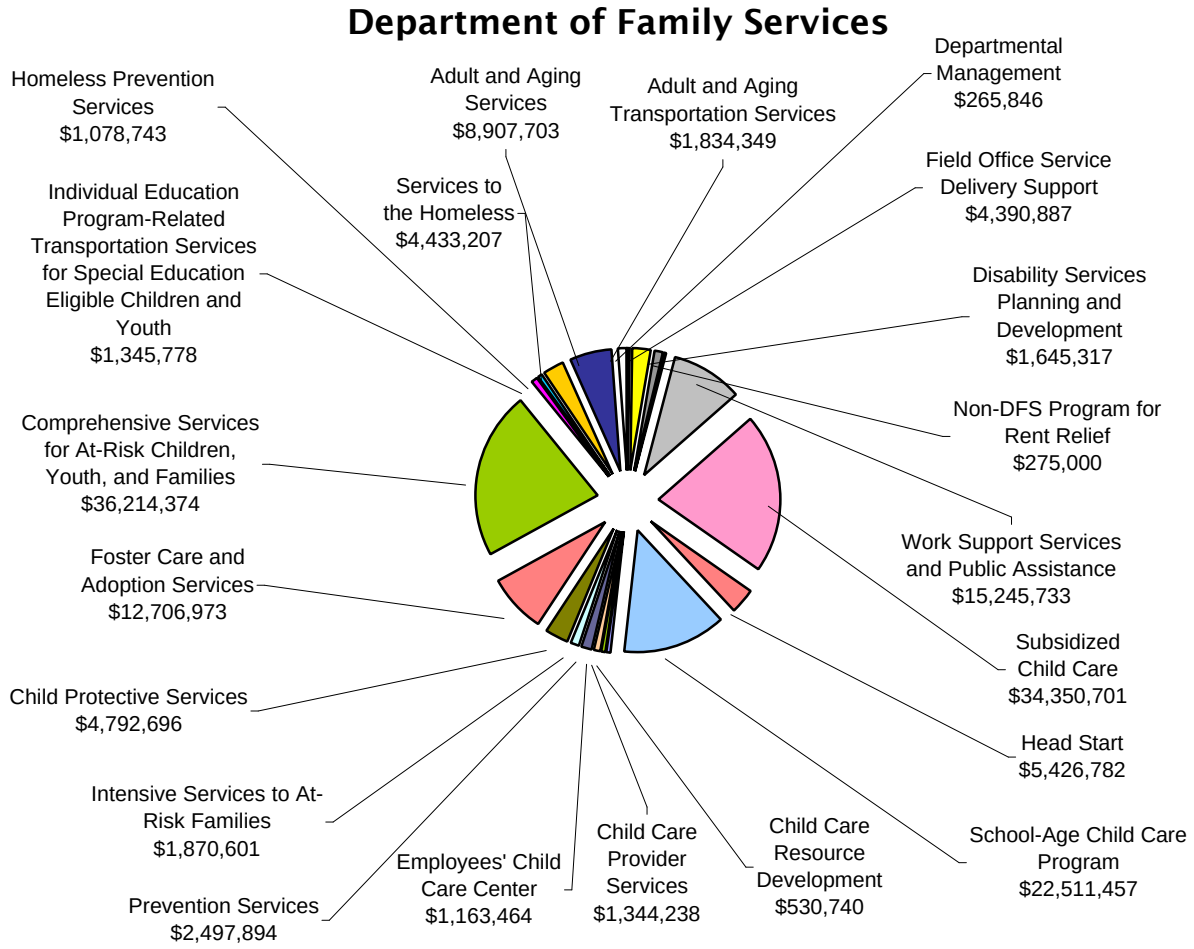
The legislative priorities mentioned in the introduction have broadened the focus of child welfare programs. Our attention no longer is exclusively on the parent and child, but has expanded to include the context of the family within their total environment. This has contributed to a decrease in the number of children in foster care from 710 in July of 1997 to 544 in July of 2000. In partnership with community based organizations and the Fairfax County Department of Health, our Healthy Families Program provided home visits educating first-time mothers on child development, health care and parenting skills in an effort to prevent child abuse. Unfortunately, State funding to expand community outreach lags behind the identified need.

Child Protective Services (CPS) also is breaking new ground. DFS is poised to be one of the larger jurisdictions in Virginia about to implement a new method of responding to complaints of child abuse and neglect. The "Differential Response" method will permit CPS staff to perform an assessment of the seriousness of a CPS complaint and to differentiate between options about how to handle the issue. One option will be to pursue an investigation resulting in a finding of guilt or innocence. A second option, while continuing to guarantee child safety, will permit a social service intervention which is less adversarial in nature and more conducive to improving parenting behaviors.

As DFS has decentralized child welfare services, we have become increasingly aware of opportunities to provide meaningful family intervention and education through a community-based service model. Through our model court, family group conferencing and concurrent planning models we are refining our ability to better serve our vulnerable young citizens and their families.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
67-01	Departmental Management	$265,846	3/3
67-02	Field Office Service Delivery Support	$2,094,984	42/42
67-03	Disability Services Planning and Development	$648,967	3/3
67-04	Non-DFS Program for Rent Relief	$275,000	0/0
67-05	Work Support Services and Public Assistance	$1,725,135	208/207
67-06	Subsidized Child Care	$12,568,772	20/20
67-07	Head Start	$5,390,782	18/18
67-08	School-Age Child Care Program	$5,441,051	563/514.49
67-09	Child Care Resource Development	$515,328	10/10
67-10	Child Care Provider Services	$1,302,398	24/24
67-11	Employees' Child Care Center	$539,668	28/25.3
67-12	Prevention Services	$2,033,147	24/23
67-13	Intensive Services to At-Risk Families	$816,601	37/37
67-14	Child Protective Services	$2,519,347	76/76
67-15	Foster Care and Adoption Services	$3,217,302	77/77
67-16	Comprehensive Services for At-Risk Children, Youth, and Families	$16,381,221	4/4
67-17	Individual Education Program-Related Transportation Services for Special Education Eligible Children and Youth	$1,345,778	0/0
67-18	Homeless Prevention Services	$878,743	0/0
67-19	Services to the Homeless	$4,408,207	0/0
67-20	Adult and Aging Services	$6,219,856	68/68
67-21	Adult and Aging Transportation Services	$1,712,547	1/1
TOTAL Agency		**$70,300,680**	**1,206/1,152.79**

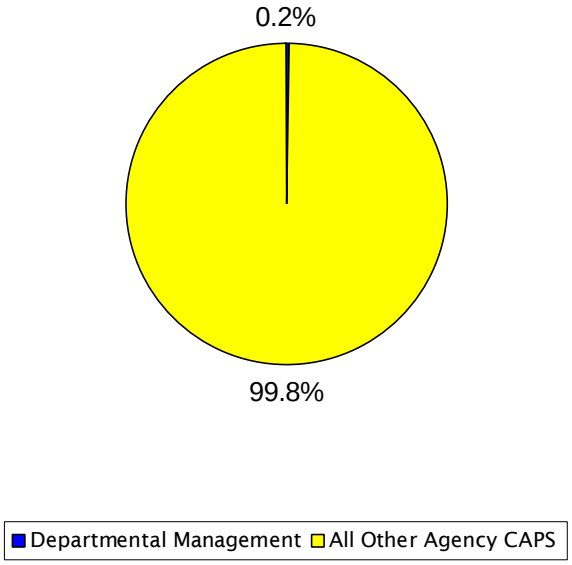


Total FY 2002 Adopted Budget Expenditures = $162,832,483
Total FY 2002 Adopted Budget Net Cost = $70,300,680

67-01-Departmental Management

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$253,701
Operating Expenses	$12,145
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$265,846**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$265,846**
Positions/SYE involved in the delivery of this CAPS	3/3

CAPS Percentage of Agency Total



▶ Summary

Departmental Management provides overall direction and oversight of agency-wide operational and administrative functions.

Areas of focus for overall departmental management include:

- Strategic Planning;
- Educate customers and the community about programs and services;
- Promote program accountability through performance measurement;
- Build internal leadership, workforce capacity, and employee involvement;
- Develop community partnerships that improve service capacity;
- Enhance customer access to information and services;
- Efficient coordination of multidisciplinary services;
- Identify program improvement opportunities; and
- Maximize Federal and State revenue to offset local expenditures.

These functions are in support of a comprehensive array of social service programs and child care services which address the needs of the community. Departmental Management has ultimate responsibility and accountability for activities within all other DFS Activities, Programs and Services (CAPS).

▶ Method of Service Provision

Departmental Management functions are centralized at the Human Services Center (Pennino Building) in Fairfax. The agency director and the staff in his office are responsible for Departmental Management functions. The functions in this CAPS are conducted during normal County business hours of 8:00 a.m. to 4:30 p.m., with flexible hours arranged to cover necessary County and community group meetings, and special Departmental activities.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Service areas overseen	7	7	7	7	7
Cost per service area overseen	$31,393	$35,747	$35,748	$36,698	$37,978
DFS service area objectives accomplished in a year	19	17	11	15	16
Percent of DFS service area objectives accomplished	NA	81%	52%	65%	70%

Workload associated with this CAPS:

- Provide oversight and guidance for all agency operations.
- Responsible for a $162 million General Fund budget, $1.5 million Aging Grant Program (Fund 103) budget and approximately $20 million in grant funded programs and activities.
- Attend advisory board meetings and other community meetings as required and/or requested.
- Ensure that Departmental programs and activities are conducted in accordance with Federal and State law and the State Services Board regulations. The director's office works closely with the members of the Advisory Social Services Board (ASSB) regarding matters of social welfare policy concerning the County.
- In the event of an actual or threatened large-scale emergency situation, the Department provides emergency welfare assistance for displaced persons and assists the American Red Cross in the opening of shelters. The Department also serves as the donations management coordinator in emergency situations.

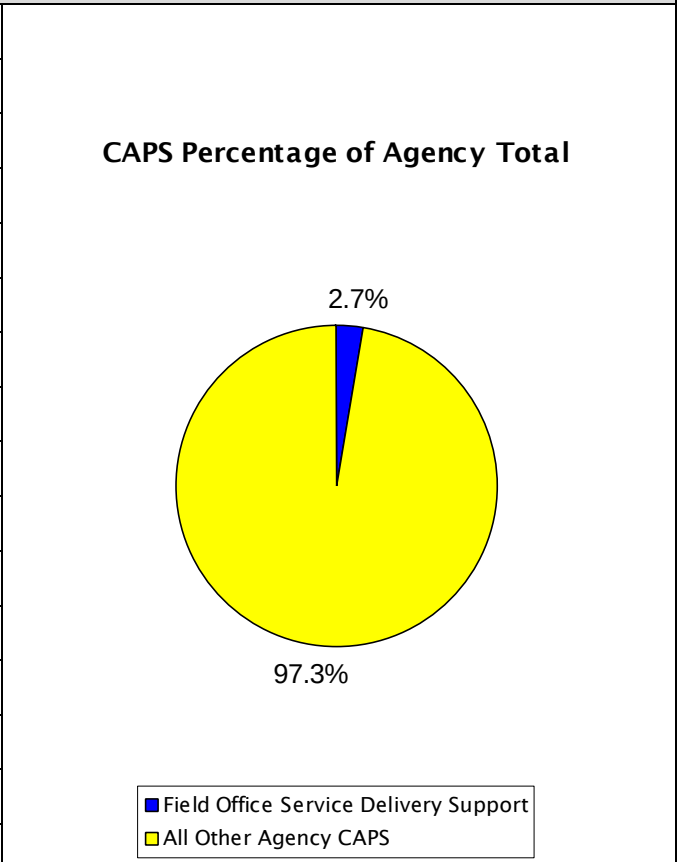
▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 63.1-59 There shall be a local superintendent of public welfare for each county or city.
- Code of Virginia 63.1-59.1 The governing body of each county or city may designate its local superintendent of public welfare as the director of social services.
- Code of Virginia 44.46-1 Each political subdivision within the Commonwealth shall be within the jurisdiction of, and served by, the Department of Emergency Management and be responsible for local disaster mitigation, preparedness, response and recovery.

67-02-Field Office Service Delivery Support

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$1,803,890
Operating Expenses	$2,586,997
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$4,390,887**
Federal Revenue	$1,863,533
State Revenue	$384,424
User Fee Revenue	$0
Other Revenue	$47,946
Total Revenue:	**$2,295,903**
Net CAPS Cost:	**$2,094,984**
Positions/SYE involved in the delivery of this CAPS	42/42



▶ CAPS Summary

The Department seeks to be responsive to our customers and local community needs and to deliver services in a friendly, effective and efficient manner. Therefore, we offer a full array of services at five field office locations conveniently located in Reston (two office sites), Central Fairfax, Falls Church and South County on Richmond Highway.

Our field office sites have recently expanded the services they offer by decentralizing child welfare and selected adult and aging service staff to broaden the array of services provided at each office. This will increase our customers' ability to receive the services they need when and where they need them. Services provided by the Department at its field office sites include public assistance, foster care, child protective services, intensive services to at-risk families, prevention services, employment and training, food stamps, adult protective services and other adult and aging related assistance.

In addition, the Department is required to administer Federal and State funded community action programs in Fairfax County focused on low-income families. Community action programs are operated by community-based local non-profit agencies that are geographically located throughout the County.

▶ Method of Service Provision

Administrative support staff are assigned to operate the front office of each field site to serve as the initial contact for citizens of all ages (children, youth, families, adults, elderly and persons with disabilities), income levels, ethnic and foreign born immigrant groups. Their job is to greet the customers who visit the field office in person or who call by telephone and connect them to basic services provided by the service staff within each office/community. Services typically requested include food, employment, public assistance and preventive and protective services. These staff provide a friendly, courteous and knowledgeable presence at the department's field office "front doors" and provide customers with the information they need to receive services quickly and efficiently.

In addition, staff support, supplies, equipment, and vendor contracts are needed by each field office to maintain their operations.

- Specialized staff support to the field offices include monitoring the delivery of services to customers to ensure consistency, quality and uniformity of service; implementation of office improvements based on customer feedback and evaluation of data collected; operation of computers, purchase of equipment and supplies; implementation of Federal and State policies; and education of customers and citizens about Department services available in their community.

- Operational resources needed by the field offices include supplies (e.g. printing, postage, phones, vehicles), computer equipment, information processing, and contractual services such as data entry and clerical services.

Administration of the Department's community action program includes:

- Monitoring over $550,000 in the Federal and State Community Services Block Grant contracted out to local non-profit agencies throughout the County to provide services to low income families and individuals.

- Staffing of the Federally mandated Community Action Advisory Board consisting of 30 members representing each magisterial district, community organizations, and County citizens elected to represent low-income people in the north, central and south areas of the County.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
DFS customers served at all five office sites	96,007	87,747	85,743	85,750	85,750
Percent of DFS clients satisfied with the services provided	NA	80%	80%	82%	84%
Percent change of DFS clients satisfied with the services provided	NA	NA	0%	2%	2%

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

Federal

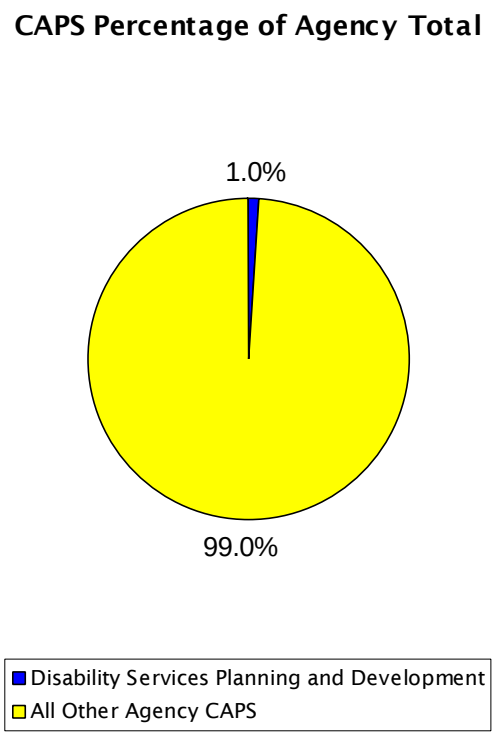
- Federal Public Law 105-285

State

- Code of Virginia Section 2.1-587 through 2.1-599. Department administration of the community action program as administered by the Community Action Advisory Board is required by laws and regulations governing the Community Services Block Grant Act. Other functions performed are required to assure that clients visiting or telephoning field offices receive the customer service needed to obtain mandated services.

67-03-Disability Services Planning and Development

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$187,850
Operating Expenses	$1,457,467
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,645,317**
Federal Revenue	$35,309
State Revenue	$957,845
User Fee Revenue	$0
Other Revenue	$3,196
Total Revenue:	**$996,350**
Net CAPS Cost:	**$648,967**
Positions/SYE involved in the delivery of this CAPS	3/3



▶ CAPS Summary

Disability Services Planning and Development (DSPD) staff provide support to the Fairfax Area Disability Services Board (FA-DSB) in its oversight responsibilities, facilitate FA-DSB recommendations as appropriate, and assist in implementation of the mandate to conduct a comprehensive tri-annual needs assessment of persons with physical and sensory disabilities. Staff also respond to requests for information, assistance, and referral from persons with disabilities, their representatives, and service providers; monitor and provide technical assistance to County programs, services, and activities to ensure access and inclusion for persons with physical and sensory disabilities; and initiate, manage, and oversee specialized activities and programs that increase the social and economic self-sufficiency of people with disabilities. The Director serves as the Americans with Disabilities Act Coordinator for the Department of Family Services, providing training and technical assistance to employees and supervisors.

Current staff priorities include:

1. Providing support to the Fairfax Area Disability Services Board in all of its activities, including its current emphases on housing, transportation, and employment issues.

2. Providing technical assistance and consultation to DFS clients and case managers on access and service issues that are related to the client's disability.

3. Providing information and support to Housing Advocates of Northern Virginia, a coalition of organizations, individuals, and agencies across five jurisdictions to identify, prioritize, and develop a full range of housing options for persons with disabilities. The first project, currently awaiting HUD 811 funding, is Coppermine Place in Herndon.

4. Addressing transportation and pedestrian issues for individuals with physical and sensory disabilities, including access, safety, and equity.

▶ Method of Service Provision

DSPD contracts for services to persons with disabilities with the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons, Inc., and Brain Injury Services, Inc. (as part of the Statewide Head Injury Services Partnership), and administers State Rehabilitative Services Incentive Fund grants that come through the FA-DSB to local non-profit organizations. Staff respond to telephone, written, and e-mail requests from the public, service providers, and County staff; and provide consultation and training to County staff via telephone or in person. Staff also develop and disseminate numerous publications providing assistance and guidance to persons with disabilities and their service providers.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Head injured and hearing impaired persons served through Disability Services contracts	3,435	3,884	4,720	4,767	4,805
Cost per head injured and hearing impaired person served	$351	$309	$255	$341	$281
Percent of head injured clients who have increased their level of independence during the year	94%	89%	90%	90%	90%
Percent change in the number of persons served through head injury and hearing impaired contracts	26%	12%	18%	1%	1%

▶ Mandate Information

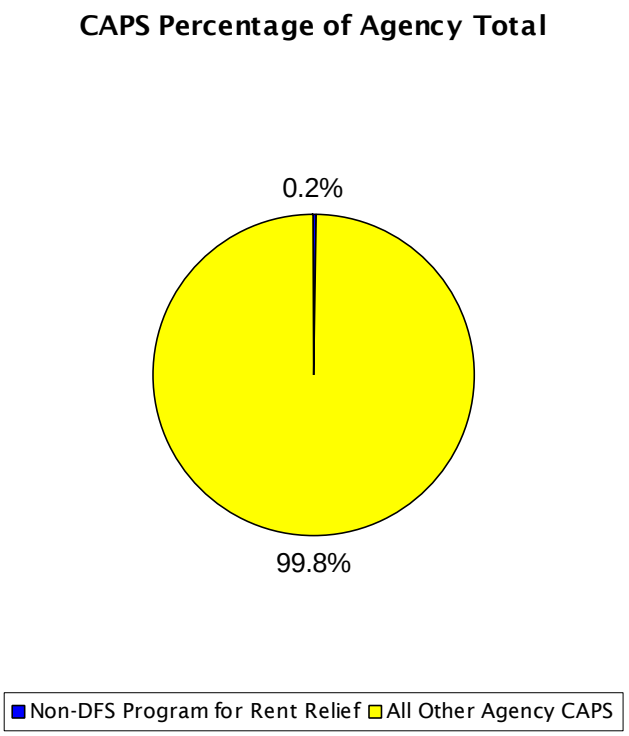
This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 51.5-47. Local Boards; appointment; membership and staff-Every county and city shall establish a local disability services board to provide input to State agencies on service needs and priorities of persons with physical and sensory disabilities, to provide information and resource referral to local governments regarding the Americans with Disabilities Act, and to provide other assistance as may be requested.

- Code of Virginia 51.5-48. Duties and responsibilities of local disability services boards-The local disability services board shall: assess the local services needs and advise appropriate State and local agencies; develop and make available a report of local service needs and priorities; serve as a catalyst for the development of public and private funding sources; develop requests to the rehabilitative services incentive fund when local funding for match is identified; and administer the incentive funds, if received.

67-04-Non-DFS Program for Rent Relief

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$0
Operating Expenses	$275,000
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$275,000**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$275,000**
Positions/SYE involved in the delivery of this CAPS	0/0



▶ CAPS Summary

This program was established by the Board of Supervisors in the 1970's to provide rent relief for low-income, elderly and/or disabled County residents. Eligible individuals may receive one payment a year up to a maximum rent payment of $575. Please refer to the corresponding Inventory of County Activities, Programs, and Services prepared by the County Department of Tax Administration for further discussion and related materials.

▶ Method of Service Provision

Operated and administered by the Fairfax County Department of Tax Administration which determines eligibility and accepts rent relief applications for elderly and disabled persons. Expenditures are charged to the DFS budget.

Recipients of rent relief must be at least 65 years of age or permanently and totally disabled. Gross income may not exceed $22,000 per year.

While the County operates on a fiscal year basis, the Department of Tax Administration operates their relief programs on a calendar year basis.

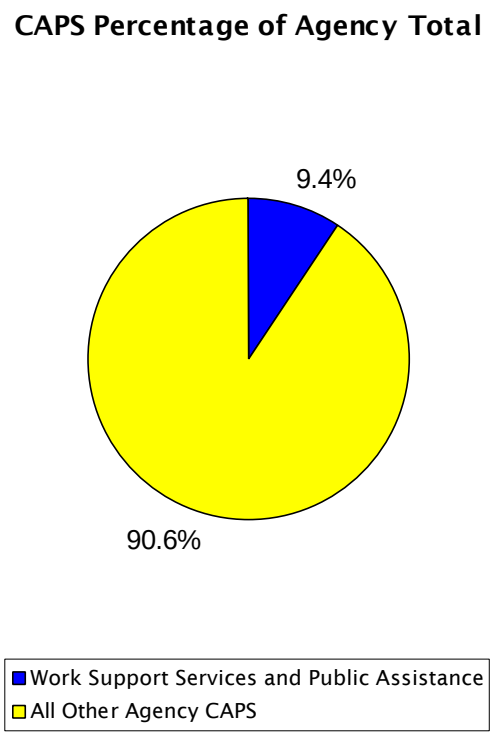
Rent relief is granted once a calendar year.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Rental Grant Applications Approved	591	601	590	513	574
Average Grant Amount	$438	$442	$443	$447	$442

67-05-Work Support Services and Public Assistance

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$10,221,728
Operating Expenses	$5,111,765
Recovered Costs	($87,760)
Capital Equipment	$0
Total CAPS Cost:	**$15,245,733**
Federal Revenue	$8,533,829
State Revenue	$4,351,001
User Fee Revenue	$0
Other Revenue	$635,768
Total Revenue:	**$13,520,598**
Net CAPS Cost:	**$1,725,135**
Positions/SYE involved in the delivery of this CAPS	208/207



▶ CAPS Summary

The goal of Work Support Services and Public Assistance is to provide services to the economically disadvantaged residents and job seekers of Fairfax County, Falls Church City and Fairfax City so individuals and families may achieve and maintain the highest level of productivity and independence equal to their abilities.

Within the framework of the statutes and their regulations of the State Board of Welfare, the Director of the local Department of Social Services is responsible for the administration of Public Assistance in Fairfax County and the Cities of Falls Church and Fairfax. DFS Human Service Workers are responsible for administering and determining initial and ongoing eligibility for numerous Federal and State Public Assistance programs, such as Temporary Assistance For Needy Families (TANF), Medicaid and Food Stamps, in addition to the State General Relief Program, Auxiliary Grants and State/Local Hospitalization Program. These Public Assistance Programs provide financial and/or medical support assistance to indigent individuals and families who are unable to maintain minimum standards of health and well-being through their own efforts. DFS Human Service Workers receive all applications for public assistance programs, interview applicants, and determine and authorize the participant's initial and continued eligibility for all Public Assistance programs. The average monthly public assistance caseload in the County is approximately 29,000 cases.

In June of 2000, the Workforce Investment Act of 1998 superseded the Job Training Partnership Act (JTPA) and it called for the restructuring of a multitude of existing employment and training programs from a variety of Federal funding sources into an integrated workforce investment system. The WIA establishes programs to support youth and adults who are entering/re-entering the job market or seeking to change career goals. It also establishes worker retraining for dislocated workers. Federal funds are provided to the State (Virginia Employment Commission) through the U.S. Department of Labor. The State, in turn, allocates the funds to local areas for implementation. In each local area, a Workforce Investment Board is established to oversee the implementation and maintenance of the WIA. Fairfax County entered into a consortium agreement with Prince William and Loudoun County and the cities of Fairfax, Falls Church, Manassas and Manassas Park to form the Northern Virginia Workforce Investment Area (NVWIA). The Northern Virginia Workforce Investment Board (NVWIB), in partnership with the local elected officials, serves as the governing body for the NVWIA.

Over the past year, the NVWIA has developed and continues to develop multiple One-Stop centers and affiliate sites where information and access to a wide array of job training, education, and employment services are available to anyone through a single point of entry. These services, in addition to more intensive case management and training services, are available to individuals who may be new to the workforce, dislocated, or an incumbent worker.

Work Support Services and Public Assistance is currently operating four One-Stop employment centers throughout Fairfax County and supporting an additional three centers in the NVWIA. These centers provided employment services to over 2,250 job seekers monthly in the NVWIA, with an additional 539 of those job seekers receiving intensive case management, and 265 of the 539 receiving training services.

The One-Stop centers that are operated by the Department are certified under the Malcolm Baldridge National Quality Standards. One of the four centers, Falls Church SkillSource, has gained national recognition and been awarded a grant by the Department of Labor to further develop the center to be a model for One-Stop centers. The other three centers, located in Reston, Fairfax and Alexandria, have been certified as affiliate sites within the consortium's SkillSource network. As the fiscal agent for the NVWIA, the Department is not only responsible for providing employment and training services to job seekers of Fairfax County, but also for the administrative and financial duties for this region under WIA.

Implementation of the Federal and State Welfare Reform legislation is also among the responsibilities of Work Support Services and Public Assistance. The Virginia Initiative for Employment not Welfare (VIEW) is a key piece of legislation that has had a significant impact on the way services are delivered to Public Assistance recipients. Although the number of VIEW participants has declined since Welfare Reform began in 1996, the level of services required to support current participants have increased dramatically. Many of the current VIEW participants are the hardest to serve and are characterized by a multitude of barriers including learning disability, limited work history, limited English proficiency, alcohol and substance abuse as well as transportation, medical and child care issues. Assisting these individuals in gaining and retaining employment requires intensive case management and increased resources.

Work Support Services and Public Assistance delivers its employment and public assistance services through an integrated One-Stop approach regardless of State/Federal funding streams. This has resulted in streamlined management and more flexible service delivery. The DFS Human Services Workers are responsible for promoting self-sufficiency through delivery of services including business and job development, case management, needs assessments, counseling, advocacy services and referrals to governmental and community services. Work Support Services and Pubic Assistance programs administered by DFS are:

Temporary Assistance for Needy Families (TANF):
TANF provides temporary financial assistance to eligible families with children. The family receives a monthly cash payment to meet their basic needs. Able-to-work parents receiving TANF, unless otherwise exempted, are required to participate in the VIEW program for as long as the family receives TANF benefits. With Welfare Reform, TANF benefits are limited to 24 months for VIEW participants.

Aid to Families with Dependent Children – Foster Care Program (AFDC-FC):
This program determines the initial and ongoing eligibility for children in foster care. The payments provide for the care and maintenance of children in the care of the agency.

Auxiliary Grants (AG):
This program offers supplemental financial assistance to eligible aged, blind or disabled persons residing in licensed homes for adults.

General Relief Program (GR):
This program provides cash assistance in the form of a monthly grant to categorically eligible low-income individuals in need of financial support who are not eligible for federally subsidized programs such as TANF or Supplemental Security Income.

Food Stamp Program (FS):
The FS program supplements the income of eligible households by providing food coupons to be used to purchase food. In November 2001, the State of Virginia will implement an electronic benefit transfer (EBT) system to provide food stamp benefits to recipients.

Food Stamp Reinvestment Program:
This is a State grant funded program that provides funds to ensure payment accuracy in the Food Stamp program. These funds are applied for on a yearly basis and have included implementation of a call center, funding for food stamp case readers and training for staff.

Virginia Medical Assistance Program (Medicaid):
The Medicaid program provides medical assistance for low income families with children, recipients of Supplemental Security Income, Auxiliary Grants, and other medically needy people such as pregnant women and children under 19 years of age, deprived children, aged, blind, and disabled individuals and certain Medicare Part A recipients. Limited coverage is also available to categorically and income eligible, non-resident aliens who have had a medical emergency. It is anticipated that the number of people receiving Medicaid will increase in the next year due to a change in the eligibility requirements.

Children's Medical Security Insurance Plan (CMSIP):
This program provides assistance for eligible children, newborn – 18 years of age, who do not have health insurance and are unable to pay for needed medical services. In August 2001 this program transitioned into the Family Access to Medical Insurance Security (FAMIS) plan that will be managed by the State of Virginia. DFS will continue to retain responsibility for insuring that children who are not eligible for Medicaid are referred to FAMIS and assisting with the application process and outreach efforts.

Low-Income Home Energy Assistance Program (LIHEAP):
LIHEAP consists of three components: 1) Energy Assistance – provides supplemental assistance to offset the rising cost of home heating costs when they are excessive in relation to the household income. The benefit maximums are not intended to meet the household's total cost during the heating season. 2) Crisis Assistance – assists households with energy-related, weather-related or supply shortage emergencies that cannot be met by Energy Assistance or other local resources. 3) Cooling Assistance – provides supplemental assistance to offset the cost of cooling a home for those who are disabled and meet certain income guidelines.

Refugee Resettlement Program (RRP):
This program provides financial assistance in the form of a monthly grant to needy refugees/entrants for a limited length of time to assist in their economic and social adjustment.

Repatriate Assistance Program:
This program provides financial loans for a maximum of 90 days to citizens of the United States and repatriated dependents of such U.S. citizens, who are without income or resources. The Federal government reimburses the County for all expenses incurred, including personnel cost, and the client re-pays the loan directly to the Federal government.

State and Local Hospitalization (SLH):
SLH provides assistance with payment for hospitalization to low-income individuals who are unable to pay for needed medical services. People eligible for Medicaid are not eligible for SLH.

Fraud FREE Program:
The Fraud FREE program seeks the recovery of overpayments from financial assistance overissuances in the public assistance programs. It also prevents potential recipients from obtaining benefits through the use of fraudulent acts by providing “up front” investigations. The Fraud Recovery Special Fund is supported by the State-retained dollars from the collection of overpayments in all public assistance programs, which funds the Fraud Free program.

VIEW:
The VIEW program is the mandatory employment component of the TANF program for able-to-work parents with children over 18 months of age. It was implemented in Fairfax County in 1996. Since that time, over 3,000 VIEW clients have participated in the program. Although the VIEW caseload has been reduced in numbers, the majority of the VIEW participants that DFS now serves are the "hard to serve" population. These participants have multiple barriers to employment, such as limited English skills, little or no training for the workplace, learning disabilities, substance abuse problems, etc. and require intensive case management services.

Welfare to Work (WTW):
This grant-funded program provides intensive services to TANF clients with specific barriers to employment, such as poor work history or no high school diploma. In addition, the Department has a partnership with the Community Services Board to provide alcohol and drug screening to Department of Family Services customers. Alcohol and Drug Services employees work on-site to provide access to services for clients with suspected drug and alcohol abuse problems and to assist them in obtaining the help they need. Many of the Department's VIEW clients are also enrolled in the Welfare to Work program because of the additional services they can receive in this program.

Food Stamp Employment and Training (FSET):
This program provides employment and training services to food stamp recipients who are not exempt from working due to age, disability, etc.

Workforce Investment Act (WIA) of 1998:
Employment and training services are delivered through One-Stop centers and affiliate sites where information and access to a wide array of job training, education, and employment services are available to anyone through a single point of entry. Information and services that are accessible through the One-Stop centers includes unemployment insurance, WIA assistance programs, welfare-to-work, assistance programs, vocational rehabilitation, post-secondary and adult vocational education, and other Federal employment and training programs. There are three streams of funding under WIA—Adult, Dislocated and Youth.

Metro Tech:
A Federally-funded project designed to address the need for qualified individuals with high technology skills employers are seeking. This is a unique partnership between the Northern Virginia Technology Council, the Technology Council of Maryland, the Greater Washington Board of Trade, the Washington D.C. Technology Council and workforce agencies such as ourselves in Washington, D.C., Maryland and Virginia.

DOL Model One-Stop Grant:
A Federally-funded project aimed at developing a model One-Stop center that can become a benchmark site for the U.S. Department of Labor and a set of strategic activities for the Northern Virginia Workforce Investment Board to demonstrate how services can have quality and depth for both the business and job seeker customer.

TANF Hard-to-Serve Grant:
A grant to develop a program for adult participants of the TANF program who are learning disabled modeling the Bridges to Practice program. The grant will include screening and identification, assessments and support services, and vocational-specific individual accommodation plan.

Welfare Reform Transportation Grant:
The Job Access and Reverse Commute Program provides transportation services to assist welfare recipients and other low-income individuals in accessing employment opportunities, and to increase collaboration among the regional transportation providers, human service agencies and related service providers, employers, metropolitan planning organizations, states and affected communities and individuals.

▶ Method of Service Provision

Through its comprehensive business approach, the Work Support Services and Public Assistance program area has trained and enabled its workforce to deliver a combination of public assistance and employment and training programs collaboratively, weaving in supportive services as needed.

DFS staff provides this range of services at four DFS regions located in Reston, Fairfax, Alexandria (Route One) and Falls Church. For public assistance programs, staff receive all applications, interview applicants and determine eligibility, and authorize and coordinate customers' initial and continued eligibility for these services. State regulations require that applications for assistance be made at the local department of social services office in the county/city in which the applicant resides. State regulations also require that a face-to-face interview for most programs be conducted between the applicant/recipient and the caseworker before authorizing initial or ongoing benefits. These interviews are conducted by DFS Human Service Workers in the DFS office or in the clients' homes.

Employment and training services are provided through One-Stop employment centers also located at the same four regional offices, as well as other Partner (i.e. Virginia Employment Commission) offices throughout the region. Information and services that are accessible through the One-Stop centers include unemployment insurance, WIA assistance programs, welfare-to-work, vocational rehabilitation, post-secondary and adult vocational education, and other Federal employment and training programs. Through more intensive services, individuals can also access career counseling, testing and assessment, job placement and job training. Services are delivered through a combination of self-help and directed services depending upon each individual's needs.

Core operating hours are 8:00 a.m. to 4:30 p.m. Monday through Friday. In addition, the Falls Church SkillSource Center is open Wednesday evenings until 7:00 p.m. Services may also be arranged for non-core hours to meet client's needs for both public assistance and employment needs.

▶ Performance/Workload Related Data

Average Monthly Caseloads

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
TANF	2,086	1,656	1,243	1,079	1,000
VIEW	803	521	307	207	200
Auxiliary Grant	213	251	185	198	200
General Relief	640	566	573	587	600
Food Stamps	7,101	6,945	6,845	6,515	6,600
Medicaid	15,990	16,298	19,087	19,526	20,000
CMSIP*	NA	1734	2878	3,000	**3,000
RRP	61	39	71	65	65
SLH	507	479	601	498	500

*CMSIP figures are compiled by the number of individual children receiving assistance. All other counts are by families who receive assistance.

**This program was converted to the State FAMIS program beginning August 1, 2001.

▶ Performance Indicators*

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
TANF applications completed	2,876	NA	2,148	2,000	2,000
Medicaid applications completed	9,822	11,605	13,310	13,500	13,800
Food Stamp applications completed	10,037	10,233	8,688	8,700	9,000
Clients served in VIEW program	1,642	1,166	749	550	500
Cost per public assistance/Food Stamp/Medicaid application	$373	$397	$399	$432	$432
Cost per client served in VIEW	$2,216	$3,092	$3,643	$2,909	$2,936
TANF applications completed within State-mandated time frame	2,569	NA	1,850	1,800	1,800
Medicaid applications completed within State-mandated time frame	8,336	9,704	11,551	12,150	12,420
Food Stamp applications completed within State-mandated time frame	9,763	9,892	8,488	8,439	8,730
Percent of VIEW clients placed in a work activity	70%	68%	66%	70%	70%
Percent of TANF applications completed within State-mandated time frame	89.3%	NA	86.1%	90%	90%

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Percent of Medicaid applications completed within State-mandated time frame	84.9%	83.6%	86.8%	90%	90%
Percent of Food Stamp applications completed within State-mandated time frame	97.3%	96.7%	97.7%	97%	97%
Average monthly wage for employed clients in VIEW program	$882	$992	$1,091	$1,190	$1,290

*Workforce Investment Act of 1998 (WIA)

Implementation of the WIA program began in fiscal year 2001 and although the initial performance standards have been established, the management information system responsible for the collection and reporting of performance data is still under development by the State. This system is expected to be delivered and implemented in the fall of fiscal year 2002, therefore data on performance standards are not available at the time of this report.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- The Director of the local Department of Social Services is responsible for the administration of Work Support Services and Public Assistance in Fairfax County and the Cities of Falls Church and Fairfax as described in the statutes below:

- AUXILIARY GRANTS - State mandate: Code of Virginia 63.1-25, 63.1-86-87, 63.1-92, 63.1-107 through 63.1-110, 63.1-114, 63.1-116, 63.1-119 - Federal mandate: Social Security Act 1616, 1618; Code of Federal Regulations 416.2099, 416.2095- 416.2099

- CHILDREN'S MEDICAL SECURITY INSURANCE PLAN (CMSIP) - State mandate: Code of Virginia 32.1-351

- FOOD STAMPS - State mandate: Code of Virginia 63.1-25.2 - Federal mandate: Code of Federal Regulations 271 through 282; Public Law 88-525, Sec. 2013

- FOOD STAMP EMPLOYMENT and TRAINING (FSET) - State mandate: Code of Virginia 63.1-25.2 - Federal mandate: Code of Federal Regulations 271 through 273, 277

- FRAUD INVESTIGATIONS/COLLECTIONS - State mandate: Code of Virginia 63.1-58.2

- ENERGY ASSISTANCE PROGRAM (LIHEAP) - Federal mandate: Public law 97-35, 103-252 - Code of Virginia 63.1-25, 63.1-86, 63.1-87

- MEDICAID - State mandate: Code of Virginia 32.1-324.1, 63.1-86, 63.1-87, 63.1-92, 63.1-97.1, 63.1-98, 63.1-107 through 63.1-110, 63.1-114 - Federal mandate: Code of Federal Regulations 431.10, 431.200, 431.800, 435.905, 435.911, 435.912

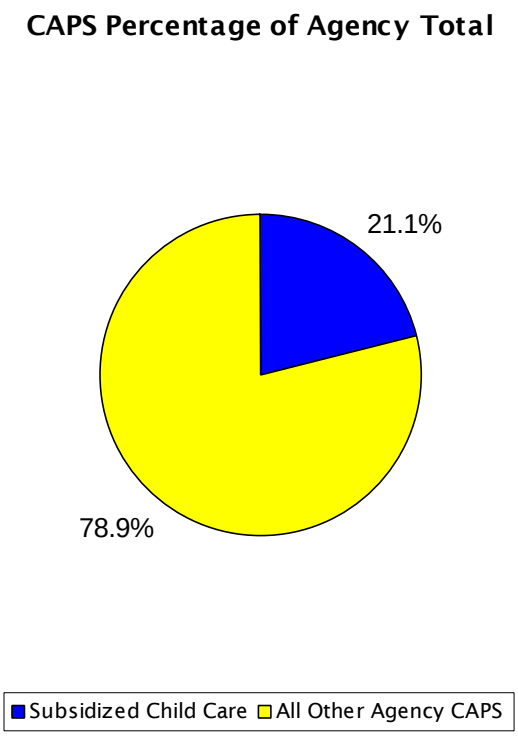
- REFUGEE RESETTLEMENT - State mandate: Code of Virginia 63.1-25, 63.1-86, 63.1-87, 63.1-92, 63.1-107 through 63.1-110, 63.1-114, 63.1-116, 63.1-119 - Federal mandate: Code of Federal Regulations 400.4, 400.23, 400.50, 400.90, 400.202, 401.12 STATE-LOCAL HOSPITALIZATION - State mandate: Code of Virginia 32.1-345, 32.1-347

- TEMPORARY ASSISTANCE for NEEDY FAMILIES - State mandate: Code of Virginia 63.1-86 - Federal mandate: Public Law 104-193

- VIRGINIA INITIATIVE for EMPLOYMENT NOT WELFARE (VIEW) - State mandate: Code of Virginia 63.1-133.41 - Federal mandate: Public Law 104-193.

67-06-Subsidized Child Care

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$919,892
Operating Expenses	$33,496,435
Recovered Costs	($65,626)
Capital Equipment	$0
Total CAPS Cost:	**$34,350,701**
Federal Revenue	$17,924,236
State Revenue	$3,834,405
User Fee Revenue	$0
Other Revenue	$23,288
Total Revenue:	**$21,781,929**
Net CAPS Cost:	**$12,568,772**
Positions/SYE involved in the delivery of this CAPS	20/20



▶ CAPS Summary

Subsidized child care is an early childhood education, child care and financial support service that enables families to attain and maintain self-sufficiency. Making child care affordable and accessible to families is instrumental to the success of welfare reform. Consistent, quality early childhood education programs prepare children for successful school experiences, bridging the opportunity gap between children of different economic backgrounds.

The Child Care Assistance Program (CCAP) provides financial assistance to low and moderate income families in Fairfax County in paying for the cost of child care. Eligible families must be working, in training, or participating in the state's welfare reform initiative, VIEW. In addition to income eligible families, CCAP also provides assistance to families receiving Temporary Assistance for Needy Families (TANF) and to families referred by Child Protective Services and Foster Care. CCAP subsidizes a portion or all of a family's child care costs based upon family eligibility.

Over 8,300 children participated in CCAP during FY 2001. The average family in the CCAP program is comprised of a single parent with 1.6 children with an income of $22,109 per year. These families reflect the growing diversity of Fairfax County residents. Over ninety percent of surveyed families are highly satisfied with the assistance they received in making child care arrangements.

Funding for the program is derived from Federal (Child Care and Development Fund), State and local sources. These multiple funding sources are managed as a single seamless system to ensure continuity of care for families.

Despite the availability of child care subsidies through CCAP, most low- and moderate-income families find it extremely difficult to afford the high cost of living in Fairfax County. Many cannot afford even the current subsidized fees for child care, and many others cannot participate in CCAP because their income is over the eligibility limit. If child care is to be affordable for these families in the near future, we must assess eligibility and co-payment requirements.

▶ Method of Service Provision

Office for Children staff work directly with families to provide program information, determine eligibility, locate child care, assist parents in making informed care choices, and link families with other needed services. Families receive on-going case management services as required by state policy. Services are available at the Pennino building between 8:00 a.m. and 4:30 p.m. weekdays. Services are offered weekly at DFS regional offices. Both English and Spanish message lines are available for families who call after hours. Parent and provider orientations are also offered in Spanish and English, with both daytime and evening sessions to accommodate working parents.

Families who are participating in CCAP may place their child in the care of any legally operating child care center or family child care provider. Participating providers must have a current vendor agreement with CCAP in order to receive reimbursement for care provided. Two hundred child care centers and 783 family child care providers are currently vendors. CCAP provides reimbursement to vendors monthly.

Most centers provide care between 6:00 a.m. and 6:30 p.m., Monday through Friday. Family child care providers offer more flexible hours. Increasing numbers of families work evenings and weekends and need non-traditional hour child care services.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate**
Number of children subsidized per year	6,820	7,848	7,751	8,335	9,500
Children on waiting list	491	456	1,466	966	500
Child care vendors	1,212	1,368	1,330	1,220	1,280

* Data shown is FY 2001 actual.

** FY 2002 estimates are based on FY 2001 actuals.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

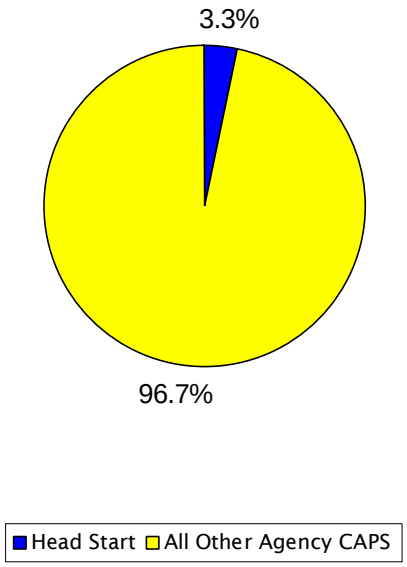
- The Child Care Development Block Grant regulations (Public Law 101-508), as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law - 104-193). Regulations on having a Child Care and Development Fund program to assist low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education. The CCDF program allows State's to serve families through a single, integrated child care system.

- Code of Virginia, Sections, 63.1-133.46 and 63.1-135.52.

- Hunger Prevention Act of 1988, Public Law 100-435.

67-07-Head Start

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$830,644
Operating Expenses	$4,596,138
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$5,426,782**
Federal Revenue	$36,000
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$36,000**
Net CAPS Cost:	**$5,390,782**
Positions/SYE involved in the delivery of this CAPS	18/18



▶ CAPS Summary

Head Start is a national child development program that serves income eligible families with children birth to five years of age and expectant parents. Families served by Head Start receive assistance with child education and development, social and health services and parent education including family literacy and English as a Second Language.

Head Start builds children's social and educational skills through carefully planned early childhood activities and family-focused experiences. Ten percent of Head Start enrollment is reserved for children with special needs. Parents share in the program decision-making process and are encouraged to participate in program activities by volunteering in the classroom or serving on parent committees and the program policy council. Assistance is provided for job training and employment and for health, mental health and other social services.

Participants in the program must be residents of Fairfax County, Fairfax City or Falls Church City. Families currently served are eligible under Federal poverty guidelines or USDA Child Care Food Program Free Lunch guidelines. Children with disabilities receive placement priority. The Head Start program is supported with State and Federal funds (within Fund 102, Federal and State Grants) and local funds, serving children in half-day (3.5 hours), full day (6.5 hours) and extended day (8-10 hour) slots.

In the near future, we must assess current income eligibility guidelines. Because of the high cost of living in Fairfax County, the income of families in need exceeds Federal eligibility guidelines, thus making them ineligible for Head Start services. In addition, future Head Start programs will expand the full day and extended day options to meet the changing needs of eligible families.

▶ Method of Service Provision

Income eligible children and their families are served in Head Start sites throughout the County in center-based, home-based and family child care program options. OFC is the grantee or administering agency for Head Start and directly operates the Gum Springs Children's Center. Two delegate relationships currently exist with the Fairfax County Public Schools and Higher Horizons Day Care Center, Inc., a private, non-profit organization.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate**
Funded Enrollment	1,538	1,536	1,568	1,677	1,787
Children with Disabilities	143	143	236	178	180
Classrooms Operating	88	88	90	94	99
Children on Waiting List for Services	246	368	287	374	348

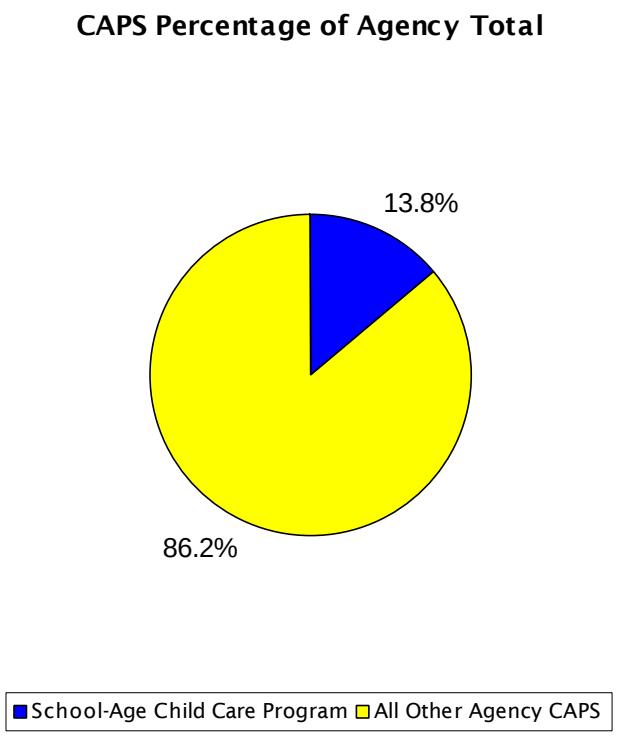
* Data shown is FY 2001 actual.

** FY 2002 numbers are based on FY 2001 actuals.

Note: Funding for the Head Start program comes from Federal, State, Fairfax County General Fund, and FCPS Board. These numbers reflect all children enrolled in the program.

67-08-School-Age Child Care Program

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$19,519,548
Operating Expenses	$2,970,909
Recovered Costs	$0
Capital Equipment	$21,000
Total CAPS Cost:	**$22,511,457**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$16,986,919
Other Revenue	$83,487
Total Revenue:	**$17,070,406**
Net CAPS Cost:	**$5,441,051**
Positions/SYE involved in the delivery of this CAPS	563/514.49



▶ CAPS Summary

The School-Age Child Care (SACC) program supports working parents by offering before- and after-school, holiday, and summer programs to provide educational child care for children enrolled in Fairfax County schools. SACC maintains quality care by providing an enriching, educational program that furthers the social and intellectual development of children; by staffing to ensure safe ratios of children to adults; by offering education resources and training to center staff; and by conducting regular site visits to evaluate centers. The program encourages participation of low-income families with a sliding-fee scale. SACC also provides care for special needs children, both in self-contained and mainstreamed centers, with 96 percent of the parents reporting they are highly satisfied with the care.

In FY 2001, in response to parents' requests, SACC began a pilot program called "Club 78," which serves children of middle-school age. Club 78 now operates in one middle school. Feedback from the SACC Parent Advisory Group and from parents in the community shows there is strong interest in expanding this program to middle schools in other regions. Expansion of elementary school SACC sites is also necessary in order to address the growing waiting list for SACC services. In addition, as enrollment of special needs children in SACC increases, SACC will need to provide more staff for supervision and training.

▶ Method of Service Provision

SACC operates in 125 County elementary schools. SACC also operates Club 78 in one middle school. Children with disabilities may attend through age 22. Services are available for children whose parents are working, attending school, or disabled. Although physically located in Fairfax County Public Schools, SACC teachers and administrators are employees of the Office for Children.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate
Capacity Enrollment	7,196	7,307	7,880	8,261	**8,371
Special Needs Children Served	383	456	497	512	**535
Regional Supervisor Site Visits/School Year	2,880	3,172	2,952	2,976	**3,750
Children on Waiting List	985	990	993	1,127	**1,194
Number of SACC Sites	120	122	123	124	125

* Data shown is FY 2001 actual.

** FY 2002 estimates are based on FY 2001 actuals.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0691	Fees-SACC	$16,986,919

Current Fee	Maximum Allowable Fee Amount
Depends upon services used (before-school, after-school, holiday, summer, etc.) and number of children enrolled. Before- and after-school care for one child ranges from $11.00 to $339.00 per month.	N/A Based on Program Cost

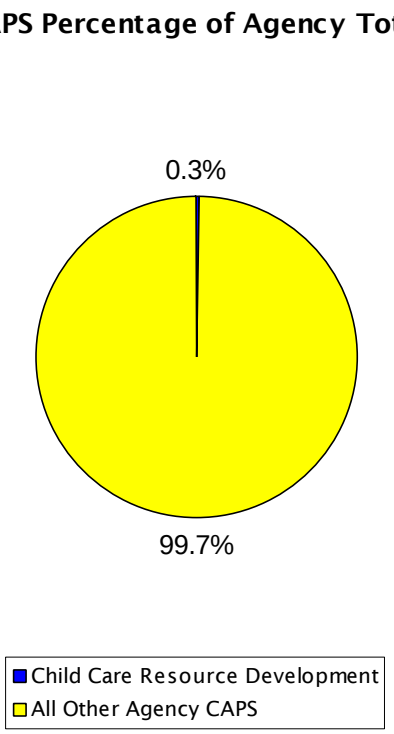
Purpose of Fee:
Parents with the ability to pay full fee cover the full, direct cost of the SACC services their children receive. Lower-income parents pay on a sliding fee scale. The County contribution is the subsidy for low-income families and the costs associated with providing SACC child care services for special needs children (e.g., equipment, lower staff:child ratios). SACC services are provided in Fairfax City elementary schools under contract with the City, with revenues offsetting expenditures.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Board of Supervisors	Approval of Agency Director	Annually

Other Remarks:
SACC fees are established based on program costs. Fees are reviewed annually and adjusted as necessary to cover programmatic costs.

67-09-Child Care Resource Development

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$466,672
Operating Expenses	$64,068
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$530,740**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$13,781
Other Revenue	$1,631
Total Revenue:	**$15,412**
Net CAPS Cost:	**$515,328**
Positions/SYE involved in the delivery of this CAPS	10/10



▶ CAPS Summary

Child Care Resource Development provides the following programs and services:

The Employer Child Care Council was established in 1987 by the Board of Supervisors to encourage the corporate community to get actively involved in developing child care resources for their employees. The Council provides technical assistance, presentations and resource materials for employers to successfully develop work/family programs, and promotes business involvement in increasing the supply of child care in the County.

The Child Care Resource System

- Increases the supply of child care to meet the steady increase in demand for child care services through recruitment of family child care providers and assistance in child care center development;

- Provides consumer education to Fairfax County parents to help them select care that is most appropriate to their specific family needs;

- Maintains an automated database with comprehensive information about child care resources in Fairfax County that can be accessed in person, on the phone and over the internet.

Ninety-five percent of the parents who use these services continue to indicate they are highly satisfied with the services and information.

Grants and Resource Development develops proposals for additional funding from Federal, State, corporate and foundation sources and leverages multiple funding streams to meet the child care needs of Fairfax County families.

Future initiatives will focus on expanding partnerships to build and maintain a quality child care supply. Recruitment strategies implemented during FY 2001 for the "Making a Living. Make a Difference" recruitment campaign have surpassed campaign goals, resulting in 489 new applications for Home Child Care Permits in FY 2001. These efforts will continue to be accomplished in collaboration with other County and community organizations through outreach to citizens, especially those from diverse language and cultural backgrounds. In addition, new services will take full advantage of technological advances that will assist parents in finding child care and will help child care providers market their services on-line 24 hours a day, 7 days a week.

▶ Method of Service Provision

Services are provided directly by County child care professionals who are located in the Pennino Building between 8:00 a.m. and 4:30 p.m. Monday through Friday. Services are also provided on selected evenings and weekends as well as at community locations. The OFC web pages provide access to information about finding child care, employer child care benefits and marketing of child care services. Parents can also obtain lists of child care services available in Fairfax County through an on-line search function on these web pages.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate**
Child care information requests answered	13,720	14,707	13,963	11,266***	14,500
Child care options included in database	1,653	1,941	1,901	1,859	2,300
New providers recruited by campaign	NA	NA	NA	489	500

* Data shown is FY 2001 actual.

** FY 2002 estimates are based on FY 2001 actuals.

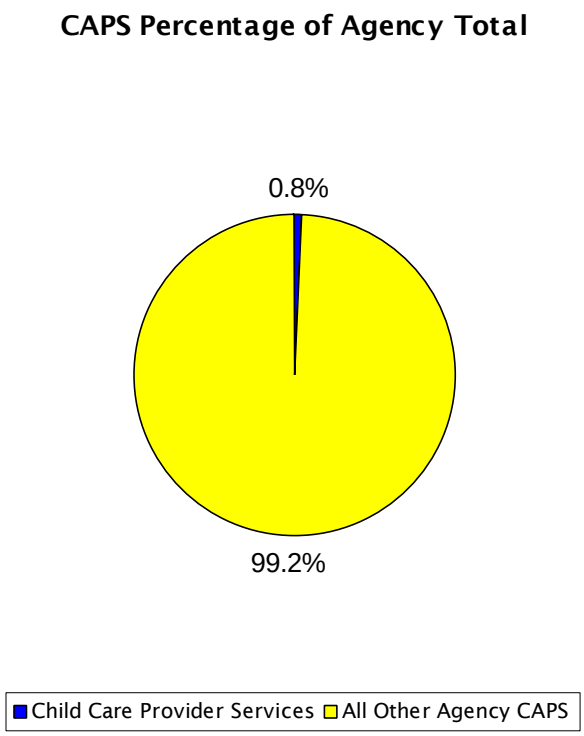
*** Beginning in January 2001, parents have been able to access information about child care resources from the OFC County web pages. This number reflects responses to in-person and phone requests only.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0692	Child Care Resource Center Referral Listing Fees	$13,781
Current Fee	**Maximum Allowable Fee Amount**	
$15.00 Child Care Centers; $8.50 Family Child Care Providers	NA	
Purpose of Fee: Annual fees collected from home child care providers and centers to be listed with DFS.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
DFS-OFC	Policy decision by Department	2001
Other Remarks: Subsequent to the adoption of the FY 2002 budget, a departmental policy change occurred in FY 2001 whereby this fee is no longer being charged in an effort to encourage child care centers and providers to list their information on the data base, which is beneficial to the community and citizens seeking child care services.		

67-10-Child Care Provider Services

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$1,224,106
Operating Expenses	$120,132
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,344,238**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$35,000
Other Revenue	$6,840
Total Revenue:	**$41,840**
Net CAPS Cost:	**$1,302,398**
Positions/SYE involved in the delivery of this CAPS	24/24



▶ CAPS Summary

Child Care Provider Services promotes and protects the health and safety of children who are cared for in family child care homes. Chapter 30 of the Code of Fairfax County requires that persons in Fairfax County obtain a County Home Child Care Permit if they are caring for up to five young children (other than their own) in their homes. OFC staff ensures compliance with the ordinance by assessing, monitoring and providing technical assistance to new applicants and applicants that renew their permit each year.

The Home Child Care Permit ordinance was adopted by the Board of Supervisors in 1990 and then modified in 1996 to add a $14 application fee. In 2001, the Board of Supervisors revised the Ordinance to make it consistent with current health and safety information and State child care training requirements for family child care providers.

Family child care providers who receive a County Home Child Care Permit are required to attend twelve hours of training within the first year of child care, and to complete a minimum of six hours training during each subsequent year. To assist providers in meeting these

requirements, OFC offers a wide variety of training opportunities, including health and safety, child development, programming, and other topics of quality child care. In addition to formal training classes, Provider Services also offers technical assistance to family child care providers through telephone consultation and scheduled or requested home visits. Ninety-eight percent of the individuals who complete the Home Child Care Permit application are satisfied with the process. Over the past year, OFC has mounted a major recruitment effort to increase the number of permitted family child care homes to address the critically short supply of available child care.

Provider Services also administers the USDA Child and Adult Care Food Program, which benefits children enrolled in Family Day Care Homes, SACC centers, and Gum Springs Head Start classrooms. CACFP funding provides partial reimbursement for meals and snacks served to children in care, as well as nutrition training, monitoring and technical assistance. The Food Program reimburses the SACC program for snacks served to more than 6,000 children. Gum Springs Head Start program for low-income children is also reimbursed for meals served. In order to receive reimbursement, family child care providers are required to hold a current permit or license, follow a USDA approved meal pattern, allow home visits by County staff, attend training at least once each year, and keep records of menus and meals served.

Future efforts will continue to support Fairfax County citizens who seek to offer quality child care in home-based settings. To best serve the increasingly multicultural families of Fairfax County, future efforts will also be directed toward increased training, workplace ESL training for family day care providers whose first language is not English, and recruitment of family day care providers from diverse backgrounds.

► Method of Service Provision

Staff within Provider Services inspect over 1,800 family child care homes for health and safety factors, including required coordination of inspections and criminal background checks with the Department of Fire and Rescue, Virginia State Police, and Child Protective Services. As part of these visits, staff also monitor the early childhood educational curricula and programs in place at family day care homes and homes that serve children enrolled in Early Head Start. Technical assistance is provided to ensure compliance with relevant codes and to encourage safe, healthy, educational, age-appropriate programs for infants and young children. Technical assistance can include basic training in best child care practices, workshops, CPR training, and on-site guidance.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate**
Home visits per year	N/A	N/A	4,140	3,610	4,331
Estimated number of children who receive care in permitted homes	N/A	N/A	10,000	9,025	10,500
Children enrolled in USDA Food Program	N/A	N/A	3,813	5,683	6,047
Number of child care training class participants	N/A	N/A	4,387	6,803	7,303
Permits issued	N/A	N/A	2,000	1,805	2,100

* Data shown is FY 2001 actual.

** FY 2002 estimates are based on FY 2001 actuals.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0486	Home Child Care Permits	$35,000

Current Fee	Maximum Allowable Fee Amount
$14	$14

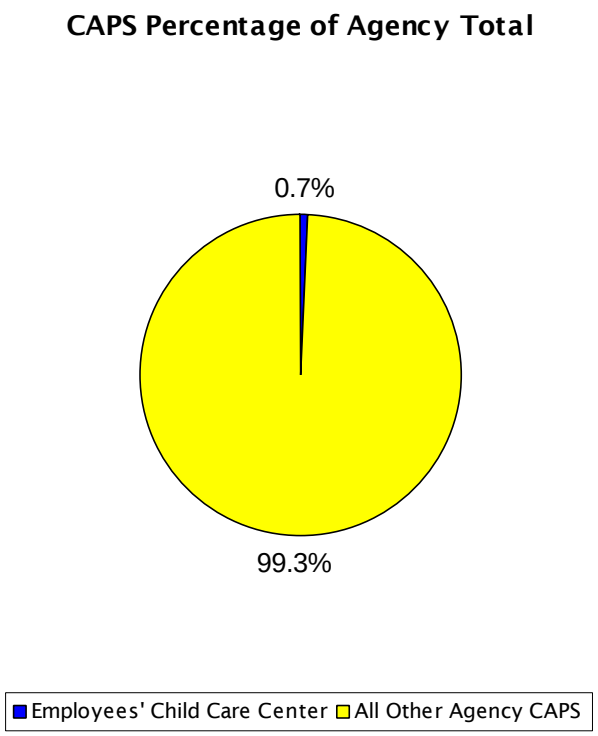
Purpose of Fee:
To offset costs of administering the permit process.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Fairfax County Code	Ordinance change through the Board of Supervisors.	1996

Other Remarks:

67-11-Employees' Child Care Center

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$1,003,747
Operating Expenses	$159,717
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,163,464**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$623,796
Other Revenue	$0
Total Revenue:	**$623,796**
Net CAPS Cost:	**$539,668**
Positions/SYE involved in the delivery of this CAPS	28/25.3



▶ CAPS Summary

The Fairfax County Employees' Child Care Center (ECCC) provides quality, affordable early childhood education services for County employees. The Center has a capacity of 90 spaces to care for infants, toddlers and preschool-age children; currently, there are 108 children enrolled for full-time or part-time care. The Center, which is accredited by the National Association for the Education of Young Children, serves as a model for other employers and community child care providers in the County. It is licensed by the Commonwealth of Virginia and complies with the Americans with Disabilities Act.

The daily program consists of a developmentally appropriate curriculum ensuring that children learn in a safe, caring and nurturing environment. A back-up service is also available to County employees whose regular child care provider is ill or on vacation. The Center is fully enrolled at all times and maintains a waiting list for services. Care at the ECCC is in demand among County employees because of the educational quality of the program, the sliding-fee scale for low- to moderate-income families, and the convenient on-site/near-site location.

▶ Method of Service Provision

The ECCC is administered and staffed by Office for Children employees, with an advisory committee comprised of County employees (parents). The Center, located on the first floor of the Human Services Center, is open year-round, from 7:15 a.m. to 5:45 p.m., Monday through Friday providing care every day that Fairfax County Government offices are open.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate
Capacity enrollment (Full time equivalent)	90	90	90	90	90
Special needs children enrolled	9	6	5	8	7
Parents satisfied with services (%)	90%	93%	96%	96%	96%

* Data shown is FY 2001 actual.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0691	Fees-Employees' Child Care Center	$623,796

Current Fee	Maximum Allowable Fee Amount
Based on age of child, full fees range from $608 to $822 per month per child.	N/A see other remarks

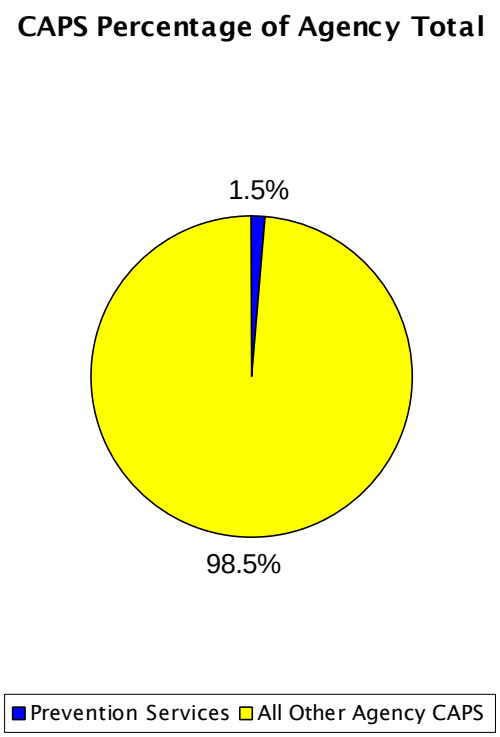
Purpose of Fee:
Fees represent the cost of care for each child. Reduced fees are available for eligible families, based on family size, income, and number of children in care.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Board of Supervisors	Approval of Agency Director	Annually

Other Remarks:
Both the market rate and direct program costs are considered justifications for fee increases. The fee schedule is reviewed annually and adjusted as necessary. Individual family fees are adjusted annually or at the time income changes.

67-12-Prevention Services

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$1,359,084
Operating Expenses	$1,138,810
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$2,497,894**
Federal Revenue	$286,601
State Revenue	$152,574
User Fee Revenue	$0
Other Revenue	$25,572
Total Revenue:	**$464,747**
Net CAPS Cost:	**$2,033,147**
Positions/SYE involved in the delivery of this CAPS	24/23



▶ CAPS Summary

Child Abuse Prevention programs, an important focus of the Department of Family Services (DFS), support families, particularly those "at-risk," through community-based, family focused prevention and early intervention services. These programs are designed to strengthen families, prevent child abuse and neglect, and help community members and stakeholders provide neighborhood-based support networks.

While not mandated, Child Abuse Prevention Program services are targeted specifically at preventing the referral of families, children and individuals to DFS's Federally and State-mandated services (e.g., Child Protective Services and Foster Care) as well as preventing problems from re-surfacing that would jeopardize self-sufficiency. The Department's prevention programs continue to be an integral part of the continuum of services to children and families at risk. Early intervention and investment in child abuse prevention efforts reduces considerably the expense of rehabilitative human services programs. Intervention at later stages is much more costly. In Virginia, the cost comparisons published by Prevent Child Abuse in Virginia, placed the cost of Prevention/Early Intervention programs at $3,500 per family, while Foster Care costs were $11,000 per year per child, incarceration, $20,000 per child, and residential Mental Health placement at $60,000 per child.

The Nurturing Parent Program, Early Intervention Strategy Team, and Neighborhood Networks receive funding through the Federal Promoting Safe and Stable Families grant (Fund 102). This multi-year grant was initiated in Fairfax County in 1995. The grant, which is administered within Child Abuse Prevention Services, also provides funding for a program known as Family Group Conferencing in the Intensive Services to At-Risk Families Program, and for the Visitation Project which is in the Foster Care and Adoption Program Area.

Nurturing Program: The Nurturing Parenting Program for Parents, Children and Adolescents is a structured group and educational experience for parents and children in conflict. In partnership with our community, the Nurturing Parenting Program addresses parents' needs for nurturing and for "re-parenting" their children, and provides concurrent learning experiences for children. The program curriculum helps develop empathy, increases self-awareness, encourages responsible behavior through positive means and establishes developmentally appropriate expectations of children and adolescents.

Services offered include the following:

- Outreach/Public Awareness;
- Parenting Education;
- Peer Support;
- Assessment;
- Referral for additional services (e.g. mental health, ADS, housing, employment, early intervention services);
- Multi-Agency staffings; and
- Collaboration with other involved agencies and programs.

Healthy Families Fairfax: Through a partnership between DFS, community-based nonprofit organizations and the Health Department, this program, accredited through the National Council on Accreditation and Healthy Families America, provides intensive in-home services to expectant and new parents who are at risk of child abuse or neglect to ensure healthy child development and family functioning. The program has been supported over the years through contributions from corporate and foundation donors, including a significant contribution from the Freddie Mac Foundation. The program focuses on six areas:

- Promotion of healthy family functioning by teaching problem solving skills, reducing family stress and improving the support system;
- Systematic identification of overburdened families;
- Promotion of positive parent/child interaction;
- Promotion of healthy child development and prevention care in early childhood;
- Prevention of child abuse and neglect; and
- Pre-and post-natal health care.

Early Intervention Strategy Team: Professionals in public and private child-serving agencies in Fairfax County make up the Team, funded through a Federal Promoting Safe and Stable Families grant. The program seeks to reduce the number of African-American children ages birth-6 who are involved in the foster care system through two key components. First, a multi-agency human services team trains human services staff members from the County and Public Schools in the areas of the impact of cultural and religious practices on parenting; infant mental health; barriers to effective parenting; and historical and legal considerations for early intervention. Secondly, two separate multi-agency teams hold monthly meetings with other County agencies to support professionals working with African-American families with children ages birth – 6 in developing individualized treatment plans and identifying appropriate community resources.

The program focuses on three areas:

- Increasing awareness and knowledge of best practices in working with at-risk young children and their families with a special emphasis on supporting African-American families among community and public agencies;
- Increasing African-American families' awareness and utilization of the comprehensive services available to young children; and
- Providing support services to promote and stabilize families.

Family Resource Centers: Centers offer culturally sensitive prevention-focused programs to increase parental effectiveness in helping children achieve optimum development, reducing incidents of child abuse and neglect and empowering families to become independent. The primary goal is to strengthen families in their own neighborhoods by providing parents with opportunities to learn and improve their skills in raising and nurturing their children. In partnership with multiple County agencies, community organizations, and volunteers, DFS provides staff and programs for three County Family Resource Centers. In addition, staff provide technical assistance to community representatives who are interested in establishing Family Resource Centers.

Neighborhood Networks: This initiative represents a collaboration between DFS and Fairfax County Public Schools. Families nominated by the schools for this program are strong families who are committed to good parenting, seek stability, and encourage their children to work for a better life. Working with school counselors, social workers, teachers, and school staff, Neighborhood Networks educates families about and connects them to support resources. In addition, this program seeks to build leadership skills in families, helping them to become resources within their own community.

The program focuses on three areas:

- Individualized sessions with at risk families that include family members, the Social Worker for the project and representatives of community-based public and private human service organizations;
- Follow-up case management with families provided by the Social Worker; and
- Funding for family needs (e.g., scholarships for students to enable them to participate in positive activities).

Befriend-A-Child: This program is a special volunteer opportunity offered to community residents to provide positive experiences for children who have been abused or neglected or who are at risk of abuse or neglect. DFS social workers refer children they serve. Befriend-A-Child carefully matches children 5-12 years old with trained volunteers who spend several hours with them every other week in recreational and/or educational activities. Once matched, children turning 13 can stay in the program with their BeFriends as part of the older BeFriend "alumni" group. Volunteers "BeFriend" a child for at least one year. Many volunteers choose to maintain the relationship longer. The goal of BeFriend-A-Child is to assist children in developing enhanced self-esteem and healthy relationships. BeFriend volunteers serve as positive adult role models for children and help children develop appropriate coping and other life skills. BeFriends provide the parent(s) valuable free time to pursue their own interests. Parents and volunteers often say the children improve their communication skills and willingness to talk and relate with adults and their peers. Child and parent stress is reduced.

Befriend-A-Parent: Befriend-A-Parent is a mentoring program offered to community residents to provide positive experiences for parents who are at risk for abusing or neglecting their children. The program matches volunteers with BeFriend Parents, adult to adult. The goal of BeFriend-A-Parent is to assist parents in the development of parenting and personal needs skills.

▶ Method of Service Provision

The Child Abuse Prevention Program staff work with interested organizations, businesses, and members of the community to enlist their support in preventing citizens from needing Child Protective Services and/or other crisis services. Hours of operations vary based upon the needs of the particular program. In general, hours of operation fall between 8:30 a.m. and 9:00 p.m. Monday through Friday with other times available on as-needed basis.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[2]
Families served in Healthy Families and Nurturing Program	154	269	519	782	860
Value of donor contributions collected (A database was implemented in FY99 to more accurately track contributions and donations from the Holiday Spirit Project	$13,940	$147,177	$155,718	$264,834	$270,131
Volunteer hours provided	37,520	48,529	57,109	44,480	48,928
To maintain the percentage of families in which there is no subsequent founded incident of child abuse or neglect within one year at 99%[3]	99%	99%	99%	99%	99%

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[2]
To increase the value of donations by 2% in order to increase resources available to children, youth and families in need and to promote self-sufficiency	1%	NA	6%	70%[4]	2%
To increase the number of volunteer hours by 10% in order to supplement agency programs and services to support families and children in crisis and promote self-sufficiency	NA	29%	18%	(22%)[5]	10%

[1] Data shown is FY 2001 actual.

[2] FY 2002 estimates are based on FY 2001 actuals.

[3] Based on data collected from the Healthy Family and Nurturing Programs.

[4] Increase due to implementation of a new database to more accurately track contributions for the Holiday Spirit Program.

[5] Decrease due to a 6-month vacancy in the Volunteer Services Manager position.

67-13-Intensive Services to At-Risk Families

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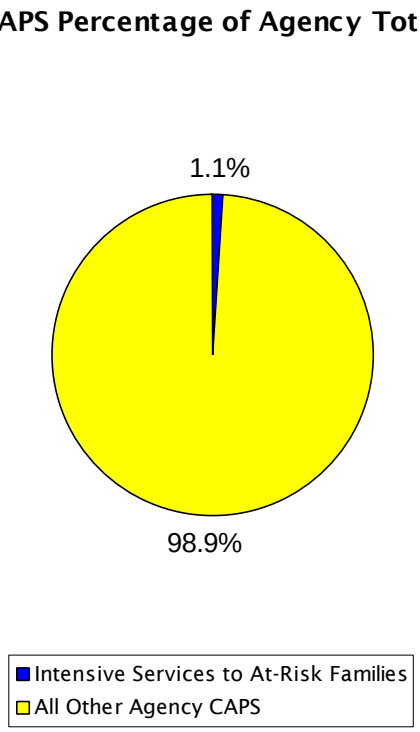
Fund/Agency: 001/67	Department of Family Services
Personnel Services	$1,726,254
Operating Expenses	$144,347
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,870,601**
Federal Revenue	$935,190
State Revenue	$9,412
User Fee Revenue	$0
Other Revenue	$109,398
Total Revenue:	**$1,054,000**
Net CAPS Cost:	**$816,601**
Positions/SYE involved in the delivery of this CAPS	37/37



▶ CAPS Summary

The Department of Family Services provides Intensive Services to At-Risk Families through the Family and Child Program. The program area lost front-line staff and management support in 1997. Subsequent to that reduction in capacity, the Family and Child Program has restructured its service delivery process and target population to focus on families at highest risk of child abuse and neglect. The families served by this program are experiencing challenges that significantly impair family functioning and place children at risk of abuse or neglect: substance abuse, domestic violence, unemployment, serious mental illness, poor health, poor parenting skills and practices, limited learning ability, social isolation, homelessness or incarceration. Intensive services are designed to strengthen and stabilize the family, to increase the parent or caretaker's capacity to provide the necessary nurturing, protection, shelter and education for their children, and to assist the family to function more effectively and independently.

The program is also designed to provide support services that fulfill the agency's mandate to exhaust all options available to prevent child abuse and neglect and to prevent children from requiring foster home placement.

Social workers provide an array of services to the families:

- Comprehensive assessment and development of a service plan;
- Intensive case management — coordinating and implementing the service plan;
- Initial and on-going crisis resolution;
- Counseling services — individual and family;
- Advocacy — assisting families in obtaining services from other organizations;
- Concrete services — rental and utility assistance, clothing, food, transportation, etc.;
- Parenting training and education — appropriate discipline, nurturing, child development;
- Life skills training — budgeting, household management, being a responsible tenant, working with the child's school;
- Court-ordered and Interstate Compact home studies;
- Monitoring purchased services (home-based care for families with a member who is disabled or who meet Comprehensive Services Act guidelines for home-based services); and
- Participation and follow-up services in Comprehensive Services Act mandated Child Specific Teams.

Families are referred to the program from such agencies and groups as: Child Protective Services (CPS); Foster Care and Adoption; Public School System; Coordinated Services Planning (CSP) in the Department of Systems Management for Human Services; various community based organizations; and through the Child Specific Team (CST) process. Families also self-refer.

Social workers in this program area work with families facing serious challenges, including a growing number of immigrant families. Serving these families and building a support network for them is challenging, as many are isolated without family and friends on whom they can rely.

The number of families that are "undocumented" present the greatest challenge, as they are ineligible for many of the services and benefits that are necessary in order to attain some level of self-sufficiency. Approximately 20 percent of the families served in the program speak English as a second language or do not speak English at all.

The number of families identified as "high risk" is increasing as the social workers have increased their outreach efforts, acting upon referrals made by CPS, the community, the schools and through multi-agency staffings. The social workers strive to prevent more intrusive agency involvement (CPS or Foster Care) through the provision of preventive services.

Family Group Conference Initiative

In June 2000, the Family and Child Program developed and implemented a Family Group Conference model for the Department based on a model that originated in New Zealand and is currently operating in various social service agencies in the United States. In this model, family members, friends, community service providers and others join together in a "family conference" to support parents in developing a protection and care plan for their children. The program started taking referrals in November 2000.

The social worker acts as a coordinator, preparing the families and others involved in their lives for the conference, facilitating the conference, and providing follow-up to determine if the family's plan of care for their children is effectively meeting the family's needs.

Social workers in CPS, Foster Care and from within the Intensive Services Program have made referrals when they have assessed that children are at imminent risk of being removed from their homes, or that a safe plan is needed in order for children to be returned to their families from foster care.

Although less than a year old, this program has already proven to be successful. All of the conferences that were convened resulted in plans which have enabled children to remain with their parents or to be cared for by extended family members, and foster home placement has been averted.

Prevent Placement Initiative:

The Family and Child Program has implemented an intensive prevention initiative which focuses on supporting African-American families (who are disproportionately represented in foster care in Fairfax County and throughout the nation) who are at imminent risk of losing custody of their children due to abuse and neglect issues. The staff involved in this effort also work with families of other ethnic or cultural backgrounds as well. These social workers have smaller caseloads than the other social workers in the program, and provide an intensive level of service to the families, which includes daily contact, in many instances.

▶ Method of Service Provision

County-employed social workers provide "direct" services, e.g. counseling, teaching life skills, advocacy, etc., and provide case management, the coordination and monitoring of other services that include purchased services, or services provided by other Human Services or community organizations. Case management includes teaming with other professionals in various disciplines to ensure that appropriate, effective, comprehensive services are delivered.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Average number of families served per month	NA*	NA*	264	249	249
Average number of children served per month	NA*	NA*	621	597	600
Percent of Families who are at risk of child abuse and neglect who are satisfied with services	NA*	88%	89%	90%	90%
Percent of Intensive Family Service cases with children who are at risk of abuse and neglect in which there is no subsequent CPS investigation.	90%	99.8%	99.8%	90%	90%

* Data for FY 1998 and FY 1999 is not comparable to FY 2000 through FY 2002. Prior to FY 2000, social workers provided predominantly short-term emergency assistance. In FY 2000 as the program migrated to the intensive services model, the scope of work changed and social workers began providing intensive services to "high risk" families.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Legal codes/regulations: Selected Virginia Social Service Laws and related statutes:

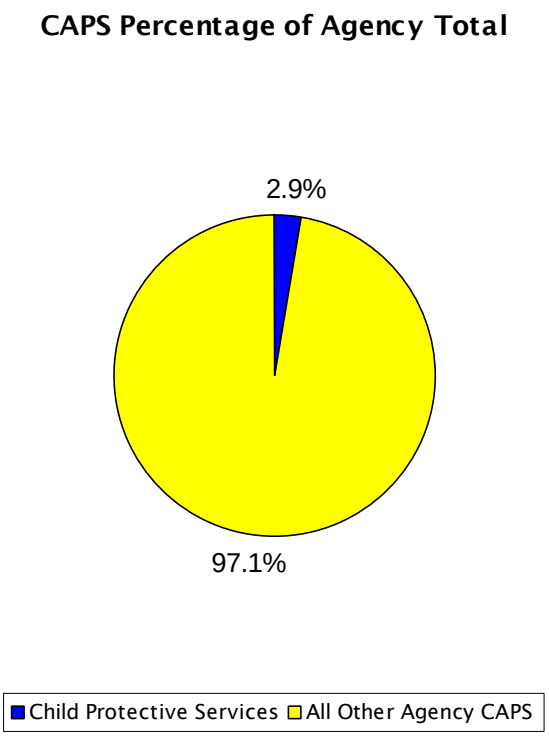
- Code of Virginia 63.1-55. Child Welfare and other services: Each local DSS shall provide services that protect the welfare of all children; prevent the neglect, abuse, exploitation or delinquency of children; and prevent the unnecessary separation of children from their families by working with the families to resolve issues which disrupt the family functioning.

- Code of Virginia 63.1-55.8 Foster care services and placement defined: Foster care services means the provision of services for a planned period of time to a child … "and his family when the child (I) has been identified as needing services to prevent or eliminate the need for foster care placement'". . .

- Virginia Department of Social Services Regulations- Volume VII, Section II Prevention and Support Services for Families- Chapter E: These services are designed to strengthen the family in order to prevent family break-up. Families with children who are likely to enter foster care unless services are provided, and are not being served by CPS are the target population served by CPS.

67-14-Child Protective Services

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$3,796,814
Operating Expenses	$995,882
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$4,792,696**
Federal Revenue	$2,144,829
State Revenue	$15,416
User Fee Revenue	$0
Other Revenue	$113,104
Total Revenue:	**$2,273,349**
Net CAPS Cost:	**$2,519,347**
Positions/SYE involved in the delivery of this CAPS	76/76



▶ CAPS Summary

Mandated by Federal and State legislation, the Child Protective Services (CPS) program is designed to protect children from abuse, neglect and exploitation. Additionally, CPS social workers provide interventions to families, such as counseling and referrals to parenting programs, child care and other supports to enable the child to remain safely in his or her own home whenever possible.

Recent CPS initiatives include the blending of investigation and ongoing functions within units and the regionalization of CPS services. Community based partnerships are being initiated and resources reshaped to place more emphasis on prevention and early intervention. A key factor in developing these community partnerships involves establishing new relationships with parents and families, recognizing their strengths and support networks and adapting services based on the cultural and ethnic background of families.

Regional trend analysis is being conducted to design services that meet the specific needs of at-risk families in their communities. CPS is joining with other programs, community agencies and resources to do joint planning, develop accountability mechanisms, and identify critical family and community outcomes.

Hotline:

Hotline social workers receive reports of alleged abuse and neglect over the phone, in person, or at meetings with other County agencies. Hotline staff request specific information about alleged abuse or neglect, assess this information, and determine whether the situation meets certain criteria for CPS intervention. If the information meets the State definition of abuse or neglect, the case is assigned to a CPS social work investigator.

If the information does not meet the above criteria, the social worker refers the reporter to the appropriate agency or private organization, or provides the requested information or short-term counseling.

The CPS hotline receives calls from 8:00 a.m. until 5:00 p.m. From 5:00 p.m. to 8:00 a.m., calls are automatically forwarded to the State hotline in Richmond, which then immediately contacts a Fairfax County after-hours social worker who screens and investigates the report as appropriate, making necessary recommendations and referrals.

Intake:

CPS social work investigators are responsible for investigating allegations of child abuse and neglect and providing needed short-term services. They visit the site where the alleged abuse has occurred, interview the alleged victim and alleged perpetrator and other relevant witnesses, assess the situation, determine the needs of the family, make an administrative finding as to whether abuse or neglect occurred, and provide the appropriate services.

Services include seeking court intervention to remove the children from the home, ordering the abuser out of the home, ordering therapy or other needed services; providing short-term counseling, crisis intervention or parenting education; purchasing services such as day care or respite care; or referring the family to other agencies or resources.

Intake cases are investigated 24 hours a day, 7 days a week.

Ongoing treatment:

Ongoing CPS social workers are responsible for providing long-term services in serious situations in which the child remains in the home. During the period July 2000 through May 2001, 89 percent of these involve court-ordered monitoring of families experiencing serious child abuse, neglect, or sexual abuse.

Social workers meet with children and families on a regular basis, which is correlated to level of risk, develop a plan as to the services needed and provide these services. Services include intensive in-home services; therapeutic case management; continual assessments of risk and safety for the child; monitoring of court orders; purchase of services and, if the situation deteriorates, pursuit of further court action to remove the child, order the abuser out of the home or amend the court order.

Ongoing services are routinely provided from 8:00 a.m. until 9:30 p.m., but emergency services are available 24 hours a day.

After-hours:

CPS social workers respond to client emergencies after regular business hours assessing each situation, determining whether it needs immediate attention, and providing any service needed immediately. Any situation not requiring immediate intervention is then referred to the appropriate service area for follow-up during regular business hours.

After-hours social workers provide services from 4:30 p.m. to 8:00 a.m., Monday through Thursday and from 4:30 p.m. Friday to 8:00 a.m. Monday.

Community Education:

The majority of the training and public speaking is provided in response to requests from the community. However, CPS staff has initiated training in regions where problems in reporting existed or where cases were known to the community and the potential for problems or concerns existed as a result.

Public speaking and training is provided 7 days a week, during workday and evening hours.

- **Differential Response System**

The 2000 General Assembly directed the Virginia Department of Social Services to implement by July 2003 a Statewide Child Protective Services Differential Response system for responding to reports of child abuse and neglect in all local departments of social services. The legislative mandate was based on the outcome of a three-year pilot of the Differential Response System in five local departments of social services.

This system offers communities less intrusive and more prevention-oriented supports to families at risk of abuse and neglect than those defined by current law. The State Department of Social Services is planning implementation for our region in January 2002.

In preparation for the implementation of the differential response system, all CPS units, with the exception of the Hotline, After Hours and Sexual Abuse Units, have been regionalized and functions blended to include investigations and ongoing treatment. Staff has increased its collaboration with specific communities through the building of partnerships and involvement in community initiatives.

Efforts within the Children, Youth and Family Division to develop a more strength-based, community-focused service delivery system have laid the foundation for the development of a Differential Response System in Fairfax County. This new system clarifies the scope and nature of CPS within the broader, coordinated child welfare system. It reflects current trends in child welfare policy and best practice by focusing on family strengths; is driven by each family's unique needs; and offers culturally sensitive supports for families within their community. The system affords a more flexible approach to families by providing an opportunity for supportive and less intrusive intervention.

- **Hotline Automated Call Distribution (ACD) System**

In December 2000, the Hotline installed an automated call distribution statistical collection system (ACD). This system counts the number of phone calls received and made daily by the CPS Hotline between 8:00 AM and 5:00 PM, and measures the average time worked by social workers at each of the five Hotline numbers.

The benefits of this system include increased efficiency and accuracy. Staff has more time to spend on telephone calls because calls not related to reports of child abuse and neglect are forwarded to another CPS phone line. In the first six months of 2001, 7,386 calls were routed away from Hotline social workers to other agency staff. CPS Hotline staff is able to devote their time to obtaining and documenting reports of abuse and neglect more accurately. Data obtained from this system will allow us to better adapt our staffing responses to the needs of the callers.

- **Community Education and Linkages**

Role of the CPS Hotline in Community Education—In 2000, the CPS Hotline staff facilitated a variety of outreach and community awareness initiatives. These included: public education to 45 separate groups including 1,072 individuals, physicians, dentists, public health nurses, community centers, private and public school personnel, parent-teacher associations, church groups, private non-profit organizations, high school peer groups, police and fire department personnel and County recreation staff. Information was shared about the role of the CPS social worker, the community's role in reporting suspected abuse, and child supervision guidelines.

Translation and Distribution of Publications — Two publications, The Child Supervision Guidelines and Guidelines for Choosing a Babysitter have been translated in Spanish, Farsi, Korean and Vietnamese. During 2000, DFS mailed out over 2,500 copies of the child supervision guidelines and over 5,000 babysitter guidelines to individuals and organizations requesting this information.

In addition, the booklet Understanding the Sexual Behaviors of Young Children: A Guide for Parents & Professionals Working with Young Children recently was translated into Spanish. Developed by CPS social workers, child development specialists, including representatives from the Fairfax-Falls Church Community Services Board (Mental Health and Mental Retardation Services), Public Schools, the Health Department and the Police Department, this booklet was designed to help readers understand and recognize what are considered normal sexual behaviors in young children.

- **Coordinated Responses for Reporting Substance-Exposed Newborns to CPS**

Since July 1998, a provision in the Virginia Code has required physicians to report the birth of substance-exposed infants to CPS. The CPS program developed a brochure educating physicians about the new law and its goal of assisting mothers who are abusing substances to receive assistance and to help their children lead healthy lives. An integrated reporting/response protocol developed by CPS and the Fairfax-Falls Church Community Services Board Alcohol and Drug Services (ADS) has proven beneficial to hospital discharge plans for infants who test positive for controlled substances. During 2000, CPS was notified of eight infants born substance-exposed and coordinated with Alcohol and Drug Services counselors to provide services to the mothers.

- **Sexual Abuse Initiatives**

The blending of the sexual abuse functions into one unit has contributed to practice changes that standardize the management of ongoing sexual abuse cases. This includes:

- requiring all sex offender evaluations be completed by a certified Sex Offender Treatment professional;
- group treatment for all sex offenders;
- sexual abuse education for all family members;
- court intervention as an essential part of the treatment plan;
- teaming with law enforcement, adult and juvenile probation and treatment providers for the victim(s), sibling(s), non-offending family members and offenders;
- development of an education program and use of written contracts for the supervision of children visiting offenders; and
- the evaluation of current risk assessment tools specific to sexual abuse.

Child Protective Services, in collaboration with Foster Care and Adoption and Family & Child staff, is consulting with a sexual abuse expert to identify best practices for intervention in families where sexual abuse has occurred. During the past year, CPS child sexual abuse staff has identified gaps in services and identified providers to fill these gaps. Local providers now offer community-based groups for Spanish-speaking, non-offending mothers and for sex offenders.

► Method of Service Provision

Child Protective Services staff are available to the community 24 hours a day, 7 days a week to provide crisis intervention services, ongoing treatment, and community education for Fairfax County citizens and programs. These services are available for investigating allegations of child physical abuse and neglect, sexual abuse, and for services to be rendered in confirmed cases. The County Hotline receives calls, and staff spend time with callers gathering information on the allegations, and if not accepted as a case, callers are provided with necessary information on services available to them to assist in reconciling their concerns. After this initial contact, the case is assigned, if appropriate, and staff provide ongoing treatment services to families.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate
Percent of calls to the child abuse hotline receiving a direct social worker response.	84%	86%	90%	87%	87%
Percent of investigations where there is meaningful contact with the victim within 24 hours.	57%	65%	74%	65%	65%
Telephone calls to the CPS hotline**	26,245	16,836	16,326	24,001	16,500
Investigations Per Year	2,777	2,797	2,521	2,427	2,200
Average number of families receiving ongoing treatment services each month	266	289	289	280	280
Number of children entering foster care through Fairfax County Child Protective Services	151	187	172	160	152

* Data shown is FY 2001 actual.

** Figures from 1998 reflect the number of calls to and from the CPS Hotline. Figures from later years reflect calls to the Hotline only.

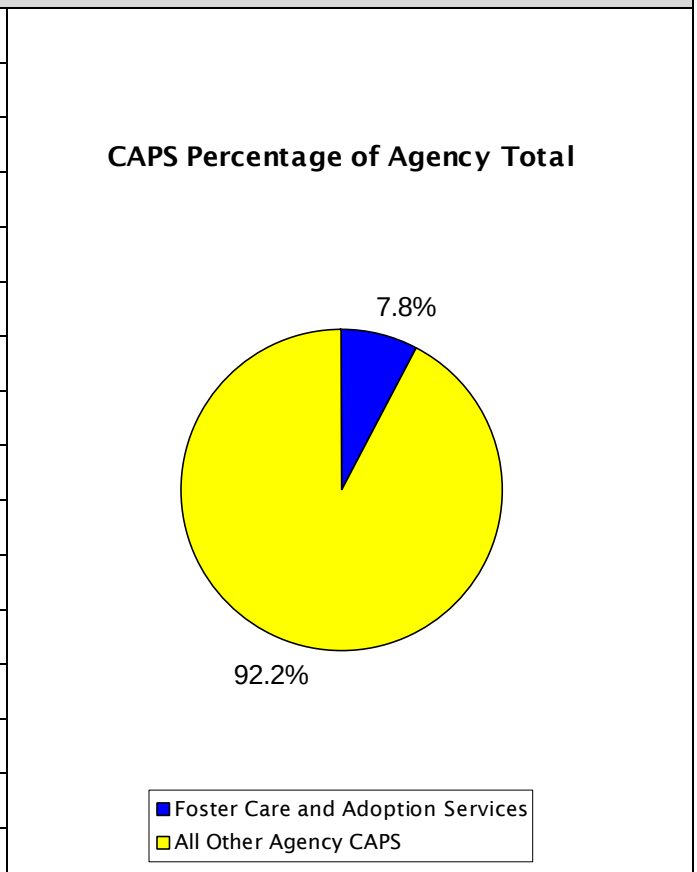
▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 63.1-248. Virginia Administrative Code 40-730-10. Virginia Department of Social Services Section III, Chapter A. These statutes are enacted to protect children from abuse, neglect and exploitation.

67-15-Foster Care and Adoption Services

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$4,034,856
Operating Expenses	$8,672,117
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$12,706,973**
Federal Revenue	$4,029,689
State Revenue	$5,361,575
User Fee Revenue	$9,973
Other Revenue	$88,434
Total Revenue:	**$9,489,671**
Net CAPS Cost:	**$3,217,302**
Positions/SYE involved in the delivery of this CAPS	77/77



▶ CAPS Summary

Foster Care and Adoption Case Management

The Department of Family Services provides foster care and adoption services to children ages newborn - 18, and under certain circumstances to age 21, who are placed in its legal custody through a court order (usually for abuse and/or neglect) or through a parent's voluntary relinquishment. When children enter foster care, they are placed in the least restrictive setting that includes regular foster homes, therapeutic foster homes, group homes and residential facilities. The primary goal of foster care is to provide rehabilitative services to the child and family so that reunification can safely occur. If that is not possible, a child may be placed in an adoptive home or other permanent living arrangement. Support in the form of subsidy payments, counseling, and purchased services is available to families who adopt children with special needs.

Other adoption services include non-agency adoption studies for step-parent, foreign and parental placement adoption, counseling to enable birth parents to make an adoption plan, and the recruitment and training of adoptive homes for children in the legal custody of the Department. In addition, services are provided to adult adoptees requesting access to closed records or assistance with search for birth family members.

Case management is a direct services and includes:

- supportive counseling with children, birth parents, and foster and adoptive parents;
- placement services to locate, refer and place children in the most appropriate available setting;
- referral and coordination of purchased services provided by public and private agencies and contract providers;
- arrangement, oversight and processing of purchased services;
- court appearances;
- preparation of court reports, court testimony and mandated reports;
- recruitment, training and certification of adoptive and foster families;
- home studies on adoptive and foster families;
- development and maintenance of service resources to meet the special needs of children and families;
- visitation to foster homes, group homes, and residential facilities to meet with the children, foster families or staff to ensure that the child is safe and that the case plan is being followed;
- arrangement of regular visitation between children and their birth family members;
- development of permanent resources (adoptive homes, independent living placements) when family reunification is not an option;
- counseling on adoption issues (to adoptees, birth parents, children being adopted, and adult adoptees in search of birth family members); and
- development and implementation of an Independent Living Plan for all youth ages 16-21.

Revenue Sources for Services to Children in Foster Care

The Department continues efforts to maximize Federal entitlement programs and child support to offset child welfare expenditures. On average, 50 percent of foster care children are eligible for Federal ***Title IV-E*** dollars (Aid to Families with Dependent Children-Foster Care). As of December 1, 2000, 96 children in foster care (19 percent) were receiving Supplemental Security Income (SSI) and other Social Security benefits.

The average percentage of children in foster care with a child support order increased from 46 percent in December 1999 to 65 percent in December 2000. This substantial increase is due in part to the ongoing effort of the department to obtain a Judicial Support Order or an Administrative Support Order as soon as children enter foster care. Another factor contributing to the increase is the ongoing review and updating of existing records regarding location and employment status of the non-custodial parents so as to establish orders for child support.

Medicaid Funding for Certain Treatment Foster Care and Residential Services

Implementation of the Statewide policy allowing Medicaid reimbursement for some services provided to youth placed in treatment foster care (TFC) or residential treatment facilities (RTC) began on January 1, 2000. This opportunity will offset a portion of the State and local Comprehensive Services Act (CSA) expenditures that have historically paid for these services.

CSA staff coordinated the required local activities associated with this initiative, including DFS staff and private provider organizations, to ensure the maximum benefit from this opportunity for Medicaid funding. Between the months of January and June, 2000, requisite information on approximately 250 Medicaid eligible children placed in TFC or RTC services was submitted to the State Department of Medical Assistance Services (DMAS).

As expected, the first several months of implementation of this initiative was slow, as the private provider, community, State, and local agencies developed procedures. It is anticipated, however, that the FY 2002 benefit of this initiative will offset local expenditures by approximately $900,000.

The Department receives Federal funding through the Promoting Safe and Stable Families Grant for family reunification services. These grant funds are utilized to help birth parents plan and implement quality visitation with their children. Research closely links parental visitation with the likelihood of foster children returning home. The visitation project enables family members to visit more often and encourages parents and children to engage in activities that they normally miss when the children are placed outside of their home.

The Department receives an annual Independent Living Grant from the Virginia Department of Social Services. This grant supports one social worker position to coordinate independent living services to youth in foster care. The youth are administered assessments that assist in the development of a personalized independent living plan. Regular workshops are held for youth on topics including budgeting, accessing financial aid for college, college planning, and life-skills. The Independent Living Initiative is funded in part by Fund 102, Federal/State Grant Fund.

From FY 2000 to FY 2001, the average monthly number of children in foster care with Fairfax County decreased by 10.8 percent. The following chart highlights foster care statistics:

Monthly Average Number of Children in Foster Care

FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
675	788	747	658	617	571	509

The foster care caseload is driven, in large part, by the rate of entry of children into foster care. As the chart below shows, there has been a downward trend in the rate of children entering foster care from FY 1999 to FY 2001.

Rate of Entry of Children into Foster Care

FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
317	282	250	199	239	207	197

The number of children who exited foster care during FY 2000 was 274, or 67 more children than those entering foster care that year. This trend has continued, with the number of children in foster care reaching a low of 493 on December 31, 2000. This decrease is attributable in large part to the abuse and neglect prevention services provided to families in the community and to lower foster care caseloads that allow social workers to provide more time supporting each family.

Recruitment, Training and Support of Foster and Adoptive Families

The Department maintains a pool of about 202 foster families. The majority of children served through foster care have special physical, emotional, or behavioral needs that require skilled parenting. The pool of foster and adoptive parents must continually be replenished because homes become full, families retire or move away, and families' circumstances change. Certain foster care and adoption staff is dedicated to recruiting families through printed and broadcast media, participation in community events, special campaigns, and displays.

Children in foster care may be placed only in fully approved foster and adoptive homes. State policy requires that a thorough home study be conducted with each applicant family and that the applicants be educated regarding how to carry out the roles of foster or adoptive parent. Program staff utilizes a comprehensive group training program to prepare foster and adoptive parents. A formal written narrative is completed which describes the family and states their compliance with State foster and adoptive home standards.

The Department requires that each foster parent complete six hours of in-service training every year. The program staff provides training opportunities on a variety of topics including sexual abuse, drug abuse, learning disabilities, and dealing with violence and aggression.

The Department receives a Federal pass-through grant annually to support recruitment, training, and retention activities for foster and adoptive families. These funds are used to purchase items such as training supplies, training curricula, conference registrations for parents, marketing consultation, and recruitment materials. Foster and adoptive parent recruitment, training, and retention activities are funded in part by Fund 102.

Foster parents are supported through special events and recognition events organized by the program staff and the foster parents, themselves. The Department offers quarterly support group meetings to adoptive parents that include speakers.

Adoption Assistance for Children with Special Needs

Families who adopt children with special physical, emotional, and behavioral needs are entitled to receive ongoing casework support from the Department as well as 100 percent Federal and State financial assistance to preserve the placement of these children in their adoptive homes. Adoption subsidies pay for basic maintenance costs (room and board) and for special goods and services such as home-based services, counseling and treatment, child care, medical equipment, and respite care. This assistance may continue until the child reaches the age of 21.

The program staff provides crisis intervention counseling to families and referrals to services in the community. They also negotiate subsidy agreements and process the subsidy agreement renewals that are required yearly.

The number of post-final order subsidy cases continues to grow because of the long-term nature of this service. In addition, the Department is responsible for processing the subsidies for children placed through private child-placing agencies located in Fairfax County.

Active Adoption Subsidy Cases

FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
246	283	297	336	394	424	482

Numbers are cumulative total at the close of each year.

Disclosure of Information from Closed Adoption Records/Adoption Search

The Department is mandated to respond to requests from adoptees for information from closed adoption records. The staff reviews and prepares documents for adoptees and provides a brief counseling service to those clients. It is common for adoptees and birth family members to want to search for each other. Program staff are mandated to conduct searches and to ascertain whether the parties are in agreement to have communication or a meeting. In the majority of cases, the searches are successful. The staff may facilitate the planning of contact between the parties.

During FY 2000, there were 5 requests for information from closed records and 31 requests for searches. During FY 2001, there were 15 requests for information and 38 requests for searches.

▶ Method of Service Provision

Foster Care and Adoption Case Management Services

Case management services including visitation plans, direct work with birth parents, and court hearings are provided directly by staff in the Foster Care and Adoption Program. The Department of Family Services also purchases foster care placements from private child placing agencies. In those cases, a significant portion of the supportive services to the child and foster family are provided by the private provider.

Recruitment, Training, and Support of Foster and Adoptive Families

The Foster Care and Adoption Program is also responsible for the recruitment, training, and support of foster and adoptive families. These families may also access other training opportunities in the community in order to fulfill their yearly in-service training requirement.

Adoption Assistance for Children with Special Needs

The negotiating, processing, and renewing of subsidy agreements are staff directed, and the staff also provides crisis intervention and service referrals. Purchased services funded by adoption subsidy are accessed from the private and public providers in the community.

Disclosure of Information from Closed Adoption Records/Adoption Search

All of the activities associated with disclosing information from closed adoption records and conducting adoption searches for birth family members are also performed by Foster Care and Adoption staff.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Average number of years that children are in regular or non-custodial Foster Care.	3.10	2.90	2.85	2.80	2.75

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia: Sections 63.1-55.8, 63-1.56, 16.1-281-283: Defines Foster Care; authorizes local boards of social services to accept children for placement into foster care; mandates the development and implementation of service plans for children in foster care and regular court reviews; mandates that local boards of social services follow standards, rules, and regulations established by the Virginia Department of Social Services.

- State Social Services Policy: Volume VII Section III Chapters B and D: mandates standards, rules and regulations for the provision of foster care and adoption.

Recruitment, Training And Support Of Foster And Adoptive Parents:

- Code of Virginia: Section 63.1-56: mandates that local boards of social services follow standards, rules and regulations for the provision of foster care and adoption services.

- State Social Services Policy: Volume VII, Section I Chapter I: mandates standards and regulations for foster and adoptive parents; Volume VII, Section III Chapter D: mandates policy for conducting adoptive home studies.

Post Adoption Support To Families:

- Code of Virginia: Chapter 11.1, Section 63,1-238-03 through 05: Adoption assistance for children with special needs; mandates that children with special needs receive adoption subsidy and supportive services.

- State Social Services Policy: Volume VII, Section III, Chapter C: mandates standards, rules and regulations for the provision of post-adoption subsidy and services to children and their families.

Adoption Search:

- Code of Virginia: 63.1-219.52, 63.1-219.53: mandates the local social services agency to disclose information from closed adoption records and to conduct searches for birth family members.

- State Social Services Policy: Volume VII, Section III, Chapter D: mandates policies and procedures for disclosure of information from closed adoptive records.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0635	Adoption Services Fees	$9,973

Current Fee	Maximum Allowable Fee Amount
Varies	N/A

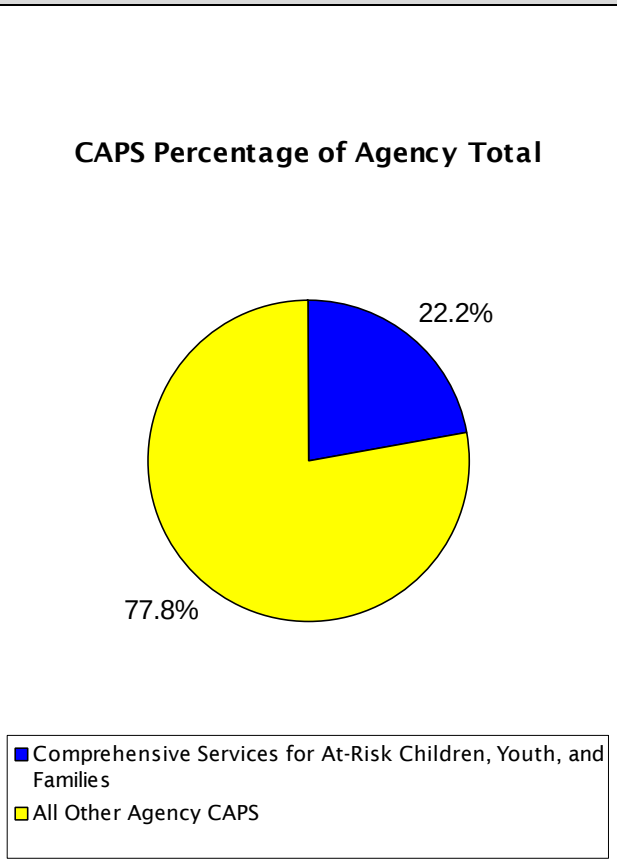
Purpose of Fee:
Revenues are based on demand for adoption searches and non-agency home studies. Adoption fees collected for court ordered adoption investigations and non-agency adoption home studies. Adoption services under the Code of Virginia Section 63.2-236 are subject to regulations and fee schedules established by the State Board of Social Services (Volume VII, Section III, Ch D of Virginia Social Services Manual).

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Virginia Section 63.2-236	State General Assembly	1989

Other Remarks:

67-16-Comprehensive Services for At-Risk Children, Youth, and Families

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$286,941
Operating Expenses	$35,927,433
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$36,214,374**
Federal Revenue	$47,070
State Revenue	$19,366,075
User Fee Revenue	$0
Other Revenue	$420,008
Total Revenue:	**$19,833,153**
Net CAPS Cost:	**$16,381,221**
Positions/SYE involved in the delivery of this CAPS	4/4



▶ CAPS Summary

The Fairfax-Falls Church Community Policy and Management Team (CPMT) was jointly created by Fairfax County and the Cities of Fairfax and Falls Church pursuant to the 1992 Virginia Comprehensive Services Act For At-Risk Children, Youth and Families (CSA). The Act required CPMTs to be formed by localities to encourage government, private agencies, and parent representatives to collaborate in policy, planning, and service delivery decision making for troubled and at-risk youth. The membership of a CPMT must include the agency heads (or designees) of the Department of Family Services, Health, Community Services Board, Juvenile Court Services, and the local school division. It must also include a parent representative and a representative of private service providers. Fairfax has further enhanced its CPMT membership by including an additional private provider representative and parent representative, as well as at-large community representatives to represent minority populations within the County.

Effective July 1, 1993, the Act combined eight previously categorical funding streams into one pool of funds. These funds, which had been administered by separate agencies, are administered by the CPMT. Fiscal and budgeting functions are performed by the Department of Administration for Human Services (DAHS) on behalf of the CPMT and program management is performed by the Department of Family Services (DFS). The CSA pool fund for Fairfax-Falls Church includes money that had previously been administered: by DFS for the provision of foster care services; by the school system for special education students requiring private tuition placements to meet their educational needs; and Section 286 and 239 funds which had been administered by the State for youth served by the Fairfax Juvenile and Domestic Relations District Court, Court Services.

▶ Method of Service Provision

Services are provided to individual children and youth through the purchase of services from non-profit and for-profit agencies, County programs, and from individual service providers, all of whom contract with the County. After an assessment of a child and family's needs, a referral is made by a case manager to the Family Assessment & Planning Team (FAPT) Coordinator who in turn schedules the case for review before a FAPT. These teams are comprised of staff from five key human services agencies, a private provider representative, and a parent representative. The FAPTs work with the family and case manager to develop a service plan for which access to pool funds may be authorized. FAPTs may authorize usage of pool funds to purchase for a child or youth and their family such services as: home-based services, group home or residential placement, mental health counseling, speech, physical and/or other therapy, and day or residential school placement. Other services such as room and board payments to foster families may be authorized from pool funds directly by agency staff without FAPT review.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Children Served in the Community through the CSA program	1,054	1,136	1,124	1,098	1,098

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

Federal

- P.L 96-272 (Federal): The Adoption Assistance and Child Welfare Act of 1980 provides permanent homes for children by establishing a hierarchy of services, requires that reasonable efforts be made to prevent foster care placements and establishes a review of foster care cases.

- 20 USC 1400 through 1485 (Federal) provides a free and appropriate education to all children with disabilities.

- 34 CFR 300 (Federal): These regulations detail the financing arrangement between states and local education agencies under Part B of the Individuals with Disabilities Education Act.

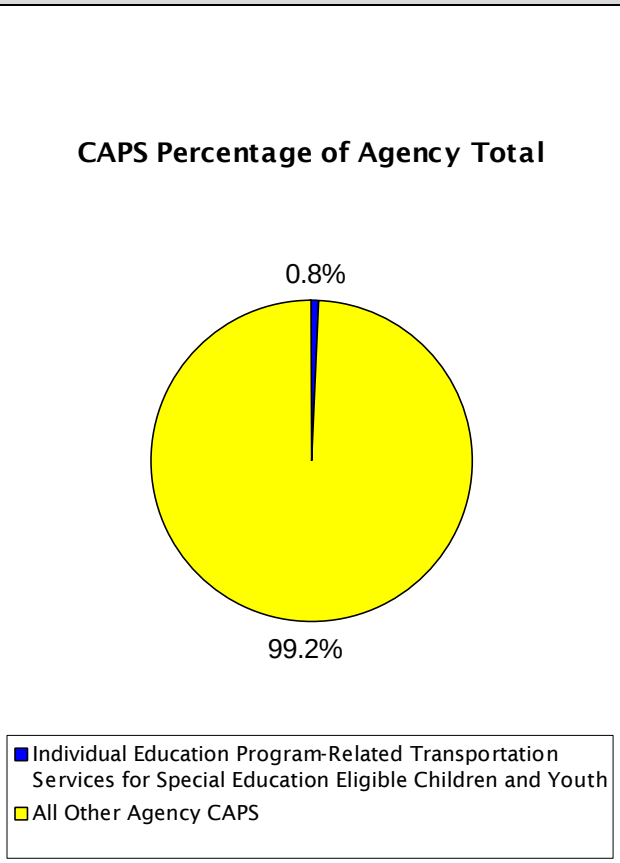
- 45 CFR 1355 through 57 (Federal): Local social services agencies are required to provide foster care and must follow State Board regulations, including those for interstate and inter-country placement of children.

State

- Code of Virginia 2.1-750 et seq. and 9-6.25:3: To establish, define, and state the purpose, limitations, and powers of the Community Policy Management Teams, the Office of Comprehensive Services for At-Risk Youth and Families, Family Assessment Planning Teams, and the State pool of funds.; Item 293.10, Chapter 1073, 2000 Virginia Acts of Assembly -- establishes the appropriation of funds and identifies allocations for localities.

67-17-Individual Education Program-Related Transportation Services for Special Education Eligible Children and Youth

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$0
Operating Expenses	$1,345,778
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,345,778**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$1,345,778**
Positions/SYE involved in the delivery of this CAPS	0/0



▶ CAPS Summary

The transportation services for children and youth to get to their special education placement is included in a child's Individualized Education Program (IEP) as a related service necessary to implement special education. This service must be provided at no cost to the parent. Historically, these costs were included in the Comprehensive Services Act (CSA) pool and reimbursed by the State based on the local/State cost sharing formula.

Effective July 1, 2000, the State Office of Comprehensive Services (OCS) clarified its policy regarding IEP related transportation services, noting that the costs for these services are not reimbursable. It is anticipated that the Fairfax County Public School System will assume responsibility for these IEP related transportation services effective July 1, 2002.

▶ Method of Service Delivery

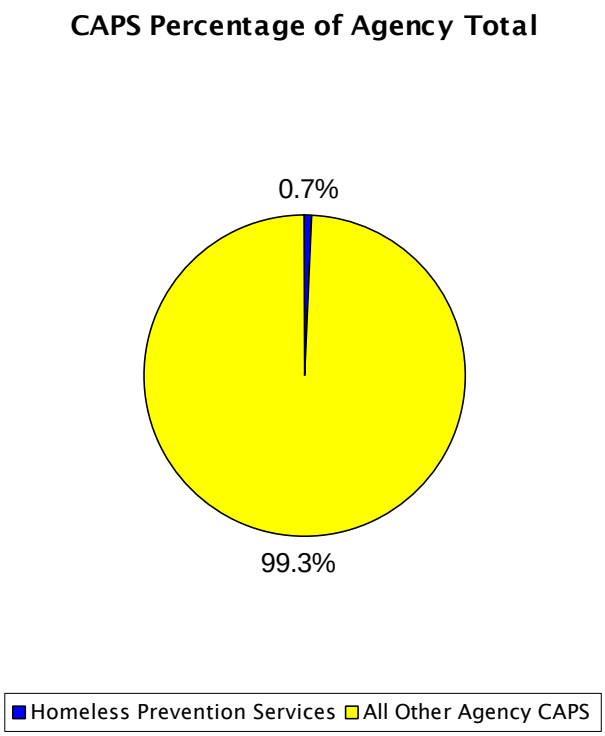
Transportation services are provided to individual children and youth through the purchase of service from non-profit and for-profit agencies, and local cab companies.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Number of children served	197	207	233	233	237

67-18-Homeless Prevention Services

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$0
Operating Expenses	$1,078,743
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,078,743**
Federal Revenue	$200,000
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$200,000**
Net CAPS Cost:	**$878,743**
Positions/SYE involved in the delivery of this CAPS	0/0



▶ CAPS Summary

The Department of Family Services (DFS) provides financial assistance in the form of utility payments, security deposits, and rent and mortgage payments for families and individuals who may be at risk of becoming homeless or who are already homeless.

With the existing low vacancy rates for rental housing, helping families maintain their living situations is an essential community service. Eviction is a devastating event for families, and disrupts school placements and transportation arrangements for work and services. Finding another place to live does not occur readily, and there is a waiting list for emergency homeless shelter space for families. Families also are being impacted by the rising costs for rent. Since 1997, the average rent of a two-bedroom apartment has increased over 20 percent, from $841 in January 1997 to $1,038 in January 2000.

▶ Method of Service Provision

DFS contracts with a community-based, nonprofit agency, which assesses applicants for eligibility and provides case management services to families and individuals receiving homeless prevention assistance. Funds for the financial assistance and the case management services are both local (Homeless Prevention Program, HPP) and State (Homeless Intervention Program, HIP). In fiscal year 2001, TANF funds were received from Virginia Housing and Community Development to supplement the Homeless Intervention Program.

Coordinated Services Planing (CSP) staff from the Department for Systems Management for Human Services also access DFS homeless prevention funds to assist persons who are at risk of becoming homeless. Families and individuals that contact the CSP staff are assessed for eligibility and may be assisted directly by the CSP staff with DFS funds, referred to a volunteer group, or referred to the contracted Homeless Prevention Program/Homeless Intervention Program. Families or individuals in need of intensive case management services are referred to DFS social workers.

Clients who are receiving case management services from DFS and who also are in need of homeless prevention assistance are assisted directly by DFS staff.

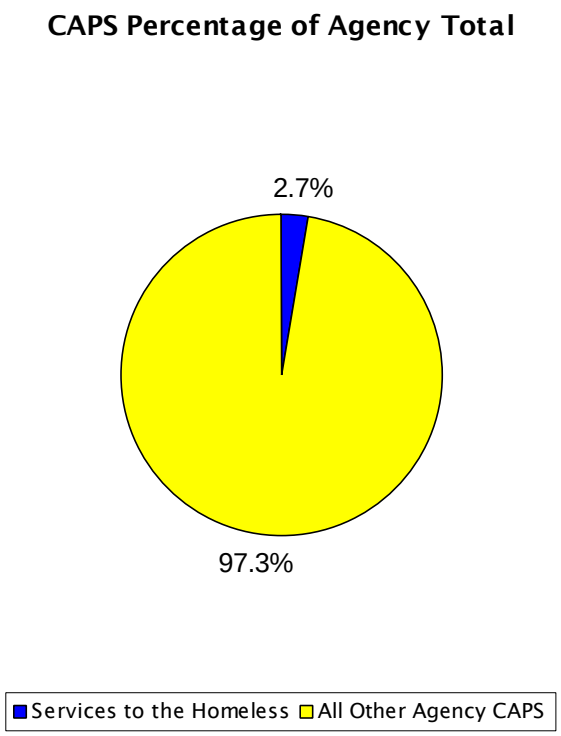
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Number of Clients Served through Contracted Homeless Prevention Program and Homeless Intervention Program	186	120	120	219	120*
Percent of contracted HIP/HPP participants that retain housing for one year after completion of program	NA	NA	NA	67%	70%

*The State has changed the requirements for HIP, which will result in fewer served with greater assistance provided.

67-19-Services to the Homeless

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$64,500
Operating Expenses	$4,368,707
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$4,433,207**
Federal Revenue	$25,000
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$25,000**
Net CAPS Cost:	**$4,408,207**
Positions/SYE involved in the delivery of this CAPS	0/0



▶ CAPS Summary

Homeless services are divided into three separate, but related services: shelters, motel placements, and transitional housing.

Emergency Shelters:
The Department of Family Services (DFS) contracts with four non-profit organizations (New Hope Housing, Volunteers of America, Shelter House, and Reston Interfaith) to provide emergency shelter services to homeless individuals and families. There are five shelters located throughout the County:

- Bailey's Crossroads Community Shelter-Bailey's area, which has 50 beds for adult individuals and 10 beds for cold weather overflow;
- Eleanor U. Kennedy Shelter-Route One area, which has 50 beds for adult individuals and 15 beds for year round overflow;
- Embry Rucker Shelter-Reston area, which has 28 beds for adult individuals, 10 beds for cold weather overflow, and 32 beds for families;
- Shelter House-Falls Church area, which has 42 beds for families; and
- Mondloch House-Route One area, which has 8 beds for adult individuals and 45 beds for families.

The emergency shelters work collaboratively with the community to provide housing, meals, and supportive and stabilizing services. The shelter programs focus on individualized case management services to support residents in finding and maintaining stable housing.

Adult men and women without children can access the shelters directly by calling or walking in to any of the three adult shelters. Families with children under the age of 18 access the family shelters by contacting Coordinated Services Planning (CSP) initially. Coordinators perform a broad-based assessment, and if it appears that shelter placement is appropriate, they refer the family to the shelter which is most convenient for them for intake. Shelter staff complete a more in-depth assessment, and determine whether or not to place the family in the shelter. Unfortunately, the shelters are generally full to capacity, so it is necessary to place families on the Shelter Waiting List, a private Web-based unified waiting list which captures an unduplicated count of homeless families awaiting shelter. Families are selected from the list as shelter space becomes available.

DFS staff who are working with homeless families place the family's name on the shelter waiting list by forwarding identifying information to the shelters. Shelter intake staff place the family's name on the unified list.

Motel Placements:
During the screening process, shelter intake staff determine with the family whether they have a place to stay while waiting for space to become available in the shelter. If the family has no friends or family members with whom they can stay, shelter staff can authorize a motel placement. While in the motel, Fairfax Area Christian Emergency Transitional Services (FACETS) works with the family. FACETS staff provide case management, direct services, and hot meals. FACETS staff reauthorize the family's stay on a weekly basis, after determining that they are complying with their service plan. DFS staff also authorize motel placements for their homeless families while they are awaiting shelter placement. Families generally remain in their motel placement for approximately three months before transitioning to one of the three family shelters.

DFS pays for the motel stays of all of the families that are authorized by shelter and DFS staff. Families stay in various motels in the Fairfax, Falls Church, and Springfield areas of the County.

Transitional Housing:
DFS administers two transitional housing HUD grant programs: the Community Housing Resource Program (CHRP); and Reaching Independence through Support and Education (RISE). The Department's non-profit partners—Northern Virginia Family Services, Reston Interfaith, Shelter House, United Community Ministries, and New Hope Housing—operate these programs, which provide supportive services to homeless families in scattered-site, community-based housing. DFS provides a local monetary match for these programs; the funding is located in Fund 102, Federal/State Grant Fund.

There is a continuing need to provide emergency shelter (including motels) and transitional housing for County residents who are unable to locate affordable, appropriate housing within the County. There are significant waiting lists for Section 8 and Public Housing, permanent supportive housing and other support service programs for both individuals and families.

Working families and individuals with limited incomes are increasingly unable to locate places to live in Fairfax County. Many are forced to "double up" with other families, placing themselves and others at risk of becoming homeless.

The lack of affordable housing has led to a critical need for increased shelter capacity. While the County's population has grown by over 140,000 (17 percent) since 1991, shelter capacity has not increased in that same period. The waiting list for family shelters averages between 60 to 80+ families. Because shelter space is not available, families with children that have no other housing options must stay in motels while awaiting shelter placement.

There is also a lack of permanent supportive housing to serve persons with serious mental illness and/or chronic substance abuse. This results in longer lengths of stay in the shelters and less capacity to provide emergency shelter.

Transitional housing programs are needed to provide longer term support services to homeless families—services that address a variety of needs and issues and prepare families to live independently. During the past year, families completing transitional housing programs with Section 8 vouchers had considerable difficulty in finding housing in the current low-vacancy, tight rental market. The Emergency Housing Committee and the Homeless Oversight Committee identified these issues and developed recommendations to address them.

The County's Consolidated Community Funding Pool identified as its top funding priority the outcome of helping people find and maintain affordable housing. This is a critical need that must be addressed by the Fairfax County community. Lack of affordable housing for families and lack of supportive housing for adults with serious mental illness should continue to be priorities.

▶ Method of Service Provision

Emergency Shelters:
Non-profit contractors employ staff to provide services to the shelter residents including housing, meals, security, supervision, case management, and supportive services. Shelter staff provide a basic life skills program that addresses the daily life skills required to be self-sufficient. Life Skills training includes assistance with finding and obtaining stable housing; household skills training to help residents maintain permanent housing; problem solving skills; budgeting and financial management and, for family shelters, parenting education classes. Shelter staff provide information and referral services to assist the client in developing a network of community supports. Shelter case mangers also link shelter residents to programs designed to provide employment skills training and other job-finding and job retention services. Additionally, community groups augment the contractors' services, providing volunteers, donations, and other services that benefit the homeless adults and families.

Fairfax County provides on-site, community-based, on-call mental health services and alcohol and drug abuse counseling services from the Community Services Board and health services from the Health Department. The Health Department services from nurse practitioners are funded through a State SHARE shelter grant from Virginia Housing and Community Development. In fiscal year 2001, Fairfax County received TANF Share Shelter funds, which were used to supplement shelter services.

Fairfax County is responsible for the payment of utilities, major maintenance of and repair to the shelter buildings and grounds, as well as furnishings and laundry and kitchen equipment.

Motel Authorizations:
Motel authorizations are a cooperative effort between the non-profit providers (Shelter and FACETS staff) and DFS. Shelter intake staff, hired by the non-profits who operate the emergency shelters make the initial decision as to whether or not a family shall be placed in a motel; FACETS completes the motel authorization, and forwards it to DFS for final approval. FACETS provides direct services and case management to families while they are awaiting shelter placement.

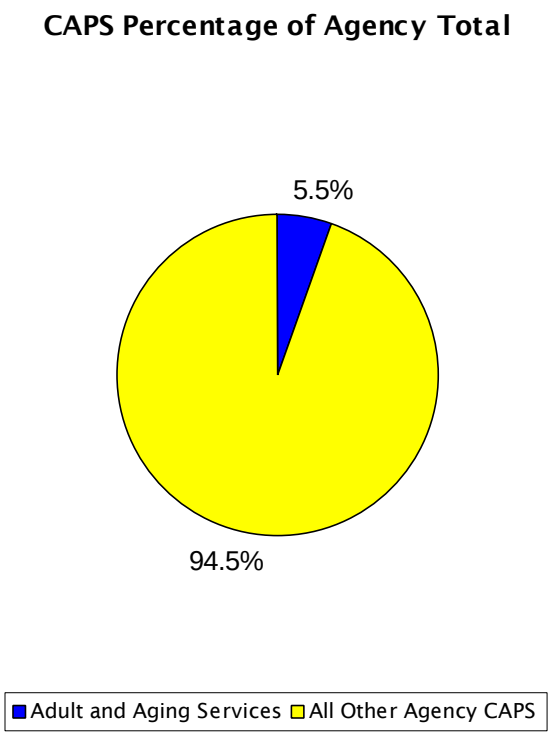
Transitional Housing:
Non-profit community organizations operate the two transitional housing HUD grant programs, providing direct services as well as case management to the participants.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Single Individuals Served in the Emergency Shelters	1,667	1,739	1,552	1,804	1,800
Persons in Families Served in the Shelters	604	491	547	395	400
Number of Families Served in the Motels	98	202	204	206	208
Total Number of Persons in Motels	337	653	709	715	721

67-20-Adult and Aging Services

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$3,332,923
Operating Expenses	$5,574,780
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$8,907,703**
Federal Revenue	$2,104,832
State Revenue	$263,960
User Fee Revenue	$0
Other Revenue	$319,055
Total Revenue:	**$2,687,847**
Net CAPS Cost:	**$6,219,856**
Positions/SYE involved in the delivery of this CAPS	68/68



▶ CAPS Summary

The goal of Adult and Aging Services is to promote and sustain a high quality of life for older persons and adults with disabilities. Adult and Aging Services prevent and/or ameliorate abuse, neglect, and exploitation of senior adults and adults with disabilities. These services help individuals remain in their homes and function as independently as possible. When appropriate, individuals may be assisted with out-of-home placements. Services include Adult Services, Adult Protective Services, In-home Services, Burial Services, and Medicaid Pre-admission screenings. Adult Services staff coordinate the Community Homes for Adults program, a small adult foster care program, and provide case management services to residents of the Lincolnian (assisted living) and to the Fairfax County residents of the Birmingham Green Adult Care Residence (assisted living) and Northern Virginia Healthcare Center (nursing home) in Manassas.

Adult Services

Adult Services social workers provide case management services to elderly persons and adults with disabilities who need help to have safe and satisfactory lives in the community. Case management includes a comprehensive assessment through meetings with the client, family members, and other support persons, and through use of the Uniform Assessment Instrument (UAI). Social workers help clients and family members determine a plan for long-term care services. Social workers provide counseling and education about prevention and delay of incapacity. Social workers inform clients and families regarding available community long-term care options. Adult Services prevent abuse and neglect of elderly persons and adults with disabilities.

Adult Services social workers are based in four different DFS offices located throughout the County. Each office sponsors a care planning team composed of representatives of County long-term care services, including the Health Department, the Community Services Board, Housing and Community Development, and Community and Recreation Services (senior centers). Adult Services social workers, as well as other team members, present client situations to receive multidisciplinary consultation regarding best practice and care plan options.

Adult Services social workers in conjunction with Health Department nurses conduct Medicaid pre-admission screenings for persons who may be eligible for community services (personal care, adult day health, respite) or nursing home care paid for by Medicaid. Adult Services social workers also assess functional eligibility for adults who may be eligible for auxiliary grants in assisted living.

In the Falls Church region, Adult Services social workers and Health Department nurses are providing case management services in a pilot project. In the pilot project, clients with primarily medical needs are assigned to a nurse and those with primarily psychosocial issues are assigned to a social worker. The pilot allows nurses and social workers to authorize services across agencies. Clients benefit from the multidisciplinary expertise of the social workers and the nurses, and do not have to apply to multiple agencies to receive services.

Adult Protective Services

Adult Protective Services social workers investigate suspected abuse, neglect, and exploitation involving persons aged 60 and over and adults 18 and over who are incapacitated due to disability. Adult Protective Services social workers focus upon the determination of the need to receive protective services. Adult Protective Services social workers assess service needs and provide or arrange for services to prevent or alleviate abuse, neglect, or exploitation. Adult Protective Services social workers conduct investigations in clients' homes, in nursing facilities, in assisted living facilities, in group homes, in hospitals, and in day programs. Adult Protective Services investigations may be conducted in cooperation with police, or in conjunction with licensing officials, State human rights advocates, and the Northern Virginia Long-Term Care Ombudsman.

Adult Protective Services are provided Monday through Friday during regular business hours by Adult and Aging social workers. On weekends, holidays, and after business hours, Adult Protective Services are provided by the after-hours Child Protective Services social workers.

In-Home Services

In-home services assist with activities of daily living and are provided to eligible adults in their own homes. In-home services assist individuals with self-care and help with attaining or retaining independence. In-home services prevent abuse and neglect and prevent inappropriate institutionalization. To receive in-home services, adults must meet income and functional eligibility criteria. In-home services assist persons with personal care tasks including bathing, and also with meals, housekeeping, and laundry. In-home services are not a substitute for family caregivers but provide respite and support for families.

In preparation for a growing population of elderly persons and with consideration of the labor market in Northern Virginia, the Adult and Aging Division has implemented changes in the delivery of in-home services. In September 1999, in six congregate apartments (apartments for low-income seniors and adults with disabilities), a task-based model of in-home services was initiated. The task-based model provides in-home services from a weekly (or bi-weekly) schedule developed according to need rather than with a block of hours authorized by the day. George Mason University has completed two evaluations of the task-based services, which indicate that clients may not be quite as satisfied as those receiving the traditional in-home services (76 percent vs. 90 percent). However, the task-based sample was much smaller (54 respondents vs. 294). Task-based services do provide for a greater number of clients to be served by a smaller number of home care aides, and are more efficient in time and cost. County staff continues to work with the contracted vendor to improve the services and resulting client satisfaction.

In March 2000, in-home contracts for the hourly model of services offered by DFS and the Health Department's bathing and respite services were initiated. These in-home contracts, which replace vendor agreements with multiple home care agencies, allow for better coordination of services and set standards for delivery of services.

Burial Services

Burial services are provided for deceased indigent persons when the deceased is unknown, the remains are unclaimed by family members, or when it is determined that there are not available resources for the deceased person's family to pay for burial services.

Community Homes for Adults

Community Homes for Adults provides support and supervision for elderly persons in private family homes. The Community Homes for Adults program provides a community alternative for persons who would otherwise likely have to leave the County to live in an assisted living facility. Community Homes for Adults clients contribute towards the costs of their living in the provider homes by paying the providers directly an amount agreed upon with the case manager. The County payment to the providers is reduced by the amount of the clients' contribution. The Community Homes for Adults program also provides emergency placements for adults with disabilities who need a short-term, supervised living situation.

Trends

Adult and Aging Services staff have provided support to a citizen Long-Term Care Task Force which is working to develop a strategic plan for long-term care service delivery. The strategic plan recommended by the Long-Term Care Task Force will influence the future service delivery provided by Adult and Aging Services. The Long-Term Care Task Force strategic plan is being developed with consideration of significant demographic changes:

- In 1998, an estimated 100,189 persons over 65 and younger adults with disabilities resided in Fairfax County, representing 11 percent of the County's population. By 2010, it is estimated that there will be 171,789 adults in this group (15 percent of the County's population)—an increase of 72 percent.
- It is estimated that members of this population requiring assistance with activities of daily living (ADLs)—such as bathing, dressing, using the toilet, and walking—will grow from a 1995 figure of 14,500 to 24,280 by 2010.

There are also trends that affect the availability of family members as caregivers:

- The high percentage of women in the labor force—over 73 percent in 1998; and
- The overall high labor participation rate in the County—nearly 79 percent.

▶ Method of Service Provision

County social workers provide case management services (Adult Services) and Adult Protective Services. Through Adult Services and Adult Protective Services, County staff provide a comprehensive assessment of clients' physical functioning, psychosocial status, home environment, and formal/informal supports. Staff complete assessments with a Uniform Assessment Instrument (UAI).

Clients who are in need of assistance in the home with activities of daily living are assessed with the UAI for financial and functional eligibility and may receive purchased in-home services. The UAI also is the screening tool for functional eligibility for Medicaid-funded Community Based Services, nursing facility care, and auxiliary grants for assisted living.

In-home services are purchased from home care agencies under contract and from private individuals that are approved by DFS. Burial services are purchased through contracts with a private funeral service and a private cemetery. Community Homes for Adults services are purchased from private individuals that are approved by DFS as adult foster families.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Adult Services Clients	1,785	2,017	2,044	2,400	2,500
Adult Protective Services Investigations	651	670	575	575	575
In-Home Services Clients	926	1,006	1,184	1,113*	1,200
Percent of In-Home Services Clients Satisfied	NA	93%	91%	90%	90%
Percent of Clients Who Remain in Their Homes After One Year of Services	NA	83%	79%	80%	80%

* Actual for FY 2001. Lower than FY 2000 due to impact of labor market; projected higher for FY 2002 due to wage increases for contract aides.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows

- Code of Virginia 63.1-55.01. Homemaker, companion or chore services. Local boards shall provide in accordance with rules prescribed by the State Board (Social Services) for the delivery of homemaker, companion or chore services to the extent that Federal or State matching funds are made available to each locality.

- Code of Virginia 63.1-55.1. Protective Services for aged and infirm persons. Each local board to the extent that Federal or State matching funds are made available shall provide in accordance with rules prescribed by the State Board (Social Services), protective services for persons who are found to be abused, neglected or exploited and who are age sixty or older or who because of impaired health or physical or mental disability cannot take care of themselves or their affairs.

- Code of Virginia 63.1-55.1:1. Authority to provide adult foster home services. Each local board is authorized to provide adult foster home services which may include recruitment, approval, and supervision.

- Code of Virginia 63.1-55.2. Protection of aged or incapacitated adults; definitions.

- Code of Virginia 63.1-55.3. Protection of aged or incapacitated adults; physicians, nurses, etc., to report abuse, neglect, or exploitation of adults; complaint by others; penalty for failure to report. Specified mandated reporters must report immediately to the local department and all mandated reporters must cooperate with the local adult protective services worker and make relevant records and reports available. Mandated reporters must also report sexual abuse to the police. Persons who report in good faith are protected from liability.

- Code of Virginia 63.1-55.4. Same; duty of director upon receiving report; confidentiality.

- Code of Virginia 63.1-55.5. Same; involuntary protective services.

- Code of Virginia 63.1-55.6. Same; emergency order for protective services.

- Code of Virginia 32.1-330. Pre-admission screening required. All individuals who will be eligible for community or institutional long-term care services shall be evaluated to determine their need for nursing facility services. For community-based screenings, the screening team shall consist of a nurse, social worker, and physician who are employees of the Department of Health or the local department of social services.

- Code of Virginia 63.1-173.3. Uniform assessment instrument. A uniform assessment instrument (UAI) shall be completed for public pay residents of assisted living facilities.

- Code of Virginia 37.1-134.6. Definitions (Guardianships and Conservatorships)

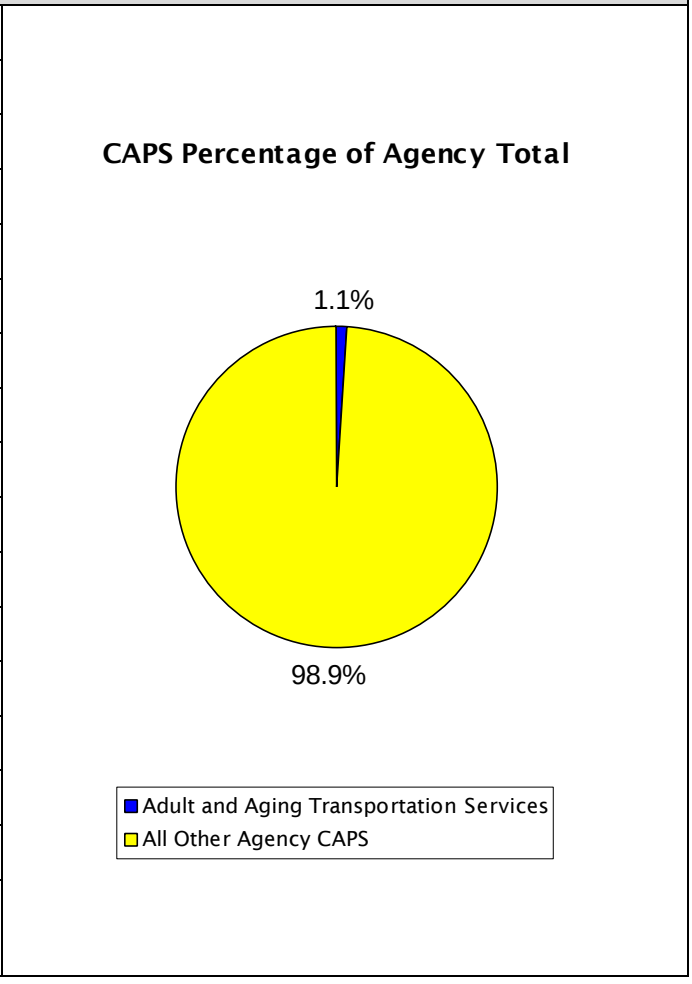
- Code of Virginia 37.1-134.7. Filing of petition; jurisdiction; fees. Adult Protective Services social workers work with the County Attorney's office when incapacitated adults at risk of abuse, neglect, or exploitation need a guardian or conservator.

- Code of Virginia 37.1-137.2. Annual reports by guardians. Guardians must file annual reports with the local department of social services. It is the duty of the local department to forward the filing fee of $5.00 to the State Treasurer and to file a copy of the report with the Clerk of the Circuit Court. Twice each year, the local department shall file with the Clerk of the Circuit Court a list of all guardians who are more than ninety days delinquent in filing an annual report.

- Code of Virginia 32.1-288. Disposition of dead body; how expenses paid. If no person claims a body and the body is not accepted for scientific study, the body shall be accepted by the sheriff. The reasonable expenses of disposition of the body shall be borne by the county or city where the deceased was a resident. In Fairfax County, Procedural Memorandum Number 67 transferred the responsibility for the disposition of indigent persons to the Department of Social Services.

67-21-Adult and Aging Transportation Services

Fund/Agency: 001/67	Department of Family Services
Personnel Services	$50,250
Operating Expenses	$1,784,099
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,834,349**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$121,802
Total Revenue:	**$121,802**
Net CAPS Cost:	**$1,712,547**
Positions/SYE involved in the delivery of this CAPS	1/1



▶ CAPS Summary

The goal of the Adult and Aging Transportation Services is to provide access to persons age 60 and over who need to get to and from adult day care, senior centers, and group (essential shopping) trips from senior residences. FASTRAN services are for persons 60 and older who lack transportation and are usually economically and socially needy seniors. Fees for the FASTRAN rides range from 50 cents per one-way trip for going to and from senior centers and on group trips, to $2.50 per one-way trip for rides to and from adult day care. The two main components of Adult and Aging Transportation Services are the provision of rides (FASTRAN, taxi-cab discount voucher program, etc.) and education and promotion of using existing public transportation options.

▶ Method of Service Provision

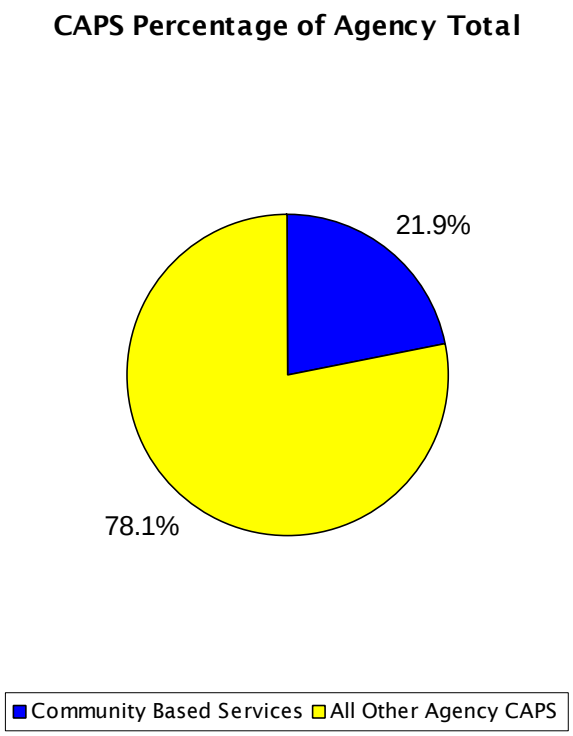
Transportation is provided under contract with FASTRAN. In addition, a staffer is on-site in the County's Department of Transportation to increase senior ridership of public transportation, including promotion of the pilot taxi-voucher program.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Adult Day Care Trips	43,424	40,055	39,870	37,357	38,291
Rides To and From Senior Centers	103,666	96,847	97,548	97,099	99,526
Senior Center Group Shopping Trips	8,766	7,653	5,978	7,960	8,159
Senior Residence Group Shopping Trips	22,165	21,158	19,137	24,911	25,534

103-01-Community Based Services

Fund/Agency: 103/67	Aging Grants
Personnel Services	$625,859
Operating Expenses	$220,550
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$846,409**
Federal Revenue	$351,705
State Revenue	$105,862
User Fee Revenue	$0
Other Revenue	$134,059
Total Revenue:	**$591,626**
Net CAPS Cost:	**$254,783**
Positions/SYE involved in the delivery of this CAPS	12/11



▶ CAPS Summary

The goal of Community Based Services is to enable seniors to remain in their own homes or community as long as possible. The services include legal, volunteer, outreach, special transportation, community education, and the ombudsman programs. The purpose of these services is to encourage independence and ongoing contributions by seniors as well as to prevent inappropriate and premature institutionalization of seniors living in the community.

Legal services are offered under contract with Legal Services of Northern Virginia for low-income persons over age sixty. Services include advice and representation by an attorney and counseling and other assistance by a paralegal under the supervision of an attorney. Community education concerning legal issues is also provided. It is required that a percentage of the Older Americans Act funding that supports the Area Agency on Aging (AAA) be expended on legal services for the elderly.

Volunteer Services recruits, screens, places and provides ongoing support to over 2,800 volunteers who are older adults looking for opportunities in the community and younger adults willing to serve the needs of seniors. The unit administers specialized volunteer programs such as Volunteer Home Services for frail seniors, and programs to tap the energy of groups willing to undertake special projects. In addition, they provide volunteers to serve the clients of the Department of Family Services.

Aging Information and Assistance (I&A) responds to calls from more than 5,800 older persons, family and caregivers annually about available resources and assists them in obtaining necessary services. The Virginia Insurance Counseling and Advocacy Program (VICAP), headed by a County staff person and staffed by trained volunteers, offers free, confidential help and advice about health insurance and long-term care insurance, assists in resolving Medicare, Medicaid or medical claims, helps callers compare and understand Medicare+Choice, Medicare supplemental policies, and Medicare HMOs, provides basic Medicaid information, and works with callers to explore their long-term care insurance needs. The Fan Care Program provides fans and cooling assistance to prevent heat-related illnesses. The AAA has also worked with the Northern Virginia Resource Center for Deaf and Hard of Hearing to provide speakers and services for their regular meetings of deaf seniors, an often overlooked population.

Community Education Services informs older persons and the general public about the programs and services available for the elderly, their caregivers and family members. This includes information on the talent and skills of older persons as well as their problems, needs and resources. The Community Education program includes the Golden Gazette, a monthly newspaper that goes out to more than 28,000 households in our community, as well as libraries, nursing homes, senior centers, and other community focal points. Community Education is also provided through seminars, a speaker's bureau, and award-winning cable programming. Many of these projects are accomplished through public/private partnerships. In addition, the AAA is expanding its materials and information for non-English speaking members of our community through the printing of materials in 9 languages and the creation of a call-in line for persons speaking Korean or Chinese as well as through liaisons with organizations serving minority communities.

The Northern Virginia Long-Term Care Ombudsman Program is funded by five participating jurisdictions: Fairfax County, Arlington County, Loudoun County, Prince William County, and Alexandria City. The goal of the Ombudsman program is to improve the quality of life for residents in licensed nursing homes and adult care residences, as well as recipients of adult day care and home care services. Fifty-five volunteers are trained to serve as advocates for the needs and rights of the residents. The program staff mediate complaints related to home-care, adult care residences, and nursing homes.

The 2000 Census confirms what we've known since before the 1990 Census—the elderly population in Fairfax County is growing fast. The segment of the County's population age 60+ grew by 39.1 percent from 1990 to 2000. The impact on Community Based Services is a greater need for assistance with activities of daily living as older adults live longer. The problems of senior adults in the community are more complex. The jobs of volunteer ombudsmen are becoming more complicated with fewer resources, leading to frustration for these highly skilled and trained volunteers so critical to residents of long term care facilities and to the community. Finally, being able to more adequately meet the need of the nearly 30 percent of older adults in the community who are culturally diverse has become a significant challenge.

Fairfax County authorized the FAAA to be a Federally-funded Area Agency on Aging. When the County draws Older Americans Act funding as an Area Agency on Aging, certain services are required to have certain spending limits and percentages: 1 percent of Federal funds received must be utilized for legal services, 15 percent must be utilized for public access information, and 5 percent for in-home services [Older Americans Act, Section 306 (a)(2)(A,C) and (a)(b), and Section 712 (a)(5)(B)]. The Older Americans Act requires that there will be a Long-Term Care Ombudsman, either directly or through contract from the State level. The State of Virginia, in turn, has delegated responsibilities to this regional program at the sub-State level. The County has a contract with the Virginia Department for the Aging to administer this program for the region.

▶ Method of Service Provision

The Area Agency on Aging contracts with Legal Services of Northern Virginia for services at their offices, senior centers and senior residences.

Volunteer Services management is centrally based at the AAA and volunteer programs are conducted throughout the County.

Information and Assistance and VICAP programs are primarily accessed by phone.

The AAA publishes the Golden Gazette with contractual services for printing and mailing. Public speaking is done throughout Fairfax County.

The Ombudsman Program is onsite in nursing homes and assisted living facilities throughout the County.

The AAA continues to make extensive use of volunteers in the planning, management, and delivery of services to older adults in our community.

▶ Performance/Workload Related Data

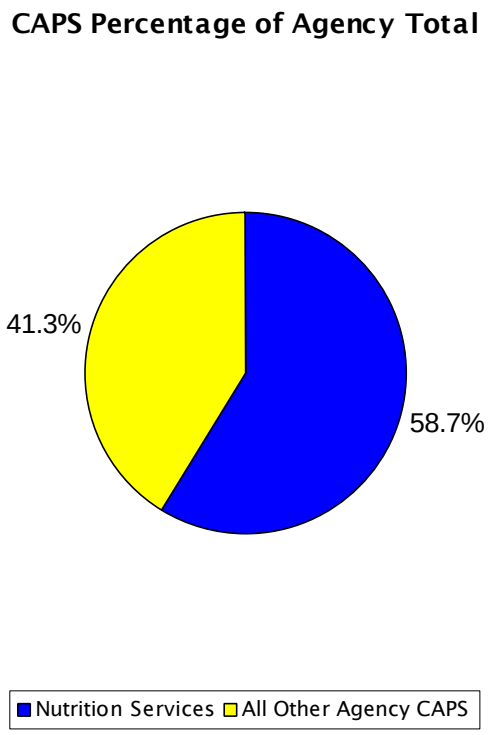
Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Community Based Services Clients	4,918	6,200	6,429	6,459	6,492
Percent of clients remaining in community after one year of service	NA	99%	98%	95%	95%
Households receiving community education (including Golden Gazette)	27,650	28,482	28,879	29,492	29,911

▶ User Fee Information

The Older Americans Act (OAA) does not allow fees to be charged for these OAA-funded services.

103-02-Nutrition Services

Fund/Agency: 103/67	Aging Grants
Personnel Services	$665,636
Operating Expenses	$1,597,616
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$2,263,252**
Federal Revenue	$589,880
State Revenue	$169,888
User Fee Revenue	$0
Other Revenue	$310,564
Total Revenue:	**$1,070,332**
Net CAPS Cost:	**$1,192,920**
Positions/SYE involved in the delivery of this CAPS	15/15



▶ CAPS Summary

The goal of nutrition services provided by the Area Agency on Aging through congregate, home-delivered and liquid nutrient meals is to keep seniors, particularly those who are low income, healthy and in their own homes.

Nutrition services for the elderly are offered to persons 60 and older, and their spouses. Congregate meals are funded under Title III (C-1) of the Older Americans Act (OAA) and are available to persons who participate in some senior centers and senior residences. A major goal of the congregate meals program is to encourage better nutrition and socialization. At senior centers, health screenings, education, and talks from a dietician are included in a program provided with the meal. A contribution for the meal is expected but cannot be required because of OAA funding restrictions. Congregate meals are provided at 22 locations: 14 County-operated senior centers, community centers, or recreation centers, two non-profit senior centers, one non-profit adult day care center, one Falls Church City senior center, and four County adult day health care centers. Evening meals are provided at two senior residences and weekend meals are provided at one senior residence. A donation is required for these resident programs.

Home-delivered meals are funded under Title III (C-2) of the Older Americans Act and are provided for homebound persons age 60 and over who are unable to prepare their own meals and have no one available to prepare food for them. Contributions are sought on a sliding scale basis.

The nutritional supplement program, also funded by Title III (C-2), provides liquid supplements for persons 60 and older who are Title XX eligible, unable to meet nutritional needs through normal food intake, and cannot afford to purchase essential nutrition products. A doctor's prescription is required to enter this program.

The County has designated the Fairfax Area Agency on Aging as a Federally-funded AAA and nutrition services are mandated to the extent that Federal and State funds, earmarked for nutrition services, are accepted and the local match is met [Older Americans Act, section 306 (a)(1)].

All meals are required to meet one-third of the current Recommended Dietary Allowance for individuals age 60 and older. Low sodium and diabetic diets are available in some areas.

► Method of Service Provision

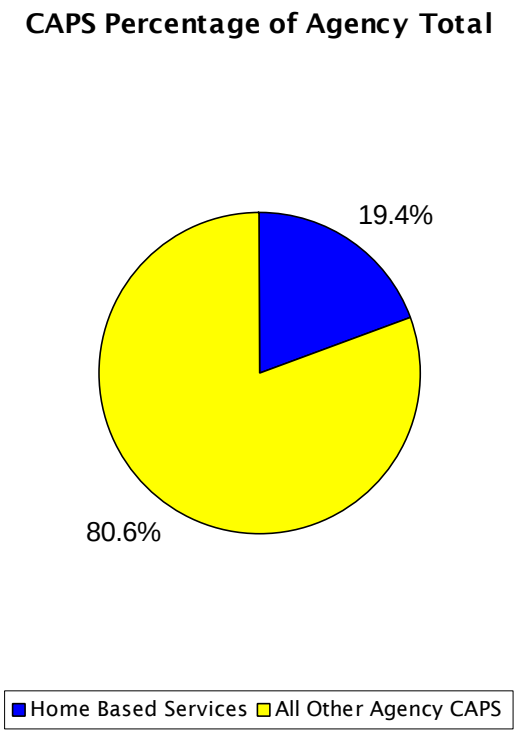
Congregate meals are provided to on-site programs through contract with Fairfax County Public Schools (FCPS), Sunrise Assisted Living, Inc., and one private institutional kitchen. Meals are monitored by Department of Human Services Administration contracts staff. Programs at the congregate meal sites are provided by the County, city, and non-profit providers referenced above, with scheduled on-site visits by the public health nurse, dietitian, and other providers. Home-delivered meals are provided under contract with Inova Hospitals, FCPS, Cameron Glen Nursing Home, and the Reston Hospital, and delivered by volunteer organizations throughout the County to people's homes. Clients of the Nutritional Supplement Program are assessed by AAA staff for their specific need of this program. The Nutritional Supplement Program has several distribution sites where family, service providers, and volunteers can pick up the liquid supplement.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Meals provided	426,766	425,005	430,823	430,823	430,823
Percent of clients satisfied with meal quality and quantity	NA	98%	90%	95%	95%
Percent of clients at nutritional risk without congregate meals	NA	23%	14%	20%	20%
Percent of clients at nutritional risk without home-delivered meals	NA	NA	54%	80%	80%

103-03-Home Based Services

Fund/Agency: 103/67	Aging Grants
Personnel Services	$500,569
Operating Expenses	$246,624
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$747,193**
Federal Revenue	$48,000
State Revenue	$539,554
User Fee Revenue	$0
Other Revenue	$15,116
Total Revenue:	**$602,670**
Net CAPS Cost:	**$144,523**
Positions/SYE involved in the delivery of this CAPS	9/9



▶ CAPS Summary

The Home Based Services program is provided under the area plan for the Fairfax Area Agency on Aging. The Home Based Services program provides case management (the Care Network) and in-home assistance with the tasks of daily living for persons aged 60 and over. Home Based Services provides support to individuals and families and delays and prevents inappropriate and premature institutionalization. Home Based Services are provided on a sliding fee basis. The Home Based Services program is provided in coordination with other services offered by Adult and Aging Services.

The Home Based Services program assists elderly persons who would otherwise require services in assisted living or nursing facilities. Elderly persons generally would prefer to live in their own homes or with family members. Even for those who are interested in assisted living, there is a lack of available spaces for persons who require public assistance (auxiliary grants) to pay for the cost of services.

Because the Fairfax Area Agency on Aging accepts State and Federal funds, the Home Based Services Program is required to provide pre-admission screening for all individuals who will be eligible for community or institutional long-term care services to determine their need for nursing facility services. For community-based screenings, the screening team must consist of a nurse, social worker, and physician who are employees of the Department of Health or the local department of social services.

▶ Method of Service Provision

Case management services are provided by the County's Care Network, a team of social workers, nurses, and one mental health counselor. Services include a comprehensive assessment of needs by a social worker, nurse, and/or mental health counselor. Services may include an assessment of Medicaid-funded, community-based services. The case manager develops a plan of care that may include coordination of medial care, counseling services, in-home care, transportation, or day care. The Care Network serves minority and non-English speaking elderly persons, low-income seniors, elderly persons using crisis services at hospitals, and elderly persons who might not otherwise receive services but are able to pay on a sliding scale. Through a private-public partnership with INOVA Health Systems, elderly persons are also referred for case management services through ElderLink.

In-home services under the area plan are provided at ten senior residences by approved independent providers and contracted agency vendors. The homemaker services are available in a task-based model, which pays vendors based on the tasks performed rather than the number of hours the vendor works. These services include housekeeping, meals, and laundry and allow seniors to continue to live in independent apartments in the community.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Care Network Clients	759	646	724	750	760
Area Plan In-Home Services Clients	114	117	169	174	180
Client Satisfaction for Area Plan In-Home Services	NA	NA	82.9%	90%	90%

Department of Administration for Human Services

▶ Agency Mission

The Department of Administration for Human Services (DAHS) is a partner in the Human Services system providing support and adding value to service delivery. Administration support will be responsive and flexible to meet changing customer needs, and will implement a seamless system of business and support processes. The agency will make business improvements, incorporating the best of existing practices with new technologies. DAHS staff will be viewed by the customer as problem solvers who are accessible and committed to supporting service delivery.

▶ Trends/Issues

DAHS meets the administrative needs of Human Services agencies by providing business support to staff who deliver or arrange services for clients. Examples of programs supported by administrative staff include: Public Assistance programs such as Welfare to Work and Food Stamps; Protective Services for children and adults; Employment Services; Food Services; Prevention Services; Head Start and School Age Child Care (SACC) programs; Alcohol and Drug, Mental Health, and Mental Retardation Services; probation services and residential facilities through the Juvenile and Domestic Relations District Court; Comprehensive Services Act; Disease Prevention and Control; Maternal and Child Health Programs; Restaurant Inspections and Sewage Disposal; Consolidated Community Funding Pool; Community Services Block Grant and Community Development Block Grant; FASTRAN; Recreation and Youth Services; and several discretionary grant programs.

Key Accomplishments Over The Last Year Include:

- Purchased an automated fingerprint imaging system to perform the County Code requirement of fingerprinting persons who successfully apply for jobs that have the responsibility for minors, impaired, elderly, and other persons unable to care for themselves. The new equipment provides a more accurate method of fingerprinting, reduces the time it takes to fingerprint and document each person by 75 percent, and enables the automated transfer of data, including fingerprints, to the State for civilian background checks.

- Implemented a new client and contract spending information and tracking system known as Harmony. This new system replaced a 30-year-old system known as VUWRS (Virginia Uniform Welfare Reporting System). VUWRS has been used to track client-specific information as well as the expenses for each client, in order to meet Virginia Department of Social Services' reporting requirements.

- Provided automation capabilities to all of the County's 125 School Age Child Care (SACC) centers that are located primarily at elementary school sites. This joint effort between Fairfax County and the Fairfax County Public Schools (FCPS) enhanced the SACC program's educational component, enabled staff to report attendance of children in SACC, and allowed SACC employees and other staff (e.g., school nurses) to enter their time and attendance on-line at each site. SACC teachers now are able to access County SACC program data, food program information, and County corporate systems, enabling communication and sharing of information with other centers and the SACC administrative offices. In addition, SACC students have internet access for project research and homework.

- Purchased and put into use a second Showmobile, a mobile stage equipped with sound systems and lights, for use at community events.

- As the designated lead agency, DAHS initiated the Evaluation and Assessment phase of a Workforce Assessment Project, under the guidance of the Deputy County Executive and the Human Services Leadership Team. This is a management initiative designed to enhance service delivery by identifying internal strategies for improving the work environment in order to accomplish tasks more efficiently and effectively. A report will be presented to the Leadership Team detailing the findings of the study, including recommendations for each agency as well as strategies for improving internal operations.

- Upgraded 3,200 PCs and 450 network printers with Office Suite programs and electronic mail to Microsoft Office Suite, and all PCs and networked devices at each site from 16b Token Ring to 10mg Ethernet. DAHS Information Technology ensured that all PCs, tools, and software products were Year 2000 compliant by a review and conversion of more than 80 applications and installation of Year 2000 patches on all servers and workstations.

- Started a Human Services workflow initiative to develop and implement an integrated administrative process for contract management and payments processing services. Streamlined internal business practices will increase operational efficiencies and provide cost savings for all Human Services agencies while improving customer service and support.

DAHS' initiatives in FY 2002 include:

- Initiating the training and enhancement phase of the Workforce Assessment Project. A plan of action will be developed to enhance the work environment by utilizing numerous approaches that may include training, group discussions or one-on-one interventions, workload shifts, and improved communications techniques.

- Identifying potential business opportunities in Human Services agencies with the intent of improving efficiency, facilitating reporting, enhancing revenue collection, and enhancing financial applications to meet specific billing requirements that are unique to Human Services agencies and programs.

- Converting the 3,200-user local area network from the current Novell Netware 5.1 to Windows 2000. This will involve installing new hardware and operating systems, converting all objects, and installing new software on all workstations and peripherals. Extensive testing will be required to ensure the integrity of the new design as well as training for technical support staff, programmers, and network administrators.

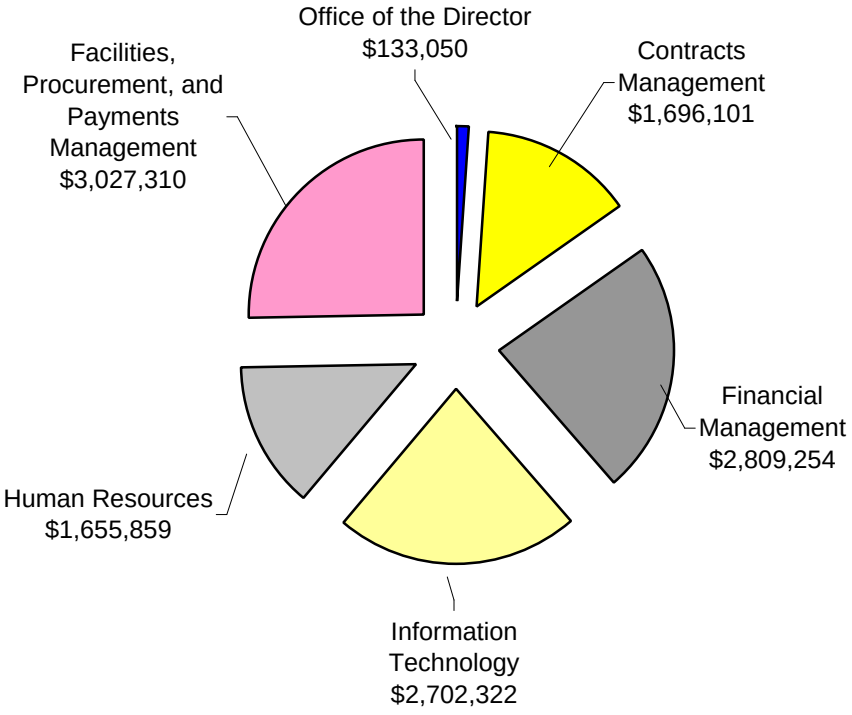
- Integrating administrative processes for contract management and payments processing services as a continuation of the Human Services workflow initiative, to improve contract administration and provider payment functions.

- Assisting in the planning and design of Human Services' facilities.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
68-01	Office of the Director	$133,050	2/2
68-02	Contracts Management	$1,696,101	23/23
68-03	Financial Management	$2,809,254	55/54
68-04	Information Technology	$2,702,322	34/34
68-05	Human Resources	$1,655,859	25/25
68-06	Facilities, Procurement, and Payments Management	$3,027,310	60/59.5
TOTAL Agency		**$12,023,896**	**199/197.5**

Department of Administration for Human Services

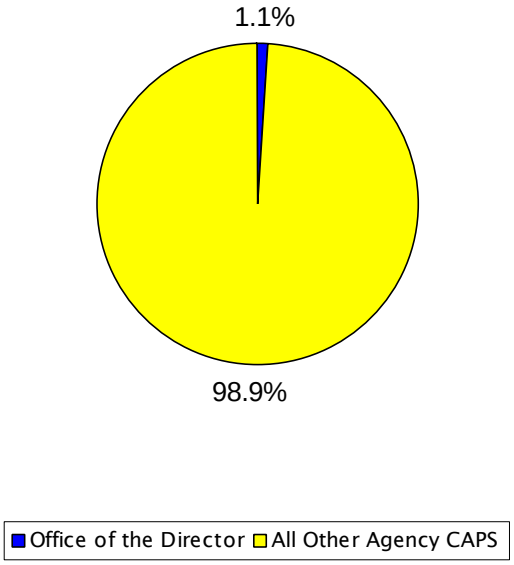


Total FY 2002 Adopted Budget Expenditures = $12,023,896
Total FY 2002 Adopted Budget Net Cost = $12,023,896

68-01-Office of the Director

Fund/Agency: 001/68	Department of Administration for Human Services
Personnel Services	$133,050
Operating Expenses	$0
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$133,050**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$133,050**
Positions/SYE involved in the delivery of this CAPS	2/2

CAPS Percentage of Agency Total



▶ CAPS Summary

The Office of the Director provides overall guidance for the department, coordinates the work carried out in the business areas, works collaboratively to develop and achieve organizational goals and objectives, and initiates and maintains partnerships with service areas. The Director is a member of the Human Services Leadership Team and the Alcohol Safety Action Program Board, is Co-Administrator of the Consolidated Community Funding Pool, and serves as staff to the Human Services Council. The Director also is actively involved with Countywide committees and task forces working on process efficiency, corporate systems, and other facets of County operations.

▶ Method of Service Provision

Department of Administration for Human Services (DAHS) employees work as partners in the Human Services system, providing direct administrative support to programs and adding value to service delivery. DAHS staff also works closely with County agencies such as the Department of Management and Budget, Department of Human Resources, Department of Information Technology, Department of Finance, and the Department of Purchasing and Supply Management, to provide timely, effective, and efficient service to Human Services agencies.

Business support services are provided by DAHS in the Pennino Building and at more than 350 County office, residential, and recreational facilities across Fairfax County.

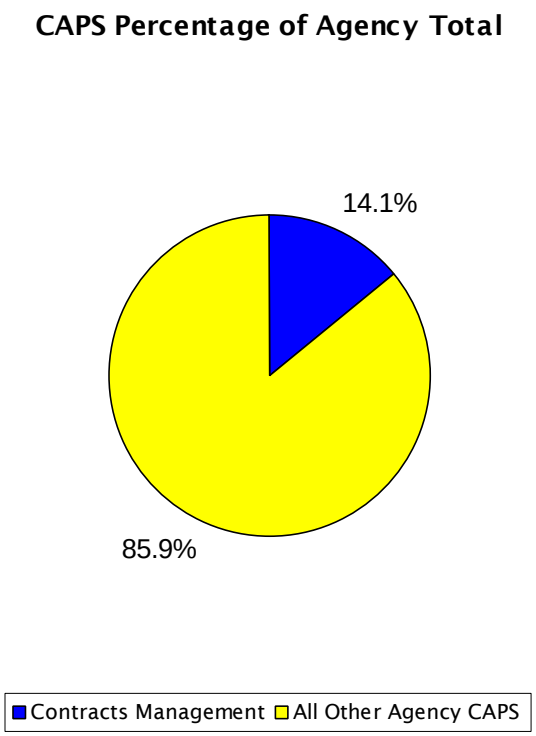
▶ Performance/Workload Related Data

A summary of the agency's recent accomplishments and FY 2002 Initiatives is presented in the "Trends/Issues" section of the Agency Overview.

Specific Performance and Workload-Related Data are presented in detail within each of the Business Area CAPS.

68-02-Contracts Management

Fund/Agency: 001/68	Department of Administration for Human Services
Personnel Services	$1,386,489
Operating Expenses	$309,612
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,696,101**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$1,696,101**
Positions/SYE involved in the delivery of this CAPS	23/23



▶ CAPS Summary

The Department of Administration for Human Services (DAHS) Contracts Management business area establishes contractual agreements with public and private organizations to provide an array of services while also improving the effectiveness and efficiency of services provided to County residents. Contracts Management staff support program development, performance management, and monitoring activities on behalf of Human Services programs. Staff works with program managers to draft requests for proposals soliciting services from private and non-profit providers, and monitor vendor compliance with performance outcomes included in contracts and agreements. Staff works closely with the Department of Purchasing and Supply Management, the Office of the County Attorney, and Risk Management to ensure that contracts conform to legal requirements and accepted standards for purchasing services. DAHS' Contracts Management also administers independent purchases of service activities for client-specific services and oversees all competitive procurements under $50,000 for Human Services agencies. In FY 2002, the value of services handled by Contracts Management will approximate $135 million, provided via 885 contracts.

Contracts Management provides staff and contract support for the Community Funding Pool program and the Comprehensive Services Act program, and also provides technical assistance to service providers and to community-based organizations.

▶ Method of Service Provision

Contracts Management employees work as partners in the Human Services system, providing direct administrative support to programs and adding value to service delivery. Contracts staff works closely with County agencies such as the Department of Purchasing and Supply Management, the Office of the County Attorney, and Risk Management in order to provide timely, effective, and efficient service to Human Services agencies. Contracts Management also provides technical assistance to, and serves as a liaison with, community-based organizations and service providers.

Business support services are provided by DAHS in the Pennino Building and at more than 350 office, residential, and recreational facilities across Fairfax County.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output: Total contracts established	638	800	827	852	885
Service Quality: Contract completion rate	100.0%	100.0%	100.0%	100.0%	100.0%
Outcome: Percent of contracts completed by due date	67.0%	79.0%	73.0%	85.0%	85.0%

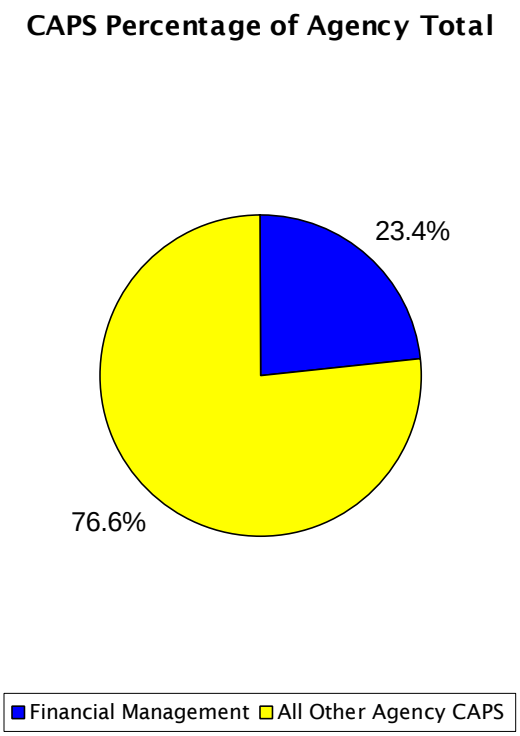
▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Contracts administration and monitoring is required for several specific areas within Human Services. On behalf of the Department of Family Services, as specified in the Fairfax County Purchasing Resolution, Contracts Management ensures the procurement of only those goods and services for public assistance recipients as outlined in the Code of Virginia, Section 63.1-87 and Section 37.1. On behalf of the Fairfax-Falls Church Community Services Board (CSB) and as specified in the Code of Virginia, Section 37.1-1, Contracts Management ensures compliance with State-delegated authorization of direct individual purchase of services for individuals with substance abuse, mental health, or mental retardation service needs. Contracts Management also ensures compliance with the Code of Virginia, 11-45, 22.1-218, and 46:21-759.1, which authorizes public bodies to purchase individual/personal services or goods for direct use by recipients under the Comprehensive Services Act for At-Risk Youth and Families.

68-03-Financial Management

Fund/Agency: 001/68	Department of Administration for Human Services
Personnel Services	$2,499,642
Operating Expenses	$309,612
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$2,809,254**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$2,809,254**
Positions/SYE involved in the delivery of this CAPS	55/54



▶ CAPS Summary

The Department of Administration for Human Services (DAHS) Financial Management business area prepares and manages budgets totaling $375 million in FY 2002, including 53 General Fund grants, and performs Accounts Receivable functions for Human Services agencies. Financial staff forecast and collect revenues from the Federal and State governments, other jurisdictions, clients, and third-party payors that are expected to offset County expenditures in FY 2002 by $143.5 million. Expenditures are monitored and analyzed, and required financial reports are completed in a timely manner in order to receive reimbursements. Financial Management staff works closely with Human Services' management and program staff, DAHS' business areas, Fairfax County auditors as well as external auditors, and County agencies such as the Department of Management and Budget (DMB), the Department of Finance, and the Department of Human Resources (DHR). These collaborative efforts enhance DAHS' Financial Management's success in developing and managing budgets, preparing bills and customer account statements, collecting revenues and reimbursements, ensuring compliance with Federal and State requirements, and identifying and pursuing opportunities to create business efficiencies and enhance revenue collections.

DAHS' Financial Management also serves a consultative role with Human Services agencies, the Human Services Leadership Team, the Human Services Council, Human Services advisory boards and committees, and community-based organizations. Financial Management is actively involved with Countywide committees and task forces, working on special projects to improve process efficiency, enhance corporate systems, and address other facets of County operations.

▶ Method of Service Provision

Financial Management employees work as partners in the Human Services system, providing direct administrative support to programs and adding value to service delivery. Human Resources staff work closely with County agencies such as the Department of Management and Budget, the Department of Finance, and the Department of Human Resources in order to provide timely, effective, and efficient service to Human Services agencies. DAHS' Financial Management also serves a consultative role with Human Services agencies, the Human Services Leadership Team, the Human Services Council, Human Services advisory boards and committees, and community-based organizations. Also, Financial Management is actively involved with Countywide committees and task forces, working on special projects to improve process efficiency, enhance corporate systems, and address other facets of County operations.

Business support services are provided by DAHS in the Pennino Building and at more than 350 office, residential, and recreational facilities across Fairfax County.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output: Accounts receivable collected	$117,993,812	$120,661,325	$138,494,765	$143,480,636	$143,480,636
Output: Actual net budget balances (expenditures less revenues)	$2,980,041	$2,006,288	$1,114,135	$1,114,135	$1,114,135
Service Quality: Percent change in accounts receivable collection rate	4.4%	0.8%	9.4%	0.0%	0.0%
Service Quality: Net percent of budgets expended	99.0%	99.0%	99.5%	99.0%	99.0%

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Outcome: Percent of accounts receivable collected	94.5%	95.0%	109.4%	97.0%	97.0%
Net unexpended end-of-year budget balances	1.1%	1.0%	0.5%	1.0%	1.0%

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

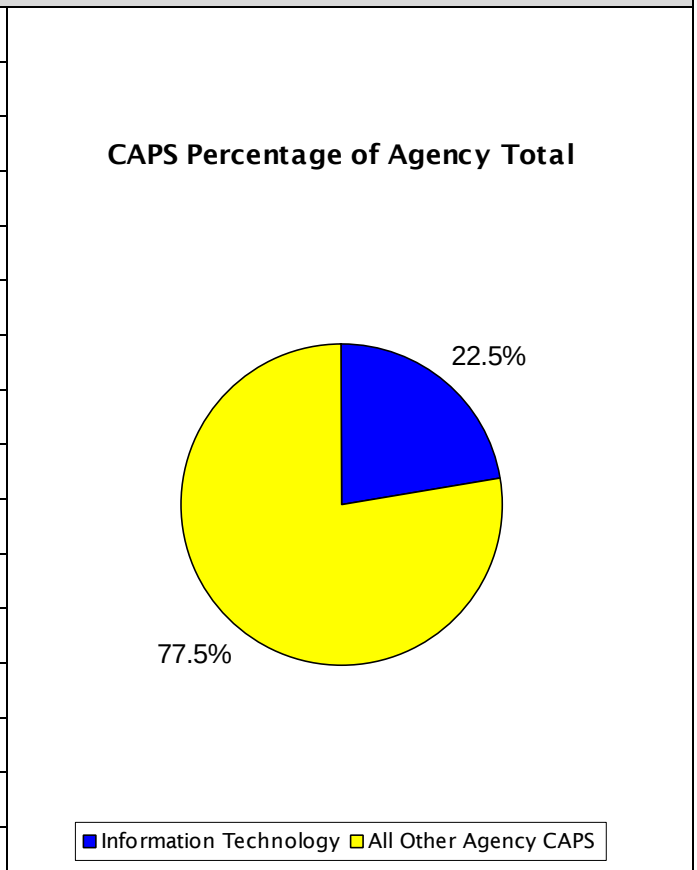
- Acceptance of Federal and State funds obligates the County to meet specific financial tracking and reporting requirements contained in Federal and State laws and regulations. The largest share of these funds are reimbursements for social service and public assistance programs administered by the Dept. of Family Services (DFS). These financial management requirements are cited in the Code of Virginia, 63.1-33, 51-53, 91; Title XIX of the Social Security Act for Medicaid program requirements; Titles III and V of the Federal Older Americans Act and the Federal Job Training Partnership Act detail requirements for the Fairfax Area Agency on Aging; and Comprehensive Services Act requirements are cited in the Code of Virginia, Sections 2.1-1.7 and 745-759, 9-6.25, 16.1-278.5 and 286 and 294, 22.1-101.1, 37.1-197.1, 63.1-55 and 248.6, 66-14 and 66-35.

- Financial management requirements for the Health Department are detailed in the Contract between Fairfax County and the Virginia Department of Health, and are also associated with receipt of Federal WIC and Maternal and Child Health Grant funds (Title V of the Social Security Act) and Medicaid (Title XIX of the Social Security Act).

- Requirements related to the Juvenile and Domestic Relations Court are contained in Section B of the Minimum Standards for the Virginia Dept. of Youth and Family Services. Under section 37.1-198 of the Code of Virginia, the governing body of each locality must approve its Community Services Board's (CSB) annual plan and budget before the CSB is eligible to receive grants from the State. In Fairfax County, the CSB's Performance Contract serves as this plan, as required by the Code. The CSB's Performance Contract is the State's primary funding and accountability mechanism for community services; DAHS' Financial Management section develops and monitors the financial and budgetary components of the CSB's plan. In addition, it requires each locality's Community Services Board (CSB) annually develop a performance contract between the locality and the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). This performance contract is required to include a formally-approved budget by the governing body of each locality. Specific financial management requirements related to developing and managing this local CSB budget are specified within this code citation. The governing body of each locality is required to approve it's CSB's annual plan and budget (referred to as a Performance Contract) before the CSB is eligible to receive funding from the Virginia DMHMRSAS. This Performance Contract is the State's primary funding and accountability mechanism for community-based CSB services.

68-04-Information Technology

Fund/Agency: 001/68	Department of Administration for Human Services
Personnel Services	$2,252,710
Operating Expenses	$449,612
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$2,702,322**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$2,702,322**
Positions/SYE involved in the delivery of this CAPS	34/34



▶ CAPS Summary

The Department of Administration for Human Services--Information Technology (DAHS-IT) business area responds to more than 16,965 (FY 2001 actual data) requests annually for technical assistance from computer users throughout Human Services agencies. Staff uses up-to-date technology in developing automated applications that allow Human Services agencies to deliver services more efficiently through a common client profile and database. Staff also works with the County's Department of Information Technology to maintain and enhance a wide variety of automated applications currently in use. DAHS-IT monitors security access to corporate systems, maintains and troubleshoots Local Area Networks that support 3,200 Human Services employees who use computers, and manage the prioritization process for future Human Services automation needs. DAHS-IT manages strategic Information Technology initiatives funded through the County's Fund 104. They are responsible for the deployment of State equipment and the introduction of new State applications supporting programs such as Foster Care and Adoptions (OASIS), Food Stamps (Electronic Benefits Transfer), and Welfare to Work (ADAPT), which have imposed additional requirements for technical support. The State provides the computers, software, and the applications, but the ongoing maintenance and

support for this equipment is provided locally. DAHS-IT also coordinates with Human Services agencies on all internet site content for the County's web site. DAHS-IT also manages all Human Services' intranet sites and agency applications.

▶ Method of Service Provision

DAHS-IT employees work as partners in the Human Services system, providing direct administrative support to programs and adding value to service delivery. DAHS-IT staff also work closely with County agencies such as the Department of Information Technology, Department of Management and Budget, the Department of Purchasing and Supply Management, and the Fairfax County Public Schools in order to provide timely, effective, and efficient service to Human Services agencies. DAHS-IT is a key participant in several public-private partnerships, such as the Health Care Alliance and the Computer Clubhouse.

Business support services are provided by DAHS in the Pennino Building and at more than 350 office, residential, and recreational facilities across Fairfax County.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output: Customer Service Requests (CSR) completed per month	737	862	1,358	1,358	1,358
Service Quality: Percent of customers satisfied with DAHS-IT services	98.9%	99.0%	99.5%	99.0%	99.0%
Outcome: Percent of DAHS-IT service requests completed within 7 days of receipt of request	88.0%	90.0%	80.6%	90.0%	90.0%

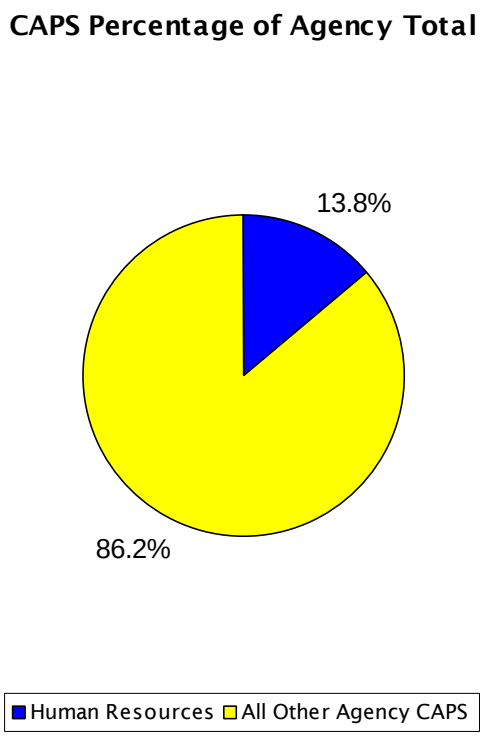
▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 26 - 50%. The specific Federal or State code and a brief description of the code follows:

- The Commonwealth of Virginia requires social service and public assistance programs to deploy, use, and support specific State computer equipment and applications. DAHS-IT is responsible for installing and maintaining State equipment and applications for programs such as Foster Care and Adoptions (OASIS), Food Stamps (Electronic Benefits Transfer), and Welfare to Work (ADAPT). Transfer), and Welfare to Work (ADAPT).

68-05-Human Resources

Fund/Agency: 001/68	Department of Administration for Human Services
Personnel Services	$1,246,247
Operating Expenses	$409,612
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,655,859**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$1,655,859**
Positions/SYE involved in the delivery of this CAPS	25/25



▶ CAPS Summary

The Department of Administration for Human Services' (DAHS) Human Resources business area provides personnel administration support, which includes classification and compensation, payroll, employee relations, and employee benefits to over 3,500 Human Services employees. Staff analyzes agency and program staffing levels and requirements, manages the process of setting priorities for classification actions for Human Services, implements Cultural Diversity plans, and coordinates with the Department of Management and Budget (DMB) and the Department of Human Resources (DHR) when agencies request dual encumbrances, abolish/establish actions, and position realignments when reorganizations are implemented. Human Resources staff will process an estimated 12,000 personnel transactions in FY 2002.

In accordance with County Code requirements, DAHS Human Resources staff fingerprint all persons who accept offers of hire for jobs that have the responsibility for minors, the impaired, the elderly, and other persons unable to care for themselves. Automated fingerprinting provides a more accurate method of fingerprinting, reduces the time it takes to fingerprint and document each person by 75 percent, and enables the automated transfer of data to the Virginia State Police Central Criminal Record Exchange and the Federal Bureau of Investigation/ United States Department of Justice.

▶ Method of Service Provision

Human Resources employees work as partners in the Human Services system, providing direct administrative support to programs and adding value to service delivery. Human Resources staff also works closely with County agencies such as the Department of Management and Budget and the Department of Human Resources in order to provide timely, effective, and efficient service to Human Services agencies. DAHS Human Resources also provides guidance to, and serves as a liaison with, community-based organizations.

Business support services are provided by DAHS in the Pennino Building and at more than 350 office, residential, and recreational facilities across Fairfax County.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output: Certification lists processed	700	746	765	765	765
Service Quality: Average time to forward certification lists to program staff in various agencies	10 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Outcome: Percent of certification lists obtained within 4 weeks	90.0%	90.0%	90.0%	99.0%	99.0%

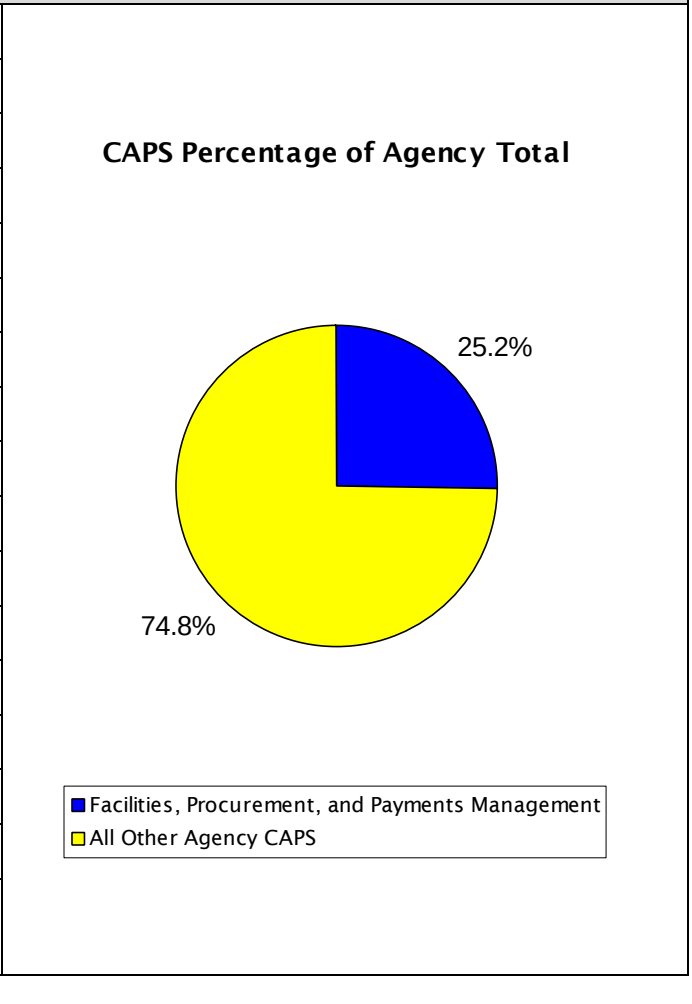
▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Employment practices must be consistent with Federal legislation such as the Americans with Disabilities Act, the Fair Labor Standards Act, and the Virginia Personnel Act. Human Resources is required to properly pay employees, to ensure compliance with Federal, State, and County policies, regulations, and procedures, and to monitor and report personnel expenditures. In addition, there are agency-specific requirements for local social service agencies. These include: staffing reports must be submitted to the Virginia Department of Social Services (Code of Virginia, Section 63.1-33 and 63.1-52); social service agencies must conform to a merit system of personnel administration for administrative staff and for employees handling financial assistance programs (Code of Virginia 63.1-61 and 63.1-87; and social service agencies must conform to a merit system of personnel administration for employees handling social service programs (Code of Virginia, 63.1-61 and 63.1-87).

68-06-Facilities, Procurement, and Payments Management

Fund/Agency: 001/68	Department of Administration for Human Services
Personnel Services	$2,693,348
Operating Expenses	$309,612
Recovered Costs	$0
Capital Equipment	$24,350
Total CAPS Cost:	**$3,027,310**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$3,027,310**
Positions/SYE involved in the delivery of this CAPS	60/59.5



▶ CAPS Summary

The Department of Administration for Human Services (DAHS) Facilities, Procurement, and Payments Management (FPPM) business area involves a wide range of support services essential to the efficient delivery of programs to County residents. FPPM staff oversees 360 facilities located throughout the County, including 45 offices and 315 residential and recreation facilities, as well as 150 vehicles. Additional functions include: timely processing of nearly 18,000 transactions for purchasing supplies, materials, and services at a competitive cost; processing nearly 65,000 payments to vendors from whom the County purchases supplies, materials, and services; and maintaining an updated inventory of fixed assets for all Human Services agencies. Staff works closely with the County's Facilities Management Division to ensure that facilities for Human Services functions are planned to make maximum use of available space and that the facilities are safe and secure for clients and staff. FPPM also works with the Department of Purchasing and Supply Management and the Department of Finance to ensure compliance with County policies and procedures for purchasing goods and services, as well as for paying bills.

▶ Method of Service Provision

FPPM employees work as partners in the Human Services system, providing direct administrative support to programs and adding value to service delivery. The staff works closely with County agencies such as the Department of Purchasing and Supply Management, the Department of Finance, and the Facilities Management Division to provide timely, effective, and efficient services to Human Services agencies.

Business support services are provided by DAHS in the Pennino Building and at 360 offices, residential, and recreational facilities across Fairfax County.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output: Completed service requests to DAHS' Warehouse	601	623	720	700	700
Invoices paid	NA	68,038	63,869	65,000	65,000
Service Quality: Percent of requests to DAHS' Warehouse completed in time frame needed by customer	98.0%	95.0%	98.0%	98.0%	98.0%
Percent of payments to vendors completed within 30 days of receipt of invoice	NA	86.5%	94.2%	92.0%	92.0%
Outcome: Percent of requests to DAHS' Warehouse completed in customers' time frames	90.0%	99.5%	98.8%	98.0%	98.0%
Accounts payable 30-day payment rate	80.0%	86.5%	94.2%	92.0%	92.0%

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- The Facilities component of this CAPS is required to ensure that local social service programs conform to State regulations for office space and facilities, as specified by the Virginia Department of Social Services (Code of Virginia, 63.1-25).

Department of Systems Management for Human Services

▶ Agency Mission

The mission of the Department of Systems Management for Human Services is to (1) provide professional telephone or walk-in assistance to County residents in order to connect residents to public or private services that meet their human services needs; (2) provide support, coordination, and facilitation in the Human Service Regions to promote collaboration around integrated service delivery and build regional service delivery capacity; (3) provide specific human service agencies and the system as a whole with assistance and support which promotes effective service delivery operations and/or system-wide service integration; and (4) provide staff support and assistance to citizen and community groups in order to assist them in accomplishing their missions and promote integrated service delivery.

▶ Trends/Issues

The Department of Systems Management for Human Services (DSMHS) was established in FY 1996. The organization applies a multifaceted approach to human services planning and coordination to achieve the following goals:

1) To facilitate individual citizen access to services and information;

2) To support the development of communities and the regional integrated human service delivery system adopted by the Board of Supervisors; and

3) To facilitate service delivery coordination and improvement throughout human services.

The organization was originally established as a key component of an overall Human Services Redesign initiative. Staffing and operations for the department were phased in over a number of years. All of the initial activities and functions of the department were established by re-deploying existing staff positions within Human Services with no net increase to County staffing. FY 2002 will be the third year of full operations for DSMHS.

The three CAPS identified by Systems Management correspond to the agency's goals and reflect the inter-disciplinary nature of our work:

(1) Citizen Access to Services and Information: DSMHS seeks to ensure access to services and information that build upon the strengths of individuals and communities. We do this by connecting clients with needed services through Coordinated Services Planning, by raising public awareness of available resources through Human Services Resource and Service Information Management, and by identifying community needs and assets and enabling data-driven decision-making through Demographic, Land Use, and Community Information Management.

(2) Regional and Community Development: DSMHS's Regional staff and the Interfaith Liaison work at the regional, community, and neighborhood level. They work to promote community involvement, build the community's capacity to respond to challenges, and strengthen the capacity, quality, and integration of the public, private, faith-based, and nonprofit human service delivery systems.

(3) System-Wide Service Delivery Coordination and Improvement: DSMHS promotes service integration at all levels of service planning and delivery. Through the DSMHS Research, Analysis, and Project Services team, the Department supports strategic partnerships, process coordination, and operational collaboration among public and private service agencies. Systems Management works in partnership with and on behalf of the human services system as a whole by providing cross-system coordination, facilitation, analysis, and management support in a broad range of project areas.

The nature of our work positions DSMHS to identify trends as they emerge and to act as a "first-responder" to those emerging trends. DSMHS is also well suited to analyze the impact of these trends and communicate relevant information to other human service agencies, community-based organizations, and policy-makers. In this ICAPS exercise, our partners in the other Human Services agencies will focus their attention on trends related to such social issues as housing and social needs. Though Systems also identifies and responds to these trends, our core work and our approach are directed by trends of a different nature.

Three such over-arching trends shape the work of Systems Management. The first is the growing expectation of citizens to receive high-quality services from a government that is responsive and accountable to a diverse community. The second is the presumptive involvement of the community in planning and policy setting for service delivery. The third is the dramatic change in the role of local government in providing these services. Since its inception, DSMHS has structured its work to respond to these trends.

Trend 1: The end of 'one size fits all' services

The first trend has resulted in a growing expectation among citizens that government tailor its services to meet the various needs of residents and communities, in terms of approach, language, location, hours of availability, and neighborhood-specific issues. To meet this expectation, Systems Management has developed the following tools to gather information and plan coordinated responses:

1) We must know what the community looks like, through demographic research such as the 2000 Community Assessment and front-line observation;

2) We must know its strengths, needs, and priorities, through surveys, community interaction, and citizen input opportunities, such as the Consolidated Community Funding Pool process and the Immigrant and Refugee Needs Assessment;

3) We must have the tools to tailor our programs to what we learn, through process improvement, community capacity-building, and partnership strategies, such as the Continuum of Care Planning Process for Services to Homeless persons; and

4) We must evaluate our efforts to measure how well we are meeting the needs of the community, through performance measurement and customer feedback.

Trend 2: Community Involvement

The second trend is the increased expectation that the community will have a larger role in the planning and decision-making processes about meeting community needs. It is no longer acceptable for government agencies to plan, design, and implement services in a manner that only reflects the public agency's perspective. Today, it is necessary to develop both the processes and the skills necessary to broadly involve the community in the planning and delivery of human services. That was a key commitment the Board of Supervisors made in the reorganization of human services in the 1990's and remains a commitment and expectation today, as community participation and dialog are presumptive requirements in planning to meet community needs.

DSMHS was developed in part to play a key role in designing and implementing processes for community involvement. Two of the larger initiatives staffed by the department that reflect this trend are the Consolidated Community Funding Pool and the Continuum of Care community planning process for homeless services. The value and requirement for community involvement extends throughout the system in other significant ways as well. The growth and development of the various public/private human service forums in the various Human Service Regions, often convened by DSMHS Regional Managers, is another example as is the extensive and broad community participation in the Long Term Care Task force which the department has also supported.

Trend 3: The changing role of government

As a result of the third trend, government agencies often are no longer the sole (or even primary) provider of human services to persons in need. Inter-agency and community-based work is now the norm for many staff, not just within human services but also with other County agencies, the schools, police, non-profits, businesses, and the faith community. In its new role, the public sector provides leadership and coordination to establish a system of care consisting of interlocking public and private networks of services. The Board of Supervisors established DSMHS, in part, to embrace and develop this new role for government.

There are many forces supporting coordination and collaboration in service delivery. First, Federal, State, local, and private funding sources often require partnerships and collaborations for new service programs, both to reduce duplication and to ensure that services are well-tailored to the community. Second, Fairfax County has a thriving and capable community of non-profit and private service providers who are often best equipped to identify and respond to emerging community needs. The County is increasingly adopting the role of "resource developer," leveraging State, Federal, and County resources to build upon the often-untapped strengths of the faith-based, ethnic, civic, and business communities in Fairfax County. Finally, County staff and community partners are more often taking a regional approach to identifying community needs and developing shared solutions. By focusing on smaller areas of the County, staff can bring together a variety of stakeholders who are in the best position to understand their individual community's unique needs and strengths. This strategy requires additional flexibility and creativity, but has the potential to expand community involvement and ownership of solutions. As public resources become more constrained, tapping a broader range of resources and capacity will be critical to meeting future needs.

Where have we come from and where are we headed?

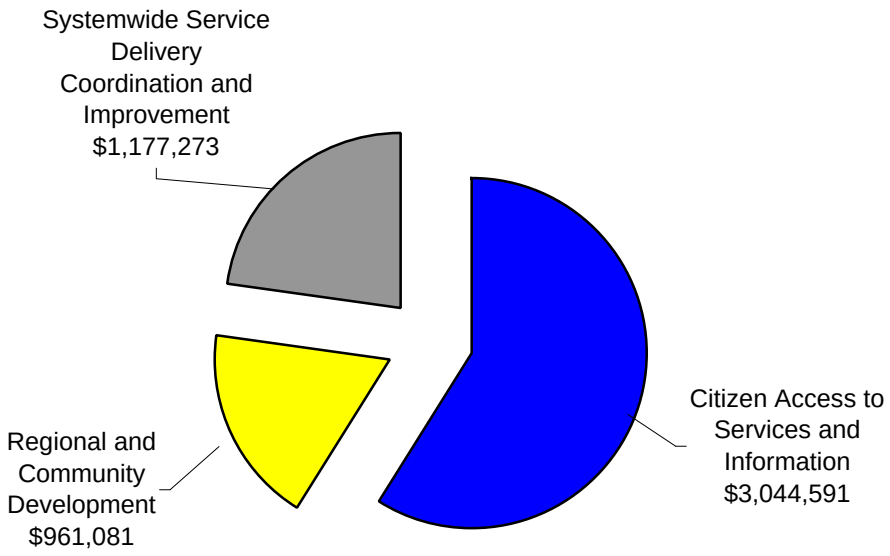
DSMHS is still a young agency. As the implementation of DSMHS continues to develop, it stays true to the original goals set out for the agency in 1995. The agency has adapted its services and approach to meet needs and opportunities as they arise in the community. In addition, the scope of the agency has grown as a result of organizational realignments and County and community priorities. In 1999, the Demographics and Economic Analysis team joined DSMHS to consolidate and augment the County's community assessment capacity. In FY 2002, the Community Interfaith Liaison was added to bring greater depth to the County's ability to reach out to and engage the faith community. DSMHS is also coordinating the Continuum of Care community planning process for human services in 2002.

The department is also being called upon by the County Executive and other agencies to play a more Countywide role and to work on projects outside of the traditional realm of human services. DSMHS is being called upon to provide leadership, guidance, and advice to non-human services Countywide initiatives, particularly in the areas of community development and community capacity building, where a broad understanding of human need and community dynamics adds value to the initiative. Examples of this work include the agency's work on the County's various revitalization initiatives, leadership and facilitation of Countywide task forces, and process analysis and improvement work in other agencies.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
69-01	Citizen Access to Services and Information	$3,044,591	55/54.75
69-02	Regional and Community Development	$961,081	13/13.1
69-03	Systemwide Service Delivery Coordination and Improvement	$1,177,273	13/12.65
TOTAL Agency		**$5,182,945**	**81/80.5**

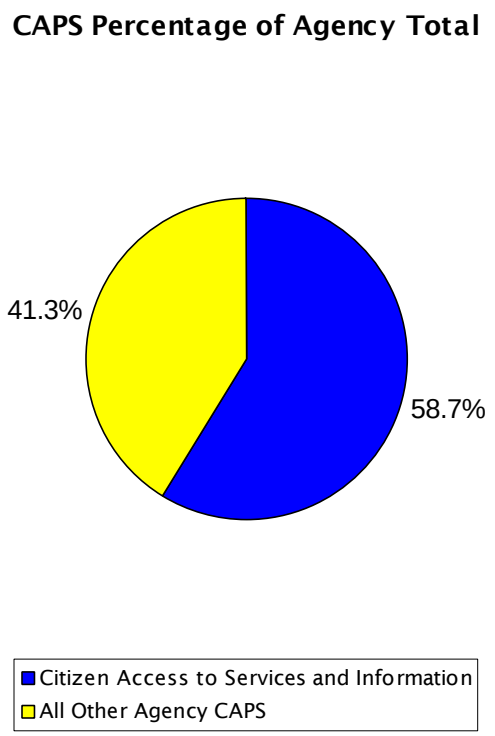
Department of Systems Management for Human Services



Total FY 2002 Adopted Budget Expenditures = $5,182,945
Total FY 2002 Adopted Budget Net Cost = $5,182,945

69-01-Citizen Access to Services and Information

Fund/Agency: 001/69	Department of Systems Management for Human Services
Personnel Services	$2,721,130
Operating Expenses	$323,461
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$3,044,591**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$3,044,591**
Positions/SYE involved in the delivery of this CAPS	55/54.75



▶ CAPS Summary

DSMHS seeks to ensure access to services and information that build upon the strengths of individuals and communities. We do this by connecting clients with needed services through the Coordinated Services Planning function, by raising public awareness of available resources through the Human Services Resource and Service Information Management function, and by identifying community needs and assets and enabling data-driven decision-making through the Demographic, Land Use, and Community Information Management function.

Each of the agency's functions contributes uniquely to the goal of providing access to services and information in a way that enhances the strengths and abilities of our customers, who include individuals, public and non-profit human service providers, businesses, and many County agencies. The services and information provided by the agency empowers the majority of our clients and customers to interact directly with their community, using our services as a support, but not relying on the County to provide long-term or highly-intensive services, information, or analysis. This approach not only empowers citizens to participate fully in meeting their own needs, it also increases the capacity of the system to serve citizens who need more intensive support or assistance. The three agency functions that contribute most directly to providing citizen access to services and information are described below.

The Coordinated Services Planning (CSP) function works at the client level to help individuals and families handle emergency situations by simplifying client access to appropriate human services. Customers range from people seeking services for themselves, to people seeking services for relatives and friends, to human services providers seeking services for their clients. CSP staff is a link to all public and private human services available to Fairfax residents. Coordinators assess individual and family situations, over the telephone or in person, and develop an integrated service plan to connect residents with human services to meet their immediate needs. Coordinators also explore prevention and early intervention strategies with community-based organizations and other Fairfax County service providers to help clients achieve economic independence and social stability.

The Human Services Resource and Service Information Management staff develops and maintains the information contained in the Resource Services System (RSS), a comprehensive computerized database of public, non-profit, and some for-profit human services available to Fairfax County residents. The internet-based Human Services Resource Guide (www.co.fairfax.va.us/RIM) makes the service and resource information contained in the RSS database available to County residents and service providers 24 hours per day/seven days per week. The Resource Guide contains information on almost 600 organizations and 4,800 service entries.

The Demographic, Land Use, and Community Information Management function facilitates data-driven planning, decision making, and policy development by Fairfax County agencies, boards, authorities, and commissions, as well as the business and development community. As the organizational home to the County's chief demographer and a small staff of analysts, the unit is the focal point for all major data collection activities for the County, such as the US Census, the annual Rental Housing Survey, the biennial Household Survey, the annual Demographic Reports, the 1995 Fairfax-Falls Church Community Needs Assessment, and the 2000 Community Assessment. The unit provides data and analysis which serves as the foundation for Fairfax County's official population, public facility, demographic, transportation, and land use planning forecasts. They also provide technical support to County agencies and committees conducting demographic or survey research projects and answer inquiries from County staff, citizens, and businesses, responding to more than 1,000 citizen and business information inquiries each year.

The demographic analysis function has only been a part of DSMHS since FY 1999. Prior to FY 1999, the unit was in the Department of Information Technology's former Office of Research and Statistics and later in the Department of Management and Budget. The transfer of the unit to DSMHS allowed the County to consolidate much of its research and analysis resources, aligning human service planning and community development efforts and avoiding operating redundancies.

Accomplishments and Initiatives

In the past few years, the agency has completed a number of successful initiatives to improve citizen access to services and information:

- In FY 2001, social workers from Coordinated Services Planning formed a unique partnership with Fairfax County Public Schools social workers in more broadly assessing and addressing the needs of immigrant and refugee families as they registered for school at the FCPS central registration facility. FCPS social workers, paired with multi-lingual Coordinated Service Planners (CSP's), provided more than 500 non-English-speaking families with information about available school and community services, and provided referrals for services such as health insurance, childcare, ESL, free lunch, housing, and employment. This partnership between County Human Services and FCPS Student Services will continue in FY 2002.

- Last year, the agency established the Human Services Resources Guide on the web that provides access to comprehensive human services resource and service information on a 24-hour/7-day-per-week basis. The Resource Guide allows citizens and service providers to easily search thousands of service options that include publicly-provided services, private non-profit services, and some for-profit services. While a number of other jurisdictions have implemented automated resource guides and have placed them on the web, Fairfax's web-based Human Services Resources Guide and the underlying Resource Service System (RSS) stands as unique. In addition to having a generally broader focus than similar databases, the Resource Guide provides an unsurpassed level of information depth and detail about services and organizations, allowing citizens and human service professionals alike to make more informed and accurate judgments about the appropriateness of specific services to their individual needs.

- Over the past several years, the agency has developed and produced a variety of cross-system and Countywide information sources, including the 2000 Fairfax-Falls Church Community Assessment, which reports information from a random survey of households on a range of human service needs and characteristics; the Fairfax County Biennial Household Survey, which collects information on demographic characteristics (age, race, language spoken, etc.) and economic characteristics (employment status, income, etc.) of the members of the 10,600 households sampled; the Annual Rental Housing Complex Census, which collects cost, vacancy, and other information on rental complexes with five or more units (excluding publicly owned and certain senior citizen complexes); and the County's Annual Demographic Reports, which include estimates and projections for population, housing units, real estate market values, and land use and development.

- Coordinated Services Planning and the demographic analysis and regional staff worked as part of a partnership to conduct a survey of Immigrant and Refugee families with children in the Fairfax County Public Schools. The survey was designed under the oversight of the demographic research staff and was conducted in eight languages by regional and Coordinated Services Planning staff. The study is the first of its kind in a local jurisdiction and was reported in the Washington Post and the New York Times. It provides unique insight and information on one of the fastest growing population segments in the County and will serve as a primary source of data to better understand both the strengths and needs of some of the County's newest residents.

- The agency also served as the County's liaison with the United States Bureau of the Census to analyze and disseminate census information to the County agencies, and to manage local partnership programs to improve decennial census results such as the Local Update of Census Addresses program and the Statistical Areas program. As part of this role, the agency staffed the 2000 Census Complete Count initiative in Fairfax County. The census response rate for Fairfax increased as compared with the 1990 Census despite significant growth, increased population diversity, and increased urbanization – all of which present challenges to obtaining a complete census count. Fairfax County won national recognition from the Director of the US Bureau of the Census for its 2000 Complete Count effort and response rates.

- In the upcoming year, the agency will focus on the analysis and dissemination of newly available 2000 Census data, information from the 2000 Fairfax-Falls Church Community Assessment, the Immigrant and Refugee Survey, and the Youth Risk Behavior Survey to support planning and community capacity building.

▶ Trends and Issues

While the functions that contribute to the Citizen Access to Services and Information CAP represent different disciplines, they share several common aspects and face similar challenges. All are characterized by their breadth of scope and services, and they have few of the traditional disciplinary or service population boundaries found in most other County programs. While this adds significant value to residents of the County, it makes it difficult for the programs to manage the demand for their services.

In addition, each function is on the front line of service provision to all citizens of the County and must respond to any inquiry or request received. Each function strives to respond to those requests in a way that enables citizens to be as self-sufficient as possible in meeting their own service or information needs, while still providing whatever level of individualized service is necessary.

The functions also share an emphasis on partnerships to carry out their work. As such, they must respond not only to their own changing environment but also to the trends and issues presented by their partners. For example, the Demographic and Economic Research staff relies on other County agencies to provide land use and development data for the population and housing forecasts. As agencies adopt new computer systems and business processes, the Demographic staff must revise its own systems to accommodate the changes, often with little advance notice.

Finally, a critical and unique component of this CAP is the degree to which each function relies on technology to carry out its work. In most human services agencies, technology is one tool to support the work; in DSMHS, technology is the means of carrying out the work. Many of the agency's critical systems are in need of upgrades and/or reengineering to maintain their utility and value, and this will be a high-priority for the agency in the coming year.

▶ Method of Service Provision

The services in this CAPS submission are provided directly by County staff.

The Coordinated Services Planning function is delivered in a particularly unique way combining the professional training, skills, and the "high touch" perspective of the social work profession with call center management and computerized case management technology to optimize access, responsiveness, flexibility, and efficiency. Coordinated Services Planning operates Monday – Friday, 8:00 a.m. - 4:30 p.m. CSP has locations in Reston, Fairfax, Mt. Vernon, and Falls Church, where they are co-located with other human service agencies. CSP is accessible from anywhere in the County through the Human Services access number (703-222-0880). CSP is also available in Spanish (703-631-3366) and is accessible for persons with hearing impairments (TTY 703-803-7914). Callers requiring assistance in French, German, Greek, Korean, Somali, Urdu/Hindi, or Vietnamese may call the English line to be connected with a multi-lingual coordinator.

The internet-based Human Service Resource Guide (www.co.fairfax.va.us/RIM) and the Demographics and Economic Research web pages (www.co.fairfax.va.us/aboutfairfax) are available to County residents, service providers, and anyone with an Internet connection 24 hours per day/seven days per week.

The Demographics staff has an information help-line (703-324-4519) to take citizens' requests for information 24 hours per day/seven days per week. The staff strives to respond to all inquiries within one business day.

Resource Information Management staff members are available to respond to requests for information Monday – Friday, 8:00 a.m. - 4:30 p.m.

▶ Performance/Workload Related Data

Since FY 1998, Coordinated Services Planning has provided approximately 125,000 client service interactions, emphasizing meeting critical emergency and basic needs such as food, shelter, utility, medical, and clothing assistance. Client service interactions include more than 100,000 inbound and outbound telephone and walk-in interactions with clients; Community Health Care Network clients assessed for eligibility or recertification; holiday assistance requests screened and linked to community groups; and affordable housing applicants assisted for Fairfax County, the Cities of Fairfax and Falls Church, and the Town of Herndon. This measure reflects the volume and variety of the work performed by Coordinated Services Planning staff. Because the system has been operating at or near peak capacity for several years, the volume of interactions has not changed significantly.

CSP's Service Quality and Outcome measures reflect the department's success at meeting those needs in an effective way. While long-term satisfaction is difficult to gauge due to the nature of the work, client satisfaction measured through point-of-contact surveys is very high – 86 percent of walk-in clients gave the highest possible satisfaction rating, while 98 percent responded as being "satisfied" or "very satisfied." CSP is close to meeting the outcome goal of successfully linking 90 percent of CSP clients with basic needs to County, community, or personal resources. FY 2000 results of 88 percent reflect both the success and creativity of the coordinators in linking clients with appropriate resources, as well as the difficulty in meeting needs where few resources exist in the community, such as for emergency housing.

The performance measures that are most meaningful for the Demographics and Economic Research group relate to the large Countywide surveys conducted by staff. The agency closely manages sample size and sampling techniques to ensure that results are representative of the County as a whole. The agency also uses a variety of techniques to maximize the response rate, such as multi-language help-lines and follow-up to non-responders. The agency achieved a 63 percent response rate from the 11,200 households that received the community assessment survey conducted in FY 2001. The agency regularly receives better than 98 percent response rates for the annual Rental Housing Complex Census. The department will also continue to respond within one business day to at least 90 percent of requests for demographic information via the help-line, and to update and expand the demographic information available on the County's web site. The implementation of the Demographic Information web site has reduced the overall telephone calls for information assistance due to the increased availability of information.

In addition to maintaining almost 600 organizations and 4,800 service entries, each year the staff researches new organizations and services for inclusion in the database. In FY 1999, 170 organizations were researched. In FY 2000, 114 organizations were researched for inclusion in the database. The Resource Information staff also responds to email inquiries about services sent via wwwrim@co.fairfax.va.us (accessible from the County's web site) and provides assistance to County and community human services professionals seeking information about service resources.

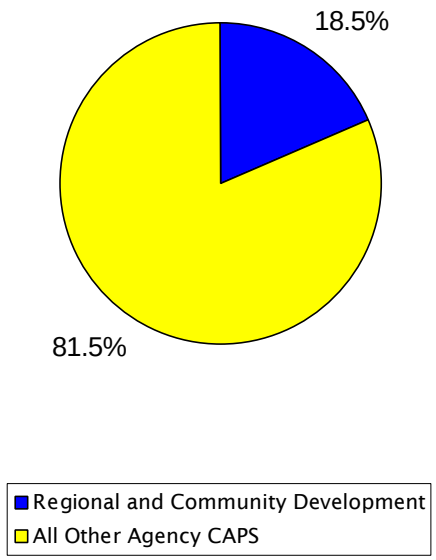
Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
CSP Client Service Interactions	123,693	125,823	126,021	126,000	126,000
CSP New Cases Established	5,566	4,714	4,351	4,400	4,400
CSP Client Service Interactions Per Worker	3,343	3,813	3,406	3,405	3,405
Percent of Calls to CSP Answered by a Coordinator Within 90 Seconds	67%	66%	58%	70%	70%
Percent of CSP Clients Having Basic Needs Successfully Linked To County, Community or Personal Resources	89%	87%	88%	90%	90%
Demographics-Responses to Rental Housing Survey	208	NA	225	219	219

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Demographics-Reponses to Biennial Household Survey	7,218	NA	NA	7,280	NA
Total Demographics Information Requests	1,126	650	481	500	500
Percent of Demographic Information Requests Answered Within One Work Day	99.9%	99.0%	95.0%	90.0%	90.0%

69-02-Regional and Community Development

Fund/Agency: 001/69	Department of Systems Management for Human Services
Personnel Services	$853,067
Operating Expenses	$108,014
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$961,081**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$961,081**
Positions/SYE involved in the delivery of this CAPS	13/13.1

CAPS Percentage of Agency Total



▶ CAPS Summary

This CAPS reflects the work of the Department of Systems Management at the regional, community, and neighborhood levels. Efforts in this area include promoting community involvement in identifying and meeting needs, building the community's capacity to respond to challenges, and strengthening the capacity, quality, and integration of community-based human service delivery systems. DSMHS performs this role by building and supporting partnerships among the public, private, faith-based, and non-profit sectors. Geographic focus for this work is provided through the Human Service Regions that were established by the Board of Supervisors at the sub-county level to help scale a large, complex system to a more responsive, cohesive, and manageable framework for clients, providers, and the community at large.

There are five Human Service Regions designated by the Board of Supervisors. Regional operations began in FY 1996 in Region 1 (Southeastern County) and were fully initiated in the remaining four regions by the middle of FY 1999. In addition to Region 1, there is Region 2 (Central County), Region 3 (Northern County), Region 4 (Western County) and Region 5 (Southwestern County). The latter two presently operate as a single region from offices at the Government Center complex. Each region of the County is unique and the specific approaches to regional community building and service integration reflect this diversity. The DSMHS Regional Managers and Regional Community Developers bring together citizens and providers to learn about issues and programs and to collaborate on problem solving through roundtables, forums, and workshops. Community partnerships between human service organizations, the schools, police, and resident associations in each region are developing exciting new approaches to building strong neighborhoods and healthy families.

The agency's newest capacity in Regional and Community Development is the addition of the Community Interfaith Liaison in FY 2002. The need for the Community Interfaith Liaison grew out of the various Faith Communities in Action initiatives across the County. The Interfaith Liaison will perform a diverse range of planning, facilitation, brokering, and communication activities in support of faith-based and other community organizations wishing to collaborate with the County and each other to meet a wide range of human and community needs. The Liaison will work with faith-based organizations, non-profits, businesses, and County agencies to share information, identify opportunities, and broker resources that develop opportunities for collaboration and for expanding community capacity to meet needs. The Liaison will provide professional expertise in project design and development, data analysis, grant development, meeting facilitation, and public speaking to promote collaboration and coordination efforts.

Major Initiatives and Accomplishments

Regional and Community Development staff conducts a wide and diverse range of community-based activities. They work formally and informally to catalyze better working relationships among providers. They assist communities in identifying and responding to unmet needs. They serve as a key contact and often as the "go to person" for human services in a specific area of the County and function as ambassadors of the County with local schools, community organizations, and service provider groups. Regional staff is often called upon to trouble shoot case situations on behalf of various human service agencies, the County Executive's Office, and the Board of Supervisors. Regional staff also helps catalyze coordinated responses to unique community events with significant human impact. An example of this recently occurred in Region 1 where fire prompted the need for a rapid relocation of a number of families and the need to address the impact of the fire on the immediate neighborhood. The Regional Manager and his staff were among the first non-pubic safety staff at the location and helped coordinate necessary services. Regional Managers have also played a key role in the County's revitalization efforts in Region 1, Region 2 (Bailey's and Annandale), Region 3, and Regions 4/5. Regional staff has brought a human services perspective to the approach traditionally taken to revitalizing neighborhoods and have helped to engage the communities involved.

At times regional staff will work with broad communities to identify pressing needs and develop strategies, partnerships, and programs to meet these needs. An example of one such initiative is the cross-cultural Domestic Violence prevention project, sponsored by the Human Services Leadership Team. DSMHS co-funded the project (with the Department of Family Services (DFS), Community and Recreation Services (CRS), and the Juvenile and Domestic Relations Court) and staffed the planning and implementation process. In addition, regional staff created a Community Resource Council for this initiative. This Council includes the Hispanic Committee, Korean Community Service Center, National Foundation for Vietnamese-American Voters,

Korean Family Counseling and Research Center, Hispanics Against Child Abuse and Neglect, St. Anthony's Catholic Church, DFS, Community Services Board staff, FCPS, Boat People SOS, Fairfax County Police, and community representatives from the Somali, Muslim, and Hispanic communities. To date, the cross-cultural Domestic Violence Pilot has made great strides in addressing, with a prevention focus, a difficult social issue in cultural communities that are traditionally not open to working on such issues.

At other times regional staff works with specific neighborhoods, developments, and communities to concentrate on special needs and challenges as identified by residents. As full partners in the process, the community members will be encouraged to couple their resources and strengths with that of the schools, police, human service providers, property managers, churches, and local businesses to create the kind of community they desire. To date, staff has worked in the following neighborhoods and housing developments: Buckman Road, Cedar Ridge, Chantilly Mews, Cinderbed Road, Fair Oaks, Ragan Oaks, Sacramento, Westminster Oaks, and Yorkville.

When there is a specific need to develop a response to needs for a target population outside the normal public and non-profit sector service network, regional staffs will step in and facilitate the development of an appropriate response drawing on non-traditional resources. An example of this approach occurred in Region II, where regional staff worked closely with representatives from the Hispanic Committee, St. Anthony's Catholic Church, Woodrow Wilson Action Group, community representatives, and public agencies to identify community and private resources to support job self-sufficiency for day laborers in the Bailey's Crossroads area. This fall, the Day Laborers Committee received funding from the Arlington Catholic Diocese as well as the County to provide vocational ESL and construction training and to hire an outreach worker from the Hispanic Committee to act as a resource for services and support to these men and their families.

In close partnership with local communities and the Lee District Supervisor's office, regional staff facilitated the opening of the Sacramento Neighborhood Resource Center in Region 1. Similarly in Region 3, the Town of Herndon opened the Herndon Neighborhood Resource Center with the assistance and support of the Region 3 staff. These centers offer residents the opportunity to access services through their Town, the County, and private non-profit community agencies. Offerings of the centers are flexible depending on the needs of the communities, and may include health services, computer classes, job skill training programs, citizenship classes, English-as-a-second language classes, and after-school mentoring programs. In an effort to support the capacity of citizens to be involved in their community, the Town of Herndon, in partnership with the County through Region 3, sponsors a "Neighborhood College" program. The College provides training opportunities for citizens specially engaged in or curious about participating in their local government or in developing healthy neighborhoods and strong communities.

Finally, regional staff serves as a catalyst to pull together staff at Human Services co-location facilities and elsewhere to disseminate program information and discuss issues pertaining to the integrated and responsive delivery of services. Of particular note in this area of work is the role the Regional Manager has played in the development of the new South County Human Services facility. The Region 1 Manager took the lead in working with the full complement of Human Services agencies to develop space requirements and design a space layout that supports effective integrated service delivery. In addition, the Regional Manager, in partnership with DPWES, met with literally dozens of community groups to answer their questions and address their concerns (if any) about the facility. Through this effort, greater understanding was developed about the value of this facility to the community and, in many cases, potential resistance to the facility was transformed into support.

▶ Trends/Issues

The most important trend affecting all aspects of regional and community work is the increasing cultural diversity of the County. The 2000 US Census clearly shows a dramatic shift in the racial and ethnic make-up of many regions of the County, with increasing numbers of newcomers to the United States. These changes require the County to develop culturally-appropriate approaches to program development and service delivery. Regional staff has been in the forefront of the County's efforts to involve cultural communities in deciding what programs are needed and welcome in their communities. With their help, the County is tailoring its programs to be maximally effective and culturally relevant.

The increase in diversity points to a second trend in DSMHS's approach to regional development. There are more than 100 languages represented in the Fairfax County Public Schools. While DSMHS and the County strive to hire a workforce that reflects the larger community, it is not possible in the short term for the County, or DSMHS, to keep pace with this increase in diversity. Regional development staff therefore must look to develop leaders and liaisons within natural language and ethnic communities. This approach succeeds in two ways. First, it enables regional staff to build trust and break down cultural and language barriers to developing programs and partnerships that truly reflect the desires and needs of communities. Second, it builds the strength and capacity of neighborhoods and communities to organize themselves to address future issues and concerns.

Third, the recent Communities that Care Survey of Fairfax's 8th, 10th and 12th graders reveals a concerning lack of "attachment to neighborhood." Higher rates of drug problems, delinquency, violence, and drug trafficking occur in communities or neighborhoods where people feel little attachment to the community. These conditions are not limited to low-income neighborhoods; they can also be found in affluent neighborhoods. This result, along with other survey information that relates to the County youth's sense of belonging will undoubtedly help define the focus of regional and community efforts to address youth issues in the coming months and years.

▶ Method of Service Provision

Regional and community development services are provided directly by County staff, often in partnership with staff and volunteers of community-based organizations. Regional offices in Mt. Vernon, Falls Church, Reston, and Fairfax are staffed from 8:00 a.m. – 5:00 p.m. Monday through Friday. Regional and community development staffs often participate in evening and weekend activities to accommodate the schedules of community volunteers and citizens.

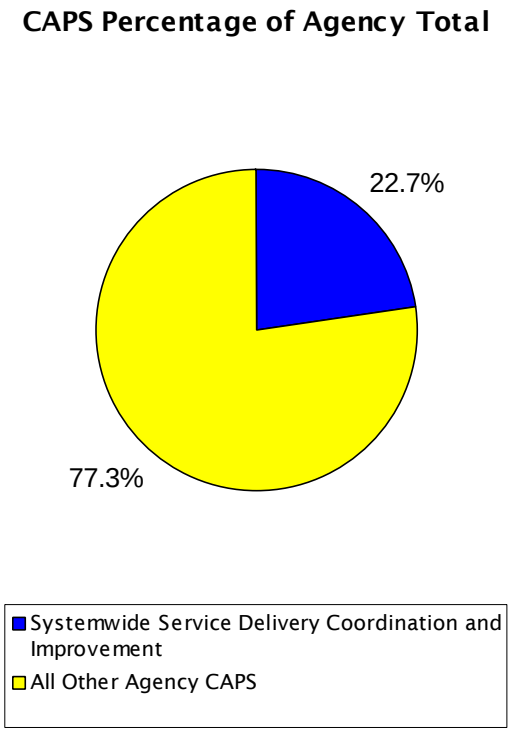
▶ Performance/Workload Related Data

Much of the Regional and Community Development work is project-based, with project durations ranging from several hours to several months depending on the customer's needs. Because of the variety of work performed, the department manages and reports performance using a consulting services model of hours of direct service provided. The department has only recently begun tracking hours of service by project and customer, and will continue to refine this management approach in the upcoming fiscal year. In the last year, regional and community development staff has undertaken more than 100 projects of various type and duration. For illustrative purposes, projects have been grouped into the 10 categories below, with an estimate of the number of projects and hours spent in each category. Due to the variety of the work performed by regional staff, the table below is not an exhaustive list of the work performed in the regions.

Neighborhood development and capacity-building	20 projects	2,160 hours
Projects relating to multicultural issues, needs or groups	12 projects	1,480 hours
Community Forums/Information Sharing (some ongoing)	8 projects	1,300 hours
Service integration/policy coordination work	25 projects	1,095 hours
CBO's/Faith Communities Outreach and Capacity-Building	15 projects	1,000 hours
Schools/Youth-related projects	18 projects	565 hours
Countywide projects	4 projects	385 hours
Homeless Services Coordination	ongoing	140 hours
Client/Citizen Assistance	Periodic	115 hours
Revitalization	6 projects	110 hours

69-03-Systemwide Service Delivery Coordination and Improvement

Fund/Agency: 001/69	Department of Systems Management for Human Services
Personnel Services	$918,059
Operating Expenses	$259,214
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,177,273**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$1,177,273**
Positions/SYE involved in the delivery of this CAPS	13/12.65



▶ CAPS Summary

DSMHS promotes service integration at all levels of service planning and delivery. Through the Research, Analysis, and Project Services team, the department uses a project-based "consulting services" approach to provide assistance with strategic planning, project coordination, strategic partnerships, process improvement, performance management, information management, and policy analysis; work is based on specific agency or community requests or an identified systemwide need. This Service Delivery Coordination and Improvement function is unique in that it serves a wide variety of customers and provides services and expertise in many disciplines. Projects and activities generally fall into one of the following categories.

- Agency-specific projects undertaken at the request of a single Human Service agency. Often, DSMHS is asked to assist on an internal improvement or redesign project in lieu of an outside consultant. Projects include the Community & Recreation Services Teen Center Redesign, the Health Department's redesign of its Field Services and Clinic Services, an information gathering and analysis project for CSA, and a customer service process improvement project for the Department of Family Services.

- Multi-agency service integration projects undertaken at the request of one or more County human service agencies, often including a non-County partner. Projects in this category include Long Term Care Service Redesign, the Athletic Facilities Scheduling Redesign and Requirements Analysis, the Foster Care Permanency Planning process, the Model Court pilot program, the HIV/AIDS services public/private partnership with Inova, the CPMT's Crisis Care Center design project, and the homeless shelter intake redesign.

- Projects conducted on behalf of, or focused on, the entire Human Services System (as opposed to a specific agency, program, or region). These projects are typically commissioned by the Human Services Leadership Team, the Human Services Council, or the County Executive's Office. These projects often include significant citizen involvement. Examples include the Continuum of Care homeless services planning process, School/County collaboration projects, support of the Homeless Oversight Committee, the Countywide Language Access Project, the Refugee and Immigrant survey, design support for Neighborhood Resource Centers, the Communities that Care Youth Survey, the US Census 2000 Complete Count effort, the Fairfax-Falls Church Needs Assessments, Children's Health Care and Community Access Grant initiatives, Faith in Action, support of the Human Services Council, the preparation of the Human Services Performance Budget, the Consolidated Community Funding Advisory Committee, and the Long Term Care Task Force.

- DSMHS has also begun to receive requests for project support outside of the traditional realm of human services.

Major Initiatives and Accomplishments

Agency staff planned, managed, and facilitated a variety of process improvement and service integration initiatives. Many of the activities were cross-cutting and Countywide in nature and were conducted in partnership with other DSMHS staff and other agencies. In addition to the examples listed above, the agency is currently involved in a number of cross-system initiatives:

- Staff is currently facilitating a major, multi-faceted School/County Collaboration initiative under the sponsorship of the County Executive's Office and the FCPS Assistant Superintendent of Student Services and Special Education. This has resulted in the development of a variety of strategies and approaches that have FCPS and County staff collaborating more closely on meeting student and family needs in Fairfax County. A key activity under this initiative was the recently completed Communities That Care Youth Risk Behavior Survey. In addition, under the policy and planning umbrella of an interagency steering committee co-chaired by Deputy County Executive Haywood and Assistant Superintendent Farling, the initiative has catalyzed a significant number of operational collaborations, such as joint family assessments during the schools Central Registration and collaborating on neighborhood-based resources, training opportunities, and data collection.

- Staff managed the development and analysis of the 2000 Fairfax-Falls Church Community Assessment, which reports information from a random survey of households on a range of human service needs and characteristics.

- The agency also staffed a number of health care-related initiatives conducted jointly with Family Services, the Health Department, and other health care providers and advisory boards. Initiatives include a children's health care outreach initiative, a health care provider outreach improvement initiative, and an evaluation of a more comprehensive approach to access and enrollment for County (and perhaps community) health care services.

- The Research Analysis and Project Services team managed on behalf of the Department of Family Services (DFS) an "Entry To Service" Project. In the fall of 2000, the Department of Family Services (DFS) requested DSMHS support in analyzing and improving the customer's experience in accessing DFS services. DSMHS staff led and supported the 18-member DFS project team in conducting detailed process analysis and design, data collection and analysis, staff interviews and site observations. The team's recommendations are currently being implemented and will result in improved access to service for residents of Fairfax County as well as improved customer satisfaction for thousands of clients of the human services system.

- The agency staffed the 2000 Census Complete Count initiative in Fairfax County to encourage universal participation in the decennial census, especially among traditionally under-reported groups. The census response rate for Fairfax increased as compared with the 1990 Census despite significant growth, increased population diversity, and increased urbanization, all of which present challenges to obtaining a complete census count. Fairfax County won national recognition from the Director of the US Bureau of the Census for its 2000 Complete Count effort and response rates.

- Process and service delivery improvement projects which are under way include an analysis and redesign of early intervention services for the Community Services Board, a process and organizational analysis for various client service delivery activities within Housing and Community Development, continued work on improving health access processes in Fairfax County, and a number of improvement initiatives in Child Welfare.

- Finally, DSMHS staff in this CAPS provides ongoing management and facilitation of the Continuum of Care community planning process for homeless services, the Consolidated Community Funding Pool (in partnership with DAHS, HCD and DFS), and provides ongoing support to the Human Services Council.

► Trends/Issues

The major trend that is shaping the work of the Service Coordination and Improvement function within DSMHS is the trend towards inter-agency partnerships as the norm for doing business. Since its inception in FY 1996, DSMHS has been the "go-to" agency within human services for coordinating cross-cutting inter-agency projects. To fill this need, DSMHS staff has built skills in both the "hard" and "soft" tools required to support collaborative processes. Because DSMHS offers many of the same services that consulting firms offer, but also brings extensive knowledge and experience in County human services, the agency has received recognition as a value-added resource for the system.

▶ Method of Service Provision

Systemwide Service Delivery Coordination and Improvement services are provided directly by County staff, often in partnership with staff from other parts of DSMHS, other human service agencies, and the Schools, Police, or community. The Fairfax office is staffed from 8:00 a.m. to 5:00 p.m. Monday through Friday. System-wide Service Delivery Coordination and Improvement staff often participates in evening activities to accommodate the schedules of citizen boards, commissions, and task forces.

▶ Performance/Workload Related Data

Performance information for the Service Coordination and Improvement function reflects the diverse activities, support, and assistance provided to the department's customers, which include citizen and community groups, County human service agencies, and other County and community organizations. Most of the function's work is project-based, with project durations ranging from several hours to several months depending on the customer's needs. Because of the variety of work performed, the department manages and reports performance using a consulting services model of hours of direct service provided. The department has recently begun tracking hours of service by project and customer, and will continue to refine this management approach in the upcoming fiscal year. In the last 18 months (the period for which data are available), Service Coordination and Improvement staff has dedicated over 13,280 hours to more than 80 projects of various type and duration.

Service Coordination and Improvement staff relies heavily on customer feedback to provide data on overall satisfaction, satisfaction with specific types of services provided, and the degree to which the customers' projects achieved their stated goals or desired outcomes. FY 2000 results are based on 219 surveys collected for 17 projects. Overall satisfaction rates were 93 percent (an average score of 6.5 on a 7-point scale). Outcome scores, which measure the attainment of project goals, averaged 90 percent (or 6.3 on a 7-point scale). FY 2001 results are based on 293 surveys collected for 23 projects. Overall satisfaction rates were 93 percent (an average score of 6.5 on a 7-point scale). Outcome scores, which measure the attainment of project goals, averaged 91 percent (or 6.4 on a 7-point scale).

Health Department

▶ Agency Mission

To promote and protect the health and environment of all people through leadership and provision of services within its communities.

▶ Trends/Issues

The Health Department is one of three locally administered departments in the State, operating under contract with the State Health Department to assure provision of all services mandated by the State Board of Health or the Code of Virginia. Services to meet local needs augment the mandated services and combine to form the full palate of services available to the residents of Fairfax County and the Cities of Falls Church and Fairfax.

In the early 1990's, spurred by the report of the Institute of Medicine on the status of local health departments throughout the nation, thirty national organizations formed an alliance to address issues in the report. The result of this work was a consensus document outlining the essential services and core functions that local health departments should provide. This began the gradual but consistent transition undertaken by the Fairfax Health Department to move from a medical model of service delivery to a public health model of service. The agency is close now to achieving this but still has 2-3 more changes to make. The Nation's Health Objectives for Year 2010 continue to serve as goals within the appropriate programmatic areas.

There are public health issues that are beginning to attract attention and demand responses. There is increasing emphasis on regional collaboration on emerging public health issues such as the West Nile Virus, Bioterrorism, Oral Rabies Wildlife Immunizations. A surveillance model developed between the Health Department and George Mason University for use with Tuberculosis is attracting attention by the larger community involved in monitoring and surveillance for bioterrorism. Inova and the Health Department have just completed a total redesign of HIV/AIDS services prompted by the change in this health realm from a life-threatening disease to a chronic disease, requiring a different system of care.

Over the past several years, change has been constant. Most of the changes have been initiated internally to improve efficiency and customer service and to maximize the resources available. Redesign of clinical services resulted in a 146 percent increase in service availability (number of hours services were available); client on-site wait time decreased 50 percent to 18 minutes; and the number of clinic visits has grown 17 percent. Last year the Patient Care Field services (home visits) delivery model was redesigned. While evaluation of the new model is now in process, the outcome indicates that client contacts have been increased 19 percent and redirection of available time to direct service has resulted in an 18 percent increase in direct service hours. The Environmental Health Division initiated streamlining activities to reduce paperwork and work flow and did some restructuring to maximize resources. Improving the state of technology in the agency has been a major challenge. The laboratory brought on-line a new Management Information System in June 2001; this will significantly improve productivity and efficiency within the unit. Environmental Health leased a Field Electronic Inspection System for use in the Food Safety Program which automated the inspection process, gives the food establishment a clear report, enables tracking of inspections and eliminates the need for secondary data entry; it facilitates the posting of inspection reports on the Internet. The Health Management Information System (HMIS) will undergo a total upgrade during FY 2002 making it compliant with the Health Insurance Portability and Accountability Act (HIPAA), customer

friendly, and architecturally enable to interface with other systems such as the Community Access Program (CAP) Eligibility System and the State Virginia Department of Health (VDH) systems. Procurement of hardware to provide every staff person with access to a PC is almost complete.

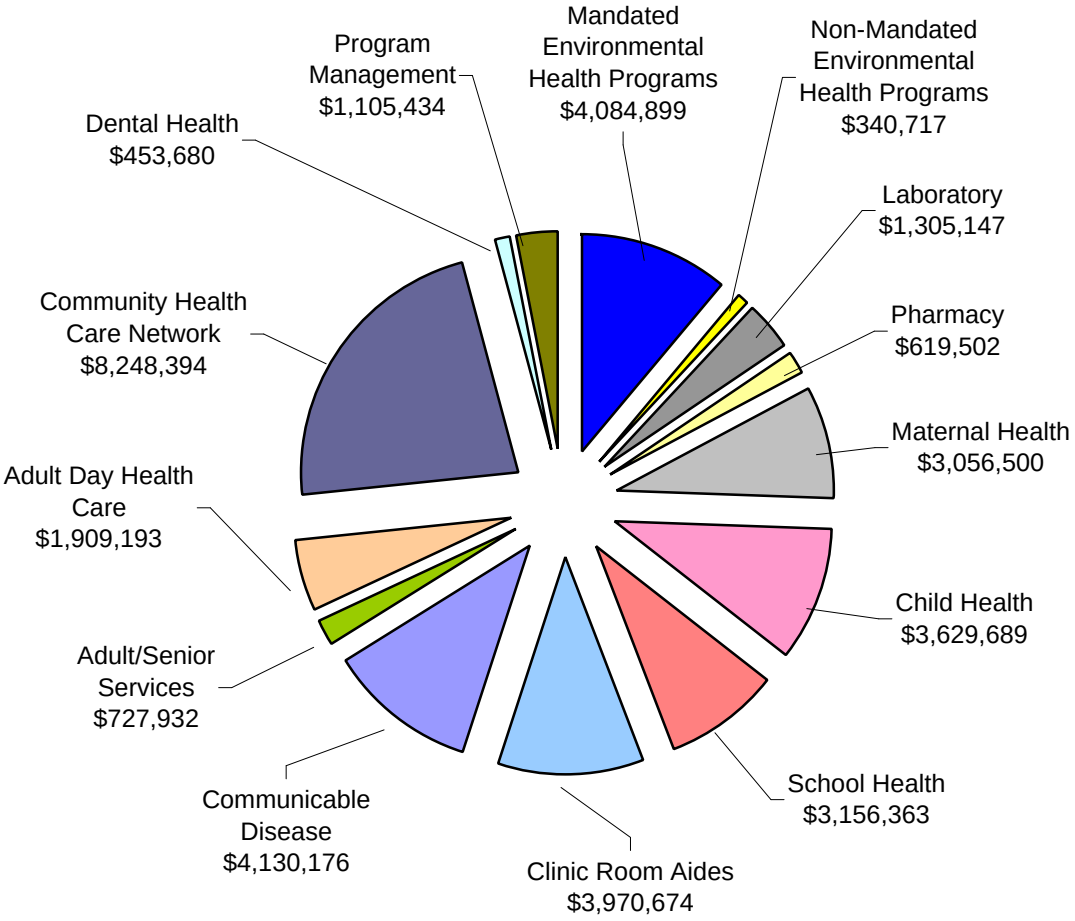
The increasing diversity of the population permeates our services. Recruitment of bilingual personnel remains a significant challenge we have yet to overcome. Developing culturally sensitive service environments and providing oral/written information/instructions/education in the top five languages spoken by our clients are essential to successful service delivery. The continuing increase in the school age population with concurrent increases in the number of health problems in this population is an area that existing resources do not keep up with demands and for which internal management initiatives have no impact.

Perhaps one of the biggest challenges that faces the Health Department is the uncertainty in the health care arena and the rapidly escalating costs of health care products, be it latex gloves or medications. As the economy changes, as the employment rate fluctuates and even as Congress debates the Patient Bill of Rights, people are impacted by the affordability of available health care. Whether it is people getting sick from food ingested, from being bit by an animal, from drinking water in a contaminated pool, or from being exposed to the many viral and bacterial organisms in our environment, their health needs to be protected and good health needs to be promoted.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
71-01	Mandated Environmental Health Programs	$1,756,797	67/66.4
71-02	Non-Mandated Environmental Health Programs	$310,317	1/1.6
71-03	Laboratory	$565,143	14/14
71-04	Pharmacy	$519,554	1/1
71-05	Maternal Health	$1,710,205	45/45
71-06	Child Health	$1,930,985	54/54
71-07	School Health	$1,605,565	55/52.7
71-08	Clinic Room Aides	$3,970,674	184/114.56
71-09	Communicable Disease	$1,509,530	63/63
71-10	Adult/Senior Services	$521,790	5/5
71-11	Adult Day Health Care	$1,114,797	44/44
71-12	Community Health Care Network	$8,248,394	9/9
71-13	Dental Health	$232,176	4/4
71-14	Program Management	$674,629	6/6
TOTAL Agency		**$24,670,556**	**552/480.26**

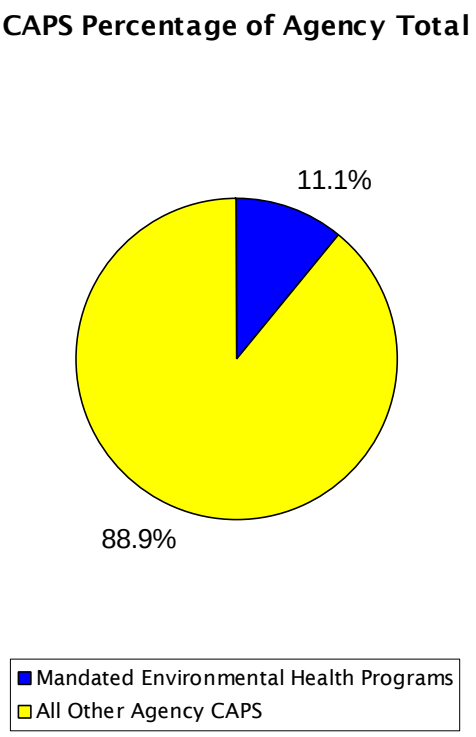
Health Department



Total FY 2002 Adopted Budget Expenditures = $36,738,300
Total FY 2002 Adopted Budget Net Cost = $24,670,556

71-01-Mandated Environmental Health Programs

Fund/Agency: 001/71	Health Department
Personnel Services	$3,640,862
Operating Expenses	$518,751
Recovered Costs	($102,712)
Capital Equipment	$27,998
Total CAPS Cost:	**$4,084,899**
Federal Revenue	$68,850
State Revenue	$1,570,259
User Fee Revenue	$553,542
Other Revenue	$135,451
Total Revenue:	**$2,328,102**
Net CAPS Cost:	**$1,756,797**
Positions/SYE involved in the delivery of this CAPS	67/66.4



▶ CAPS Summary

Virginia Code Title 32.1 states that the General Assembly has determined that the protection, improvement, and preservation of the public health and of the environment are essential to the general welfare of the citizens of the Commonwealth. The Health Department is directed to provide a comprehensive program of preventative, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life. In Fairfax County this is accomplished via the mandated regulation of Onsite Sewage Disposal, Private Well Water Supplies, Milk Plant Sanitation, Food Safety, Residential Maintenance, Vector Control, Health and Safety Menaces, and Tourist Establishments. Additional services that have historically been provided by the County are Public Swimming Pool Safety, Air Quality Monitoring, Smoking Regulations, Inspection of New Radiation Equipment Installations, and Tattoo Establishment Regulation. These latter services are provided at the County's discretion; however, once provided the programs must meet State rules and regulations. The County also participates in a regional cost share agreement established by the Northern Virginia Planning District Commission to fund the Occoquan Water

Monitoring Laboratory. The contract services with Virginia PolyTech Institute (VPI) were established at the direction of the Board of Supervisors in 1982. The Environmental Quality Advisory Council recommended continuous testing of the Occoquan Reservoir water source by resolution in 1982.

The Health Department has adopted a policy to participate regionally with other local health departments when establishing and/or amending ordinances and policies. This cooperation especially benefits the food service industry with the provision of uniform requirements among the area jurisdictions. The County's ordinances governing food establishments and public swimming pools were amended in 2001 with significant improvements that will enhance the protection of the public health and safety. The Division of Environmental Health is in the process of drafting major changes to the onsite sewage disposal and private well water ordinances. The proposed changes will help ensure that onsite sewage systems and private well water systems are a viable, safe, and reliable long-term alternative to a public sewage system. The changes are necessary to keep pace with fast developing technology in the field of onsite sewage disposal. The developing technology can be complicated and maintenance intensive. The successful operation of such systems is dependent upon an educated homeowner to follow strict maintenance protocols. The Health Department is also reviewing the tattoo ordinance and is proposing regulations to include body art and body piercing, both of which are generally invasive procedures that can transmit diseases such as hepatitis.

The Division is working with the Metropolitan Council of Governments and the Commonwealth of Virginia Department of Health to formulate a coordinated plan to respond to the Arboviral Diseases such as West Nile Virus. A contract is in place for the 2001 mosquito season to provide surveillance and control of the mosquito population. This is necessary to identify mosquito pools that may be infected with the West Nile Virus and to reduce the breeding of mosquitoes in high risk areas, such as the area surrounding nursing homes and extended care facilities or other highly populated areas.

The Community Health and Safety Section enforces the Virginia Uniform State Wide Building Code Maintenance Provisions. This activity is closely associated with blight prevention and abatement. The Division implemented a successful pilot Neighborhood Volunteer Inspection Program. This program provides citizen groups and volunteers with the tools they need to improve their community without government intervention. The goal of the program is to reinstate a feeling of civic pride in one's community.

Staff resources are unable to keep pace with the increasing demands for services. The Food Safety Section experienced a 50 percent turnover in staff in the first half of 2001. The Section and the Division have experienced approximately 35 percent turnover in staff in the past few years. Many qualified applicants are attracted to the positions through the recruitment process. Many are recent graduates who accept jobs, receive one year of training and move on to different careers or to other area health departments at higher salaries with significantly less work loads.

▶ Method of Service Provision

Most services are provided directly by County employees. Some monitoring, testing and special project services are contracted.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Onsite sewage permits issued	1,138	1,201	1,258	1,297	1,300
Well permits issued	454	628	709	530	550
Milk plant inspections	54	27	20	33	36
Food service permits	3,505	3,464	3,325	3,423	3,450
Food safety inspections	6,985	9,257	8,723	10,618	10,500
Foodborne illness investigations	222	249	212	250	250
Housing cases investigated	898	873	1,059	890	900
Vector complaints investigated	467	555	765	781	800
Health and safety menace notices issued	240	391	271	355	360
Tourists establishments	88	91	94	98	100
Public swimming pools	579	595	597	612	615
Air quality monitoring stations	4	4	4	4	4
1-hour ozone excedant days	3	1	1	2	1
8-hour ozone excedant days	25	16	4	16	16

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State Code and a brief description of the Code follows:

Federal

- Federal Clean Water Act
- Federal Clean Air Act

State

- Code of Virginia 32.1-164 Onsite Sewage Disposal
- Code of Virginia 32.1-176.4; Well Water Supplies
- Code of Virginia 3.1 -246 Milk Plant Regulations
- Code of Virginia Title 35.1 Hotels , Restaurants, Summer Camps, Campgrounds
- Code of Virginia 32.1-247 Vector Control
- Code of Virginia 32.1-2 Disease Prevention and Control
- Code of Virginia 15.2-912 Tattoo Parlors
- Code of Virginia 10.1-1321, Air Pollution

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0443	Licenses-Sanitation Inspection	$785

Current Fee	Maximum Allowable Fee Amount
$45 Initial Fee, $35 Renewal Fee, $50 Late fee	No Limit

Purpose of Fee:
To partially offset the cost of licensing on site sewage disposal contractors.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Virginia 54.1-1117, Code of Fairfax County 68-1-31	Amendment to County Code Chapter 68	1991

Other Remarks:
Fee is reviewed periodically as the County Code is amended. Fee is based on cost of processing the license application. Fee is then adjusted to a reasonable figure based on what the current market will accept.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0445	Permits – Septic Tanks	$66,240

Current Fee	Maximum Allowable Fee Amount
$120- New application $ 75- Expansion Permit or re-evaluation	No Limit

Purpose of Fee:
To offset the cost of processing and evaluating an application to install or expand an onsite sewage disposal system.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Virginia 32.1-164.5 Code of Fairfax County Chapter 68-1-31	Amendment to County Code Chapter 68	1991

Other Remarks:
Fee is reviewed periodically as the County Code is amended. Fee is based on cost of processing the permit application and evaluating a lot for an onsite sewage disposal system. Fee is calculated for approximately a 50 percent cost recovery.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0446	Licenses – Septic Tank Truck	$26,594

Current Fee	Maximum Allowable Fee Amount
First Truck License $450 Each Additional Truck $225	No Limit

Purpose of Fee:
To offset the cost of inspecting the trucks and the sewage dumping stations and the administration of the mandated 5-year pump out requirement.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Virginia 54.1-1117, Code of Fairfax County Chapter 68-1-31	Amendment to County Code Chapter 68	1991

Other Remarks:
Fee is reviewed periodically as the County Code is amended. Fee is based on cost of processing the license application and inspection of the trucks. Fee is then adjusted to a reasonable figure based on what the current market will accept.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0447	Permits – Well Water Supply	$21,000
Current Fee	**Maximum Allowable Fee Amount**	
$70	No Limit	
Purpose of Fee: To offset the cost to process the application, conduct required site inspections, permit issuance, and water analysis.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Virginia 32.1-176.4B, Code of Fairfax County 70-1-7	Amendment to County Code Chapter 70	1996
Other Remarks: Fee is reviewed periodically as the County Code is amended. Fee is based on cost of processing the license application with expectation of approximately 40 percent recovery.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0448	Licenses – Well Water System	$135
Current Fee	**Maximum Allowable Fee Amount**	
$15 Initial Fee, $17 Late Fee	No Limit	
Purpose of Fee: To offset the cost of processing a water well contractors license.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Virginia 54.1-1117, Code of Fairfax County 70-1-7	Amendment to County Code Chapter 68	1969
Other Remarks: Fee is reviewed periodically as the County Code is amended.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0449	Routine Water sample	$3,640
Current Fee	**Maximum Allowable Fee Amount**	
$20	No Limit	
Purpose of Fee: To offset the cost of a well inspection and sample collection and analysis.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Fairfax County section 70-1-29	Amendment to County Code Chapter 70	1996
Other Remarks: Fee is reviewed periodically. Fee must be competitive and reasonable in order to encourage well water owners to have their well water sampled periodically.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0461	Licenses - Swimming pool	$146,080

Current Fee	Maximum Allowable Fee Amount
Variable with size of the pool, From $45 to $600. Typical Pool Fee is $250.	No Limit

Purpose of Fee:
To offset the cost of permitting and inspection of public swimming pools.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Fairfax County 69-1-5	Amendment to County Code Chapter 69	1996

Other Remarks:
Fee is reviewed as the County Code is amended and is established based on the size and use of the pool or facility.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0472	Portable Toilet Fee	$385

Current Fee	Maximum Allowable Fee Amount
$35 Renewal, $45 Initial Fee, $ 50 Late fee	No Limit

Purpose of Fee:
To offset the cost of permit processing and site inspections.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Fairfax County 68-1-31	Amendment to County Code Chapter 68	1993

Other Remarks:
Fee is reviewed periodically as the County Code is amended. Fee is based on cost of processing the license application.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0475	Food Establishment Operating Permit	$77,101

Current Fee	Maximum Allowable Fee Amount
$25	Limited to County required processes only.

Purpose of Fee:
To offset the cost of processing the application for a food establishment permit and to provide for a continuing food safety educational program.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Fairfax County 43.1-3-1	Amendment to County Code Chapter 43.1	1998

Other Remarks:
Fee is reviewed every 2 to 3 years with new FDA Code amendments. Fee is set to what the food industry will endorse.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0479	Septic System Fees State Share	$43,890
Current Fee	**Maximum Allowable Fee Amount**	
$75	Set by The State Board of Health	
Purpose of Fee: To offset the cost of processing applications and permits for new onsite sewage disposal systems.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Virginia 32.1-164.5	Amendment to State Regulations	1994
Other Remarks: Fee established by the Board of Health. Revenue was previously sent to the State prior to the Local Option Health Department.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0480	Fees-Well Permit State Share	$14,400
Current Fee	**Maximum Allowable Fee Amount**	
$40	Set by The State Board of Health	
Purpose of Fee: To offset the cost of processing an application and permit for a new private well water supply.		
	Requirements to Change the Fee	**Year Fee Was Last Adjusted**
Code of Virginia 32.1-176 4B	Amendment to State Regulations	1994
Other Remarks: Fee established by the Board of Health. Revenue was previously sent to the State prior to the Local Option Health Department.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0481	Miscellaneous Environmental Fees	$5,212
Current Fee	**Maximum Allowable Fee Amount**	
Various – no set fee	No Limit	
Purpose of Fee: Reimbursement for time spent responding to Freedom of Information Act request and other miscellaneous revenue.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Virginia 2.1.1340-346.1	Fee is based on time and materials.	N/A
Other Remarks: Fee is calculated based on actual time for staff to respond.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0483	Alternative Discharge Sewage System	$65
Current Fee	**Maximum Allowable Fee Amount**	
$65	Set by the Board of Health	
Purpose of Fee: To offset the cost of processing an application for an alternative discharge sewage system		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Virginia 32.1- 163 & 164	Amendment to State Regulations	1994
Other Remarks: Set by the State Board of Health		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0484	Health Site Development Review	$24,000
Current Fee	**Maximum Allowable Fee Amount**	
$50	No Limit	
Purpose of Fee: To offset the cost of plat review when needs of the applicant have changed requiring modification and evaluation.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Fairfax County Chapter 68-1-31	Amendment to County Code Chapter 68	1996
Other Remarks: User fee established in 1996 to increase the cost off set of plat review when conditions change. The fee will be reviewed as the County Code is reviewed for amendments.		

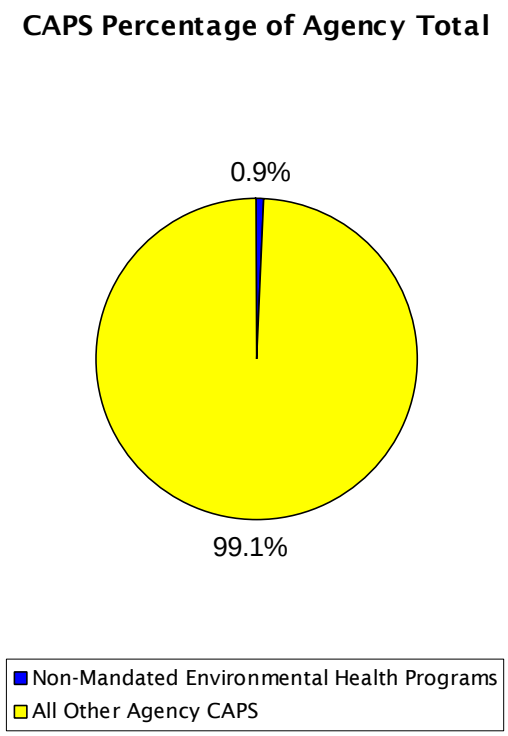
Subobject Code	Fee Title	FY 2002 ABP Fee Total
0485	Building Permit Application Review by Health	$40,000
Current Fee	**Maximum Allowable Fee Amount**	
$40	No Limit	
Purpose of Fee: To offset the cost of processing a Building Permit application.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Fairfax County Chapter 68-1-31 and 70-1-30	Amendment to County Code Chapter 68 and 70	1996
Other Remarks: Fee will be reviewed periodically as the Codes are reviewed.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0487	Public Establishment Plan Review	$47,925
Current Fee	**Maximum Allowable Fee Amount**	
$135	No Limit	
Purpose of Fee: To offset the cost of plan review.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Fairfax County 43.1-1-3 and 69-1-4	Amendment to County Code Chapter 43 and 69	1996
Other Remarks: Fees are reviewed as the Codes are reviewed.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0680	Fees- Sewage Disposal and Well Water Evaluation	$36,090
Current Fee	**Maximum Allowable Fee Amount**	
$90	No Limit	
Purpose of Fee: User fee to offset the cost of providing a service of inspection of well water and onsite sewage disposal systems usually in conjunction with a real estate transfer of refinance; usually requested by mortgage companies or via contract.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Code of Fairfax County Chapter 68-1-31	Amendment to County Code Chapter 68	1996
Other Remarks: Fee is reviewed periodically when Code is reviewed. Fee is set to off set the cost of providing a written evaluation of the condition of an existing onsite sewage disposal system and /or well water supply. The fee is set to be competitive in the market.		

71-02-Non-Mandated Environmental Health Programs

Fund/Agency: 001/71	Health Department
Personnel Services	$53,875
Operating Expenses	$286,842
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$340,717**
Federal Revenue	$0
State Revenue	$16,000
User Fee Revenue	$13,000
Other Revenue	$1,400
Total Revenue:	**$30,400**
Net CAPS Cost:	**$310,317**
Positions/SYE involved in the delivery of this CAPS	1/1.6



▶ CAPS Summary

The non-mandated programs that are carried out by the Division of Environmental Health include the Stream Monitoring Program; the Daycare, Private School Ordinance; the inspection of Massage Parlors; and the Oral Rabies Vaccination Program.

(1) The Stream Monitoring Program was initiated in the late 1960's as an effort to identify direct sewage discharges from dwellings into the streams. Initially the testing parameters only included fecal coliform bacteria. Dozens of sewage discharges were identified and eliminated or corrected. As the program developed other parameters including phosphates, nitrates, pH, chlorides, dissolved oxygen, and specific conductance were added. These parameters, along with the bacteria counts, began to present a snapshot of the condition of the major selected streams. This data is shared with the Council of Governments (COG) regional monitoring committee, with DPWES as an independent measure of the Virginia Pollution Discharge Elimination System (VPDES) permit, and with the Stream Protection Strategy Program. The Stream Program is primarily staffed by one seasonal limited term employee. When this position is vacant, the monthly collection of stream samples is dispersed among the professional field staff. Overall, approximately one staff position is dedicated to the Stream Program. This includes sampling, administration, analysis, clerical support, and report preparation and distribution. The Health Department actively participates with the State Health Department and the State Department of Environmental Quality on stream pollution issues.

(2) The County regulates about 84 schools and centers that are exempt from State Social Services Regulation under the Daycare, Private School Ordinance. These facilities are inspected at least one time per year and complaints are investigated when they are received.

(3) The County adopted the Massage Establishment Ordinance in 1999 with a provision that the Health Department will perform at least one inspection per year in massage establishments. When the ordinance was adopted the number of massage establishments was unknown. A minimal amount of overtime pay was included in the budget in order to accomplish these inspections utilizing overtime hours.

(4) The Oral Rabies Wildlife Vaccination (ORV) Program began as a pilot in FY 2000. The pilot area is located south of Interstate 95, bounded on the North by the City of Alexandria and to the South by the Occoquan River. Two rounds of ORV bait have been distributed in this area with positive results. The ORV program will be significantly expanded in the spring of 2002 to include a major portion of Fairfax County. This program is accomplished utilizing contract services. Approximately 0.5 SYE is dedicated to administer the contract.

▶ Method of Service Provision

All of the identified services are performed directly by County employees except for the ORV Program that is accomplished by contract. A limited term position is utilized in the Stream Monitoring Program.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Daycare/private school number of licenses	85	85	86	84	85
Number of steam samples collected	1,641	1,609	1,217	1,370	1,400
Number of massage establishments	0	0	40	40	45
Rabies vaccines distributed	N/A	N/A	18,108	20,046	105,700
Acres vaccinated with ORV	N/A	N/A	17,863	18,828	101,472

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0473	Private School and Day Care Center License	$13,000

Current Fee	Maximum Allowable Fee Amount
$150	No Limit

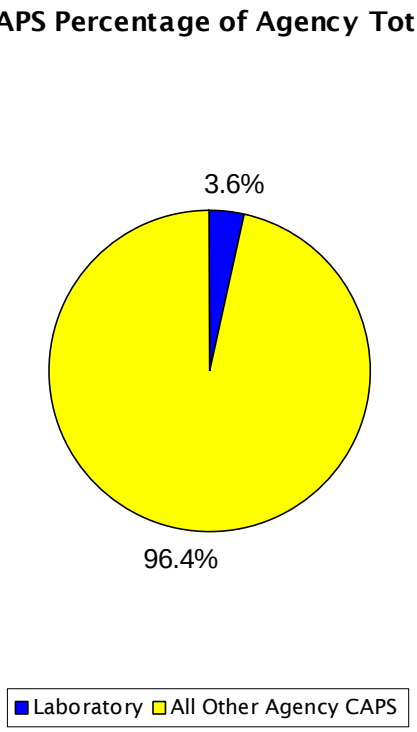
Purpose of Fee:
To offset the cost of permitting and inspecting the licensed facilities.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
County code 30-2-1(b)	Amendment to County Code Chapter 30	1993

Other Remarks:
Fee is reviewed periodically and is based on actual cost to provide the service with an approximately 50 percent cost recovery.

71-03-Laboratory

Fund/Agency: 001/71	Health Department
Personnel Services	$859,735
Operating Expenses	$437,412
Recovered Costs	$0
Capital Equipment	$8,000
Total CAPS Cost:	**$1,305,147**
Federal Revenue	$0
State Revenue	$317,251
User Fee Revenue	$395,383
Other Revenue	$27,370
Total Revenue:	**$740,004**
Net CAPS Cost:	**$565,143**
Positions/SYE involved in the delivery of this CAPS	14/14



▶ CAPS Summary

The Health Department laboratory provides medical and environmental testing to meet the majority of needs of the Department's public health clinics and environmental services. The laboratory's primary focus is communicable disease control and prevention and environmental monitoring.

The laboratory also serves other County agencies such as Alcohol and Drug Services, Mental Health Services, the Detention Centers, the Court System, and Public Safety agencies to assist them in carrying out their programs in the prevention of disease and in the enforcement of local ordinances, State laws, and Federal regulations. The laboratory utilizes existing infrastructure and staff to provide some laboratory tests on a "fee for service" basis to other local governments and public water supplies. These revenues partially offset testing costs for Fairfax County.

The laboratory's current initiative is in the installation of a Laboratory Information System, which will improve service delivery and control rising costs of external contract laboratory services countywide. Once the system is fully operational, the laboratory anticipates an increased testing volume and a corresponding reduction in the cost per test.

Laboratory services are a necessary support to the Health Department's clinical and environmental programs as well as to other public programs. Participants include County residents, homeowners, business operators, and their customers.

▶ Method of Service Provision

Testing services are provided at the main laboratory site and at each of the five Health Department district offices. The main laboratory operates from 8:00 a.m. to 5:00 p.m. daily. Service is also provided at sexually transmitted disease clinics during clinic hours, including evenings. Testing is conducted on Saturdays, Sundays, and holidays to meet specialized testing requirements.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Tests reported	191,516	187,522	201,438	190,000	250,000
Average cost/all tests	$1.83	$2.11	$1.52	$1.90	$1.52

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

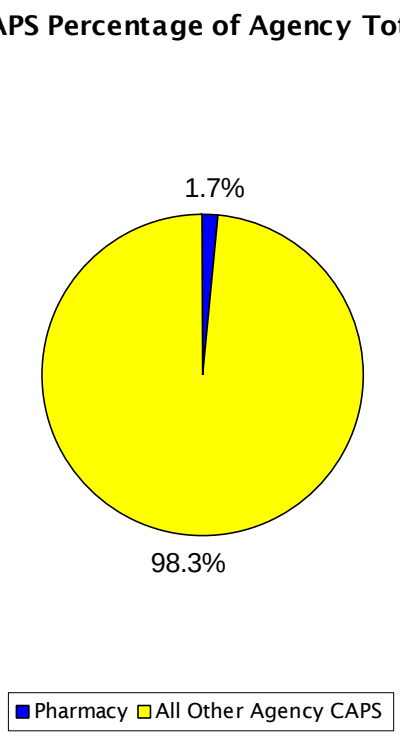
- Mandated by Virginia Board of Health per Section 32.1-11 which states '...may formulate a program of environmental services, laboratory services and preventive, curative and restorative medical care services...' Laboratory services, if delivered, must also comply with regulations directed by the Clinical Laboratory Improvement Amendments of Public Law 353 of Public Services Ac42USC263A.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0667	Lab Services Fees	$395,383
Current Fee	**Maximum Allowable Fee Amount**	
Varies depending on service	Market limit	
Purpose of Fee: To offset the cost of providing the service		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
N/A	None	2000
Other Remarks: Fees are reviewed annually in May and adjusted prior to mailing Memorandum of Agreements with various County agencies and outside companies.		

71-04-Pharmacy

Fund/Agency: 001/71	Health Department
Personnel Services	$72,985
Operating Expenses	$546,517
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$619,502**
Federal Revenue	$0
State Revenue	$79,313
User Fee Revenue	$13,792
Other Revenue	$6,843
Total Revenue:	**$99,948**
Net CAPS Cost:	**$519,554**
Positions/SYE involved in the delivery of this CAPS	1/1



▶ CAPS Summary

The pharmacy provides support for all preventive clinical services of the agency. It functions in coordination with the Pharmacy Division of the Virginia Department of Health and utilizes State/Federal contracts for procurement of biologics and vaccines. It obtains stock supplies and prepares unit dose packaged medications for use in walk-in services. Individual patient prescriptions are also filled and forwarded to the appropriate site.

The pharmacist is available to provide pharmacological information to agency physicians, clinical staff and, when requested, will counsel patients on medication administration.

To improve efficiency, a pharmacy information system has been purchased which will significantly decrease time required by a complex paper trail for medications control. Once operational, the inventory, disbursement and labeling will be automated; this will also form an automated record keeping system with utilization and volume reports. This work has been done manually in the past and frequently resulted in difficulty retrieving needed data.

▶ Method of Service Provision

The central pharmacy orders, receives and distributes all medications/vaccines utilized by the five clinical sites. Medications/biologic stock levels are established for each site and are refurbished monthly.

The pharmacist visits each site quarterly to conduct the vaccine inventory and monthly/bi-monthly to assure compliance of medication/biologic handling regulations. During these visits any outdated (or soon to be outdated) biologics/medications are removed and returned to the central pharmacy; such items are subsequently returned to the appropriate vendor for credit.

The pharmacist is responsible for assuring that the agency remains in compliance with all Board of Pharmacy rules and regulations.

▶ Performance/Workload Related Data

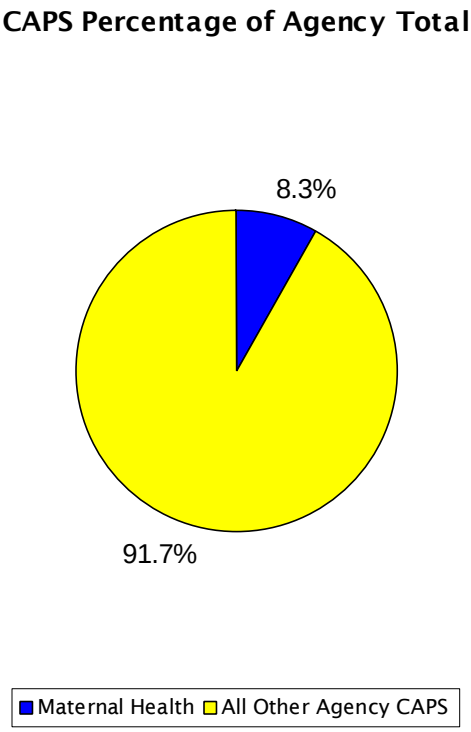
Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Number of prescriptions filled	12,640	15,150	20,320	22,340	22,500

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0662	Pharmacy Services	$13,792
Current Fee	**Maximum Allowable Fee Amount**	
Sliding scale co-pay based on cost of drugs		
Purpose of Fee: To offset cost.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	Changing costs in medications	2001
Other Remarks: These fees (co-pay) are for medications issued through the pharmacy.		

71-05-Maternal Health

Fund/Agency: 001/71	Health Department
Personnel Services	$2,466,885
Operating Expenses	$577,615
Recovered Costs	$0
Capital Equipment	$12,000
Total CAPS Cost:	**$3,056,500**
Federal Revenue	$0
State Revenue	$1,189,694
User Fee Revenue	$53,963
Other Revenue	$102,638
Total Revenue:	**$1,346,295**
Net CAPS Cost:	**$1,710,205**
Positions/SYE involved in the delivery of this CAPS	45/45



▶ CAPS Summary

The Maternal Health Program provides pregnancy testing and follow-up, prenatal care, and teaching and guidance to low-income pregnant women in an effort to improve pregnancy outcome and reduce infant morbidity and mortality. Early and continuous prenatal care is a key to improving outcome.

The population served in the maternity program is becoming more culturally diverse, mirroring the changes in the County. This diversity poses special challenges in the provision of health care. Language and the ability to communicate are a major concern. In addition, unique cultural and religious beliefs impact how care is given and how receptive the client is to receiving care.

Pregnancy testing, counseling, and follow-up are clinical services and are provided regardless of income. Follow-up is provided to clients who are at risk for poor pregnancy outcome to assure access to care (teenagers, previous low birth weight baby, substance abuse, etc.). In FY 2000 3,870 pregnancy tests were provided and 2,795 were positive. The number of tests done represents a 27 percent increase over the 3,035 tests completed in FY 1998.

Maternity services are provided in the clinic, home and community. The Health Department provides prenatal clinical management through the first two trimesters of pregnancy. Fairfax Hospital provides last trimester care, care to the medically high risk, and delivery services. Each new maternity patient receives a home visit by a Public Health Nurse (PHN) who obtains medical and psychosocial information and assesses the need for on-going case management. Case management is indicated if the woman is at risk for poor outcome due to either medical or psychosocial issues (multiple births, teenager, substance abuse, homelessness, etc.). In addition, a home visit is made after delivery to each mother and baby to assess health status and ensure that the mother and baby have a medical home for on-going care. Many of these visits are to women who were discharge 24-48 hours after delivery and are made within 24-48 hours after discharge 7 days a week. In FY 2000, 2,060 women received care, an increase of 6 percent over the 1,919 seen in FY 1998. Staff provided over 6,700 clinic visits and over 25,000 other contacts (home visits, office visits, and telephone calls) in FY 2000.

The overall low birth weight rate for Health Department clients was 5.6 percent in FY 2000. This compares favorably with the overall rate of 6.1 percent for Fairfax County.

► Method of Service Provision

Services are provided at all five Health Department field sites (Herndon-Reston, Falls Church, Mt. Vernon, Springfield and Fairfax) either on a walk-in or appointment basis.

Pregnancy Testing is provided five days a week on a walk-in or appointment basis based on client preference. Each site provides 33 hours of walk-in services a week. Early morning hours (7:30 a.m.) and evening hours (until 6:00 p.m.) are offered one day a week.

Maternity clinic is by appointment only. The number of clinics at each site depends on the caseload, with clients having choice of morning or afternoon appointments.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Number of pregnancy tests	3,035	3,160	3,870	3,900	3,900
Number of positive tests	2,218	2,382	2,795	2,800	2,800
Percent at risk under care	87%	87%	86%	87%	87%
Percent under care 1st trimester	63%	65%	64%	66%	68%
Number of women receiving prenatal care	1,919	2,026	2,060	2,070	2,070
Low birth weight rate	5.6%	5.2%	5.6%	5.4%	5.2%

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 32.1-11, 32.1-77, Social Security Act, Title V, and State Department of Health agreement with local government.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0665	Pregnancy Testing	$23,637

Current Fee	Maximum Allowable Fee Amount
Pregnancy testing is a flat fee. Maternity services are on a sliding scale.	Fees are set in accordance with the Virginia State Board of Health.

Purpose of Fee:
To offset the cost of services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Board of Health	Yearly review of fee structure.	2001

Other Remarks:

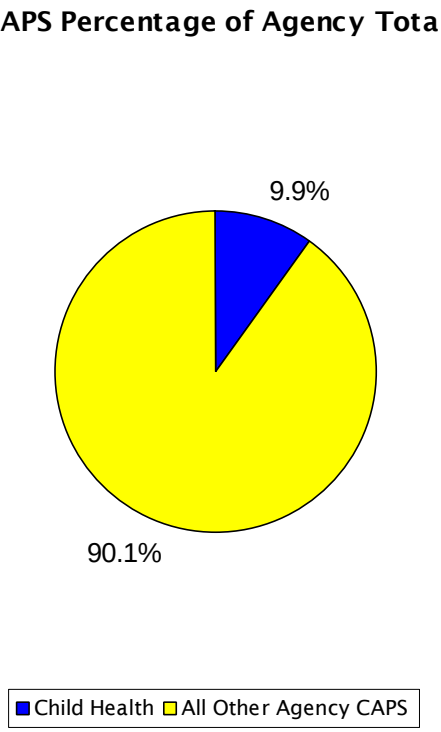
Subobject Code	Fee Title	FY 2002 ABP Fee Total
0674	Medicaid Maternal Care Coordination	$350
Current Fee	**Maximum Allowable Fee Amount**	
$10 per risk screen	Current fee	
Purpose of Fee: These are fees for the case management of mothers on Medicaid.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Legal authority is State Board of Health	Set by Medicaid and adopted by Board of Health.	2000
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0675	Medicaid Maternal Clinic	$11,549
Current Fee	**Maximum Allowable Fee Amount**	
$37.00	Current Fee	
Purpose of Fee: Initial and follow-up exams for maternity clients.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	As determined by Board of Health.	2000
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0677	Non-Medicaid Maternal Clinic	$18,427
Current Fee	**Maximum Allowable Fee Amount**	
$0-$18.50 based on eligibility	Current fee	
Purpose of Fee: Initial and follow-up exams for maternity clients who are not covered by Medicaid.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	As determined by Board of Health.	2000
Other Remarks:		

71-06-Child Health

Fund/Agency: 001/71	Health Department
Personnel Services	$2,960,262
Operating Expenses	$669,427
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$3,629,689**
Federal Revenue	$0
State Revenue	$1,427,633
User Fee Revenue	$147,905
Other Revenue	$123,166
Total Revenue:	**$1,698,704**
Net CAPS Cost:	**$1,930,985**
Positions/SYE involved in the delivery of this CAPS	54/54



▶ CAPS Summary

Child Health services provide preventive health programs to infants and children in an effort to reduce mortality and morbidity, prevent potentially handicapping conditions through early identification and intervention, and increase the immunization level to reduce vaccine preventable diseases. Programs provided under Child Health Services include Speech and Hearing, Immunizations, Healthy Families Fairfax (HFF) Infant/Preschool Case Management and Infant Development.

The population served in Child Health programs are becoming more culturally diverse, mirroring the changes in the County. This diversity poses special challenges in the provision of health care. Language and the ability to communicate are a major concern. In addition, unique cultural and religious beliefs impact how care is given and how receptive the client is to receiving care.

Speech and Hearing services promote health and functional, effective communication skills in children and are provided in the clinic and community setting. The program includes prevention services, education, diagnostics, referral and clinical intervention for communication disorders. The program provides intermediary care as children access the Fairfax County Public School System and provides therapy for those children who do not qualify for Public School services. The staff are responsible for evaluating and developing goals and treatment plans for clients; coordinating services with physicians and public school staff; and providing direct intervention. In addition, the staff also provide training to other Health Department staff on early identification of speech and hearing delays/losses, community outreach to families in need of services, and screenings in community settings.

Immunization services involve the giving of childhood vaccines and community education. The goal of the program is based on the Healthy People Year 2010 Goal to have immunizations completed for 90 percent of two-year-old children. The completion rate has risen from 58 percent in 1992 to 80 percent in 2000.

Healthy Families Fairfax (HFF) is a comprehensive program offering voluntary, in-home educational and support services to first-time parents at risk for child abuse. HFF is a partnership between two County agencies: Department of Family Services and the Health Department, and three non-profit community agencies: Northern Virginia Family Services, Reston Interfaith, and United Community Ministries. HFF is part of a national program, Healthy Families America and has received accreditation from them. A public health nurse works on a team with a social worker and paraprofessionals to provide intervention and support to families. The role of the public health nurse is to assess families for service, administer caretaker/child interaction assessments, provide developmental screening assessments and provide medical case management to high-risk children. In FY 2000, HFF staff made 1,436 home visits and over 3,000 office visits and telephone calls.

Both the Infant/Preschool case management and Infant Development programs provide monitoring, teaching and guidance to families in an effort to improve health outcomes and maximize each child's potential. In FY 2000, 5,328 home visits and over 11,100 office visits and telephone calls were made to provide services to clients in both these programs. All infants born to women who received maternity care through the Health Department receive a home visit to assess health status of the baby, and assure that the infant has a medical home for ongoing care. In addition, based on medical and/or psychosocial information, an assessment is made regarding the need for ongoing case management (e.g. failure to thrive, prematurity, teen parent, etc.). The Health Department also receives referrals from social workers and other community agencies.

The Infant Development Program is a part of a continuum of Early Intervention services. Infants who are at risk for developmental delays, but who are not eligible for services under the Community Services Board's Early Intervention Program (EIP), receive ongoing evaluation, home intervention and support in an effort to maintain and/or improve developmental status. Referral to EIP is made if the status changes and the child becomes eligible for services.

▶ Method of Service Provision

Speech and Hearing Services are provided at three Health Department field sites (Fairfax, Mt. Vernon and Herndon-Reston) and are by appointment only.

Immunization services are provided at all five Health Department field sites (Herndon-Reston, Falls Church, Mt. Vernon, Springfield and Fairfax) either on a walk-in or appointment basis. Each site provides 33 hours of walk-in services a week. Early morning hours (7:30 a.m.) and evening hours (until 6:00 p.m.) are offered one day a week each. The hours of available appointments at each site depends on the caseload, with clients having choice of morning or afternoon appointments. Special immunization clinics are often held at various community sites (churches, health fairs, schools, etc.)

Health Families Fairfax, Infant/Preschool and Infant Development services are provided in the home and community setting. Services are generally 8:00 a.m. to 4:30 p.m. However, based on family needs, visits can be made before or after core business hours.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Speech					
Number of client visits	*	4,123	5,140	5,500	5,500
Percent discharged as corrected; no follow-up needed	*	*	(19.3%)	25%	27%
Immunizations					
Number seen	21,200	17,624	18,194	29,000**	29,000**
Number given	41,512	37,803	42,128	65,000**	65,000**
2-year old completion rate	81%	74%	81%	83%	90%

*Data not previously collected.

**Increase due to new vaccines for infants and requirement for Hepatitis B for school entry.

Note: Infant/preschool measures have been developed for use in FY 2002.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 22.1-270, 32.1-11, 32.1-65 through 32.1-68, 32.1-77
- PL94-10, Social Security Act, Title V, and State Department of Health agreement with local government.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0658	Speech	$66,664
Current Fee	**Maximum Allowable Fee Amount**	
Speech fees are on a sliding scale.	Fees are set in accordance with the Virginia State Board of Health.	
Purpose of Fee: To offset the cost of service.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Board of Health	Yearly review of fee structure.	2001
Other Remarks: These fees were previously included in 0673 and in FY 2002 we established two new codes to accommodate these fees.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0659	Hearing	$23,240
Current Fee	**Maximum Allowable Fee Amount**	
Hearing fees are on a sliding scale.	Fees are set in accordance with the Virginia State Board of Health.	
Purpose of Fee: To offset the cost of service.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Board of Health	Yearly review of fee structure.	2001
Other Remarks: These fees were previously included in 0673 and in FY 2002 we established two new codes to accommodate these fees.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0673	Non-Medicaid school PE fees	$1,083
Current Fee	**Maximum Allowable Fee Amount**	
$25 actual fee paid is based on eligibility	Same as current fee.	
Purpose of Fee: To offset cost of service.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	As determined by Board of Health.	1999
Other Remarks: To account for non-Medicaid school physical exams and physical therapy fees.		

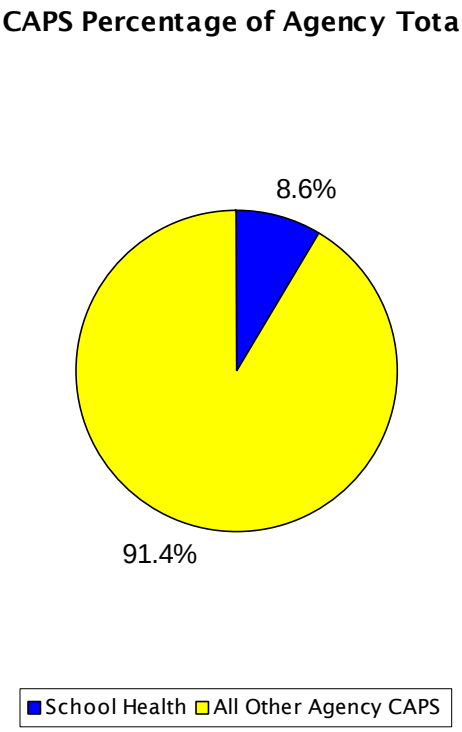
Subobject Code	Fee Title	FY 2002 ABP Fee Total
0672	Medicaid-PE/IMM Admin Fees	$52,272
Current Fee	**Maximum Allowable Fee Amount**	
$11	Same as current fee.	
Purpose of Fee: To account for immunization administrative fees, and some school physical exams.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	As determined by Board of Health.	1999
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0670	Child Health	$3,134
Current Fee	**Maximum Allowable Fee Amount**	
$25 actual fee based on eligibility	Same as current fee.	
Purpose of Fee: To offset cost of services per pediatric clinics		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	As determined by Board of Health.	1999
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0669	Medicaid Baby Home Tomorrow	$1,512
Current Fee	**Maximum Allowable Fee Amount**	
$88	Same as current fee.	
Purpose of Fee: To offset cost of service and to account for revenue for baby care which we bill to Medicaid for the Home Tomorrow Program.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	As determined by Board of Health.	1999
Other Remarks:		

71-07-School Health

Fund/Agency: 001/71	Health Department
Personnel Services	$3,083,606
Operating Expenses	$72,757
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$3,156,363**
Federal Revenue	$0
State Revenue	$1,427,633
User Fee Revenue	$0
Other Revenue	$123,165
Total Revenue:	**$1,550,798**
Net CAPS Cost:	**$1,605,565**
Positions/SYE involved in the delivery of this CAPS	55/52.7



▶ CAPS Summary

The School Health program promotes health to enhance the educational development of students. The program includes prevention services, education, emergency care, referral, and management of acute and chronic health conditions.

The Public Health Nurse (PHN) is responsible for services in 3-5 schools. Services include control of communicable disease and prevention activities. The PHN identifies students with special health needs, develops plans, coordinates with physicians and families, and trains school staff to implement health plans so that students can safely attend school; identifies and case manages pregnant students and students needing Children's Specialty Services (CSS); provides education to high risk students/families (substance abuse, emotional health needs) and coordinates resources for care; assesses possible child abuse; and participates on multidisciplinary teams (Family Assessment and Planning Team – FAPT, Child Specific Team - CST).

PHN's provide the training and direct supervision of Clinic Room Aides (CRA's), who provide care of sick/injured students, provide vision and hearing screenings, and administers medication.

Each PHN provides services to an average of 3,449 students located in 3 to 5 schools. Students are from 2 to 21 years of age; total school enrollment for FY 2000 was 155,224 students. The number of students with special health needs increases each year as the overall student enrollment grows. The number of students with identified health conditions such as asthma, heart disease, diabetes, and severe allergies, etc., has grown from 15,606 in FY 1995 to 32,100 in FY 2001. With the growing needs of students with health conditions, the education and prevention time is minimal. Available time to monitor and support school staff in carrying out health plans has also diminished.

▶ Method of Service Provision

School health services are provided by County and State cooperatively funded employees. Services are provided in 180 schools and in homes. Training is provided to staff of Community and Recreation Services for their summer programs including therapeutic Recreation and Rec-Pac.

▶ Performance/Workload Related Data

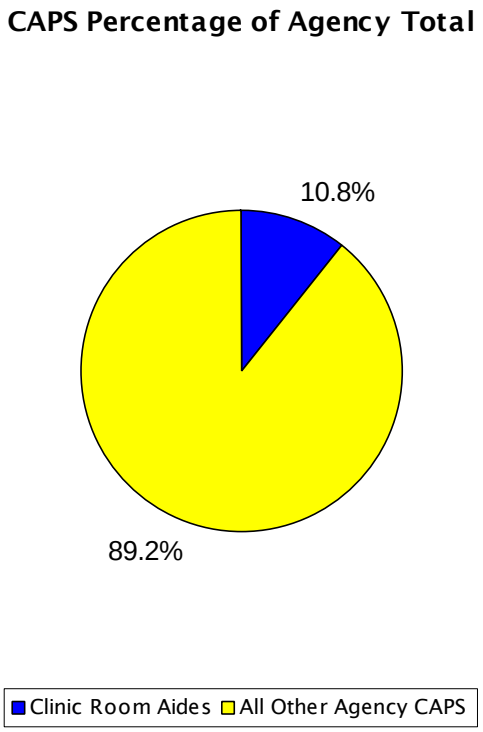
Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Students	155,490	150,497	155,224	153,479	158,000
Assessments	123,458	102,249**	108,489	109,000	109,000
Percent of students with identified health needs who have plans in place by the end of October	*	73%	99%	99%	97%
Students with identified health needs who have plans in place by year end	*	33,335	31,955	32,100	32,500

* Data not previously collected.

** Data collection revised for greater specificity.

71-08-Clinic Room Aides

Fund/Agency: 001/71	Health Department
Personnel Services	$3,961,221
Operating Expenses	$9,453
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$3,970,674**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$3,970,674**
Positions/SYE involved in the delivery of this CAPS	184/114.56



▶ CAPS Summary

Clinic Room Aides (CRAs) provide direct care to students aged 2 to 21 years in 180 public schools. This includes care of sick/injured students, administration of medications, development of health procedures, contacting parents/guardians, performing vision and hearing screening and tracking immunizations. The purpose of this program is to maximize the health potential of school-aged children.

Clinic Room Aides receive training and direct supervision from Public Health Nurses (PHN). Each school has one CRA with the exception of the three secondary schools that have two Clinic Room Aides due to the number of students enrolled. Additionally, limited-term Clinical Room Aides provide four hours of assistance to those schools that have a significantly high volume of medications or clinic visits. Coverage for CRA illness/absence is provided by substitute Clinic Room Aides who are limited-term employees. Significant turnover in this program creates training and orientation workload for PHN's, as well as the need for Fairfax County Public School (FCPS) staff to cover the vacancies/absences. This is time that would otherwise be channeled into direct service provision.

▶ Method of Service Provision

Clinic Room Aide services are provided by 184 merit County employees and 58 L-status employees. Clinic Room Aides are present 7 hours per day. School hours vary depending on bus schedules.

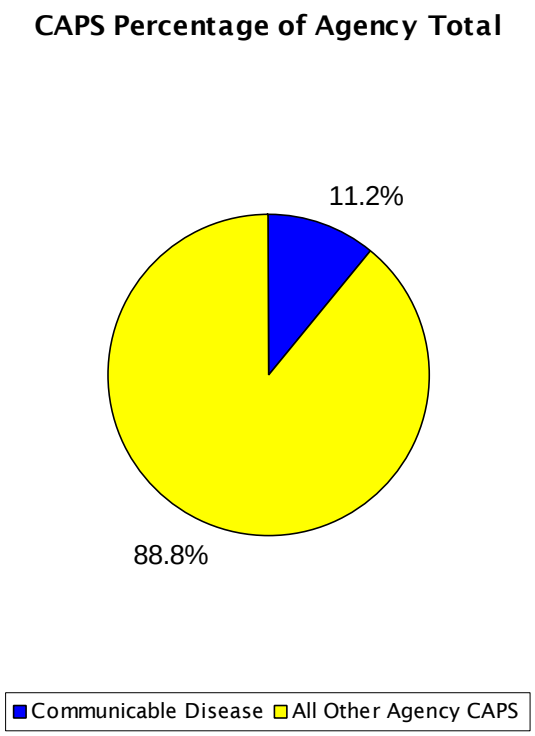
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Visits sick/injured/ medications by CRA	1,333,216	1,319,204	1,369,942	1,370,000	1,370,000
Percent of students receiving health support from CRA's	96%	96%	99%	99%	99%
Percent of parents satisfied with services	*	99%	99%	98%	98%
Percent of FCPS staff satisfied with services	*	NA	95%	96%	97%

*Not previously collected.

71-09-Communicable Disease

Fund/Agency: 001/71	Health Department
Personnel Services	$3,576,983
Operating Expenses	$533,193
Recovered Costs	$0
Capital Equipment	$20,000
Total CAPS Cost:	**$4,130,176**
Federal Revenue	$0
State Revenue	$1,586,259
User Fee Revenue	$897,536
Other Revenue	$136,851
Total Revenue:	**$2,620,646**
Net CAPS Cost:	**$1,509,530**
Positions/SYE involved in the delivery of this CAPS	63/63



▶ CAPS Summary

The Communicable Disease (CD) Program provides services to prevent and control the spread of communicable diseases of public health significance. These diseases include tuberculosis (TB), sexually transmitted disease (STD), HIV/AIDS, foodborne and other types of communicable illness. CD is a core public health function and the provision of services are defined and set in accordance with the State Board of Health. Also included in this program is the administration of foreign travel vaccines for County residents and the provision of medical care in the County's five homeless shelters.

The TB program provides for the diagnosis and treatment of TB disease and infection through clinical services and case management. Program efforts are targeted to reduce the rate of TB disease to 7 cases per 100,000 population toward the Healthy People 2010 objective of 1 case per 100,000. During CY 2000, the population served in the TB program were primarily foreign-born to include refugees from over fifteen foreign countries (92 percent of active TB cases representing an increase from 84.4 percent during CY 1999). Approximately 50 percent were Asian and 26 percent Hispanic. All ages were represented with the majority between the ages of 25 and 40. Few clients served have access to health care other than the Health Department.

- The STD program provides for diagnosis and treatment of STDs, partner notification, referral services and epidemiological investigation of priority syphilis, HIV/AIDS, and gonorrhea cases. STD services are available without charge to all County residents; however, teens, young adults and individuals without health insurance primarily utilize this service. During FY 2000, 1,500 cases of STDs were treated in Health Department clinics.

- The HIV/AIDS program provides for community-based HIV prevention education and outreach, HIV testing and counseling, case management and medical care for clients with HIV. The HIV/AIDS program also administers the State AIDS Drug Assistance Program (ADAP) for income eligible clients. Program efforts are targeted to reduce the spread of HIV with an objective of maintaining the incidence of new HIV infections to less than the Virginia rate of 12 cases per 100,000 population toward the final Healthy People 2010 objective (yet to be determined). The FY 2000 rate of HIV infection in Fairfax County was 9.9 cases per 100,000 population.

  - HIV/AIDS Education Prevention Programs are available to all County residents; however, County employees, adolescents, young adults, minorities and individuals with high-risk behaviors primarily attend education prevention programs. HIV outreach is accomplished through County contracts with local community-based organizations (CBOs) that target specific high-risk groups within the community. During FY 2000, over 23,000 individuals were reached through outreach and/or educational efforts.

  - HIV counseling and testing is available to all County residents, although young adults at some level of risk for HIV infection primarily use this service. During FY 2000, nearly 4,000 individuals were provided HIV testing and counseling services.

- Patients receiving medical care for HIV infection in the Health Department's Case Management Program (CMP) average approximately 70 clients per year. Approximately 90 percent of all clients enrolled are at or below 200 percent of poverty. Nearly 50 percent of enrolled clients are African-American or African descent, 40 percent Caucasian and 10 percent others to include Hispanic.

- Individuals diagnosed with HIV/AIDS that have an income at or below 283.3 percent of the poverty level and are without insurance coverage, are eligible for ADAP, the State medication program. The Health Department administers this program and provides medication to approximately 210 County residents. Individuals enrolled in ADAP are primarily between the ages of 20 and 40 years old. Although the program serves a variety of racial/ethnic groups, African-Americans are disproportionately over represented.

- The Communicable Disease Program provides oversight for medical services at the County's five Homeless Shelter Sites (Kennedy Shelter, Bailey's Shelter, Embry Rucker, Mondloch House and Shelter House). Shelter services include health education, health screening and examinations, immunizations, care coordination and referral. Services are provided by two nurse practitioners (1.125 SYE) providing 45 hours of service per week and public health nurses that visit each shelter weekly. During FY 2000, nearly 200 clinics were held and 1,300 residents served.

- The control of foodborne illness and specific reportable diseases is accomplished through surveillance and investigation. Samples of these illnesses include salmonella, measles, menningicoccal mennigitis and hepatitis A. During FY 2000, 520 communicable disease investigations were completed.

- All residents preparing for business trips, vacations abroad and return visits to native countries are eligible to utilize international travel clinics. Counseling, referral and administration of international travel vaccines are provided. During FY 2000, over 21,000 adult immunizations were given, representing a 12 percent increase since FY 1998.

► Method of Service Provision

Communicable disease services are provided by County and State funded employees. Services are provided directly through scheduled clinics at all five Health Department locations (Joseph Willard Health Center, Springfield District Office, Mt. Vernon District Office, Falls Church District Office, and the Herndon-Reston District Office), off-site or in community-based clinics, home visits and telephone contacts with clients; liaison activities with hospitals, correctional institutions and community organizations; and community health education programs. In addition, HIV/AIDS services are provided by community-based organizations (CBOs) and health care providers under County contracts managed by the Health Department. The TB program is augmented by three State-funded outreach workers that provide Directly Observed Therapy (DOT) for individuals with suspected and confirmed cases of TB. Two Health Department sites offer chest x-ray services to determine the status of TB infection and all sites offer specimen testing and collection to determine TB infectiousness. The aforementioned TB services are available to private physicians in the care of their TB patients at no charge.

Nurse Walk-In Clinics/ Nurse and MD Appointment Clinics: Health professionals provide services Monday through Friday from 8:00 a.m. to 4:30 p.m. with early morning (7:30 a.m.) and evening clinic hours (until 6:00 p.m.) scheduled throughout the week at all five Health Department locations.

X-ray Clinics: Held daily from 8:00 a.m. to 4:30 p.m. at two Health Department locations (Joseph Willard Health Center and the Falls Church District Office). Clinic provides chest x-rays to determine TB infection and status of TB disease.

TB/Refugee Clinics: These services are incorporated into the nurse walk-in, nurse appointment and MD appointment clinic schedule. The clinic provides education, monitoring and treatment for clients, including refugees, with TB infection and other health-related needs.

Regional Chest Clinic: Held twice a month each at two Health Department locations (Joseph Willard Health Center and the Falls Church District Office). Hours are 4:00 p.m. to 8:00 p.m. and services include the diagnosis, treatment, follow-up and referral of TB suspects and active cases.

STD Clinics: Walk-in clinics are held weekly at all five Health Department locations. Clinics located at the Springfield District Office and the Joseph Willard Health Center have evening hours from 5:00 p.m. to 6:30 p.m. Daytime hours vary depending on office location.

International Travel Clinic: These services are incorporated into the nurse walk-in, nurse appointment and MD appointment clinic schedule.

HIV Testing: Anonymous HIV testing is held weekly at the Joseph Willard Health Center from 5:00 p.m. to 6:30 p.m. Confidential HIV testing is offered during nurse walk-in clinic and STD clinics throughout the week at all five Health Department locations.

Case Management Clinic (CMP): Held monthly at the following Health Department locations:

Mount Vernon District Office	1:30 p.m. to 7:00 p.m.
Springfield District Office	1:30 p.m. to 7:00 p.m.
Herndon-Reston District Office	1:30 p.m. to 7:00 p.m.

Services provided include counseling, treatment and referral for individuals with HIV/AIDS. In addition, HIV prevention education programs are available weekdays, evenings and weekends at various locations throughout Fairfax County.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Clients receiving HIV outreach and education	30,568	30,001	23,203	30,000	30,000
HIV counseled and tested	4,234	4,234	3,839	4,000	4,000
HIV early intervention caseload	113	117	82	90	90
HIV symptomatic care	20	20	20	20	20
Adults with TB tested for HIV	N/A	N/A	55%	75%	75%
Number and percent satisfied with HIV prevention programs	4,902 (99%)	6,665 (98%)	6,335 (98%)	95%	95%
Number and percent satisfied with HIV/AIDS early intervention and continuing care	11 (100%)	8 (100%)	12 (100%)	95%	95%
Number and percent positive receiving HIV counseling and referral to care	29 (86%)	20 (95%)	43 (96%)	90%	90%

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Percent of participants who met HIV program objectives	N/A	2,037 (31%)	6,252 (98%)	95%	95%
Clients served in TB screening prevention and case management	14,603	16,769	17,121	16,000	16,000
Clients served in STD program	3,382	3,607	3,711	3,600	3,600
Communicable disease investigations	507	487	520	500	500
Adult immunizations given	18,493	18,884	21,065	21,000	21,000
Percent of cases reviewed meeting established guidelines	95%	95%	95%	95%	95%
Percent satisfied with communicable disease program	N/A	94%	95%	95%	95%
Number and percent of TB cases discharged completing therapy	71 (98%)	56 (98%)	52 (100%)	95%	95%
Number and percent of contacts and other high-risk persons with LTBI completing recommendations for preventive therapy	N/A	N/A	69 (64%)	75%	75%
Number and percent of STD cases treated	1,608 (100%)	1,459 (100%)	1,500 (100%)	1,500 (100%)	1,500 (100%)

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 32.1-39, 47, 50, 54 and 57. Communicable Disease is a State mandated service.

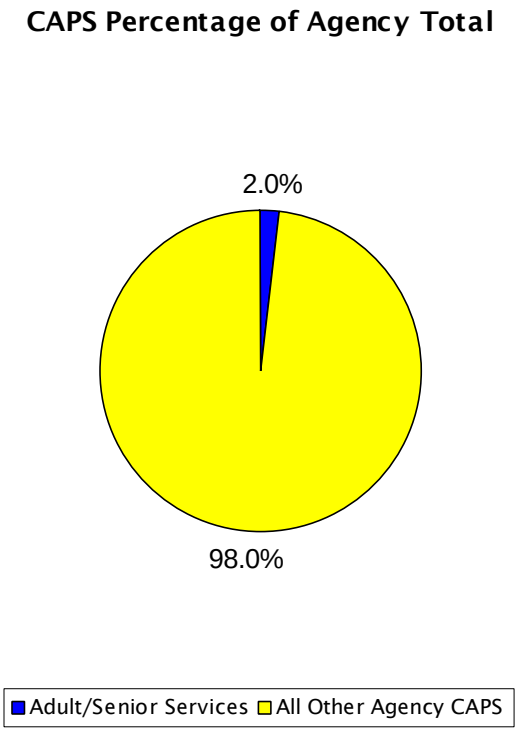
▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0663	Fees – X-ray	$25,005
Current Fee	**Maximum Allowable Fee Amount**	
$25.00	Medicaid allowable rate as adopted by Board of Health.	
Purpose of Fee: To offset the cost of services defined by statute or Virginia State Board of Health.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	Not Applicable.	2001
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0664	Fees – General Medical Clinic	$872,531
Current Fee	**Maximum Allowable Fee Amount**	
• Medicaid Pre-admission Screening and Reimbursement Rate: $51.75/ screen	Medicaid Pre-admission Screening: $51.75/screen	
• TB control services; STD screening, treatment and referral; Communicable Disease Investigations; HIV testing, counseling and education; ADAP the State medication program – no fee for service. • TB medications are charged according to Health Department cost. Sliding scale used. • Foreign Travel Vaccines – fee for vaccine and physician consult. No sliding scale. • HIV Case Management Program (CMP) – fees set according to County fee scale for Income levels E and F. No fee for individuals in income levels A through D.	Fees are set in accordance with the Virginia State Board of Health.	
Purpose of Fee: Reimbursement for Medicaid Pre-Admission Screenings by Virginia Department of Medical Assistance. The majority of revenue comes from international travel. To offset the cost of services defined by statute or Virginia State Board of Health.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Board of Health	Not applicable	2001
Other Remarks: Medicaid pre-admission screenings are also applicable to Adult Senior Services.		

71-10-Adult/Senior Services

Fund/Agency: 001/71	Health Department
Personnel Services	$246,689
Operating Expenses	$475,243
Recovered Costs	$0
Capital Equipment	$6,000
Total CAPS Cost:	**$727,932**
Federal Revenue	$0
State Revenue	$158,626
User Fee Revenue	$33,831
Other Revenue	$13,685
Total Revenue:	**$206,142**
Net CAPS Cost:	**$521,790**
Positions/SYE involved in the delivery of this CAPS	5/5



▶ CAPS Summary

Adult Senior Services include the Medicaid Pre-Admission Screening (PAS) Program and Bathing Respite services. The Pre-Admission Screening Program authorizes a continuum of long-term care services available to an eligible person under the State of Virginia Medical Assistance Program. Medicaid funded long-term care services may be provided in either a nursing home or community setting.

The eligibility screening process of individuals who are seeking nursing home admission or community-based services is performed in the home by the screening team, a Health Department Public Health Nurse (PHN) and a Department of Family Services (DFS) Social Worker (SW) according to the State of Virginia Plan for Medical Assistance.

The Bathing/Respite services are provided to adults with chronic conditions/diseases, who have bathing needs and to provide respite for caregivers and families of adults who require full-time care in the community. Services are available to adults 18 years and above, and to all residents of the County regardless of their income level.

- The In-Home Bathing Program offers personal care services to adults in their home environment who require assistance due to physical disabilities, confusion, and/or memory loss and who do not have anyone willing or able to assist them. These personal tasks may include assistance with bathing, dressing, hair and nail care, change of bed linens, meal preparation/monitoring, and ambulation/transfer assistance.
- The In-Home Respite Program provides intermittent respite services to caregivers of adults requiring continual supervision due to confusion, memory loss, and/or physical disabilities. The services can be provided in addition to the personal care services.
- The Center-Based Saturday Respite Program offers 6 hours of services in a County Adult Day Health Care Center to adults requiring continual supervision due to memory loss, confusion, and/or physical disabilities. Staffing ratio is usually 1 to 3 or 1 to 4 due to the impairment level of the clients utilizing the service. A Health Department therapeutic recreational specialist develops the activity program.

Each client/caregiver is assigned a PHN case manager in the Bathing/Respite program. The case manager evaluates the request for service, completes a home assessment and collaborates with the client/caregiver to develop a service plan. The plan is submitted to the program coordinator who arranges for services with one of the four contract Home Care agencies. The PHN case manager monthly monitors the services provided and the needs of the client. The program coordinator provides contract monitoring.

During FY 1999 and FY 2000, over 50 percent of the client/caregivers in the Bathing/Respite program were simultaneously enrolled in more than one of the three service program options. Thirty percent of these services were provided to multi-generational households. In FY 2000, in-home service hours increased by 66 percent. During this time frame, 90 percent of the clients were in the Health Department's A income level ($0.00 per household) to D income level ($23,220 per household).

County demographics show adult children are increasingly becoming caregivers to their frail parents while continuing to work and care for their own children. Aging parents are now seeking help to assist with caring for their disabled adult child in the home. This reflects the number of County families following the national trend to keep their loved ones at home versus institutionalized.

▶ Method of Service Provision

The request for a nursing home pre-admission screen is received by DFS. A social worker coordinates the home visit assessment with a PHN and the family/caregiver, usually Monday through Friday, 8:00 a.m. to 4:30 p.m. Following the assessment, the screening packet is submitted to the Health Department's medical officer for signature. A formal letter notification of the outcome of the home visit assessment is sent to the family. Medicaid-funded long-term care services are coordinated by the SW.

The Bathing and Respite Programs provide services through a joint Home Based Care contract with the Department of Family Services with four Home Care agencies.

Bathing services are available Monday through Friday between 8:00 a.m. to 5:00 p.m., two hours per visit (some flexibility is available outside of these hours). Care is typically offered two to three times a week.

In-Home Respite services is available Monday through Sunday, usually 4 to 6 hours per visit between 8:00 a.m. and 9:00 p.m. Care is typically offered two to three times a week.

The Center-Based Saturday Respite program rotates by schedule between the Lewinsville and the Lincolnia Centers, 10:00 a.m. and 4:00 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Pre-Admission Medicaid Screening					
Clients screened	268	269	281	285	285
Nursing home	92	75	89	85	85
Personal Care	106	120	118	120	120
Adult Day Health Care	8	3	10	12	12
ADHC and Personal Care	26	27	22	23	23
Respite Care	0	1	1	5	5
PAS	0	3	6	5	5
Denials	36	40	35	35	35
Dementia/Respite Program					
In-home bathing/respite clients per year	63	148	168	200	250
Center-based clients per year	33	43	46	50	50
In-home service hours	1,714	8,389	12,619	18,000	23,000
Center-based program service units	307	234	253	350	300

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 32.1-330, 32.1-123. Medicaid pre-admission screening is a State mandated service.

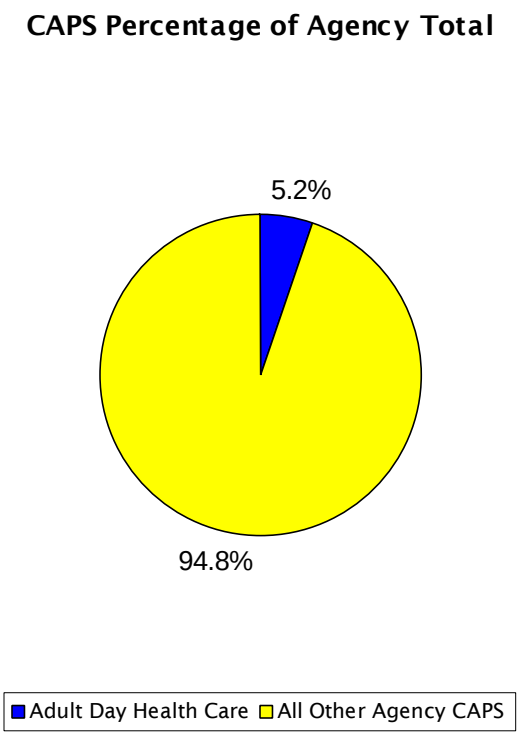
▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0671	Reimbursement of Personal Care	$32,607
Current Fee	**Maximum Allowable Fee Amount**	
Bathing and Respite Services: Health Department's sliding fee scale based on the client and/or spouse's annual income according to the State Health Department's income levels chart for determining eligibility for health services.	In-Home Bathing/Respite Services: • Ranges: low income-$0.00 to full fee-$12.50/hour. Center-Based Respite Services: • Ranges: low income-$8.00 to full fee $61.00/day Medicaid $45.00/day	
Purpose of Fee: Bathing and Respite fees are used to offset cost of providing the service.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Health Department	Yearly review of fee structure.	2001
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0679	Fees – Dementia Care	$1,224
Current Fee	**Maximum Allowable Fee Amount**	
N/A	N/A	
Purpose of Fee: The majority of this program is contracted out. Only some Saturday fees are included here.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Health Department	Yearly.	N/A
Other Remarks: Health Department has increased the Center-Based Saturday Respite Program fee by 2 percent for the past two years and will continue to examine the fee on a yearly basis.		

71-11-Adult Day Health Care

Fund/Agency: 001/71	Health Department
Personnel Services	$1,728,552
Operating Expenses	$180,641
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,909,193**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$794,396
Other Revenue	$0
Total Revenue:	**$794,396**
Net CAPS Cost:	**$1,114,797**
Positions/SYE involved in the delivery of this CAPS	44/44



▶ CAPS Summary

The Adult Day Health Care Centers provide therapeutic recreational activities, supervision and health care to meet the needs of adults with physical and/or cognitive disabilities. The average age of the participants is 85, ranging from 38 to 99 years. The program enables the participants to remain in their homes and communities and provides respite for the full-time caregivers. A variety of services are offered including: skilled nursing care; therapeutic recreation; nutritious meals; and personal care. In addition, the program offers many ancillary services such as family support groups, caregiver seminars, and arranges for podiatry, physical therapy, occupational therapy, and speech therapy if indicated. FASTRAN and family members provide transportation.

Participant fees are determined by a sliding scale that is based on the State Health Department eligibility scale. The Fairfax County Health Department added 3 additional fee categories for higher income participants to reflect the full cost of the program. Medicaid also reimburses the program for participants who meet criteria established by the State for the community-based Care Waiver Program.

There are five Centers located across Fairfax County including: Annandale, McLean, Lincolnia, Mt. Vernon, and Herndon. They have been specifically designed to be handicap accessible and provide a safe, protective environment. The first Center, the Annandale Center opened in January 1980 in direct response to an unmet need in the community. It was an interagency effort supported by the Commission On Aging, Area Agency on Aging, Human Services and the Health Department. Funds were obtained through Older Americans Act, Title III Program and Community Development Block Grant monies to renovate the Annandale Elementary School, purchase furniture and equipment and hire the coordinator. It was established under the auspices of the Health Department because of the program's primary goals for prevention, health care and safety. The Lewinsville Center opened in 1985 in a renovated area of the Lewinsville Elementary School. Both schools had been closed due to declining enrollment. The Lincolnia Center opened in January of 1990 as part of the County's first interagency multi-purpose regional senior facility and the Mt. Vernon Center opened in July of 1990 as part of the County's South County Human Service Building. The Herndon Center opened in June of 2001 as phase II of the Herndon Harbor multi-purpose senior facility.

The number of County residents who are unable to perform the essential activities of daily living is rapidly growing. In addition, the fastest growing segment is the 85 year old and over group who are the most likely to require care. Also significant is the high percentage of women in the work force who are no longer available to provide full-time caregiving. In Fairfax County, over 73 percent are employed outside the home. These trends, coupled with the severe gap in home care providers and the number of County families who wish to keep their loved ones at home, have contributed to the lengthy waiting lists at the centers. In addition, there are unserved areas that have no access or availability to adult day health care such as in the Centerville, Clifton, and Lorton areas of the County.

▶ Method of Service Provision

The Adult Day Health Care Program is provided directly by County employees in five centers. Open Monday through Friday from 7:00 a.m. to 5:30 p.m. participants attend on a scheduled basis from 2 to 5 days a week. The centers maintain a minimum staff ratio of 1 staff member to each 6 participants and all the centers meet Virginia's licensing standards for Adult Day Care. Each center has a full-time nurse, recreation specialist and a center nurse coordinator who manages the day-to-day operation of the facility. The long-term care coordinator oversees the administration of the program.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Clients served per day	104	102	100	121	138
Clients per year	281	287	284	331	376
Cost of service per client per day	$48	$51	$55	$55	$52
Net cost of service per client to the County	$23	$24	$28	$29	$26

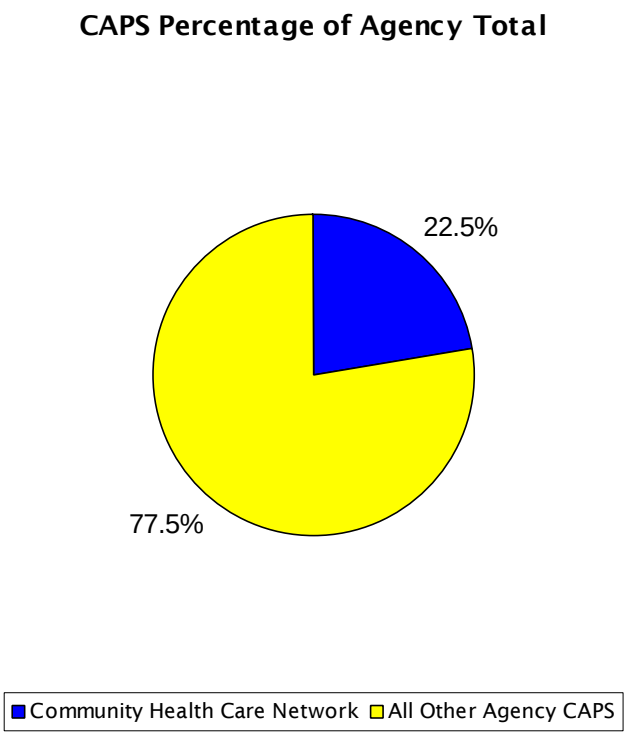
▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0681	Regular revenue	$ 672,475
Current Fee	**Maximum Allowable Fee Amount**	
The sliding fee scale has 9 levels with fees ranging from $8 to $61 per day.	$61 per day	
Purpose of Fee: To offset the cost of providing services.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Health Department	Review by the Fairfax County Health Department.	FY 2001
Other Remarks: The Health Department has increased the fee by 2 percent for the past few years and will continue to examine the fee on a yearly basis.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0683	Medicaid revenue	$ 121,921
Current Fee	**Maximum Allowable Fee Amount**	
Medicaid reimburses $45 per day for eligible participants.	$45 per day	
Purpose of Fee: To offset the cost of providing services.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Health Department	Review by the Fairfax County Health Department	FY 2001
Other Remarks: The Health Department has increased the fee by 2 percent for the past few years and will continue to examine the fee on a yearly basis.		

71-12-Community Health Care Network

Fund/Agency: 001/71	Health Department
Personnel Services	$516,653
Operating Expenses	$7,731,741
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$8,248,394**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$8,248,394**
Positions/SYE involved in the delivery of this CAPS	9/9



▶ CAPS Summary

The Affordable Health Care Program/Community Health Care Network (CHCN) provides comprehensive and continuing primary health care to over 21,000 low-income, uninsured patients enrolled in the program. To ensure appropriate and cost effective health care, the program utilizes a managed care model. Primary care is delivered at three County Health Centers by physicals and mid-level providers. Upon referral by the primary care practitioner, patients obtain medical specialty care from private physicians who participate in an organized charity care network.

▶ Method of Service Provision

The CHCN utilizes a contract services model for the staffing and operating expenses of the primary care centers, reference laboratory tests, prescription drugs and medications, and physician specialist services. The only functions of this program which are not contracted are the direct provision of management and support, enrollment/eligibility determination and medical social work services by County employees. This directly provided component allows the Health Department administration a needed measure of program control and accountability.

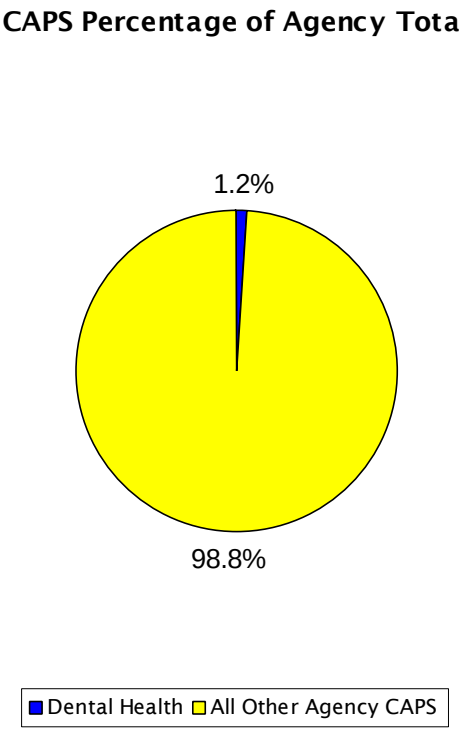
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate
Primary care visits	44,687	44,263	42,231	44,319	48,000
Percent of clients satisfied with their health care at the centers	97%	89%	95%	94%	98%
Percent of clients whose eligibility is determined on the first enrollment visit	50%	60%	61%	73%	75%

*These data represent FY 2001 actual data.

71-13-Dental Health

Fund/Agency: 001/71	Health Department
Personnel Services	$376,366
Operating Expenses	$67,314
Recovered Costs	$0
Capital Equipment	$10,000
Total CAPS Cost:	**$453,680**
Federal Revenue	$0
State Revenue	$79,313
User Fee Revenue	$135,348
Other Revenue	$6,843
Total Revenue:	**$221,504**
Net CAPS Cost:	**$232,176**
Positions/SYE involved in the delivery of this CAPS	4/4



▶ CAPS Summary

The Dental Health Program provides screening/evaluation, preventive and restorative dental care to low-income children, age 3 years through 18 years of age. Head Start, day care centers and public schools are the primary referral sources for this service.

Access to affordable dental care continues to be one of the top unmet needs in our region. Currently, the Health Department is the primary source of care for children; the Dental Clinic of Northern Virginia serves adults from the region, including Fairfax. The majority of private dentists in the community have declined to be Medicaid providers; the implementation of Medallion II via Unicare may improve the number of providers as an aggressive recruitment effort is underway. With the Child Health Medical Insurance Program (CMSIP), many more children are covered by insurance which makes the need for access in the private sector essential. If and when the provider base is increased, the Health Department would begin providing dental care to eligible pregnant women in an effort to minimize health problems in newborns caused by poor dentition during pregnancy.

In FY 2001, a decision was made to contract out the dental program and the RFP process was initiated. During a six-month period, two dental sites were "down" with only sporadic coverage by limited term dentists. The RFP received no responses so a process begun in June to recruit and hire two full-time dentists. This process should be complete by late summer with the dental program becoming fully operational by early fall, 2001. The performance measures reflect the decreased productivity that resulted from this effort.

▶ Method of Service Provision

Dental services are provided weekdays, 8:00 a.m. – 4:00 p.m., at three sites in the County: North County Human Services Center (Reston-Herndon), Willard Health Center (Central Fairfax), and South County Health (6301 Richmond Highway). Plans were initiated in FY 2001 to open a fourth site at the Falls Church Human Services Center in FY 2002; this site will serve the Falls Church/Culmore/Bailey's Crossroads areas and will be staffed with limited term personnel three days per week.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate
New patients seen	2,684	2,700	1,734	1,500	2,700
Total visits	5,628	5,700	3,706	2,750	5,700
Percent of treatment completed	72%	63%	68%	70%	72%

*These data represent FY 2001 Actuals.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0661	Fees – Dental Health	$25,768
Current Fee	**Maximum Allowable Fee Amount**	
Medicaid allowable rate per specific treatment	Same as current fee.	
Purpose of Fee: To offset cost of service.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
VA Board of Health	Approval of Board of Health	2001
Other Remarks: Fees are based on sliding scale with the Medicaid reimbursement rate as the full charge for the service.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0666	Medicaid – Dental	$109,580

Current Fee	Maximum Allowable Fee Amount
Medicaid allowable rate per specific treatment	Same as current fee.

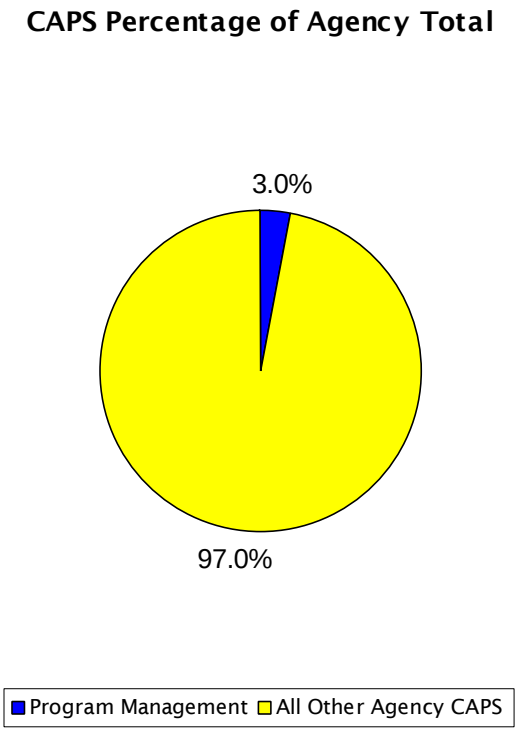
Purpose of Fee:
To offset cost of service.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
VA Board of Health	Approval of Board of Health	2001

Other Remarks:
Fees are based on sliding scale with the Medicaid reimbursement rate as the full charge for the service.

71-14-Program Management

Fund/Agency: 001/71	Health Department
Personnel Services	$384,837
Operating Expenses	$716,597
Recovered Costs	$0
Capital Equipment	$4,000
Total CAPS Cost:	**$1,105,434**
Federal Revenue	$0
State Revenue	$79,313
User Fee Revenue	$344,649
Other Revenue	$6,843
Total Revenue:	**$430,805**
Net CAPS Cost:	**$674,629**
Positions/SYE involved in the delivery of this CAPS	6/6



▶ CAPS Summary

Development of public/private partnerships, regional collaborative efforts and oversight of State Virginia Department of Health/Fairfax County contracts are increasingly becoming key components of overall administration within the agency.

Over the past several years, efforts have included procurement of OB/GYN physicians to enhance quality of prenatal care, redesign of Patient Care Services delivery models in the field, clinic, and specialty settings, contracting out of radiology interpretations for tuberculosis services, and initiation of a Total Quality Improvement Program. These efforts have focused on friendly, flexible, accessible/responsive, and high quality values for our customers.

Partnerships involved with Northern Virginia Family Services, Reston Interfaith, United Community Ministries, Adult Detention Center, and Department of Family Services have produced new or expanded services to families/individuals in need. The Community Access Program (CAP) grant from Health and Human Services–Health Resources and Services Administration (HHS-HRSA) awarded jointly to the County and Inova Health Systems, has created additional community-based partnerships, all working toward the common goal of improving access to health care for low-income, uninsured individuals/families.

In FY 2000-2001, the agency was selected for review by the HHS Office of Civil Rights for compliance with Title VI of the Civil Rights in relation to services to persons of Limited English Proficiency. The challenges resulting from this review have been many and complex with the impact primarily in Patient Care Services. It is anticipated that all staff will be trained, interpreters certified as proficient medical interpreters and patient materials translated into the top five languages (Spanish, Korean, Vietnamese, Farce, and Urda) spoken by our clients by mid FY 2002. This will then become an integral part of staff orientation/training and annual program review/evaluation.

▶ Method of Service Provision

Regular visits are made to the eleven sites providing Patient Care Services to hear concerns, issues, and suggestions regarding Patient Care Services.

Ongoing participation on committees, task forces, and meetings with partners, collaborators, and community group is essential to maintaining relationships and creating new opportunities for collaborative efforts.

The Health Department serves as the lead agency for the County in the project administration of the Community Access Program (CAP) Grant with Inova Health Systems.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Walk-in clinic visits	50,565	56,882	63,560	80,000	82,000
Patient wait time	30 min	16 min	18 min	15 min	15 min

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0668	Fees – Admin	$5,346
Current Fee	**Maximum Allowable Fee Amount**	
$.50 per page	$.50 per page	
Purpose of Fee: These are fees for copying medical records.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Health Department	None. Periodic review of copying fees is conducted by the Health Department.	1998
Other Remarks: $.50/page is charged for copying.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0660	Vital Statistics	$339,303
Current Fee	**Maximum Allowable Fee Amount**	
$8.00	$8.00	
Purpose of Fee: These are fees for death certificates.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
State Board of Health	As determined by Board of Health	1999
Other Remarks:		

Fairfax-Falls Church Community Services Board

▶ Agency Mission

In March 2001, the CSB Board adopted the following mission statement that supercedes the one included in the FY 2002 Adopted Budget Plan.

The mission of the Fairfax-Falls Church Community Services Board is to:

- Serve 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 or dependency;
- Empower and support the people we serve to live self-determined, productive, and valued lives within our community; and
- Identify, develop, and offer programs on prevention, intervention, treatment, rehabilitation, residential, and other support services in a personalized, flexible manner appropriate to the needs of each individual and family whom we serve.

CSB Vision Statement
People receive individualized, quality services when they need them, in addition to active support and acceptance in the community.

▶ Trends/Issues

The Fairfax-Falls Church Community Services Board (CSB) was created in 1969 by a joint resolution of Fairfax County and the Cities of Fairfax and Falls Church. Its Board is comprised of 16 members; 14 appointed by the Fairfax County Board of Supervisors and one each appointed by the Council of the City of Fairfax and the Council of the City of Falls Church. The CSB is established under mandate of the State; however, under a Memorandum of Agreement between the CSB and the County, the CSB observes County rules and regulations regarding financial management, personnel management, and purchasing activities. The Board carries out its roles and responsibilities under the Administrative Policy Board type of structure in these areas. The CSB includes Central Services, and the program areas of Mental Health, Mental Retardation, and Alcohol and Drug Services, as well as the specialized programs in Prevention and Early Intervention (Part C). The CSB operates direct service agencies that are under its control and supervision, and contracts with outside entities for the provision of client services.

The 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 dependency. Over the past decade, the population served has grown substantially and has continued to diversify in terms of culture, language and socioeconomic status. The following statistics provide a snapshot of population, trends, and client data relevant to the CSB's many programs. Sources for the following data include: A Council of Governments (COG) study entitled Population Growth and Diversity; a Kaiser Foundation study entitled National Trends in Health Insurance Coverage; and a Department of Systems Management for Human Services study entitled Who is at Highest Risk of Being Uninsured . Other Sources are highlighted in the text of the bullets.

Population Growth and Diversity

- The CSB serves an area of nearly 410 square miles.
- The 2000 Census sets the service area population at 1,001,624 persons.
- Since 1990, Fairfax County's population has increased 18.5 percent from 818,584 to 969,749.
- Since 1990, the City of Fairfax's population has increased 9.6 percent from 19,622 to 21,498.
- The City of Falls Church's population has increased 8.3 percent from 9,578 to 10,377.
- The Metropolitan Council of Governments (COG) projects the total population of the CSB's service area to increase by another 146,000 persons or 14.6 percent by 2010.
- Proportion of local population which is African-American:
  - Fairfax County - 8.6 percent
  - City of Fairfax - 5.1percent
  - City of Falls Church - 3.3 percent
- Proportion of local population which is Asian:
  - Fairfax County - 13.0 percent
  - City of Fairfax - 12.2 percent
  - City of Falls Church - 6.5 percent
- Proportion of local population which is Hispanic:
  - Fairfax County - 11.0 percent
  - City of Fairfax - 13.6 percent
  - City of Falls Church - 8.4 percent
- Over 25 percent of persons served by the CSB are from a multicultural background.

National Trends in Health Insurance Coverage

Health Insurance Coverage of Non-Elderly Population

- 18 percent Uninsured
- 82 percent Insured

Health Insurance Coverage for Children

- 14 percent Uninsured
- 58.6 percent Employment Based Insurance
- 23.2 percent Medicaid

Erosion of Behavioral Health Benefits over the last 10 years

- Physical health benefits dropped 7.4 percent
- Behavioral health benefits dropped 54.1percent

Local Trends in Health Insurance Coverage

- According to the 1996 Health Access Survey by the Virginia Health Care Foundation, 12 percent of Northern Virginians were uninsured.
- According to 1996 Fairfax County Household Survey, 7.9 percent of Fairfax-Falls Church residents were uninsured.
- According to the 1995 Fairfax-Falls Church Community Needs Assessment, 10.7 percent of Fairfax-Falls Church residents were uninsured.

Who are the Uninsured in the CSB's Service Area?

- Based on the various studies, the County's Department of Systems Management for Human Services estimates eight percent (84,500 residents) of Fairfax-Falls Church area residents are uninsured
- Most of the uninsured have household incomes below $50,000
- Seven out of ten uninsured adults work full-time
- Eight out of ten uninsured are ages 18-64 and two out of ten are children
- The uninsured are spread throughout the Fairfax-Falls Church area
- All income levels reported lack of insurance for at least one family member in the household
- These data from Fairfax-Falls Church area are consistent with national survey data from the Kaiser Commission on Medicaid and the Uninsured

Who is at Highest Risk of Being Uninsured?

- People in low-income households
- Part-time employed and unemployed adults
- Young adults ages 18-34
- Men as compared to women, especially at lower income levels
- Hispanic, Asian and African-American residents, especially young adults
- Refugees and immigrants who also have significant language barriers

When Benefits are Limited, Exhausted or Denied?

- People stop treatment
- Pay out of their pockets to the extent possible
- Seek treatment in the public sector
- Eighty percent of persons served by the CSB have an income less than $25,000

Ability to Pay for Services

The CSB charges clients a fee for services. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy, and/or an extended payment plan.

Fees are reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The following section describes how the CSB goes about establishing its fees.

Fees: The fee policy and procedures are developed in accordance with Section 37.1-197.7 of the Code of Virginia, which states that the CSB shall prescribe a reasonable schedule of fees for services provided by personnel or facilities under the jurisdiction or supervision of the Board and establish procedures for the collection of the same.

The CSB ensures compliance with the Code of Virginia in three ways: (1) conducts a review of fee-related materials by the CSB's Fee Policy Committee comprised of CSB board members: (2) posts a Notice of Public Hearing(s) and acceptance of written comments regarding Proposed Fees for the next fiscal year; and (3) holds a public hearing(s) on proposed fees for the next fiscal year. The Fee Policy Committee's final report is made to the CSB after the final public hearing is conducted.

In accordance with the CSB's Reimbursement Policy, the Memorandum of Agreement with the Board of Supervisors and State regulations, the CSB holds public hearings and approves the next Fiscal Year Fee Schedule. In addition, the CSB's Reimbursement Policy stipulates that changes in fees shall become effective no sooner than 60 days after the date of final approval by the Board.

In developing the Fee Schedule, the CSB takes the following information into account: the CSB's Financial Stability Plan for each fiscal year, review of other CSBs' Fee Policies and Procedures, a review of the most frequently paid median fees by insurance companies for individual therapy sessions, consultation received on income and poverty guidelines from the County's Department of Systems and Management for Human Services, Federal Health and Human Services (HHS) materials, and the CSB's Unit Cost Study.

Fairfax-Falls Church Community Services Board

Individual and Family FY 2002 Fees

Service	Unit of Service	FY 2002 Fee
Mental Health		
Outpatient:		
Initial Evaluation/Assessment (incl. MH/SA)	Event	$150.00
Individual/Family	1/4 Hour	$25.00
Crisis Services: Crisis intervention, crisis stabilization, pre-screening for hospital admission, emergency visit, emergency residential	1/4 Hour [a]	$31.00
Group	Event	$60.00
Procedure for Injection	Event	$12.00
Medication Management by Medical Staff	Event	$62.00
Lab Tests	Event	Actual cost
Urinalysis	Event	$25.00
Medication	N/A	Actual cost
Targeted Case Management	Month [a]	$208.25
Targeted Residential Support Services	Units [a]	$91.00
Evaluations:		
Psychological Testing	1/4 Hour	$50.00
Psychiatric Evaluation	1/4 Hour	$50.00
Other Mental Health Evaluation/Report	1/4 Hour	$50.00
Day Treatment/Support:		
Adult Day Treatment	Day Units [a]	$36.23
Adolescent Therapeutic Day Treatment	Day Units [a]	$38.05
Psychosocial Rehabilitation	Day Units [a]	$24.23
Early Intervention:		
ADAPT Program Assessment [b]	One-Time	$60.00
8-Week Anger Management Group [b]	One-Time	$160.00
18-Week Domestic Abuse Intervention Group [b]	One-Time	$360.00
Bereavement Counseling	One-Time	$25.00
Residential Treatment:		
Fairfax House	Bed Day	$203.66
Fairfax House Activity Fee	Month	$15.00
Crisis Care (Gregory House, Leland House)	Bed Day	$441.00
My Friend's Place [c]	Bed Day	$355.60
Oakton Arbor [c]	Bed Day	$214.91
Braddock Crossing [c]	Bed Day	$285.89
Stevenson Place [d]	Month	$903.00
Therapeutic Apartment / Group Home Programs:	Percent of Client Gross Income	
Support Services	30%	
Drop-In Support Services	10%	

(a) Medicaid Rate

(b) Not subject to ability-to-pay unless the client is already enrolled in other CSB services.

(c) Proposed Comprehensive Services Act (CSA) Rate

(d) State Auxiliary Grant Rate

Fairfax-Falls Church Community Services Board

Individual and Family FY 2002 Fees

Service	Unit of Service	FY 2002 Fee
Alcohol and Drug		
Outpatient:		
Initial Evaluation/Assessment (incl. MH/SA)	Event	$150.00
Individual/Family/Aftercare	1/4 Hour	$25.00
Crisis Intervention	1/4 Hour	$25.00
Legal Testimony	1/4 Hour	$25.00
Counseling Group/Aftercare	Event	$30.00
Medications	N/A	Actual cost
Evaluations:		
Psychiatric Evaluation	1/4 Hour	$50.00
Day Treatment:		
Adult	Day	$67.00
Adolescent	Day	$67.00
Women's Center	Day	$67.00
Hope Center	Day	$67.00
Residential Treatment:		
Crossroads (Youth)	Bed Day	$150.00
A New Beginning/Phoenix	Bed Day	$150.00
Sunrise House I	Bed Day	$250.00
Sunrise House II [(a)]	Bed Day	$276.10
New Generations	Bed Day [(b)]	$130.00
Supervised Apartments/Recovery House	Month	$260.00-$410.00
Re-entry Apartments	Month	$130.00-$205.00
Early Intervention:		
Family Intervention (4 hours)	Hour	$25.00

(a) Proposed Comprehensive Services Act (CSA) Rate

(b) Medicaid Rate

Fairfax-Falls Church Community Services Board

Individual and Family FY 2002 Fees

Service	Unit of Service	FY 2002 Fee
Mental Retardation		
Targeted Case Management	Month [a]	$175.40
Residential Support Services:		
Residential Waiver Services	Hour [a]	$12.81
Respite Services:		
Provider Home	Hour	$3.00
Family Home	Hour	$3.50
Overnight	Overnight	$40.00
	Percent of Gross Income	
Intensive Residential Support Services [b]	Month	65%
Supervised Family Living (Sponsored Placement)	Month	50%
Moderate Residential Support Services	Month	30%
Drop-In Support Services	Hour	$2/hour [c]
All Service Areas		
Prevention:		
Consultation and Education	1/4 Hour	$25.00
Transportation	Month	$80.00
Cancelled Appt. – MH/AD (w/o 24 hour notice)	Flat Rate	$25.00
Returned Check – All Programs	Flat Rate	$25.00
Legal Testimony	1/4 Hour	$25.00
Staff Travel Time	1/4 Hour	$25.00

(a) Medicaid Rate

(b) Residential fee plus transportation fees, plus required Medicaid co-payments will not exceed 65% of a person's income.

(c) Up to 10% percent of a person's monthly income.

The CSB is a Health Care Provider

- Prescribes medications valued at over $2.9 million
- Subject to privacy, confidentiality, and security standards of the health care industry, including the national standards and regulations promulgated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Has the option to join the provider networks of HMOs and Managed Care Organizations, depending on whether it is beneficial to the clients of CSB
- Employs a variety of licensed and credentialed health care professionals such as psychologists, psychiatrists, nurses, social workers, counselors, substance abuse treatment practitioners, physical therapists, speech therapists, and occupational therapists
- Virtually all programs require licensure by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and licensure by the State's Interdepartmental Regulations Licensing Office for children's residential programs
- Reimbursed by insurance companies, managed care organizations, HMOs, Medicaid, and Medicare as a health care provider

Access to Quality Services

Ensuring access to quality services presents a challenge given population growth, the changing nature of the population, an inadequate transportation network, and growing mental health, mental retardation, alcohol and drug, and Early Intervention service needs as demonstrated by documented waiting lists compiled for the General Assembly mandated State Comprehensive Needs Planning process.

- Choice: The Fairfax-Falls Church CSB, the largest in the Commonwealth, serves over 20,270 individuals a year. The CSB matches citizens to the appropriate level of care they need and provides quality consumer-centered programs on prevention, intervention, early intervention, treatment, rehabilitation, residential, and other support services in a personalized, flexible manner appropriate to the needs of each individual and family. Whenever possible, our clients are provided a choice of service locations and treatment specialists.
- Natural Environment: The CSB strives to provide comprehensive consumer-centered services in the person's home or work site.
- Accountability: In addition to the CSB's Administrative-Policy Governing Board, the CSB receives guidance and quality support from the Office of the County Executive, Department of Management and Budget, the County Attorney's Office, Human Services Administration, the Department of Information Technology, Human Resources, Purchasing, Facilities Management, and the Office of Finance and DMHMRSAS.
- Licensed Programs and Providers: The CSB has over 46 licensed/certified private sector partners and provides emergency services 24 hours a day, seven days per week to clients. The CSB provides services to consumers in over 117 residential properties, 14 commercially-leased properties and 12 County owned and maintained structures. All CSB direct care staff and/or programs are credentialed and/or licensed according to state and national standards.

- Interagency Relationships: Per State Code and the State Performance Contract, the CSB must develop and maintain linkages with other community and State agencies and facilities that are needed to ensure that the consumer is able to access the treatment, training, rehabilitative, and habilitative mental health, mental retardation, substance abuse, and early intervention services and supports identified in the consumer's individualized-comprehensive services plan.

The following is a list of agencies with which the CSB must develop written cooperative agreements: local schools, Health Department, Office of the Sheriff, Redevelopment and Housing Authority, local social services, Area Agency on Aging, and regional department of Rehabilitative Services. In addition, the CSB maintains written agreements with the courts, Police Department and the County Office that administers the Comprehensive Services Act. The CSB also works closely with regional, State, and Federal agencies.

Consumer Protection

Human Rights: The CSB has designated staff to assist in the management of a local human rights system in accordance with State regulations.

Privacy and Security of Consumer Information: The County and CSB must begin to respond to the Health Insurance Portability Accountability Act of 1996 (HIPAA). HIPAA sets national standards and regulations for health information management, information security, staff offices, waiting rooms, clinical interview rooms, clinical records rooms, risk management, privacy, and electronic data interchange requirements related to client and staff automated and paper records. HIPAA affects the relationship the CSB has with clients, payors, and providers.

Quality Assurance: The CSB is a Learning Organization. Each year the CSB develops, reviews, and approves a Quality Improvement (QI) Plan and a Risk Management Plan, as mandated by CSB Policy and the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). The Quality Improvement (QI) Plan enables the CSB to meet the challenges of existing and new situations presented by consumers, families, the CSB's provider network, insurance companies, Medicaid, Medicare, reimbursement and clinical business practices, and the accountability demanded by the County, State, and Federal governments. In addition, the State Performance Contract and the County require program objectives and performance indicators that delineate the responsibilities and specify the conditions to be met for the CSB to receive State and locally controlled funds. Quality Improvement/Quality Assurance (QI/QA) teams meet throughout the CSB, including an agency-wide QI/QA Council and program area QI/QA teams to expand the CSB's capacity to maintain and improve performance based on consumer, family, and staff feedback.

QI/QA activities include:

- Compliance with State licensure
- Review and reports of all adverse incidents
- Pharmaceutical reviews
- Credentialing of all direct care staff and their immediate supervisors
- Completion of client satisfaction surveys
- Participation in County and Human Services Performance Indicators and Outcome Measurement System
- Participation in DMHMRSAS Priority Population Classification System
- Generation of monthly, quarterly, semi-annual, annual, and other local reports
- Completion of State Comprehensive Plan, including consumer feedback on needs
- Utilization review to ensure compliance with Federal and State laws as well as Federal, State, County, insurance and CSB policies, procedures and regulations
- Review of reimbursement and clinical business practices related to fee collection to ensure compliance with Federal, State, County, insurance and CSB policies, procedures and regulations

The QI Plan and related activities enables the CSB to meet the challenges of existing and new situations presented by the findings. The Central Services Unit and each program area initiate corrective action and improvement plans, as needed, with the goal of continuous program improvement.

Staff Development: The following staff development activities are offered to staff throughout the year:

- Certification and specialized training to ensure the staff meet program and licensure requirements
- Systemized and site-based training presented on topics identified in the annual Training Needs Assessment Survey and by management
- Standardized orientations and refreshers regarding ethics, confidentiality, and emergency procedures
- Training related to CSB's management information system called SYNAPS

Medications: The CSB needs to address the evolving and costly pharmaceutical and medical services required by the majority of clients served.

Performance Outcome Management System (POMS): The CSB has implemented and devoted resources to the maintenance of the State-mandated POMS program to measure consumer performance and outcomes.

Consumer Satisfaction: The results of the 2000 State Consumer Satisfaction Survey indicated that across all CSB programs, 81 percent of clients served indicated they were satisfied with the services they receive.

Drug Courts and Mental Health Courts: Drug Courts and Mental Health Courts have been implemented in many communities across the country and in Virginia. A careful review of their potential benefit to this community as alternatives to incarceration should be undertaken.

Capital Improvements and Space

- The CSB is constantly working on planning for the Woodburn and Mount Vernon Community Mental Health Centers and the need for Mental Retardation (MR) vocational centers. In the near future, renovation and expansion of both the Woodburn and Mount Vernon Mental Health Centers must be considered. In addition, since all facility-based MR Day Programs are filled to capacity, CSB is working to identify additional capacity for these individuals.

Other Levels of Government

- Inadequate State funding for community-based mental health, mental retardation, and substance abuse services
- Increasing reliance on Medicaid
- Lack of any significant Medicaid rate increases for the services that are provided
- Reduction in the number of State facility beds available for consumers without insurance

Summary

The CSB is responding to these challenges and the needs of its clients by working with the County, Cities and State to wisely use the resources available to ensure the best possible directly operated and outsourced service system for its citizens.

Key Accomplishments

- In 1999, opened Cornerstones, Fairfax County's first residential treatment facility for adults with co-occurring disorders (mental illness and substance abuse).
- In 2000, opened Stevenson Place, Fairfax County's first licensed adult assisted living facility providing permanent housing and support for 36 adults with serious mental illness.
- Expanded school-based, alcohol and drug, prevention, and intervention services to three areas within the Fairfax County Public School system, thus contributing to reducing substance abuse among teenagers. Received National Award for Leadership and Resiliency Program.
- Met the high-risk needs of 307 individuals with mental retardation and their families by providing emergency interventions, stabilization, and referral assistance within one month of requesting help.
- Following a national model to help persons with serious mental illness, the CSB began its State-funded Program of Assertive Community Treatment (PACT) in 1999. Services through PACT are targeted to consumers who move among hospitals, homeless shelters, jail, and the street.
- Received certification by the Virginians Against Domestic Violence for the CSB Domestic Abuse Program, which includes the Women's Shelter, the Victim Assistance Network (VAN), and ADAPT program. This program became one of only ten domestic abuse programs to be certified.
- Added responsibilities for Tobacco Cessation for Youth, a program funded by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant.

FY 2002 Initiatives

- The addition of 2/2.0 SYE new positions (1/1.0 SYE Clinical Psychologist and 1/1.0 SYE Mental Health Therapist) help meet the existing need for mental health services at the Juvenile Detention Center (JDC). Limited mental health services (approximately 5 hours of counseling per week) are currently provided by CSB at the JDC, an amount that is far less than needed. Approximately 1,630 youths are placed in this facility every year, and studies indicate that as many as 77 percent of these youths experience some form of mental illness. The two positions provide full-time direct-care staff at the JDC dedicated to this population.
- The addition of 1/1.0 SYE Mental Retardation Specialist I provides for the coordination of services for all 88 new special education graduates of the Fairfax County Public Schools. This individual also provides needed counseling and other individualized personal guidance and assistance. In FY 2002, additional emphasis was placed on the case management component of services for this population. Without the continuity provided by effective case management services, students would experience regression that could later require more intensive services.
- Expand the space available to serve victims of domestic violence by an additional 12 beds. Currently, the Women's Crisis Shelter is the only CSB facility specializing in services for victims of domestic violence and their children. In FY 2000, more than 200 people were on the waiting list for these services. The new space is expected to serve an additional 144 individuals annually.

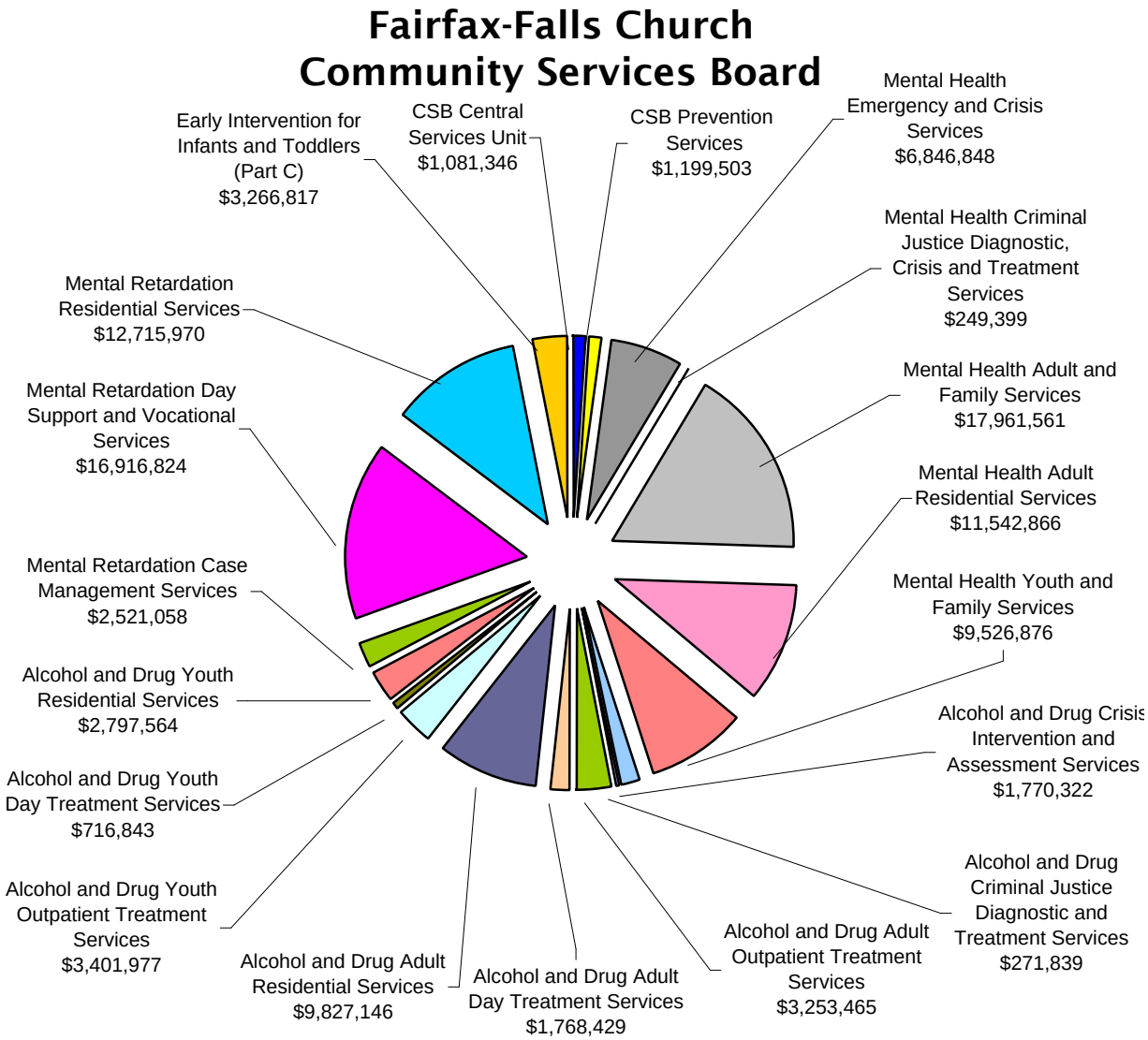
- Began the process of developing a privately operated crisis care facility to serve children and adolescents with serious mental illness who cannot safely return home and would otherwise be hospitalized. It is estimated that 70-80 percent of all children and adolescents who are prescreened for hospitalization in mental health emergency services could be diverted from a hospital by staying in a crisis care facility. Approximately 300 youth will be diverted from less appropriate placements when this facility is fully operational.

- Fully integrate the State's Performance Outcome Measurement System (POMS) requirements with new on-line interactive capacity of the CSB's client management information system known as SYNAPS.

- Actively support the involvement of senior and mid-level managers in such programs as LEAD (sponsored by the University of Virginia) and the MPA program at George Mason University.

▶ Summary of All Agency CAPS

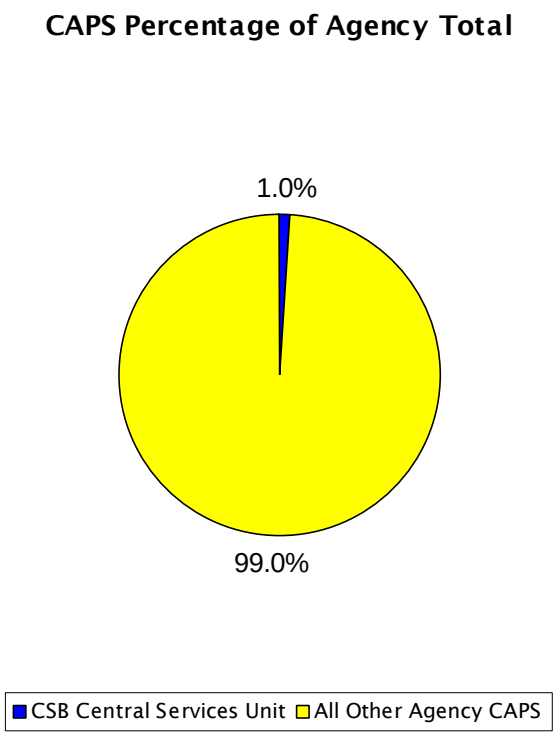
CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
106-01	CSB Central Services Unit	$541,328	11/11
106-02	CSB Prevention Services	$682,675	20/20
106-03	Mental Health Emergency and Crisis Services	$3,194,257	73/72
106-04	Mental Health Criminal Justice Diagnostic, Crisis and Treatment Services	$249,399	13/12.5
106-05	Mental Health Adult and Family Services	$11,600,498	167/157.9
106-06	Mental Health Adult Residential Services	$7,623,569	101/99.5
106-07	Mental Health Youth and Family Services	$5,604,871	102/100.25
106-08	Alcohol and Drug Crisis Intervention and Assessment Services	$949,911	27/25.63
106-09	Alcohol and Drug Criminal Justice Diagnostic and Treatment Services	$85,982	9/9.38
106-10	Alcohol and Drug Adult Outpatient Treatment Services	$2,016,449	47/45.62
106-11	Alcohol and Drug Adult Day Treatment Services	$700,591	24/23.88
106-12	Alcohol and Drug Adult Residential Services	$6,066,773	127/125.62
106-13	Alcohol and Drug Youth Outpatient Treatment Services	$2,578,098	42/42.57
106-14	Alcohol and Drug Youth Day Treatment Services	$666,843	14/14.23
106-15	Alcohol and Drug Youth Residential Services	$2,070,797	35/34.57
106-16	Mental Retardation Case Management Services	$1,491,188	44/44
106-17	Mental Retardation Day Support and Vocational Services	$15,524,644	11/10.75
106-18	Mental Retardation Residential Services	$10,357,505	75/75
106-19	Early Intervention for Infants and Toddlers (Part C)	$2,362,770	26/25.75
TOTAL Agency		**$74,368,148**	**968/950.15**



Total FY 2002 Adopted Budget Expenditures = $107,636,653
Total FY 2002 Adopted Budget Net Cost = $74,368,148

106-01-CSB Central Services Unit

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$896,172
Operating Expenses	$185,174
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,081,346**
Federal Revenue	$0
State Revenue	$525,719
User Fee Revenue	$0
Other Revenue	$14,299
Total Revenue:	**$540,018**
Net CAPS Cost:	**$541,328**
Positions/SYE involved in the delivery of this CAPS	11/11



▶ CAPS Summary

The **Community Services Board's Central Services Unit** provides overall leadership, policy direction, and oversight to the Community Services Board (CSB) system, which includes the program areas of Mental Health, Mental Retardation, and Alcohol and Drug Services, as well as the specialized programs in Prevention and Early Intervention (Part C). It carries out various senior level management and oversight responsibilities in the areas of interagency coordination, operations, personnel, budget, contracting, strategic planning, long-range planning for County and State comprehensive plans, public information, consumer relations, approval of contracts and leases, grant preparation, and residential development. In addition to these activities, the Central Services Unit fulfills the following responsibilities: primary support to a 16-member citizen governing Board, an Executive Committee, a Strategic Planning Committee, and a Government and Community Relations Committee; liaison with the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) Central Office; liaison with the State Department of Medical Assistance Services (DMAS); liaison with the Northern Virginia Training Center, the Northern Virginia Mental Health Institute and Western State Hospital; liaison with four other regional CSB's; participation in various statewide

and regional planning groups; liaison with the Cities of Fairfax and Falls Church; primary staff support to the Local Human Rights Committee; as well as liaison with numerous private providers and consumer organizations.

Almost all of the programs of the CSB are subject to State licensure requirements. Many programs generate revenues and therefore, require specific credentialing of provider staff and extensive documentation requirements. It is the role of the Central Services Unit to ensure that the mechanisms are in place to successfully meet all State and local accountability requirements and to maintain high quality service delivery throughout the system.

Accomplishments

- Established an agency-wide quality assurance council. Designed and implemented a Quality Improvement Plan according to State Performance Contract guidelines focusing on credentialing, licensing, consumer satisfaction, human rights, and other aspects of the mandated State's performance outcomes management system
- Developed a Strategic Plan for all disability areas
- Participated in development of the State Comprehensive Plan
- Produced the Annual Report and Services Portfolio
- In collaboration with the Department of Human Resources, completed the Realignment of Clinical Positions for all disability areas
- Developed a Financial Stability Plan to enhance revenues
- Increased public-private partnerships in the development of handicapped accessible group homes for residents with mental retardation and physical mobility limitations
- Assisted Fairfax County Human Rights Commission with fair housing training for targeted groups including property managers, non-profit service providers, and staff working with elected officials and citizen groups to improve their awareness of housing issues for persons with disabilities

Funding Sources

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; and DMHMRSAS.

▶ Method of Service Provision

Services are provided by County staff. Normal business hours are Monday through Friday, from 8:00 a.m. to 4:30 p.m. The senior managers support numerous evening and weekend Board and Committee meetings.

▶ Performance/Workload Related Data

Performance data for all CSB programs is highlighted in the appropriate CAPS.

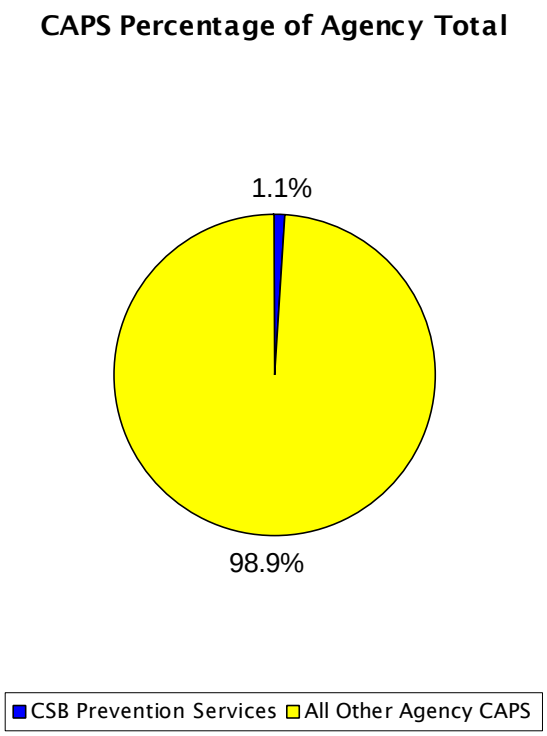
▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates establishment of the Community Services Board and the services to be provided.
- Code of Virginia Section 37.1-195 mandates membership and appointment to the Community Services Board and the fiscal duties.
- Code of Virginia Section 37.1-197(6) mandates appointment of the Executive Director of the Community Services Board.
- Code of Virginia Section 37.1-198 mandates compliance of the Community Services Board with the annual Performance Contract of the State Department of Mental Health, Mental Retardation, and Substance Abuse Services.

106-02-CSB Prevention Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$1,094,218
Operating Expenses	$105,285
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,199,503**
Federal Revenue	$505,800
State Revenue	$0
User Fee Revenue	$11,028
Other Revenue	$0
Total Revenue:	**$516,828**
Net CAPS Cost:	**$682,675**
Positions/SYE involved in the delivery of this CAPS	20/20



▶ CAPS Summary

CSB Prevention Services provides a comprehensive evidence-based continuum of services to individuals, families, and communities at risk for alcohol, tobacco, and other drug (ATOD) abuse and/or who need mental health services. The goal of the service is to reduce the incidence of substance abuse and the impact of mental health problems in the community. Prevention services are ahead of the curve in the increasing emphasis on research and evidenced-based practices. Our local prevention services are nationally recognized. Programs such as Girl Power, S.T.R.I.K.E., and the Leadership and Resiliency Program directly address key individual and family risk factors through school and neighborhood-based initiatives.

- Prevention Services provides outreach services to individuals and families in crisis reluctant to seek traditional services, and provides the linkage to the appropriate level of care within Alcohol and Drug Services, Mental Health Services, or other appropriate County agencies and private/non-profit providers.

- Prevention Services' clients typically do not access traditional treatment services due to a number of factors, which include cultural norms, language barriers, inability to access services due to the nature of a disability, lack of transportation, fear of contact, and economic deprivation.

- Prevention Services reach a diverse population in the community. Programming serves high-risk individuals and families from Central and South America, Asia, and other populations that are recent refugees from war-torn countries. Prevention staff are often the sole service providers in these communities.

- Services are provided in a variety of settings, including schools (Fairfax County and Fairfax City), neighborhoods, public housing, neighborhood resource centers, and County agencies.

  - Programming includes services to children, adolescents, adults, families, and older adults. Programming seeks to reduce risk factors associated with alcohol, other drug use, and environmental mental health factors, while supporting resiliency factors in the individual, peers, family, community, school, and workplace.

  - Individuals participate in a variety of activities, which include education, information dissemination, problem identification, referral services, alternative activities, and integration of the business community and community-at-large with Federal and State laws related to underage availability of alcohol and tobacco.

  - Evidence-based programming, or programming designed and implemented based on research that proves services are effective for similar populations, incorporates a three-pronged approach of education, alternative activities, and community service.

  - Intensive youth services are designed to interrupt the cycle of substance abuse, addiction, mental health problems, and violence. Services are provided in communities and schools and include collaborative efforts with the Fairfax County and Falls Church City School systems and Fairfax County Police Department.

  - Intensive services are directed to families requiring structured intervention services and linkages to treatment to interrupt addiction within the family, individuals referred by the Courts for domestic violence issues, youth experiencing issues related to depression and suicide, and youth at high risk for continued abuse of alcohol and other drugs.

  - The Prevention unit also provides education, information, and alternative programming to individuals, families, schools, businesses, civic groups, and service providers.

All programs are evaluated for effectiveness and programs that do not meet stated goals and objectives are retooled.

Contract Management oversight is provided by CSB Prevention Services staff for Safe and Drug Free School grants distributed through the Governor's Discretionary fund to a number of private providers and faith-based organizations. Oversight includes on-site observations, clinical consultation, financial oversight, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Prevention Services participates in multi-layered quality assurance activities:

- The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) requires through the State Performance Contract that the CSB develop and monitor a comprehensive Quality Assurance Plan. This plan is reviewed and approved annually by members of the Community Services Board.
- Prevention Services also participates in the DMHMRSAS mandated quality assurance activity through the development of the CSB's role in the State Comprehensive Plan. The State Comprehensive Plan includes citizen and key stakeholder feedback related to areas of interest in service development and improvement.
- Additionally, DMHMRSAS mandates through the State Performance Contract that Prevention Services will participate in the Performance Outcome Measurement System (POMS) project. In FY 2003, POMS includes outcome, process, and consumer satisfaction measures.
- Programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP). These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Prevention Services has participated in numerous Public Service Announcements. Services and model programming have been the subject of a number of local newspaper articles. Prevention Services disseminates extensive educational material to the community regarding prominent issues for youth and their families, such as violence prevention, tobacco cessation, and the risks of drug and alcohol use.

Accomplishments

Programming in Prevention has been recognized for excellence at the State and Federal level.

- The Fairfax Leadership and Resiliency Program, a program serving high-risk youth, has received the following honors: a NACo Award in 1999, a Washington Metropolitan Council of Governments Science-Based Prevention Program Award in 2000, and a Governor's Recognition for Excellence in 2000. In addition, in 2001, it was selected as an Exemplary Model Substance Abuse Prevention Program by the Center for Substance Abuse Prevention, citing it as a model for national replication. This program has been consistently cited as an example of successful School-County collaboration.

- Girl Power, a program serving at-risk young females, was nominated as a Promising Program through the Center for Substance Abuse Prevention and received national recognition through a NACo Award in 2001.

- The Leadership and Resiliency and Girl Power Programs have been invited to the National Prevention Network Research Conference 2001, which is considered the preeminent national conference that provides current prevention research findings and proven program models.

- Based on examples of University researched Prevention programming outcomes, Fairfax Leadership and Resiliency students reduced school absenteeism and school disciplinary reports, increased grade point averages by nearly a full point, and increased graduation rates.

Funding Sources

Funding sources include Fairfax County; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; and consultation/education fees.

▶ Trends/Issues

Prevention Services recently participated in the implementation of the Communities that Care Survey in the Fairfax County School system. Survey respondents (8th, 10th, and 12th graders) indicated high rates of inhalant abuse, binge drinking, and suicide thoughts, gestures, and attempts. The information about drug and alcohol use, suicidality, and violence, in combination with the students' perceived risk and resiliency factors will be used as needs assessment data for future programming designed to intervene and strengthen key indicators.

More individuals and families accessing Prevention Services are from diverse cultures. Services are geographically dispersed throughout the County and staff who have demonstrated cultural competence have been recruited for their expertise in substance abuse and mental health services. Staff members work in a community-based model and are often the sole service providers for high-risk individuals and families from Central and South America, Asia, and other refugee populations from war-torn nations. The recent Human Services Multicultural Report lends evidence of the diversification of the County and will be used as Prevention needs assessment data in determining future programming.

State and Federal Prevention funding opportunities require that services are evidence-based and employ proven practices. Funding opportunities have moved to a competition model. New State funding will not be disbursed by formula and will continue to be awarded on evidence-based criteria. Examples of evidence-based programming include the Fairfax Leadership and Resiliency Program, Girl Power, services to at-risk elementary school youth, after-school programming for at-risk/high-risk youth, services to at-risk elderly, and community Prevention programming with high-risk individuals and families from Central and South America, Asia, and other refugee populations from war-torn nations.

The State Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has developed a new web-based state tracking system for Prevention data. Prevention Services is implementing the system, which will also be used to monitor program goals, objectives, and activities, resulting in standardized program evaluation information.

Participant Characteristics

Individuals and families accessing services through CSB Prevention Services are diverse. Culturally competent staff serve at-risk and high-risk populations from Central and South America, Asia, and war-torn nations. Programming also services at-risk and high-risk communities throughout the County. Populations served are at-risk or high-risk for substance abuse/addiction, mental health problems, and violence. Individuals, families, and communities served don't tend to seek traditional substance abuse and mental health programming services for a variety of factors (culture, fear, and socioeconomic conditions). Universal Prevention programming participants include the community as a whole, businesses, and civic groups. Selected (at-risk/high-risk populations/communities) and indicated (high-risk individuals and families) Prevention programming participants include children, adolescents, adults, and elderly at high risk or using/abusing alcohol and other drugs and/or experiencing mental health problems.

The Federal Government (45 CFR - Special Federal Substance Abuse Prevention and Treatment Block Grant) and DMHMRSAS mandate the operation of Prevention Services as one component on the continuum of treatment services. Federal set aside regulations require that 20 percent of each state's allocation of the Substance Abuse Prevention and Treatment Block Grant (SAPT) be allocated to prevention services.

In previous exercises, CSB Prevention activities were included separately within the Mental Health and Alcohol and Drug Services program areas. CSB Prevention Services is presented as a separate CAPS to reflect the cross-agency nature of the current programming.

▶ Method of Service Provision

Prevention Services are provided through a combination of directly operated and limited contracting services with discretionary grant funding. The discretionary grant funding provides selected Girl Power! Prevention services throughout the County.

Hours of Operation: Prevention Services are provided as needed by the community and/or population being served. Standard hours of operation are Monday through Friday from 8:00 a.m. until 8 p.m. Many activities and events are provided at night, on weekends, and/or whenever groups and community organizations are available and choose to meet.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Hours of Service	16,915	15,994	12,314*	20,989**	21,000

* Reduction in hours of services related to management information system (MIS) data issues

** Increased hours related to additional staff/programming associated with the Leadership and Resiliency Program

Satisfaction Results: 95 percent of clients participating in Prevention Services' education activities report satisfaction with services.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

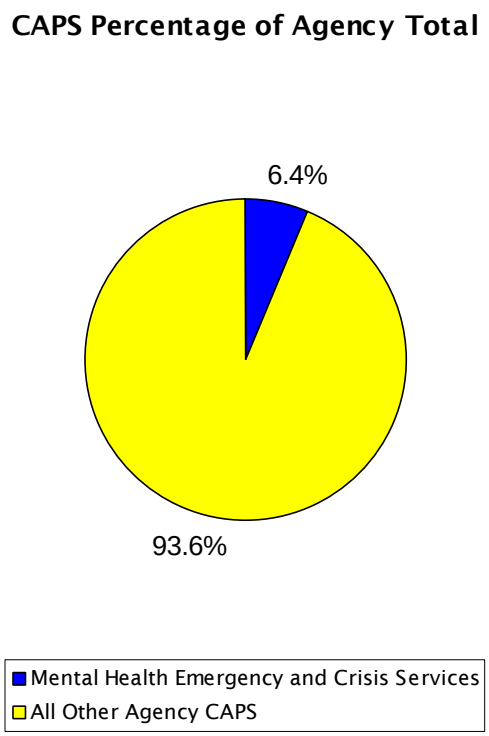
- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR (Code of Federal Regulations) 96 Sections 1921 to 1954 of the Public Health Services (PHS) Act, 42 U.S.C. $$ 300x-21- 300x-35 requires that funding agreements with the States be established for the purposes of prevention and treatment of substance abuse.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$11,028
Current Fee	**Maximum Allowable Fee Amount**	
Fees are for consultation and education services provided to the community.	N/A	
Purpose of Fee: Fees are charged to offset the cost of providing treatment services.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. Prevention fees are set rates with the individual/family/organization responsible for the full fee.	2001
Other Remarks:		

106-03-Mental Health Emergency and Crisis Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$5,450,041
Operating Expenses	$1,396,807
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$6,846,848**
Federal Revenue	$0
State Revenue	$3,125,040
User Fee Revenue	$366,196
Other Revenue	$161,355
Total Revenue:	**$3,652,591**
Net CAPS Cost:	**$3,194,257**
Positions/SYE involved in the delivery of this CAPS	73/72



▶ CAPS Summary

Mental Health Emergency and Crisis Services - The priority treatment population for Mental Health Emergency and Crisis Services are adults, adolescents, and children who are actively suicidal, acutely homicidal due to mental illness, or so mentally ill and unable to care for themselves that their lives are in imminent jeopardy. Prompt and expert intervention can literally be a matter of life and death. The mission and focus of Emergency and Crisis Services is to "save lives, stabilize the crisis, and connect patients with outpatient care once it is safe to do so."

Depending upon a patient's needs and willingness to accept treatment, services may be delivered in a walk-in psychiatric emergency room at three locations, in the field through the Mobile Crisis Unit, in a Crisis Care therapeutic residential facility or Women's Crisis Shelter, or through psychiatric hospitalization - either voluntary or involuntary. Services provided include: risk assessment; crisis intervention and crisis stabilization; psychiatric evaluation; emergency medications dispensed or prescribed; admission to a Crisis Care residential facility, Women's Crisis Shelter or a detoxification center; and psychiatric hospitalization – both voluntary and involuntary. In addition to walk-in services, inpatient services, and crisis residential services, Emergency and Crisis Services also fields rapid response teams with specialized training in hostage or barricade situations, mass casualty or disaster situations, and to acutely traumatized public safety personnel. The Division is also responsible for staffing every commitment hearing held in the County with psychologists who act as "Independent Evaluators" for the Court.

The psychiatrists, clinical psychologists, and clinical social workers who work in Emergency and Crisis Services are seasoned, senior clinicians with specialized clinical training and skills. However, they also must be thoroughly grounded in the mobilization of community resources. It is impossible to successfully treat depression or lower the risk of suicide when the patient has no food or a place to stay. So, Mental Health and Crisis Services accepts referrals from and makes referrals to a variety of other agencies and programs, including:

- Department of Family Services (food stamps, emergency shelter)
- Health Department (to treat general medical conditions)
- Fairfax County Public Schools (FCPS)
- Child and Adult Protective Services
- Virginia Employment Commission
- Department of Housing
- Police Departments
- Fire and Rescue Services

Mental Health Emergency and Crisis Services operate under the auspices of multiple sections of Virginia Code. Community Service Boards in Virginia are mandated to provide 24 hours a day, 365 days a year comprehensive psychiatric emergency services under the Code of Virginia, as amended. Virginia Code also mandates sole CSB responsibility for evaluation of patients for involuntary hospitalization in the Commonwealth and authorizes Emergency and Crisis Services' clinicians to recommend and facilitate involuntary hospitalizations. It also mandates that all clinicians who initiate involuntary hospitalization be certified, after having successfully completed a joint State and local specialized training program. The Critical Incident Stress Management/Disaster Response Team is part of the Fairfax County Disaster Operations Plan that is mandated under the Code of Virginia and the Code of Fairfax County.

Emergency Services - CSB provides 24 hours a day, comprehensive walk-in psychiatric emergency services to persons critically at risk. Patients may come in by themselves, be accompanied by a friend or relative, be referred by various County or private agencies, or be brought in by the police - voluntarily or involuntarily. In addition to crisis intervention and crisis stabilization, "walk-in" services include: hospital pre-admission screenings; pre-detention evaluations; psychiatric hospitalizations; evaluations for, and admissions to, the Crisis Care Program or the Fairfax County Detoxification Center; psychiatric evaluations to rule out medical etiologies of psychological symptoms; medication evaluations, prescriptions, or dispensation of medications; and consultation and assistance to Police, Fire and Rescue, Magistrates, Adult and Juvenile Detention Centers, schools, hospitals (Fairfax, Mt. Vernon, Fair Oaks, Reston, and

Dominion), Department of Family Services (Child Protective Services and Adult Protective Services) and other human services agencies, and families of patients. This program also serves as the off-hour emergency service for Mental Retardation Services and Alcohol and Drug Services, the Northern Virginia Regional Deaf Services Program, and Crisis Link (formerly Northern Virginia Hotline).

Mobile Crisis Services

- The Mobile Crisis Unit (MCU) is a rapid response team that provides expert community crisis intervention and resolutions in high-risk cases of individuals who are dangerous to themselves or to others, or who are unable to care for themselves because of mental illness and who are unwilling or unable to seek help. The MCU accepts referrals and requests from Police, Courts, Fire and Rescue, families, community members, Child Protective Services, Adult Protective Services, and other County and community organizations and agencies. The MCU prioritizes its cases by level of risk, with the highest risk cases at any given moment responded to first. Examples of the kinds of patients seen by the MCU in the community include those with psychotic disorders, people who are suicidal or homicidal, people with mania or depression, people who are dually diagnosed (both seriously mentally ill and substance dependent or abusing), etc. Services provided include: crisis intervention; hospital pre-admission screenings; pre-detention evaluations; evaluations for and admissions to the Crisis Care Program and Fairfax County Detoxification Center; back-up clinical services to the Adult Detention Center and Juvenile Detention Center, and on-scene consultation to Police and Fire and Rescue. In multi-agency cases, one of the MCU's objectives is to free others (such as police officers or paramedics) from a scene so that they may respond to other, non-psychiatric emergencies.

- The **Hostage/Barricade Team** is a rapid response team that is on-call 24 hours a day, seven days a week, along with police SWAT and police negotiators. On scene, the Team develops a psychological profile of the hostage-taker, gathers critical clinical information, monitors negotiations and recommends negotiating strategies and tactics, acts as a resource to the SWAT commander on decisions that a situation is no longer negotiable and tactical assault is warranted, facilitates involuntary psychiatric hospitalization when needed, treats released hostages, works with families of victims, recommends crowd control strategies when needed, and works with families of hostage taker/barricader – especially if incident ends in his or her death. The Team also provides regular clinical training for police members of the team, participates in training "first responder" police officers which includes "full-dress" training simulations.

- The **Critical Incident Stress Management (CISM)/Disaster Response Team** is a rapid response team that is on-call 24 hours a day, seven days a week to assist police officers, fire fighters, paramedics, and any other County employees who have been exposed to a psychologically traumatic event (line of duty deaths, death of a child, mass or multiple casualty events, workplace violence, or the traumatic death of a co-worker). The Team is able to provide various types of expert crisis intervention ranging from on-scene work for long duration public safety events (such as the Oklahoma City tragedy) to brief defusings immediately after an event, to full scale formal Critical Incident Stress Debriefings. Examples of CISM services include working with Fairfax County public safety personnel after the Oklahoma City disaster, the embassy bombing in Nairobi, and earthquakes in Armenia, the Philippines, Turkey and elsewhere. Examples of more local clinical services include debriefings after a fatal elevator accident, after an employee suicide, after a violent death in a County park, etc. In addition to the kinds of clinical services just described, the Disaster Response Team is also able to work on-scene with victims, survivors, and families in disaster situations such as plane crashes, weather emergencies, or other mass casualty incidents, and to provide emergency psychological services at emergency evacuation shelters set up by the American Red Cross and the Department of Family Services.

- The **Civil Commitment Program** provides independent evaluators to the General District Court prior to and at every psychiatric commitment hearing conducted in Fairfax County, as required by the Code of Virginia. Independent Evaluators are licensed clinical psychologists or psychiatrists. After a psychiatric temporary detention, but before the commitment hearing (which occurs two days later), they are required to conduct a clinical evaluation of the detainee independent of the evaluation done by the clinicians who initiated the Temporary Detention Order. They must determine if: (i) the patient is an imminent danger to self or others; or (ii) is so seriously mentally ill as to be substantially unable to care for self; and (iii) that there is no less restrictive alternative to commitment in a psychiatric hospital. The Independent Evaluator provides a clinical report to the Special Justice who conducts the commitment hearing, as well as expert testimony during the hearing itself. The Independent Evaluator is a code-specified gatekeeper; if the Independent Evaluator testifies that there is no further risk of imminent dangerousness, the patient is released and no commitment hearing may be held.

- The **Entry and Referral Program** is the primary point of contact for new requests for services. Entry and Referral assesses a caller's mental health needs, conducts a risk assessment and assesses the need for emergency intervention, and, if needed, makes the necessary referral. Following the assessment, Entry and Referral schedules the initial face-to-face evaluation and/or makes referrals to other appropriate community resources or private providers.

- The **Crisis Care Program** was developed specifically to provide a community-based alternative to psychiatric hospitalization. This intensive, short-term residential treatment program provides psychiatric crisis stabilization services to adults with severe and persistent mental illness (including those with substance dependence) who are experiencing acute psychiatric crises. Services include: comprehensive risk assessment; crisis intervention and crisis stabilization; individual, group, and family therapy; psychiatric evaluation; medication evaluations and medication management; substance abuse counseling; psychosocial education and assistance with skills of daily living; and short-term case management.

- The **Women's Crisis Shelter** is a 17-bed crisis residential program for women and children who are fleeing imminent physical domestic abuse and is part of the State-certified County Domestic Abuse Program. Specialized services offered include: crisis intervention; individual and group counseling; children's counseling; assistance with court and in obtaining legal services; assistance in obtaining employment, housing, health care, and meeting other needs; and community education to other professionals. Interpreter services and culturally sensitive counseling and materials are available for language minority clients. In FY 2002, the program will be adding 12 beds.

- **Inpatient** - The CSB purchases access to three acute care psychiatric beds from the Inova Mt. Vernon Hospital for medically indigent residents of Fairfax County and the Cities of Fairfax and Falls Church. As a part of the contract, the CSB deploys a full-time clinician who is a member of the inpatient unit treatment team and provides discharge planning and case management services for all CSB clients admitted to the hospital.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, additional quality improvement activities include:

- To maximize revenues and insure accurate documentation, on a monthly basis all clinical documentation related to Medicaid billings is reviewed for compliance with State and Federal regulations.
- Utilization reviews include auditing 10 percent of each clinician's clinical records each quarter to ensure (1) compliance with Federal and State (DMHMRSAS and DMAS) laws and regulations, (2) compliance with County, CSB, and Mental Health regulations, policies, and procedures, and (3) the highest quality of clinical services.

Specific to this CAPS, additional training and staff development needs include the following:

As a result of state statutory changes in 1996, the training requirements for Emergency and MCU clinicians are extensive. In addition to comprehensive training on psychotropic medications (antidepressants, antipsychotics, mood stabilizers, anxiolytics, etc.), the following also is required in accordance with the Code of Virginia: comprehensive risk assessments, detailed mental status examinations; crisis intervention and crisis stabilization; geriatrics; pediatric substance abuse evaluations: Federal statutes (42 CFR Part 2) and State (DMHMRSAS and DMAS) and Federal (Health Care Finance Administration) regulations. Staff must also be trained and certified by the Office of Medical Services of the Virginia Department of Health in Critical Incident Stress Management and by the Federal Bureau of Investigation in Hostage/Barricade Negotiation Techniques. It takes approximately two years for a full-time clinician to become fully certified to provide the range of Emergency and Mobile Crisis Unit services.

Community Outreach

Mental Health Emergency and Crisis Services provide community outreach primarily through the MCU and the CISM /Disaster Response Team.

Accomplishments

- During FY 2001, Emergency Services and the MCU provided emergency clinical interventions to 6,406 clients. Yet, despite the fact that these individuals are the highest risk and most severely disturbed CSB clients, the 33,007 services provided (crisis intervention, crisis stabilization, psychopharmacology, and admission to crisis residential services) were so successful that inpatient psychiatric hospitalization was avoided more than 97 percent of the time.
- From FY 2000 to FY 2001, the Crisis Care Program showed a dramatic increase in utilization. While the number of clients served increased by only 39 percent (from 192 to 266), the number of days of treatment increased by 70 percent (from 1,845 to 3,136). This increase reflects not only the critical and increasing need for community-based treatment alternatives to psychiatric hospitalization, but also reflects the increasing level of clinical pathology of those clients being maintained within the community.

- Following the tragic events at Columbine High School in Colorado, a project was initiated to gather state-of-the-art information about the assessment and treatment of young people at risk for violence. Using information from the FBI, research projects – both published and unpublished – and the considerable risk assessment experience of Emergency and MCU clinicians, a screening tool was developed and a consultation model was put into place. This has been of substantial value, particularly for FCPS.

- During FY 2001, the MCU developed a 25-page manual specifically for police officers that serves as a practical reference for handling situations on the street involving mentally ill citizens and includes ways to access immediate, as well as longer term, psychiatric interventions for these citizens. The manual includes triage charts, Virginia Code citations, resource telephone numbers and programs, hours of operation, names of contacts, etc. It was distributed, via Roll Call trainings, to every "street" police officer in the five Police Departments within the service area (Fairfax County, the Cities of Fairfax and Falls Church, and the Towns of Herndon and Vienna) and has been very well received.

- The MCU actively collaborates with the Police Department in the training of street officers who are "first responders" to potential hostage/barricade situations. The training is a weeklong event of police and psychological coursework and concludes with a full dress hostage simulation that takes up the entire final day of training. Since its inception, the number of hostage or barricade situations in the County has dropped significantly to total only four in FY 2001.

- During FY 2001, the Women's Crisis Shelter received a grant from the Virginia Department of Social Services for rental and operations for five new crisis beds. In addition, the Women's Crisis Shelter added a house that would allow up to two families to extend their crisis stay past 21 days when no other housing was available. For FY 2002, the Women's Crisis Shelter has received funding to open an additional 12 beds with staffing outsourced to the private sector.

Participant Characteristics

Patients seen through one or more of Emergency and Crisis Services' programs carry a range of diagnoses and problems including:

- Schizophrenia
- Acute Psychoses
- Severe Depression
- Mania
- Severe Personality Disorders
- Eating Disorders
- Substance Abuse/Dependence Disorders
- Substantial Suicide and Homicide Risk
- Self-mutilating Behaviors
- Domestic Violence
- Child or Elder Abuse

- Involvement with the Criminal Justice System
- Homelessness
- Any other acute psychological and psychiatric disorder that involves extraordinary crisis and distress

▶ Trends/Issues

Increasing Multicultural Population - The percentage of men, women and children in the service area from other cultures is growing dramatically. To meet the clinical needs of these growing populations, emergency psychiatric programs must hire front-line clinicians who are culturally competent and multilingual. Such clinicians are in high demand and, as a County agency with salary constraints, it is extremely difficult to successfully compete in the hiring market for these critically needed clinicians.

Increasing Costs of Psychotropic Medications - The past ten to fifteen years have seen a revolution in new and far more effective psychotropic medications that are available for the treatment of depression and psychosis. In the case of depression, a family of medications called Selective Seratonin Reuptake Inhibitors (SSRIs) has become the "first line" prescription. SSRIs are not only far more effective than the older tricyclic and Monoamine Oxidase Inhibitors (MAOIs) antidepressants, but they have none of their lethal overdose potential. In the case of psychosis, a class of drugs called atypical antipsychotics (ATPs) has had a dramatic impact on the successful treatment of schizophrenia and, as with the SSRIs, have far fewer side effects than the antipsychotic medications used in the past. However, in addition to their unquestioned effectiveness, SSRIs and ATPs share another characteristic - considerable cost.

Increasing Volume of Emergency/MCU Patients - There is an increasing number of people in the service area – as in virtually every other jurisdiction in the United States – who are underinsured or uninsured. These individuals tend to postpone seeking help until a treatable illness becomes a life-threatening emergency. In only one year, from FY 2000 to FY 2001, the number of clients served by Emergency/MCU increased by 11 percent (from 6,563 to 7,313), while the number of services provided increased by 16 percent (from 28,414 to 33,007).

Increasing Severity of Diagnosis - As a result of the shift from hospitalization in State psychiatric facilities to community-based care and the lack of insurance to pursue treatment within the private sector, the severity of psychiatric disorders seen in the various Emergency and Crisis Services has increased significantly. This can readily be seen in the 38 percent increase (FY 2000 to FY 2001) in clients being served by the Crisis Care Program, the 70 percent increase (FY 2000 to FY 2001) in bed day utilization of Crisis Care, the 28 percent increase (FY 2000 to FY 2001) in the number of clients being detained and evaluated by the Civil Commitment Program, and the 30 percent increase in services provided in that program.

Increasing Documentation Requirements - To comply with new requirements imposed by State licensure, DMHMRSAS State Performance Contract, and Medicaid, the amount of documentation has increased dramatically. The time required for clinicians and psychiatrists to complete this documentation is time formerly dedicated to serving high-risk clients.

▶ Method of Service Provision

Services are provided in both directly operated and contracted programs licensed by DMHMRSAS with each program designed to serve a specific population or meet a specific emergency need.

- **Emergency**

  Woodburn Center (central County): 24 hours a day, seven days a week (including holidays)
  Northwest Center: Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)
  Mt. Vernon Center: Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)

- **Mobile Crisis Services**

  MCU: Sunday through Saturday, 8:00 a.m. to 12: 00 a.m. (including holidays)
  Hostage/Barricade Team: On-call response 24 hours a day, seven days a week
  CISM/Disaster Response Team: On-call response 24 hours a day, seven days a week

- **Entry and Referral**

  Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)

- **Crisis Care Program**

  Gregory House, Alexandria: 24 hours a day, seven days a week (including holidays)
  Leland House, Centreville: 24 hours a day, seven days a week (including holidays)

- **Women's Crisis Shelter**

  Undisclosed location: 24 hours a day, seven days a week (including holidays)

- **Inpatient**

  Inpatient Psychiatric Beds: 24 hours a day, seven days a week (including holidays)
  Discharge Planner: Monday through Friday, 10:00 a.m. to 6:00 p.m. (excluding holidays)

- **Civil Commitment Program**

  Evaluations: On-call Sunday through Saturday, 6:30 a.m. to 11:00 p.m. (including holidays)
  Hearings: Monday through Friday, 6:45 a.m. to 12:00 p.m. (excluding holidays)

▶ Performance/Workload Related Data

Title	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Persons Served:			
Emergency/MCU	6,563	7,313	7,313
Crisis Care Program	192	266	266
Women's Shelter	230	260	260
Inpatient	211	193	193
Civil Commitment Program	365	469	469
Services Provided:			
Emergency /MCU (services)	28,414	33,007	33,007
Crisis Care Program (bed days)	1,845	3,136	3,136
Women's Shelter (bed days)	3,101	3,145	3,145
Inpatient (bed days)	847	736	847
Civil Commitment (hours)	989	1,288	1,288

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of emergency services as a core service within the Community Services Board (CSB).

- Code of Virginia Section 37.1-197.1 mandates the CSB to provide prescreening services for anyone who requires emergency mental health services.

- Code of Virginia Section 37.1-65 mandates the CSB to complete an evaluation and prescreening for any person requesting admission to a State hospital, including private psychiatric beds purchased with State funds

- Code of Virginia Section 37.1-67.01 mandates CSB evaluation of individuals under an Emergency Custody Order.

- Code of Virginia Section 37.1-67.1 mandates that all CSB emergency clinicians who initiate involuntary hospitalization must be certified, after having successfully completed a specialized training program as approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services and mandates the CSB to (1) complete an "in person" evaluation of patients prior to the issuance of a Temporary Detention Order, (2) provide a clinical recommendation to the Magistrate regarding the issuance of such an order, and (3) locate a bed for the detainee.

- Code of Virginia Section 37.1-67.3 mandates the evaluation of patients under a Temporary Detention Order to determine if the individual (i) is or is not so seriously mentally ill as to be substantially unable to care of himself, or (ii) does or does not present an imminent danger to himself or others and (iii) does or does not require involuntary hospitalization and mandates

the CSB provide a preadmission screening report for the civil commitment hearing and mandates the CSB to find a commitment bed as a "willing" facility.

- Code of Virginia Section 37.1-89 provides for fees and expenses for many of the services provided under 37.1-67.1 through 37.1-67.4.

- Code of Virginia Section 16.1-338 for minors under the age of 14 or "nonobjecting minors" fourteen years of age or older, mandates the CSB to complete an evaluation and prescreening for any person requesting admission to a State hospital, including private psychiatric beds purchased with State funds.

- Code of Virginia Section 16.1-339 for minors fourteen years of age or older who are objecting to psychiatric hospitalization, mandates the CSB complete an evaluation and provide a written report to include findings as to whether, because of mental illness, the minor (I) presents a serious danger to himself or others to the extent that severe or irremediable injury is like to result or (ii) is experiencing a serious deterioration of his ability to care for himself in a developmentally age appropriate manner, and (iii) is in need for inpatient treatment for mental illness which is (iv) the least restrictive alternative that meets the minor's needs.

- Code of Virginia Section 16.1-340 mandates CSB evaluation of minors under an Emergency Custody Order and mandates the CSB to (1) complete an "in person" evaluation of minors prior to the issuance of a Temporary Detention Order, (2) provide a clinical recommendation to the Magistrate regarding the issuance of such an order, (3) complete a preadmission screening report and (3) locate a bed for the detainee and mandates that all CSB emergency clinicians who initiate involuntary hospitalization on a minor must be certified, after having successfully completed a specialized training program as approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- Code of Virginia Section 16.1-342 mandates the CSB to complete an evaluation and provide a written report to include findings as to whether, because of mental illness, the minor (I) presents a serious danger to himself or others to the extent that severe or irremediable injury is like to result or (ii) is experiencing a serious deterioration of his ability to care for himself in a developmentally age appropriate manner, and (iii) is in need for inpatient treatment for mental illness which is (iv) the least restrictive alternative that meets the minor's needs.

- Code of Virginia Section 16.1-344 mandates the evaluator to submit the written report (as defined under 16.1-342) to the Court and to attend the hearing as an expert witness.

- Code of Virginia Section 16.1-345 mandates that CSB designate the inpatient treatment facility for minors committed under 16.1-344.

- Code of Virginia Section 16.1-347 mandates sole CSB responsibility for evaluation of patients for involuntary hospitalization in the Commonwealth and authorize CSB emergency clinicians to recommend and facilitate involuntary hospitalizations for adults and for juveniles.

- Code of Virginia Section 16.1-345 provides for fees and expenses for many of the services provided under 16.1-388 through 16.1-342.

- Code of Virginia Section 44-146.19 E mandates Critical Incident Stress Management/Disaster Response Team as part of the Fairfax County Disaster Operations Plan.

- Code of Fairfax County Section 14-1-5 mandates Critical Incident Stress Management/Disaster Response Team as part of the Fairfax County Disaster Operations Plan.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$366,196

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

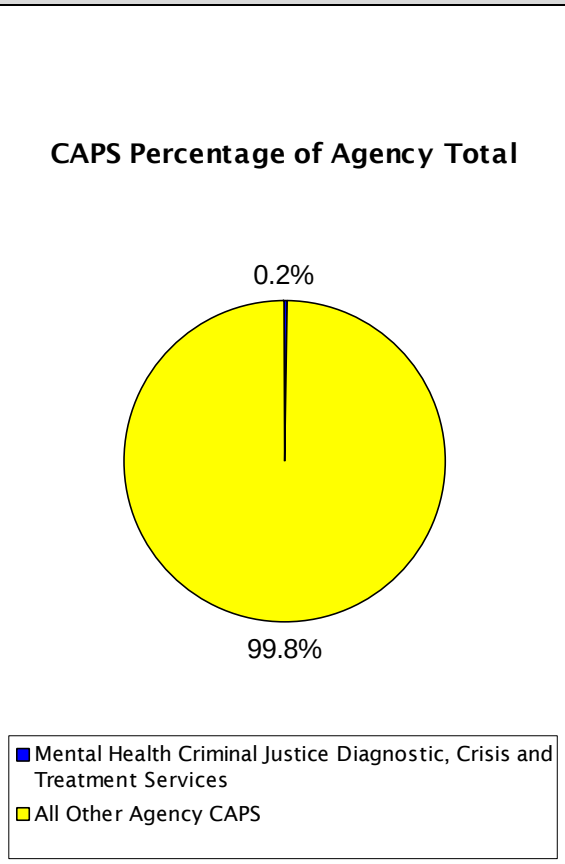
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment.	2001

Other Remarks:

106-04-Mental Health Criminal Justice Diagnostic, Crisis and Treatment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$1,066,829
Operating Expenses	$74,262
Recovered Costs	($891,692)
Capital Equipment	$0
Total CAPS Cost:	**$249,399**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$249,399**
Positions/SYE involved in the delivery of this CAPS	13/12.5



▶ CAPS Summary

Criminal Justice Diagnostic, Crisis, and Treatment Services (previously called Forensic Services) was created twenty-five years ago to address the needs of the seriously mentally ill and high-risk criminal offenders at the Fairfax Adult Detention Center and defendants before the Fairfax County Circuit, General District, or Juvenile and Domestic Relations Courts. In recent years, the needs of this population have become increasingly more complex. Large numbers of inmates are medically fragile, culturally diverse, more severe in their mental health presentation, and less connected to community services, as demonstrated by increasingly larger numbers of homeless individuals. According to the Bureau of Justice Statistics, "mentally ill offenders reported high rates of homelessness, unemployment, alcohol and drug use, and physical and sexual abuse prior to their current incarceration." The needs of these individuals have been highlighted by Court decisions and changes in the law, including the rights of seriously mentally ill offenders, the custodial obligation of correctional environments, and due process for defendants.

- During the 1960's, state mental hospitals reduced their census, and community programs did not keep pace with these releases. Jails became the new mental health hospitals for the community, and the presence of mental health professionals within these settings became essential. According to a 1999 report by the Bureau of Justice Statistics, it is estimated that approximately 16 percent of jail inmates have a serious mental disorder, such as schizophrenia or bipolar disorder. Female offenders demonstrated a significantly higher rate of mental illness than male offenders, and jails in urban/suburban areas had higher rates of mental illness than rural areas. Previous court decisions determined that these seriously mentally ill inmates have a constitutional right to psychiatric care based on the Eighth Amendment of not permitting cruel and unusual punishment (Estelle v. Gamble, 1976; Bowring v. Godwin, 1977). Court decisions also mandated the right of inmates to be placed in safe environments, and cell housing assignments must be made by established rules, taking mental health issues into account (Jensen v. Clarke, 1996; Haley v. Gros, 1996). Therefore, mental health professionals were needed to provide these inmates with such services as risk management, psychotropic medication, and psychiatric hospitalization and to participate in decisions about cell housing assignments.

- Secondly, at the time Criminal Justice Diagnostic, Crisis, and Treatment Services was established, jail staff struggled with the extremely high rate of suicide within jails, estimated to be nine times greater than the general population. Inmates attempted suicide in alarming numbers, often due to depressive symptoms, substance abuse, medical fragility, fear of incarceration, or shame regarding their charges. Court decisions determined that correctional environments could not be "deliberately indifferent" to the needs of the persons they housed (Farmer v. Brennan, 1994). Correctional environments were mandated to have mental health professionals who could assess risk level and intervene accordingly. Such interventions may include involuntary hospitalization, pursuant to the Code of Virginia.

- Finally, in order to protect the rights of defendants, State and Federal laws provided for the use of mental health evaluation and testimony in the courts. In Dusky v. United States (1963), the Court mandated that a person could not proceed to trial unless he or she had a rational and factual understanding of their charges and were able to assist their attorney in their defense. In Chatman v. Commonwealth (1999) and Ake v. Oklahoma (1985) respectively, the Court asserted that an insanity defense and expert testimony were essential elements of due process and fair treatment. The Code of Virginia code outlines the procedures for mental health evaluations and mandates that indigent defendants must have access to these evaluations. Likewise, Virginia code gave defendants access to presentence evaluations, in which positive findings could result in hospitalization (restoration to competency, or hospitalization of insanity acquittees). The Code also addressed the needs of sex offenders. These developments again emphasized the need for mental health professionals to participate in the criminal justice system.

- In more recent years, a fourth mandate is emerging from Court decisions. With the horror of mentally ill inmates leaving correctional environments without mental health support in the community and then perpetrating violent offenses on citizens, the Court mandated that mentally ill offenders be referred to mental health treatment in the community prior to their release (Brad H. v. City of New York, 1999). This release planning requires a close working relationship with community mental health treatment providers and the availability of liaison staff within the jail to ensure that these offenders make these needed connections. This linkage between community mental health centers and institutions also has been mandated by Virginia code.

Program Description

Although it is apparent that these services must be provided in a correctional environment, it is less obvious that the provision of mental services in a correctional environment requires staff from both agencies to integrate often mutually-exclusive goals. This unique blending of two agencies, Community Services Board (CSB) and Office of the Sheriff, allows the expertise of each agency, mental health interventions and public safety respectively, to serve this complex population. Services that are sensitive to the security needs of the environment as well as the mental health needs of the offender are provided within one of three programs:

The **Crisis Intervention Program** provides the assessment, diagnosis, and management of suicidal and/or mentally disordered offenders who are incarcerated at the Adult Detention Center (ADC) or the Work Release Program. Services include:

- Crisis intervention and crisis stabilization
- Risk assessment, including risk of suicide and danger to others
- Emergency psychiatric hospitalization
- Psychiatric medication evaluation, prescription, and monitoring
- Behavior management consultation
- Daily consultation to the Sheriff's staff regarding the safe housing and management of mentally disordered offenders
- Suicide prevention screenings and staff training for suicide prevention

The **Forensic Evaluation Program** provides court-ordered forensic evaluations to indigent clients who are either incarcerated or on bond in the community. It is staffed by professionals who have received Forensic Evaluation Training from the Institute of Law, Psychiatry, and Public Policy at the University of Virginia. Types of services include:

- Evaluation regarding Competency to Stand Trial or Plead
- Evaluation of Sanity at the Time of the Offense
- Emergency Treatment
- Presentencing Evaluations
- Development of Conditional Release Plans for NGRI's (Not Guilty by Reason of Insanity)

The **Forensic Treatment Program** provides specialized housing and treatment programming to a maximum of 48 men and 24 women with significant mental health needs. In addition to the crisis intervention, medication, and ongoing risk assessments that all identified inmates receive, the inmates in the Forensic Treatment Program have an assigned primary therapist. This therapist is responsible for accessing services for the inmate within the jail, as well as developing an appropriate community treatment package. With these additional services, it is expected that the inmate will make a stronger connection with the community upon release, will be less likely to present a risk to public safety, and will be less likely to return to jail.

Mandated Services

The following court decisions and laws, among others, mandate forensic services.

- The rights of seriously mentally ill offenders are most clearly highlighted by Estelle v. Gamble (1976), where it was decided that they have a constitutional right to psychiatric care based on the Eighth Amendment of not permitting cruel and unusual punishment. Inmates at risk received court attention in Farmer v. Brennan (1994), where it was decided that correctional environments could not be "deliberately indifferent" to the needs of inmates. Through Dusky v. United States (1963), the Court protected the inmate in court, finding that he or she could not go to trial unless competent to do so.

- Virginia laws have more clearly articulated the rights of incompetent, pre-sentenced, insane, and sexually-offending defendants. The Code of Virginia also outlines the procedures for admission and pre-discharge planning of patients to and from state hospitals. As forensic staff are employees of the CSB, and CSB employees have mandated pivotal activities regarding state hospital admissions and discharges, services are provided in a smooth, continuous manner.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, Mental Health staff are required to have additional skills and training to perform their assigned job duties. Only seasoned, skilled clinicians who can work in a high-risk, complex setting can successfully work in this demanding environment to meet the needs of the mentally ill and at-risk offender. Criminal Justice Diagnostic, Evaluation, and Treatment Services uses a multidisciplinary team of mental health professionals hired by CSB Mental Health Services and funded by the Office of the Sheriff.

- Forensic staff must be able to independently conduct rapid risk assessments and interventions with high-risk inmates, and they must have the appropriate education, training, knowledge, and skills to perform these tasks so inmates are not placed at risk of harm to themselves or others. If they do not have advanced skills in this area, they are required to attend specialized training in Risk Assessments at the Institute of Law, Psychiatry, and Public Policy.

- According to Virginia code, forensic evaluators must have specialized forensic training approved by the Commissioner of Mental Health, Mental Retardation, and Substance Abuse Services. All forensic staff must receive this training within their first three months of employment.

- In 1998, Virginia developed certification for Sex Offender Treatment Providers, and mental health professionals working with sex offenders must have this additional certification.

- Given the complexity of the inmates' legal status and high rate of medical complications, staff are required to attend mandatory training in confidentiality, human rights, and exposure to blood-borne and airborne pathogens.

- Accreditation standards from the National Commission on Correctional Health Care require that all health care providers have a minimum of twelve hours of continuing education training annually and have current CPR certification. All forensic staff must comply with this standard (Standard J-18).

- Office of the Sheriff has monthly training requirements that include review of Standard Operating Procedures and training videotapes. All forensic staff must comply with this requirement.

Community Outreach

Public forums for community members and interested citizens featuring staff presentations on mental health issues are offered at open luncheons and other meetings.

Accomplishments

Forensic staff have provided a comprehensive service to mentally ill and at-risk offenders for twenty-five years. During that time, they have developed a close working relationship with the staff of the Office of the Sheriff, as well as maintained close working relationships with state hospitals, mental health centers, and Alcohol and Drug Court Services.

More recently, forensic staff have developed and are implementing the Forensic Treatment Program. For the first time in the history of the Fairfax ADC, forensic inmates are co-located in two cell blocks (one male and one female) where services and security are provided through a Direct Supervision model. Staff and correctional staff are actually inside the cell block with the forensic clients and provide immediate and more comprehensive services to these inmates. Forensic staff have been developing this new programming for the past five years. The planning has included specialized training for deputies assigned to work in these cell blocks, development of treatment planning, and selection of outcome measures.

▶ Trends/Issues

Jails are unique even among correctional environments because of their extremely high rate of population turnover. The average daily population of 968 does not reflect the enormous demand for services. At the Fairfax ADC, 26,354 admissions were booked into the facility in calendar year 2000. These admissions need to be screened for risk and mental illness even though many of them will leave the facility within the first few days. Forensic staff are tasked with an enormous workload that is not well understood by persons outside the jail system.

A 750-bed expansion to the ADC has been completed and will be occupied in phases. This increased capacity will require more mandated services of risk assessments, mental health services, and release planning for the mentally ill. Forensic staff may be required to defer cases and develop waiting lists for services, a potentially dangerous clinical practice for a crisis program in a high-risk facility.

Inmates are becoming more medically compromised. They are admitted with increasing rates of HIV, tuberculosis, illnesses related to significant substance abuse, and other medical conditions. They do not obtain adequate medical care in the community, and therefore must be treated immediately upon admission. Many times psychiatric symptoms are a result of medical complications. It is becoming increasingly evident that the forensic staff needs more medical expertise, such as the addition of nurse practitioners and RNs.

Foreign born inmates are entering the jail in significant numbers. For example, 24.5 percent of the jail population speak Spanish. It is becoming increasingly critical that Spanish-speaking forensic staff are hired to address their need for accurate suicide assessments and appropriate identification of seriously mentally ill offenders.

Funding Sources

Funding source, by Inter-Agency Agreement, is the Office of the Sheriff and is reflected as Character 40, Work Performed for Others.

▶ Method of Service Provision

Hours of Operation: Staff are on duty at the ADC Monday through Friday from 7:00 a.m. to 7:00 p.m., Saturdays and holidays from 8:00 a.m. to 4:00 p.m., and Sunday from 8:00 a.m. to 12:00 p.m. When Forensic staff are not on site, Fairfax County's Mobile Crisis Unit provides emergency backup services.

▶ Performance/Workload Related Data

Title	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Persons Served	2,254	2,126	2,300	2,300
Hours of Service	9,610	12,149	13,000	13,000
Number of Contacts	21,179	23,247	24,000	24,000

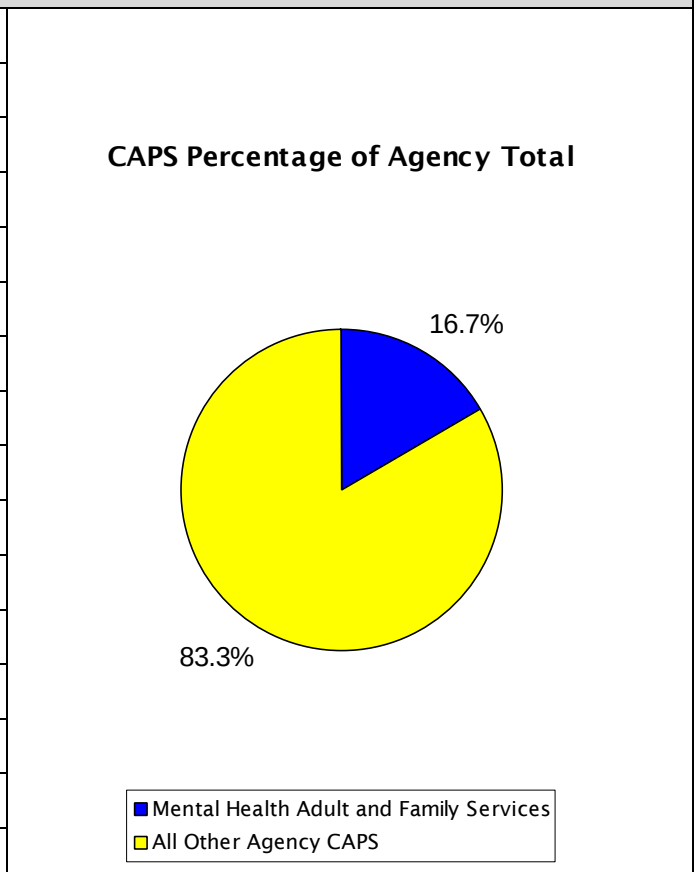
▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 19.2-168.1 mandates evaluation of the defendant's sanity at the time of the offense when requested by Commonwealth attorney after insanity defense has been raised.
- Code of Virginia Section 19.2-169.1 mandates evaluation to determine competency to stand trial or plead.
- Code of Virginia Section 19.2-169.2 mandates restoration to competency.
- Code of Virginia Section 19.2-169.5 mandates evaluation of defendant's sanity at the time of the offense when requested by defense counsel.
- Code of Virginia Section 19.2-169.6 mandates evaluation for emergency treatment prior to trial.
- Code of Virginia Section 19.2-176 mandates evaluation to determine insanity (need for hospitalization) after conviction but before sentence hearing.
- Code of Virginia Section 19.2-177.1 mandates evaluation to determine mental illness (need for hospitalization) after sentence hearing.
- Code of Virginia Section 19.2-182.2 through 19.2-182.16 for individuals found to be 'Not Guilty by Reason of Insanity', mandates procedures for temporary custody, commitment, treatment, review hearings, conditional release plans, revocation of conditional release, emergency custody, modification or removal of conditions, and escape.
- Code of Virginia Section 19.2-300-301 mandates mental evaluation of person convicted of offenses indicating sexual abnormality.
- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.

106-05-Mental Health Adult and Family Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$12,119,156
Operating Expenses	$5,842,405
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$17,961,561**
Federal Revenue	$1,319,009
State Revenue	$1,750,100
User Fee Revenue	$2,869,662
Other Revenue	$422,292
Total Revenue:	**$6,361,063**
Net CAPS Cost:	**$11,600,498**
Positions/SYE involved in the delivery of this CAPS	167/157.9



▶ CAPS Summary

Mental Health Adult and Family Services provides a broad array of mental health services to adult citizens with acute and/or serious, persistent mental illness and adults with co-occurring mental illness and substance use disorders.

Many of these individuals have a history of:

- multiple psychotic episodes
- psychiatric hospitalization
- multiple detoxification services
- incarceration or involvement with the criminal justice system
- violence
- trauma
- suicidal ideation and/or suicide attempts

They may also experience:

- neurological deficits
- deafness
- HIV+ status
- homelessness or risk for homelessness
- physical illness with concomitant loss of independent functioning
- poverty

Services include assessment, individual, group, and family therapy, psychopharmacology, case management, and psychoeducation. These services vary by duration and level of intensity according to individual needs. Service intensity ranges from periodic case management and medication maintenance to the intensive day treatment programs. Treatment is designed to provide stabilization, relapse prevention, community maintenance, and adaptive behavior change in a manner that facilitates service recipients' participation in the recovery process. Utilization reviews are employed and outcome measures are in place to ensure efficient and effective services across the continuum of care.

Individuals served in Adult and Family Services vary in their potential for self-care, safety, stable housing and employment, constructive relationships, participation in community-based support systems, substance abstinence, and symptom management. Treatment is designed to meet individual needs in the least restrictive manner possible while addressing consumer and community safety requirements. Specialized services are offered to individuals with needs related to aging, grief, sexual assault, domestic abuse, HIV+ status, multicultural and multilingual factors, and co-occurring disorders such as mental illness and substance abuse and mental illness and mental retardation.

Services are provided by both County staff and contract agencies licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) at seven sites across the County. Services providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses, nurse practitioners, and professional counselors. Some of these professionals are cross-trained and cross-credentialed in alcohol and drug treatment. Outreach services are provided to those individuals whose illness precludes their coming into one of the mental health sites. Treatment is coordinated with other agencies including: Department of Family Services, Child Protective Services, Adult Protective Services, Probation and Parole, Alcohol and Drug Services (ADS), Mental Retardation Services, Area Agency on Aging, the County Coalition on Domestic Abuse, Virginia Batterers Intervention Programs, County Homeless Shelters, Nonprofit Transitional Housing Programs, etc.

Failure to provide adequate and effective mental health or co-occurring disorders treatment results in a substantial increase in the utilization of, or involvement with, hospital emergency rooms, homeless shelters, and the criminal justice system. The locale of care for persons with mental illness has shifted from the State Hospital to the community and Fairfax County is under increasing pressure to provide a range of services to citizens in the community in which they reside. Most of these vulnerable individuals have limited or no health care insurance and their income is severely compromised by their disability. Thus, they are dependent on public mental health services for their safety, symptom management, and stability. Community treatment is a cost-effective and humane alternative to the trauma of multiple hospitalizations, homelessness, and incarceration.

The **Adult Outpatient Program (AOP)** provides a range of assessment, crisis stabilization, treatment, case management, medication services, psychoeducation, and support to persons 18 years of age and over who are experiencing acute mental illness. This program provides focused intensive treatment that is designed to address crisis stabilization and symptom management, as well as utilize the clients' own coping skills and community support systems to deal effectively and efficiently with mental illness in the least restrictive and most appropriate service alternative. These individuals may have a history of hospitalization or may be at risk for psychiatric hospitalization. They often are experiencing concomitant domestic, vocational, financial, and educational disruption or destabilization secondary to the expression of their emotional symptoms and they often have co-occurring substance use disorders. Outreach services are available on a limited and as-needed basis for stabilization and brief problem-solving intervention, e.g. developing a behavioral management plan for a young man with multiple sclerosis whose behavior was placing him in jeopardy of losing his sheltered housing and whose disability does not allow him to come in for appointments. Work with these individuals is designed to prevent need for more restrictive or intensive mental health services and is a cost-effective means to reduce the chance of homelessness, job loss, and marital or relationship loss secondary to acute mental illness.

Adult Outpatient Program staff serve as liaisons and consultants with ADS Crossroads, Detox Center, A New Beginning, Cornerstones, Assisted Living Programs, and United Christian Ministries. Staff also serve on the Probation & Parole Mental Health Committee, the Child Protective Services and Juvenile Court Sex Team (in regard to parents' mental illness issues), Affordable Health Care/Health Department program, and work with drug companies to request indigent medication for those consumers who cannot afford their medications.

The **Community Support Program (CSP)** provides a range of assessment, crisis stabilization, treatment, case management, medication services, hospital discharge planning, outreach, psychoeducation, family education, and support to persons 18 years of age and over who have serious and persistent mental illness. These individuals have a history of psychiatric hospitalization or are at risk for hospitalization. The major mental illnesses include schizophrenia, schizoaffective disorders, bipolar and other affective illnesses, and severe personality disorders. Many of these individuals have co-occurring substance use disorders. The majority of persons with severe and persistent mental illness will require a broad range of psychiatric, case management, rehabilitative, and support services throughout their lifetime to manage mental illness, maintain housing, and reach maximum employment. Outreach appointments are available on a limited and as-needed basis for consumers who are temporarily unable to come in for office appointments due to illness or injury, are placed briefly in more intensive treatment, or who have withdrawn from treatment and are at high risk.

CSP staff serve as consultants and liaisons with Psychiatric Rehabilitation Services, Inc., the Department of Rehabilitative Services, the Department of Family Services, Mental Retardation Services, ADS Cornerstones, ADS Crossroads, State and private psychiatric facilities, and Head Injury Services.

The **Older Adults and Their Families Program (OAFP)** provides evaluation, treatment, case management, consultation, and support to older adults and their caregivers in Fairfax County. Program services are available to any person 60 years of age or older and to relatives, friends, or other adults who live with or have concerns for older persons. Geropsychiatric evaluations, medication treatment, individual, family, couples and group counseling, consultations, crisis intervention, and coordination with specialized community resources are available. Rapid response outreach is available within 3-5 business days to engage medically frail clients who are reluctant to seek help, or to provide, upon request from staff of other agencies, professional impressions of older clients who may be at risk or in danger due to mental illness. Rapid response is also available to the Fire Marshall when older adults face eviction because their hoarding behavior has created a serious fire hazard in their homes.

Older adults receiving services may have a history of severe and persistent mental illness or may be experiencing severe depression or anxiety associated with the effects of physical illness, disability, and the onset of dementia. There is an increasing co-occurrence of substance use disorders along with psychiatric and physical illness.

OAFP staff provide consultation to Day Health Centers, Senior Living Centers, nursing homes, Assisted Living Centers, hospitals, etc. in managing participants' behavior and assessing for possible mental illness. OAFP staff provide therapeutic support services and community education through ongoing groups in senior residences, health, and recreation center settings, as well as lectures and workshops for persons concerned with problems of aging and caregiving. OAFP staff provides Employee Assistance Program consultation to Fairfax County employees facing older adult issues. Specialized multi-cultural mental health services for non-English speaking older adults and their caregivers are offered at the Seven Corners site.

Medication Services:

- **AOP** - Medication Services are provided to an increasing percentage of clients enrolled in the Adult Outpatient Program throughout the County. This is a result of a wider range of medication options available to treat mental illness; it also reflects the growing severity of dysfunction and diagnoses found in the clients being served in the program. Psychiatrists and nurses work in collaboration with other program staff to provide coordinated and comprehensive services to adults experiencing acute mental illness. These services allow program clients to stabilize their psychiatric symptoms and avoid or reduce the occurrence of hospitalization, job loss, homelessness, or involvement with the criminal justice system.

- **CSP** offers medication services to individuals experiencing the symptoms of severe mental illness. Assessment and psychiatric medications are offered in collaboration with other services for a comprehensive approach to managing mental illness. Medication can, along with other psychotherapeutic support and case management services, assist individuals in living comfortably with or near family or other supportive individuals in their own community. Repeated psychiatric hospitalizations can be avoided. CSP Medication Services also work to obtain needed medications for individuals unable to pay; a number of resources are utilized including pharmaceutical company indigent care programs, the State pharmacy, insurance programs, private self-pay resources, and Fairfax County subsidy. All individuals in the CSP Medication Services who are prescribed medication for psychotic disorders have been offered new generation atypical antipsychotic medications; over 75 percent of these individuals have experienced improvement.

- **OAFP** offers specialized psychiatric coverage by psychiatrists able to manage the medication needs of the elderly. These program clients frequently have multiple co-occurring physical disorders, dementia, and a complicated response to psychotropic medications.

Discharge Planning: This includes an array of services that focus on reintegrating and maintaining seriously and persistently mentally ill persons in the community. Client assessment, treatment coordination, and extensive discharge planning is provided to clients on site at Northern Virginia Mental Health Institute. Additionally, these services are provided to clients at several private psychiatric hospitals who participate in a State-funded private bed purchase agreement. Teleconferencing and contracting with other Community Services Boards for recommitment prescreening are utilized to assist in the discharge planning process when a State facility is out of the Northern Virginia area. State-funded Census Reduction Projects allow for the development of additional community placements and treatment programs which support the successful community reintegration of adults with serious and persistent mental illness.

The **Adult Day Treatment Program** is a directly operated CSB program offering an array of intensive services for adults with serious and persistent mental illnesses. The two Adult Day Treatment Programs are partial hospitalization programs which provide short-term (average stay of 3 months), highly structured stabilization, evaluation, and treatment to individuals at direct risk of being psychiatrically hospitalized or in the process of being discharged from a hospital. The programs use a group treatment focus with adjunctive individual treatment, family support groups, medications, crisis intervention, social and community skills training, vocational guidance, and case management. Individuals served in the Adult Day Treatment Programs require this intensive treatment (four to six hours daily) to stabilize and remain in the community. These individuals often have co-occurring substance use disorders and/or developmental disabilities.

Psychiatric rehabilitation services are provided by Psychosocial Rehabilitation Services, Inc., a contractually operated program providing community-based services to adults with serious mental illness in the Northern Virginia Region. The comprehensive and individualized services provided by PRS, Inc. include the following: rehabilitation and structured activity services, intensive case management, dual-diagnosis services, psychiatric disability management services, deaf services, and mentoring services. The goals of psychiatric rehabilitation services are to reduce the need for hospitalization, develop social relationships, prepare for independent living, secure and sustain employment, promote good physical health, and promote appropriate education.

PRS, Inc. offers a wide range of career development and employment support services. Employment services have been developed to meet the current needs of clients and referrals from the community. These services include individual case management, assessment, placement, and both short-term and long-term follow-along supports upon job placement. PRS, Inc. works closely with the Virginia Department of Rehabilitation Services in assessing and placing clients in appropriate vocational placements. In addition, PRS, Inc. has a small residential program that provides skills teaching and transitional/permanent housing to individuals who are homeless.

Transportation to and from the programs is an essential service for the individuals who participate in psychiatric rehabilitation services. The CSB provides transportation through FASTRAN, Fairfax County's transportation agency.

The Program of Assertive Community Treatment (PACT) is a multidisciplinary outreach-based treatment team providing long-term comprehensive psychiatric, rehabilitation, and support services to persons with severe and persistent mental illness who have symptoms and impairments that are not effectively treated in office-based programs. The goal of the program is to assist individuals to live independently in their own community by minimizing debilitating symptoms that, if left under-treated, would lead to hospitalization, homelessness, or incarcerations. PACT operates as a team to bring individualized life skills teaching, vocational, substance abuse, psychiatric nursing, medication, discharge planning, emergency, and family support services to the client.

Domestic Abuse and Sexual Assault Programs

- The **Victim Assistance Network (VAN) Program** is a State-certified sexual assault center (and, along with the Women's Crisis Shelter, part of a State-certified County domestic abuse program). VAN provides services to survivors of domestic violence and sexual assault through crisis intervention and stabilization, counseling, a 24-hour crisis hotline, advocacy service (to hospital, police, magistrate, and courts), and support groups. Specialized professional individual counseling services are provided to sexual assault survivors who need assistance in dealing with the acute and long-term adjustment phases of rape trauma syndrome and for children and youth who are victims of non-family sexual abuse. Limited individual domestic abuse counseling is made available through graduate interns. VAN trains and supervises volunteers to provide community-based support groups for abuse survivors and parents of sexually assaulted children.

VAN provides community education programs on domestic abuse and sexual assault to other service providers, hospitals, police, human service agencies, teens and their families, and community groups. VAN staff participate with the following organizations in a coordinated community response to domestic abuse and sexual assault: INOVA Fairfax Hospital Domestic Abuse Council, the Fairfax County Network Against Family Abuse, Office for Women Legal Round Table, Virginians Against Sexual Assault, Virginians Against Domestic Violence, the Region II Domestic Violence Community Resource Council, the Northern Virginia Batterers Intervention and Anger Management Providers Group, the Coalition for Treatment of Abusive Behaviors, and the Fairfax County Child Sex Abuse Team. VAN staff provide clinical intervention and consultation through outreach efforts to Adolescent and Adult Detention Centers, Homeless Shelters, Teen Centers, Police Roll Calls, Alternative Schools, Senior Centers, Girl Scout Troops, and the Department of Family Services Foster Care and Child Protective Services.

- The **Anger and Domestic Abuse Prevention and Treatment (ADAPT) Program** is a State-certified program, providing specialized treatment to men and women who have difficulties regulating anger and other emotions and have frequently been physically or emotionally abusive to intimate partners or family members. Many clients are referred by local courts and child protective services agencies for domestic abuse with partners, spouses, children, parents, and siblings, as well as chronic anger and road-rage. Services offered are clinical assessment and screening for mental illness and substance abuse, an eight-week anger management group, and an eighteen-week psychoeducational and treatment group. Clients are seen on a weekly to monthly basis between the assessment and entry into a group. Client partners are offered a partners' orientation group where they receive information on the program, relationship safety planning, and appropriate referrals. ADAPT provides regular reports to Probation and Parole officers and collaborates with other service providers. Clients are taught self-regulation strategies through lecture, videotape, demonstration, and weekly homework assignments which are evaluated. ADAPT promotes emotional self-regulation and individual responsibility instead of blame, coercion, and aggression. Participants are taught to self-assess the role of alcohol and drug use in their lives.

- **Volunteer Services** - During the past fiscal year, volunteers provided the Domestic Abuse and Sexual Assault Programs with 8,658 hours of service on the 24-hour Crisis Hotline, facilitating Domestic Abuse and Sexual Assault Support Groups, and providing Domestic Abuse and Sexual Assault Community Education under staff supervision.

The **HIV Program** is a grant-based (Ryan White Grant) adult program for persons diagnosed as HIV+ or AIDS involved. The program is designed to serve indigent clients with no other financial means (including Medicaid and Medicare) of affording treatment. The program serves HIV-infected individuals, in all stages of the disease, with mental health issues; these individuals may also have co-occurring substance use disorders. These complicated cases often require case coordination with the local health department and other agencies/individuals needed to stabilize the person's condition. Given the nature of the illness, the level of treatment may begin only with support and case management but will invariably require dealing with the psychiatric crises and functional dementia associated with advanced AIDS.

The **Deaf Services Program** provides specialized counseling to persons with hearing loss and their family members. The staff are fluent in American Sign Language and have specialized training in the psychosocial aspects of hearing loss. The caseload includes those residents who are deaf, hard of hearing, deafblind, or late deafened. Services are provided to clients of all ages with varying degrees of mental illness. (These clients are subclassified under the Adult

Outpatient Program, Community Support Program, and Child, Youth, and Family Program. Please see above for descriptions of services in each of these programs.)

The Deaf Services Program is regional and involves liaisons with Prince William, Alexandria, Arlington, and Loudoun Community Services Boards, as well as with the State Coordinator of Deaf, Hard of Hearing, Deafblind, and Late Deafened in the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons (NVRD). Clients may come from any catchment area in Fairfax County as well as from the above mentioned Community Services Boards in Northern Virginia for services. Consequently, working with these clients involves linkage and collaboration with appropriate disability related resources, such as the Deaf Unit at the Psychiatric Rehabilitation Center, the Regional Counselor for the Deaf at the Department of Rehabilitation and the Regional Counselor for the deafblind at the Department for Blind and the Vision Impaired. Most services are provided at the Springfield Mental Health Center site.

The **Grief Crisis Program** provides grief counseling and support groups for people who have experienced the death of a significant person in their lives. Services are provided to children, adolescents, and adults who have lost a relative to suicide, murder, traumatic accident, or terminal illness. The program provides consultation, education, and professional staff trainings on issues of death and dying to individuals, families, community organizations, and other human service providers. Debriefings following unexpected deaths are provided to neighborhoods, schools, communities, and businesses. The program provides supervision to, and makes extensive use of, both students and volunteers to expand service capacity.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Community Outreach

Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings.

Accomplishments

- **Medication Services Initiatives**

The **Reston Adult Outpatient Program (AOP)** has initiated a Nurse Practitioner project to maximize medication services resource utilization. The Nurse Practitioner is able to work with the program psychiatrists to establish medication treatment for program clients and is then able, within the regulations of the profession, to provide ongoing medication services with psychiatric supervision. The Nurse Practitioner position is full-time and available to cover medication issues for all program clients in the absence of the part-time psychiatrists. The effort has enabled the site to offer more cost-effective and accessible medication services; the Nurse Practitioner is also able to cover client medication needs when a psychiatrist has left the program and the recruitment of a new psychiatrist is in process. With this coverage by a medical service provider known to the client, medication treatment is uninterrupted and the disruption of a new psychiatrist is minimized. During the past year, a George Washington University School of Medicine psychiatry resident was placed, through the Medical Services Unit, in the Adult Outpatient Program.

Community Support Program (CSP) - The Texas Implementation of Medical Algorithm (TIMA) is a pilot project based upon research developed by the Texas Department of Mental Health, Mental Retardation, and Substance Abuse and the University of Texas. Together they established guidelines for the treatment of Schizophrenia, Depression, and Bipolar Disorders. Medical Services staff coordinated the initiation of the comprehensive model of treatment for Schizophrenia which includes a medical algorithm, or a decision tree of psychotropic medications, comprehensive documentation, positive and negative symptom scales, and patient and family education materials. The project is interactive with expert consultation available on an ongoing basis via email and bi-monthly telephone conferences for the service providers. The first client was enrolled in September 2000. Five psychiatrists and 39 clients are currently participating in the program. A clinical nurse specialist provides coordination.

Both **AOP** and **CSP** have established a partnership with Comprehensive Neuroscience of Virginia. Comprehensive Neuroscience offers clients from both programs access to leading-edge psychiatric medications that would not otherwise be available. They are provided free medical and psychiatric evaluations, hospitalization at no cost, continuation of study medications at no charge if these medications prove useful, and restabilization on CSB available medications if the new medications prove to be unacceptable or ineffective. Comprehensive Neuroscience provides continuous and time-sensitive communication through nurse coordinators to AOP and CSP staff, assistance/resources for discharge planning, and all lab work, reports, and case notes on a regular basis to AOP and CSP physicians and therapists. Comprehensive Neuroscience of Virginia staff is also available, at no cost, for consultation on any case where a second or collaborative opinion is needed.

All programs providing Medication Services have coordinated ongoing training for medical personnel on the latest research in mental illness and psychopharmacology.

- **Multicultural and Multilanguage Initiatives** - Fairfax County residents are increasingly diverse. Individuals in need of mental health services are similarly diverse in their countries of origin and language. Several programs in Adult and Family Services, through recruitment and programming effort, have developed an increased capacity for multicultural and multi-language treatment:

  - The Reston AOP has begun to provide on-site mental health services to Hispanic individuals at the Herndon Resource Center, a community-based facility developed and sponsored by the Town of Herndon, offering a wide range of human services to residents of the Herndon area.

  - The Woodburn AOP offers psycho-educational groups in Spanish.

  - AOP has also reorganized the program's multicultural services into one team that is based in six locations across the County to ensure consistency of programming and sharing of resource information.

  - OAFP now has two clinicians who speak Spanish and Vietnamese and have the specialty skills needed to work with the elderly located in the Seven Corners area of the County.

  - VAN has special outreach services to the deaf and hearing impaired, and Hispanic, Korean, and Vietnamese, and other language and culture groups. The VAN hotline workers offer over 12 languages.

- **Research or Evidence-Based Treatment Initiatives** - Both AOP and CSP have designed and implemented groups for individuals with Borderline Personality Disorder based upon the research of Marsha Linehan. The approach is a modified Dialectical Behavior Therapy treatment process addressing the needs of a high-risk population to develop emotional regulation skills, learn interpersonal behaviors appropriate to the workplace, and to develop resistance to impulsive, substance abuse, self-destructive and suicidal behaviors. This approach has been successful throughout the country and allows Adult and Family Services programs to bring State-of-the-art treatment to County residents with mental illness.

  With the growing understanding of the biological nature of psychiatric illness and the powerful interplay between emotions and physical well-being, both AOP and CSP have developed psychoeducational groups for consumers and their families that cover:

  - medication
  - side-effects of medication
  - nutrition
  - exercise and fitness
  - self-care
  - symptom management
  - responding to family members with mental illness
  - how to achieve maximum benefit from the mental health treatment process

The groups are currently being standardized and implemented throughout the County mental health sites. These groups are adjunctive to other therapeutic approaches and facilitate a successful treatment experience for consumers of both programs by engaging them as collaborative partners in the recovery process. A pilot project is underway to bring these groups to Alcohol and Drug Services for individuals with co-occurring mental illness and substance dependence as well.

- The **Older Adults and Their Families Program (OAFP)** arranged for expert training to be brought to Fairfax County for staff in AOP, CSP, Adult Day Treatment, and Residential Services on treatment for individuals with severe hoarding behavior. These individuals often come to the attention of Mental Health Services through the Fire Marshall, Health Department, Police, and Adult Protective Services for severe hoarding and concomitant failure to maintain a safe and healthy home environment. Following the training, a group to treat hoarding behavior was begun at the Reston Human Services Site and is co-led by clinicians from AOP and OAFP. The group is available to clients from these programs, as well as CSP. Individuals participating in the group are at risk for hospitalization, loss of custody of their children, eviction, and homelessness. The group is a State-of-the-art approach to this complex and dangerous disorder.

- **Domestic Abuse and Sexual Assault Programs Initiatives** - VAN and ADAPT have recently received recognition and an award for their work by the Fairfax County Domestic Violence Coalition. ADAPT has been Certified by the Commonwealth of Virginia as a Domestic Abuse Batterer's Intervention Program. ADAPT has completed an outcome study with the assistance of Virginia Tech demonstrating positive client change after receiving program services. VAN has maintained existing sexual assault State grants in an increasingly competitive process and has received new grants from the Virginia Department of Criminal Justice Services for outreach and program evaluation activities.

- **Grief Services Initiatives** - During the past year, two new initiatives were established. The first is a training program for school staff to facilitate grief groups for adolescents in the school setting. The second is a "Comfort Bear" campaign in which individuals and community organizations donate teddy bears that are given to the children who participate in grief groups. These bears not only bring comfort to the children, but also show the support and compassion of our community.

- **Volunteer Services** placed an average of 152 volunteers in 21 Mental Health Services Programs during FY 2001 for a total of 12,343 hours of service. According to the Virginia Employment Commission, the average hourly value for volunteer time is $17.79. Based upon this calculation, Mental Health Services received $219,582 worth of support from the community in the past fiscal year.

Funding Sources

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Mental Health Federal Block Grant for Persons with Serious Mental Illness; the Virginia Department of Criminal Justice Services for Federal sexual assault and domestic violence grants; Virginia Department of Health for Federal sexual assault prevention grant; Northern Virginia Regional Commission (NVRC) for Federal HIV services; Medicaid State Plan Option, and fees from clients, insurance companies, and Medicare.

▶ Trends/Issues

Several treatment approaches have been developed to address the biological nature of mental illness and to assist clients in participating in their recovery process. Part of this effort has been the successful introduction of the atypical antipsychotic medications to clients who need and have benefited from this advance in the treatment of mental illness. This medication is now addressed in the standards of care in psychiatric medication and has resulted in a dramatic increase in the costs of medication. Another factor in regard to the atypical antipsychotic medications is the accompanying weight gain and health problems related to obesity, e.g. diabetes, hypertension, etc. that has resulted from their use. All Medication Clinics in Adult and Family Services Programs have responded with an increased focus on medical screening, referrals for medical care, and education on nutrition and weight management to lessen the probability of these serious health problems. These vital efforts increase the complexity of the delivery of medication services and increase costs due to the professional time involved in addressing the full range of physical and psychiatric concerns of program clients.

Medication Services staff provide services to many clients who do not have, but need, primary medical care. To avoid potentially dangerous complications, medical care such as essential medical tests (e.g. EKG, glaucoma, diabetes, etc.) must be coordinated with psychiatric care. Since most clients have no health insurance or are covered by Medicaid, Medication Services staff face the difficulty of finding and linking consumers with primary medical care. First, there are few providers who accept Medicaid patients. Second, the Health's Department's Community Health Care Network which provides services to the uninsured has a long and continuous waiting list for new patients and they no longer accept patients on Medicaid or Medicaid spend down. Individuals who work but do not have health insurance may not be eligible for services if their income exceeds 200 percent of the Federal poverty guidelines. These and other factors of eligibility constitute a serious concern in the provision of psychiatric medication services.

Training needs for all staff are ongoing and will continue to require significant training time. The increasingly complex and detailed documentation requirements for all clients continues to reduce the time that clinicians have to provide treatment services. Minimum training needs include:

- Information technology (mastery of SYNAPS)
- Medicaid eligibility and documentation requirements
- Virginia treatment outcome measures (POMS)
- State and Federal confidentiality regulations, e.g. 42 CFR Part 2 regulations for clients with co-occurring mental illness and substance abuse disorders and HIPAA regulations for medical documentation management
- Human Rights regulations
- Licensure regulations
- Certification and documentation requirements for various third-party payors

The need for mental health services in multiple languages will continue to correspond to the diversity of individuals living in Fairfax County. Need exceeds current capacity and will require increasing attention in the coming years.

Outreach services to at-risk consumers becomes increasingly important as the State Hospitals reduce their census and communities become responsible for the treatment needs of individuals with severe and persistent mental illness. If these individuals are unable, either due to logistical reasons or as a result of the symptoms of their illness, to come into the mental health center, it becomes imperative to do assertive outreach to engage them in the process of recovery. Positions dedicated to this activity were lost in the reductions in the early 1990s. The importance of these positions is currently accentuated by the very large caseloads in all programs that make the more time-intensive effort of outreach increasingly difficult.

Consumers who have hearing loss and need mental health and other services face many difficulties. Deaf services staff often act in the role of advocates and educators for other programs, e.g., housing, Child Protective Services, etc. This is a time-intensive case management service for which there are few current resources. Another issue for consumers with a hearing loss is the need for sign language interpreters to utilize psychiatric/medication, emergency, crisis care, residential, domestic violence, day treatment, and alcohol and drug services. The use of interpreters is both costly and less than optimal for participation in mental health treatment. These consumers also face the unique psychosocial impact of deafness. Much as with individuals from other cultures, the deaf culture presents special challenges to clinicians to work effectively and provide culturally competent services. The current resources are unable to meet the present demand and the need for these services continues to expand.

▶ Method of Service Provision

Services are provided in both directly operated and contracted programs.

Adult Outpatient Program (AOP): Multidisciplinary staff are available at six mental health sites throughout the County. Office-based services are available Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Clients may need to use Emergency Services that are available 24 hours a day, seven days a week.

Community Support Program (CSP): Multidisciplinary staff are available at five mental health sites throughout the County. Office-based services are available Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Clients may need to use Emergency Services during the acute phase of their illness which are available 24 hours a day, seven days a week.

Older Adults and Their Families Program (OAFP): Services are available at four sites (Reston, Lincolnia, Mt. Vernon IMP, and Woodburn) Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Treatment is offered at the homes of persons unable to get to these sites because of physical incapacity.

Adult Day Treatment: The two Adult Day Treatment programs, located in the Reston and Mount Vernon areas, operate Monday through Friday from 8:00 a.m. to 5:00 p.m., plus scheduled evenings. Each program has a dedicated van that allows them to pick up and return clients to their homes throughout the County.

PACT: Services are directly operated and licensed by DMHMRSAS. Services are available Monday through Friday for 12 hours a day, Saturday, Sunday, and Holidays for 8 hours a day, plus on-call response 24 hours a day, seven days a week (including holidays).

Victim Assistance Network (VAN): Counseling, education, training and consultation services are available Monday through Friday from 8:00 a.m. to 9:00 p.m. Hotline and advocacy services are provided 24 hours a day, seven days a week.

ADAPT: The ADAPT program is offered in three locations: Woodburn, Mt. Vernon, and Chantilly. Program hours are Monday through Friday from 9:00 a.m. to 9:00 p.m. Initial appointments are scheduled through the Entry and Referral office at one of three locations. In conjunction with the Women's Shelter, a 24 hours a day, seven days a week hotline for abusers is available.

HIV+: Based at the South County (IMP Building), this program is a regional one covering Northern Virginia and utilizes support from other local CSBs who collectively supported the establishment of a regional, rather than individual, program.

Deaf Services Program: Multidisciplinary staff are available at the Springfield Mental Health Center. Office-based services are available Monday, Wednesday, and Thursday from 8:00 a.m. to 4:30 p.m., Tuesday from 9:00 a.m. to 9:00 p.m., and Friday from 8:00 a.m. to 12:00 p.m. Clients may need to use Emergency Services, which are available 24 hours a day, seven days a week. A sign language interpreter will be used for communication access.

Grief Services Program: Services are provided by 1/0.5 SYE specialist in grief, loss, and death who manages a flexible schedule to be available when needed. This professional also provides supervision to students and volunteers who give their time to the Program.

▶ Performance/Workload Related Data

Title	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Persons Served:			
Outpatient-Adult	2,344	2,146	2,146
Older Adults	289	293	293
Outpatient CSP	2,316	2,405	2,405
Day Treatment	209	209	209
ADAPT	163	111	111
Women's Shelter	230	260	260
Services Provided:			
Outpatient-Adult (Hours)	42,567	54,324	54,324
Older Adults (Hours)	4,490	9,988	9,988
Outpatient CSP (Hours)	46,531	64,903	64,903
Day Treatment (Hours)	30,151	32,408	32,408
ADAPT (Hours)	3,005	7,149	7,149
Women's Shelter (Bed Days)	3,101	3,139	3,139

In the 2000 Statewide Consumer Satisfaction Survey, 87 percent of consumers in the Adult and Family Services who responded to the survey expressed satisfaction with services.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 26 - 50%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB) and Section 37.1-197.1 mandates provision of predischarge planning for persons being discharged from a State mental health facility.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$2,869,662

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

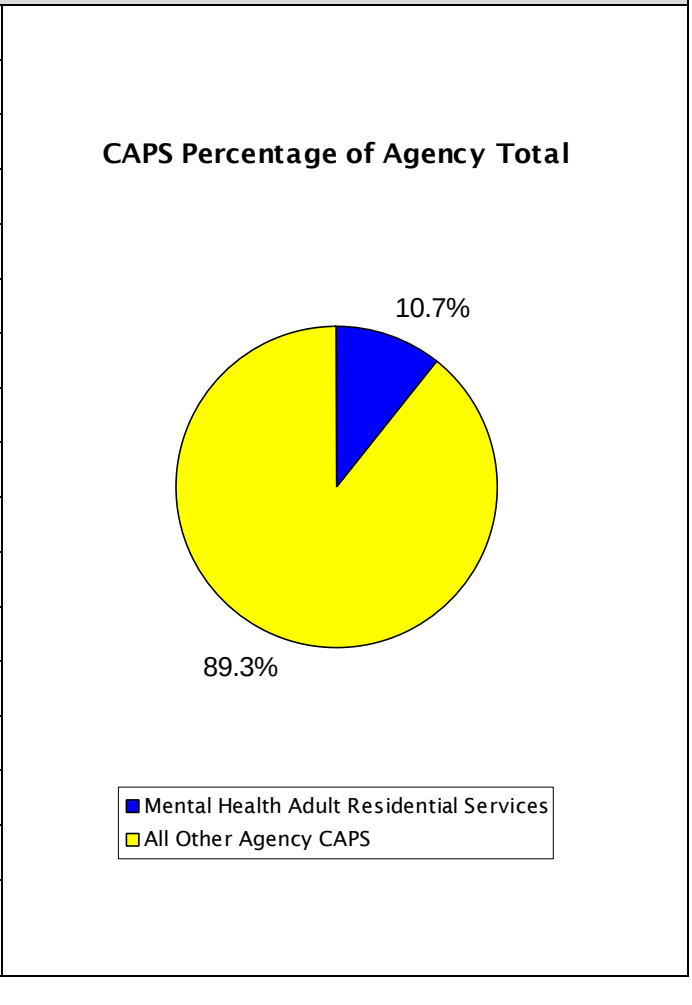
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-06-Mental Health Adult Residential Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$5,855,252
Operating Expenses	$5,664,614
Recovered Costs	$0
Capital Equipment	$23,000
Total CAPS Cost:	**$11,542,866**
Federal Revenue	$104,015
State Revenue	$2,767,151
User Fee Revenue	$627,058
Other Revenue	$421,073
Total Revenue:	**$3,919,297**
Net CAPS Cost:	**$7,623,569**
Positions/SYE involved in the delivery of this CAPS	101/99.5



▶ CAPS Summary

Mental Health Adult Residential Services provides mental health services to adults with serious mental illness and adults with co-occurring mental illness and substance abuse disorders. Consumers receive services in an array of residential programs designed to address their needs. The mission of Adult Residential Services is to help consumers maintain and/or improve level of functioning through tailoring treatment and support services to match their existing strength and functioning.

Services include assessment, case management, health education, medication management and monitoring, recreational and social activities, daily living skills training, dual diagnosis treatment, individual/family/group therapy, outreach and linkage, roommate mediation, and crisis intervention and management. Adult Residential Services provides treatment to the mandated population of adults who meet the adult mental health priority population as determined by the State Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), as well as case management services as mandated by Virginia State Code.

Individuals served in these programs have experienced homelessness, acute psychosis, multiple hospitalizations, abuse/neglect and/or violence, suicide ideation and/or attempts, severe family problems, educational and/or vocational limitations, and/or economic deprivation with limited or no independent living skills. These individuals are not able to independently acquire and maintain decent housing. Services are provided in a continuum that reflects treatment integrity.

Highly Intensive Treatment Services

These programs provide overnight care in conjunction with intensive treatment and training. Services include mental health and/or substance abuse treatment, crisis stabilization, and residential alternatives to hospitalization where intensive treatment rather than supervision occur. Dual Diagnosis programs assist with reducing and eliminating the effect of alcohol or other drugs in the body in a specialized non-medical facility with physician services available when needed. Staff are onsite 24 hours a day, seven days a week.

The **Franconia Road Treatment Center** provides 24 hours a day onsite highly intensive treatment and support services to adult males, 18 years of age and older, with co-occurring serious mental illness and substance abuse disorder. This is a transitional program with up to eighteen months length of stay.

The **Residential Extensive Dual Diagnosis Program** provides 24 hours a day onsite highly intensive treatment and support services to adult females, 18 years of age and older, with co-occurring serious mental illness and substance abuse disorder. This is a transitional program with up to eighteen months length of stay.

The **DAD Regional Group Home** offers permanent housing for male and female consumers needing ongoing 24 hours per day highly intensive treatment and support services. Consumers are 18 years of age and older with serious mental illness. These services are contractually operated.

Intensive Treatment Services

Group Homes are facilities of five or more beds owned or leased by the Community Services Board (CSB) that provide 24 hour onsite supervision for individuals who require training and assistance in basic daily living functions such as meal preparation, personal hygiene, transportation, recreation, laundry, and budgeting.

The **Patrick Street** and **Beacon Hill Transitional Group Homes** offer a 24 hours a day supervised environment to male and female consumers with serious mental illness. These consumers are 18 years of age and older who are being discharged from hospitals or institutions or reside in the community, but lack basic independent living skills to reside independently in the community. This is a transitional program with up to eight months length of stay.

The **Leroy Place** and **Calamo Street Permanent Group Homes** offer permanent housing to male and female consumers with serious mental illness needing 24 hours a day onsite treatment and support services. Consumers are 18 years of age and older and in need of ongoing services. These services are contractually operated.

Dual Diagnosis Cornerstones – (Adult Residential Services provides mental health staff to the Dual Diagnosis Cornerstones program.) The Dual Diagnosis Cornerstones program provides 24 hours a day onsite highly intensive treatment and support services to male and female adults, 18 years of age and older, with co-occurring mental illness and substance abuse disorder. This is a residential treatment program with up to six months length of stay.

Supervised Services

These programs offer overnight care in conjunction with supervision and services and include the following:

Supervised Apartments or Townhouses are licensed residential programs that place and provide services to individuals in units that are owned, rented, leased, or otherwise controlled by the CSB. The length of stay exceeds 30 days but is less than 24 months.

The **Transitional Therapeutic Apartment Program** provides residential treatment in a stable, supportive, therapeutic setting in which consumers with a psychiatric disorder learn and practice the life skills needed for successful community living, and ultimately transition into the most manageable independent living environment. Consumers are males and females 18 years of age and older with a serious mental illness. This is a transitional program with up to twenty-four months length of stay.

The **Residential Intensive Care Program** provides onsite daily monitoring of medication, psychiatric symptoms, daily counseling, treatment, and support in a stable, supportive, and therapeutic setting in which male and female consumers with serious mental illness can develop the needed skills for self sufficiency. Consumers are males and females 18 years of age and older, with a serious mental illness. This is a transitional program with up to twenty-four months length of stay.

Group Homes Extension Apartment Beds are designed to assist consumers in their transitioning from group homes to a more independent living environment. This program has been designed to allow consumers the opportunity to live in the community while maintaining a supportive connection to group home programs. Consumers are males and females 18 years of age and older with serious mental illness. This is a transitional program with up to twenty-four months length of stay.

Domiciliary Care

Domiciliary Care provides food, shelter, and assistance in routine daily living in facilities of five or more beds. This is primarily a long-term setting with an expected length of stay exceeding 30 days. Domiciliary care is a less intensive program than a group home or supervised apartment as the program does not provide treatment or training.

The **Stevenson Place Assisted Living Facility** provides long-term placement and services to the most needy consumers with serious mental illness. Consumers are male and female adults, 18 years of age and older, with multiple medical and psychiatric issues. This program is contractually operated.

Fairfax Community Residences provides contract services to clients with mental illness, mental retardation, and physical disabilities. This program provides long-term and short-term residential care, as well as case management, crisis stabilization, and community support.

The **Oconomowac Development Training Center** is a contract agency that specializes in providing residential and school programming to children, adolescents, and young adults with dually diagnosed developmental disabilities and emotional disturbances. This unique program focuses on developing adult independent living skills, positive self-image, behavior management, and weight and food control for individuals diagnosed with Prader-Wili Syndrome.

Cardinal House is an Assisted Living Facility contract service that specializes in serving adults with mental illness. This program provides residential support and offers residents the opportunity to participate in meaningful non-recreational activities, paid work, opportunities to participate in volunteer work, and use of recreational facilities in the community.

Tall Oaks is an Assisted Living Facility contract service that provides assessment of medication, quarterly care meetings, assistance with hygiene and mobility, rehabilitation services, and social and recreational services.

The **Learning Services Corporation** is a national contract agency that specializes in comprehensive community integrated post acute neurorehab services for those with acquired brain injury. This program provides long-term residential rehabilitation, day treatment, outpatient services, and supported living services for people with traumatic brain injury, and includes a vocational and respite component.

Supportive Services

This program provides unstructured services that support individuals in their own housing arrangement and normally does not involve overnight care.

Supported Living Arrangements are residential alternatives not included in other types of residential services. Staff assists individuals to locate or maintain residential settings where the CSB does not control access to beds. The focus may be on assisting the individual to maintain an independent residential arrangement.

The **Supported Shared Housing Program PH/PBS8** is jointly operated by Department of Housing and Community Development and Mental Health Adult Residential Services. Consumers of mental health services acquire long-term permanent subsidized units through the Department of Housing and Community Development. Adult Residential Services staff assists consumers receiving mental health services to acquire and maintain housing that is safe, decent, and affordable.

The **Supported Housing Option Program** is jointly operated by Pathway Homes and Mental Health Adult Residential Services. Most of the units in this program are funded by Shelter Plus Care Grants through the HUD Continuum of Care process. Consumers of mental health services acquire long-term subsidized units through Pathway Home HUD funding. Adult Residential Services and Pathway Homes staff assist consumers receiving mental health services to acquire and maintain housing that is safe, decent and affordable.

HUD McKinny Housing is contractually operated by Pathway Homes and Psychiatric Rehabilitation Services. These units are funded by Permanent Supported Housing Grants through the HUD Continuum of Care process. Consumers of mental health services acquire long-term permanent housing and support through contract agencies. Staff assists consumers to maintain housing and provide the needed services to maintain their psychiatric stability.

Individual/Family Home - Consumers residing in their Individual units or Family Home require ongoing assistance in order to maintain their housing. These consumers were able to acquire Public Housing or Section 8 units through the Department of Housing and Community Development. Adult Residential Services staff provides consumers the needed treatment and support services.

Homeless Services provides mental health interventions to individuals in Homeless Shelters and Outreach to homeless individuals and families living in the street, cars, woods, and other areas not suitable for living.

Homeless Services in Shelters - Adult Residential Services staff provide mental health services to homeless consumers at emergency shelters operated by private non-profit agencies. Mental health services are designed to facilitate the transition of individuals from homelessness to a condition of stability, independence, and self-sufficiency.

Homeless Services Outreach - Adult Residential Services Outreach staff target homeless individuals who may have mental disabilities and/or substance abuse issues. Services are designed to engage homeless individuals in mental health and substance abuse services, as needed, with the goal of ending homelessness.

The **Bridge Apartment Program** is operated by a private non-profit agency. Adult Residential Services staff provides treatment and support services to consumers who have transitioned from a homeless shelter and now reside in these units. Adult Residential Services staff establishes a clinical relationship with the consumers while they are in the shelter. These are consumers that are in the process of getting their lives back together and need the extra time to get the pieces in place.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Community Outreach

Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings.

Accomplishments

The following programs have been initiated over the last four years: Dual Diagnosis program for females, Supported Shared Housing programs with the Department of Housing and Community Development, Expansion of HUD Shelter Plus Care program, Residential Intensive Care program, Expansion of the Extension Apartment Beds program, Assisted Living Facility and an Intensive self-contained Dual Diagnosis Program. Residential treatment and residential care bed capacity has increased by approximately 170 beds.

Funding Sources

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Project for Assistance in Transitioning from Homelessness (PATH) Federal Block Grant; the Northern Virginia Mental Health Institute for discharge assistance/aftercare; Medicaid State Plan Option, and fees from clients and insurance companies.

▶ Trends/Issues

Persons with serious mental illness are residing in their own communities. These individuals often have co-occurring mental, medical, or substance abuse problems that require a comprehensive continuum of residential services. Individuals are in need of flexible treatment and support services in order to maintain themselves in the community. The waiting list for residential programs continues to increase with the wait for a placement in a residential program lasting many months or years, depending on the program need.

Individuals are usually homeless or living in sub-standard housing prior to entering Adult Residential Services. Individuals served in this program have very limited incomes and may cycle on and off Social Security benefits. Many have multiple psychiatric hospitalizations and require mental health treatment in order to stabilize and maintain psychiatric stability.

▶ Method of Service Provision

Services are provided by directly operated and contracted programs licensed by DMHMRSAS.

A designated staff is assigned to on-call duty after normal work hours to address emergencies in programs that do not have staff onsite 24 hours a day, 7 days a week, 365 days a year. Emergency Services are also available to consumers in these programs 24 hours a day, 7 days a week, 365 days a year.

- Franconia Road Treatment Center, Residential Extensive Dual Diagnosis and Cornerstones are designed to serve consumers dually diagnosed (serious mental illness and substance abuse). Staff are onsite 24 hours a day, 7 days a week, 365 days a year.

- DAD Regional Group Home, Patrick Street, Beacon Hill, Leroy Place and Calamo Street Group Homes are designed to serve consumers with serious mental illness. Staff are onsite site 24 hours a day, 7 days a week, 365 days a year.

- The Transitional Therapeutic Apartment Program is designed to serve consumers with serious mental illness. Staff make three to four contacts weekly with at least one contact onsite.

- The Residential Intensive Care Program is designed to serve consumers with serious mental illness that are in need of more intense treatment than in a supervised apartment program and less treatment than in a 24 hours a day group home. Staff are onsite twice a day, in the morning as they are starting their day and during the evening as they are ending their day.

- Group Home Extension Apartment Beds is designed to serve consumers with serious mental illness transitioning from the group home. These consumers are able to maintain daily contact with group home staff. Group home staff provides onsite contact three to five times a week and daily when necessary.

- The Stevenson Place Assisted Living Facility is designed to serve consumers with serious mental illness needing ongoing support. Adult Residential Services staff provides onsite case management, therapy, and medication management to these consumers Monday through Friday from 8:00 a.m. to 5:00 p.m. and some evenings until 9:00 p.m.

- Fairfax Community Residence, Oconomowac Development Training Center, Cardinal House, Tall Oaks and Learning services Corporation are contract agencies with programs designed to meet special needs of mental health consumers. Services are provided daily.

- The Supported Shared Housing Program, Supported Housing Option, HUD McKinney Housing and Individual/Family Home programs are designed to provide flexible services to consumers with serious mental illness. The frequency of onsite contacts and weekly contacts are based upon individual functioning and needs. Contacts vary from three contacts per week to 40 hours of contact per week.

- Homeless Services at Shelters are designed for homeless consumers. Adult Residential Services staff are onsite at the shelters Monday through Friday from 8:00 a.m. to 5:00 p.m., some evenings and some weekends.

- Homeless Outreach Services are designed to seek out homeless individuals living in the street, cars, woods and other areas not suitable for dwelling. Staff frequently visits locations where these individuals tend to hang out. Services are provided daily between 9:00 a.m. and 9:00 p.m.

- The Bridge Apartment Program is designed for mental health consumers striving to put their lives back together. Adult Residential Services staff provide three weekly contacts with at least one being onsite. Services are provided Monday through Friday between 8:00 a.m. and 5:00 p.m.

▶ Performance/Workload Related Data

Title	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Bed Days	86,119	93,017	93,017
Hours of Service	16,130	19,724	19,724
Persons Served	1,004	1,312	1,312

95 percent of the consumers in Adult Residential Services expressed satisfaction with their level of participation in the treatment planning for the services that they received.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB).

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$627,058

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

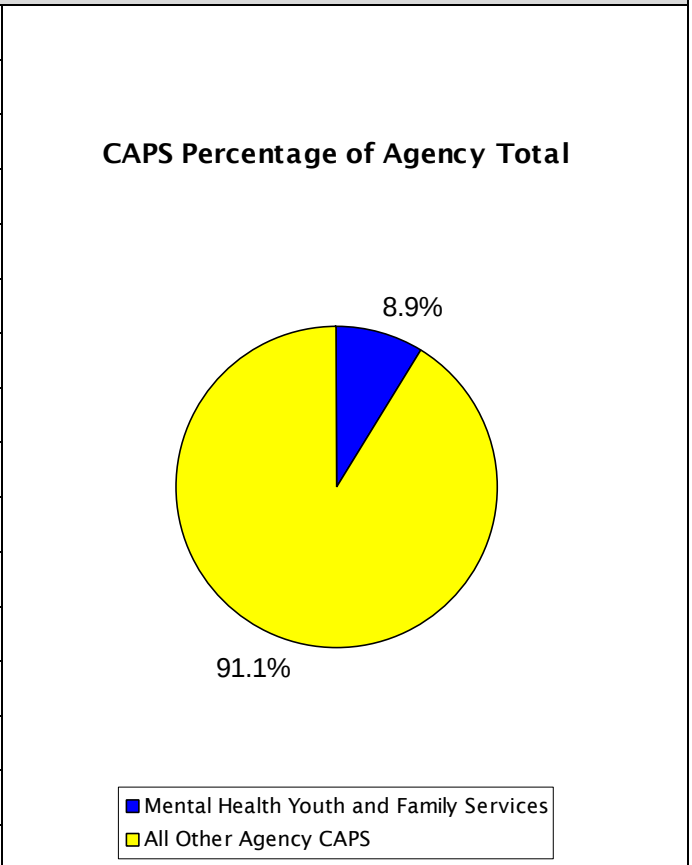
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-07-Mental Health Youth and Family Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$6,799,604
Operating Expenses	$2,842,051
Recovered Costs	($114,779)
Capital Equipment	$0
Total CAPS Cost:	**$9,526,876**
Federal Revenue	$202,366
State Revenue	$1,091,695
User Fee Revenue	$2,440,302
Other Revenue	$187,642
Total Revenue:	**$3,922,005**
Net CAPS Cost:	**$5,604,871**
Positions/SYE involved in the delivery of this CAPS	102/100.25



▶ CAPS Summary

Mental Health Youth and Family Services provides a broad array of mental health services to children and youth with serious emotional disturbances (SED) and at-risk (AR) children and their families. Some families present with such complex problems that they can only be served in a large clinical organization and through extensive collaboration among the various child-serving agencies.

Many of these children and youth have a history of:

- psychotic episodes
- psychiatric hospitalization
- involvement with the juvenile justice system
- exposure to violence
- abuse and neglect
- out of control and aggressive behaviors
- suicidal ideation and/or suicide attempts
- exposure to serious disturbances in their care takers

Services include assessment, individual, group, and family therapy, pharmacological therapy, case management, psycho-education, day treatment, in-home services, and out-of-home respite and residential services to children ages 3 to 18 years. The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Services Act. Services vary by duration and level of intensity according to the family's needs. Service intensity ranges from periodic case management and medication maintenance to residential programs. Youth and Family Services provides treatment to the mandated population of children and adolescents who meet the child and adolescent priority population as determined by the State Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). It also provides case management and discharge planning services as mandated by the Code of Virginia.

Services are provided at five outpatient sites, three residential sites, the Juvenile and Domestic Relations District Court, the Less Secure and Secure Juvenile Detention Facilities and in Fairfax County Public Schools (FCPS). Service providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses, and professional counselors.

Treatment is coordinated with other agencies including: the Department of Family Services (Child Protective, Foster Care and Family Services), the Juvenile and Domestic Relations District Court, Community and Recreation Services, the Health Department, Alcohol and Drug Services, Mental Retardation Services, FCPS, and community-based child serving agencies. Youth and Family Services actively participates in the system of care with the Comprehensive Services Act (CSA) program under the auspices of the Community Policy and Management Team (CPMT).

Youth and Family Services provides contract management oversight through case management, clinical consultation with other agencies, direct contact with families and providers, and participation in the CSA process. In-home services, respite services, and the Mental Health Initiative residential services are provided through contracts, as will newly authorized outpatient services.

The design of the program recognizes the range of service needs of children and their families. The programs fit along a developmental continuum, as well as a level of intensity and duration of service.

The programs of Youth and Family Services are as follows:

The **Continuing Care Program** serves families whose children and youth ages 7 through 18 or high school completion require ongoing Mental Health services by reason of persistent serious emotional disturbances. Over time, youth and their families typically experience multiple interventions and multi-agency involvement, as well as psychiatric hospitalizations, residential treatment, and use of psychoactive medications. The child or youth evidences significant impairments in one or more activities of daily living.

The **Focused Care Program** serves children and youth ages 7 through 18 or high school completion whose families are available to engage in Mental Health services aimed at a specific problem or issue. The family has the resources to maintain itself successfully in the community and the impairments of the children and youth are not debilitating enough for the family to seek ongoing care. The family may request services episodically to resolve problems as they arise.

The **Infant/Early Childhood/LINCS Program** serves at-risk infants, toddlers, and pre-school through early elementary grade children ages birth through 6 and their parents. The array of services is designed to support and guide parents in improving their parenting capacity to enhance their children's development, and/or treat children who are developmentally compromised, at-risk of or victims of abuse, or have the potential to become Seriously Emotionally Disturbed and are at risk of multi-agency interventions. This program provides direct treatment services in five of the FCPS' non-categorical pre-school programs.

The **Intermediate Care Program** provides a range of treatment services, including Home Based, Intensive In-Home and Out-Of-Home Respite services, through contracts with private providers and the Adolescent Comprehensive Day Treatment Program in collaboration with FCPS. Families served by the program are involved multiple times weekly in treatment designed for seriously emotionally disturbed children and adolescents who may be treated at this intermediate level of care rather than through residential or inpatient care. Transportation is provided for youth in the Day Treatment Program by a CSB van and through FASTRAN, Fairfax County's transportation agency.

The **Mental Health Resource Program** provides Mental Health expertise, support, and guidance to families who are in treatment with non-CSB mental health providers and are involved with child-serving agencies such as the Courts, Schools and Family Services. The program operates primarily by joining agencies and families in Child Specific Teams. The Resource Program manages the Mental Health Initiative and the Non-Custodial Foster Care Pilot. Discharge planning is a function of this program.

The **Child Abuse Program** provides assessment, evaluation, and treatment preparation services for families involved with the Department of Family Services and the Juvenile and Domestic Relations Court by reason of abuse and neglect allegations. The team evaluates the family, interacts with other agencies in developing intervention strategies, and provides expert opinion to the Court. The Model Court endeavor is assigned to this program.

The **Youth Residential Program** provides residential care for at-risk and seriously emotionally disturbed children and youth in three facilities: Fairfax House, My Friend's Place, and Sojourn House. Fairfax House is a program for adolescent boys who remain in the care of their families. My Friend's Place serves children to age 12 who are generally in the custody of the Department of Family Services by reason of abuse and neglect, while Sojourn House serves adolescent girls in the custody of the Department of Family Services by reason of abuse and neglect. In addition, Alternative House, a contract agency, provides shelter to runaway youth.

The **Juvenile Forensic Program** provides mental health diagnostic services and crisis intervention to children and youth before the Juvenile and Domestic Relations District Court by reason of run away, out of control and truant behavior, and criminal activities. The program also provides dual diagnosis treatment to youth sentenced to the Juvenile Detention Facility.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, additional training is required on neurological issues in children's mental health treatment. Model court training is also offered.

Community Outreach

Public forums for community members/interested citizens featuring staff presentations on mental health issues of interest at open luncheons and other meetings.

Accomplishments

Youth and Family Services completed a redesign into a clearly defined continuum of program services offered County-wide. The redesign effort took into account the changing requirements for services over the years. The following factors were taken into account: Fairfax County's population has increased, the capacity of other child-serving agencies has increased, the severity of disorder in our children and families has increased, and the demand for interagency collaboration has increased.

Youth and Family Services is participating in the Model Court Pilot designed to front-load services and engage families before the Juvenile and Domestic Relations District Court by reason of abuse and neglect of the children.

The Mental Health Initiative of DMHMRSAS allocated up to $465,529 in FY 2001 for the purchase of residential services for Family Assessment and Planning Team (FAPT)-involved, non-mandated children and youth. Authorization for expenditures was available from November through April. Expenditures totaled $358,715 for the year.

Youth and Family Services has developed an agreement with the FCPS through which therapists work in the non-categorical pre-schools with the parents and the children identified by teachers as needing mental health intervention.

Under the auspices of the Community Policy and Management Team, the CSB has been funded for the first year of a three-year plan to develop a Crisis Care Facility for children and youth in Fairfax who do not require psychiatric hospitalization, but do require diagnostic assessment and targeted treatment in a short-term secure residential setting.

The CSB has been allocated $600,000 in FY 2002 for the provision of Mental Health Services in the Continuing, Focused and Infant/Early Childhood Programs. Services are to be outsourced.

Two additional positions have been authorized to provide crisis intervention and diagnostic services for the youth in the Juvenile and Domestic Relations District Court Detention and Less Secure Shelter. Funding for the positions is in the Court's budget.

Funding Sources

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Mental Health Federal Block Grant for Children and Adolescents; Comprehensive Services Act for At-Risk Youth and Children fees, and fees from clients and insurance companies.

▶ Trends/Issues

While the school age population of Fairfax-Falls Church has been increasing and is predicted to continue expanding, the Mental Health resources devoted to serving children, youth, and their families have not grown. Further, the caseloads of other child-serving agencies have grown substantially over the last decade. The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Service Act. This participation in the interagency network is highly desirable in meeting the needs of families with Seriously Emotionally Disturbed and At-Risk children and youth, but challenges the agency's ability to distribute resources among all programs. Our children, youth, and families have been presenting with increasingly difficult disorders with an increase in multi-problem families, increased violence, depression, and social and educational dysfunction. Thus, the increasing severity of disorder, population growth, and increasing mandates are continuing to challenge the capacity of Youth and Family Services to provide direct care to our children, youth, and families.

The demands of an increasingly multi-cultural population pose a special challenge for Youth and Family Services, creating the demand to develop diverse language and cultural competencies.

Many of our families lack the financial resources to pay for needed Mental Health services and therefore, receive substantial fee subsidies. Third party payors and regulatory requirements of the Commonwealth of Virginia and the Federal Government continue to demand more and more complex systems of support to meet requirements. Youth and Family Services must produce documentation for Medicaid, insurance carriers, Priority Population identification, and for measures such as the Child and Adolescent Functional Assessment Scale.

▶ Method of Service Provision

Services are provided in both directly operated and contracted programs. In-home services, respite services, and the Mental Health Initiative residential services are provided through contracts, as will newly authorized outpatient services.

Services are provided Monday through Friday on a flexible schedule to accommodate the needs of families for outpatient treatment. Residential services are provided 24 hours each day while day treatment services operate 5 days per week.

▶ Performance/Workload Related Data

Unit	FY 2000	FY 2001	FY 2002
Residential Bed Days	10,978	8,326	8,326
Residential Persons Served	47	33	33
Outpatient Hours of Service	34,753	50,359	50,359
Outpatient Persons Served	1,113	1,010	1,010
Adolescent Day Treatment Hours of Service	11,070	14,510	14,510
Adolescent Day Treatment Persons Served	45	39	39

92 percent of clients and families who participated in the Adolescent Day Treatment Program expressed satisfaction with the services they received.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 26 - 50%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB).
- Code of Virginia Section 37.1-197.1 mandates provision of predischarge planning for persons being discharged from a state mental health facility.
- Code of Virginia Section 2.1-752 mandates interagency collaboration and sharing of intervention efforts.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$2,440,302

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

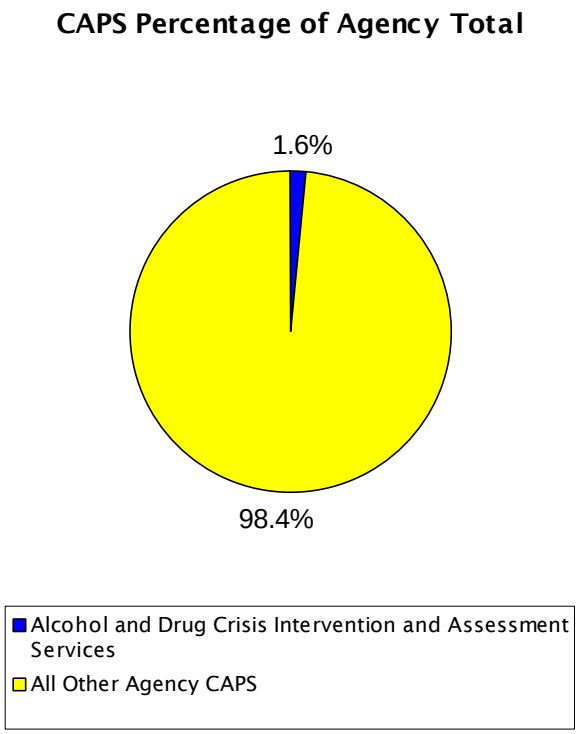
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-08-Alcohol and Drug Crisis Intervention and Assessment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$1,425,389
Operating Expenses	$344,933
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,770,322**
Federal Revenue	$177,000
State Revenue	$525,000
User Fee Revenue	$118,411
Other Revenue	$0
Total Revenue:	**$820,411**
Net CAPS Cost:	**$949,911**
Positions/SYE involved in the delivery of this CAPS	27/25.63



▶ CAPS Summary

Alcohol and Drug Crisis Intervention and Assessment Services provides comprehensive emergency, stabilization, crisis intervention, assessment, and methadone treatment services to individuals requiring treatment for alcohol and/or drug abuse or addiction problems. Without rapid response and prompt intervention, individuals present a risk to themselves, their family members, and/or the public.

The goal of Crisis Intervention and Assessment Services is to deliver prompt services to address emergency, stabilization, and crisis intervention needs of the clients and the referring agencies. Referring agencies use assessment findings for Court sentencing, resolution of child abuse and neglect cases, child removal and custody resolution, and probation monitoring and sanctions. Individuals are most often referred to services by the following agencies: Virginia Department of Probation and Parole, Circuit Court, General District Court, the Alcohol Safety Action Program (ASAP), Juvenile and Domestic Relations Court (JDRC), the Health Department, and the

Department of Family Services (including Child Protective Services, Foster Care, and Adult Protective Services). Additional services provided include case management for individuals requiring hospitalization for severe withdrawal symptoms and individuals participating in methadone treatment.

Crisis Intervention and Assessment Services provides the following mandated services:

- 48-hour rapid response care to pregnant substance abusing/addicted women to intervene and interrupt the associated health risks for the women and their unborn children.
- Emergency, crisis intervention, assessment, and referral services through the LINK grant to pregnant/post-partum women to intervene and interrupt the cycle of addiction and the resulting serious health issues. This service addresses the mandate for hospitals, physicians, the Department of Family Services, and the CSB to collaborate and intervene in prenatal and infant substance exposure.
- Methadone maintenance throughout pregnancy to pregnant women who are addicted to heroin to avoid the severe risks to the fetus that are associated with maternal withdrawal.
- Prioritized services for individuals that engage in Intravenous Drug use to intervene and interrupt the associated individual and community health risks of HIV/AIDS and Hepatitis.
- Vital Court information related to parental substance use associated with child abuse, neglect cases, and emergency child removals.
- A centralized point of entry to programs and referrals out to private treatment providers in the community.

Clients requiring treatment are referred to an appropriate level of care within ADS based on criteria developed by the American Society of Addiction Medicines (ASAM).

- Referrals to a specific level of care are based on a professional assessment of the person with an alcohol or drug problem.
- Services are provided in an outpatient setting. Individuals participate in a structured assessment with a trained clinician. The assessment is a clinical evaluation that includes: alcohol/drug use and history; potential for withdrawal; ability to maintain abstinence; physical and psychiatric conditions; life area functioning; support for recovery; and willingness to participate in treatment. A team of professionals reviews the client information and places the client in the appropriate level of care, e.g. detoxification, outpatient, methadone treatment, day treatment, or residential services. (ADS Intervention and Assessment Services contracts with the Alexandria Regional Methadone Clinic and in collaboration, case manages the patients receiving methadone services.)

Contract Management oversight is provided by Crisis Intervention and Assessment Services for the purchase of methadone treatment services from the Alexandria Methadone Clinic operated by the Alexandria Community Services Board. Oversight includes on-site observations, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women, and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

In FY 2001, Crisis Intervention and Assessment Services served 2,067 individuals. Eighty-two percent of the clients assessed based on criteria developed by ASAM accessed the appropriate level of care. Crisis Intervention and Assessment Services has worked on process improvement initiatives that have:

- streamlined services to reduce waiting lists;
- offered services in Fairfax, Falls Church, and the southern region of the County to accommodate citizens; and
- worked collaboratively with the Courts, Virginia Department of Probation and Parole, the Alcohol Safety Action Program (ASAP), the Department of Family Services, other County agencies, and private providers to ensure rapid and effective delivery of quality services.

Funding Sources

Funding sources include Fairfax County; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; and fees from clients and insurance companies.

▶ Trends/Issues

Crisis Intervention and Assessment Services faces the following trends and issues:

- Fairfax County continues to expand in its diversity of culture and language among the residents. Approximately 20 percent of the individuals accessing services speak Spanish as their primary language. ADS Crisis Intervention and Assessment Services has recruited competent staff to address this trend. Individuals speaking other primary languages are accommodated or referred to the private sector for services.

- The Department of Family Services and Fairfax County Courts refer an increasing number of individuals with child welfare, abuse, neglect, custody determination, foster care, and criminal issues where substance abuse plays a major role. These cases require intensive evaluation and management services and related multiple Court appearances.

- Due to the lack of behavioral health care insurance, there is diminished capacity to serve individuals who require substance abuse services in the private sector. This is particularly compelling for those who are indigent or who are in the lower socioeconomic strata. The lack of substance abuse services for these individuals in the private sector compels them to seek public services.

- The State Department of Family Services' Welfare-to-Work grant has expired. The grant funded two ADS positions to provide intervention, assessment, placement, and case management substance abuse services to individuals requiring intensive rehabilitation services. The program moves individuals to self-sufficiency through intensive services, which include vocational, childcare, and substance abuse services. The Fairfax County Department of Family Services has agreed to extend funding for two of the three positions throughout FY 2002 through the formula Welfare-to-Work grant while the agencies seek alternative funding sources for future years. Funding for the other position will expire in September 2001.

Participant Characteristics

Crisis Intervention and Assessment Services' clients are adults, 18 years of age and older, generally referred by the Virginia Department of Probation and Parole, Circuit Court, General District Court, ASAP, JDRC, the Health Department, and the Department of Family Services (including Child Protective Services, Foster Care, Adult Protective Services). These individuals have moderate to severe alcohol and/or drug problems, which create or exacerbate physical and psychiatric conditions, and adversely effect functioning in the major life areas of family, school, employment, and community (legal difficulties).

Individuals requiring services are often indigent or are of low-income status. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. Current health insurance plans tend to have little coverage for substance abuse behavioral health care needs. Individuals requiring services that have adequate financial resources are encouraged and referred to private providers in the community for services to help reduce waiting lists for those who have no alternatives to care.

Crisis Intervention and Assessment Services provides rapid care to the mandated priority population determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

▶ Method of Service Provision

Crisis Intervention and Assessment Services is provided through a combination of directly operated and contract services. Directly operated activities include all services provided through the Assessment and Referral Center. The provision of Methadone treatment services is contracted through the Alexandria Community Services Board, which includes medication distribution, medical supervision, and counseling services.

Hours of Operation: Emergency Services are provided 24 hours a day. Standard hours of operation are Monday through Thursday from 8:00 a.m. to 8 p.m., and Friday from 8:00 a.m. until 5:00 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	2,008	2,040	2,130*	2,067	2,050
Hours of Service	24,178	22,815	20,411*	23,483	23,036

*Reduction in hours of services related to MIS data issues

Satisfaction Results: 99 percent of clients assessed through Alcohol and Drug Crisis Intervention and Assessment Services report satisfaction with services.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Federal Substance Abuse Prevention and Treatment Block Grant, 45 CFR 96.131 mandates that pregnant women receive services within 48 hours of agency contact to intervene and interrupt the associated health risks for the women and their unborn children and 45 CFR 96.121, 126 mandates that services be prioritized for individuals that engage in intravenous drug use to intervene and interrupt the associated individual and community health risks of HIV/AIDS and Hepatitis.

- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system and Section 32.1-127 mandates collaboration between hospitals, physicians, DFS, and substance abuse services to intervene in prenatal and infant substance exposure.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$118,411

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

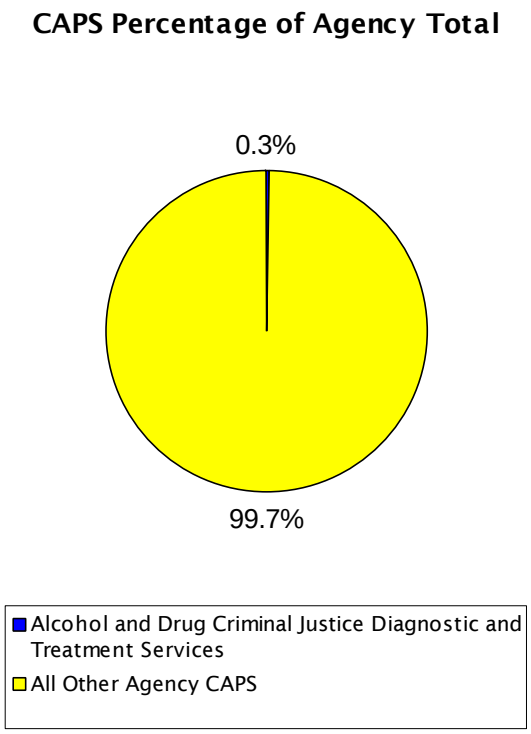
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-09-Alcohol and Drug Criminal Justice Diagnostic and Treatment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$620,122
Operating Expenses	$35,394
Recovered Costs	($383,677)
Capital Equipment	$0
Total CAPS Cost:	**$271,839**
Federal Revenue	$140,649
State Revenue	$45,208
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$185,857**
Net CAPS Cost:	**$85,982**
Positions/SYE involved in the delivery of this CAPS	9/9.38



▶ CAPS Summary

Alcohol and Drug Criminal Justice and Diagnostic Services (hereafter referred to as "Court Services") provides a continuum of services for offenders incarcerated in the Fairfax Adult Detention and Pre-Release Centers. As mandated by State code, Court Services operates with an inter-agency agreement between the Community Services Board (CSB) and the Office of the Sheriff.

The mission of Court Services is to work collaboratively with the criminal justice system to divert eligible offenders to community-based services in lieu of incarceration and provide intensive treatment to the incarcerated population that focuses concurrently on substance abuse, criminality, mental health disorders, and intensive release planning.

The range of services includes: court-ordered assessments; diversion of eligible inmates to community-based treatment; general population education; cell-block based therapeutic communities for men and women; specialized treatment for offenders with co-occurring mental health and substance abuse disorders; day treatment; and intensive release planning.

Court Services promotes abstinence from alcohol and drugs upon release through education, and individual and group counseling. Programs are designed to achieve permanent changes in the related problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior, and other legal difficulties. Services include: substance abuse education; individual, group, and relapse prevention counseling; case management; and discharge planning to ensure linkage to community-based substance abuse treatment and other required services.

Individuals are most often referred to services by the following agencies: Virginia Department of Probation and Parole, Circuit Court, General District Court, the Alcohol Safety Action Program (ASAP), Juvenile and Domestic Relations Court (JDRC), and the Department of Corrections.

Individuals requiring community services upon release are often indigent or are of low-income status. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. The incarcerated population is at high-risk for relapse and return to criminal activity without jail-based treatment and case management services. In fact, Bureau of Justice Statistics Research indicates that 63 percent of all offenders will re-offend and relapse within the first 90 days if untreated while incarcerated.

Demographic data obtained through jail-based surveys and the inmate data-base indicates that of this offender population, 87 percent are substance abusers, 16 percent are seriously mentally ill, approximately 36 percent have co-occurring mental health and substance abuse disorders, and 24.5 percent are primary language Spanish-speaking. The pathology of the inmate population has continued to increase requiring more intensive multi-disciplinary approaches to address the complexity of interacting disorders.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

In FY 2001, services were provided to 817 individuals. A Jail Services Initiative Grant was obtained to fund the implementation of an innovative jail-based treatment program for offenders with co-occurring mental health and substance abuse disorders. During June 2001, limited services to Spanish speaking persons were initiated using clinical time borrowed from Outpatient Services to provide one group per week in Spanish in the jail. Prior to June 2001, no services in Spanish were available to the growing number of Spanish-speaking persons.

Funding Sources

By Inter-Agency Agreement, funding is provided by the Office of the Sheriff and is reflected as Character 40, Work Performed for Others.

▶ Trends/Issues

During FY 2000, the Fairfax Adult Detention Facility admitted 26,354 offenders and housed an average daily population of 968. Demographic data obtained through jail-based surveys and the inmate data-base indicates that of this offender population: 87 percent are substance abusers, 16 percent are seriously mentally ill, approximately 36 percent have co-occurring mental health and substance abuse disorders, and 24.5 percent are primary language Spanish-speaking. The pathology of the inmate population has continued to increase requiring more intensive multi-disciplinary approaches to address the complexity of interacting disorders.

Approximately 550 inmates no longer receive critical services, which include assessment, case management, education, individual and group counseling, and linkages to required community-based service providers. Waiting lists for the above listed services remain high.

A 750-bed expansion to the facility has been completed and will be occupied in phases without any increase in ADS staffing.

Approximately 600 inmates in the Adult Detention Center were identified as needing, but not receiving, substance abuse services, due to the rate of increasing need exceeding the rate of increases to organizational capacity.

As of FY 2000, the primary language Spanish-speaking population had risen dramatically to 24.5 percent of the average daily count. Limited substance abuse services have been available to this population to divert them to treatment in lieu of incarceration or provide treatment during incarceration. As a result, the Spanish-speaking offender population has limited access to community-based treatment to reduce high-risk behaviors prior to their release into the community.

Participant Characteristics

Due to the drug epidemic and related increase in the severity of criminal sanctions, 87 percent of those incarcerated at any given time are substance abusers in need of services. As a result of de-institutionalization and the reduction in State mental hospital beds, at least 16 percent of those incarcerated are seriously mentally ill. At least 36 percent suffer from co-occurring mental health and substance abuse disorders. The percentage of primary language Spanish-speaking offenders has increased to 24.5 percent. A very high percentage of primary language Spanish-speaking offenders suffer from substance abuse disorders. The increased availability of a variety of highly potent illicit drugs has resulted in a dramatic increase in the pathology of the substance abusing offender population. Significant increases in neurological impairment, physical illness, life area impairment and anti-social thinking require more intensive and comprehensive interventions to treat the complex and multiple areas of need.

Criminal Justice and Diagnostic Services provides treatment to the mandated priority populations determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

In previous exercises, the Alcohol and Drug Services Criminal Justice Diagnostic and Treatment Services line of business was included in Alcohol and Drug Services Adult Outpatient/Case Management Services. It is presented as a separate CAPS to reflect the specialized nature of these services.

▶ Method of Service Provision

Criminal Justice and Diagnostic Services is directly operated.

Hours of Operation: Hours of operation are Monday through Friday from 8:00 a.m. to 4:30 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	625	607	593	817	850
Hours of Service	12,677	13,012	13,441	14,183	15,000

In FY 2000, 88 percent of enrolled clients completed the Intensive Addiction program.

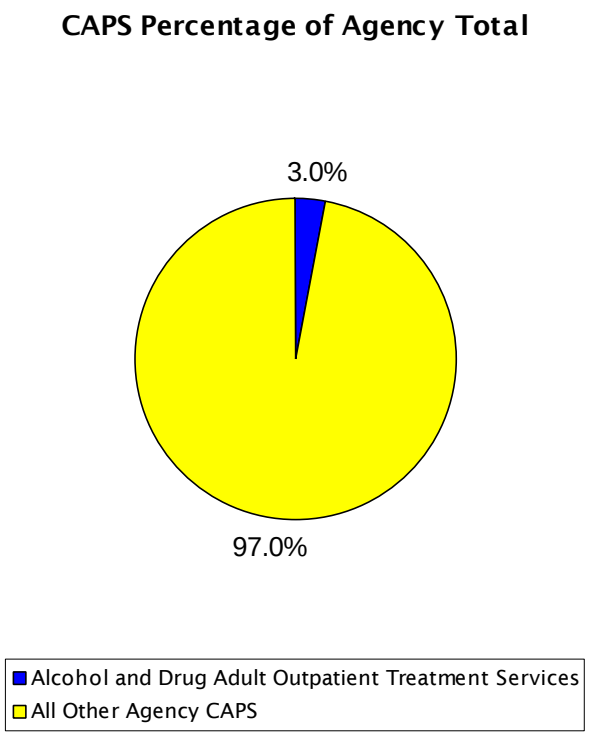
▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.

106-10-Alcohol and Drug Adult Outpatient Treatment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$2,520,212
Operating Expenses	$783,829
Recovered Costs	($50,576)
Capital Equipment	$0
Total CAPS Cost:	**$3,253,465**
Federal Revenue	$440,766
State Revenue	$80,836
User Fee Revenue	$372,411
Other Revenue	$343,003
Total Revenue:	**$1,237,016**
Net CAPS Cost:	**$2,016,449**
Positions/SYE involved in the delivery of this CAPS	47/45.62



▶ CAPS Summary

Alcohol and Drug Adult Outpatient Services provides a range of treatment services for substance abusing and addicted adults and their families. The goal of the service is to provide a comprehensive continuum of outpatient treatment services, based on client level of need, to interrupt the cycle of abuse and addiction. Individuals accessing services are at high-risk of relapse and/or return to criminal behavior. Most of the individuals served in Adult Outpatient Services are court referred, in crisis, i.e., at risk to themselves, their family members, and/or the public.

Adult Outpatient Services program characteristics include:

- Adult Outpatient Services promote abstinence from drugs and alcohol through education, individual, group, and family counseling, and breath/urine screening. Programs are designed to achieve permanent changes in the related problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior or activity, and other legal difficulties.

- Admission to Adult Outpatient Services is directly linked to the client's motivation and ability to maintain abstinence in the community. Outpatient Services provides substance abuse education and a varying intensity of treatment services matched to the clients' need for level of care. Clinical services include: treatment planning; case management; substance abuse education; individual, group, and family counseling; relapse prevention counseling; urine/breath monitoring; and discharge planning to other required support services. Clients are required to attend self-help support groups in the community to develop an abstinence-based lifestyle. Linkage to appropriate resources, adjunctive treatment, and case collaboration is also provided.

  - Clients attend Adult Outpatient programs for an average of 4 to 6 months.

  - Referring agencies require reporting on client progress monthly or as needed, based on client behavior.

- Adult Outpatient Services are also provided at the Day Reporting Center. These services are funded through a grant from the Department of Criminal Justice Services and target an offender population released into the community, whom the Department of Corrections considers as being at-risk for re-offense. Programming employs a graduated sanction model and clients must report daily to the Day Reporting Center. The goal of Outpatient Services is to avert clients from re-offending or re-entering the corrections system by providing "on demand" treatment and monitoring services. These clients require daily monitoring and treatment services to arrest a lifelong pattern of addiction and criminal behavior. Without treatment intervention, they are at high-risk for continued substance use and criminal activity. Probation sanctions are immediate for those clients that relapse.

  - A collaborative team approach is provided in conjunction with Department of Corrections, Opportunities, Alternatives, and Resources of Fairfax County, and Adult Education Services. Services include substance abuse screening, education, individual, group, family, and relapse prevention counseling. Individuals also receive case management services and immediate triage of crisis treatment needs and detoxification services.

  - Adult Outpatient Services provides specialized treatment and support services for individuals with HIV/AIDS. Services include education of risk reduction for the spread of the disease, substance abuse education, individual, group, and family counseling, and outreach services for those individuals that generally do not seek traditional treatment services. Programming is regional as required by the Northern Virginia Regional Commission and is funded through the Ryan White Title I grant.

  - Services are diversified and provided at four locations throughout the Fairfax County and the Cities of Fairfax and Falls Church. Services are provided in the different locations due to the size of the jurisdiction and population characteristics and demands. The four sites provide specialized services for Spanish-speaking clients.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

In addition, staff are deployed to various community sites in outreach efforts, including the Health Department and community mental health centers, to facilitate client triage to treatment sites.

Accomplishments

In FY 2001, ADS Adult Outpatient Services served 2,149 individuals. Treatment services for Spanish-speaking persons has been expanded to all adult outpatient sites to match population demand. A relapse prevention track was added to the adult outpatient treatment continuum to help those requiring extended relapse prevention support. Outpatient sites have re-allocated staff in order to provide services to special needs populations: home-based services provided to home-bound clients unable to come to the sites; brain injured services are provided on an individual basis; and auxiliary community–based outreach services provided to Hispanic families.

Funding Sources

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; the Virginia Division of Community Corrections for day reporting center services; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; the Northern Virginia Regional Commission (NVRC) for Federal HIV services; the University of Maryland for Federal High Intensity Drug-Trafficking Area (HIDTA) services; and fees from clients and insurance companies.

▶ Trends/Issues

Services for Spanish-speaking persons are in high demand due to the diversification in the County's population. Many of these individuals do not have insurance benefits and are low income and cannot access services in the private sector. Spanish-speaking clients can wait up to two months for Outpatient services. To address demand, services have been reprogrammed to meet the language need, but reprogramming results in waiting lists for services for English-speaking clients. The people on the general outpatient wait list vary from 50 to 150 clients and the wait can range from 2 to 12 weeks, with an average wait of 2 to 3 weeks.

Participant Characteristics

Individuals are most often referred to services by the following agencies: Virginia Department of Probation and Parole, Circuit Court, General District Court, the Alcohol Safety Action Program, Juvenile and Domestic Relations Court, the Health Department, and the Department of Family Services (including Child Protective Services, Foster Care, and Adult Protective Services).

Individuals requiring services are often indigent or are of low-income status. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. Current health insurance plans tend to have little coverage for substance abuse behavioral health care needs.

ADS Adult Outpatient Services provides treatment to the mandated priority populations determined DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction. Individuals accessing services are at high-risk of relapse, and/or return to incarceration. Most individuals are court referred, in crisis, i.e., a risk to themselves, their family members, and/or the public.

▶ Method of Service Provision

Adult Outpatient Services is directly operated.

Hours of Operation: Hours of operation for Adult Outpatient Services are Monday through Thursday from 8:00 a.m. to 9:30 p.m., and Friday from 8:00 a.m. to 5:30 p.m. Day Reporting Center hours are Monday through Friday from are: 8:30 a.m. to 5:00 p.m on Monday, Wednesday and Friday and 8:30 a.m. to 7:00 p.m. on Tuesday and Thursday.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	1,869	1,876	1,879	2,149	2,149
Hours of Service	42,919	41,375	41,595	42,035	42,035

Satisfaction Results

- Of those served, 94 percent were satisfied with services;
- 86 percent were found to have reduced criminal justice involvement up to six months after discharge;
- 89 percent of clients had higher post-test scores in relapse prevention skills; and
- 86 percent reduced criminal justice involvement up to six months after discharge.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB).

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$372,411

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

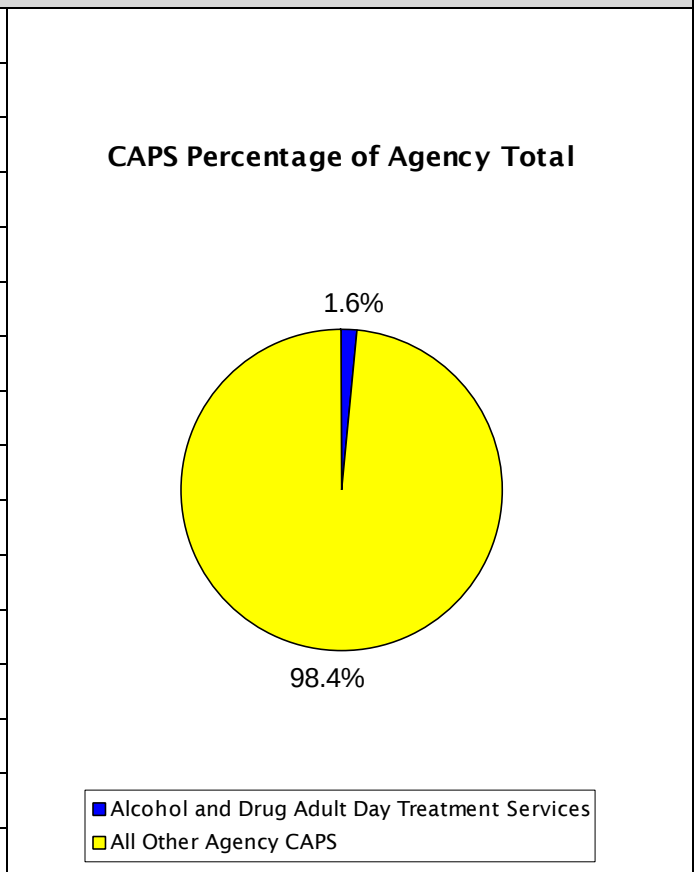
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-11-Alcohol and Drug Adult Day Treatment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$1,480,282
Operating Expenses	$288,147
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,768,429**
Federal Revenue	$429,230
State Revenue	$565,608
User Fee Revenue	$73,000
Other Revenue	$0
Total Revenue:	**$1,067,838**
Net CAPS Cost:	**$700,591**
Positions/SYE involved in the delivery of this CAPS	24/23.88



▶ CAPS Summary

Alcohol and Drug Adult Day Treatment Services provides an intensive level of treatment services for addicted adults and their families. The goal of the service is to provide a comprehensive continuum of Day Treatment Services, based on client level of need, to interrupt the cycle of addiction. Individuals accessing services are at high-risk of relapse and/or return to criminal behavior. Most of the individuals served in Day Treatment Services are court referred and/or in crisis, i.e., often homeless, unemployed, and at risk to themselves, their family members, and/or the public.

Adult Day Treatment program characteristics include:

- Day Treatment Services promotes abstinence from drugs and alcohol through education, individual, group, and family counseling, and breath/urine screening. Programs are designed to achieve permanent changes in the related problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior or activity, and other legal difficulties.

- Day Treatment provides a structured environment for clients in need of intensive treatment who are able to stabilize without the structure of residential care. Day Treatment provides essential education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments. Clinical services include case management, group, individual, and family counseling, and urine/breath screening. Clients are required to attend self-help support groups in the community to develop an abstinence-based lifestyle. Linkage to appropriate resources, adjunctive treatment, and case collaboration is also provided.

  - Day Treatment is an intensive three to five hour a day, five days a week program.

  - Clients generally attend services for nine to twelve months.

  - Admission requires the absence of major withdrawal symptoms from substances and the ability to respond safely to and benefit from ambulatory detoxification. For dually diagnosed clients, linkage to psychiatric service is required.

  - Clients require intensive treatment due to significant life disruptions and/or lack of social supports.

  - Clients have exhibited behaviors that indicate the inability to be successful in a less intensive outpatient setting.

  - Clients served in this modality are at higher risk for being placed in residential services, have a serious addiction problem that they have been unable to control on an outpatient basis, may have multiple diagnoses, and/or are in need of intensified support on a daily basis.

  - Programming focuses on strengthening socialization skills, cognitive behavioral development, and management of co-occurring substance addiction and mental illnesses. Intensive group treatment and education, including medication management, relapse prevention, life skills development, and vocational training, including GED completion, is part of the service package.

- Due to their multiple needs, which are often barriers to treatment, clients receive ancillary services, such as childcare, transportation assistance, and intensive case management to assist in service access and follow through.

- Services are provided at four Day Treatment sites throughout the community. Two programs specialize in women's services, while one is tailored specifically for men. The fourth is designed for individuals who are dually diagnosed with substance abuse and mental illness.

    - Day Treatment Services includes two programs funded through a High Intensity Drug Trafficking Area Grant (HIDTA) of the Office of National Drug Control Policy (ONDCP). These programs provide Day Treatment Services to offenders at the South County and Fairfax Day Treatment Center sites.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

In FY 2001, Adult Day Treatment Services provided intensified services to 326 individuals. Day Treatment Services have been developed for Spanish-speaking persons to address the demand within the continuum of care. Additionally, a relapse prevention component was added to address the chronic nature of the disease with this population.

Funding Sources

Funding sources include Fairfax County; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; the University of Maryland for Federal High Intensity Drug-Trafficking Area (HIDTA) services; Arlington County (for women's day treatment services); and fees from clients and insurance companies.

▶ Trends/Issues

Due to the level of severity, clients often require medical care and medication stabilization prior to program entry. Access to these ancillary services can be difficult because clients are often indigent, are of low-income status, or unemployed. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. Current health insurance plans tend to have little coverage for substance abuse behavioral health care needs.

In regards to the women that are served, a lack of transportation and childcare services has been found to be the greatest barrier to accessing treatment services. Adult Day Treatment Services has access to a program van and County transportation services, but the travel distance still present issues of access.

Adult Day Treatment Services has developed a track for Spanish-speaking clients, but it does not meet the demand for care. Services for Spanish-speaking persons are in high demand due to the diversification in the County's population. Many of these individuals do not have insurance benefits and are of low-income status or unemployed and cannot access services in the private sector.

Participant Characteristics

Individuals accessing services through Day Treatment programs are adults 18 years of age and older. Individuals are most often referred to services by the following agencies: Virginia Department of Probation and Parole, Circuit Court, General District Court, the Alcohol Safety Action Program, Juvenile and Domestic Relations Court, the Health Department, and the Department of Family Services (including Child Protective Services, Foster Care, and Adult Protective Services). A small number of clients are self-referred.

Individuals requiring services are often indigent, of low-income status, or unemployed. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. Current health insurance plans tend to have little coverage for substance abuse behavioral health care needs.

Due to the special needs of the populations requiring Adult Day Treatment Services, it is necessary to provide specialized programming. Two sites, the Hope Center and Recovery Women's Centers, provide joint programming for mothers and children. Dually Diagnosed clients with co-occurring mental health and substance abuse disorders are served at the South County Site, and a specialized program for men and Spanish-speaking individuals is operated at the Fairfax site. Intensified services for men with criminal justice backgrounds and drug-related charges related to substance abuse or addiction are provided at two sites with funding from HIDTA.

ADS Adult Day Treatment Services provides care to the mandated priority population determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

▶ Method of Service Provision

ADS Adult Day Treatment Services is directly operated.

Hours of Operation: Hours of operation for the Day Treatment Sites are Monday through Thursday from 8:00 a.m. to 9:30 p.m., and Friday from 8:00 a.m. to 5:30 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	314	338	322	326	350
Hours of Service	30,040	33,284	32,478	31,052	32,000

Of those served, 94 percent were satisfied with services and 86 percent were found to have reduced criminal justice involvement up to six months after discharge.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB).

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$73,000

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to FY 2002 CSB Fee Schedule.	N/A

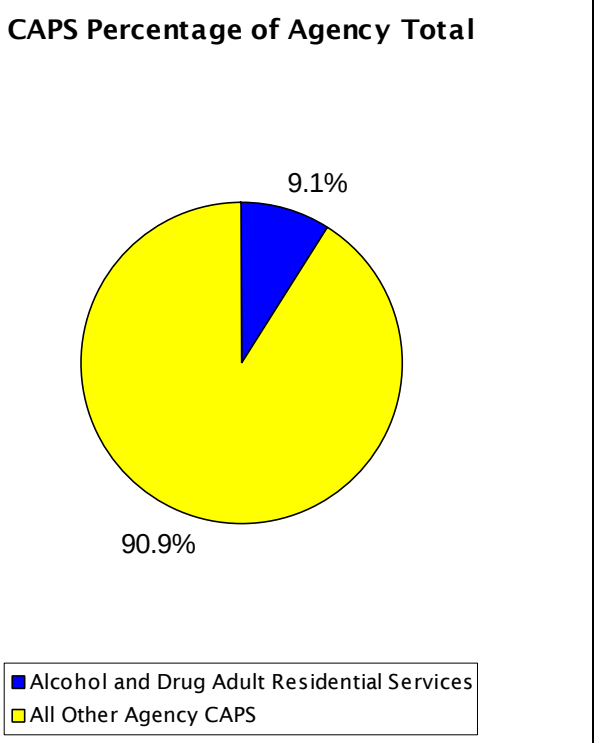
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-12-Alcohol and Drug Adult Residential Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$7,284,520
Operating Expenses	$2,542,626
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$9,827,146**
Federal Revenue	$1,750,023
State Revenue	$1,749,977
User Fee Revenue	$248,606
Other Revenue	$11,767
Total Revenue:	**$3,760,373**
Net CAPS Cost:	**$6,066,773**
Positions/SYE involved in the delivery of this CAPS	127/125.62



▶ CAPS Summary

Alcohol and Drug Adult Residential Services provides a comprehensive residential treatment continuum for the most impaired substance abusing adults and their families throughout the service area. Most clients have previous outpatient treatment failures, are Court involved, and are receiving services through multiple human service agencies. Clients have the highest degree of addiction and generally have lost most social support systems including family, employers, church, etc. Clients who are parents often have children in foster care or have children for whom their parental rights have been terminated. Services are provided in a residential living environment that provides structure, support, and supervision. Highly intensive and intensive residential programs provide 24 hour a day treatment, supervision, and support. Supported Living programs provide on-site supervision less than 24 hours a day, based on client need.

The continuum of residential services includes:

- detoxification
- long-term treatment
- intermediate length treatment
- supportive housing
- comprehensive case management

Services provided by programs include:

- 24-hour supervised residential living
- individual and group counseling
- family therapy
- substance abuse education
- vocational counseling
- life skills training
- individualized treatment planning
- urinalysis surveillance
- behavior monitoring

Services are provided at various sites throughout the County and include both directly operated and contractual programs. ADS Adult Residential Services provides three levels of treatment that correlate with the American Society of Addiction Medicine (ASAM) Levels of Care: highly intensive, intensive, and supported living.

Highly Intensive Treatment Services

Highly Intensive Services (Medical and Social Detoxification Services) are provided at The Fairfax Detoxification Center and through contract with the Alexandria Community Services Board at the Alexandria Regional Detoxification Center.

Highly Intensive Treatment Services are provided 24 hours a day, seven days a week, 365 days a year. The Fairfax Detoxification Center provides medical and social detoxification services to residents who otherwise would remain intoxicated in the community. ADS also contracts for additional social detoxification services for individuals in the southern part of the services area with the Alexandria Community Services Boards Social Detoxification Center. Detoxification services provide a cost-effective alternative to hospital based service delivery. Generally, there are three or more staff on duty during waking hours and two or more staff on duty during sleeping hours. Clients are admitted to services seven days a week, including day, afternoon, evening and nighttime admissions. The staffing pattern has a wide range of professionals including substance abuse counselors, nurses, psychiatrists, and physicians.

Clients of the Detoxification Program receive crisis stabilization, medical and clinical assessments, comprehensive referral services, and detoxification monitoring. The Fairfax Detoxification Center is considered state-of-the-art innovative programming that includes acupuncture and methadone detoxification. The Public Inebriate Diversion Program funded with a grant from the Department of Criminal Justice Services is designed to bring individuals who are drunk in public to sobering up services in lieu of arrest.

The client length of stay for highly intensive treatment services is generally from 7 to 14 days.

Intensive Treatment Services

ADS programs included in this service area include Crossroads, New Generations, Cornerstones, A New Beginning, and Recovery House. Contractual services with Second Genesis and Vanguard Inc. provide additional long-term and intermediate treatment beds.

Intensive Treatment Services provide therapy, treatment, and support in a residential environment 24 hours a day, seven days a week, 365 days a year. Generally there are two staff on duty during waking hours and one staff on duty during sleeping hours. Through the provision of treatment activities and a therapeutic environment, the program assists clients in developing a sober, drug-free lifestyle; increasing employability; eliminating antisocial and criminal activity; and developing pro-social values. The client length of stay is generally from 90 days to 12 months.

Cornerstones, a sixteen-bed residential treatment program for clients with co-occurring mental health and substance abuse disorders, provides comprehensive substance abuse, mental health, and psychiatric services on-site. Prior to the opening of the program in 1999, there were no residential treatment options of this type for clients with dual disorders. This innovative program has been the subject of regional attention and is considered one of the premiere dual diagnosis programs in the area.

The Fairfax-Falls Church, Arlington, and Alexandria Community Services Boards worked collaboratively to develop residential treatment services for Spanish-speaking clients.

A New Beginning is a thirty-five bed residential treatment program for clients in need of rehabilitation. Residents rehabilitate through an intensive phase of treatment followed by a re-entry phase in preparation for transition back to the community. Family participation is a vital aspect to treatment success.

Crossroads Adult is a 55-bed long-term therapeutic community with an additional 12 apartment beds for clients transitioning back into the community. Clients complete the residential phase of the program then enter a continuing care phase to allow them to make a smooth transition into the community. During this phase, there are many services available to clients providing the support needed to complete recovery.

New Generations, an eight-bed residence, with an additional twelve community transition beds, serves pregnant and post-partum women and their children. This long-term program involves three phases. Phase I of the program enables clients to learn how to function within the structure of the primary residential treatment facility. During Phase II, clients move to a supervised residence and find employment and child-care services while continuing treatment. Phase III completes the residential portion of the program allowing clients to find housing on their own while receiving counseling and support to complete recovery.

Recovery House is an eight-bed supervised transitional treatment program for adult males involved with the criminal justice system. These clients are on active probation or parole and have previously participated in a substance abuse treatment program. Clients work during the day and return to a house within the community in the evening. Treatment services are then provided on-site.

Supported Living Treatment Services

This service includes three components: the Residential Admissions Unit which orients, prepares and case manages clients waiting for residential services, the ADS Services to the Homeless Shelter which offers education, intake, assessment, and referral services to residents of the County shelters, and the ADS Apartment Program.

The Apartment Program includes 10 units for a total of 36 beds and provides transitional living services for clients who have completed other treatment programs or need supported living in the community in order to maintain their recovery. Supported Living Treatment Services provide treatment, structure, support, and comprehensive case management in a residential environment less than 24 hours a day. Services include assessments, group counseling, individual counseling, crisis intervention, and support. The goal of the program is to assist the clients in attaining the skills necessary to live a productive, sober life in the community. After completing intensive treatment services, clients often transition to less intensive supported living treatment services.

Contract Management oversight is provided by Adult Residential Services for all contract programs through on-site observations, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

- In FY 2001, the Highly Intensive Services program provided detoxification services to 826 individuals. The Public Inebriate Diversion program provides diversion from the Adult Detention Center for individuals who are Drunk in Public. In FY 2001, this program provided services to 538 individuals in lieu of arrest, thus allowing law enforcement officers to spend critical time on other community matters. Since the inception of the program, there has been a 41 percent drop in the Drunk in Public arrest rate in Fairfax County.

- During FY 2001, the Crossroads Adult Residential Treatment Program has designed a treatment track for individuals with co-occurring mental health and substance abuse disorders who are in need of long-term residential treatment. Psychiatric services and comprehensive medication services are now provided on-site, thus reducing barriers to treatment and increasing positive treatment outcomes. Of the clients who participated in the Crossroads Adult Residential Treatment Program in FY 2000, 96 percent were employed or in school upon completion of the program. For clients participating 90 days or more, 83 percent had improved employment or school status after discharge. Of the clients who participated in the Phoenix intermediate length treatment program, ninety-two percent were employed or in school upon discharge from the program. For those who participated 30 days or more, 70 percent showed improved employment or school status.

  The establishment of the Viviendo Saludable program by the Fairfax-Falls Church, Arlington, and Alexandria Community Services Boards will be a major accomplishment in the expansion of the continuum of care for Spanish-speaking clients. The three CSB's worked collaboratively to develop a residential treatment program for Spanish-speaking clients. The program represents the only residential treatment program of this type for Spanish-speaking clients in the Northern Virginia Region.

- The Supervised Apartment Program, in an effort to ensure that clients with co-occurring mental health and substance abuse disorders have appropriate supported living treatment options available, developed a new treatment track for clients with co-occurring disorders. The program developed close, collaborative ties with the Cornerstones Program to create a seamless service delivery system to serve clients in this population. During the past year, the Supervised Apartment Program was also awarded a grant from the U.S. Department of Housing and Urban Development to provide Supported Living and Treatment Services to homeless individuals.

Funding Sources

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Virginia Department of Criminal Justice Services for public inebriate diversion services; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; the University of Maryland for Federal High Intensity Drug-Trafficking Area (HIDTA) services; the Federal Housing and Urban Development supportive housing program; Medicaid State Plan Option, and fees from clients.

▶ Trends/Issues

The following issues continue to challenge ADS' efforts to provide Residential Services to adults in the CSB service area:

- In the Virginia State Comprehensive Plan for 2002-2008, 441 individuals in the CSB service area were identified as needing substance abuse residential services who were unable to access the appropriate level of service.
- There has been a steady increase in the number of clients needing residential treatment services from diverse populations, many of whom are non-English speaking. This has stressed the current residential treatment programs to devise innovative methods to deal with the needs of this diverse population.
- Clients in need of residential services are often unable to safely wait for residential placement, thus resulting in extensive use of costly crisis services, including hospital emergency rooms, mental health emergency services, crisis care residential homes, and mental health institutes.
- There is a growing population of clients who have co-occurring disorders of both mental illness and substance abuse problems.
- ADS Adult Residential Services has a total of four grant-funded programs. The grant-funded portion of the Supervised Apartment Program (HUD grant) and the Viviendo Saludable Program for Spanish-speaking clients (CSAT grant through Arlington County) are scheduled to expire in approximately two years. CSB will work with the grantors to extend these grants and, if necessary, seek to identify alternate funding sources to keep these programs operating.
- The Detox Diversion program (DCJS grant) and the Recovery House program (HIDTA grant) both receive the same rate of grant funding that they did at the inception of the grant. If this trend continues, other funding sources will have to be located to maintain the same level of client services.

Participant Characteristics

ADS Adult Residential Services provides treatment, supervision, and support for the most impaired substance abusers and their families. Clients have problems in multiple areas of their lives including legal involvement, employment, family relationships, health status, and mental health problems. Homelessness, suicide attempts, incarceration, unemployment, HIV and Hepatitis C are common client characteristics. Clients involved in this level of treatment have a long history of using substances, have considerable court involvement, and/or unsuccessful treatment attempts at the outpatient level. Clients requiring this level of services are in need of a structured, stabilized treatment environment where they learn the skills necessary to maintain sobriety to become productive citizens.

ADS Adult Residential Services provides treatment to the mandated priority population determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

▶ Method of Service Provision

Adult Residential Services is provided through a combination of directly operated and contract services. Contracts include detoxification services provided by the Alexandria Regional Detoxification Center, Intermediate length treatment provided by Vanguard Services (Phoenix Program), and long-term treatment provided by Second Genesis. Viviendo Saludable, an intermediate length program for Spanish-speaking clients, is operated by Vanguard Services as a result of a grant from the Center for Substance Abuse Treatment. All other services are directly operated.

Hours of Operation: Hours of operation for the highly intensive and intensive residential programs are 24 hours a day, 365 days a year. Hours of operation vary for supported living programs, but are generally Monday through Friday from 9:00 a.m. to 7:00 p.m., based on client need.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	2,694	2,740	2,717	2,651	2,655
Bed Days	68,788	70,584	74,972	74,154	76,046
Hours of Service	10,328	10,816	10,836	10,210	10,836

Satisfaction Results

- 98 percent of the clients in the Crossroads long-term program reported being satisfied with services.
- 95 percent of client in the Phoenix intermediate length program reported being satisfied with the services.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

Federal Substance Abuse Prevention and Treatment Block Grant, 45 CFR 96.131 mandates that pregnant women receive services within 48 hours of agency contact to intervene and interrupt the associated health risks for the women and their unborn children and 45 CFR 96.121, 126 mandates that services be prioritized for individuals that engage in intravenous drug use to intervene and interrupt the associated individual and community health risks of HIV/AIDS and Hepatitis.

- Code of Virginia Section 18.2-254 allows individuals to be sentenced to treatment programs in lieu of incarceration. Programs have extensive monitoring and reporting responsibility and must immediately inform the Court of the release of any such client.
- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB);.
- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$248,606

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

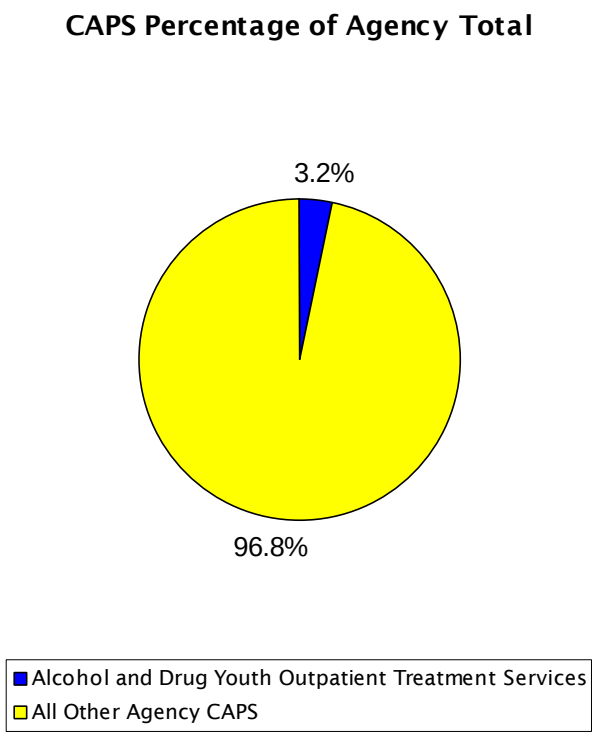
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-13-Alcohol and Drug Youth Outpatient Treatment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$2,729,326
Operating Expenses	$672,651
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$3,401,977**
Federal Revenue	$270,617
State Revenue	$378,854
User Fee Revenue	$124,908
Other Revenue	$49,500
Total Revenue:	**$823,879**
Net CAPS Cost:	**$2,578,098**
Positions/SYE involved in the delivery of this CAPS	42/42.57



▶ CAPS Summary

Alcohol and Drug Youth Outpatient Treatment Services provides assistance to youth and their families through outpatient, court, and school-based programs. The purpose of Youth Outpatient Treatment Services is to intervene and treat those youth that are in the early stages of alcohol and drug use, or addiction.

The Youth Outpatient Treatment programs located at Chantilly, Falls Church, Franconia, and Reston provide a continuum of outpatient treatment services to the entire service area. ADS Youth Outpatient Sites, Forensics, and School Resource staff provide screening, assessment, and evaluation services for youth and their families to determine the extent of a substance abuse problem and the level of services needed. Treatment services, using an adolescent developmental approach, consist of education, early intervention, outpatient, day, and residential treatment. Outpatient services consist of primary care twice a week, including relapse prevention for three to six months. Family counseling occurs weekly in multifamily groups and individual family sessions are held at least monthly. Continuing Care is provided once a week thereafter for those youth and families who are interested. The mix and intensity

of these services are based on the client's individual needs. "Stages of Change" is utilized in the treatment approach to address families' motivation for change. Alcoholics Anonymous and Narcotics Anonymous 12-step participation is also part of the program. Case management services are provided as a part of all of the above-mentioned components.

Outpatient Services:

- Outpatient Services for youth consist of screening, assessment, evaluation, group counseling two or three times per week, individual and family substance abuse treatment, relapse prevention, and continuing care. Case management services are provided for all clients entering outpatient services.
- Outpatient Services are available for adolescents ages 13 to 18 and their families. Cases are referred from the Juvenile Court, Fairfax County Public Schools (FCPS), Mental Health Services, and the Department of Family Services.
- Outpatient Sites are located in Chantilly, Falls Church, Franconia, and Reston. All sites provide assessment and counseling services.
- Referrals are made by ADS to private service providers, depending upon the family's choice, their ability to pay, and insurance coverage.
- In addition, staff serve on all Comprehensive Services Act (CSA) Family Assessment and Planning Team (FAPT) meetings and Interdisciplinary Team (IDT) staffings.

Juvenile Court Services:

- Assessment and evaluation services are provided in the CSB Forensics Office, Juvenile Detention Center, Less Secure Shelter, and Boys and Girls Probation Houses through Juvenile Court Forensics staff.
- Educational services are also provided in the Secure Detention Center and Less Secure Shelter, as well as the Boys and Girls Probation Houses on a weekly basis.
- Treatment services are provided at the Juvenile Detention Center Post-Dispositional Unit.
- Juvenile Court Judges and staff refer the youth and families.

School Services:

- ADS provides a three-day Substance Abuse Awareness Seminar at the Devonshire Center in conjunction with FCPS for students suspended or referred for substance abuse related issues by FCPS. Parents of students referred also are required to attend an evening substance abuse education group.
- Additionally, assessment and consultation services are provided to high schools and middle schools throughout the County. ADS School Resource Counselors are assigned to school clusters to work with school administrators, social workers, and guidance counselors to identify and intervene with youth who are exhibiting substance related problems.
- Parent education seminars are provided at various high schools throughout the school year.
- Liaison, consultation, and screening services are also provided to schools in the cities of Fairfax and Falls Church.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

ADS Youth Outpatient Services were recently redesigned to meet the treatment, scheduling, and financial needs of youth and their parents. Quicker access to services, a shortened screening and assessment process, and variable lengths of treatment intervention were arranged to accommodate the varying needs of the youth and families who were referred. As a result, more families are entering and staying in service. Additionally, a treatment site was established in Chantilly area using State funds to make services more accessible to youth and their families in the western part of the County. This also coincided with the opening of the new Westfields High School.

Juvenile Court Services were also redesigned to merge mental health and ADS evaluation services in one location. Since space was not available in the Juvenile Court, services are provided at the Massey Building Annex, the most proximate and accommodating arrangement that could be made for families and the Court. Grant funding was also procured to provide mental health and substance abuse treatment services to youth sentenced to the Post-Dispositional Unit of the Juvenile Detention Center. Psychiatric evaluation services were also arranged. An award from NACo was received for this effort.

As part of the additional ongoing State funding included in the FY 1999 Carryover Review, the Prevention and Youth Services initiative was expanded. This service has resulted in the identification of additional youth being screened and assessed through the school system. Because of the increasing numbers of younger students being referred to the Substance Abuse Awareness Seminar, provided in conjunction with the FCPS, the seminar was redesigned to provide a separate screening, assessment and education track for junior high school youth. The program design is similar to the program that exists for high school youth, but has been separated into two tracks, one for the junior high school students and one for high school aged youth. In addition, a partnership has been developed with the Virginia Tech Family and Child Study Program to enhance the family services provided throughout the entire Youth Division. Monthly training for Family Counselors will be held this upcoming year.

Funding Sources

Funding sources include Fairfax County; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; FCPS for safe and drug free schools; and fees from clients and insurance companies.

▶ Trends/Issues

The school-aged population in Fairfax and Falls Church has increased dramatically. As noted in the Task Force Report: A Study of Alcohol and Drug Use among the Youth in Fairfax County and confirmed with The Communities That Care survey of 8th, 10th, and 12th graders completed in January 2001, adolescent alcohol and drug use has increased over the past seven years. This data indicates that a significant number of youth are abusing alcohol and a variety of drugs. Alcohol, binge drinking, marijuana, hallucinogen, and heroin use is of great concern. This use increases significantly from 8th to 12th grade for all drugs. For high school seniors, 53.4 percent currently are using alcohol, 31 percent currently are binge drinking, and 22.4 percent currently are using marijuana. There is also an increasing number of youth who have mental health disorders, multi-problem families, and a propensity toward violence. ADS School Resource Counselors are available to meet the needs of approximately 76,000 middle and high school-aged youth for screening and intervention services.

The change in County demographics has had a significant impact on service provision. There has been a major increase in Hispanic families seeking treatment. Because many of these parents do not speak English, recruitment and training of bilingual staff has increased and will need to continue to serve the growing needs of non-English speaking families seeking services.

Participant Characteristics

Participants are adolescents ages 13 to 18 and their families. Youth referred have used a variety of drugs and frequently have mental health problems requiring additional services. They generally have a diagnosis of substance dependence, although some are diagnosed with substance abuse. Many are involved with private sector mental health treatment concurrently. About 45 percent of the youth referred are court-involved. At times, other family members have alcohol and drug problems that also require assessment and treatment.

ADS Youth Outpatient Services provides treatment to the mandated priority populations determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Services Act.

▶ Method of Service Provision

All four outpatient programs are directly operated.

Hours of Operation: The four primary outpatient sites are operational Monday through Thursday from 9:00 a.m. to 9:00 p.m., and Friday from 9:00 a.m. to 6:00 p.m. Juvenile Court and school services are operational from 8:00 a.m. to 4:30 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	1,539	1,471	1,354	1,328	1,465
*Hours of Service	30,985	26,531	26,427	26,752	31,921

*Hours of service vary based upon the number of persons served and staff vacancies. It is expected that the hours of service will increase with the opening of the Chantilly Outpatient Site in FY 2002. This will depend on successfully leasing and building out space for the program.

Satisfaction Results

In 2001, consumer satisfaction surveys were conducted in the Youth Division. The results have been used to improve the programs. Parent and youth comments were positive. Approximately 92 percent were satisfied, 6 percent were indifferent, and 2 percent were dissatisfied with services. As a normal part of our quality improvement effort, a formal program review is currently in progress. It is anticipated that an outcome study will commence in late 2001.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 26 - 50%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB) .
- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$124,908

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

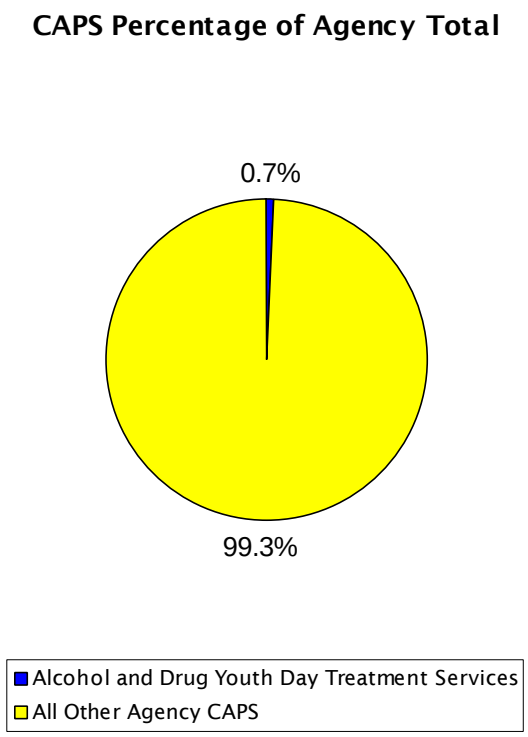
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	

Other Remarks:

106-14-Alcohol and Drug Youth Day Treatment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$543,142
Operating Expenses	$173,701
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$716,843**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$50,000
Other Revenue	$0
Total Revenue:	**$50,000**
Net CAPS Cost:	**$666,843**
Positions/SYE involved in the delivery of this CAPS	14/14.23



▶ CAPS Summary

Alcohol and Drug Youth Day Treatment Services provides day treatment services for youth with serious alcohol, drug, and mental health problems. These youth cannot function in a regular school setting and need the structure of an integrated treatment and school environment during the day. Day treatment is a more intense level of service than outpatient services, and less intense than a residential program. Including school, youth are at the program a minimum of seven hours a day. The length of stay varies from six to twelve months. The availability of day treatment frequently averts the need for more costly residential care.

Youth Day Treatment Services uses an adolescent developmental approach. Individual, group, and multifamily counseling is provided for youth and families involved in day treatment. Weekly recreational activities are provided, as well as community service projects. Community meetings, treatment planning, life skills training, and education groups are held weekly. Relapse prevention and continuing care groups also are offered. The program also has a strong family focus. Multifamily and parent groups are available for families and individual family counseling is held biweekly or more often, if needed.

Continuing Care services are available for youth that complete the program. A "Stages of Change" approach is utilized to help assess a family's motivation for change. Alcoholics Anonymous and Narcotics Anonymous participation is also part of the program. Day Treatment services are provided five days per week with a minimum of three hours of treatment services per day accompanied by an additional three to five hours of education provided by the Fairfax County Public Schools (FCPS).

Program Characteristics include:

- Day treatment services are currently provided for adolescents ages 13 to 18 in the Falls Church and Franconia areas of the County.
- An additional day treatment program has been established in the Chantilly area. The program is funded by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), and supplemented by County General Funds.
- An on-site alternative school program provides educational services. Teachers are provided by FCPS.
- At any given time, each day treatment program has a capacity of ten youth in primary treatment.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

Over the past several years, programming in day treatment has changed due to the vast array of drugs youth are using, the serious mental health problems that youth are exhibiting, and cultural changes in the community. As a result, day treatment staff continuously review the program and a number of changes have been made. The program continues to evolve as the needs of the population change. The mental health, family treatment, and medication components of the program have been enhanced. Youth can now be medicated through a staff psychiatrist when necessary. The psychiatrist also attends weekly staff meetings. The family component of the program was also strengthened because family progress is closely tied to client progress in treatment. This year, current services are being reviewed again to determine efficiency and effectiveness within the ADS youth continuum of services. Youth staff continue to work closely with school personnel to meet the needs of the youth referred from the school system.

Funding Sources

Funding sources include Fairfax County; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; FCPS for safe and drug free schools; and fees from clients and insurance companies.

▶ Trends/Issues

In Fairfax and Falls Church, there has been an increase in school-aged youth. Over the past five years, youth drug use has risen and more youth have presented with mental health concerns. We are also seeing an increasing number of youth who have multi-problem families and a propensity toward violence. There has also been an increase in the number of criminally involved youth needing services, particularly youth who are involved in gangs. The current level of alcohol and drug use among Fairfax County youth has been documented through the Communities That Care survey conducted in 2001. The rates of use of most drugs increase dramatically from the 8th to the 12th grade. For example, current 8th grader alcohol use is 21 percent (2,116 youth) and 53 percent (5,518) for 12th graders. Eighth-grade marijuana use is 5.1 percent (514 youth) and 22.4 percent (2,332 youth) for 12th graders. Eighth-grader hallucinogen use is at 0.8 percent (81 youth) and increases to 4.4 percent (458 youth) for 12th graders. Eighth-grader heroin use is at 0.4 percent (40 youth) and 0.7 percent (73 youth) for 12th graders.

The change in the County demographics has had a significant impact on service provision. There has been a major increase in Asian and Hispanic families seeking treatment. Because many of these parents do not speak English, recruitment of bilingual staff has increased. One primary issue for parents of day treatment youth is the lack of transportation to and from the program. This responsibility tends to fall on the parents because there is no readily available countywide transportation system. This affects attendance and contributes to youth leaving the program prior to completion. In order to reduce the transportation/accessibility issues, an additional day treatment program has been established in the Chantilly area using State DMHMRSAS funds.

Participant Characteristics

The youth in day treatment have severe substance abuse, mental health, court, and school problems, and generally are substance dependent. These youth are more impaired than those attending outpatient services as they have used more drugs for longer periods of time. The youth in day treatment usually have serious mental health problems as well. Many are the victims of sexual, physical, or emotional abuse. Their situations have deteriorated, resulting in educational and psychological developmental delay. Legal, school, and family problems further complicate matters. The majority of these youth have attended outpatient treatment privately or through ADS. Some have attended residential treatment and come to day treatment for additional primary care. Approximately 70 percent are male, 30 percent are female. About 50 percent are court-involved, and in addition, a percentage of the parents of these youth also experience their own alcohol, drug, and/or mental health problems.

Youth Day Treatment Services provides treatment to the mandated priority populations determined DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Services Act.

▶ Method of Service Provision

The two-day treatment programs are directly operated. In addition, once the Chantilly Youth Site is fully operational, it will be directly operated by existing County staff.

Hours of operation: Hours of operation are Monday through Thursday from 8:30 a.m. to 8:30 p.m., and Friday from 8:30 a.m. to 5:30 p.m. Staff is available as needed for after hour emergencies.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	64	61	74	73	77
*Hours of Service	24,916	30,504	27,597	27,655	30,532

*Service hours vary based upon client attendance. It is expected that the service hours will increase once the Chantilly Youth Site becomes fully operational. This will depend on successfully leasing and building out space for the program.

Satisfaction Results

In 2001, consumer satisfaction surveys were conducted in the Youth Division, including the Vista and Horizons Day Treatment programs. The results have been used to improve the programs. Parent and youth comments were positive. Approximately 92 percent were satisfied, 6 percent were indifferent, and 2 percent were dissatisfied with services. As a normal part of our quality improvement effort, a formal program review is currently in progress.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB).

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$50,000

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

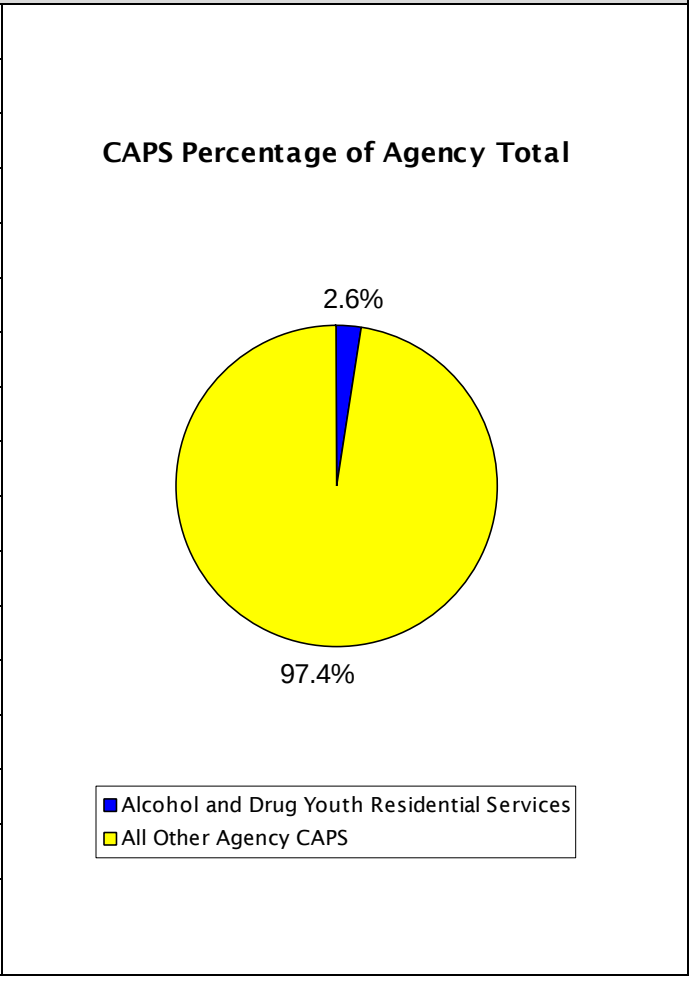
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	

Other Remarks:

106-15-Alcohol and Drug Youth Residential Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$2,121,873
Operating Expenses	$675,691
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$2,797,564**
Federal Revenue	$184,700
State Revenue	$0
User Fee Revenue	$542,067
Other Revenue	$0
Total Revenue:	**$726,767**
Net CAPS Cost:	**$2,070,797**
Positions/SYE involved in the delivery of this CAPS	35/34.57



▶ CAPS Summary

Alcohol and Drug Youth Residential Services provides intensive residential treatment services for youth with serious alcohol, and/or substance abuse problems. The youth needing these services are seriously impaired, and often present with serious educational and court problems as a result of their substance abuse issues. Many of the youth treated in Youth Residential Services also present with school and mental health problems. They frequently have been the victims of physical, sexual and/or emotional abuse. In order to be considered appropriate for residential services, these youth have progressed to the point of not being able to function appropriately at home, in school, or in the community. Most of the youth needing residential treatment services have become court-involved, are facing serious problems or multiple suspensions from school, and their behavior has become extremely problematic for their family. Typically, these youth have received outpatient or day treatment services but were not able to discontinue their alcohol and drug use with that level of intervention.

Residential treatment services are designed to provide a more intense level of service than outpatient or day treatment services, and include an intensive residential treatment experience accompanied by a school component provided by Fairfax County Public Schools. Residential services are available for adolescents, ages 13 to 18 and their families. ADS Youth Residential Services are directly provided at Crossroads, Sunrise I, and Sunrise II and/or purchased through contracts with the private sector.

- Crossroads is a 20-bed program, provides both intermediate (three to six months) and long-term (six to twelve months) level of services for boys.
- Sunrise I is an 11-bed program, which provides intermediate (four to six months) level of services for both boys and girls.
- Sunrise II is a 7-bed program which provides long-term services for girls who have serious substance abuse and mental health disorders. Their mental health disorders are typically more severe than the girls in Sunrise I.

Besides living in a residential treatment environment 24 hours a day, seven days per week, individuals also receive group and individual counseling sessions daily, individual family counseling biweekly and multifamily group counseling weekly. For families, parent support groups are provided and parenting skills development groups are offered. Al-Anon participation is strongly encouraged for parents and siblings. The family focus is very important because of the correlation between family and youth progress.

An adolescent developmental approach is utilized which includes peer assimilation and relationship building with peers and parents. The program includes a “Stages of Change" focus to address client and family motivation for change and Alcoholics Anonymous and Narcotics Anonymous twelve-step programs using adult and adolescent mentors to help build and solidify recovery. Ancillary therapeutic approaches include art therapy and yoga, as well as an emphasis on stress reduction activities. Gender groups occur weekly to address a variety of issues that are important at this stage of adolescence. Community service projects are held with groups such as senior citizens or at food shelters. Recreational activities include various team-building exercises designed to increase self-esteem and confidence. The Independent Living Apartment program provides an opportunity for independent living skills and vocational counseling for youth that have completed residential treatment and are not able to return home. The Tattoo Removal Program is also utilized by some youth.

Contract management oversight is provided by Youth Residential Services for all contract programs through onsite observation, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

Quality Assurance and Staff Development

For information on CSB’s comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

Residential programs have specific admission criteria to ensure that only youth needing an intensive level of service are admitted. The length of stay is variable for the different programs to allow for treatment based on one's individual needs. Treatment plans for each individual are constantly updated to ensure that the services are tailored to each individual's needs.

Over the years, Sunrise I has had a long waiting list which has been alleviated with the availability of additional SAPT Block Grant and County funds for the purchase of residential treatment beds from a private vendor. This program, which is directly operated, continues to run at full capacity, but the waiting list has been greatly reduced. Sunrise II was initiated five years ago to provide treatment capacity for adolescent girls who are dually diagnosed with substance abuse and mental illness. The Crossroads Youth program for adolescent boys recently implemented an intermediate length track to meet the needs of a higher number of youth in need of intensive residential substance abuse treatment. The number of youth needing or willing to stay in long-term treatment has declined. These programmatic changes have minimized waiting periods and ensure an acceptable rate of program utilization. Because of the high cost of residential treatment and the limited amount of residential services available it has been important to constantly review and revise programming to stay current with the needs of youth and their families, as well as with the needs of referring agents and programs.

A supervised apartment program was begun in 2001 to support youth who are ready to transition from residential treatment to the community. This program is for older adolescents who have completed residential treatment but are not able to return to their families

Funding Sources

Funding sources include Fairfax County; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; Comprehensive Services Act for At-Risk Youth and Children fees, and fees from clients and insurance companies.

▶ Trends/Issues

Over the past five years, there has been a significant increase in youth that have both mental health and substance abuse disorders. This has required strengthening the mental health components of the Youth Residential programs. Psychiatric evaluation, medication, and consultation are now a regular part of ADS Youth Residential programming. Additionally, youth are using more hard drugs, such as heroin and ecstasy, as noted in the "Communities That Care" Survey. Youth that need residential treatment services are surfacing at earlier ages such as 13 years old. We are also seeing an increasing number of youth who have mental health disorders, multi-problem families, and a propensity toward violence.

The changing County demographics are having a significant impact on service provision. There has been a major increase in Hispanic and Asian families seeking treatment. Because many of these parents do not speak English, recruitment of bilingual staff has increased. It has been, and continues to be, difficult to recruit and retain bilingual staff who are willing to work in a residential setting.

Participant Characteristics

Youth in residential programs have used a variety of drugs and frequently have school and/or mental health problems requiring additional services. Most of the youth served are substance dependent and approximately 55 to 65 percent of the youth referred are court-involved. Often, other family members have alcohol and/or drug problems that require assessment and treatment. Approximately 70 percent of the youth served in Youth Residential Services are male and 30 percent are female.

Youth Residential Services provides treatment to the mandated priority populations determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Services Act.

In previous exercises, the Alcohol and Drug Services Youth Residential Services line of business was included in Alcohol and Drug Services Residential Treatment Services. It is presented as a separate CAPS to reflect the specialized nature of these services.

▶ Method of Service Provision

Youth Residential Services is provided through a combination of directly operated and contract services. Directly operated services include Sunrise I, Sunrise II, and Crossroads Youth. Limited contractual services are utilized when alternative programming is required to meet the clinical needs of a youth or when directly operated program space is unavailable.

Youth residential services are provided 24 hours a day, seven days a week. Individual, group, and family counseling are provided.

Hours of Operation: All programs are open twenty-four hours a day, seven days a week, 365 days a year, and are staffed at all times.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	106	111	98	100	107
*Hours of Service	12,251	11,630	11,479	10,115	12,117

* Hours of service vary based upon the number of persons served.

Satisfaction Results

Treatment plans are regularly reviewed to ensure that treatment is tailored to meet the needs of the youth and their families. Consumers report general satisfaction with the services in these programs. In 2001, consumer satisfaction surveys were conducted in the Youth Division including Crossroads, Sunrise I and II. The results have been used to make modifications to the programs and improve treatment outcomes. For Crossroads, 92 percent were satisfied with services, 7 percent were indifferent, and 1 percent were dissatisfied with services. The overall comments about services were positive. For Sunrise I and II, parent and youth comments also were positive. Approximately 92 percent were satisfied, 6 percent were indifferent, and 2 percent were dissatisfied with services. An outcome study with the George Mason University School of Social Work is now being designed at Crossroads.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB).

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$542,067

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

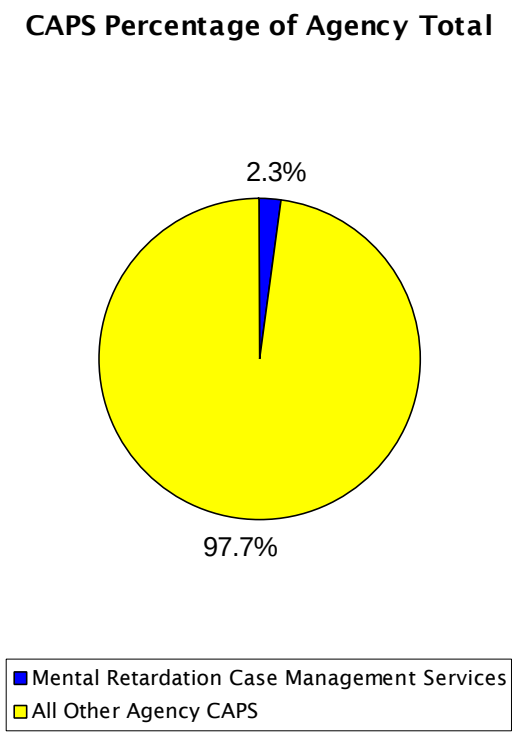
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.7-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	

Other Remarks:

106-16-Mental Retardation Case Management Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$2,390,412
Operating Expenses	$130,646
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$2,521,058**
Federal Revenue	$0
State Revenue	$16,711
User Fee Revenue	$1,013,159
Other Revenue	$0
Total Revenue:	**$1,029,870**
Net CAPS Cost:	**$1,491,188**
Positions/SYE involved in the delivery of this CAPS	44/44



▶ CAPS Summary

Mental Retardation Case Management Services provide a continuum of services for people with mental retardation or autism and their families throughout the Community Services Board (CSB) service area. The mission of Mental Retardation Services is to empower and support people to achieve a self-determined and valued lifestyle and to identify, develop, and/or offer personalized and flexible supports, including a home, job, and a network of relationships in the community. Case Management is an intervention which assures that service systems and community supports are responsive to the specific, multiple, and changing needs of individuals and families. Case Management Services ensure that individuals are properly connected to, and involved in, the appropriate services and supports in order to maximize opportunities for successful community living. Case Managers assist in gaining access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources, and other supports essential to meeting basic needs. Through face to face contacts, phone contacts, and review of various reports, the Case Manager helps assess the needs of the individual and develops a service plan, links the individual to services and

supports, coordinates and monitors services and provides technical assistance, and advocates for the individual.

The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) regulations require that case management services must be provided to all individuals who are enrolled in Medicaid and who request Case Management. These individuals who are recipients of Medicaid benefits receive a full cadre of case management support such as interdisciplinary team planning, coordination of services, intake and assessments, advocacy, and resource planning. Those who do not have Medicaid may also receive the same or similar service coordination based on need. In addition, the State mandates Case Management services to those who are in need of emergency assistance pursuant to §37.1-194 of the Code of Virginia. Pre-admission screening and pre-discharge planning from state training centers or hospitals is also required under the SFY 2002 Community Services Performance Contract 5.3.1 and 5.3.3 pursuant to of the Code of Virginia.

Volunteer Services matches people with mental retardation and/or autism and members of their community for one-on-one friendships. Individuals participating in the Volunteer Services Program benefit from developing a friendship with someone new in their community. They are introduced to their volunteer's circle of friends and family, and are able to give the gift of friendship to someone who appreciates them.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Community Outreach

Community outreach is included as part of the Case Managers' responsibilities. In addition, interacting with the community is an integral part of the Volunteer Services program.

Accomplishments

- **Case Management** - During FY 2001, case management served 1,546 individuals. Of this total number, over 450 were funded through Medicaid for case management. There was a total of 202 cases opened in FY 2001, of which nearly 100 students received individualized transition services as they exited special education services.

  Beginning in September 2000, Case Managers began grief-counseling sessions for individuals receiving services. A support group for parents whose adult children were moving into a group home was designed and facilitated.

- **Volunteer Services** - In FY 2001, over 60 individuals were matched with volunteers. Volunteer social events have also been well represented. Over 300 people attended the Valentine's Day Dance and at least 90 people attended the fall picnic.

  Due to the growth in this program, one of the positions approved for expansion from 20 to 40 hours per week approved in the FY 2002 Adopted Budget Plan will be utilized to help find volunteers for the over 230 individuals on the waiting list and to promote mentoring.

Funding Sources

Funding sources include Fairfax County; DMHMRSAS; and Medicaid State Plan Option.

▶ Trends/Issues

People with mental retardation are now living longer and as a result, many of our consumers experience the same health and aging related issues as the general population. In addition, individuals served are more medically fragile. People may be brittle diabetics, on oxygen, or require gastrointestinal tubes for feeding. Case Managers are required to monitor the medications the individual takes and the possible side effects.

Increasingly, our community has become multi-cultural and multi-linguistic, requiring specialized training for our case managers.

Transition of youth from schools continues to be a priority activity for case management. A developing trend is the increasing number of students who are medically fragile or require extensive physical or personal care. In addition to the anticipated transition of these youth, there is an extensive case management intake demand from people moving into the County requiring case management services for their family members. Since case management is the "gate-keeper" for all other Mental Retardation Services, this intake process is a very significant activity.

Due to a limited number of case management positions and an increase in the number of people requesting services, there is an increasing number of individuals receiving some type of service with no case manager assigned. Over the past two years, there were 778 cases in the No Case Manager Assigned (NCMA) category. If more case management positions were established, the cost of these positions could be fully reimbursed by Medicaid.

Finally, there is a trend toward increasing external documentation requirements necessitating increased quality assurance, training, and specialized administrative and managerial supports. Additionally, some of these requirements involve additional assessment activities that must be performed in person by the case manager with the consumer and family. In order to meet the external requirements imposed by licensure, DMHRMSAS State Performance Contract, DMHMRSAS Performance and Outcome Measurement System, and Medicaid, there is an increased emphasis on monitoring documentation and utilization review.

Participant Characteristics

Individuals served may be as young as three years of age and range through consumers over age 70. Adults or children age six or older must have a confirmed diagnosis of mental retardation and/or autism to be determined eligible for case management services. For a child three to six years of age, there must be confirmation of a cognitive developmental delay. Many cultures and languages are represented among the individuals served.

▶ Method of Service Provision

Case Management services are directly operated by CSB staff, which is the norm among the 40 CSBs in Virginia.

Hours of Operation: Although office hours are generally Monday through Friday from 8:00 a.m. to 4:30 p.m., Case Managers maintain flexible hours to meet the needs of families and individuals served. In addition, there is 24-hour emergency coverage available.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	759	1,097	933	1,546	1,038
Percent satisfied with case management	92%	93%	96%	90%	90%
Percent of case management service objectives met by consumers	86%	92%	94%	92%	92%

The peak in the actual numbers of individuals served in FY 1999 and FY 2001 reflect the fact that there was a focused outreach to those individuals with no case manager assigned.

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.
- Code of Virginia Section 37.1-65.1 mandates prescreening for admission to training centers.
- Code of Virginia Section 37.1-194 mandates provision of emergency services and case management services as core services within the Community Services Board (CSB).

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$1,013,159

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

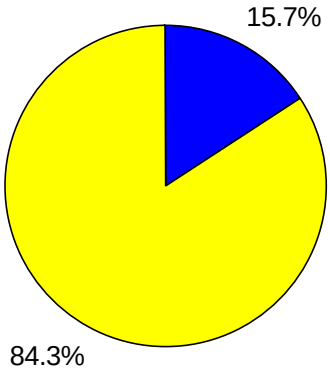
Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197 (7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-17-Mental Retardation Day Support and Vocational Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$519,491
Operating Expenses	$16,397,333
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$16,916,824**
Federal Revenue	$0
State Revenue	$457,660
User Fee Revenue	$463,567
Other Revenue	$470,953
Total Revenue:	**$1,392,180**
Net CAPS Cost:	**$15,524,644**
Positions/SYE involved in the delivery of this CAPS	11/10.75

CAPS Percentage of Agency Total



Mental Retardation Day Support and Vocational Services
All Other Agency CAPS

▶ CAPS Summary

Mental Retardation Day Support and Vocational Services provide a continuum of services for people with mental retardation and/or autism and their families throughout our service area. The mission of Mental Retardation Services is to empower and support people to achieve a self-determined and valued lifestyle and to identify, develop, and/or offer personalized and flexible supports, including a home, job, and a network of relationships in the community.

Contract management oversight is provided by the Community Services Board (CSB) for all of the programs through on-site observations, clinical consultations with case managers, review of outcome measures, and coordination with Quality Assurance activities.

Vocational and day support services for individuals with mental retardation and/or autism are provided primarily through contracts with private, non-profit agencies. Models of service delivery include:

- Developmental Services provide self-maintenance training and nursing care for individuals who are the most severely disabled in areas such as intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily living and community living skills, and may include limited remunerative employment.
- Sheltered Employment provides individuals full-time, remunerative employment in a supervised setting with support services for habilitative development.
- Community Employment (Group Model) provides individuals intensive job placement assistance for off-site, supervised contract work and competitive employment in the community. Job retention services are also provided.
- Community Employment (Individual Model) provides remunerative employment with necessary support services. This service primarily serves persons with severe disabilities and stresses social integration with non-disabled workers.
- Alternative Day Support (Cooperative Employment Program) provides supported competitive employment services to eligible individuals with developmental disabilities. The Cooperative Employment Program is jointly funded and operated by the Department of Rehabilitative Services and the CSB. Using an individualized approach, program staff assess skill, analyze job requirements, and provide on-the-job training for individuals and disability awareness training for employers. Extensive follow-up services are provided to ensure the success of the job placement. In addition to the job-training component, the Cooperative Employment Program offers mobility training to enhance ability to use public transportation.

Transportation is contracted by the CSB through FASTRAN, providing morning and evening transportation for persons to-and-from employment and vocational training sites in the service area. Alternative transportation services may be available from other qualified providers, including providers who have been approved by the Virginia Department of Medical Assistance Services to be eligible for Medicaid reimbursement. The CSB has a fee policy in effect requiring a monthly fee collection for non-Medicaid-funded transportation services.

Additionally, in order to effectively provide the vocational services, individuals served must receive case management to coordinate service planning and service delivery.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Community Outreach

Community outreach activities are described in the MR Services Case Management CAPS.

Accomplishments

During FY 2001, 995 individuals were served by contracted vendors, and an additional 120 were served by the Cooperative Employment Program. Of this total number served, 596 individuals received transportation through a contract with FASTRAN. The CSB successfully transitioned 71 graduates from the Fairfax County Public Schools into post-secondary employment services in the beginning of FY 2002. All vocational programs are now required to achieve and maintain external national accreditation.

Funding Sources

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Northern Virginia Training Center; and fees from individuals served.

▶ Trends/Issues

People with mental retardation are now living longer and as a result, many of the individuals we serve experience the same health and aging related issues as our general population. This trend presents unique challenges in vocational service provision as many of the individuals served either require specialized medical or physical care services during their employment or retirement supports after they have completed working. There is an increasing trend of students graduating from school requiring vocational services who are medically fragile. These individuals may be brittle diabetics receiving insulin injections, on oxygen, or require gastrointestinal tubes for feeding. Providers are required to monitor and provide the necessary supports and treatment for these individuals in their programs.

Increasingly, our community has become multi-cultural and multi-linguistic, requiring specialized training for vocational staff.

There is a very serious work force problem exacerbated by a high cost of living, low wages, and low unemployment rates. Increasingly, vocational programs are experiencing seriously high vacancy rates and high turnover rates among both direct care and management staff.

There is a trend toward increasing external documentation requirements necessitating increased quality assurance, training, and specialized administrative and managerial supports. In particular, all vocational programs are now required to achieve and maintain external national accreditation through CARF, the Council of Accreditation for Rehabilitation Facilities.

There is an increasing trend toward community-based employment. Over 50 percent of the individuals served received their services in the community as opposed to segregated facility based programs. In fact, among transitioning youth, nearly 75 percent request community-based employment services.

The most significant issue in transportation is traffic density coupled by the random disbursement of employment services in our community. In comparison to the school system where schools are strategically located, the vocational system for Mental Retardation Services has evolved in response to both community employer needs and capacity availability of contracted providers. As a result, many of the individuals experience very lengthy commutes accessing programs and services that may not be located within the community in which they reside. Additionally, there are some individuals who cannot participate in day support opportunities because they are unable to find transportation.

An issue that has been identified to both the Human Services Council and senior County staff is the urgent need for additional space to provide specialized developmental services to those individuals who also require nursing care. Additional capacity is necessary to avoid having individuals with severe disabilities with no services.

Participant Characteristics

Vocational services are provided to individuals over age 18. All must have mental retardation and/or autism to be determined eligible for services. Many cultures and languages are represented among the individuals served.

▶ Method of Service Provision

Day Support and Vocational Services are both directly and contractually provided, with 89 percent of individuals served through provider contracts.

Hours of Operation: Vocational services are generally available Monday through Friday from approximately 8:30 a.m. to 4:00 p.m. Since transportation supports precede and follow these hours, transportation supports generally operate from 6:00 a.m. to 6:00 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	897	1,101	1,074	1,115	1,239
Percent satisfied with day support/vocational services	90%	90%	91%	88%	88%
Percent of individual service plan objectives met by consumers	N/A	60%	61%	60%	60%
Percent integrated into community programs	53%	53%	56%	55%	55%

The above numbers for individuals served and satisfaction rates represent numbers from Day Support and Alternative Day Support programs. The numbers for objectives met and percent integrated into the community reflect numbers from the Day Support programs.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$463,567

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

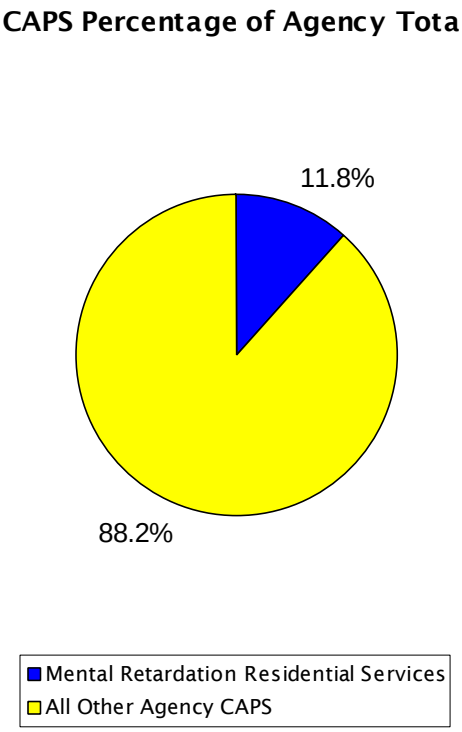
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-18-Mental Retardation Residential Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$4,934,825
Operating Expenses	$7,781,145
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$12,715,970**
Federal Revenue	$45,000
State Revenue	$225,732
User Fee Revenue	$1,866,953
Other Revenue	$220,780
Total Revenue:	**$2,358,465**
Net CAPS Cost:	**$10,357,505**
Positions/SYE involved in the delivery of this CAPS	75/75



▶ CAPS Summary

Mental Retardation Residential Services provide a continuum of services for people with mental retardation and/or autism and their families throughout our service area. The majority of residential services are provided through CSB partnerships with approved private providers. The mission of Mental Retardation Services is to empower and support people to achieve a self-determined and valued lifestyle and to identify, develop, and/or offer personalized and flexible supports, including a home, job, and a network of relationships in the community.

Contract management oversight is provided by the CSB for all of the residential programs - public or private - through onsite observations, clinical consultations with case managers and other professionals in the community, review of outcome measures, and coordination with quality assurance activities. Residential Services provide housing and residential support services in the community for individuals with mental retardation and/or autism. These services provide an array of residential supports designed around individual needs and desires, with an emphasis on providing opportunities for full inclusion in community life. Additionally, and in order to effectively provide residential services, individuals must receive case management to coordinate service planning and delivery. Residential programs include:

- Residential Group Homes provide small-group living arrangements for individuals located in homes that are integrated in surrounding neighborhoods. These programs may be directly operated by the CSB, operated by private providers under contract with the CSB, or by private providers not under contract with the CSB but funded through Medicaid. Approximately 75 percent of group home services are privatized. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community.

- Intermediate Care Facilities (ICF-MR's) provide group living arrangements for four through twelve individuals located in homes that are integrated in surrounding neighborhoods. These programs are operated by private providers under contract with the CSB and are funded by Medicaid. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community. Due to the active treatment required in these programs, support services such as doctors, nurses, pharmacists, and social workers are required.

- Residential Supported Living provides services to individuals living in their own homes or in shared living arrangements, i.e., apartments and town homes, etc. These services may be provided by the CSB or by private providers. The extent of support provided ranges from daily to drop-in and is based on individual needs and takes into account individual preference, choice, and independence. Staff supports include individual and group counseling, training and assistance in community living and personal skills, and linkage with other more natural support networks in the community. Support services to individuals living in their own homes are all privatized, and over 90 percent of the drop-in support services for people living in program-leased apartments and town homes are privatized.

- Sponsored Living Arrangements provide residential opportunities for individuals in the homes of single individuals or families through the CSB. Individuals are matched with individual providers under contract who provide assistance, training, and community inclusion.

- Respite Services provide trained respite care providers (short-term relief), available by telephone referral, who are scheduled for hourly or overnight assistance to families needing time away from caring for their family members with mental retardation and/or autism. Services are also available at a licensed 24-hour home for longer-term respite and emergency services. Respite services are provided through private providers.

- Domiciliary Care provides individualized residential placements for individuals with highly specialized needs that may not be available otherwise in the local community. The CSB contracts with private providers and individuals for these services.

- Family Support Services ease care-giving demands and assist in providing needed community supports or services for infants with developmental disabilities and children and adults with mental retardation and/or autism. Eligible individuals and families may apply for limited financial assistance for needed services or supplies. Support groups are offered for parents and siblings of children with autism. Information, referral to community resources, or speakers to address community groups are also available. This service is managed by the CSB.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Community Outreach

Community outreach activities are described in the MR Services Case Management CAPS.

Accomplishments

During FY 2001, Residential Services served 666 individuals. Of these, 309 were served in group homes, 196 were served in supported programs, 9 were served in sponsored living arrangements, 146 were served in respite, and 6 were served in domiciliary care. In addition, 189 individuals were served in family support. (These numbers may be duplicated since individuals may participate in more than one program.)

Funding Sources

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Federal Child Care and Development Block Grant (CCDBG); Medicaid Waiver; and fees from individuals receiving services.

▶ Trends/Issues

People with mental retardation are now living longer and as a result, many of the individuals we serve experience the same health and aging related issues as our general population. This trend presents unique challenges in residential service provision. There is an increasing trend of individuals seeking residential services who are medically fragile. These individuals may be brittle diabetics receiving insulin injections, on oxygen, or require gastrointestinal tubes for feeding. In coordination with the individual's personal physician, residential direct care workers are required to monitor and provide the necessary supports and treatment for individuals in their programs.

Increasingly, our community has become multi-cultural and multi-linguistic, requiring specialized training for residential staff.

There is a very serious work force problem exacerbated by a high cost of living, low wages, and low unemployment rates. Increasingly, residential programs, both directly operated and contractual, are experiencing seriously high vacancy rates and high turnover rates among both direct care and management staff.

In addition, the waiting list is increasing and as of July 1, 2001, there are 634 individuals waiting for residential services.

Finally, there is a trend toward increasing external documentation requirements, which necessitates increased quality assurance, training, and specialized administrative and managerial supports.

Participant Characteristics

Individuals served in respite and family support may be as young as infants and toddlers, while residential services are provided to adults, some of whom are over age 65. All must have mental retardation and/or autism to be determined eligible for residential services. Many cultures and languages are represented among the individuals served.

▶ Method of Service Provision

Residential Services programs are directly operated residential programs, private residential programs under contract to the CSB, and private residential programs that are licensed by DMHMRSAS and funded through Medicaid.

Hours of Operation: Hours for residential services are flexible to meet the needs of families and individuals served. Hours are typically in the evenings and on weekends. Residential group homes and Intermediate Care Facilities are operated 24 hours a day, seven days a week. For supported living and respite, services are individually arranged by the family or individual. Family support assistance is available during normal business hours Monday through Friday from 8:00 a.m. to 4:30 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served (group homes)	242	260	285	309	296
Percent satisfied with support services-CSB % satisfied - private	84%	84%	86%	83%	83%
Percent of individual residential service plan objectives met by consumers-CSB % obj. met – private	51%	48%	48%	50%	50%

The above represents the numbers for directly-operated and contracted group homes.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	$1,866,953

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.	N/A

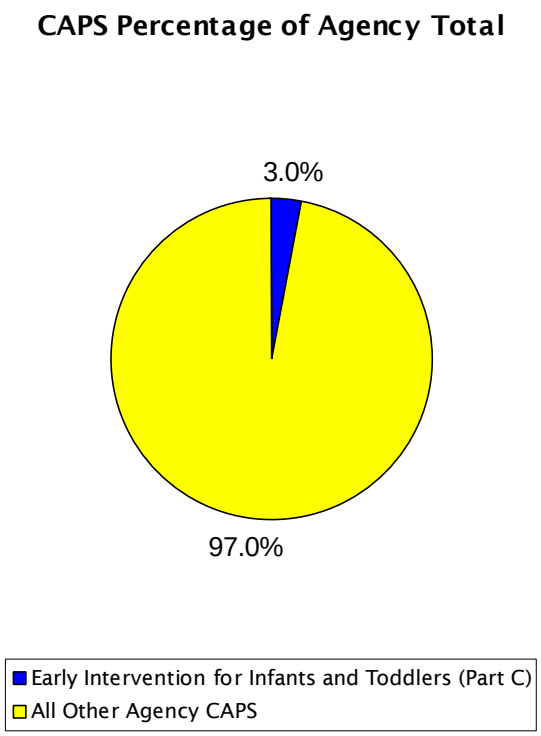
Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement Code of Virginia Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:

106-19-Early Intervention for Infants and Toddlers (Part C)

Fund/Agency: 106	Fairfax-Falls Church Community Services Board
Personnel Services	$1,591,619
Operating Expenses	$1,675,198
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$3,266,817**
Federal Revenue	$626,046
State Revenue	$3,125
User Fee Revenue	$274,876
Other Revenue	$0
Total Revenue:	**$904,047**
Net CAPS Cost:	**$2,362,770**
Positions/SYE involved in the delivery of this CAPS	26/25.75



▶ CAPS Summary

Early Intervention Services is provided by the Fairfax-Falls Church Community Services Board (CSB), as mandated by Part C of the Individuals with Disabilities Education Act (IDEA).

- Infants and toddlers are eligible for Part C services due to the following: a diagnosed disabling condition that will result in developmental delays, a delay of 25 percent or more in at least one area of development, or atypical development.
- The purpose of early intervention services for infants and toddlers with developmental delays and their families is to facilitate child development and enhance families' abilities to meet their children's developmental needs.

- Part C requirements include: free multidisciplinary evaluation to families who are concerned about their children's development; the development of an Individualized Family Service Plan (IFSP) for each child found eligible for services; service coordination; provision of services listed on the IFSP; and transition planning for when a child is either no longer eligible for services or reaches his or her third birthday.

- Part C also requires that children be served in "natural environments," that is where children would be if they didn't have developmental disabilities. Therefore, almost all services are provided in the home and daycare centers.

Services listed on each family's IFSP plan are provided through Early Intervention Services (EIS), the Daytime Development Center (DDC), or a contract with a private provider group.

- EIS provides intake, service coordination, family support, and transition planning. Among the services provided are coordination of the evaluation, development of the IFSP, provision of identified services, and transition planning to public preschool services and/or other community resources.

- The DDC and private contractor provide physical, occupational, and speech therapies; infant education; social work; nutrition services; assistive technology; and other services listed under Part C in Federal and State law. Services are provided directly to families or in consultation with service providers.

- Translation services for individual sessions and documents are also provided to families whose primary language is not English.

- Services are provided to children based on the needs identified in an IFSP. Individualized services are provided to the infants and toddlers in individual sessions and through professional consultation.

- Instruction for parents and/or other caregivers is an important component of each individual session.

- Services must be provided in natural environments unless there is justification for not doing as documented in the IFSP.

EIS staffs the Fairfax-Falls Church Interagency Coordinating Council (FFICC), an advisory and oversight body required by Federal and State regulations. The Council is comprised of two entities: the Executive Committee responsible for fiscal and policy decisions, and the Advisory Committee. Private providers, community representatives, and representatives from a wide variety of social agencies and the schools participate on the FFICC. In keeping with EIS's commitment to family empowerment, five parents participate as voting members of the Executive Committee and seven parents participate on the Advisory Committee. All parents either have, or have had, a child receive services through EIS.

EIS also staffs a Parent Advisory Board (PAB) that helps identify issues related to day-to-day operations. The PAB is comprised of staff from EIS, DDC, and the private contractor, and eight parents of children currently receiving services.

EIS is also responsible for data management; quality assurance; staff training; information and referral; community education and training; management of contracts with private providers; management of contract with the State for continuing participation in Part C; and collaborative interagency planning and implementation.

EIS works closely with the schools to ensure timely and smooth transitions for children older than two found eligible for preschool special education services under Part B of the IDEA.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Accomplishments

- During FY 2001, EIS served over 950 families and had 610 new admissions. Most of these children were found eligible for Part C services, had IFSPs developed or reviewed during the year, and received ongoing services as stated in their IFSPs.
- Revenue from third-party sources and families increased.
- A video explaining our services was developed, filmed, and shown on Channel 16.
- A representative from EIS participated in an educational outreach event for nurses at Fairfax Hospital, the EIS booth at the Fairfax Fair, and community events throughout the County.
- To better support families' need for respite services, a resource guide to respite services and a website to connect families and service providers were developed. The website was developed through a collaborative contract with the Association for Retarded Citizens of Northern Virginia.
- EIS, the DDC, and a private contractor all participated in a successful pilot developed by the State on providing family-centered services.

Funding Sources

Funding sources include Fairfax County; the Federal Early Intervention Part C grant; a State match to the Federal grant from DMHMRSAS; and fees from clients and insurance companies.

▶ Trends/Issues

The number of children and families served by EIS has steadily increased, and the increase is expected to continue. From 1996 to 2000, the number of children served by EIS has increased over 72 percent, from 542 to 933. The population of families served continues to grow more culturally and linguistically diverse, increasing the need for translators and interpreters. As more medically fragile children live longer, EIS serves more children with complex medical and developmental needs. Serving children in their natural environments also increases the need for staffing and supervision.

Collection of third-party insurance and Medicaid will become more challenging in a managed-care environment. EIS will continue to focus on expanding the insurance networks in which it participates in order to increase the revenue from those sources.

In FY 2002, EIS will be working with multiple private providers. The change in the number of private providers will also require a change in the infrastructure of EIS in order to manage multiple contracts while assuring the quality of services and family satisfaction with those services.

Participant Characteristics

Participants include infants and toddlers from birth to three who have either a disabling condition, atypical development, or a developmental delay of more than 25 percent in one or more areas of development, and their families.

The children and families served come from many cultures and languages and are reflective of the cultural diversity found in the school system.

In the 1997 Lines of Business exercise, the Early Intervention for Infants and Toddlers (Part C) line of business was included in Mental Retardation Prevention and Early Intervention Services. It is presented as a separate CAPS to reflect the specialized nature of these services

▶ Method of Service Provision

One-third of the Early Intervention Services program is operated by the County, and two-thirds are operated through contracts with private provider groups.

Hours of Operation: Although the office hours for Early Intervention Services are Monday through Friday from 8:00 a.m. to 4:30 p.m., the actual schedule is flexible to be responsive to the needs of families. Families and service providers make individual arrangements for services.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Persons Served	817	879	933	950	1,000
Percent satisfied with early intervention services	95%	90%	93%	90%	90%
Percent of transition objectives successfully implemented for children	100%	100%	97%	95%	95%

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76-100%. The specific Federal or State code and a brief description of the code follows:

- Part C of Federal law, the Individuals with Disabilities Education Act (IDEA), 34 CFR (Code of Federal Regulation) - Section 303 mandates provision for early intervention services for infants and toddlers (ages 0-36 months) with disabilities and their families.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 Fairfax-Falls Church Interagency Coordinating Council (FFICC) Schedule of Fees.	$274,876

Current Fee	Maximum Allowable Fee Amount
Once the treatment plan Is determined, the fees for services will be set according to the FY 2002 FFICC Fee Schedule.	N/A

Purpose of Fee:
Fees are charged to offset the cost of providing treatment services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Virginia Chapter 10, 37.1-197(7)	The FFICC Schedule of Fees is reviewed and established annually by the FFICC and submitted to the Board of Supervisors. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001

Other Remarks:
In January 2002, the Part C Program will have a Statewide Ability to Pay Scale, set by DMHMRSAS.

Alcohol Safety Action Program

▶ Agency Mission

To reduce the incidence of driving under the influence of alcohol (DUI) and substance abuse in Fairfax County through alcohol/drug education, case management, public education, and referral to alcohol/drug treatment programs when necessary; to provide the Circuit, General District and Juvenile and Domestic Relations District Courts probationary and supervisory services and to ensure public safety.

▶ Trends/Issues

Overview

The Alcohol Safety Action Program (ASAP) has served an average of 3,468 clients annually over the past three years. This number has steadily increased over the past decade, with no increase in SYEs. In FY 1989 when ASAP was moved from the Community Services Board to the Department of Human Services, staff was decreased from 25 to 15 regular employees, and became user-funded. The program was placed in the Department of Human Services as a result of a State ruling that required that no ASAP program be administered through Community Services Boards.

ASAP has instituted additional user-funded programs to meet court and community needs and increase revenues since that time. These programs include a drug education program for substance abusers; an innovative program for substance-abusing teenagers referred by the Juvenile and Domestic Relations Court (S.A.F.E.); driver improvement programs in both English and Spanish; and an innovative pilot program for educating reckless/aggressive drivers.

Increased Workload

The duties required of ASAP have increased in the last five years through legislative action. Offenders convicted of a DUI 2nd must now participate in ASAP, and ASAP supervision is required for three years. This is in contrast to the one-year probationary service mandated for all DUI 1st offenders. That change has resulted in the ASAP supervising a clientele that is generally further along in the addictive process and requires increased attention. Another law passed in FY 2000 requires all DUI 2nd offenders to install ignition interlock devices in their vehicles and that process must be supervised by ASAP.

The significant increase of offenders in the last three years who speak only Spanish has resulted in an increased workload for ASAP staff as well. These clients require more time during the intake process, increased attention from probation and administrative staff, more effort in locating treatment services, and the translation of all forms and letters.

The result of these expanded duties is that staff are carrying extremely high caseloads, with greater needs, and are finding it difficult to meet basic program requirements and ensure the public safety.

Fees Assessed

ASAP charges a fee of $350 for its core program, a total that has not changed since FY 1994 and is expected to remain at that rate in FY 2002. Since FY 1987, a State-mandated fee of up to $300 has been charged for impaired driving cases (DUI). In FY 1994, the State allowed an additional $50 fee to be charged each offender for intervention services (education), resulting in the current $350 total.

In efforts to keep pace with rising personnel costs, ASAP raised the discretionary fees for its S.A.F.E. program for teens from $125 to $175 in FY 2001. In addition, the fee for the Driver Improvement Program is set at $60, comparable to other programs in the area, and the fee for the Reckless/Aggressive Education Program is set at $125. As ASAP's personnel costs are higher than other ASAP program throughout the State, Fairfax ASAP requested and received permission from the State to charge $200 for Habitual Offender Evaluations, a fee capped by the State for other programs at $150.

In order to improve the program collection rate, ASAP will continue procedures in FY 2002 that will revoke the operator's license of any DUI client who has not successfully completed the ASAP program, which includes paying the full ASAP probationary fee. In addition, ASAP is now required through State legislation to verify in the DMV's computer system successful completion of ASAP, including payment of the fee; failure to complete the program will result in the revocation of driving privileges. Both processes will result in increased collections in future years.

In short, the major issue for ASAP is the trend toward higher personnel costs and the static State-mandated $350 service fee. In the last two years, despite the development of additional sources of revenue through ancillary services and increased efforts to maximize revenue collection, expenditures have exceeded revenues. Since FY 1989, the agency has consistently maintained a fund balance sufficient to support the program; however, the fund balance is now at a precariously low level, and projections are that sufficient funds may not be available to cover program requirements in FY 2002. Some potential remedies are set forth in the "FY 2002 Initiatives" section which follows:

Key Accomplishments

- The successful completion of 92 percent of DUI offenders referred to the program annually.
- The institution of innovative and needed services for the Courts and community.
- Management of the organization since 1989 in a way that ensured user-funded status.
- The generation of revenue for the County through the institution of processes that ensure the payment of all court costs prior to licensure for habitual offenders, and the payment of all ASAP fees for DUI offenders.

Key Challenges

- Hiring and retaining professional staff that are bilingual.
- Acquisition of hardware, and staff training to meet ASAP requirements for entering information into the DMV database regarding enrollment and successful completion of ASAP, as well as ignition interlock compliance.
- Availability of affordable bilingual treatment services for Hispanic and Korean offenders.

FY 2002 Initiatives

- Increase advertisement and marketing of the ASAP Driver Improvement Program and the Reckless/Aggressive Driver Education Program.
- Orient all staff to the newly installed Outlook program made available to them on two communal computers.
- Orient all staff to the newly acquired access to the Court's CMS system, allowing tracking of criminal and civil cases.
- In light of increased personnel costs and workload, work with County officials to facilitate a Northern Virginia initiative with the State to acquire funding assistance through a Northern Virginia "differential." Currently, all local ASAPs are required to return 8 percent of their fee revenues to the State. This proposal seeks to reduce the share that Northern Virginia ASAPs return to the State due to the higher costs of doing business in this part of the State.
- Discuss with the ASAP Policy Board and County officials all other available options to address and resolve the issue of the static state-mandated fee structure which no longer supports the cost of the local program.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
117-01	Alcohol Safety Action Program	$57,022	15/15
TOTAL Agency		**$57,022**	**15/15**

117-01-Alcohol Safety Action Program

Fund/Agency: 117/68	Alcohol Safety Action Program	
Personnel Services	$1,181,368	This CAPS accounts for 100 percent of total expenditures.
Operating Expenses	$182,907	
Recovered Costs	$0	
Capital Equipment	$0	
Total CAPS Cost:	**$1,364,275**	
Federal Revenue	$0	
State Revenue	$0	
User Fee Revenue	$1,292,920	
Other Revenue	$14,333	
Total Revenue:	**$1,307,253**	
Net CAPS Cost:	**$57,022**	
Positions/SYE involved in the delivery of this CAPS	15/15	

▶ CAPS Summary

The Fairfax County Alcohol Safety Action Program (ASAP) serves a probationary function for the Circuit and General District Courts and a supervisory function for the Juvenile and Domestic Relations District Court, under the supervision of the ASAP Policy Board and the Department of Administration for Human Services. The core program provides intake, classification, rehabilitative alcohol/drug education, referral to treatment, and probation supervision to individuals charged with, or convicted of, driving under the influence of alcohol (DUI). In addition, ASAP provides evaluation and alcohol/drug education programs for habitual offenders, a drug education program for first-time drug possession offenders and programs for adolescent substance abusers. Programs are available in English, Spanish, and Korean. ASAP also provides ancillary programs including Driver Improvement and Reckless/Aggressive Driver Education.

▶ Method of Service Provision

Administration
The agency director oversees all program functions including classification, probation, public information and special programs. The director of administration (Accountant I) supervises a staff of 6 administrative employees. The administrative staff is responsible for controlling the intake schedule, assigning intake appointments within the court-required timeframe, ensuring that client files are accurately established in the agency database and required Department of Motor Vehicles (DMV) and criminal record checks are run, and screening and processing clients through intake orientation in a courteous and efficient manner including showing an orientation video. ASAP schedules 20 to 25 offenders per intake group, and conducts two intake groups each morning, four days a week. In addition the administrative staff serves all walk-in clients who require transfer to another ASAP, immediate enrollment due to non-Virginia residency, validating of Restricted License Orders, payment of fees, and referral to appropriate probation staff when required.

Intake
Intake assessments are conducted by the 7-person probation staff with the assistance of exempt part-time employees. The staff administers alcohol breath tests, orients the clients to ASAP participation requirements, describes probation conditions and restricted operator's license provisions, and conducts a personal assessment interview with each offender. The offender is questioned regarding the instant offense, his/her prior mental health, substance abuse and treatment history, and personal and family history, and an objective screening instrument is administered. On the basis of this assessment, each offender is placed in the appropriate education program and/or referral to a substance abuse treatment program.

Probationary/Supervision Services
Probationary services are provided by 7 probation counselors, each of whom carries in excess of 350 clients on their active caseloads. The primary objective of ASAP probation counselors is public safety, and the appropriate rehabilitative education and/or treatment placement. Probation supervision includes monitoring the client's activities from date of intake and assessment to successful completion of the assigned education or treatment program, a period that may range from 6 months to three years, reporting to and appearing at court on any incidents of non-compliance, and conducting case review meetings as required by the State in the second and third year of supervision. The program utilizes interns from local colleges and universities when available to assist with the case review process. The probation staff also monitors ignition interlock installation and use offenders' vehicles through monthly reports, and reports violations to the Court.

S.A.F.E. intakes, counselor-guided hospital visits, and probationary services mandated by the Juvenile and Domestic Relations Court have proven to require extraordinary time commitments. Though the caseload is approximately 150 per year, probation counselors are required to appear personally in court on each non-compliance, parents must be interviewed as well as the referred juveniles, and juveniles are escorted one-on-one during the 3-hour visit to the hospital.

In addition, the Court has mandated that one probation counselor be available to remain in the courtroom each morning to assist with the screening of first-offender drug possession cases. Due to this requirement, two limited-term probation counselors are currently employed to handle the workload associated with the drug education program.

Education Services

ASAP provides several distinct 24-hour educational programs, including Basic Education, Intensive Education, Treatment Education, Drug Education, and Relapse Prevention Education. The program conducts separate education classes for women, Hispanics, Korean and young adult clients. The alcohol education classes are conducted primarily in the evening and on weekends by exempt part-time employees who are skilled at working with substance abusers and providing education. Classes are offered in Fairfax City at the ASAP office, as well as South County, in order to better serve the clients.

In addition, the ASAP offers a Driver Improvement Program and a Reckless/Aggressive Driver Education Program to assist in its goal of protecting the public safety, and provides a monthly educational program for Offender Aid and Restoration of Fairfax County, Inc. (OAR), a private program that serves certain minor offenders.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output: Individuals served	2,818	2,976	3,193	3,353	3,353
Efficiency: Average cost per individual served	$322	$316	$310	$332	$338
Service Quality: Percent of individuals satisfied	95%	95%	97%	97%	97%
Outcome: Percent of individuals completing the program 2 years prior who have not recidivated based on DMV records	85%	92%	92%	92%	92%

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 18.2-27, 18.2-271.1 allows an ASAP fee not to exceed $300 for every individual referred to ASAP on a DUI conviction. It should be noted that an additional $50 fee can be charged to each offender for intervention services (education), resulting in a fee total of $350.

- Virginia Regulation VR 647-01-02, found in the Policy and Procedural Manual that establishes records and oversees the operation of local ASAPs specifies policies controlling program administrative, personnel, fiscal, and training operations as well as procedures for processing offenders.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0755 0756 0757 0758 0759 0775 0781	Charges for Services	$1,292,920

Current Fee	Maximum Allowable Fee Amount
$350	$350

Purpose of Fee:
To cover the cost of administering the program including probationary services and alcohol education classes. $300 of this fee covers the ASAP DUI Fee, Referral to ASAP after Habitual Offender Restoration Evaluation, and Pre-enrollment; $50 of the fee is for Education Intervention. For additional fees authorized by the State, see the following list.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Code of Virginia 18.2-27, 18.2-271.1 VA Regulation VR 647-01-02	Legislative action	1994

Other Remarks:
The ASAP fee is set by State Code and in 1987 the fee was set at $300 per referral. In FY 1994, the Commission on VASAP allowed that offenders be charged $50 for education services.

The following is a list of additional fees approved by the Commission on VASAP:

- $30 (per visit) Case Monitoring
- $30 DMV Ordered Intervention Interview
- $60 Driver Improvement (DMV referred)
- $ 0 Driver License Monitoring, 1st year
- $30 (4x) Driver License Monitoring, 2nd year
- $30 (2x) Driver License Monitoring, 3rd year
- $200 First Offender Drug Program
- $25 Drug Screen
- $200 Habitual Offender Restoration Evaluation
- $50 (per month) Interlock Monitoring (Non-ASAP Referral)
- $150 Pre-Trial and Other Assessments
- $50 Re-enrollment Within 1st year
- $300 Re-enrollment After 1st year
- $25 (2x after court) Reinstatement (client returned to court and reinstated by the court)
  $25 (2x only) Rescheduling Class or Intake Appointment
- $25 Returned Check Fee (Not to exceed amount set by the Code of VA)
- $150 Young Offender (Non-driving related)

All other fees must be approved by waiver from the Commission on VASAP.

Department of Community and Recreation Services

▶ Agency Mission

To enhance the quality of life for Fairfax County citizens by strengthening communities, responding to community challenges, enabling all citizens to participate in life-long learning and recreation opportunities, and providing methods to assist in sustaining a healthy and positive lifestyle.

▶ Trends/Issues

The Department of Community and Recreation Services (DCRS) offers programs and services that support the community challenges adopted by the Human Services Council and the mission of the agency. Services are directed toward youth, individuals with disabilities, senior adults, and low-income communities. The services provided by DCRS include: public athletic facility allocations; field maintenance; FASTRAN Human Services transportation; therapeutic recreation programs; programs that serve senior citizen, teen, and community needs; and a variety of State Extension programs.

Key accomplishments this past year included:

- Increased the number of locations and number of children served through the USDA Summer Food Program by 97 percent.
- Improved quality of 64 school athletic fields through the Field Maintenance Program.
- Renewed partnership with the Hispanic Businessmen's Association to provide a summer soccer camp to 135 children in the Culmore area.
- Implemented the pilot Extended Dial-A-Ride program for seniors in the Mt. Vernon area.
- Initiated a monthly in-house training program to keep employees current not only in their own specialties (e.g., quality programming) but in Countywide initiatives as well (e.g., goal-setting).
- Established an intra-agency programming team to provide a comprehensive leisure and recreation activity planning manual for summer teen programs.
- Completed the Community Planning process at David R. Pinn Community Center and Bailey's Community Center. New initiatives in both centers increased the numbers of activities offered by 30 percent.
- Opened the Reston Teen Center at the YMCA and offered a variety of activities 7 days a week for youth 13 to 18 years of age.

Key challenges facing DCRS include:

- Establishing a pilot Social Day Care Program at the Reston Senior Center to assist seniors in sustaining involvement in social activities in the least restrictive environment, prevent decline in their health and well being, and serve as a transitional service to the Adult Day Health Care Program.
- Implementing a new athletic field allocation policy.
- Designing and implementing a new athletic facility scheduling system.

- Implementing a new FASTRAN scheduling system.
- Expansion of the Senior+ program for senior adults who need more individual assistance than senior center participants but are not yet ready for adult day health care.
- Renovation of the James Lee Community Center.
- Expanding opportunities available through computer center labs by providing Internet access and establishing standardized learning curriculums for each age group as another vehicle for bridging the digital divide.
- Conducting an integrated agency-wide customer satisfaction survey.
- Refining and implementing the agency's new strategic plan.
- Securing grant funding in support of new or expanded programs.
- Addressing the issues raised in the Human Services Workforce Assessment.
- Expanding our pool of volunteers.
- Reaching more of the approximately 25,000 children receiving free and reduced lunches during the operation of the summer lunch program.
- Providing additional trained staff to support the increasing volume of Child-Specific Team (CST) referrals.
- Expanding the Extended Dial-a-Ride program to under-served areas of Fairfax County.
- Developing and implementing outreach plans for community, senior, and teen centers to increase participation.

There are several population trends that affect various services provided by DCRS. Improved emergency medical care has increased the number of residents surviving traumatic injuries which results in an increased need for therapeutic-based recreation programs to assist these individuals in adapting their leisure participation. Increasing numbers of individuals with disabilities are graduating from Fairfax County Public School programs, requiring additional FASTRAN services. As the baby boomers begin to enter their senior adult years, FASTRAN will need to expand their transportation services for this population. The Community That Cares 2001 Youth Survey Report indicates that there is a trend toward escalating negative behaviors among youth in Fairfax County. Such behaviors include increases in alcohol consumption, increases in use of illegal drugs, increases in reports of teenage suicide and depression, and increases in anti-social behavior. Teen centers and youth program components at community centers need to adapt their programs and activities to assist in addressing and ameliorating these issues. These issues also will result in increased requests for DCRS participation on CSTs. Additional trends are addressed in each CAPS summary.

DCRS also is experiencing increases in the overall attendance in programs and activities due to a variety of agency and division initiatives. These include the community planning process whereby community members identify program and activity needs and preferences, more thorough activity planning processes, and staff training on new trends and programming methods. Some examples of these increases include a 29.9 percent increase in teen center attendance for activities other than basketball, a 14.1 percent increase in total sports participants, and a 10.6 percent increase in Therapeutic Recreation program participants. These successes also are reflected in the high levels of customer satisfaction that continue to

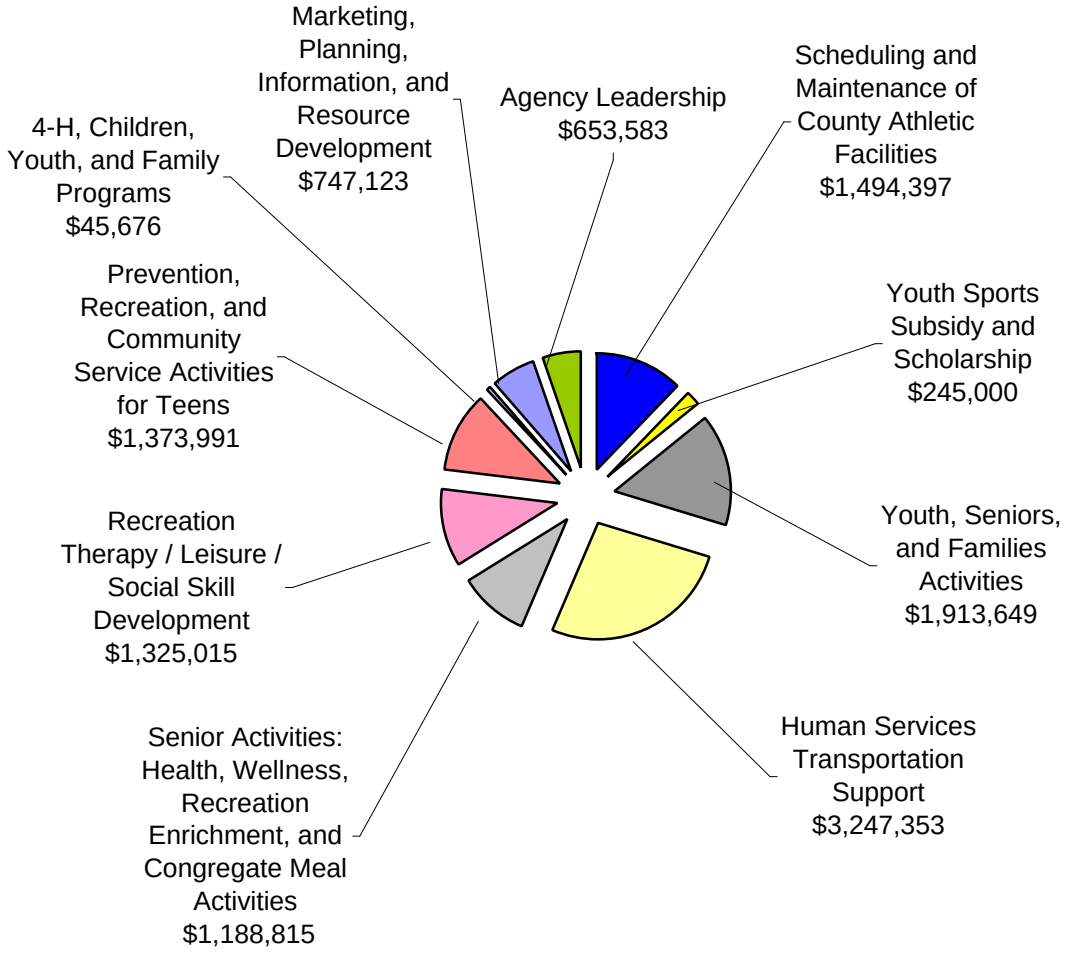
be reported in most programs. For instance, there is a 92 percent satisfaction rate for senior center activity selection and a 98 percent satisfaction rate among Therapeutic Recreation customers.

To increase customer satisfaction in community centers and senior centers, DCRS will continue community planning initiatives and reallocation of resources as available to improve programs. In addition to the initiatives identified for FY 2002, the agency intends to focus work on those areas that require support to increase outcomes. Specifically, DCRS will review workloads associated with athletic scheduling staff and reallocate resources as available to improve efficiencies. Staff training will focus on developing skills to increase participation of citizens and communities in the activities of this agency. Finally, attention will be given to developing creative ways to communicate the agency's mission and activities offered at senior, teen and community centers.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
50-01	Youth, Seniors, and Families Activities	$1,881,842	23/23
50-02	Prevention, Recreation, and Community Service Activities for Teens	$1,358,684	13/13.5
50-03	Recreation Therapy/Leisure/Social Skill Development	$1,260,868	8/7.5
50-04	Senior Activities: Health, Wellness, Recreation Enrichment, and Congregate Meal Activities	$1,184,168	19/19
50-05	Scheduling and Maintenance of County Athletic Facilities	$1,157,153	7/6
50-06	Youth Sports Subsidy and Scholarship	$245,000	0/1
50-07	4-H, Children, Youth, and Family Programs	$38,269	2/2
50-08	Human Services Transportation Support	$2,973,974	14/14
50-09	Marketing, Planning, Information, and Resource Development	$747,123	3/3
50-10	Agency Leadership	$653,583	7/7
TOTAL Agency		**$11,500,664**	**96/96**

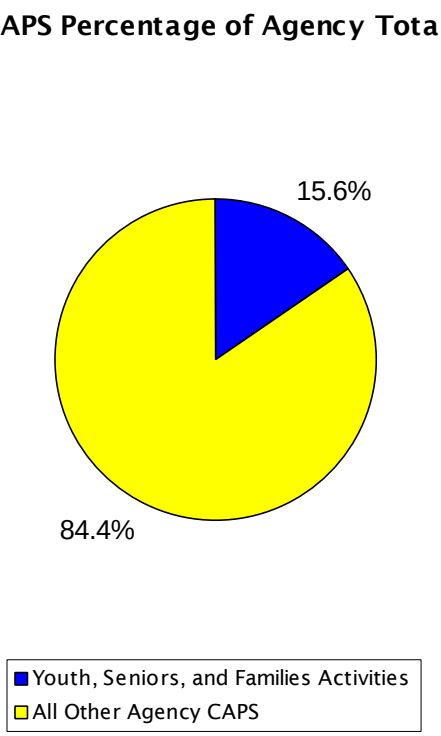
Department of Community and Recreation Services



Total FY 2002 Adopted Budget Expenditures = $12,234,602
Total FY 2002 Adopted Budget Net Cost = $11,500,664

50-01-Youth, Seniors, and Families Activities

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$1,495,732
Operating Expenses	$417,917
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,913,649**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$31,807
Other Revenue	$0
Total Revenue:	**$31,807**
Net CAPS Cost:	**$1,881,842**
Positions/SYE involved in the delivery of this CAPS	23/23



▶ CAPS Summary

The Department of Community and Recreation Services (DCRS) operates 6 community centers, 1 multicultural center and 1 neighborhood center. The community centers were developed expressly to meet the needs and interests of targeted communities. Needs are identified by DCRS staff who work with advisory councils and other community groups to solicit information from members of the immediate community regarding their priorities for programs and services at their local center. DCRS staff members also use demographic data from County surveys, the Police Department, and other County agencies to pinpoint factors that may affect the communities around each center. This information is used to design programs and services for each community center that address these issues.

The vision of the community centers is to establish a united community of self-reliant citizens who are involved in the development of activities and resources for their community. By focusing on the strengths, abilities and interests of the community and by promoting community ownership and responsibility, community center staff help: 1) individuals develop and maintain healthy and positive lives; 2) increase community unity and pride; and 3) build self-reliant and strong communities.

Center programs include diverse recreational, cultural, and educational activities, community service opportunities and character-building programs designed to develop personal assets and community leadership in children, youth and adults. The activities selected provide opportunities to meet the unique needs and interests of the communities and include after school programs, homework help, competitive and recreational sports, drama and music clubs, social senior clubs, games, crafts, family events, teen clubs, and computer clubhouse and labs. Centers also provide a nutritional component for many of their participants through Federal grant supported programs, including hot noon meals for senior adults year-round and breakfast and lunch for children during the summer.

Each community center serves a distinct and diverse population. Services and service delivery need to be adapted for each of those communities. As the community centers serve the full range of population profiles from children to senior adults, they are affected by the same trends that are occurring in other more population-specific services offered through DCRS. Perhaps the issue most affecting community centers is the population profile and the need to encourage and support interaction and unity among the culturally and economically diverse populations.

▶ Method of Service Provision

The community center programs are directly operated by Fairfax County and are located in eight facilities throughout the County. Additionally, each community center relies on a significant number of volunteers to support the program needs of the community. The operation and management of the Sacramento Neighborhood Center is contracted to a non-profit organization. Hours of operation are weekday and weekend days and evenings, based upon community needs.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate*
USDA Summer Food Service**	18,356	14,813	12,085	23,789	27,119
Volunteer hours provided	NA	3,792	14,545	18,712	19,647
Community Center attendance	NA	NA	324,506	350,700	368,235
Youth attendance in Community Centers	NA	117,496	194,825	215,037	225,788

* The FY 2001 Estimate and the FY 2002 Estimate are updated as of June 30, 2001 to incorporate actual data available.

**The drop in USDA Summer Food Service program from FY 1998 to FY 2000 is attributed to the implementation of the Welfare to Work Program. The increase beginning in FY 2001 is due to an intense marketing and outreach effort for the program.

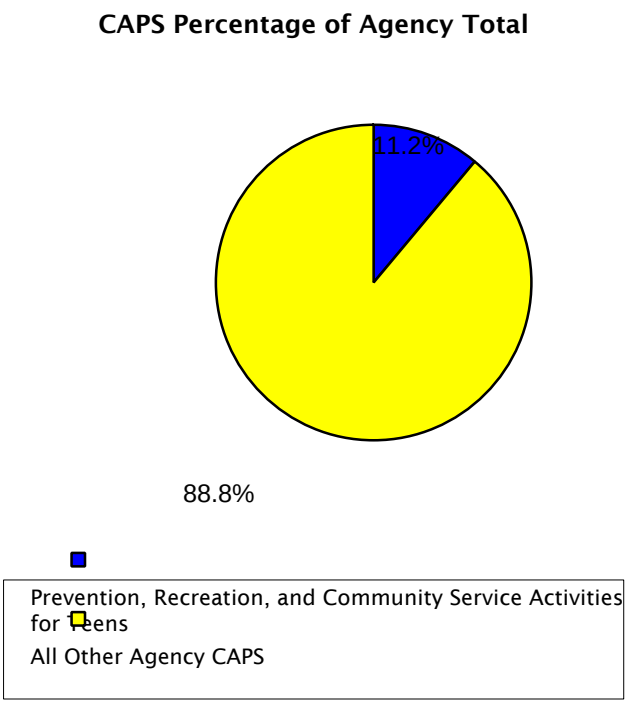
▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0712	Community Center Building Rental	$4,000
Current Fee	**Maximum Allowable Fee Amount**	
$9.00/Hr + $9.05/Hr for Building Director required after normal hours of operation.	$9.00/Hr + $9.05/Hr for Building Director required after normal hours of operation.	
Purpose of Fee: Participant fees are charged for community center room rentals. Rental activities can include, but are not limited to anniversaries, birthdays, wedding receptions and any other non-recurring activities.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
VA 15.2-1806	Established by Agency.	1991
Other Remarks: None.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0714	Community Center Summer Program Fee	$27,807
Current Fee	**Maximum Allowable Fee Amount**	
$55.00/Week	$55.00/Week	
Purpose of Fee: Participant fees are charged for the Community Center's Summer Youth Recreational Programs. The typical summer program operates for eleven weeks.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
VA 15.2-1806	Established by Agency.	2000
Other Remarks: The fee may be adjusted, on an approved sliding scale, based on the participant's total annual income and the number of registered children. Additionally, fee waivers may be granted on case-by-case basis.		

50-02-Prevention, Recreation, and Community Service Activities for Teens

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$956,609
Operating Expenses	$417,382
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,373,991**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$15,307
Other Revenue	$0
Total Revenue:	**$15,307**
Net CAPS Cost:	**$1,358,684**
Positions/SYE involved in the delivery of this CAPS	13/13.5



▶ CAPS Summary

The Department of Community and Recreation Services (DCRS) operates 9 teen centers that are located in schools, apartment complexes and at dedicated recreation facilities. In addition to traditional programs offered at the teen center facilities, after school programs are offered at various middle schools and evening and weekend teen club activities are offered in targeted communities.

The Fairfax County Teen Center model focuses on three major programming categories: prevention, recreation, and community service activities. Activities are used to teach youth ethical behavior, to develop the values that promote civic responsibility, and to acquire skills and develop abilities to participate in life long recreation activities. These activities include: nature and the outdoors, art and crafts, sports, cultural, music, drama, special events, field trips, activity clubs, girls' clubs, character education, and prevention programs.

While teen centers strive to provide activities for all Fairfax County teens, outreach is conducted to serve teens who are particularly at-risk. These teens are at risk of not completing school; becoming involved with the juvenile court system; using drugs and/or alcohol; becoming sexually active at an early age; and becoming a member of a gang with resulting involvement in delinquent activity.

The recent Community That Cares Youth Survey identified a number of issues that will drive the direction of future teen center programs and activities as the centers respond to these challenges: an increase in the consumption of alcohol and other drugs, suicide and depression, and anti-social behavior. In addition, the cultural diversity of the population and differing family dynamics affect how teens interact at teen centers and require more behavior interventions. Another factor affecting the growth of teen center services is that other Human Services agencies are increasing the volume of referrals to recreation programs, as well as requesting DCRS to operate recreation programs in their facilities. These referrals come from Juvenile Court, children eligible for services under the Comprehensive Services Act, and the Community Services Board.

▶ Method of Service Provision

Teen Center services are directly operated by Fairfax County on schedules that meet the needs of the service population, which includes afternoon, evening, and weekend operations.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate*
Number of at-risk youth referred to teen center programs	10	15	65	280	336
Number of youth enrolled in after-school teen center programs	NA	50	125	352	388
Number of Community service activities offered	NA	101	246	291	320

* The FY 2001 Estimate and the FY 2002 Estimate are updated as of June 30, 2001 to incorporate actual data available.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0714	Teen Center After-School Program Fees	$15,307

Current Fee	Maximum Allowable Fee Amount
$333/Week	$333/Week

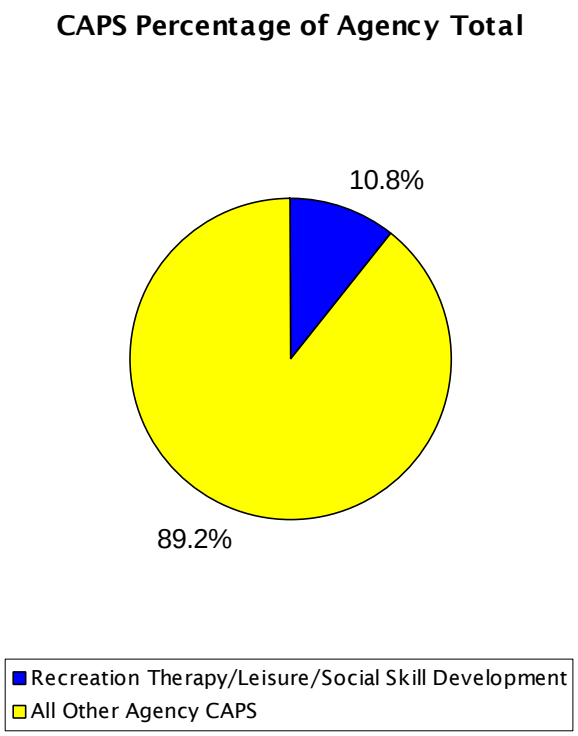
Purpose of Fee:
Community organizations that request after-school programming are charged for service that is provided within their communities. The fee is based on recouping staff and operating costs over the typical six-week program period.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
VA 15.2-1806	Established by Agency.	2001

Other Remarks:
The community organization determines whether it solely funds the program or utilizes a combination of the organization's funding and participant fees. The fee may be adjusted, on an approved sliding scale, based on the participant's total annual income and the number of registered children. Additionally, scholarships and/or fee waivers may be granted on case-by-case basis.

50-03-Recreation Therapy/Leisure/Social Skill Development

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$926,723
Operating Expenses	$398,292
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,325,015**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$64,147
Other Revenue	$0
Total Revenue:	**$64,147**
Net CAPS Cost:	**$1,260,868**
Positions/SYE involved in the delivery of this CAPS	8/7.5



▶ CAPS Summary

Recreation Therapy and Leisure/Social Skill Development offer an avenue for individuals with disabilities or potentially limiting conditions including physical, mental, social, and emotional functioning to achieve their highest level of self-sufficiency in leisure and maximize their ability to be contributing members of the community. Program participants gain skills that make participation in recreation possible in the least restrictive environment and promote inclusion in community activities. Individuals with disabilities learn to: plan their leisure, acquire or enhance specific recreation skills, make personal choices, manage money, develop social networks, identify and remove barriers that prevent participation in recreation, access public transportation, identify resources in the community that are available, and improve or enhance functional capabilities.

All services are structured to provide for continued growth of the participant's leisure related skills. Services are designed to meet the needs of the individuals by using a continuum service model and a therapeutic service approach. Participants may enter the service system either at the level most beneficial or at the level of personal choice. Therapeutic Recreation Specialists work with individuals, families, and other human service agencies to develop a comprehensive service plan to improve leisure related skills.

The continuum model has three levels: foundational, transitional, and integrational. Foundational programs provide opportunities for individuals to improve functional abilities and develop a variety of recreation skills. Transitional programs promote the involvement of participants in planning, coordination, and leading of selected activities and provide community-based recreation opportunities, supported integration with non-disabled peers, and the skills necessary for movement into general community programs. Integrational programs provide inclusion opportunities for individuals in specific leisure and recreation activities that are available to all citizens. Over 35 different recreation therapy and leisure/social skill development services are provided for ages ranging from 3 years through adults, such as the social clubs, wheelchair sports and fitness program, summer and Saturday leisure programs, hobby enrichment classes, and a dance club.

Trends affecting these services include the fact that people are surviving traumatic injuries due to improved emergency medical care and technology, resulting in an increased need for various recreational services that are therapeutic in nature. Improvements to assessment tools result in identification of a wider variety of developmental disabilities. These more distinct categories of disabilities create a demand for more disability-specific services. Implementation of the Americans with Disabilities Act also has resulted in an increasing volume of accommodations for participation in an integrated leisure environment. As a result of improvements in health care, individuals with disabilities are living longer in their communities thus challenging therapeutic recreation staff to provide support for senior adults with disabilities at the County's senior centers. To meet this challenge, as well as the challenge of providing services to senior adults with increasing functional independence problems, therapeutic recreation staff in conjunction with senior center staff and staff from other human services have developed a pilot program called Senior+. Long-term population forecasts project an increase in the number of senior adults, including the number of senior adults with disabilities, and staff will be challenged to develop appropriate programs, services and resources to address their needs.

► Method of Service Provision

Therapeutic Recreation services are directly operated by Fairfax County. Programs and services are delivered during regular workday, Mondays – Fridays, as well as evenings and weekends. Dates and hours of operation vary according to specific programs and activities scheduled.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate*
Participants registered in Therapeutic Recreation programs	22,327	23,502	26,003	27,303	28,668
People with disabilities integrated into programs and services	165	207	270	299	313
Number of children/families referred though CSA (CST)**	NA	195	239	301	316

* The FY 2001 Estimate and the FY 2002 Estimate are updated as of June 30, 2001 to incorporate actual data available.

** Child-Specific Team (CST)– Under the Comprehensive Service Act (CSA), Human Services agencies work together to develop a plan specifically to meet the needs of at-risk individuals & families.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0714	Therapeutic Recreation Summer Activity Fees	$64,147

Current Fee	Maximum Allowable Fee Amount
$53/Week	$53/Week

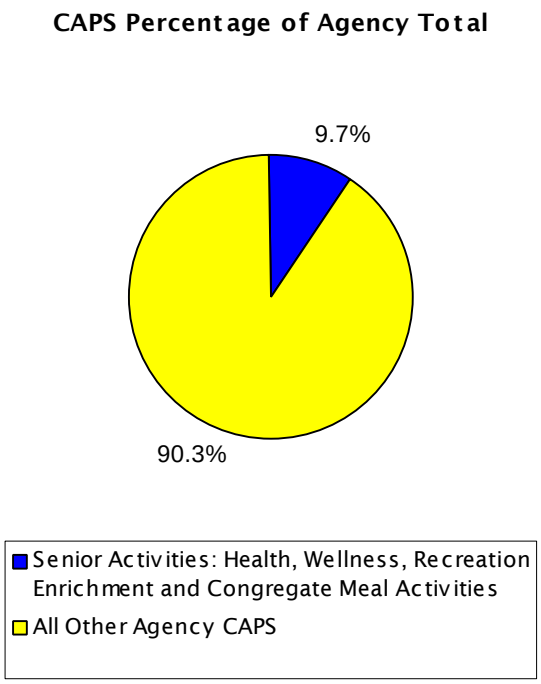
Purpose of Fee:
Participant fees charged for the Inclusion Program, Adventure Program and Explorer Program are used to offset program costs. These programs operate for 6-weeks during the summer months.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
VA 15.2-1806	Established by Agency.	2000

Other Remarks:
The fee may be adjusted, on an approved sliding scale, based on the participant's total annual income and the number of registered children. Additionally, scholarships and/or fee waivers may be granted on case-by-case basis.

50-04-Senior Activities: Health, Wellness, Recreation Enrichment, and Congregate Meal Activities

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$972,270
Operating Expenses	$216,545
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,188,815**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$4,647
Other Revenue	$0
Total Revenue:	**$4,647**
Net CAPS Cost:	**$1,184,168**
Positions/SYE involved in the delivery of this CAPS	19/19



▶ CAPS Summary

The Senior Services Division of the Department of Community and Recreation Services (DCRS) operates 13 senior centers throughout Fairfax County for residents aged 55 years and older. By working in cooperation with the Area Agency on Aging and other staff members from the Department of Family Services, and the Department of Health, DCRS is able to identify current and future needs of senior adults in Fairfax County.

Senior centers provide opportunities for recreation participation, skill development, health and wellness programs, and leisure and educational enrichment through a variety of programs and activities. These programs and activities serve as a vehicle for helping senior adults maintain their self-sufficiency and for reducing the isolation of senior adults in the community who lack mobility or interaction with others. Centers also act as an information and referral resource for senior adult services.

The program includes a meal component serving a hot lunch daily that meets one-third of the current federal dietary guidelines for senior adults. Meals are funded under Title III-C of the Older Americans Act through the County's Area Agency on Aging. Senior Services provides administrative support to five additional meal sites in the County. Transportation is available through FASTRAN to the senior center participants, and is coordinated and monitored by center staff.

The Senior Services Division organizes and offers administrative and program support to senior adult organizations throughout the County. In addition, the division organizes monthly meetings of the Countywide Senior Citizen's Council with representatives from all the senior organizations. The division also plans and coordinates a variety of countywide special events.

The greatest issue that will affect service demand is the aging of the "baby boom," which will create a dramatic increase in the service population. As this population ages, there also will be increasing demands for additional services for frail elderly. These individuals neither meet the eligibility criteria for the Adult Day Health Care nor have the necessary skills to participate in the current senior center environment. In order to address this need, a coordinated service approach is being implemented among DCRS, the Department of Health, the Community Services Board, the Department of Family Services, the Department of Systems Management for Human Services, and the Department of Housing.

Senior Center services also are affected by the cultural diversity of the population, with 15 different languages spoken within our service population. Many of these senior adults are being relocated to this area from other areas of the world to be closer to their family members, who often become primary care givers. Demographic studies indicate that cultural diversity will increase dramatically in the next decade.

▶ Method of Service Provision

Senior Center services are directly operated by Fairfax County. Some positions are partially or totally funded by the Federal government through the Area Agency on Aging. Centers operate Monday through Friday between the hours of 9 a.m. and 4 p.m. depending upon location.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate*
Senior Center attendance	176,720	179,412	182,439	187,912	193,549
Number of meals served at Senior Centers	104,699	82,296	83,038	87,394	90,016
Number of activities offered	23,453	23,687	24,286	25,766	26,538
Number of volunteer service hours	NA	NA	30,961	33,533	34,539

* The FY 2001 Estimate and the FY 2002 Estimate are updated as of June 30, 2001 to incorporate actual data available.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0711	Senior Center Class Fee	$1,617
Current Fee	**Maximum Allowable Fee Amount**	
$4.00-$10.00/Session	$4.00-$10.00/Session	

Purpose of Fee:
Participant fees are charged for various class offerings at the senior centers. The fee is based on the type of class offering that includes but is not limited to ballroom dancing, bridge and other activities.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
VA 15.2-1806	Established by Agency.	2000

Other Remarks:
The fee may be adjusted, on an approved sliding scale, based on the participant's total annual income and the number of registered children. Additionally, fee waivers may be granted on case-by-case basis.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0712	Senior Center Building Rental Fees	$3,030
Current Fee	**Maximum Allowable Fee Amount**	
$12.00/Hour	$12.00/Hour	

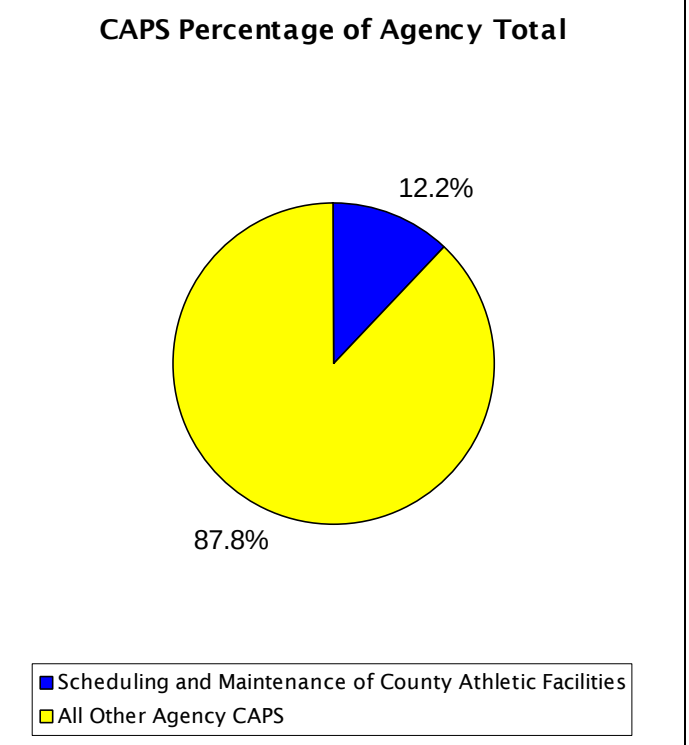
Purpose of Fee:
Participant fees are charged for senior center room rentals. Rental activities can include, but are not limited to anniversaries, birthdays, wedding receptions and any other non-recurring activities.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
VA 15.2-1806	Established by Agency.	1991

Other Remarks:
The fee may be adjusted, on an approved sliding scale, based on the participant's total annual income and the number of registered children. Additionally, fee waivers may be granted on case-by-case basis.

50-05-Scheduling and Maintenance of County Athletic Facilities

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$484,387
Operating Expenses	$1,010,010
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,494,397**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$337,244
Other Revenue	$0
Total Revenue:	**$337,244**
Net CAPS Cost:	**$1,157,153**
Positions/SYE involved in the delivery of this CAPS	7/6



▶ CAPS Summary

The scheduling of 875 athletic fields and 327 gymnasiums is a primary function of Athletic Services Division. Annually, there are 180,000 individuals using fields and 188,890 individuals using gyms. There are 3 scheduling seasons for fields, spring, summer, and fall. Gyms have 4 scheduling seasons: spring, summer, fall and winter. The Department of Community and Recreation Services (DCRS) allocates blocks of time to organizations that then schedule their team practice and game times. A variety of sports for both youth and adults are served by these organizations, including: basketball, volleyball, track, cheerleading, football, flag football, lacrosse, baseball, girl's fast pitch softball, slow pitch softball, soccer, and cricket.

Two programs have been established to monitor community use of public athletic facilities. These programs are the Field Monitor Program with 5 paid staff and the Building Director Program with 2,500 volunteers and 25 paid staff. Staff of the Field Monitor Program conduct site visits in response to citizen complaints regarding non-compliance with field use guidelines. Complaints include conflicts over field usage, permit enforcement, and citizen complaints about inappropriate behavior at the athletic fields. Staff of the Building Director Program monitor

community use of indoor facilities. Organizations using Fairfax County Public School (FCPS) gymnasiums are required to have either a DCRS certified volunteer building director or a paid building director onsite during assigned community use hours. This program is critical to ensure the community's use of FCPS gymnasium facilities is adequately monitored to reduce the amount of facility damage and handle injuries or participant problems that occur.

DCRS supports and attends meetings of the Fairfax County Athletic Council (FCAC), as well as various sport-specific councils, which often requires weekend and evening meeting attendance. The FCAC is a Board appointed advisory council, offering guidance to DCRS on how to improve service. The FCAC and the various sports councils address issues that are directly related to their sport or their District and recommend or implement solutions to problems affecting sports participation in Fairfax. One of the most critical tasks performed by members of the FCAC is providing a fair venue for sports organizations to express grievances with the allocation policy and to provide an appeals process and appeals hearings to resolve usage conflicts. FCAC also assists with the planning and implementation of an Annual Sports Forum where organizations and individuals learn about issues facing the sports community, network with their peers, and meet with their sports-specific and magisterial district representatives to exchange information and ideas about issues affecting their sports programs.

In response to issues raised by Fairfax County citizens regarding Title IX and equity in athletic facilities for baseball and girl's fast pitch softball, the Board of Supervisors set aside money and established an Action Plan Review Team (APRT) to recommend and monitor field improvements and equity issues. With the support of DCRS, the APRT developed a 5-year plan for achieving equity. The team reviews and assesses the number of 60' softball fields, the quality of the fields, and participation levels of both girls' softball and boys' baseball. Their primary focus is to reach parity in the quality of the girls' softball fields and boys' baseball fields.

There are several trends in community-based sports programs that affect how DCRS provides access for the community to public facilities and supports the many volunteer sports organizations serving the Fairfax County community. The County is facing increasing demands for quality playing fields with a finite pool of resources and little potential for expansion. Not only is this affected by growth in participation levels, but it also is affected by emerging community-based sports such as cricket and lacrosse. Due to the demand for athletic facilities, over 100 applications and requests are unable to be met annually. Finally, a need to achieve gender parity also affects the available resources by requiring adjustments in field configurations, as well as changes in allocations.

▶ Method of Service Provision

Athletic facilities scheduling services for community use are directly operated by Fairfax County. The hours of operation are Monday – Friday, 8:00 AM to 4:30 PM. Additional evening and weekend hours are required to monitor programs and meet with community groups.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate*
Sports participants	276,718	259,148	295,662	301,575	307,607
Number of Field/Gym Requests Processed**	6,641	2,040	1,804	1,750	1,750

* The FY 2001 Estimate and the FY 2002 Estimate are updated as of June 30, 2001 to incorporate actual data available.

** The figures reflect two occurrences: 1) The change in how applications are counted [applications now contains multiple facility requests which previously were counted individually], 2) Applications now contain requests for more facilities than previously requested.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0711	Non-County Resident Athletic Participant Fee	$143,854
Current Fee	**Maximum Allowable Fee Amount**	
$20/Non-resident application	$20/Non-resident application	

Purpose of Fee:
Additional fees are charged to non-County residents who participate in sports activities at County facilities and/or athletic playing fields. The fee is charged by season for each sport activity.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
VA 15.2-1806	Established by Agency.	1993

Other Remarks:
None.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0712	Building Director Fee	$25,918
Current Fee	**Maximum Allowable Fee Amount**	
$12/Hour	$12/Hour	

Purpose of Fee:
Participants are charged a fee for providing building directors during use of the school facility. The building directors oversee the recreational event and provide building security. The fee charged is based on an hourly rate as provided by Fairfax County Public Schools.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
VA 15.2-1806	Notification from Fairfax County Public Schools.	1991

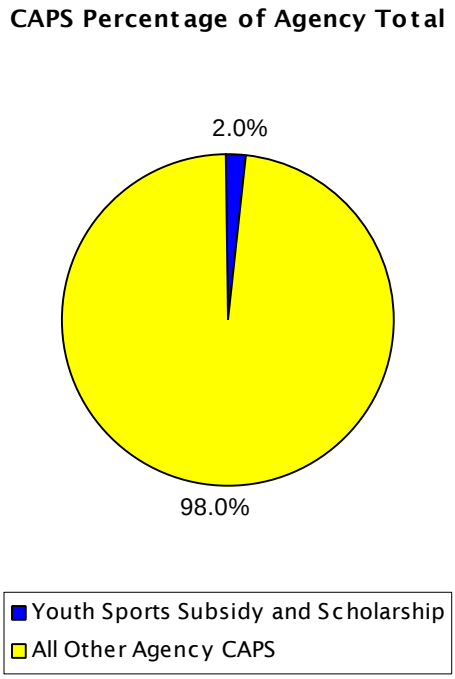
Other Remarks:
None.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0732	Custodial Use Fee	$157,189
Current Fee	**Maximum Allowable Fee Amount**	
$28/Hour	$28/Hour	
Purpose of Fee: Custodial fees are charged to sports organizations who use school facilities. The fee charged is based on an hourly rate as provided by Fairfax County Public Schools.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
VA 15.2-1806	Notification from Fairfax County Public Schools.	2001
Other Remarks: None.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0739	Electricity Use Fee	$10,283
Current Fee	**Maximum Allowable Fee Amount**	
$12/Hour	$12/Hour	
Purpose of Fee: Fees are charged to sports organizations for electric usage at school facilities. The fee charged is based on an hourly rate as provided by Fairfax County Public Schools.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
VA 15.2-1806	Notification from Fairfax County Public Schools.	1991
Other Remarks: None.		

50-06-Youth Sports Subsidy and Scholarship

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$0
Operating Expenses	$245,000
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$245,000**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$245,000**
Positions/SYE involved in the delivery of this CAPS	0/1



▶ CAPS Summary

Athletic Services Division manages two major programs that support youth participation in community based sports programs. The Youth Sports Subsidy assists youth sports organizations with expenses associated with referees and umpires. The following sports are included in the sports subsidy program: football, softball, baseball, basketball, soccer, and lacrosse. Each of these sports receives a percentage of the subsidy based on their levels of participation. Although most sports are active year-round, the subsidy is allocated one season per sport.

The Youth Sports Scholarship program is open to youth from low-income families that meet certain eligibility criteria. This program provides registration fee scholarships or equipment vouchers, and mileage reimbursements for non-family members to facilitate youth participating in organized sports programs offered through Fairfax County volunteer sports organizations.

Sports participation is a vehicle for developing resiliency by improving self-esteem, developing leadership skills, social development, and development of positive relationships with adults. Increasing numbers of children from low-income families are either being referred or are seeking support for participation in community-based sports activities.

The increasing cost of referees and game officials creates a financial burden for many of the sports organizations. Increased costs are passed on to families thus creating a situation where the cost of participation is prohibitive for many families. Additionally, there is currently no provision for sports subsidies for new sports such as volleyball, which will need to be addressed in the coming years.

▶ Method of Service Provision

The Youth Athletic Scholarship programs are directly operated by Fairfax County. The hours of operation are Monday – Friday, 8:00 a.m. to 4:30 p.m.

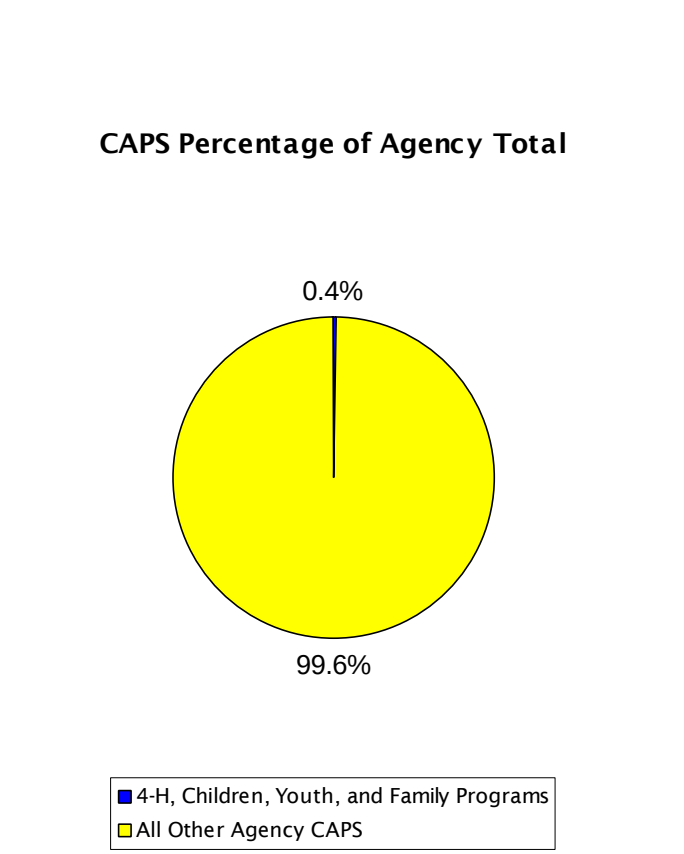
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Youth receiving Youth Sports Scholarship funds*	NA	NA	191	267	374
Scholarship money awarded	NA	NA	$8,495	$39,131	$45,000

* The Youth Sports Scholarship Program did not begin until FY 2000.

50-07-4-H, Children, Youth, and Family Programs

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$0
Operating Expenses	$45,676
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$45,676**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$7,407
Total Revenue:	**$7,407**
Net CAPS Cost:	**$38,269**
Positions/SYE involved in the delivery of this CAPS	2/2



▶ CAPS Summary

Virginia Cooperative Extension is a joint program of Virginia Tech, Virginia State University, United States Department of Agriculture, State government and Fairfax County. Extension helps people in communities improve their lives by providing research-based educational resources. The Fairfax Extension staff and Extension Leadership Council, a citizen advisory group, identify local issues and needs compatible with Extension's mission and resources. Supported by the work of hundreds of volunteers, the Extension staff develops and leads educational programs to address the identified community needs. Many Extension programs are conducted in collaboration with other county and community agencies and organizations, enabling increased resources, support and success.

Fairfax Extension educational program areas include 4-H and Youth Development, Children, Youth and Families at Risk (CYFAR), Environmental Horticulture (currently under Fairfax County Park Authority), Expanded Foods and Nutrition Education Program (EFNEP) for young limited resource families, and Smart Choices Nutrition Education Program (SCNEP) for limited resource youth.

One of the greatest challenge facing the Virginia Cooperative Extension programs is the increasing difficulty in identifying and securing continuing funding streams, as many of their programs are grant supported. The other challenge is obtaining sufficient pool of volunteers to operate their programs, as more and more local organizations are competing for the limited pool of volunteer resources.

▶ Method of Service Provision

Services for Virginia Cooperative Extension programs are jointly provided by the State and Fairfax County, through the efforts of salaried staff and volunteers. Hours of operation include regular office hours of 8:00 a.m. - 4:30 p.m., as well as evenings and weekends when most programs are conducted.

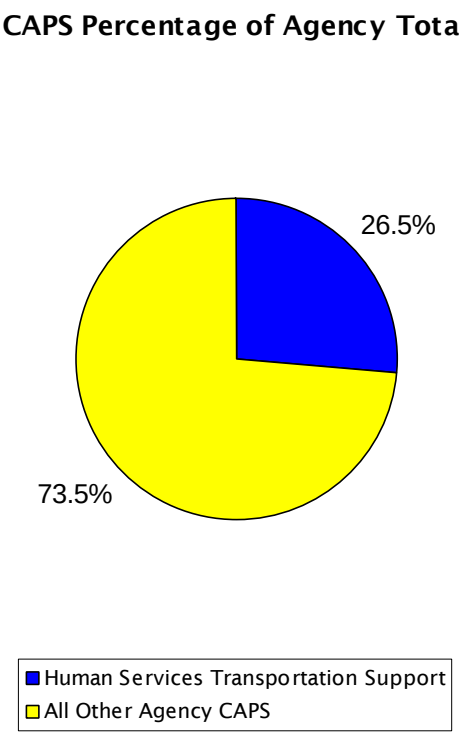
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Youth enrolled in 4-H clubs and 4-H special programs	3,940	3,802	5,109	5,211	5,315
4-H Volunteers that help extend programs to the community	441	375	388	396	404
4-H School Enrichment projects offered *	1	1	3	4	4
Total Extension volunteers/hours worked	NA/ NA	622/ 13,625	754/ 18,850	754/ 18,850	800/ 19,790

* Enrichment projects offered: Beginning of Life Embryology; Read, Set, Grow Horticulture; Electric Energy; and Forestry.

50-08-Human Services Transportation Support

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$672,096
Operating Expenses	$10,165,387
Recovered Costs	($7,590,130)
Capital Equipment	$0
Total CAPS Cost:	**$3,247,353**
Federal Revenue	$262,126
State Revenue	$0
User Fee Revenue	$11,253
Other Revenue	$0
Total Revenue:	**$273,379**
Net CAPS Cost:	**$2,973,974**
Positions/SYE involved in the delivery of this CAPS	14/14



▶ CAPS Summary

FASTRAN transports clients of human service agencies who cannot drive, find a ride, use Metro or Connector buses, or afford taxi fares to reach services and programs sponsored by County human service agencies. FASTRAN also provides bus attendants for those clients who require additional care and attention beyond that of the bus driver. All FASTRAN riders must be clients of sponsoring human service agencies. These clients currently include:

(1) Fairfax-Falls Church Community Services Board (CSB) clients with mental retardation traveling to day support services and work sites;

(2) CSB Mental Health Services clients riding to evaluation and treatment services and vocational programs;

(3) Residents of the Recovery Women's Center using CSB Alcohol & Drug Services treatment programs;

(4) Fairfax Area Agency on Aging (AAA) sponsors rides for participants of 13 area senior centers and four meal sites;

(5) Residents of income-eligible senior high-rise developments riding on AAA-sponsored group shopping trips;

(6) AAA-sponsored participants at four Health Department adult day health care programs, as well as the adult day care program at Leewood and the Alzheimer Family Day Center (formerly the Family Respite Center);

(7) Human Services clients who must undergo continuing dialysis, cancer treatments or rehabilitative services (Critical Medical Care Program) and low-income clients who need to be transported to medical appointments and essential shopping destinations (Dial-a-Ride Program);

(8) Head Injury Partnership clients attending the ADAPT day treatment program.

The sponsoring human service agencies are charged through the Work Performed For Others (WPFO) process for expenses associated with this service, including driver salaries, bus maintenance, and insurance.

There are several population trends affecting services provided by FASTRAN. The volume of service is affected by changing demographics in Fairfax County. This includes an increasing need for transportation to job sites as the CSB client base expands due to graduation from Fairfax County Public Schools. Transportation to work sites also is affected by the location of the employer, often requiring further distances to be covered as businesses move to less developed areas of Fairfax County. As the senior adult population increases with the aging of the baby boom, this also increases the need for FASTRAN services to and from senior centers, medical appointments, and other essential destinations. FASTRAN also is affected by changes in Medicaid guidelines that affect both the transportation providers and the method of reimbursement for Medicaid rides.

▶ Method of Service Provision

FASTRAN planning, scheduling, and monitoring services are directly operated by Fairfax County. FASTRAN transportation services are contracted which provide personnel who drive, maintain, and dispatch County-owned vehicles.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate*
Number of Total Rides	537,342	521,251	525,735	545,583	559,223
Number of AAA Senior Rides	178,021	165,713	162,533	161,538	165,577
Number of CSB Rides	282,671	274,009	319,076	296,492	303,904
Amount of Medicaid Reimbursement	129,433	$164,378	$175,733	$303,313**	$262,126

* The FY 2001 Estimate and the FY 2002 Estimate are updated as of June 30, 2001 to incorporate actual data available.

** The increase from prior years is attributed to the collection of backlogged claims.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0791	FASTRAN Ridership Fee	$11,253

Current Fee	Maximum Allowable Fee Amount
$5.00/Ride	$5.00/Ride

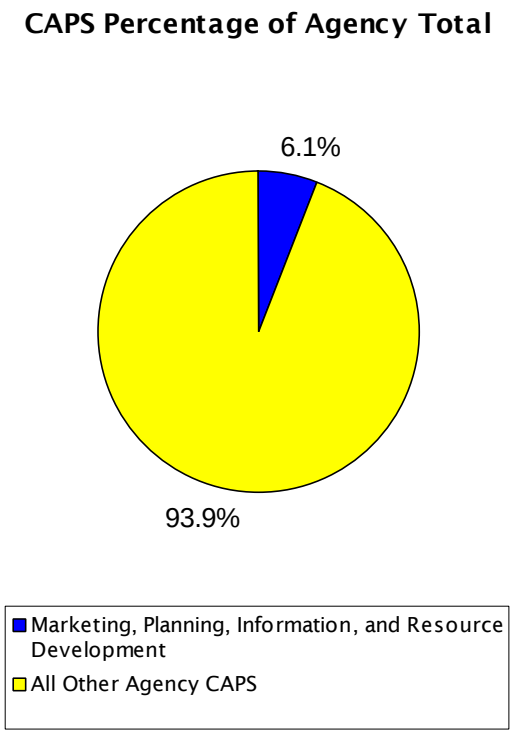
Purpose of Fee:
Participant fees are charged for the Critical Medical Care Program [CMCP]. This service is available for Fairfax County residents who must undergo continuing dialysis, cancer treatments or rehabilitative services. Residents pre-pay for their FASTRAN rides.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
VA 15.2-1806	Established by Agency.	1991

Other Remarks:
The fee may be adjusted, on an approved sliding scale, based on the participant's total annual income and household size. Additionally, fee waivers may be granted on case-by-case basis.

50-09-Marketing, Planning, Information, and Resource Development

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$271,137
Operating Expenses	$475,986
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$747,123**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$747,123**
Positions/SYE involved in the delivery of this CAPS	3/3



▶ CAPS Summary

Planning and Information Management (P&IM) serves three primary functions within the Department of Community and Recreation Services (DCRS): marketing and public information, information systems management, and resource development and management. Marketing and public information are critical components for ensuring that the citizens of Fairfax County and the stakeholders of the Department of Community and Recreation Services are aware of the many services that are available to them, resulting in increased participation in programs and services. This is accomplished through a variety of efforts including high profile marketing campaigns for current agency-critical initiatives, media relations, publication development and dissemination, community event participation, and special event support.

A variety of information systems are used to provide critical support for tracking, monitoring and providing effective service delivery. DCRS's information systems capture client and participant information; schedule community use of facilities, transportation rides and routes; and register participants for programs. P&IM staff members have the lead role in developing, reviewing, awarding, and managing major information systems for the agency. In addition, P&IM has the responsibility for day-to-day maintenance and management of 20 computer learning labs at community, senior and teen centers with a combined total of 140 computers available for use by program participants.

Resource development and management are critical for the development, continuation and growth of many agency initiatives. The agency seeks alternative funding sources and community partners to support continuous improvement and adaptation of services to meet the changing needs of the citizens of Fairfax County. Support may come in the form of private or public grants, in-kind services, partnerships and collaborations, or volunteers, all of which allow DCRS to increase services without requiring an increase in the County budget.

There are a variety of trends affecting the agency and program support provided by Planning and Information Management. An increasing public demand and need for services requires that DCRS expand marketing efforts to ensure that people are aware of the services that are available. One of the most requested services at community, senior, and teen centers is computer access both for communication across the Internet and skill development. As this demand is met at more locations, there also is a need to identify cost-effective ways to provide this service without compromising the County's enterprise network. One of the remaining critical issues facing DCRS is the shrinking pool of grant funding available to local governments, thus requiring establishment of more partnerships with community-based organizations.

▶ Method of Service Provision

All Planning and Information Management services are directly operated by Fairfax County. P&IM is staffed during regular business hours; however, staff frequently work evening and weekends to attending community meetings, departmental functions, and public information events.

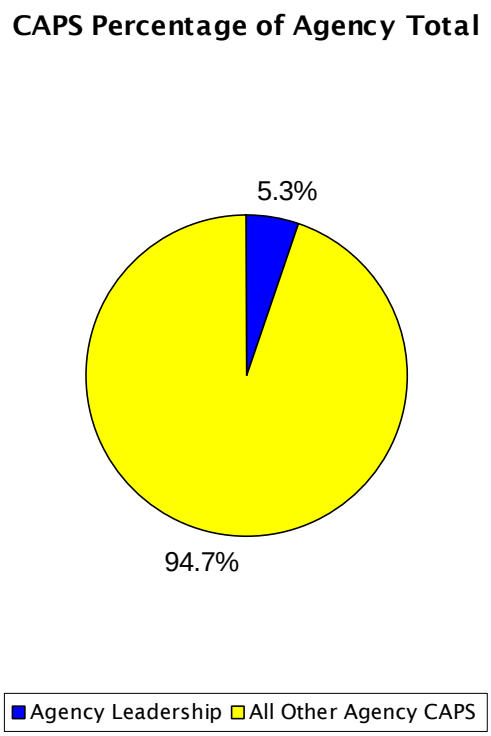
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate*
Number of Pentium Computers Available for Community Access	25	50	95	140	160
Number of Grant Applications	NA	7	1	3	7
Communication activities (community meetings, events, Public Service Announcements, presentations, publications)	835	935	731	877	1,052

* The FY 2001 Estimate and the FY 2002 Estimate are updated as of June 30, 2001 to incorporate actual data available.

50-10-Agency Leadership

Fund/Agency: 001/50	Department of Community and Recreation Services
Personnel Services	$441,824
Operating Expenses	$211,759
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$653,583**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$653,583**
Positions/SYE involved in the delivery of this CAPS	7/7



▶ CAPS Summary

Staff of the Director's Office provide direction and guidance for all department programs and services by developing strategies, setting policies, tracking and responding to legislative issues, advocating for the development of Countywide leisure activities and community services, and analyzing community needs. Staff prioritize both the agency and human services initiatives, support over 30 councils and task forces, including the Fairfax Partnership for Youth, coordinate service delivery with other human services partners, collaborate with citizens to strengthen a community's investment in its community center, and facilitate agency-wide project teams. The Department of Community and Recreation Services (DCRS) employs 96 merit staff and 600 exempt-limited term staff. To promote growth of its employees, Director's office staff promote participation in an in-house training program, involve all employees in the development and execution of an agency strategic plan, conduct pay for performance training, monitor equity in performance ratings throughout the department, and emphasize diversity hiring. In order to resolve issues and address citizen concerns, staff members work with community leaders and residents through community planning meetings and soliciting survey responses.

▶ Method of Service Provision

These programs are directly operated by Fairfax County staff. The operating hours are from 8:00 a.m. to 4:30 p.m., Monday through Friday; however, staff in this office attend numerous night and weekend community meetings and events.

▶ Performance/Workload Related Data

Title*	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Number of individuals participating in community planning sessions	NA	NA	162	204	224
Number of Community Planning Sessions	NA	NA	26	27	30
Number of citizen concerns requiring action	NA	NA	NA	1,325	1,457
Number of individuals attending in-house training	NA	NA	NA	212	233
Number of advisory council meetings	234	236	235	266	292

* Workload indicators are recently developed for this activity. As such, prior year actual information for many of the indicators is not available.

Fairfax County Park Authority

▶ Agency Mission

To set aside public spaces for, and assist citizens in, the protection and enhancement of environmental values, diversity of natural habitats, and cultural heritage; to guarantee that these resources will be available to both present and future generations; to create and sustain quality facilities and services that offer citizens opportunities for recreation, improvement of their physical and mental well-being, and enhancement of their quality of life.

▶ Trends/Issues

The Park Authority maintains and operates 386 parks on over 20,000 acres of park land. Fairfax County is becoming increasingly urbanized, with less available open space and increasing demands for park space, facilities, and park services. The Fairfax County Park Authority strives to inspire and sustain a passion for parks and leisure experiences that enhance our community's quality of life through dynamic and adaptive management of park open space, facilities, programs, and visitor services. Park facilities include recreational buildings, structures and infrastructures, trails and athletic fields, lakes and marinas, a working farm, historic sites, golf courses, miniature golf, a horticulture center, garden plots, stream valley lands, meadows, forests, equestrian facilities, tennis courts, playgrounds, and picnic areas.

To support these Park facilities, the Park Authority depends on support from various funding sources:

- Fund 001 (General Fund) provides for the management, operation, and maintenance of parks and park facilities such as community parks, athletic fields, nature centers, historic sites, trails, playgrounds, the horticulture center, and other publicly offered recreational facilities, as well as the management of stream valleys and natural areas. Funds are also utilized to maintain equipment and the vehicle fleet as provided through the Department of Vehicle Services. A major change in FY 2002 is the transfer of the Leisure Enterprises and Employee Fitness Center, General Fund functions, from the Department of Community and Recreation Services to the Park Authority.

- Fund 303 (General County Construction Fund) provides critical but routine funding for material, supply, and contract costs for the maintenance and repair of specific General Fund facility types including tennis courts, trails, and multi-use courts; specific contract maintenance to all Fairfax County Public Schools elementary and middle school athletic fields; and maintenance and facility equipment such as mowers, HVAC, and fire/security systems. The fund also provides non-routine funding to meet ADA requirements and the renovation and stabilization of park structures. Much of this funding was transferred in FY 2000 from Fund 001and continues to function as the operating budget for these maintenance concerns.

- Fund 170 (Park Revenue Fund) is supported from fees and charges generated at Park Authority facilities. Under the Park Authority's state enabling legislation, revenues must be spent exclusively for Park purposes. There are eight recreation centers, seven golf courses, and three lake parks that are the primary Park Authority revenue generating facilities. Other facilities that provide revenue to the Park Revenue Fund are rental facilities, museum shops and nature centers.

- Fund 370, Park Authority Bond Construction Fund, provides the majority of the funds for acquisition of land and construction and capital improvement of park facilities through the sale of General Obligation bonds.

- Fund 371, Park Authority Capital Improvement Fund, receives funds from proffers, donations, easements, interest, and transfers from the Park Revenue Fund (170). Fund 371 monies are primarily used for major maintenance and renovations at Park Revenue Fund facilities.

- Park Facilities Revenue Bonds, Series 1995 - The Park Authority issued revenue bonds in the amount of $13.9 million on February 15, 1995. The Indenture places certain obligations on the Park Revenue Fund and Capital Improvement Fund to ensure the Authority's ability and readiness to repay the debt and to make needed repairs. The revenue bonds (together with other Park Authority funding) financed:

  - Twin Lakes Golf Course, a new 18-hole regulation course, driving range, clubhouse, and maintenance facility

  - Oak Marr Park's new nine-hole, par-three course, driving range, clubhouse, miniature golf course, and maintenance facility

  - Greendale Golf Course Clubhouse expansion

- Public-Private Partnership - In FY 1996, the Park Authority entered into a public-private agreement with a private firm to build and operate an 18-hole course at the Richard Jones Park with a percent of gross revenue returning to the Park Authority. This golf facility was opened successfully in May 1998 under the name of Pleasant Valley Golfer's Club.

Key Accomplishments (FY 1997 –FY 2001)

- Celebrated the Park Authority 50th anniversary.

- Established a foundation to serve as the agency's fundraising arm.

- Acquired 2,056 acres of land in FY 2000, the largest one-year increase in Park Authority's history.

- Integrated staff and program management functions of DCRS-Leisure Enterprises Division into the Leisure and Wellness Branch of the FCPA.

- Executed a playground renovation program to improve playgrounds that did not meet the revised playground safety standards.

- Improved and renovated athletic fields to meet the needs of girls' softball.

- Opened the first off-leash dog park.

- Received through donation two large properties with houses: Ashgrove and Lahey, which included valuable historic collections.

- Renovated multiple historic structures including Great Falls Grange, Hunter House (Nottoway Park), Stone Mansion (Stoneybrooke Park), Kidwell Farm, and various historic farm buildings (Frying Pan Park).

- Reconstructed a representative slave quarter structure at Sully Historic Site.

- Restarted the summer intern program.
- Implemented a working relationship with DPWES for management of specified park construction projects.
- Created a more inclusive project scoping process resulting in a more thorough and accurate development plan.
- Developed a Park web site, which provides extensive information on all Park functions.
- Expanded free public events/performances such as Braddock Nights and the new Nottoway Nights and Lee District concert series.
- Opened the following new facilities: Water Mine at Lake Fairfax Park, a second 18-hole golf course at Twin Lakes Golf Course, nine-hole, par-three golf course and miniature golf at Oak Marr Park, and a miniature golf facility at Jefferson Golf Course.
- Opened new picnic pavilions at Burke Lake Park, Lake Fairfax Park, and Lake Accotink Park.
- Opened Pleasant Valley Golfer's Club, a public-private agreement with a private firm to build and operate an 18-hole golf course at Richard Jones Park.
- Developed the Northern Virginia Municipal golf Tee Time system in partnership with neighboring jurisdictions.
- Consolidated Park Authority and Department of Community and Recreational Services' class registration process.
- Initiated at Spring Hill RECenter a School Age Child Care facility in partnership with the Office for Children.
- Expanded fitness rooms at recreation centers, which included replacement of equipment, area enlargements, private training, and weight room attendants.
- Expanded centralized summer camp program to seventeen locations.
- Completed installation of the Fitness Network System (Fitlinxx) at the recreation centers.
- Implemented electronic check-in process at the RECenters.
- Implemented the latest version of ParkNet, the Park Authority's comprehensive business information system, on a new hardware platform based on current technology.
- Passed a $75 Million Park Bond Referendum to acquire, develop, and equip new parks and renovate and improve existing parks and park facilities.

Initiatives

- Complete development of a strategic plan to provide direction for the FY 2002- FY 2006 (five-year) period.
- Develop the new foundation's articles of incorporation and bylaws, recruit foundation board members, and develop a foundation strategic plan.
- Plan for development of Lorton property designated to be donated by the Board of Supervisors.
- Continue the design and development of the West County Recreation Center to meet the FY 2004 completion date.
- Implement multi-year tennis court, multi-use court, and trail renovation plans.
- Replace the water wheel and main drive shaft at Colvin Run Mill.
- Complete the core renovations at Lake Accotink Park.
- Expand the class registration options to include internet registration.
- Plan for development of a Burke Lake miniature golf facility.
- Expand the Water Mine facility at Lake Fairfax.
- Plan for redevelopment of South Run Field House.
- Continue to promote new revenue producing initiatives to fund identified maintenance needs of an aging inventory of facilities.
- Refund the 1995 Revenue Bonds
- Develop the FY 2002 – FY 2003 Annual Work Plan for Park Development which guides development of project work efforts.
- Assume responsibility for the maintenance of 473 FCPS athletic fields to improve maintenance, safety standards, and increase user satisfaction.

Challenges

Community Involvement
The Fairfax County Park Authority seeks to become an active partner in building community. However, engaging the community will be challenging - surveys show that while many citizens are interested, a much smaller number actually participate in park planning and park communication forums. There are barriers to the use of Park Authority facilities and services located in parks. Barriers to participating in planning and using parks include lack of awareness, transportation constraints, and income constraints.

Stewardship
Having amassed extensive acreage and resources, the Park Authority now has the challenge of taking a full inventory of these assets and actively managing them to preserve and protect their value. In managing parklands, the agency must balance its dual responsibilities of preserving the resources and acting as a developer to create the wide range of recreational facilities citizens desire. It is particularly challenging for the Park Authority to build quality facilities in the least expensive and quickest way, while modeling responsible stewardship practices to the community.

Land Management
The past view that such protected conservation areas would naturally take care of themselves has evolved to a recognition that all land holdings require active management. Problems such as overabundance of deer, invasive plant species and degradation from adjacent development are taking a toll on parkland, requiring active intervention to preserve park habitats and wildlife.

Leisure Opportunities
The Park Authority is reliant in its Revenue Fund on just two sources of revenue – golf courses and RECenters – which together accounted for 87 percent of the Fund's revenues in FY 2000. This concentration of revenues makes the Fund vulnerable to external factors beyond the Park Authority's control, such as bad weather, economic downturns, or changes in nationwide activity participation patterns.

Financial Framework
Changing economic conditions, the desire of citizens to have accessible and excellent recreational facilities, changing recreational opportunities, increased maintenance requirements, and limited land availability create major challenges for current funding sources. Challenges include:

- Finding and maintaining the balance between funding needs of revenue-generating parks and all other parks;
- Assessing and responding to market developments to assure the right combination of fee and free product offerings;
- Allocating limited bond and capital maintenance dollars among competing demands.

Infrastructure and Capital Sustainability

By approving seven bond referenda over the past 50 years, Fairfax County citizens have invested over $300 million to purchase parkland and develop facilities in more than 370 parks. Combined with the thousands of acres of land received without cost as a result of development proffers and donations, the inventory of Fairfax County's parks now well surpasses $500 million. Many facilities, roads, and parking surfaces are several decades old and need major repairs or replacement. A public survey conducted as part of the 1998 Park Bond Referendum found that citizens identified refurbishing old parks as the agency's most important priority. Additionally, capital equipment required to properly maintain the agency's expanding property is aging. The current capital equipment inventory replacement value is $4,190,000. There are 125 units included in the current inventory, and 69 percent of these units is 10 years old or older; however, there is no systematic program to provide for current and future replacement.

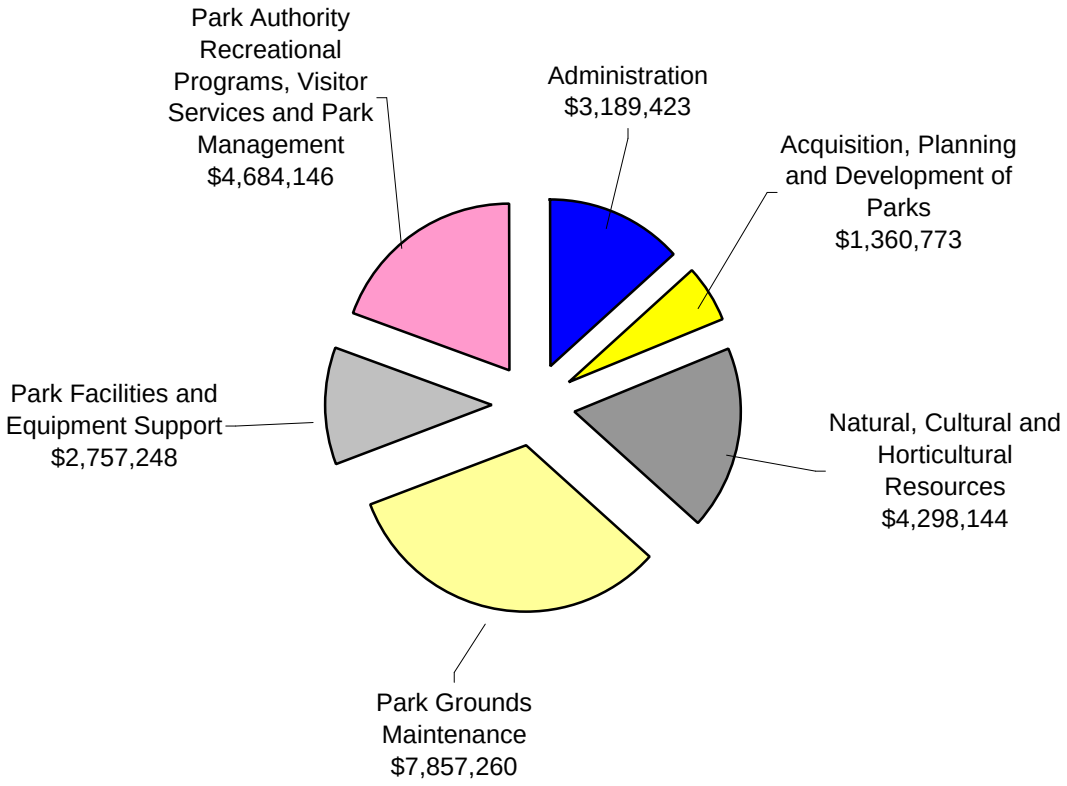
Capacity for Growth and Change

The Park Authority's merit workforce has an above average concentration of workers in their 40's and a below-average concentration of younger workers in their 20's. The imminent exodus of baby boom generation staff poses major challenges to the organization. The Park Authority must also strive for additional racial and ethnic diversity as the County's workforce becomes more heterogeneous. In addition, there is a need for workforce training and development in a greater variety of disciplines than was previously required. Specialized knowledge is required in areas such as information technology, resource management, turf management and fitness, to name a few. The work environment is increasingly complex and there are greater expectations from park users.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
51-01	Administration	$3,189,423	48/48
51-02	Acquisition, Planning and Development of Parks	$1,360,773	31/31
51-03	Natural, Cultural and Horticultural Resources	$4,298,144	94/91.5
51-04	Park Grounds Maintenance	$7,857,260	145/145
51-05	Park Facilities and Equipment Support	$2,757,248	38/38
51-06	Park Authority Recreational Programs, Visitor Services and Park Management	$1,606,363	36/36
TOTAL Agency		**$21,069,211**	**392/389.5**

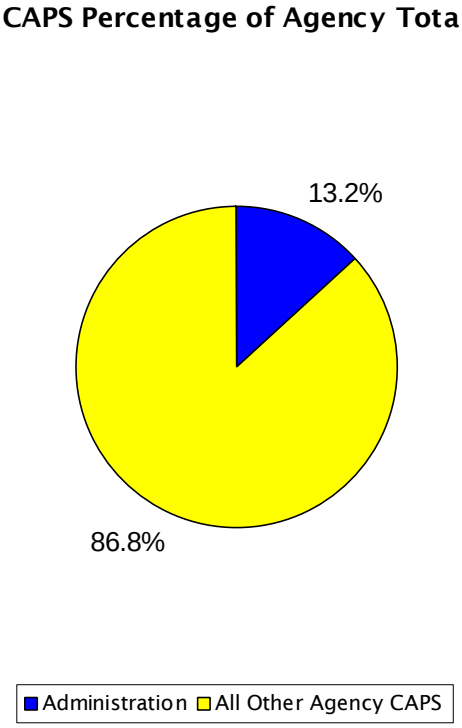
Fairfax County Park Authority



Total FY 2002 Adopted Budget Expenditures = $24,146,994
Total FY 2002 Adopted Budget Net Cost = $21,069,211

51-01-Administration

Fund/Agency: 001/51	Fairfax County Park Authority
Personnel Services	$2,426,880
Operating Expenses	$762,543
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$3,189,423**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$3,189,423**
Positions/SYE involved in the delivery of this CAPS	48/48



▶ CAPS Summary

The Administration program area is comprised of two functions. The Office of the Director provides overall agency management and guidance on policy, operations, and program issues. Administrative Services provides centralized business management to the Park Authority in the areas of financial management, human resource services, purchasing, information technology, and support services.

The Primary functions of the Office of the Director are as follows:

- Management of operations includes 1) day-to-day support and guidance of staff, 2) analysis of programs, finances, and staffing, 3) presentation of Park Authority interests to citizens, the Board of Supervisors, the School Board, Planning Commission, and others, and 4) coordination with the Office of the County Executive and other County and non-County agencies.

- Board Support includes developing meeting agendas, identifying issues, and formulating recommendations to the Board, preparing Board packages, and keeping minutes and records of Board meetings.

- The Public Information Office is responsible for media relations, agency switchboard, setting up public hearings and park ceremonies, creation and maintenance of the PA web site, and the annual report.

- Grant Program includes researching for grant opportunities, applying for grants, and monitoring grants that have been received.

- Fundraising includes managing a comprehensive fundraising program that includes the Park Foundation and other fundraising functions within the Park Authority that are generated by the staff.

The Primary functions of Administrative Services are divided as follows:

- The Automation Services Section provides centralized information technology planning and daily operation of the agency's computer systems. Support includes personal computers, minicomputers, thin client terminals, software applications, and custom programming for headquarters and over 30 sites. This section also manages a help desk, the agency network, and associated infrastructure equipment.

- The Financial Management Section is responsible for agency-wide accounting and budgeting support. The Accounting Office is responsible for accounts payable, revenue collections, and all financial records for two operating funds and three capital funds. Weekly summaries of cash receipts are prepared. Revenue and expenditures are reconciled monthly. Visits are made to an average of 12 revenue producing sites per year to conduct cash management audits. Capital development contracts are maintained. The Accounting Office also prepares annual financial statements and oversees the annual audit by the County auditors. The Budget Office is responsible for budget year schedules, annual budget preparation, quarterly review, and preparation of monthly analyses and reports.

- The Human Resources Section is responsible for training, safety, health, workers compensation, and all payroll administration, employee benefits, position classification, position management, employee relations, and performance management for the agency. The Training Office provides support in the area of general and in-service training and management of the intern program. This office identifies training needs and manages all training and travel funds. Intra-agency workshops and specialized training courses and seminars are developed and provided to meet agency needs. The Safety Office is responsible for both safety and loss management. Safety analyses, employee and citizen injury reports, as well as property loss and damage reports are reviewed, analyzed, and coordinated with appropriate County staff. In addition, this section provides central services support which includes mail sorting and distribution, along with copier support.

- The Purchasing Section provides centralized purchasing activity for the agency and is responsible for all Park Authority operating procurement actions and related contracts (except for capital construction projects). The primary duty of the Purchasing Section is to ensure that all procurement transactions are in compliance with applicable laws and regulations in such a manner as to maintain maximum efficiency of Park Authority operations. Purchasing also manages the Park Authority procurement card program, oversees audits of purchasing processes, and tracks and manages capital assets.

Issues/Trends/Challenges impacting the Office of the Director are:

- Providing quality service and meeting increased demands of County residents with limited budget dollars
- Implementation of the FY 2002 – FY 2006 Strategic Plan
- Coordination of Park bond programs in FY 2002 and FY 2004.

Issues/Trends/Challenges impacting Administrative Services are:

- Merger of the Department of Community Services - Leisure Services with the Park Authority impacts the workload of human services, purchasing, accounts payable, and revenue collection.
- Implementation of Internet-based registration for Park Authority and Community and Recreation Services-sponsored programs and classes
- Implementation of GASB 34, the new governmental reporting model
- Implementation of an electronic purchase requisition (PR) data entry project, which will speed up the purchase and delivery of goods and services for the sites
- Implementation of the new employee orientation program
- Establishment of a competency-based career management system
- Refinement of Pay-for-Performance process
- Completion of training needs survey
- Implementation of improved diversity program

▶ Method of Service Provision

Services in all business functions are provided directly by a professional staff of merit County employees. This staff is augmented by approximately six Limited Term positions that are used on a part-time/as needed basis.

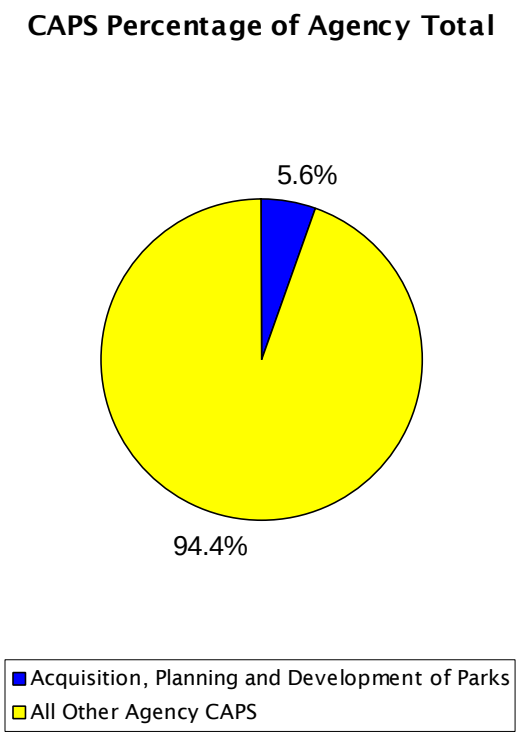
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[1]
Help Desk calls processed	3,856	5,142	4,500	4,712	5,849
Time sheets processed	N/A	34,190	35,443	35,500	35,500
Procurement Card Transactions	7,537	8,801	10,575	11,350	12,117
Invoices paid	N/A	13,835	13,420	13,000	13,000
Site Safety Inspections Conducted	55	81	55	81	55
Citizen Injury and Prop. Loss Reports Processed	1,457	1,333	1,496	1,181	1,298

[1] The FY 2001 and FY 2002 estimates are based on actual data collected through June 30, 2001.

51-02-Acquisition, Planning and Development of Parks

Fund/Agency: 001/51	Fairfax County Park Authority
Personnel Services	$1,996,677
Operating Expenses	$42,432
Recovered Costs	($678,336)
Capital Equipment	$0
Total CAPS Cost:	**$1,360,773**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$1,360,773**
Positions/SYE involved in the delivery of this CAPS	31/31



▶ CAPS Summary

The Planning and Development Division is dedicated to the goal, purpose, and objectives of the Park Authority. Division staff resources are utilized to comprehensively plan for a Countywide park system to acquire, protect, and develop the County parkland and open space, and to seek alternative funding opportunities for development purposes. The Division employs professional and technical staff including Planners, Landscape Architects, Engineers, Architects, Surveyors, and Administrative Technicians. Staff salaries are funded through the General Fund (Fund 001) and the Park Authority Operations Trust Fund (Fund 170). These salaries are partially offset by recovered costs from the following development funding sources: the Park Authority Bond Construction Fund (Fund 370), the Park Capital Improvement Fund (Fund 371), and the County Construction Fund (Fund 303).

The Division is divided into three functional areas: Planning and Land Management, Project Management, and Capital Facilities and Budget Administration.

The primary functions of the Planning and Development Division are as follows:

- Planning and Land Management Branch – responsible for parkland acquisition, easement and encroachment administration, management of residential rental properties, development of Greenways Program and trail system, determination of impact from land development applications and compensatory land, funds, and recreation facilities, and incorporation of the Park Authority missions into Countywide planning policies.

- Capital Facilities and Budget Administration Branch – provides master planning of park sites for future park improvements or redevelopment, budget planning and tracking of capital expenditures and the Division's General Fund budget, cost estimating of proposed capital improvements, computer and GIS assistance, and administrative support to the Division.

- Project Management Branch – responsible for developing project scopes within the guidelines established by the Park Authority Board and management of design and construction contracts for the renovation, expansion, or development of park facilities.

Issues/Trends/Challenges impacting the Planning and Development Division are:

- Increased community outreach and facilitation of the public input process. While desirable, this effort has greatly impacted staff workload demands project schedules.

- Initiation of a comprehensive review of current information storage and retrieval systems and implementation of an overall information system that integrates the various components of the Division.

- Provision of quality services and meeting increased demands of County residents with limited staff resources and limited budget dollars.

- Implementation of a six-year land acquisition and capital improvement program utilizing the 1998 Park Bond Referendum funding and planning for two new bond referendum in the fall of 2002 and 2004.

► Method of Service Provision

The Division works directly with County residents, task forces, other agencies, the Board of Supervisors, and the Park Authority Board in providing information and expertise.

Hours of operation include normal business hours and frequent evening and after hours meetings with the Park Authority Board, Planning Commission, Board of Supervisors, task forces, work groups, and scheduled public hearings.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[1]
Site-specific plans (Master Plans) completed[2]	N/A	6	6	1	12
Development Impact Reviews completed[3]	279	334	299	288	300
Capital Improvement Program projects completed	N/A	59	65	73	70
Total acres acquired	N/A	N/A	2,056	736	339

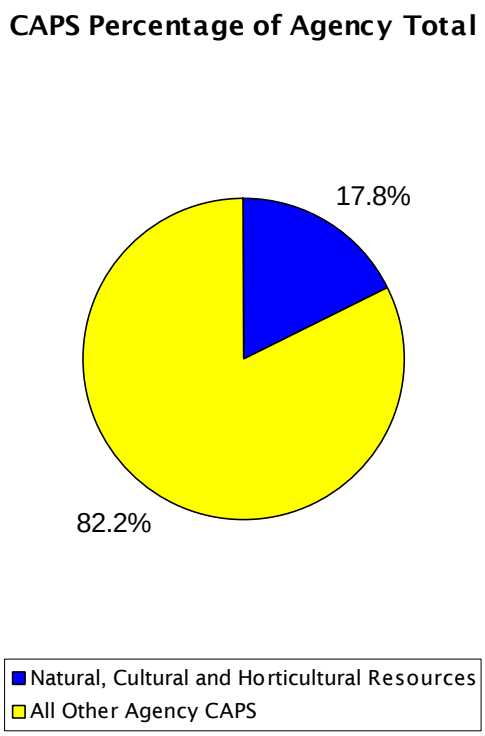
[1] The FY 2001 and FY 2002 estimates are based on actual data collected through June 30, 2001.

[2] One Master Plan completed in FY 2001; 20 initiated in FY 2001 but not yet completed.

[3] FY 2001 Actuals lower than estimated (300) due to staff vacancies in this area.

51-03-Natural, Cultural and Horticultural Resources

Fund/Agency: 001/51	Fairfax County Park Authority
Personnel Services	$3,832,155
Operating Expenses	$376,717
Recovered Costs	$0
Capital Equipment	$89,272
Total CAPS Cost:	**$4,298,144**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$4,298,144**
Positions/SYE involved in the delivery of this CAPS	94/91.5



▶ CAPS Summary

The Resource Management Division (RMD) exists to identify, preserve, and interpret the cultural, natural, and horticultural resources of the Fairfax County Park Authority and Fairfax County. It seeks to encourage the enjoyment, understanding, and appreciation of these resources by citizens and visitors and to provide leadership, both within the Park Authority and in the community, in protecting and maintaining the County's heritage.

The Primary functions of the Resource Management Division are as follows:

- Manage 20 historic sites, nature centers and nature preserves, horticultural gardens, a working farm, and historic properties managed for community use. Several sites accredited by the American Association of Museums.

- Manage seven historic sites with National Register of Historic Places status, including the 1791 Frying Pan Meeting House, the home of northern Virginia's first Congressman, Richard Bland Lee (Sully), and the Civil War forts at Union Mills. Colvin Run Mill, the County's only operating water-powered grist mill, has been designated a National Engineering Landmark by the American Society of Mechanical Engineers (ASME). Maintain historic collections of over 10,000 artifacts from the 18th, 19th and early 20th century historic artifacts associated with the history and material culture of Fairfax County, as well as approximately 3 million County archaeological items.

- Provide technical services to meet the Park Authority's stewardship obligations for significant cultural and/or natural resources on all 20,000+ acres of FCPA land. Natural resources span the County's inventory of flora and fauna from meadows, wetlands, and forests to resident wildlife. Natural resource management and protection activities include nationally recognized wildlife conflict resolution efforts, grant-funded invasive plant eradication, stream valley stabilization projects, and natural resource inventories.

- Provide direct services to more than 400,000 site visitors annually, as well as provide nearly 8,000 educational programs at FCPA sites and through outreach programs. Visitors are also served through exhibits, publications, and Internet services. Educational programs for school children are often tied to the Virginia Standards of Learning (SOL) curricula. Many programs are also provided to meet scouting badge requirements.

- Administer an award-winning volunteer program of more than 700 volunteers working in nearly every aspect of division operations, including research, education programs, and facility operations. Volunteer staff outnumbers paid staff by a five-to-one ratio in many division locations.

- Maintain partnerships with five "Friends" groups and one foundation which collectively provide more than $250,000 per year to support RMD operations.

- Manage three Countywide programs including the Master Gardener Program, Garden Plot Rental Program, and HomeGrown Farmers Markets.

Issues/Trends/Challenges impacting the Resource Management Division are:

- Lack of increases in operating budgets to account for inflation, utility, and telecommunication cost increases has left RMD without sufficient funds to operate facilities and services without incurring deficits. Within the RMD program area, operating funds dedicated to utilities and telecommunications account for more than 75 percent of the annual character 30 budget.

- Success in acquiring new parks and facilities has not been matched by the means to inventory natural, cultural, and horticultural resources or to properly manage these resources. Staffing levels and operating budgets have not increased in response to these acquisitions.

- Responsibilities are expanding rapidly to participate in more comprehensive Countywide programs to coordinate actions on natural, cultural, and horticultural resources, placing strain on existing staffing. Such Countywide task forces include the Deer Management Program and the cluster of workgroups addressing stormwater management, stream stabilization strategies, and natural resource management plans.

- County Archaeology Services staff administered by RMD conduct work on land slated for development throughout the County.

- RMD is eager to extend its educational programs to the ethnically diverse communities throughout the County and to offer interpretive services at the RMD sites that will make residents feel welcome.

▶ Method of Service Provision

RMD provides its services with County merit and Exempt Limited Term staff augmented by a roster of 700 volunteers (donating approximately 52,000 hours annually) and contracted personnel for specialized work such as invasive plant removal, archaeological excavations, resource inventories, and historic artifact conservation.

RMD sites are available for public visitation and use at least 25,000 hours per year. Parks are typically open from dawn to dusk. For facilities within the parks, operating hours vary within the range of 9:00 a.m. to 6:00 p.m., six to seven days per week.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[1]
# Interpretive Programs/Events	6,496	6,334	7,443	7,601	7,766
Visitation/Attendance	400,208	421,564	410,667	479,899	509,659
Public Artifact Exhibits	12	15	18	27	30
Public Artifact Exhibit Visitation	306,000	379,500	423,250	498,568	515,000
Development Plans Reviewed for Natural Resource Protection	68	90	70	148	150
# Cultural Resource Mgt. Field Projects	63	97	124	151	155
# First Phase Archaeology Surveys - Countywide[2]	54	65	50	37	40

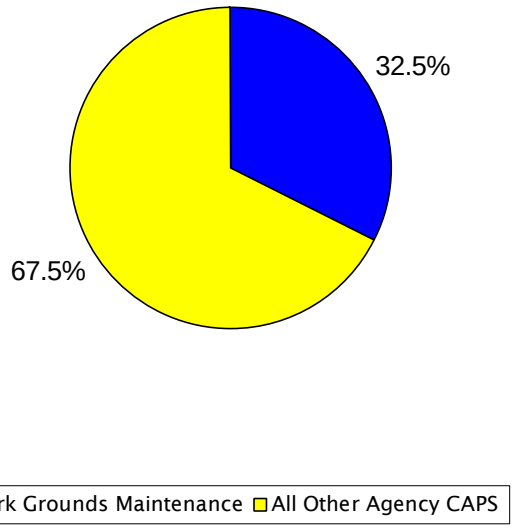
[1] The FY 2001 and FY 2002 estimates are based on actual data collected through June 30, 2001.

[2] Reduction in # of surveys relates to reduction in large parcels of land coming into development.

51-04-Park Grounds Maintenance

Fund/Agency: 001/51	Fairfax County Park Authority
Personnel Services	$5,582,214
Operating Expenses	$2,160,920
Recovered Costs	$0
Capital Equipment	$114,126
Total CAPS Cost:	**$7,857,260**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$7,857,260**
Positions/SYE involved in the delivery of this CAPS	145/145

CAPS Percentage of Agency Total



▶ CAPS Summary

The primary functions of the Park Grounds Maintenance operation are as follows:

- Operation, management, and maintenance of all non-staffed County parks and facilities included in a 20,000-acre park system.
- Maintenance of all park grounds and recreational facilities including athletic fields, trails, tennis courts, multi-use courts, playgrounds, picnic areas, and other publicly provided facilities.
- Management, maintenance, and development of all 473 elementary and middle school athletic fields, including management of Fund 303 maintenance contracts, projects management and coordination with athletic groups, the Department of Community and Recreation Services, and the Fairfax County Public Schools.

- Response and assistance to community concerns regarding Park-related maintenance issues, including encroachments, forestry issues, stream blockages, safety issues, and volunteer programs such as Park Watch, Adopt-A-Field, and Adopt-A-Park.
- Coordination, management, and performance of work related to multi-year renovation plans for tennis courts, trails, and multi-use courts.
- Management of Park Authority Maintenance and Renovation Program in Fund 303, County Construction.

Issues/Trend/Challenges impacting the Park Grounds Maintenance operation are:

- The new responsibilities associated with the management, maintenance, and development of all 473 elementary and middle school athletic fields, including contract management, project management, and coordination with athletic groups, the Department of Community and Recreation Services, and the Fairfax County Public Schools. Coordination of maintenance activities to provide seamless service provision is in need of a full-time staff position to administer this extensive program.
- The maintenance and management of a rapidly growing inventory of park land.
- The maintenance of additional facilities and facility expansions occurring in existing parks.
- A current shortfall of athletic field maintenance resources that is being further impacted by the development of new athletic fields throughout the County, as well as the further development of existing fields that results in increased maintenance requirements.
- Impacts on parkland resulting from the increasing urbanization of Fairfax County.

▶ Method of Service Provision

Services are provided by in-house staff and supplemented through contracts. Contracts are administered for mowing, equipment rental, specialized services, electrical repair, turf services, and other miscellaneous services. In addition, both Adopt-A-Field and Adopt-A-Park partners perform various maintenance duties.

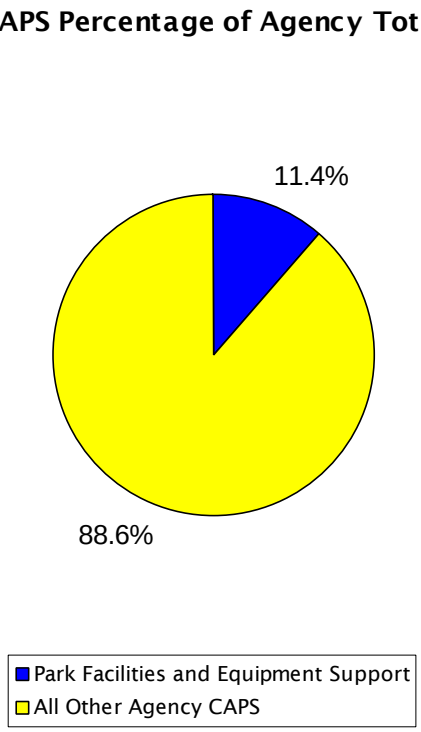
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[1]
Park Acreage	17,000	18,220	19,000	20,061	20,061
# of Parks	353	365	386	386	386
Athletic Fields	285	293	293	295	300+
Miles of Trail	180	189	203	206	206
Playgrounds	199	199	199	199	201
Tennis Courts	222	222	222	222	222
Multi-Use Courts	141	141	143	143	143

[1] The FY 2001 and FY 2002 estimates are based on actual data collected through June 30, 2001.

51-05-Park Facilities and Equipment Support

Fund/Agency: 001/51	Fairfax County Park Authority
Personnel Services	$1,450,290
Operating Expenses	$1,006,958
Recovered Costs	$0
Capital Equipment	$300,000
Total CAPS Cost:	**$2,757,248**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$2,757,248**
Positions/SYE involved in the delivery of this CAPS	38/38



▶ CAPS Summary

The primary functions of the Park Facilities and Equipment Support operation are:

- Provision of preventive and corrective maintenance on park buildings, structures, and support systems such as HVAC, electrical, mechanical, and plumbing through a combination of in-house and contracted services.
- Management of fleet and equipment maintenance through a combination of contracted services, in-house preventive maintenance, and Department of Vehicle Services provided maintenance.
- Management of Fund 303 Park Authority Maintenance and Renovation Program.

Issues/Trends/Challenges impacting the Park Facilities and Support operation are:

- The need for a comprehensive replacement program for the Agency's aging fleet of vehicles and equipment.
- Increasing repair costs for vehicles and equipment due to deferred replacement of units that have exceeded their useful life span.
- Insufficient funds to perform maintenance, repair, stabilization, and renovation of existing buildings and structures and the increasing number of new and newly acquired buildings.

▶ Method of Service Provision

Since 1998, a significant portion of this budget is required for the fleet of 250 vehicles maintained by the Department of Vehicle Services (DVS). Facilities and Equipment Support provides the maintenance functions not provided by DVS through a combination of service contracts and in-house staff.

▶ Performance/Workload Related Data

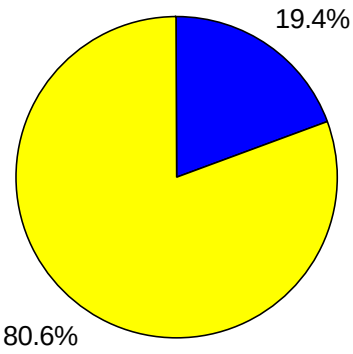
Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[1]
Building Square Footage Maintained	343,095	347,503	387,813	387,813	387,813
# of Vehicles	263	266	266	269	269
# of Equipment	175	175	175	175	175

[1] The FY 2001 and FY 2002 estimates are based on actual data collected through June 30, 2001.

51-06-Park Authority Recreational Programs, Visitor Services and Park Management

Fund/Agency: 001/51	Fairfax County Park Authority
Personnel Services	$2,831,545
Operating Expenses	$1,852,601
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$4,684,146**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$3,077,783
Other Revenue	$0
Total Revenue:	**$3,077,783**
Net CAPS Cost:	**$1,606,363**
Positions/SYE involved in the delivery of this CAPS	36/36

CAPS Percentage of Agency Total



Park Authority Recreational Programs, Visitor Services and Park Management
All Other Agency CAPS

▶ CAPS Summary

The REC Activities program of the Park Services Division provides recreational park facilities and services to meet the leisure needs of the citizens of Fairfax County.

The primary functions of the Rec Activities program are as follows:

- Development, scheduling, and management of Countywide recreational programs at non-FCPA facilities. Prior to FY 2002, these programs were provided by the Department of Community and Recreation Services.
- Coordination and management of free community concerts and events
- Coordination and management of accessibility issues and compliance with provisions
- Management and operation of the Government Fitness Center. Prior to FY 2002, this facility was managed and operated by the Department of Community and Recreation Services.
- Management support for three lakefront parks and the operation of Martin Luther King swimming pool
- Management support for agency-wide park permit coordination and issuance

Issues/Trends/Challenges impacting the REC Activities Program are:

- Meeting the growing demand for services and facility upkeep within existing budget parameters
- Updating the American with Disabilities Act Transition Plan to ensure FCPA compliance with federal law

▶ Method of Service Provision

The majority of services is directly provided by regular and Exempt Limited Term staff, augmented by a large volunteer force. Some services and facilities are provided via professional consultant or other PSI-approved contractual services.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[1]
# Park Visitors	1,354,717	1,298,367	1,950,482	2,180,287	2,245,695
Park Visitation per Capita	1.43	1.38	1.95	2.22	2.30
# Class Registrants	31,936	31,906	30,283	19,722	20,708
# Tour Registrants	4,563	4,275	3,931	2,795	2,935
# Rec PAC Registrants	6,752	6,425	6,861	6,519	6,845

[1] The FY 2001 and FY 2002 estimates are based on actual data collected through June 30, 2001.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0713	Fees-Classes	$3,030,403
Current Fee	**Maximum Allowable Fee Amount**	
Varies depending on program	N/A	
Purpose of Fee: Fees for classes, camps, tours, and RecPac are priced to fully recover the personnel and operating costs of the programs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
VA 15.2-1806	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	FY 2000
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0752	Employee Fitness Enter	$47,380
Current Fee	**Maximum Allowable Fee Amount**	
Varies depending on program	N/A	
Purpose of Fee: Fees for the employee fitness center are priced to fully recover the personnel and operating costs of the programs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
VA 15.2-1806	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	FY 2000
Other Remarks:		

170-01-Park Authority Revenue Fund Operations

Fund/Agency: 170/51	Fairfax County Park Authority	
Personnel Services	$15,259,670	This CAPS accounts for 100 percent of total expenditures.
Operating Expenses	$8,032,702	
Recovered Costs	($381,685)	
Capital Equipment	$924,300	
Debt Service Payment	$1,156,296	
Total CAPS Cost:	**$24,991,283**	
Federal Revenue	$0	
State Revenue	$0	
User Fee Revenue	$17,454,404	
Other Revenue[1]	$8,187,100	
Total Revenue:	**$25,641,504**	
Net CAPS Cost:	**($650,221)**	
Positions/SYE involved in the delivery of this CAPS	198/197.75	

1 This includes revenue such as $4,445,976 for Season Passes, $502,000 for Sales-Snack Bar, $204,000 for Sales-Store, $255,000 for Sales-Golf Supplies and $117,200 for Sales-Concession Stand.

▶ CAPS Summary

The Park Authority Park Revenue Fund, Fund 170, exists to serve the leisure needs of county residents, guests and visitors on a financially self-sustaining basis by managing and operating top quality recreational facilities, services, programs, special events and parks while minimizing general fund support requirements.

The primary functions of the Park Revenue Fund are as follows:

- Operation and management of eight RECenters, seven golf courses, three lakefront parks, and various rental facilities
- Development, scheduling and management of a wide variety of recreational programs

- Park Services Division administrative support (facility and operational planning, budget/financial analysis, market research, publications) of the above.

The fund also supports a number of agency-wide functions, including:

- Management of ParkNet, the Park Authority's automated information system
- Centralized program registration and picnic/shelter rentals
- Production of Parktakes magazine, a quarterly guide to parks and recreation offerings
- Print, graphic, photographic, advertising and video support of all agency functions; production of agency newsletter
- Market research and planning; customer satisfaction surveys
- Technical assistance in the areas of integrated pest management, irrigation, and turf grass management programs

The significant recent initiatives and accomplishments of the trust fund supported functions include:

- Successfully consolidated the program registration and publication functions of the Park Authority and the Leisure Enterprise Division of Community and Recreation Services
- Completed repairs and renovations at revenue-supported facilities
- Participated in the design and development for the West County RECenter
- Expanded fitness facilities at RECenters; implemented the FITLINXX personal workout tracking system; developed new fitness assessment programs
- Promoted development of the Northern Virginia Municipal Golf Tee Time system in partnership with neighboring jurisdictions
- Participated in Master Planning Projects for Burke Lake and Lake Fairfax Parks and South Run Park; Laurel Hills conceptual development plan
- Initiated at Spring Hill RECenter a School Age Child Care facility in partnership with the Office for Children
- Participated in refinancing of the golf revenue bonds

Issues/Trends/Challenges impacting the Park Revenue Fund are*:*

- Meeting customer expectations for more internet-based services such as program registration.
- Planning and preparation for the addition of a major new facility (West County RECenter)
- Generating sufficient revenues to fund identified maintenance needs of an aging inventory of facilities

▶ Method of Service Provision

The majority of services are directly provided by regular and exempt limited term staff, augmented by a large volunteer force. Some services and facilities are provided via lease agreements and/or professional consultant or other PSI-approved contractual services.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate[1]	FY 2002 Estimate[1]
# Visitors (non-golf)	1,751,146	1,734,721	1,778,351	1,761,922	1,814,780
# Golf Rounds Played	301,059	355,172	373,491	350,290	380,000
# Class Registrants	60,134	66,038	73,977	81,337	85,403
# Historic Property Rentals	633	646	566	659	681

[1] The FY 2001 and FY 2002 estimates are based on actual data collected through June 30, 2001.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0711	Fees- Sports Activity	$226,500
Current Fee	**Maximum Allowable Fee Amount**	
$2.50 - $5.50 Per Admission $70.00/Hr or $300.00/Day for Field House	N/A	
Purpose of Fee: Fee is priced to recover operating and maintenance costs. Revenue includes public ice skating and ice skating admissions, as well as Field House rentals.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0712	Fees – Community Use	$78,500
Current Fee	**Maximum Allowable Fee Amount**	
$5.95 - $7.45 Per Admission	N/A	
Purpose of Fee: Fees are priced to recover Water Mine operating and maintenance costs. This subobject code is used to capture group rate (25 percent off regular admission) admissions.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0713	Fees – Classes	$6,069,141
Current Fee	**Maximum Allowable Fee Amount**	
$20.00 - $310.00 Per Session	N/A	
Purpose of Fee: Fees are priced to recover operating and maintenance costs for Park Authority class offerings.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from class to class
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0715	Promotion Passes	$3,500
Current Fee	**Maximum Allowable Fee Amount**	
Varies	N/A	
Purpose of Fee: Fees reflect the sale of designated and promotional passes for Park Authority-sponsored events.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	N/A
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0717	Fees- Pool	$680,000
Current Fee	**Maximum Allowable Fee Amount**	
$18-$360 per Hour	N/A	
Purpose of Fee: Fees are priced to recover pool operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0719	Fees- Private Skating Lessons	$518
Current Fee	**Maximum Allowable Fee Amount**	
Varies	N/A	
Purpose of Fee: Reflects commissions collected for private ice skating lessons contracted by Park Authority approved skating professionals.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	N/A
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0721	Fees – Special Events	$277,425
Current Fee	**Maximum Allowable Fee Amount**	
$3.00 - $20.00 Per Event	N/A	
Purpose of Fee: Fees are priced to recover operating and maintenance costs for various Park Authority special events.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies by event
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0722	Fees – Building Admissions	$125,000
Current Fee	**Maximum Allowable Fee Amount**	
$3.75 - $5.50 Per Admission	N/A	
Purpose of Fee: Fees are associated with corporate and contract admissions and are priced to recover facility operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0723	Contracts – Swimming	$719,120
Current Fee	**Maximum Allowable Fee Amount**	
$18-$360 per hour	N/A	
Purpose of Fee: Fees are priced to recover pool operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0724	Contracts – Hockey	$415,000
Current Fee	**Maximum Allowable Fee Amount**	
$175-$190 Per Hour	N/A	
Purpose of Fee: Fees are priced to recover operating and maintenance costs of hockey-related activities and facilities.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0725	Fees – Park Entrance	$20,000
Current Fee	**Maximum Allowable Fee Amount**	
$0-$40 Per Entry	$40	
Purpose of Fee: Admission is free to County residents with proof of County residency. Base rates of $6 for passenger vehicles and motorcycles, $8 for large-capacity vans, and $40 for buses are charged on weekends and holidays from late April through late September. No fee is charged during off-peak times of the year (early October through mid April).		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0726	General Admission – County	$1,384,204
Current Fee	**Maximum Allowable Fee Amount**	
$3.75 - $12.00 Per Admission	$12.00	
Purpose of Fee: Fees are priced to recover operating and maintenance costs of County Park Authority facilities.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0727	General Admission – Non-County	$45,000
Current Fee	**Maximum Allowable Fee Amount**	
$7.50 - $22.00 Per Admission	N/A	
Purpose of Fee: Fees are priced to recover operating and maintenance costs. This fee is charged to Non-County Residents for admission to the RECenters.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0728	Fees – Boat Launch	$1,400
Current Fee	**Maximum Allowable Fee Amount**	
$1 - $20 (Single Launch vs. Season Pass)	$20	
Purpose of Fee: Fees are priced to recover boat launch operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0729	Fees – Pavilion	$108,400
Current Fee	**Maximum Allowable Fee Amount**	
$66.00 - $425.00 Per Rental	N/A	
Purpose of Fee: Fees are priced to recover pavilion operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0730	Reservations – Tennis	$28,150
Current Fee	**Maximum Allowable Fee Amount**	
$5 - $12 Per Reservation	N/A	
Purpose of Fee: Fees are priced to recover operating and maintenance costs of Park Authority tennis courts.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0731	Reservations – Picnic Area	$59,000
Current Fee	**Maximum Allowable Fee Amount**	
$55 - $100 Per Reservation	N/A	
Purpose of Fee: Fees are priced to recover picnic area operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0733	Fees – Train Ride	$55,000
Current Fee	**Maximum Allowable Fee Amount**	
$1.00 Per Ride	N/A	
Purpose of Fee: Fee is priced to provide family entertainment and to recover some of the train's operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	1994
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0734	Fees- Excursion Boat Ride	$18,000
Current Fee	**Maximum Allowable Fee Amount**	
$1.00 Per Person or $75.00 Per Hour	N/A	
Purpose of Fee: Fee is priced to provide family entertainment and to recover some of the boat's operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	2001
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0735	Fees- Carousel Ride	$52,000
Current Fee	**Maximum Allowable Fee Amount**	
$1.00 Per Ride	N/A	
Purpose of Fee: Fee is priced to provide family entertainment and to recover some of the carousel's operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	2000
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0736	Fees – Golf Green	$4,820,000
Current Fee	**Maximum Allowable Fee Amount**	
$6.00 - $37.00 Per Round of Golf	N/A	
Purpose of Fee: Fee is priced to recover golf course operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from course to course
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0737	Fees – Driving Range	$1,360,000
Current Fee	**Maximum Allowable Fee Amount**	
$3.00 - $14.00 Per Bucket	N/A	
Purpose of Fee: Fee is priced to recover driving range operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0738	Fees – Miniature Golf Course	$365,000
Current Fee	**Maximum Allowable Fee Amount**	
$2.00 - $5.00 Per Round of Miniature Golf	N/A	
Purpose of Fee: Fee is priced to recover miniature golf course operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0739	Fees – Electricity	$15,000
Current Fee	**Maximum Allowable Fee Amount**	
$1.50 Per Day	N/A	
Purpose of Fee: Fee is priced to recover costs of providing electrical service at Park Authority rental facilities.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0740	Fees – Camp Site	$125,000
Current Fee	**Maximum Allowable Fee Amount**	
$1.00 - $14.00 Per Night	N/A	
Purpose of Fee: Fee is priced to recover camp site operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from campground to campground
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0747	Fees – Racquetball	$56,250
Current Fee	**Maximum Allowable Fee Amount**	
$4.00 Per Hr	N/A	
Purpose of Fee: Fee is priced to recover racquetball court operating and maintenance costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from RECenter to RECenter
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0748	Fees- Alcoholic Beverage	$19,000
Current Fee	**Maximum Allowable Fee Amount**	
$100.00 Per License	N/A	
Purpose of Fee: Fee is priced to recover the cost associated with the purchase of an Alcoholic Beverage Permit.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0749	Fees- Golf Handicap	$22,000
Current Fee	**Maximum Allowable Fee Amount**	
$25.00 Per Season	N/A	
Purpose of Fee: Fee is charged to cover the cost of the service provided by outside vendor.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from course to course
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0751	Fees- Golf Instructor	$39,000
Current Fee	**Maximum Allowable Fee Amount**	
$25.00 - $40.00 Per ½ Hour	N/A	
Purpose of Fee: Fees are priced to recover the golf instructor's salary as well as operating and maintenance costs for the golf course.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0753	Reservations – Historic Site	$267,296
Current Fee	**Maximum Allowable Fee Amount**	
$0 - $220.00 Per Hr.	N/A	
Purpose of Fee: Fee is priced to recover historic site operating and maintenance costs. Community and civic groups get 2 ½ hour rentals free of charge.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Park Authority Board	Park Authority Board notification or approval as per the Memorandum of Understanding with the Board of Supervisors.	Varies from site to site
Other Remarks: For more information, refer to Policy 403 in the Park Authority Policy Manual.		

306-01-Northern Virginia Regional Park Authority Capital Contribution

Fund: 306, Northern Virginia Regional Park Authority	
Total Expenditures	**$2,250,000**
Revenue:	
General Fund Support	$0
Bond Revenue	$2,250,000
Other Revenue	$0
Total Revenue	**$2,250,000**

▶ Summary of Program

This program supports Fairfax County's annual capital contribution to the Northern Virginia Regional Park Authority (NVRPA). The NVRPA was created in 1959 to provide a system of regional parks in the Northern Virginia area. The NVRPA currently operates 19 regional parks and administers extensive regional historic and conservation properties throughout Northern Virginia. These community resources are supported primarily from the annual contributions of its member jurisdictions: the counties of Fairfax, Loudoun, and Arlington, and the cities of Fairfax, Alexandria, and Falls Church.

This program is supported by General Obligation bonds approved by the votes on November 3, 1998. The total amount approved at this referendum was $12.0 million. The Board of Supervisors adopted a plan to sustain a County contribution to the NVRPA for six years at a rate of $1.5 million per year for two years and $2.25 million per year for four years.

▶ Funding Availability and Future Considerations

The NVRPA has identified projects that require $20-25 million in funding over a five-year period. Of those projects, $10 million is reserved for renovations and approximately $10-15 million is reserved for new park facilities. Most projects, except for those deemed essential, are currently on hold. In recent years, program funding has been restricted to major renovation projects, such as replacing roofs, roads, parking lots, and refurbishing restrooms, projects to comply with mandates such as ADA requirements, and other essential projects.

The November 3, 1998 approved bonds of $12.0 million will sustain the County's contribution to the NVRPA for six years. FY 2002 represents the fourth year of this six-year program. Current approve bond funding will extend through FY 2004. In FY 2004 a new bond referendum is planned for an additional $12.0 million.

▶ Funding Methodology

A lump sum annual contribution is provided to the NVRPA for capital projects. Project allocations are determined by the NVRPA. It should be noted that the County also provides an annual contribution for operating expenses through Fund 119, Contributory Fund.

▶ Status of Program

This program is managed by the NVRPA. Payments are made to the NVRPA on a quarterly basis.

370-01-Park Authority Bond Construction

Fund: 370, Park Authority Bond Construction	
Total Expenditures	**$21,520,000**
Revenue:	
General Fund Support	$0
Bond Revenue	$21,520,000
Other Revenue	$0
Total Revenue	**$21,520,000**

▶ Summary of Program

This fund receives funding from the sale of County General Obligation bonds. The monies are allocated to specific projects by the Park Authority Board and approved by the Board of Supervisors. Funds are used for land acquisition, design and construction of new facilities, expansion of existing facilities, and major repairs or improvements to existing facilities.

▶ Funding Availability and Future Considerations

On November 3, 1998, voters approved a $75.0 million bond referendum to provide for park projects. The actual sale of bonds is based on a review of cash needs and is consistent with Board policy. To date, authorized but unissued bond funds in the amount of $51.4 million remain from the 1998 referendum. The next Park bond referendum is scheduled for FY 2004, but there is some discussion about the possibility of a referendum in FY 2002.

In FY 2002, funding in the amount of $21,520,000 is appropriated for athletic field development, infrastructure renovation, improvements to trails and stream crossings, development of natural and cultural resource facilities, development of new and existing parks, and building renovations. Funding is also included for the replacement of old and unsafe play equipment, additional playgrounds and renovation of picnic areas, new picnic shelters, and the repair and renovation of tennis and multi-use courts. FY 2002 funding also provides for development and construction of a new recreation center in the western part of the County. The funding is consistent with the approved FY 2002 – FY 2006 Capital Improvement Program (With Future Years to 2009).

Several factors impact ongoing and future acquisitions and projects funded through this fund. Most notable are the increase in the cost of acquiring undeveloped land and the increase in design fees and construction costs in an industry where demand for services is currently exceeding supply.

▶ Funding Methodology

In March 1999, the Park Authority Board approved a project priority listing for the 1998 Park Bond Program acquisition and development projects. Based on that priority list, a work plan was developed for a two-year period. The work plan lists all projects to be accomplished by the Planning and Development Division. This plan is reviewed annually and revised by the Park Authority Board prior to the beginning of each fiscal year. Priorities are established by the Park Authority Board, and projects and associated funding are tracked by project category and by park site.

▶ Status of Program

A total of 91 active projects is included in this program area in the revised FY 2002 Budget. These projects include 196 separate tasks pertaining to the planning, design, or construction phase.

The Adopted Budget for FY 2002 is $21,520,000. The current budget is approximately $36.1million based on the carryover of unexpended project balances from FY 2001 to FY 2002. In FY 2002, this amount is anticipated to be expended as prioritized in the Work Plan, and subject to change as requested by the Park Authority Board.

371-01-Park Capital Improvement Fund

Fund: 371, Park Capital Improvement Fund	
Total Expenditures	**$0**
Revenue:	
General Fund Support	$0
Bond Revenue	$0
Other Revenue	$0
Total Revenue	**$0**

▶ Summary of Program

This fund was established in 1966 under the provisions of the Park Authority Act to provide for capital improvements to the agency's revenue facilities and parks, as well as various park sites where grants, proffers, and donations have been received for specific park improvements. Funding is also derived from lease payments, revenue bonds for golf course development, and transfers from Fund 170, Park Revenue Fund.

▶ Funding Availability and Future Considerations

In FY 2002, no funding has been included for Fund 371, Park Capital Improvement Fund. However, carryover of unexpended project funds, a transfer from Fund 170, and the appropriation of other revenue received in FY 2001 will provide funding in FY 2002 for projects.

Several factors impact the ongoing and future projects funded through this fund. Most notable are the increase in design fees and increase in construction costs in an industry where demand for services is currently exceeding supply.

▶ Funding Methodology

A Work Plan is approved by the Park Authority Board which identifies funding and prioritization for projects in this fund. The work plan lists all projects to be accomplished by the Planning and Development Division and is reviewed annually and revised by the Park Authority Board prior to the beginning of each fiscal year. Priorities are established by the Park Authority Board, and projects and associated funding are tracked by project category and park site.

▶ Status of Program

A total of 25 active projects is included in this program area in the revised FY 2002 Budget. These projects include 83 separate tasks pertaining to the planning, design, or construction phase.

The Adopted Budget for FY 2002 is $0. The current budget is approximately $9.3 million based on the carryover of unexpended project balances from FY 2001 to FY 2002. In FY 2002, this amount is anticipated to be expended or encumbered as prioritized in the Work Plan, and subject to change as requested by the Park Authority Board.

Fairfax County Public Library

▶ Agency Mission

To meet the evolving educational, recreational, and informational needs of the residents of Fairfax County and Fairfax City by providing appropriate resources and services.

▶ Trends/Issues

Key Accomplishments

In FY 2001, the Library enjoyed its eighth consecutive record-breaking year for the number of books checked out of its 21 Library branches; more than 11 million. Nationally, the average number of books checked out of public libraries annually is about two per capita. In Fairfax, it is 11 per capita. Nationally, about 66 percent of adults used a library in the past year; in Fairfax, more than 78 percent of residents use the Library.

The Library recorded more than five million visits in FY 2001, and almost 150,000 people attended more than 3,800 Library-sponsored programs and events. The importance with which the community views the Library is dramatically demonstrated by the number of residents who choose to volunteer with us: more than 3,000 in FY 2001.

Other accomplishments include:

- In FY 2001, the Library conducted more than 2,500 programs which instructed County residents (including older citizens) how to navigate the Internet;
- Expanded public access to electronic resources through more than 400 PCs in our 21 branches;
- Launched a unique partnership with the Catholic University of America to offer a Master of Library Science degree program to participating Library staff;
- Enjoyed partnerships with area businesses, such as Exxon-Mobil, which provided a summer intern who teaches Internet navigation; the Inova Health System, which provided free Ask the Doctor programs in Library branches; and the Columbia Lighthouse for the Blind, which conducted workshops for blind children.
- Received grants for Library programs from the American Library Association, the National Endowment for the Humanities, the Virginia Foundation for the Humanities, the National Library of Medicine, the U.S. Institute for Peace, and the Library of Virginia;
- Received donations from Friends of the Library groups to support our Summer Reading Program and other projects;
- Redesigned the Library's web site to improve the online services offered.

Key Challenges

The Library's key challenge is to continue to match consumer expectations and skyrocketing demand, especially of the growing number of people who want books and materials in languages other than English, and the growing number of people who want material in other formats, such as books on CDs, electronic books, and additional online resources.

Events at other levels of government that influence FCPL programs and services

Outside of the County's public school system, the Library shoulders the strongest public support role in educating children and adults. Fairfax County and Fairfax City students – whether they attend public schools, private schools or are home-schooled – rely on the public Library for educational resources to complete school and homework assignments. In many cases, hundreds of students are required to use the same materials at the same time for the same assignment.

The Library's 21 branches are each open an average of 62 hours per week, whereas Fairfax County Public School libraries are open approximately 35 hours per week during the school year. Increases in FCPS student enrollment usually result in increases in FCPS funding without a corresponding increase in funding for the Library, which supports the same constituents. All these children rely on the printed and electronic resources provided by the Library, especially during evenings, weekends, and summer when school libraries are closed.

Client population

The Library currently has more than 780,000 registered users, and estimates that more than 78 percent of the service area uses the Library (patrons can freely use most in-branch services without having to register). A growing number of our patrons speak a language other than English at home (as does more than 30 percent of the County population), and an estimated 49 percent cannot access online Library services from home.

Progress since 1997; Where We're Headed

In FY 1997, the Library launched the nation's first local Center for the Book to be affiliated with the Library of Congress through a state. Since then, our Center for the Book has succeeded in attracting important authors to Fairfax County, including Pulitzer-Prize winners William Styron and Rita Dove; Oprah Book Club authors Breena Clarke and Sue Miller; best-selling novelists Sharyn McCrumb and Gail Godwin; and nonfiction authors John Berendt, Patricia Hersch, E. Ethelbert Miller, and Dr. Seymour Papert. More than 1,000 area residents have enjoyed these author events.

In FY 1998, the Library's Access Services branch moved into the Government Center. This branch makes Library programs and services accessible to people with disabilities. Its relocation to the Government Center also allows it to provide Library service to County staff who work in or visit the building.

In FY 2000, the Library launched Information Central. Located in the Government Center, this office provides research assistance for County agencies. Also in FY 2000, the Library opened the Kingstowne branch in a high-growth area of Springfield. This popular branch, the result of a proffer by a shopping center developer, registered more than 4,000 new Library users in its first year of operation.

In FY 2001, the new Great Falls Library opened. In its first year of operation in its new location, the Great Falls branch recorded a 115 percent increase in the number of books checked out by its users, and a 69 percent increase in the number of visitors.

To better reach residents of high-growth areas, the Library is planning for new branches in Burke, Oakton and Springfield; the Library also plans to renovate five older branches to meet 21st-century technical requirements. Funding for these capital projects is not currently programmed; they are anticipated to be funded by a future bond referendum.

What Has Changed For FCPL During The Last Few Years

One of our most profound changes involves delivering Library services in electronic formats and environments. The Library has been at the forefront of the "e-gov" revolution since its inception and assisted in the development of County kiosks, which now reside in 13 Library branches, as well as participated in the redesign of the County's web site. The Library has also been the premier County agency providing access to the Internet for County and City residents (research shows that public libraries are the #1 point of online access for people without Internet connections at home, school or work). Contrary to early predictions, the Internet has driven **more** business to the Library, not replaced it. This trend is expected to accelerate as more and more County residents go online.

What Initiatives Are Being Undertaken

One of FCPL's most profound and ambitious initiatives estimated to be completed in FY 2002 is the enhancement of the computer system used to inventory, track, and perform transactions between the Library's 2.5 million-item collection and 780,000 patrons. The current system has been in use for more than a decade and is not able to accommodate increasingly advanced and more aggressive service needs. Changing the foundational computer system will have a training impact on almost all Library staff.

What Was FCPL Able To Do With The Increases/Changes In Recent Years

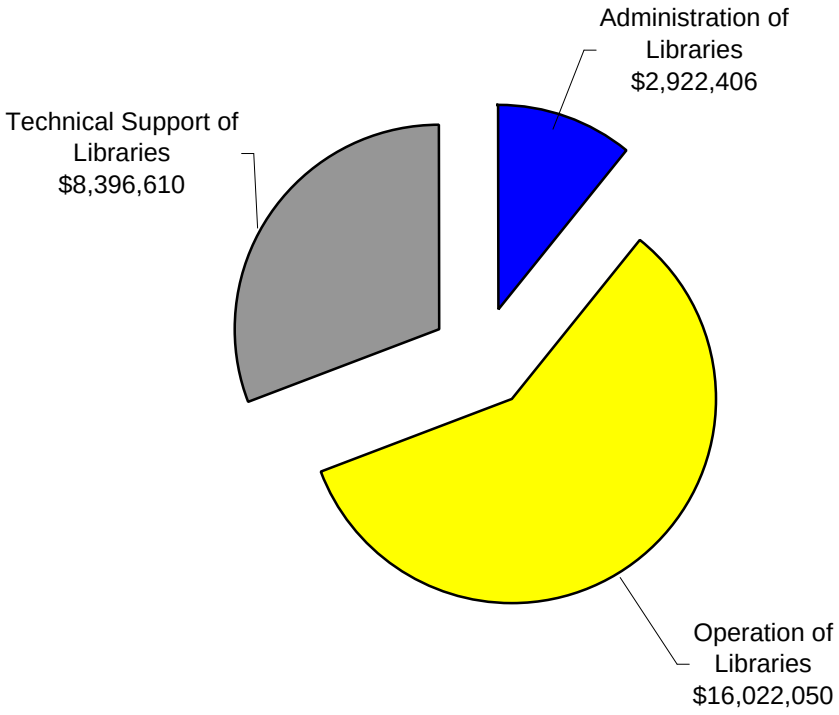
In FY 1999, the Board of Supervisors supported the partial restoration of lost hours of operation to 12 Library branches. The public responded enthusiastically, and as reported earlier, propelled Library usage statistics to the highest level recorded.

Included in the FY 2000 Carryover package, the Board of Supervisors approved additional funding to strengthen the Library's foreign-language book collections in Korean, Spanish, and Vietnamese. This allowed the Library to take steps toward satisfying increasing demands for Library service in foreign languages for the almost 300,000 County residents who speak languages other than English at home.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
52-01	Administration of Libraries	$1,407,275	25/25
52-02	Operation of Libraries	$14,614,830	389/348.5
52-03	Technical Support of Libraries	$8,396,610	44/42
TOTAL Agency		**$24,418,715**	**458/415.5**

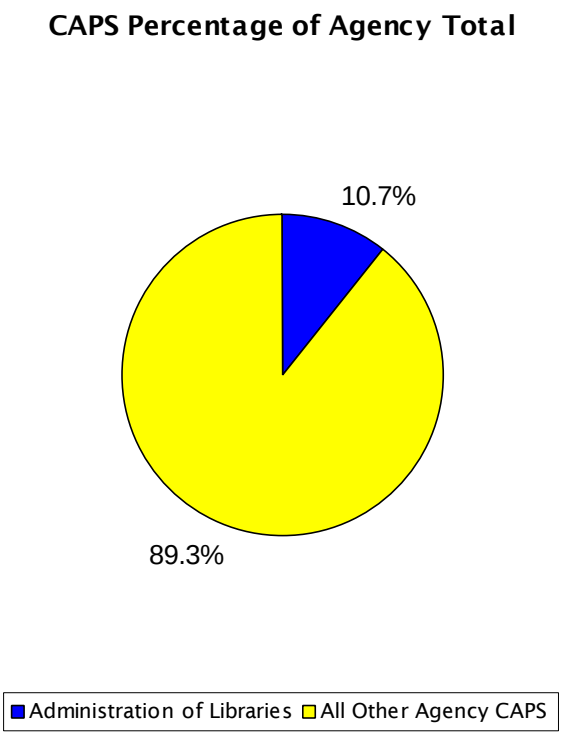
Fairfax County Public Library



Total FY 2002 Adopted Budget Expenditures = $27,341,066
Total FY 2002 Adopted Budget Net Cost = $24,418,715

52-01-Administration of Libraries

Fund/Agency: 001/52	Fairfax County Public Library
Personnel Services	$1,187,880
Operating Expenses	$1,734,526
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$2,922,406**
Federal Revenue	$0
State Revenue	$791,329
User Fee Revenue	$0
Other Revenue	$723,802
Total Revenue:	**$1,515,131**
Net CAPS Cost:	**$1,407,275**
Positions/SYE involved in the delivery of this CAPS	25/25



▶ CAPS Summary

Fairfax County Public Library Administration provides leadership, policy making, coordination and administrative support in the areas of personnel, volunteer development, training, budget development, financial management, procurement, public information, support services, and facilities development and maintenance for eight regional and thirteen community libraries.

▶ Method of Service Provision

Library Administration is located in Suite 324 in the Government Center in Fairfax. Regional and community library services are provided directly by County employees. There are eight regional libraries located in Fairfax County: Centreville, Chantilly, Fairfax City, George Mason in Annandale, Pohick in Burke, Reston, Sherwood in Mt. Vernon, and Tysons-Pimmit. There are thirteen community libraries located in Fairfax County: Dolley Madison in McLean, Great Falls, Herndon, John Marshall in Franconia, Kings Park, Kingstowne in Alexandria, Lorton, Martha Washington in Alexandria, Patrick Henry in Vienna, Richard Byrd in Springfield, Thomas Jefferson, Woodrow Wilson in Falls Church, and Access Services in the Government Center.

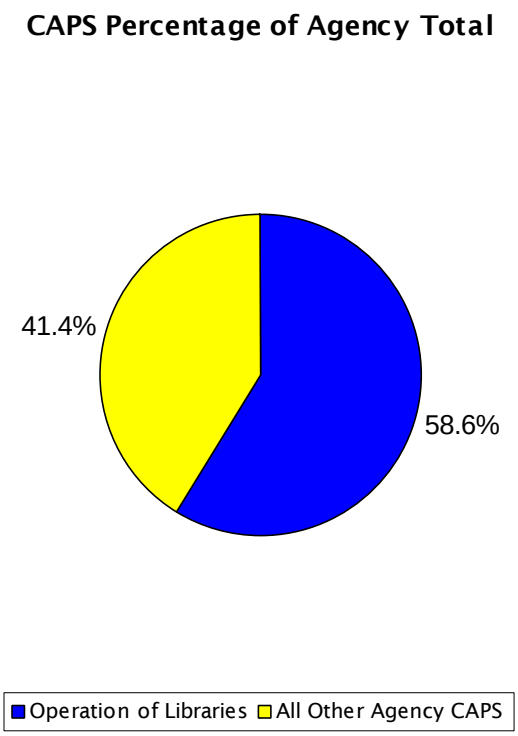
▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output:					
Library visits	4,960,146	4,820,216	4,821,447	5,063,274*	5,164,540*
Registered cardholders	730,388	756,810	755,752	782,903*	794,647*
"Pageviews" of the Library's homepage	401,448	515,957	1,164,950	1,961,152*	2,255,325*
Efficiency:					
Cost per capita	$24.67	$28.74	$28.38	$27.24*	$26.81
Cost per visit	$4.72	$5.78	$5.83	$5.41*	$5.29*
Cost per library website access	$0.25	$0.14	$0.07	$0.05*	$0.04
Service Quality:					
Library visits per capita	5.23	4.97	4.87	5.04*	5.06*
New registrations added annually	65,580	66,793	69,508	72,281*	73,727*
Percent of customers (visitors) to the Library's website who are satisfied with the information found	89%	95%	89%	89%	90%
Outcome:					
Customer Satisfaction	94%	96%	96%	95%	95%
Registered users as percent of population	77%	78%	76%	78%*	78%
Percent change in Library website accesses	249%	29%	87%	68%*	15%

* Updated information based on most recent data; represents either FY 2001 actual or FY 2002 revised estimate.

52-02-Operation of Libraries

Fund/Agency: 001/52	Fairfax County Public Library
Personnel Services	$15,283,710
Operating Expenses	$738,340
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$16,022,050**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$1,407,220
Other Revenue	$0
Total Revenue:	**$1,407,220**
Net CAPS Cost:	**$14,614,830**
Positions/SYE involved in the delivery of this CAPS	389/348.5



▶ CAPS Summary

The Fairfax County Public Library provides library services and materials to meet the educational, recreational, and informational needs of the citizens of Fairfax County and Fairfax City. Incorporated in this delivery of service are eight regional and thirteen community libraries located throughout Fairfax County.

▶ Method of Service Provision

Regional and community library services are provided directly by County employees. There are eight regional libraries located in Fairfax County: Centreville, Chantilly, Fairfax City, George Mason in Annandale, Pohick in Burke, Reston, Sherwood in Mt. Vernon, and Tysons-Pimmit. There are thirteen community libraries located in Fairfax County: Dolley Madison in McLean, Great Falls, Herndon, John Marshall in Franconia, Kings Park, Kingstowne in Alexandria, Lorton, Martha Washington in Alexandria, Patrick Henry in Vienna, Richard Byrd in Springfield, Thomas Jefferson, Woodrow Wilson in Falls Church, and Access Services in the Government Center.

Hours of Operation:
The hours of operation for the County's regional libraries are: Sunday, noon–6 p.m.; Monday–Thursday, 10 a.m.–9 p.m.; Friday, 10 a.m.–6 p.m.; Saturday, 10 a.m.–5 p.m.
The hours of operation for the County's community libraries are: Monday–Thursday, 10 a.m.–9 p.m.; Friday, 10 a.m.–6 p.m.; Saturday, 10 a.m.–5 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output:					
Circulation	9,696,887	10,111,358	10,813,448	11,492,624*	11,837,403*
Holds filled	341,357	376,698	448,293	527,853*	580,638*
Total contacts	24,173,232	25,157,445	26,849,762	29,096,511*	29,387,476*
Efficiency:					
Cost per citizen contact	$0.98	$1.11	$1.05	$1.07*	$1.08*
Service Quality:					
Information and reference completion rate	79%	79%	80%	79%*	79%*
Outcome:					
Uses per capita	25.4	25.9	27.1	28.9*	28.8*

- Updated information based on most recent data; represents either FY 2001 actual or FY 2002 revised estimate.

▶ User Fee Information

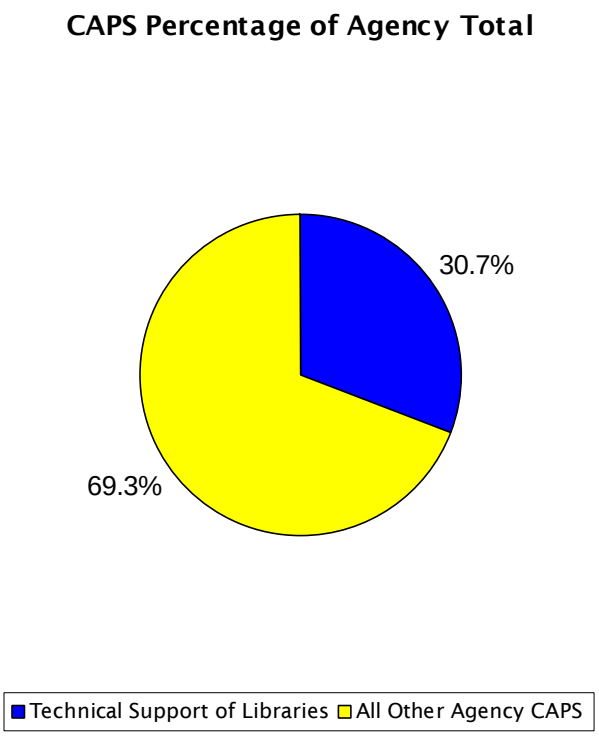
Subobject Code	Fee Title	FY 2002 ABP Fee Total
0685	Charges Coin Operated Machine	$6,827
Current Fee	**Maximum Allowable Fee Amount**	
$.25/copy	Reasonable charges not to exceed actual costs in supplying the copies	
Purpose of Fee: To recover charges for the use of microform readers/printers.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Va.2.1-342 Va.42.1-33 Va.42.1-58	No	1985
Other Remarks: The fee is set according to what other Washington Metropolitan area libraries charge and has remained constant for more than 10 years. No other public library in the area charges more than $.25/copy.		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0686	Fees – Library Data Base	$3,000
Current Fee	**Maximum Allowable Fee Amount**	
Varies	N/A	
Purpose of Fee: To recover whatever the Library is charged for the online service.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Va.42.1-33 Va.42.1-58	No	1993
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0687	Penalties – Library Overdue Books	$1,397,393
Current Fee	**Maximum Allowable Fee Amount**	
$.20/day for adult materials $.10/day for children's materials	There is no collective maximum fine. Borrowing privileges will be suspended on a library card when fines total $25 or more.	
Purpose of Fee: to charge a late fine per item per day by type of material borrowed.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
Va.42.1-33 Va.42.1-58 Va.42.1-74	No	1993
Other Remarks: The current overdue penalties charged by FCPL are consistent with the region.		

52-03-Technical Support of Libraries

Fund/Agency: 001/52	Fairfax County Public Library
Personnel Services	$1,715,738
Operating Expenses	$6,680,872
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$8,396,610**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$0**
Net CAPS Cost:	**$8,396,610**
Positions/SYE involved in the delivery of this CAPS	44/42



▶ CAPS Summary

The Technical Operations cost center provides research, planning, evaluation and information technology to support the FCPL system. Within this framework, it selects, obtains, organizes, and provides materials and information service to support the public service in the 21 regional and community libraries located throughout Fairfax County.

▶ Method of Service Provision

Technical Operations is located in the Chantilly Regional Library Complex. Regional and community library services are provided directly by County employees. There are eight regional libraries located in Fairfax County: Centreville, Chantilly, Fairfax City, George Mason in Annandale, Pohick in Burke, Reston, Sherwood in Mt. Vernon, and Tysons-Pimmit. There are thirteen community libraries located in Fairfax County: Dolley Madison in McLean, Great Falls, Herndon, John Marshall in Franconia, Kings Park, Kingstowne in Alexandria, Lorton, Martha Washington in Alexandria, Patrick Henry in Vienna, Richard Byrd in Springfield, Thomas Jefferson, Woodrow Wilson in Falls Church, and Access Services in the Government Center.

Hours of Operation:
Technical Operations is staffed from 6:00 a.m.-9:30 p.m. Monday through Friday, Saturdays from 10:00 a.m.-6:00 p.m. and on Sundays from 12:00 noon-6:00 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Output:					
New materials circulated	2,674,876	2,025,888	2,435,030	1,796,643	1,297,628
Efficiency:					
Cost per circulation of new materials	$2.02	$2.36	$1.95	$1.74	$2.24
Service Quality:					
Turnover rate for all materials	4.4	4.2	4.5	4.1*	4.2*
Outcome:					
Circulation per capita	10.2	10.5	10.9	11.4*	11.6*

* Updated information based on most recent data; represents either FY 2001 actual or FY 2002 revised estimate.

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Reston Community Center

▶ Agency Mission

To provide programs and services that are sensitive and responsive to the diverse cultural, economic, social, recreational, and educational needs of community members of all ages. The provision of these services is in accordance with the mandates of the taxpayers of the Small Tax District 5 Hunter Mill/Dranesville.

▶ Trends/Issues

As defined in the Reston Community Center's Board of Governors 2000 – 2004 Strategic Plan, the RCC Vision is "to be the Center for culture, leisure and lifetime learning in the Greater Reston Community." Its Mission is:

- To provide a full range of quality programs and services for the Greater Reston residential and business communities including the arts, aquatics, workshops, education and training.
- To sustain and create community traditions through special events and outreach activities.
- To serve as an information resource for the community, and to provide facility rentals and related support for groups and individuals.
- To work cooperatively with other groups and organizations, to enhance the quality of life for all people living and working in the Greater Reston area.

In addition to its main facility at Hunters Woods Village Center, RCC renovated and added to its facilities an 8,500 square foot building located in Lake Anne Village Center that opened in September 1999. Complete rehabilitation of the 22-year-old building in the Hunters Woods Village Center has been accomplished over a 4-year period. Additionally, programs and services continue to be offered in numerous offsite locations throughout the community.

The Reston Community Center is fulfilling its role with excellence as demonstrated by the enormous growth of participation in its programs, (from 125,000 in 1997 to close to 200,000 people in the fiscal year just completed), and facilities. The utilization of RCC resources is at an all-time high. Usage increased by 60% during a period of time in which the residential population increased from 58,000 to 62,500, an increase of 7%. During this same period of time there has been tremendous growth in the employee population in Greater Reston to approximately 55,000. The combination of residential and business growth has helped fuel the increase in participation levels.

While Reston does not have its own local government, it does have a number of stable community institutions which operate in many ways similarly to departments or agencies of local municipal or town government. The Reston Community Center, along with organizations such as the Reston Association, Reston Citizens Association, Greater Reston Board of Commerce, Reston Interfaith, Reston Museum and Historic Trust, Arts Alliance of Reston and many others, participated in the Reston 2000 Task Force deliberations. While many recommendations were forthcoming from that process, the significant areas of concern revolved around economic growth and related transportation issues, community redevelopment, our education resources, and what can be most broadly characterized as "quality of life" concerns.

The Center's operations are supported by the payment of a special property assessment tax on residents and businesses within the district. The current tax rate of $0.06 per $100 of assessed value which will generate an estimated $4,097,585 in FY 2002.

While the community in general prospered in the years forward from 1997, like many areas in Fairfax County, it also experienced a widening gap between the most and least fortunate and greater ethnic diversity with predictable impacts on public institutions. The Reston Community Center is a significant resource for the community to utilize to provide an environment where economic disparities between participants are invisible and where diversity can be celebrated. It is the primary community institution providing community-building through shared event experiences, cultural amenities, recreation activities, learning environments for skill building, and spaces for personal celebrations and gatherings. This has been critical to Reston's ability to thrive as a community and to create a community spirit of inclusion and support for all its citizens.

RCC's ability to fulfill its mission has depended and will continue to depend on cooperative efforts with other Reston institutions to address community needs collaboratively. The discussions begun in the Reston 2000 Task Force deliberations clearly identified the need for our community institutions:

- To share their resources.
- To offer their particular assets to address community needs.
- To communicate with each other in a continuing process to asses needs, address needs, evaluate outcomes, innovate and problem-solve.
- To continue to work together to foster Reston's reputation of being an outstanding community in which to live, work and play.

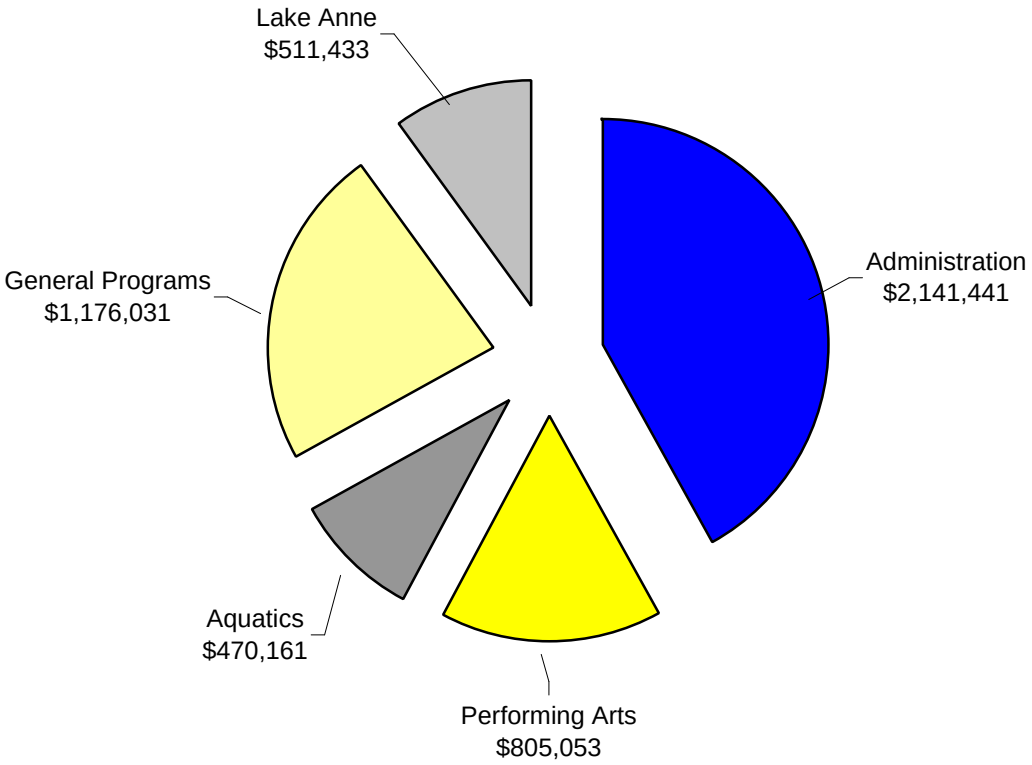
For the RCC to continue its vital role in community-building, the Board of Governors has identified processes that allow for ongoing and meaningful community input. There will be a community needs assessment conducted every other year, the annual public hearing for budget and program development, and a variety of formal and informal information gathering tools in place for use by its clients and constituents. The most critical element of the RCC's success is its local governance by citizens of Reston selected for their service through the annual Preference Poll. This assures that the RCC responds in a direct and meaningful way to the community. As economic conditions change, the community's agenda will change. Through responsible fiscal policies, the Board of Governors has been able to direct resources to immediate needs quickly if warranted and provide for the means to do so without sacrificing core programs or operations.

Increased resources mean we are able to increase the speed and effectiveness with which we can respond to community demands, desires, problems or opportunities. Because the Board of Governors has spent considerable effort to educate the community about its processes of program and facility development, there is stability in its core functions and its existence is protected to a considerable extent by its managed reserve fund. The reserve is sufficient to protect the taxpayers' investment in the RCC infrastructure and its operations without unnecessarily sequestering too much funding and preventing the Reston Community Center from being a dynamic institution sensitive to its community. The effectiveness with which the Board of Governors has addressed the issue of resource management, is measured by the confidence of voters and the high degree of satisfaction with the RCC that is evident throughout the community and its use of its Community Center.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
111-01	Administration	($2,169,144)	21/20.11
111-02	Performing Arts	$687,713	5/5
111-03	Aquatics	$245,161	4/4
111-04	General Programs	$952,056	6/6
111-05	Lake Anne	$426,433	1/1
TOTAL Agency		**$142,219**	**37/36.11**

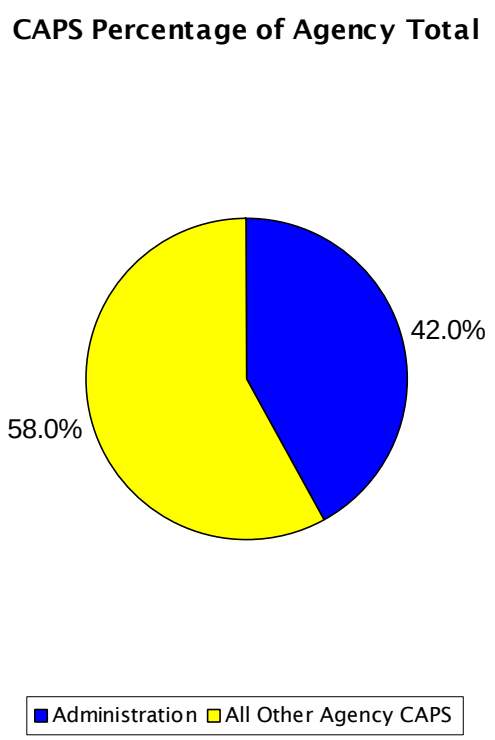
Reston Community Center



Total FY 2002 Adopted Budget Expenditures = $5,104,119
Total FY 2002 Adopted Budget Net Cost = $142,219

111-01-Administration

Fund/Agency: 111/14	Reston Community Center
Personnel Services	$1,138,022
Operating Expenses	$991,366
Recovered Costs	$0
Capital Equipment	$12,053
Total CAPS Cost:	**$2,141,441**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$4,310,585
Total Revenue:	**$4,310,585**
Net CAPS Cost:	**($2,169,144)**
Positions/SYE involved in the delivery of this CAPS	21/20.11



▶ CAPS Summary

The Administration Cost Center provides resources to the RCC Board of Governors, and effective leadership, supervisory, promotional, informational, financial, and administrative support for onsite and offsite programs and services and maintains and preserves the non-specialized facilities of the Reston Community Center for Small Tax District 5.

▶ Method of Service Provision

Rental and Information Services are provided directly to patrons by County staff. Walk-up, telephone, and mail orders are taken for Center registrations, information, rental of building spaces, fee payments, and some ticket sales. Media, Maintenance and Administration services provide all publicity, publications, displays, building preparation, building maintenance, security, computer, personnel, purchasing, petty cash, budget, scholarship, some planning support for large co-sponsored events, and Board of Governors support for all Agency operations.

The Center is open 364 days per year for an average of 113 hours per week.

General hours of building operation of the Reston Community Center are Monday-Saturday, 6:00 a.m.-11:00 p.m., and Sunday, 9:00 a.m.–8:00 p.m. Specific to this Cost Center: The Maintenance staff is onsite at all times that members of the public are present in the building. The Central Services and Information desk hours are 9:00 a.m.–10:00 p.m., Monday-Saturday and 9:00 a.m.–8:00 p.m. Sunday. The Building Rental hours are 9:00 a.m.–11:00 p.m. Monday-Thursday and 9:00 a.m.–1:00 a.m., Friday-Saturday and 9:00 a.m.–8:00 p.m. Sunday. (Sunday extensions for building rentals to 11:00 p.m. for evenings with activities in the theatre

Rental Services are provided for approximately 28,000 individuals in a typical year. Rental Services also books space for RCC programs at the Center and for fee-waived use. (Not included in above figure).

Information Services answers requests for 141,000 walk-up and telephone inquiries per year on Center activities, Community information and County information; accepts registrations, rental and drop-in fees for all programs excluding the pool; and sells tickets for performing arts events during non-box office hours.

Media Services provides publicity, programs, Center publications and mailing, displays and photography for all Center programs. This includes 600 press releases, ads, displays and programs per year, preparation and distribution of a monthly newsletter and brochure three times per year to all district homes.

Maintenance Services provides set ups for all Center use, small building and equipment repair and maintenance, building security, daytime spot cleaning, and oversees seven contractual agreements for overnight cleaning and building HVAC, electrical, plumbing, etc; Writes technical specifications for upgrade or replacement of major support equipment and building structural components, including new construction. Set ups/Take downs range from 6-24 per day, range between 4,500-5,500 per year.

Administration Services provides all purchasing, budget, personnel, computer and Board of Governors' support for the Agency. Administrative services also provides the scholarship and fee waiver program, monthly art exhibit coordination, community coffee program, Newcomers Night program and cosponsored programs oversight.

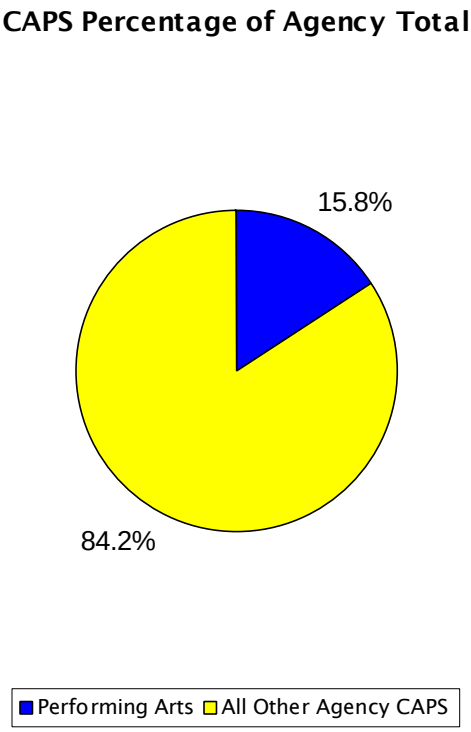
The population of the Small District is 62,500 residents. (In addition, there are over 2,000 business firms with 55,000 employees. Residential and business property owners are taxed at a rate of 6 cents per $100 of assessed property value for the operation and maintenance of the Center.) The Center serves all age groups and abilities. 90 percent of use is by Small District No. 5 residents, businesses, and business employees, district based clubs, service organizations, schools, civic groups, churches or religious organizations, and private membership groups. 10 percent of use is by non-tax district residents, businesses, clubs, schools, and other Fairfax County Agencies. In FY 2000, over 190,000 individuals utilized the Center Services in Performing Arts, General Programs, Aquatics, or Rental Services.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Patrons Served by Rental	16,159	25,392	27,673	28,430	29,500
Hour Facility Rented	12,695	13,146	14,500	15,300	15,500
Rental Revenue	31,035	33,000	45,952	47,000	48,000

111-02-Performing Arts

Fund/Agency: 111/14	Reston Community Center
Personnel Services	$391,312
Operating Expenses	$327,239
Recovered Costs	$0
Capital Equipment	$86,502
Total CAPS Cost:	**$805,053**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$117,340
Other Revenue	$0
Total Revenue:	**$117,340**
Net CAPS Cost:	**$687,713**
Positions/SYE involved in the delivery of this CAPS	5/5



▶ CAPS Summary

The Performing Arts Cost Center supports and provides a wide variety of onsite and offsite cultural experiences and activities in the performing and visual arts, instruction in the disciplines of theater, dance, music, and related performing arts disciplines and maintains a safe, professional, proscenium theatre on a year-round basis for use by all ages and abilities for Small District No. 5.

► Method of Service Provision

Rental and Technical Support, Box Office, Arts Education, and RCC Performing Arts Season Services are provided directly to patrons by County staff, contracted technicians, contracted instructors and contracted professional artists/entertainers and trained volunteers. Rental and Technical Support Services offer scheduling priority to nine district performing arts organizations for rental of a fully equipped, professionally staffed, 300 seat proscenium theatre and training/certification for volunteer technical crews. Box Office services provide ticket sales for RCC theatre rentals, the RCC Performing Arts Season, Special Events, and Season Subscriber services for the Reston Community Players and Reston Chorale. Box Office services provides House Management and Usher training/certification for all volunteer House Managers and Ushers for RCC performances and rental performances. Arts Education services provide contracted dance instruction; contracted services for Very Special Arts classes/workshops in performing arts with County and contracted staff. Arts Education onsite facilities include a dance studio, and use of RCC rooms/stage. RCC Performing Arts Season provides professional, contracted performances in theatre, music, film, dance, and an outdoor summer concert series, as well as performing arts expertise/support for Large Special Events.

Rental and Technical Support services are provided Monday-Thursday, 6:30 p.m.-11 p.m.; Friday, 6:30 p.m.-Midnight; Saturday, 9:00 a.m.-Midnight and Sunday, 9:00 a.m.-11 p.m. for rehearsals and performances. Box Office hours are Tuesday, Wednesday, Thursday, 2:00 p.m.-9:00 p.m.; Saturday, 1:30 p.m.-6:30 p.m. and two hours prior to all performances. Box Office reservation services are provided 24 hours/7 days a week by a tape machine. Preseason sales for the RCC P.A. Season are provided for a three week period, each September with preference for a 1 week period to district residents. Arts Education Classes are generally provided 10:00 a.m.-Noon and 3:30 p.m.-6:30 p.m., Monday-Friday, 9:00 a.m.-Noon, Saturday and workshops are provided during regular building hours. RCC Performing Arts Season provides 76-80 performances year round, scheduled after local arts organizations, and during the same hours as Rental and Technical Services and for offsite locations.

Rental and Technical Support Services are provided for nine local performing arts organizations with 1,500 members, 75 performances, and 15,500 audience; 3-5 other cultural, community service or recreation groups for 600 people; a Teen Apprentice Training Program for up to eight teens or young adults annually; training for approximately 100 technical volunteer crew members annually; 50-60 Performing Arts season performances, and for four large RCC special events. Box Office Services provide ticket sales for 155 performances/events annually and three RCC special events and train 30-40 volunteers for house management and ushering. Arts Education Services provide 94 classes for 666 participants, Very Special Arts Festival for up to 500 school children, liaison support for 9 Performing Arts Organizations and direction for the Young Actors Theatre Programs. RCC Performing Arts Professional Touring Artist Season serves audiences of 14,000-16,000 annually and master class opportunities/artist school residences for 1-4 district schools annually. Other event attendance at outreach locations ranges from 15-20,000 annually.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Patrons Served	16,166	21,612	18,552	19,552	22,785
Rentals Provided	65	65	64	65	66
Patrons in Classes	940	1069	890	890	895

▶ User Fee Information

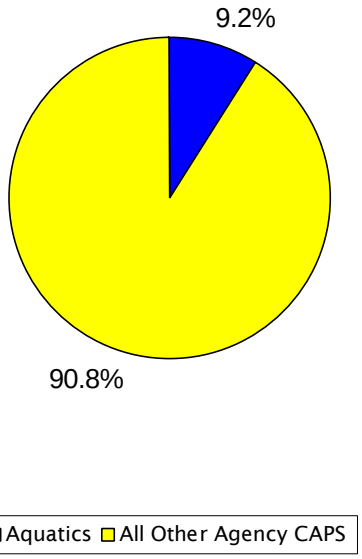
Subobject Code	Fee Title	FY 2002 ABP Fee Total
0745	Cultural Activities	$69,840
Current Fee	**Maximum Allowable Fee Amount**	
Purpose of Fee: Fees are for dance classes, Very special arts performances and Young Actors theatre.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
	Approval by the Executive Director.	
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0746	Theatre Admissions	$47,500
Current Fee	**Maximum Allowable Fee Amount**	
Purpose of Fee: Theatre Admissions fees are for ticket sales to performances and for rental of the Theatre.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
	Approval of the Executive Director.	
Other Remarks:		

111-03-Aquatics

Fund/Agency: 111/14	Reston Community Center
Personnel Services	$420,327
Operating Expenses	$49,834
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$470,161**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$225,000
Other Revenue	$0
Total Revenue:	**$225,000**
Net CAPS Cost:	**$245,161**
Positions/SYE involved in the delivery of this CAPS	4/4

CAPS Percentage of Agency Total



▶ CAPS Summary

The Aquatics Cost Center provides and maintains a safe and healthy, professional onsite pool environment, balanced aquatics programs and events and instruction in water safety and swimming for all ages and abilities, onsite and offsite, on a year-round basis for Small District No. 5.

▶ Method of Service Provision

Pool Programming (Instruction, Senior Hour, Special Events); Lap and Open Swim, Outreach Programming, and Rental Services are provided directly by County staff, contracted Pool Operator instructors, in-kind business agreements for Kayak, Scuba and Canoe instruction, and trained volunteers. Pool Programming, Lap and Open Swim, and Rental Services are provided with a 25-meter, indoor swimming pool with diving well, 16-person spa, locker rooms and unisex dressing room for persons with disabilities. Outreach Programming is provided at seven outdoor, local pool sites in the summer and at two local elementary schools annually.

The RCC Pool is operational from 6:00 a.m. -10:00 p.m., Monday-Friday, 7:00 a.m. - 10:00 p.m. on Saturday and 8:00 a.m. - 8:00 p.m. on Sunday. Extensions of Friday, Saturday, and Sunday hours occur during the four seasons to accommodate specialized rentals and Water Safety Academy Classes.

Pool Programming services provides information, registration, and fee collection for 64,000+ clients: with swim classes for ages 6 month-adult, programs for Senior Citizens and 20-24 special events for youth, teen and family participants. Lap and Open Swim services provide information and fee collection for 3,500-3,800 hours of lane lap and open pool swimming. Outreach Programming provides a Learn to Swim program for at risk youth, Community Poolside Cookouts in the summer, and Lake Safety Workshops, for 1,200-1,400 participants. Rental services provide rental agreements for pool time for local swim teams ages five-adult and for individual pool rentals for parties, religious functions, and club activities.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Participants	46,618	51,177	63,255	64,000	64,500

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0743	Aquatics-Fees	$225,000

Current Fee	Maximum Allowable Fee Amount

Purpose of Fee:
Drop-in fees-Resident $2.00, Non-resident $3.00, Class/Workshop fees range from $20 to $60. Water Aerobics range from $44 to $66. Pool Passes range from $35 to $175 depending on length of membership and resident status.

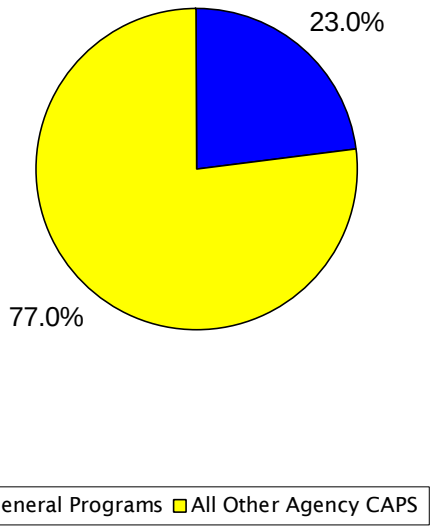
Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
	Approval by Executive Director; Rental fee changes may require Board of Governors approval.	

Other Remarks:

111-04-General Programs

Fund/Agency: 111/14	Reston Community Center
Personnel Services	$749,868
Operating Expenses	$426,163
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,176,031**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$210,975
Other Revenue	$13,000
Total Revenue:	**$223,975**
Net CAPS Cost:	**$952,056**
Positions/SYE involved in the delivery of this CAPS	6/6

CAPS Percentage of Agency Total



▶ CAPS Summary

The General Programs Cost Center provides and supports specialized lab, neighborhood and institutional facilities and varied recreational, educational, social, and targeted age group and ability programs, onsite and offsite, on a year-round basis for Small District No. 5.

▶ Method of Service Provision

Classes/Workshops Services, Youth Services including Snack Bar Services, Senior Services, Teen Services and Special Event Services are provided directly by County staff, some contractual services for class/workshop, entertainment and special events, and volunteers. Class/Workshop services, Youth Services, Senior Services and Teen Services are provided onsite in specialized facilities including the woodshop, photography lab, institutional kitchen and Snack Bar and RCC meeting rooms, social hall, theatre, and lounge areas. Offsite neighborhood programs include the Laurel Glade Game room, Lake Anne Elementary School (Summer Day Camp-Youth Services) and Reston/Herndon Senior Center (Ceramics Lab-Senior Services), Stonegate, Cedar Ridge, Laurel Glade, West Glade, Shadowood, Browns Chapel, District elementary, intermediate and high schools. Offsite programs without scheduled facilities are conducted at 15-20 district sites including churches, shopping centers, the nature center, library, play fields, parks, senior residences and businesses.

Classes/Workshops Services provides 150+ classes for 3-4,000 participants; 1,063 hours of drop in activities and preschool and cooking mini camps to children ages 3-8. Trips/tours are offered 1-2 times/month for up to 45 participants each. Youth Services provides 10-15 special events for 2,500+ participants; 948 hours of drop-in activities for 7,000+ participants; 8 weeks of summer day camp for 100 youth ages 7-12 per week; and Snack Bar services for 10,000-15,000 patrons. Senior Services provides 32 special events for 600+ clients; 652 hours of drop-in activities for 4,000+ participants, 21-30 workshops and a variety of excursions averaging 2-3 per month; utilizing 11-15 regular volunteers; and 8-12 businesses for in-kind support. Teen Services provides special events, workshops, excursions, leadership and volunteer opportunities for 4,000+ teens annually. Special Event Services provides 3 large community-wide Special Events (support) involving 5,000-15,000 participants each; 10-15 Community Special events for 5,000-7,000 participants; 463 hours of drop-in activities for 2,500+ participants; liaison services to the volunteer Friends of the RCC Organization; and supervises 200-250 active volunteers in special events during the year. Up to 35 businesses are involved in volunteer or in-kind support for special events annually.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Students/Campers	1,946	3,454	4,362	7,044	7,500
Attendees	56,096	57,207	57,910	67,575	72,912

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0744	Fitness	$210,975

Current Fee	Maximum Allowable Fee Amount

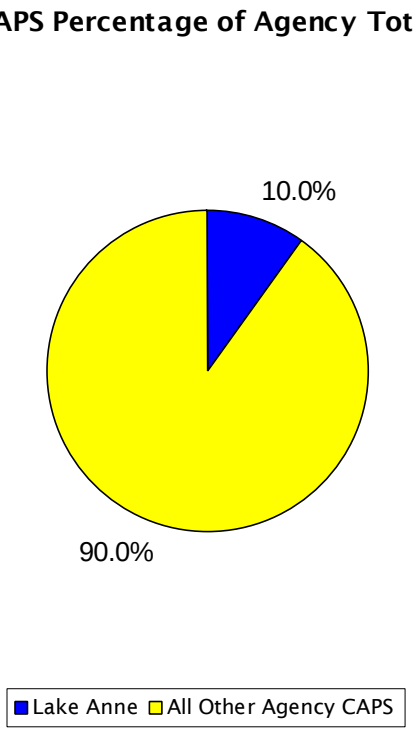
Purpose of Fee:
Classes and workshops, Special Events, Teen and Senior programs, Youth and Camp programs. Fees are variable based on the activity.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
	Executive Director approval. May require RCC Board of Governors approval as well.	

Other Remarks:
Fees are variable and depend on the type of class or activity.

111-05-Lake Anne

Fund/Agency: 111/14	Reston Community Center
Personnel Services	$248,656
Operating Expenses	$262,777
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$511,433**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$85,000
Other Revenue	$0
Total Revenue:	**$85,000**
Net CAPS Cost:	**$426,433**
Positions/SYE involved in the delivery of this CAPS	1/1



▶ CAPS Summary

The Lake Anne Center which opened in September of 1999, is a 8,500 sq. ft. facility offering classes, workshops, and special events year-round. The facility also includes the Jo Ann Rose Art Gallery for exhibits, rentals, and events; a music room with two practice rooms; computer lab with eleven computers; spacious art room; fully equipped serving kitchen; ceramics center with eight pottery wheels, glazing and firing zone, pug mill, mold press, slab roller, and two kilns; and seminar room equipped with audio-visual systems.

▶ Method of Service Provision

Rental and information services are offered by the Central Information Desk Monday through Saturday from 10:00 am to 10:00 PM and Sunday from 1:00 PM to 9:00 PM, with the option to extend rental hours on the weekend nights up to midnight. Direct services include telephone inquiry, mail orders, fax, registration, and fee payments. Docents provide facility support, specialized client assistance in the Computer Lab, Ceramics, Music and Art studios, and referrals related to the Jo Ann Rose Gallery. Gallery services include private rentals, RCC programs, and monthly exhibits by local artists and students/faculty in RCC Visual Arts programming. Visual Arts, Craft and Design instruction in 15-25 topics is provided by County staff, contractors, and with volunteer support to ages 5 and older in a variety of formats and for a range of skill levels for 13,000+ clients annually. A summer arts curriculum program for 25 children ages 7-12 per session, for 4 two-week sessions is offered from June through August between the hours of 10 am to 3:00 PM, Monday through Friday. Annual rental services serve approximately 2,000-2,500 clients.

The Computer Lab supports a curriculum for ages 13 and older including a specific Senior Adult Program for 1,500+ participants. The Seminar Room accommodates a variety of RCC sponsored programming serving 500-700 class/workshop participants, meeting attendees and another 500-700 rental clients.

The RCC at Lake Anne serves as a support facility for Large Special Events; the Reston Festival, the Reston Multicultural Festival, the annual march celebrating the Dr. Martin Luther King, Jr. Celebration, as well as hosting the annual Volunteria, and Volunteer Recognition Event. Lake Anne Village Center's overall attendance at these Large Special Events held there ranges from 3,000 to 15,000 participants.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Patrons	N/A	N/A	17,893	18,200	18,500

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0745	Lake Anne	$85,000

Current Fee	Maximum Allowable Fee Amount
Fee varies between $12 and $70 depending upon the class.	$70

Purpose of Fee:

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
	Approval by Executive Director; Rental fee changes may require RCC Board action.	1999

Other Remarks:

McLean Community Center

▶ Agency Mission

To provide a sense of community by undertaking programs, assisting community organizations, and furnishing facilities for civic, cultural, educational, recreation, and social activities apportioned fairly to all residents of Small District 1, Dranesville.

▶ Trends/Issues

In an area characterized both by long-time residents and a more transient population, the McLean Community Center strives to foster a sense of belonging to the community. The Center hosts many events sponsored by individuals and community organizations, as well as offering a wide variety of classes and activities presented by the Center itself. It is a hub of social, cultural, and recreational programs.

As the population in the Center's district has steadily become more diversified, there is the challenge to offer programs and activities of interest to everyone. Supported by a special local tax district, the Center has succeeded in broadening the scope of programs offered, and increasing the number of people served, while at the same time maintaining a balanced budget. The tax rate is $0.028 per $100 of assessed value. It is anticipated that $2,029,343 will be received in FY 2002.

The Center recently built a new art studio addition to the facility, housing the art classes offered by a nonprofit partner, the McLean Project for the Arts. The studio was made possible by a generous gift from a prominent local resident.

In October 2000, the Center celebrated its 25th anniversary. A commemorative historical booklet was published which won a national award. With funding from the nonprofit Friends of the McLean Community Center, a promotional video was made to reach newcomers in the community and market the Center's programs.

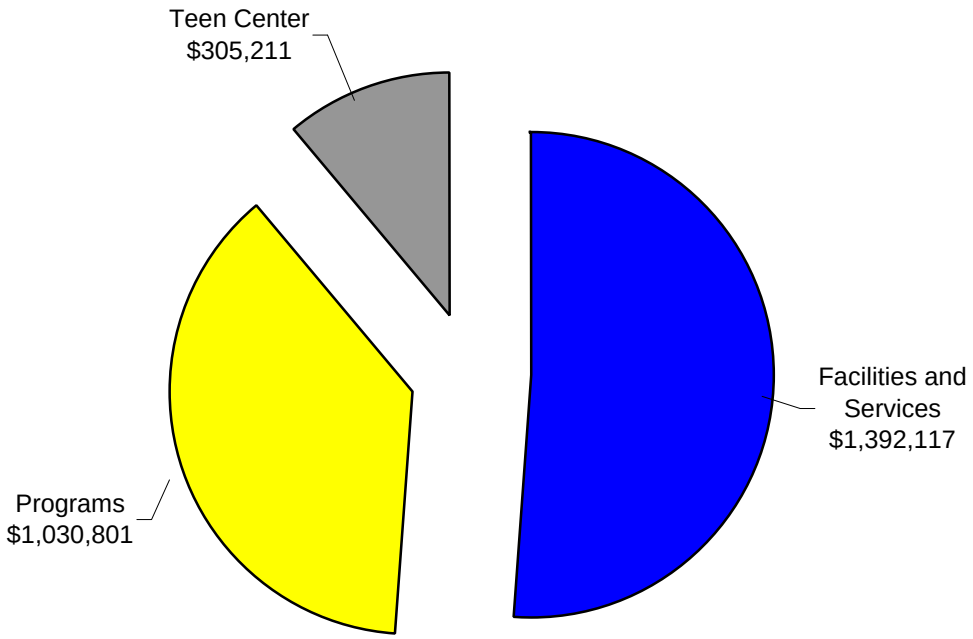
An original musical production of "A Christmas Carol" was developed and presented in the Alden Theatre at the Center. A grant from the McLean Citizens Foundation funded the installation of theatrical lighting in the Old Firehouse teen center, launching a new performing arts program by teenagers at the satellite location.

The Center has redesigned and upgraded its web site (www.mcleancenter.org) to give users a more convenient means of learning about and choosing to participate in Center activities. In every aspect of the Center's life the emphasis is on responding to customers' interests, and providing them with opportunities to experience a sense of belonging in the community.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
113-01	Facilities and Services	($803,706)	17/13.45
113-02	Programs	$491,363	9/7.8
113-03	Teen Center	$218,432	3/3
TOTAL Agency		**($93,911)**	**29/24.25**

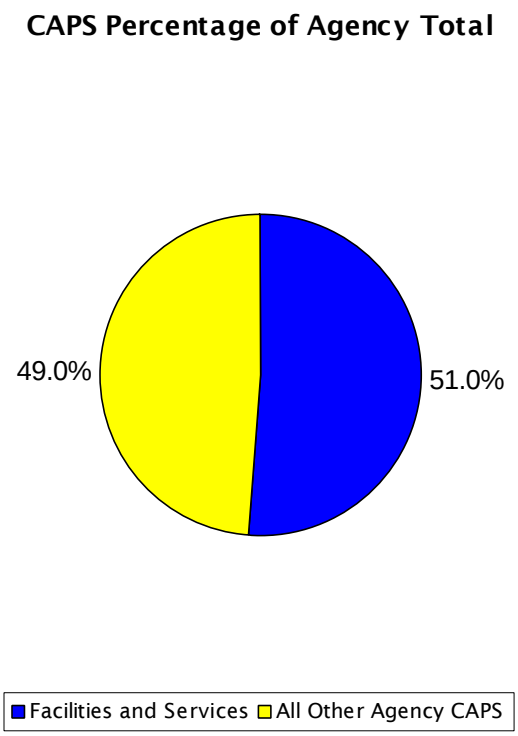
McLean Community Center



Total FY 2002 Adopted Budget Expenditures = $2,728,129
Total FY 2002 Adopted Budget Net Cost = ($93,911)

113-01-Facilities and Services

Fund/Agency: 113/49	McLean Community Center
Personnel Services	$708,052
Operating Expenses	$421,065
Recovered Costs	$0
Capital Equipment	$13,000
Capital Projects	$250,000
Total CAPS Cost:	**$1,392,117**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$2,195,823
Total Revenue:	**$2,195,823**
Net CAPS Cost:	**($803,706)**
Positions/SYE involved in the delivery of this CAPS	17/13.45



▶ CAPS Summary

The Facilities and Services cost center provides all planning, administrative, clerical, and maintenance support for the operation of the Center's facilities, service and programs, as defined by the Center's Governing Board. It directs all interaction with other County agencies and functions under the direction of the Governing Board and the Office of the Deputy County Executive.

▶ Method of Service Provision

A. Primary service is provided directly by McLean Community Center employees.

B. Contractors provide some services such as custodial, landscape, maintenance, and security system.

Hours of Operation:

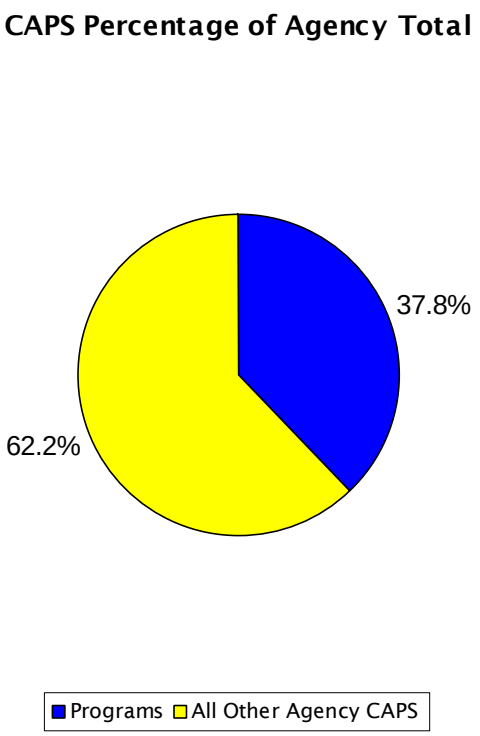
Monday – Thursday	9 a.m. – 11 p.m.
Friday – Saturday	9 a.m. – Midnight
Sunday	2 p.m. – 6 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Patron hours served	N/A	312,027	360,785	333,000	342,990
Cost per patron hour	N/A	$3.06	$2.98	$3.14	$3.07

113-02-Programs

Fund/Agency: 113/49	McLean Community Center
Personnel Services	$688,075
Operating Expenses	$342,726
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$1,030,801**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$511,060
Other Revenue	$28,378
Total Revenue:	**$539,438**
Net CAPS Cost:	**$491,363**
Positions/SYE involved in the delivery of this CAPS	9/7.8



▶ CAPS Summary

The Programs cost center includes five (5) activities.

1. The Senior Adult Activities/Instruction program provides the MCC district residents, ages preschool to senior adult, with opportunities for leisure, social, cultural, and educational growth through instruction classes and travel; to provide a diversified youth/adult/senior program designed to enhance an individual's educational, physical, and creative development; to integrate, incorporate, encourage, and provide programs for senior adults.

2. The Special Events program provides the planning and administration for approximately eleven major events or event categories: Fourth of July, Antique Show and Sale, Holiday Crafts Show, McLean Day Festival, Community Garage Sales, Ethnic Cultural Festival, among others. Low cost and free leisure activities are provided for large identifiable populations within the McLean Community Center district in an effort to bring thousands of visitors to the McLean Community Center, and to promote a "sense of community," pride, and to foster citizen and business involvement in the community.

3. The Performing Arts program provides a high quality, comprehensive, diverse, and balanced cultural program for all citizens of Small District One at various locations in and around Small District One of Dranesville. The Alden Theater season runs year-round and offers a full schedule of professional performances in music, dance, theater, and film, a children's performance series, a fully staged production by children for children, an annual holiday show and performances by identified community music, theater, and dance organizations. These organizations are offered administrative, facility, technical, box office, and promotional support for their productions. The program offers opportunities for artistic growth among young artists with an annual scholarship competition and Summer Theatre Workshops. In addition a full schedule of classes, workshops, training seminars, and other educational and volunteer training programs are offered for participants of all ages.

4. The Visual Arts program provides education and entertainment in the visual arts through exhibitions, art classes for children and adults, tours, lectures, and film.

5. The Youth Activities program provides a broad range of programs and leisure activities (such as a summer day camp) for children and teens, and provides opportunities for parents and children residing in Dranesville Small District One to interact.

▶ Method of Service Provision

A. Provided directly by McLean Community Center staff.
B. Provided by contractors.
C. Provided by volunteers

Hours of Operation:

Monday – Thursday	9 a.m. – 11 p.m.
Friday – Saturday	9 a.m. – Midnight
Sunday	2 p.m. – 6 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Patron hours in classes & Senior Adult Activities	N/A	52,600	53,800	55,803	57,480
Patron hours at Special Events	N/A	21,243	16,800	19,500	19,500
Patron hours at Performing Arts Activities	N/A	65,535	68,638	78,013	78,000
Patron hours at Youth Activities	N/A	26,194	28,984	29,128	30,584
Cost per patron hour in classes & Senior Adult Activities	N/A	$1.93	$1.83	$2.08	$2.12
Cost per patron at Special Events	N/A	$4.77	$7.18	$8.00	$8.41

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Cost per patron at Performing Arts Activities	N/A	$5.74	$6.07	$6.70	$6.82
Cost per patron at Youth Activities	N/A	$5.07	$5.05	$6.42	$6.96

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0713	Fees – Classes	$116,401
Current Fee	**Maximum Allowable Fee Amount**	
Varies according to the Class	N/A	
Purpose of Fee: Fees are based on the funds required from a minimum number of participants in order to recover at least 100% of direct expenses for an activity.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
N/A	Staff sets fees based on market conditions.	2002
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0741	Fees – Adult Program	$8,000
Current Fee	**Maximum Allowable Fee Amount**	
Various according to Tour	N/A	
Purpose of Fee: Fees are based on the funds required from a minimum number of participants in order to recover at least 100% of direct expenses for an activity.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
N/A	Staff sets fees based on market conditions.	2002
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0721	Fees – Special Events	$65,984
Current Fee	**Maximum Allowable Fee Amount**	
Varies according to event.	N/A	
Purpose of Fee: Admission charges, rental fees to vendor, and percentages retained from the sale of goods by vendors are used to help defray the cost of the event.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
N/A	Staff sets fees based on market conditions.	2002
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0632	Charges – Misc. for Services (Workshops, etc.)	$30,810
Current Fee	**Maximum Allowable Fee Amount**	
Varies according to program	N/A	
Purpose of Fee: Fees are charged to help defray the cost of the program.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
N/A	Staff sets fees based on market conditions.	2002
Other Remarks:		

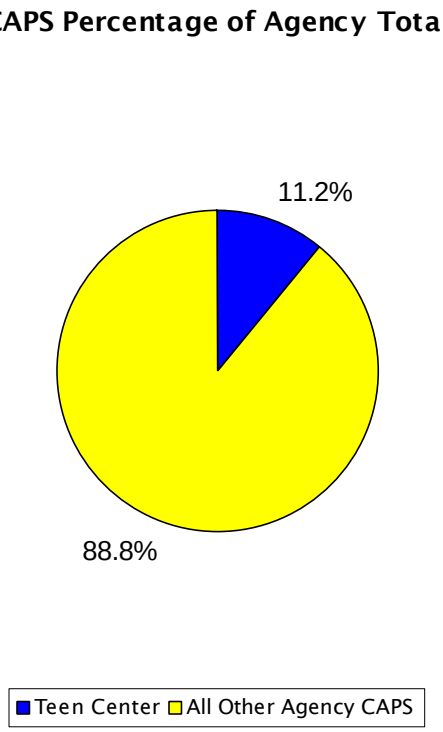
Subobject Code	Fee Title	FY 2002 ABP Fee Total
0746	Theatre Admissions	$129,153
Current Fee	**Maximum Allowable Fee Amount**	
Varies according to program	N/A	
Purpose of Fee: To help defray the cost of the performance.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
N/A	Staff sets fees based on market conditions and costs of the presenting artist.	2002
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0742	Fees – Youth Program	$153,225
Current Fee	**Maximum Allowable Fee Amount**	
Varies according to program.	N/A	
Purpose of Fee: Fees charged to participants in the summer camps, special events, activities and programs are based on the minimum necessary to recover 100% of the program costs.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
N/A	Staff sets fees based on market conditions.	2002
Other Remarks:		

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0710	Fees – Art Activity	$7,487
Current Fee	**Maximum Allowable Fee Amount**	
Varies according to class or tour.	N/A	
Purpose of Fee: Fees charged to participants to cover all costs with minimum attendance.		
Levy Authority	**Requirements to Change the Fee**	**Year Fee Was Last Adjusted**
N/A	Staff sets fees based on market conditions.	2002
Other Remarks:		

113-03-Teen Center

Fund/Agency: 113/49	McLean Community Center
Personnel Services	$161,394
Operating Expenses	$143,817
Recovered Costs	$0
Capital Equipment	$0
Total CAPS Cost:	**$305,211**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$78,842
Other Revenue	$7,937
Total Revenue:	**$86,779**
Net CAPS Cost:	**$218,432**
Positions/SYE involved in the delivery of this CAPS	3/3



▶ CAPS Summary

The Teen Center provides a leisure time facility that focuses on providing the social, cultural, and leadership needs of teens in Dranesville, Small District One, and which is open to teens in Fairfax County. The Teen Center operates as the Old Firehouse (9,000 sq. ft. structure) for 1,652 hours annually, serving approximately 5,000 area youth and open to all teens in Fairfax County in grades 9 through 12, with designated hours allocated for youth in grades 7 and 8.

▶ Method of Service Provision

A. Primary service is provided directly by McLean Community Center employees.

B. Contractors provide some services such as custodial, grounds maintenance, and entertainment services.

Hours of Operation:

SCHOOL YEAR (41 Weeks)

Members in Grades 7 and 8

Tuesday – Thursday	2:30 – 6 p.m.
Friday	3 – 10:15 p.m.
Saturday	2 – 6 p.m.

Members in Grades 9 - 12

Tuesday & Thursday	2:30 – 6 p.m.
Wednesday	6 – 9 p.m
Friday	3 – 6 p.m.
Saturday	2 – 11 p.m.

SUMMER (11 Weeks)

Members in Grades 7 and 8

Tuesday – Thursday	11 – 6 p.m.
Friday	3 – 10:15 p.m.
Saturday	Noon – 7 p.m.

Members in Grades 9 - 12

Tuesday - Thursday	11 – 6 p.m.
Friday	3 – 6 p.m.
Saturday	Noon – 7 p.m.
Saturday, special events	7 – 11 p.m.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Weekend participant hours provided	41,356	23,894	23,061	23,522	23,992
Weekday participant hours provided	4,562	3,451	5,092	5,143	5,194
Cost per participant hour (both weekend and weekday)	$3.21	$8.91	$5.35	$8.94	$9.19

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0742	Fees – Youth Program	$78,842

Current Fee	Maximum Allowable Fee Amount
$20 per year membership fee for middle school and program charges for all dances and activities.	

Purpose of Fee:
To recover the direct expense of the activity.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
N/A	Staff sets fees based on market conditions.	2002

Other Remarks:

Burgundy Village Community Center

▶ Agency Mission

To provide and maintain a facility for the citizens of the Burgundy Village district so they may have an opportunity to plan, organize, and implement recreational, social, and civic activities.

▶ Trends/Issues

Decisions regarding the promotion, operation and maintenance of the Burgundy Village Community Center are made by the Operations Board and executed by the Community Center Director (Clerk II), with administrative support from the Community Centers Division of the Fairfax County Department of Community and Recreation Services (DRCS). Two paid employees hired under the auspices of the Community Centers Division perform daily operations. The two positions, Community Center Director and Custodian, are exempted limited term employees.

Revenue is derived by a special levy on the residents within Lee District 1A, rental income, and interest on the fund balance. Expenditures for personnel services, operating expenses, capital equipment and improvements are budgeted and executed through the administrative processes established by Fairfax County, with DCRS being responsible for the process.

Accomplishments include:

- A preference poll was conducted on May 10th and 12th, 2001 for two vacancies on the Operations Board. The election resulted in filling two Operations Board vacancies with members from the community.
- The community center has successfully found a church to rent the facility on an on-going basis starting FY 2002.
- An Octoberfest was held on October 14, 2000 that drew 100 participants.
- The community center was rented for 142 occasions in FY 2001. Within that usage there were 15 community events where no fee was charged for rental.

Major initiatives include:

- Redesigning the election process to make it more cost effective.
- Receiving an estimate on installing siding to the exterior of the community center and determining feasibility and timetable for installation.
- Conduct an Octoberfest event on October 13, 2001 utilizing press releases, flyers and posters to increase visibility of the community center and create wider community participation.

▶ Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
115-01	Burgundy Village Operations	($5,724)	0/0
TOTAL Agency		**($5,724)**	**0/0**

115-01-Burgundy Village Operations

Fund/Agency: 115/50	Department of Community and Recreation Services	
Personnel Services	$13,785	This CAPS accounts for 100 percent of total expenditures.
Operating Expenses	$8,905	
Recovered Costs	$0	
Capital Equipment	$0	
Total CAPS Cost:	**$22,690**	
Federal Revenue	$0	
State Revenue	$0	
User Fee Revenue	$11,970	
Other Revenue	$16,444	
Total Revenue:	**$28,414**	
Net CAPS Cost:	**($5,724)**	
Positions/SYE involved in the delivery of this CAPS	0/0	

▶ CAPS Summary

Fund 115, Burgundy Village Community Center, was established in 1970, along with a special tax district, to finance the operations and maintenance of the Burgundy Village Community Center for use by residents of the Burgundy Community. Residents of this district pay an additional amount on their real estate taxes to fund the Center. The subdivisions of Burgundy Village, Somerville Hill, and Burgundy Manor are included in the special tax district. Funding for center operations and maintenance is derived from the tax district receipts, interest on center funds invested by the County, and rentals.

The Board of Supervisors created the Burgundy Village Community Center Operations Board in 1998. The Department of Community and Recreation Services (DCRS) is responsible for providing general oversight of the community center's budget, as well as conducting a preference poll to elect members of the Operation Board. DCRS works directly with the Operations Board to schedule and maintain the facility for community use and manage the operations of the center including personnel services, operating costs, repairs, capital equipment and improvements.

▶ Method of Service Provision

Burgundy Village Community Center is operated by the residents of the Burgundy Village subdivision. Located at 5516 Norton Road, Alexandria, VA 22041, the Center's hours of operation are based on residents or citizens renting the facility.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual*	FY 2001 Estimate**	FY 2002 Estimate**
Rentals	169	183	134	127	132
Cost per rental	$90.38	$65.25	$35.19	$27.61	$29.00

* The FY 2000 Actual Rentals are lower due to the center closing during the installation of a new heating and air conditioning unit.

** The FY 2001 Estimate and the FY 2002 Estimate are updated as of June 30, 2001 to incorporate actual data available.

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0571	Burgundy Village Community Center Rental Fee	$11,970

Current Fee	Maximum Allowable Fee Amount
$25.00-Resident/$150-Non Resident	$25.00-Resident/$150-Non Resident

Purpose of Fee:
Participant fees are charged for rent of the community center. The center is used for meetings, public service affairs and private parties. There is no charge for community activities or meetings such as civic associations, neighborhood watch and community events sponsored by the Operations Board. The fee is based on a per event charge.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
NA	Requires approval from the Burgundy Village Operations Board.	2000

Other Remarks:

1742

Department of Housing and Community Development

▶ Agency Mission

The mission of the Department of Housing and Community Development (HCD) is focused on two areas: to preserve and increase opportunities for affordable housing in Fairfax County based on need, community priorities, and the policy of the Board of Supervisors and the Fairfax County Redevelopment and Housing Authority (FCRHA); and, driven by a community vision, to lead efforts to revitalize older areas of Fairfax County, spur private reinvestment, maximize existing infrastructure and public investment, reverse negative perceptions, and create employment opportunities.

▶ Trends/Issues

As a County agency, HCD undertakes many programs on behalf of the Board of Supervisors. However, HCD also serves as the administrative arm of the FCRHA, a separate legal entity established in 1966. The FCRHA's roles include planning, design, construction, preservation, rehabilitation, financing, and management of housing, primarily for low- and moderate-income households, and assisting in the revitalization of neighborhoods in Fairfax County.

Current trends and issues relative to HCD's mission and service area programs and projects include:

Population

- The County population continues to grow, although at a slower pace than in the past. The County's growth, in absolute numbers, exceeds that of all other Virginia jurisdictions.
- Approximately 32,000 new jobs were created in Fairfax County in 2000. According to a GMU economist, each new job translates in a need for 1.6 housing units. However, housing production in the County in 2000 was 8,573 units.

Income

- The median income in Fairfax County is $90,937, the highest in the country, yet 2.3% of the County's population lives below the poverty level.

Minority/Ethnic Groups

- The largest minority groups in the County are now Asian (13%), Hispanic (11%), and African American (9%).

Housing Stock

- The average single-family detached home in Fairfax County sold for $369,000 in 2000.
- More than 700 units of subsidized housing have been lost since 1998.
- Modest rent developments are being purchased and repositioned, resulting in higher rents.
- Affordable single-family homes are being replaced with more expensive housing.
- County rents have risen more than 30% in the past decade, with the average rent now at $990.
- One out of seven families spends more than 50% of their income for housing, and has a critical affordable housing need.
- There are approximately 7,500 persons on the Department of Housing and Community Development (HCD) waiting list for assisted housing, and Section 8 participants have difficulty finding apartments to lease.
- The stabilized vacancy among apartments is 1.7%, and rent growth is 12.2%. The economic slowdown is not expected to slow rents, but the market may be peaking. Underlying the demand is growing job transience, reduced appetite to buy, capital gains tax law changes, and new urbanism.
- Areas with the lowest vacancy rates are Centreville, Tysons Corner, Fair Oaks, Vienna/Merrifield, and Reston/Herndon.

Seniors

- Between 1995 and 2000, the number of persons over the age of 85 in the County increased by 32%.
- By 2010, this age group is expected to increase by 150%
- According to a report commissioned by the FCRHA, there are no private market affordable assisted living facilities in the County.
- There is a demand for approximately 510 units of assisted living. Demand could be as high as 1,880 units if the State were to allow a Medicaid exemption.

Homeless

- The homeless population in the County is approximately 2,000 persons.
- The number of families in emergency shelters increased by 11%, while the number of individuals decreased by 11%.
- The homeless population grew 12% from 1999 to 2000 but declined slightly in 2001.
- The waiting list for family shelters averages 60 to 80 families, with the capacity of existing shelters limited to 35 families.
- The Homeless Oversight Committee and the Emergency Housing Committee recommended to the Board of Supervisors in March 2001 that a fourth shelter for families is needed in the County, and cited a need to address medically vulnerable individuals who are homeless.
- There is an inadequate supply of transitional housing for the homeless.

Special Needs

- The waiting list for residential services for those with mental retardation is approximately 500.
- The County has 12 beds dedicated to domestic abuse victims and their children, a ratio of 1 bed for each 83,000 citizens. This compares to a ratio of 1:17,000 in Arlington County; 1:18,000 in Montgomery County; and 1:11,000 in Loudoun County.

Revitalization

- "Findings for a Renewed Revitalization Policy", prepared by the seven revitalization organizations and County staff, identifies critical elements for successful revitalization: County leadership; promotion of the financial and social cost/benefits; stakeholder participation; incentives; cross-agency approach; clearly defined policy and criteria; and communication between the County and local areas.
- According to the Report, incentives and inducements are seen as needed to assemble strategic properties.
- The Report suggests a need for a commercial-neighborhood revitalization program.
- Improvements in two established Conservation Areas and two Community Improvement Neighborhoods require additional funding for completion.
- Thirty communities have expressed interest in the Community Improvement Program, and are on the waiting list for planning if funds become available.
- The number of properties on HCD's Blighted Property Inventory has remained constant at approximately 300. While some blighted properties are abated each year, additional properties are identified and added to the list.
- As the housing stock developed in the County's initial growth spurt is now aging, the need for rehabilitation has increased. The number of applications for the Home Improvement Loan program has increased an average of 9% over the last five years.

State or Federal law does not mandate the provision of housing and community revitalization programs by the County. However, the County has chosen to participate in such programs as the Federal Public Housing and Section 8 Housing Programs, the Community Development Block Grant Program, the HOME Investment Partnership Program, and multiple financing programs. As a result, the County must comply with regulations and requirements that are applicable to each program.

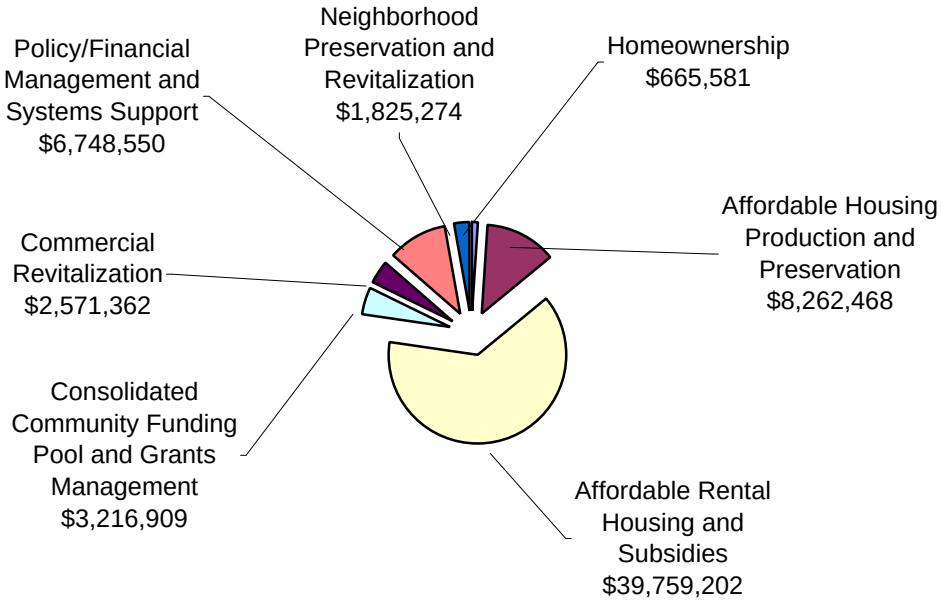
The Agency's discussion of programs, services, and activities is organized around seven primary program areas:

- Affordable Housing Production and Preservation
- Affordable Rental Housing and Subsidies
- Homeownership
- Commercial Revitalization
- Neighborhood Preservation and Revitalization
- Consolidated Community Funding Pool and Grants Management
- Policy/Financial Management and Systems Support

▶ Summary of All Agency CAPS

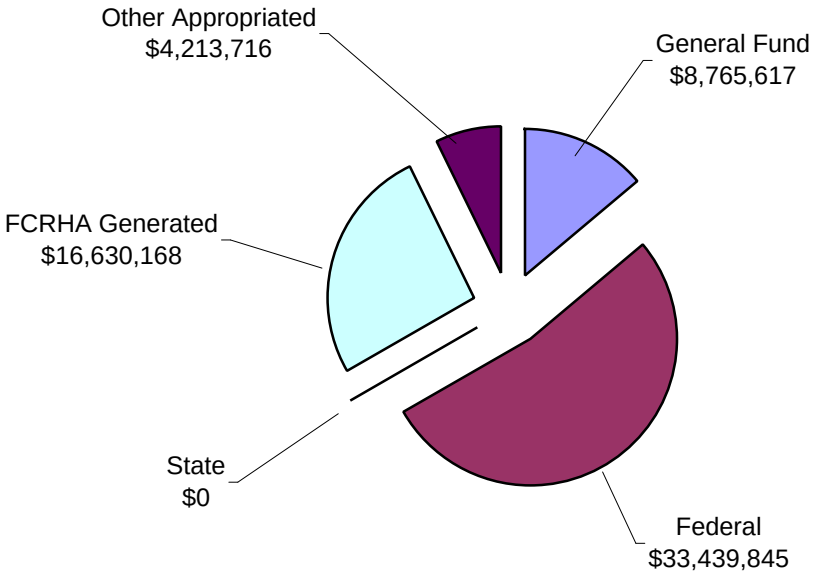
CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
38-01	Affordable Housing Production and Preservation	$(532,115)	19/19.0
38-02	Affordable Rental Housing and Subsidies	$4,052,787	145/144.5
38-03	Homeownership	$0	2/2.0
38-04	Commercial Revitalization	$2,218,994	9/9.0
38-05	Neighborhood Preservation and Revitalization	$111,046	13/13.0
38-06	Consolidated Community Funding Pool and Grants Management	$160,000	9/9.0
38-07	Policy/Financial Management and Systems Support	$2,430,561	30/30.0
TOTAL Agency		**$8,441,273**	**227/226.5**

Housing and Community Development



Total FY 2002 Adopted Budget Expenditures = $63,049,346
Total FY 2002 Adopted Budget Net Cost = $8,441,273

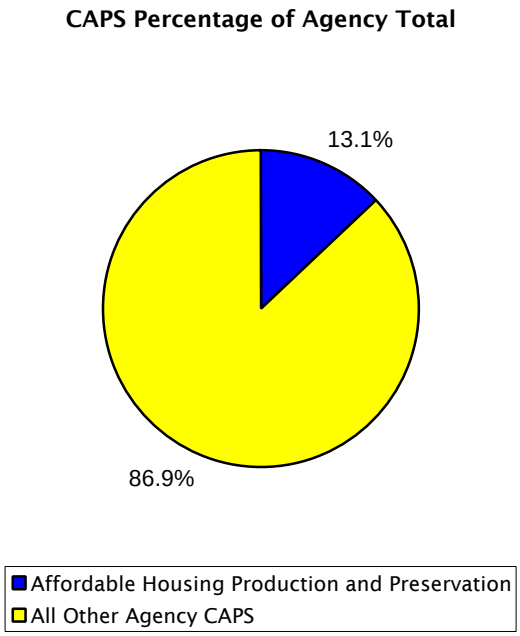
Expenditures by Funding Source



38-01-Affordable Housing Production and Preservation

Agency 38 - All Funds	TOTAL CAPS
Personnel Services	$1,446,832
Operating Expenses	$2,831,120
Recovered Costs	$0
Capital Equipment	$0
Other	$3,984,516
Total CAPS Cost:	**$8,262,468**
Federal Revenue	$6,060,397
State Revenue	$0
User Fee Revenue	$447,627
Other Revenue	$2,286,559
Total Revenue:	**$8,794,583**
Net CAPS Cost: *	**$(532,115)**
Positions/SYE involved in the delivery of this CAPS	19/19

Department of Housing and Community Development



*The total Net CAPS Cost of $(532,115) includes the Fund 001, General Fund, amount of $265,904 and an amount of $(798,019) in Fund 946, an FCRHA non-appropriated fund, representing revenue received for repayments of loans previously provided to FCRHA Capital Projects. The net CAPS Cost savings in Fund 946 are available for loans to future Capital Projects for affordable housing.

The following tables identify the expenditure, revenue and position information from the various Department of Housing and Community Development Funds which comprise this CAPS.

Agency 38 - All Funds	Fund 001	Fund 142	Fund 145	Fund 940
Personnel Services	$265,904	$389,053	$138,140	$653,735
Operating Expenses	$0	$643,366	$598,477	$0
Recovered Costs	$0	$0	$0	$0
Capital Equipment	$0	$0	$0	$0
Other	$0	$1,440,133	$1,344,383	$0
Total CAPS Cost:	**$265,904**	**$2,472,552**	**$2,081,000**	**$653,735**
Federal Revenue	$0	$2,472,552	$2,081,000	$0
State Revenue	$0	$0	$0	$0
User Fee Revenue	$0	$0	$0	$447,627
Other Revenue	$0	$0	$0	$206,108
Total Revenue:	**$0**	**$2,472,552**	**$2,081,000**	**$653,735**
Net CAPS Cost:	**$265,904**	**$0**	**$0**	**$0**
Positions/SYE involved in the delivery of this CAPS	4/4	5/5	1/1	9/9

Agency 38 - All Funds	Fund 144	Fund 946	Fund 948
Personnel Services	$0	$0	$0
Operating Expenses	$0	$0	$1,589,277
Recovered Costs	$0	$0	$0
Capital Equipment	$0	$0	$0
Other	$1,200,000	$0	$0
Total CAPS Cost:	**$1,200,000**	**$0**	**$1,589,277**
Federal Revenue	$0	$0	$1,506,845
State Revenue	$0	$0	$0
User Fee Revenue	$0	$0	$0
Other Revenue	$1,200,000	$798,019	$82,432
Total Revenue:	**$1,200,000**	**$798,019**	**$1,589,277**
Net CAPS Cost:	**$0**	**$(798,019)**	**$0**
Positions/SYE involved in the delivery of this CAPS	0/0	0/0	0/0

▶ CAPS Summary

Affordable housing has become a critical issue in Fairfax County. Average rents are now well above $990 per month for all unit types and are expected to continue to rise in the townhouse and single-family rental categories.

Job growth has been exceptional during the last five years, with 32,000 jobs created in 2000 in Fairfax County. This factor alone has attracted many new households to the area. Further, the healthy economy and the proximity of this County to the nation's capital has drawn immigrants and refugees here. The Department of Housing and Community Development's (HCD) waiting list is often used to exemplify the dramatic need for affordable housing in the County. The combined program waiting list has reached its highest level to date. Currently, there are approximately 7,500 applicants on the Public Housing and Housing Choice Voucher (Section 8) waiting lists.

A critical factor contributing to the housing crisis is that housing production did not keep pace with the phenomenal job growth, and only 511 units of affordable housing were supplied through the Affordable Dwelling Unit Ordinance during the period of significant job growth. Furthermore, one out of seven families has a critical affordable housing need, meaning that these families spend more than 50 percent of their income for housing. However, affordable housing programs offered by HCD or other private or non-profit organizations serve only 29 percent of the families in income levels that are at or below 50 percent of the metropolitan median income.

HCD, under the leadership of the Board of Supervisors and the Fairfax County Redevelopment and Housing Authority (FCRHA), has undertaken a 12-month strategy to develop and preserve affordable housing and engage corporate leadership in the endeavor. The strategy is called "e-ffordable.fairfax!" and is a significant initiative for HCD this fiscal year. The Board of Supervisors has a stated goal: "that opportunities should be available to all who live or work in Fairfax County to purchase or rent safe, decent affordable housing within their means." This goal is mirrored by the strategic direction established by the FCRHA. The mission of the FCRHA is "to initiate and provide opportunities for Fairfax County residents to live in safe, affordable housing and to help develop, preserve, and revitalize communities through fiscally responsible and open processes."

At the direction of the Board of Supervisors and the FCRHA, HCD provides staff-support to the FCRHA and is the primary implementing agency for most housing-related programs in the County. HCD works in conjunction with the FCRHA toward achieving the goal set by the Board. HCD provides development, technical assistance, and financing services to facilitate affordable housing production and preservation by both for-profit and non-profit community partners. HCD also pursues partnerships with investors, the philanthropic community, and State and Federal agencies. The objective of these partnerships is the creation of capital investment and non-County financial support for the HCD/FCRHA mission and for strengthening the viability and capacity of development organizations.

Fund 001: General Fund

Fund 001 provides funding for administrative oversight of the Development and Real Estate Finance Division, administration of the Affordable Dwelling Unit (ADU) Program, and architectural design support for the Revitalization Division. Staff provides supervision, direction and guidance to the division, and clerical support. For the ADU program, staff supports the Affordable Dwelling Unit Advisory Board (ADUAB), tracks the units produced under the program, and determines cash contributions. Staff prepares site and building schematics, participates in negotiations with developers, makes public presentations, and acts as liaison to County officials and other County departments providing architectural and urban design assistance. Four positions are supported through an allocation of $265,904 in Fund 001 for FY 2002.

Fund 142: Community Development Block Grant

In FY 2002, a total of $2,472,552 in Federal Community Development Block Grant (CDBG) funds has been appropriated for payments on the County's Section 108 loans ($583,000), the proposed Magnet Housing development ($775,000), housing for seniors and/or the disabled ($600,000), accessibility modifications to FCRHA buildings ($60,000), the housing relocation program ($271,740) (3 positions), support for housing development activities of HCD/FCRHA ($177,679) (2 positions), and a small contingency fund ($5,133).

Fund 144: Housing Trust Fund

Fund 144, Housing Trust Fund, was created in FY 1990 to reflect the expenditures and revenues of funds earmarked to encourage and support the preservation, development and redevelopment of affordable housing. The Housing Trust Fund is administered by the FCRHA which develops eligibility criteria, accepts and reviews applications, and forwards recommendations for funding to the Board of Supervisors. The Board retains control of the final allocation of funds. In FY 2002, a total of $1.2 million is appropriated as a planning factor based on anticipated proffer and interest income.

To date, this fund has supported the development of Senior Housing at Manchester Lakes, Herndon, and Gum Springs. These funds made possible one of the first mixed income (Public Housing/Fairfax County Rental Program) properties, and have also been used in support of first time homeownership units. This fund is utilized by the FCRHA, non-profit sponsors, and private developers, and is intended to promote endeavors that will provide affordable housing opportunities for low- and moderate- income individuals and families in Fairfax County. This is achieved through a number of methods including the structuring of low cost debt and/or the infusion of equity capital. The use of this fund was expanded in 1996 to include pre-development funding for the purpose of determining project feasibility and performing preliminary studies necessary to define viable development strategies.

For the most part, Housing Trust Fund revenues are derived from cash contributions proffered by developers in lieu of the provision of Affordable Dwelling Units. However, in FY 2001 the Board made a special allocation of $2 million to expand the availability and use of predevelopment funding and to establish the Affordable Housing Partnership Fund including $1.9 million in Fund 144 and $100,000 in Fund 340, Housing Assistance Programs.

Fund 145: HOME Investment Partnership Grant

Fund 145 is used to support the development and preservation of properties using funds from the Federal HOME Investment Partnership Program (HOME). These funds are allocated on an annual basis to eligible participating jurisdictions based on a formula-based system. The County's FY 2002 grant is $2,081,000, and these funds support this program area. The HOME program has been used to make projects affordable to more lower income families and seniors than would have been possible without the funds. These funds have been used in family housing construction, acquisition of scattered site units, senior housing and down payment assistance for first time homebuyers. A local match of 25 percent is required for this program, but the match can come from any housing project that is HOME-eligible, without regard to funding source. Given the layering of eligible financing mechanisms that is characteristic of FCRHA projects, the use of HOME funding by Fairfax County seldom requires the use of local General Fund dollars.

Fund 940: FCRHA General Operating

Fund 940 is used to account for FCRHA real estate holdings that are not reflected in one of the other FCRHA funds or in partnership holdings. This fund includes all FCRHA revenues generated by financing fees earned from issuance of bonds, monitoring and services fees charged to developers, investment income, project reimbursements, consulting fees, and ground rents on land leased to developers. Revenues support operating expenses for the administration of the private activity bonds.

Fund 940 reflects the revenue-producing capacity of the FCRHA. This capacity provides the County with the opportunity to develop and operate housing and/or service programs that, by the nature of whom they serve, cannot be self-sustaining. The use of FCRHA revenues for this purpose allows the County to broaden its array of services while minimizing the demands placed on the General Fund.

Two recent trends indicate a shift in the use of this fund away from operating support and toward a greater emphasis on capital expenditure. Escalating land and development costs, coupled with a growing demand for more specialized (and more costly) housing products (e.g. senior independent living and assisted living), have made it necessary to infuse projects with increasingly larger equity contributions. This is because rents targeted toward low-income seniors cannot support higher debt. Stated another way, development revenues that were previously used to offset the operating costs of other FCRHA programs must now be left in the developments in order to achieve affordability. In FY 2002, $653,735 in funding through Fund 940 supports nine positions, associated operating costs, and capital expenditures that are either not covered or only partially covered by other program funding.

Fund 946: FCRHA Revolving Development

Fund 946 is the primary source for initial, short-term funding for housing projects that will ultimately be financed by other Federal, State, or private financing mechanisms. Initial costs, such as site investigations, preliminary architectural and engineering work, and market analyses, are often necessary to define the ultimate direction and scope of development projects. Since such determinations must precede the development of final financing plans, a source of preliminary financing is often essential. However, unlike pre-development funding (see Housing Trust Fund), the use of revolving development funds is predicated on the probability that a project will move to completion and that project revenues will support permanent financing sufficient to repay revolving funds. No new funding is budgeted in Fund 946 for FY 2002. Some carryover funds are available for program costs.

Fund 948: FCHRA Private Financing

In addition to Federal, State and local government funding sources, the FCRHA also utilizes private financing to implement projects. In addition to both family and senior residential developments, the FCRHA's financing authority has been used to finance County recreation centers, senior centers, adult day care centers, and a Head Start facility. The FCRHA has also used its financing capacity to support the private sectors' development activities in return for a portion of units at reduced rents. FCRHA-developed properties require an extensive layering of both public and private funds. The reputation of the FCRHA has resulted in the successful use of private funds to leverage the public funds. The sale of tax credits to private investors is a significant source of project equity that is used to leverage public dollars. For the nine most recent properties developed by the FCRHA using tax credits along with other sources of private financing, the ratio of private to County dollars has been 12:1.

Funding of $1,589,277 in Fund 948 for FY 2002 represents a contribution from Fund 142, CDBG and from the Lake Anne Condominium Association for payments on the County's Section 108 loans, plus other loan and financing repayments.

Fund 948, FCRHA Private Financing, was established to budget and report costs for capital projects which are supported in full or in part by funds borrowed by the FCRHA through the issuance of notes and/or bonds, or through the use of equity financing received through the sale of Federal low-income housing tax credits. In the latter form of financing, the FCRHA usually serves as the managing general partner of an investment partnership created specifically for project financing purposes. In these cases, it will hold only a minor ownership position, selling the balance (e.g. 99.9 percent) to private investors who derive the benefit of tax credits in exchange for equity contributions to the project. The FCRHA retains the management and oversight of the projects as well as responsibility for compliance with tax credit regulations. Fund 948 makes it possible to include the accounting for the receipt and disbursement of private funds within the County financial system.

▶ Method of Service Provision

Services under this program area are provided by regular County employees, as well as through outside architects, engineers, and contractors. HCD staff provides architectural design services, land planning and design support to the revitalization division, construction monitoring, land acquisition, project financing and individual loans for the Home Improvement Loan Program. Capital formation is an important part of the work of the division and includes structuring public/private partnerships in addition to attracting private sector investment in FCHRA projects.

Normal hours of operation extend from 8:00 a.m. to 4:30 p.m. Monday through Friday. However, HCD staff often meet with individual citizens, neighborhood groups, the Board of Supervisors, the FCRHA and other boards, commissions, or organizations before and after regular business hours and on weekends.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Affordable Housing completed or under development (units)	589	563	623	589	501
HILP Loans	44	74	33	37	40
Projects Financed	$17.335M	$11.880M	$1.870M	$1.333M	$18.017M

▶ User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0615	Financing Fee	$43,200

Current Fee	Maximum Allowable Fee Amount

Purpose of Fee:
Compensation for services related to tax exempt bonds issued by the FCRHA for a privately owned affordable housing development

	Requirements to Change the Fee	Year Fee Was Last Adjusted
FCRHA	For new projects – approval of FCRHA	

Other Remarks:

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0616	Monitoring Fee	$369,141

Current Fee	Maximum Allowable Fee Amount

Purpose of Fee:
Annual fees earned by FCRHA for monitoring compliance of certain privately owned affordable housing developments with the requirements of tax-exempt bond issues and/or other regulatory documents.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
FCRHA	For new projects – approval of FCRHA	

Other Remarks:
Revenue from this source is declining as compliance periods for current projects end and as volume of FCRHA tax exempt housing bond issues has declined.

Subobject Code	Fee Title	FY 2002 ABP Fee Total
0617	Servicing Fee	$35,286

Current Fee	Maximum Allowable Fee Amount
.5% of insured mortgage balance	.5% of insured mortgage balance

Purpose of Fee:
FCRHA share of mortgage insurance premium for affordable housing developments insured through the FHA Local Housing Finance Agency risk-sharing program.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
HUD/FCRHA	Revision of HUD program regulations.	

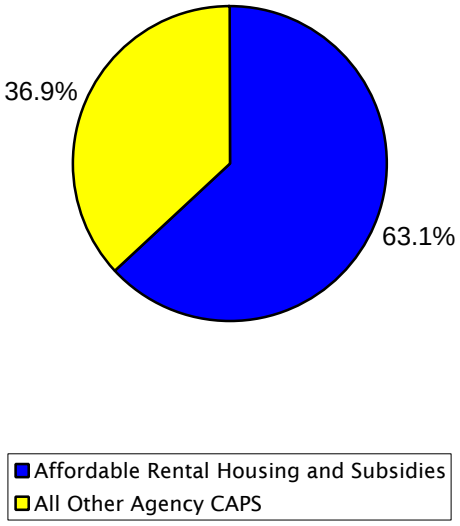
Other Remarks:

38-02-Affordable Rental Housing and Subsidies

Agency 38 - All Funds	TOTAL CAPS
Personnel Services	$7,645,376
Operating Expenses	$32,092,826
Recovered Costs	$0
Capital Equipment	$21,000
Other	$0
Total CAPS Cost:	**$39,759,202**
Federal Revenue	$24,807,036
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$10,899,379
Total Revenue:	**$35,706,415**
Net CAPS Cost: *	**$4,052,787**
Positions/SYE involved in the delivery of this CAPS	145/144.5

Department of Housing and Community Development

CAPS Percentage of Agency Total



*The total Net CAPS Cost of $4,052,787 includes the Fund 001, General Fund, amount of $2,306,411 and an amount of $1,253,327 in Fund 141, an appropriated Fund, provided by a transfer from the General Fund as well as $147,917 from the Fund 141 Ending Balance; the Net CAPS Cost for FCRHA non-appropriated funds is provided from the Ending Balance in each Fund including $62,326 in Fund 941, $157,169 in Fund 966 and $125,637 in Fund 967.

The following tables identify the expenditure, revenue and position information from the various Department of Housing and Community Development Funds which comprise this CAPS.

Agency 38 - All Funds	Fund 001	Fund 141	Fund 940	Fund 941	Fund 950
Personnel Services	$1,122,891	$848,042	$110,493	$973,141	$745,310
Operating Expenses	$1,183,520	$2,236,268	$0	$1,910,742	$1,422,876
Recovered Costs	$0	$0	$0	$0	$0
Capital Equipment	$0	$21,000	$0	$0	$0
Other	$0	$0	$0	$0	$0
Total CAPS Cost:	**$2,306,411**	**$3,105,310**	**$110,493**	**$2,883,883**	**$2,168,186**
Federal Revenue	$0	$0	$0	$0	$0
State Revenue	$0	$0	$0	$0	$0
User Fee Revenue	$0	$0	$0	$0	$0
Other Revenue	$0	$1,704,066	$110,493	$2,821,557	$2,168,186
Total Revenue:	**$0**	**$1,704,066**	**$110,493**	**$2,821,557**	**$2,168,186**
Net CAPS Cost:	**$2,306,411**	**$1,401,244**	**$0**	**$62,326**	**$0**
Positions/SYE involved in the delivery of this CAPS	24/24	15/15	2/2	14/14	14/14

Agency 38 - All Funds	Fund 966	Fund 967
Personnel Services	$2,046,504	$1,798,995
Operating Expenses	$22,008,314	$3,331,106
Recovered Costs	$0	$0
Capital Equipment	$0	$0
Other	$0	$0
Total CAPS Cost:	**$24,054,818**	**$5,130,101**
Federal Revenue	$23,873,009	$934,027
State Revenue	$0	$0
User Fee Revenue	$0	$0
Other Revenue	$24,640	$4,070,437
Total Revenue:	**$23,897,649**	**$5,004,464**
Net CAPS Cost:	**$157,169**	**$125,637**
Positions/SYE involved in the delivery of this CAPS	35/35	41/40.5

▶ Summary

Affordable housing has become a critical issue in Fairfax County. Average rents are now well above $990 per month for all unit types and are expected to continue to rise in the townhouse and single family rental categories.

Job growth has been exceptional during the last five years, with 32,000 jobs created in 2000 in Fairfax County. This factor alone has attracted many new households to the area. Further, the healthy economy and the proximity of this county to the nation's capital has drawn immigrants and refugees here. The Department of Housing and Community Development's (HCD) waiting list is often used to exemplify the dramatic need for affordable housing in the County. The combined program waiting list has reached its highest level to date. Currently, there are approximately 7,500 applicants on the Public Housing and Housing Choice Voucher (Section 8) waiting lists.

A critical factor contributing to the housing crisis is that housing production could not keep pace with phenomenal job growth, and only 511 units of affordable housing were supplied through the Affordable Dwelling Unit Ordinance during the period of significant job growth. Furthermore, one out of seven families has a critical affordable housing need, meaning that these families spend more than 50 percent of their income for housing. Affordable housing programs offered by HCD or other private or non-profit organizations serve only 29 percent of the families in income levels that are at or below 50 percent of the metropolitan median income.

Key activities, programs and services of HCD and the Fairfax County Redevelopment and Housing Authority (FCRHA) are designed to respond to this affordable housing need in a timely and responsive manner.

The Affordable Rental Housing and Subsidies Program Area represents the direct service activities within HCD providing affordable housing to more than 14,000 individuals and 5,200 households in Fairfax County in FY 2002. The citizens served by these programs are typically in households earning about 30 percent of the County's median income. A diverse population is served, including the elderly, persons with disabilities, and most recently, a growing percentage of immigrants and refugees.

HCD responds to the County's affordable housing demands through a variety of programs and approaches. HCD is particularly skilled in leveraging County funds by attracting Federal funds and private investment. HCD's approaches include:

- Direct ownership and management of 42 conventional housing properties (apartments or townhouses) for families, seniors, and persons with disabilities
- Direct ownership with private management of five properties (two multifamily developments and three senior citizen residences)
- Rental subsidies utilizing the Federal Housing Choice Voucher Program (Section 8) in partnership with private landlords participating in the program. In FY 2002, more than 2,800 households are helped with their rent payments through this program in which the family pays approximately 30 percent of their income for rent and utilities.
- Participation in the Federal Public Housing Program, which supplies 1,064 affordable housing units to eligible low-income families
- Partnership with private investors using the Federal Housing Tax Credit Program
- Scattered site housing

The types of housing offered by HCD/FCRHA include:

- Senior Residences (348 units with 60 units currently under construction)
- Assisted living for seniors (52 beds with 150 beds in the planning stage)
- Multifamily housing (Federal and non-Federal programs supplying 1,075 units)
- Group Homes for disabled persons (7 homes, 69 beds)
- Family shelters (2 facilities, 60 beds)
- Transitional housing (3 units)
- Working singles housing (20 units)
- A mobile home park ("pad" rentals for 115 mobile homes)

HCD determines client eligibility for programs, manages the marketing and lease-up process, provides maintenance and tenant services, ensures compliance with all funding sources and regulations, enforces all lease provisions, inspects properties, and maintains and modernizes properties owned by the FCRHA. Staff also provides resident services and referrals, marketing of properties, handling financial contracts for Section 8, and assistance to participating landlords.

All of these programs have three key service goals: (1) provide affordable homes, (2) promote self-sufficiency, and (3) ensure properties and programs are compatible with the community in all respects. Various target populations are served through a mix of Federally and locally supported programs. These affordable housing programs include:

- Public Housing (1,064 units; achieved HUD "High Performer" rating in FY 2000)
- Section 8 Rental Subsidy Program (2800+ Housing Choice Vouchers in program)
- Affordable Housing Properties such as Cedar Ridge (198 units), Hopkins Glen (91 units), Murraygate (204 units), and Stonegate (234 units)
- Senior citizen residences such as Herndon Harbor House (120 units), Lewinsville (22 units), Lincolnia (26 units), Little River Glen (120 units), Morris Glen (60 units) and Gum Springs (60 units)
- Housing Opportunities for Persons with AIDS Program (a HUD-funded program serving 30 families and individuals, with a waiting list of 132 applicants)
- Coan Pond Residences (the only "Working Singles" program in Fairfax County)
- Group Homes for Disabled Persons

The Housing Management area of operation includes the following components:

Housing Services for Families and Persons with Special Needs, Federal Program Compliance and Asset Management: This component includes housing management services and administration of Public Housing, Section 8, the locally supported Fairfax County Rental Program, management of HCD's extensive housing waiting list system and an award-winning Compliance and Community Relations program that combats fraud and abuse in HCD's assisted housing programs.

This component also provides direct on-site housing management services for Stonegate Apartments and Murraygate Apartments, as well as contract administration for private management, maintenance, marketing and leasing services at Cedar Ridge Apartments and Hopkins Glen Apartments. This branch also provides property management oversight of one homeless shelter and seven scattered site group homes that provide services to disabled adults through the Fairfax-Falls Church Community Services Board and the Virginia Housing Development Authority.

Senior Housing and Services: This component will provide property management services and contract administration to six residential communities for senior citizens, including two that have won design awards. HCD staff frequently provides assistance to citizens who need help making decisions about the housing needs of elderly parents.

Maintenance and Property Improvement Services: On-going interior, exterior and grounds maintenance of residential and office properties owned by the FCRHA is the primary function of this component of housing service delivery. More than 2,500 units of housing and two office buildings are supported. Emergency maintenance services are provided 24 hours a day, seven days a week. This area also includes administration of Federal funds awarded annually for asset protection and modernization of the FCRHA public housing developments throughout the County. This part of the service assesses the physical needs of buildings and related structure systems, develops a five-year action plan and oversees construction contracts issued to carry out the scope of work required each year. A similar five-year plan is also developed and implemented for the FCRHA's non-Federally assisted housing stock.

Funding in support of this program area is arrayed across nine specific funds in the budget of HCD, as follows:

Fund 001: General Fund

Fund 001 supports the above areas, programs and services by funding 24 positions in the administration of housing services and programs, direct services to families (subsidy payments, housing assistance and placement), maintenance, and clerical/support staff. In addition, it covers expenses for exterior painting contracts as well as condominium fees in private developments where the FCRHA owns scattered site units. Total funding in Fund 001 in FY 2002 for these costs is $2,306,411.

Fund 141: Elderly Housing Programs

Fund 141, Elderly Housing Programs, accounts for personnel (15 positions), operating, and equipment costs related to the County's support of the operation of the three locally funded elderly housing developments owned or leased by the FCRHA. Total funding in Fund 141 in FY 2002 is $3,105,310, which includes a General County Fund transfer of approximately $1.3 million. The three elderly housing developments funded in Fund 141, Elderly Housing Programs, are: Lewinsville Senior Residences in McLean, Little River Glen in the Braddock District, and Lincolnia Center in the Mason District. Funding for three facilities, Gum Springs located in the Mt. Vernon District (opening in FY 2002), Morris Glen in the Lee District and Herndon Harbor House in the Dranesville District, are not presented in Fund 141, Elderly Housing Programs. Although they are owned by a limited partnership of which the FCRHA is the managing general partner, a private firm manages and maintains these facilities. Housing and Community Development staff administers the contract between the FCRHA and the private firm hired to manage the facilities. Together, in FY 2002, these six facilities will provide for 408 congregate housing units, 3 Adult Day Care Health Centers, and a 52-bed Adult Care Residence. This includes 60 additional residential units and an adult day care center that opened at Herndon Harbor in April 2001 and 60 additional residential units scheduled for completion at Gum Springs in early 2002. (See below.) These developments address the needs of the more independent elderly and those who require a greater level of care.

In FY 2002, the operation of the Elderly Housing Program will be supported in part with rental income, a State auxiliary grant for indigent care in the Adult Care Residence component at the Lincolnia Center, County support, and Federal HOME funds. The County's General Fund transfer supports approximately 44 percent of this expense. The operating budget provides for about the same level of service as provided in FY 2001. The Gum Springs, Morris Glen and Herndon Harbor facilities are self-supporting and do not require County General Fund support in Fund 141. FY 2002 also begins the third year of a five-year repair and replacement plan at the Lincolnia, Little River Glen, and Lewinsville facilities. This includes the repair of major appliances, updates/upgrades to apartment units, and major repairs forecasted as necessary to parking lots, roofs, and mechanical equipment.

In FY 2001, the second phase of the Herndon Harbor House senior residence was completed. This added another 60 units to the project, as well as a separate facility on the site to house the Adult Day Health Care program operated by the Department of Health. A sixth senior center is under construction in the Gum Springs community in Mt. Vernon District. This facility is scheduled for opening in early 2002 and will provide 60 units of affordable housing. The facility will also house offices and classrooms for a Head Start program in the lower level of the building. Another major initiative is to increase affordable "assisted living" for seniors by partnering with a private sector provider to develop a new 60-bed facility as part of the residential campus at Little River Glen in Braddock District.

Certain expenses reflected in this fund are not directly related to housing operations. The FCRHA, as landlord of these facilities, has interagency agreements, which provide for budgeting by HCD for common area expenses for utilities, telecommunications, maintenance, custodial services, and contracts. The facilities provide space for general community use as well as for services provided by other County agencies.

Other costs related to the County's housing program at these sites, including the operating costs of senior centers, adult day care centers, and a congregate food program, are reflected in the agency budgets for the Department of Community and Recreation Services, the Health Department, the Aging Grants and Programs Fund, and the County Debt Service Fund.

Fund 940: FCRHA General Operating

This fund accounts for the business activities of the FCRHA. Revenue received from monitoring and financing fees, development fees and other sources is reported in this fund and is used to support the programs and activities of the FCRHA.

As related to the affordable housing activity area, this fund, through an allocation of $110,493 in FY 2002, supports two positions, one of which is a lead housing services specialist responsible for a portfolio of Public Housing Program and Fairfax County Rental Program units. This position has supervisory responsibility of a team of housing managers and occupancy specialists within the assigned "cluster" of properties for a specified geographic area of the County.

Fund 941: Fairfax County Rental Program

The Fairfax County Rental Program (FCRP) is a local rental-housing program developed and managed by the HCD for the Fairfax County Redevelopment and Housing Authority (FCRHA). The FCRP includes a wide variety of affordable housing for a range of income groups, including low- and moderate-income families, senior citizens and disabled persons. Seven group home properties provide housing for persons with disabilities in conjunction with the Fairfax-Falls Church Community Services Board (CSB) and the Virginia Housing and Development Authority (VHDA).

The FCRP includes projects developed or acquired by the FCRHA. These properties are located throughout Fairfax County, primarily in converted condominium projects.

A private management company manages and maintains two stand-alone properties under contract with the FCRHA, Hopkins Glen (91 units; Providence District) and Cedar Ridge (198 units; Hunter Mill District). In FY 2002, it is anticipated that ownership of Cedar Ridge will be transferred to Reston Interfaith, subsequent to FCRHA and U.S. Department of Housing and Urban Development (HUD) approval.

FCRP is primarily supported by tenant rents and County General Fund support in the amount of $312,476 to pay for condominium fees. In addition, debt service contributions are received from Fund 141, Elderly Housing, to provide support for the debt service costs of Little River Glen, an FCRHA elderly housing development. Total FY 2002 cost is $2,883,883, which supports 14 positions.

Fund 950: Housing Partnerships

This service component reflects several multi-family developments that were purchased or constructed using innovative financing techniques that involved various partnership arrangements. These properties provide affordable housing for 498 families.

The FY 2002 Fund 950 budget totaling $2,168,186 will support major maintenance repairs and landscaping upgrades at the oldest and largest of the partnership properties, Murraygate Village and Stonegate Village. A Comprehensive Needs Assessment Study performed in 1997 recommended a multi-year maintenance and replacement program that would improve properties to neighborhood and community standards. In FY 2002, the recommended maintenance repairs and landscaping at Murraygate and Stonegate include fencing, repairs to entrance steps and sidewalks, landscaping, irrigation and erosion control systems, interior and exterior painting and roof replacement. Of the remaining three properties Castellani Meadows and Tavenner Lane are relatively new developments and West Glade was recently rehabilitated. Therefore, costs associated with the projects reflect routine operating expenses such as custodial services, repairs and maintenance, supplies, and insurance.

The operation of this program is primarily supported by tenant rents with County General Fund contribution for real estate taxes at Castellani Meadows, West Glade, and for the Public Housing portion at Tavenner Lane. All expenses incurred for the operating expenses excluding real estate taxes will be reimbursed by the various partnerships.

Fund 965: Housing Grants

Fund 965 was established as part of the FY 2000 Adopted Budget Plan to separately track grants which are awarded to the FCRHA. This Fund provides accounting for three Grants: the Transitional Housing Grant, the Housing Opportunities for Persons With AIDS (HOPWA) Grant, and the Public Housing Drug Elimination Grant, which HUD grants through a formula system on an annual basis to the FCRHA. No new funds are budgeted for this Fund in FY 2002. Funds are carried over from FY 2001 and additional grant awards will be reflected in this fund subsequent to the FY 2001 Carryover Review.

The Transitional Housing Grant is a five-year grant used to support nine homeless families for approximately 24 months each. Funding has been used to acquire three condominium units at the Cedar Lakes Condominiums. The FCRHA owns the three units and supportive case management services are provided under contract with Northern Virginia Family Service, Inc. (NVFS). NVFS services include budget counseling, employment, housing, and parent counseling. These units carry no debt service. However, as a condition of the original award of HUD acquisition funds, they must be used for housing homeless families.

The HOPWA Grant is an annual award that provides rental subsidy assistance for approximately 30 low-to-moderate-income persons with HIV/AIDS. There are 132 persons currently on the HOPWA waiting list. HOPWA funding currently is secure. However, as evidenced by the waiting list numbers (132), the need exceeds available subsidy by a more than 4 to 1 ratio.

The Public Housing Drug Elimination Grant is a two-year grant for the continuation of anti-drug and crime efforts at the FCRHA Public Housing properties. This program has provided the FCRHA with a stable funding source for a variety of important security related activities for about seven years. These have included physical improvements at Public Housing sites such as improved lighting and fencing; security patrols (critical because the FCRHA's inventory consists mainly of small, scattered housing sites without on-site management), and prevention programs directed at youngsters and teens offered by the County's Alcohol and Drug Services unit of the Fairfax-Falls Church Community Services Board. In addition, funds are used to conduct security audits of the properties, survey residents regarding security needs, and coordinate activities with the Police Department.

Future funding is uncertain for two of the three programs, as noted below. The HOPWA Program does not appear to be in jeopardy.

- The Public Housing Drug Elimination Grant has been eliminated from the current administration's Federal fiscal year beginning October 1, 2001. However, the House and Senate are not in agreement on its elimination at this point in time. If dissolved, it will seriously impact the FCRHA's security improvements, planning, security patrols, and prevention programs related to anti-crime and resident safety efforts. There is no other funding available to replace the lost funds.

- The Cedar Lakes program has sufficient funding for NVFS to continue providing support services to the participating families into the beginning of the fourth quarter of FY 2002 if HUD approves a request for a grant extension until that time. If an extension is not granted, HUD will likely recapture funds. NVFS is exploring other funding options to keep the services in place. Should other funding not be forthcoming, no loss of housing units would occur. If funding for the support service component were eliminated, the FCRHA could rent the units out through the Fairfax County Rental Program rather than a supportive services program, as long as the residents had formerly been homeless.

All of these funds are direct grants, usually on a formula basis, from the Federal government through the U.S. Department of Housing and Urban Development and, as such, are subject to annual, or biannual in the case of the Drug Elimination Grant, appropriations by Congress.

Fund 966: Section 8 Annual Contribution

The Housing Choice Voucher Program (HCVP), also known as the Section 8 Program, is the largest subsidy program operated by the FCRHA. The program houses more than 8,000 persons, constituting approximately 2,800 households throughout the County.

The Section 8 Program is a Federal Housing Assistance Program for low and moderate-income families seeking housing in the private rental market. The basic concept is the same for all components of the program. The U.S. Department of Housing and Urban Development (HUD) provides funds to pay a portion of the family's rent. In most cases, this subsidy is the difference between 30 percent of the eligible family's income and a HUD-approved Fair Market Rent (FMR) for a housing unit. Section 8 subsidy funds are used to issue vouchers to eligible households who may lease any appropriately sized, standard quality rental unit from a participating landlord.

Under Fund 966, Section 8, Annual Contribution rental subsidies are provided by HUD to cover the difference between a market-established rent and the rent which is determined to be affordable at a given family's income level. In some cases, the Section 8 subsidies are associated with a particular housing development and in other cases they are transferable with the tenant. Total costs for FY 2002 are $24,054,818.

The rent subsidy payments are made through a Housing Assistance Payments (HAP) Contract with the owner of the housing. Housing Authorities administer the contract for these subsidy funds on behalf of HUD. In Fairfax County, the FCRHA is responsible for making the monthly subsidy payments, verifying that those benefiting from the subsidy are eligible and monitoring compliance with Federal regulations. This is done by means of an Annual Contribution Contract between the FCRHA and HUD.

The Housing Authority also is responsible for maintaining a waiting list of those seeking a Section 8 voucher. The FCRHA verifies applicant income eligibility before issuing a certificate or voucher, inspects the unit the family selects to ensure compliance with Section 8 Housing Quality Standards, computes the portion of the rent the family must pay and the maximum subsidy. The FCRHA then contracts with the landlord to pay the subsidy, recertifies eligibility annually, and maintains required financial records and reports. The owner of the housing (participating landlord) is responsible for selecting those families to whom the owner wishes to rent. The FCRHA does not select the tenant. The landlord is responsible for enforcing, renewing, or terminating the family's lease in accordance with the terms of the lease.

This fund supports 38 positions, three of which are grant funded. Positions include two related to computer systems management, and 36 that provide the above services to participants and landlords (program eligibility, certifications, contract administration, inspections, financial management, and program compliance monitoring).

This program recently received two awards. The first was an Award of Merit from the National Association of Housing and Redevelopment Officials (NAHRO) for HCD's “Landlord Briefing Program.” A second award was the HUD “Best Practices Award of Excellence” for HCD’s Compliance and Community Relations program, recognizing its innovative efforts to enforce program regulations and provide outreach to the public. The same program received a NAHRO “National Award of Merit in Program Innovation.” Both awards were achieved through a national competition.

Fund 967: Public Housing Program Projects Under Management

The Federal Public Housing Program is funded by HUD. In the past, HUD funds were used to develop or acquire rental housing, which was subsequently owned and operated by the Fairfax County Redevelopment and Housing Authority (FCRHA). For the past four years new construction and acquisition has been discontinued due to funding constraints in this program. Federal funds continue to support the operation and maintenance of these properties.

This program is an essential affordable housing program serving low-income working families, disabled persons and the elderly. Participants pay 30 percent of their income toward rent. Program participants are generally in the income category of “30 percent of metropolitan area median income.” Working families, who constitute the largest segment of the participant population, are usually employed in service and trades jobs, as well as local and Federal government positions, throughout the County and the metropolitan region.

Expenditures in this fund total $5,130,101 in FY 2002 and include the support of personnel, and operating expenses for the operation of 1,064 units within the Public Housing Program. In FY 2002, dwelling rents supported 72.4 percent of the operating costs, excluding debt service, which is totally funded by HUD. Other sources of revenue include payment for utilities in excess of allowances established by FCRHA, maintenance charges, late fees, laundry income, and investment income.

There is a total of 41/40.5 SYE regular positions Federally funded in the Public Housing Program. Under the current HUD Performance Funding System, the FCRHA is eligible for operating subsidies to support the administration of the program. Other maintenance and administrative positions providing support for this program are funded in the General Fund. In addition to public housing support provided in this Fund, FY 2002 funds totaling $625,640 are provided in the General Fund, in support of refuse collection costs, painting expenses and townhouse/condominium fees.

The FCRHA achieved a Public Housing Assessment System score of 91.4 percent and designated a "High Performer" agency by HUD. HCD also received a HUD "Best Practices Award of Excellence" for HCD's Compliance and Community Relations Program, recognizing its innovative efforts to enforce program regulations and provide outreach to the public. The same program received a NAHRO "National Award of Merit in Program Innovation." Both awards were achieved through a national competition.

Fund 969: Public Housing Program Projects Under Modernization

Fund 969, Public Housing Projects Under Modernization (Capital Improvement Fund), receives an annual Federal grant from HUD, determined by formula, to be used for major physical and management improvements for the Public Housing Program. The purpose of the program is to maintain the economic viability of physical assets, keep the physical housing stock compatible with community standards, and protect and maintain properties in a decent, safe and sanitary condition. The program also provides funding for staff administration. Three grant positions are supported in this fund for the administration of the Capital Improvement Program to include monitoring of all construction in process for projects that have been approved by HUD.

This program is entirely Federally funded. Under this program, HUD local public housing authorities submit a five-year comprehensive improvement plan within the Five-Year Public Housing Plan. The FCRHA submitted an improvement plan in March 2000 for Program Year 28 funding and received HUD approval in September 2000. The Program Year 28 funding will provide for staff administration management improvements and capital improvements for four projects: Villages of Falls Church (Mason District); Greenwood (Mason District); Briarcliff II (Providence District); and Kingsley Park (Providence District).

No funding is included for Fund 969, Public Housing Projects Under Modernization, in FY 2002 at this time. Funding will be allocated at the time of award from HUD.

Capital Fund Program: The current Administration's Federal budget submission has proposed a 25 percent reduction in the Capital Fund. This is the only source of funding that the FCRHA has available to make necessary property improvements and replacements for its Public Housing inventory (HUD does not provide a replacement reserve in the Public Housing Budget). The improvements under this program have contributed greatly to the high score obtained in the HUD Real Estate Assessment inspection. The loss of reserves to effectively manage and improve FCRHA housing stock could lead to a reduction in the quality, appearance, and livability of the FCRHA's developments. If this type of reduction were to occur in the FY 2002 Capital Fund, the budget would be reduced from $1.88 million to approximately $1.43 million.

To meet this reduction, the following is a list of the types of activities and improvements that might need to be eliminated or deferred:

- Conducting energy conservation-related improvements
- Modifying units for accessibility for disabled individuals
- Replacement of deteriorated siding, inefficient HVAC units and similar modernization projects throughout the Authority's inventory of Public Housing

Federal formula grants are awarded on an annual basis. Except for the proposed reduction of about 25 percent as described above, program funding has been very stable. This program effectively uses funds for necessary improvements and rehabilitation of Public Housing properties in conformance with HUD requirements. One important aspect of funding is timely use of funds and the FCRHA has met all obligations in expending funds on schedule for approved work projects to modernize facilities.

► Method of Service Provision

A variety of methods are used to provide service, which may include: County employees, volunteers, interns, community service workers, Court release, and private contractors.

Hours of service include 24-hour information via the FCRHA's web site (applications may be downloaded from this site) and access to waiting list information application status may be obtained through an automated telephone response system, which is also available 24 hours each day. Hearings to resolve disputes over maintenance charges are offered by telephone conference calls. Other services are typically available during normal County office hours (8:00 a.m. to 4:30 p.m.), but 24/7 emergency maintenance services and extended office hours for orientations and meetings with residents and new participants are also available. Home ownership workshops are frequently conducted on weekends. In special circumstances where a client is unable to travel due to disability, poor health or age, staff will make a home visit.

This service area supports several site offices where on-site services are provided on a scheduled basis. Staff will also schedule evening meetings with residents at property sites and attend evening meetings of the Resident Advisory Council. Property inspections are conducted at various FCRHA sites or at units being considered for rental under the Housing Choice Voucher Program. This service area makes extensive use of contractors. Property management and maintenance services are contracted to private companies at five locations; a sixth site will be added in FY 2002. Additionally, the maintenance function uses outside contractors for special construction projects as well as typical skill areas such as landscaping, grounds care, carpentry, plumbing and electrical services.

Most of the senior residences have on-site staff during usual business hours during the workweek. One site (Little River Glen) has 24/7 coverage using facility attendants to monitor an emergency pull cord system. In special circumstances where a client is unable to travel due to disability, poor health or age, staff will make a home visit. Staff will also schedule evening meetings with residents at property sites. This service area makes extensive use of property management and maintenance contractors. Currently, services are contracted to private companies at five locations; a sixth site will be added in FY 2002.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Total Program Area:					
Households housed	N/A	N/A	4,856	5,100	5,254
Avg. Occ./Util. Rate	N/A	N/A	96%	97%	98%
Avg.HUD/FCRHA Rating	N/A	N/A	91%	80%	80%
Elderly Housing:					
Households housed	250	250	250	400	460
Occupancy rate	98%	98%	97%	98%	98%
Assessment score (100% scale)	NA	NA	NA	75%	80%
Fairfax County Rental Program:					
Households housed	NA	NA	366	366	366
Occupancy rate	NA	NA	98%	98%	98%
Rating (FCRHA)*	NA	NA	NA	75%	80%
Housing Partnerships:					
Households housed	NA	NA	498	498	498
Occupancy rate	NA	NA	98%	98%	98%
Rating (FCRHA)*	NA	NA	NA	75%	80%
Section 8 Program:					
Households housed	NA	NA	2,678	2,772	2,866
Utilization rate	NA	NA	88%	94%	97%
HUD rating (SEMAP)**	NA	NA	NA	75%	80%
Public Housing:					
Households housed	NA	NA	1,064	1,064	1,064
Occupancy rate	NA	NA	99%	99%	99%
HUD rating (PHAS)**	NA	NA	91.4%	80%	80%

*This is a new internal rating system modeled after the HUD "PHAS" rating system. Scores are estimates based upon meeting minimum standards. Actual scores will be derived within 60-90 days following the end of each fiscal year. The rating system classifies housing authorities as “Higher Performers” if they achieve an overall score of 90% or better. A “Standard Performer” rating is given for an overall score of 60% to 90% (scores from 60%-69% require a deficiencies correction plan). An overall score of less than 60% places an agency in the “Troubled” category. (Such agencies are referred to HUD’s Troubled Agency Recovery Center for remedial action, monitoring and oversight.)

**The Section 8 Management Assessment Program (SEMAP) and the Public Housing Assessment System (PHAS) ratings are given within 6 months of the end of each fiscal year. The FY 2001-2002 figures for the PHAS rating are based upon an estimated rating as a "standard performer".

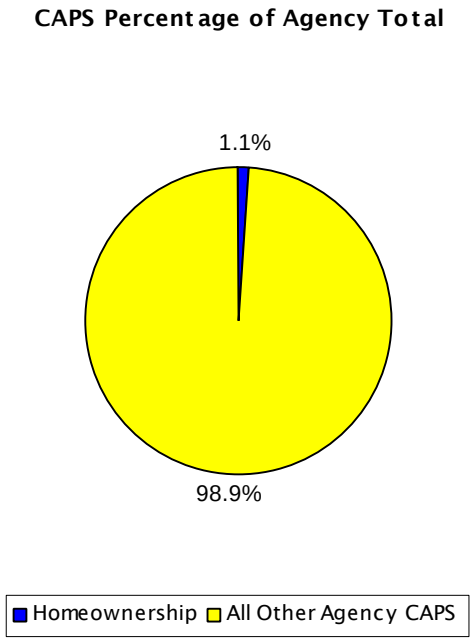
▶ User Fee Information

A major source of revenue for this service area is tenant rental income. However, potential income from this source (rents) is limited by the lower income of the tenants being served. Additionally, there are restrictions imposed by Federal regulations and FCRHA policies that limit the proportion of income tenants will pay for rent.

38-03-Homeownership

Agency 38 - All Funds	TOTAL CAPS
Personnel Services	$99,953
Operating Expenses	$565,628
Recovered Costs	$0
Capital Equipment	$0
Other	$0
Total CAPS Cost:	**$665,581**
Federal Revenue	$108,790
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$556,791
Total Revenue:	**$665,581**
Net CAPS Cost:	**$0**
Positions/SYE involved in the delivery of this CAPS	2/2

Department of Housing and Community Development



The following table identifies the expenditure, revenue and position information from the various Department of Housing and Community Development Funds which comprise this CAPS.

Agency 38 - All Funds	Fund 142	Fund 143
Personnel Services	$99,953	$0
Operating Expenses	$8,837	$556,791
Recovered Costs	$0	$0
Capital Equipment	$0	$0
Other	$0	$0
Total CAPS Cost:	**$108,790**	**$556,791**
Federal Revenue	$108,790	$0
State Revenue	$0	$0
User Fee Revenue	$0	$0
Other Revenue	$0	$556,791
Total Revenue:	**$108,790**	**$556,791**
Net CAPS Cost:	**$0**	**$0**
Positions/SYE involved in the delivery of this CAPS	2/2	0/0

▶ CAPS Summary

Homeownership is a hallmark of Fairfax County. Owning a home helps stabilize neighborhoods, builds a sense of community, and is the foundation of personal financial independence. The Fairfax County Redevelopment and Housing Authority (FCRHA) has made homeownership one of its top priorities in its recently adopted strategic plan. The FCRHA provides assistance in the form of second trust financing, loans and grants, as well as facilitates homebuyer preparation through workshops and classes, and post-purchase counseling. This service component includes administration of the First-time Homebuyers Program through the Affordable Dwelling Unit Ordinance and the Moderate Income Direct Sales Program, and facilitating the Founders Ridge homeownership project. In addition, this area undertook two new activities in FY 2001: contract administration of the Operation Match home-sharing program and the newly funded Downpayment Assistance Program.

A recent key accomplishment was the Kingstowne homeownership opportunities program at Founders Ridge. Founders Ridge is a unique public/private effort to provide a model of high quality, affordable housing to moderate income families who otherwise would not be able to purchase homes in Fairfax County. Founders Ridge is the 2001 winner of the National Association of Counties (NACo) "Best in Category" award (Community and Economic Development category).

Founders Ridge was conceived seven years ago through a partnership between Fairfax County and the Northern Virginia Building Industry Association (NVBIA). This partnership focused on use of a 4-½ acre parcel owned by the FCRHA and a mission to provide homeownership opportunities to persons who have incomes at or below 50 percent of the median income. Design of the townhouses was accomplished with the help of architects, engineers, subcontractors and suppliers, each of whom was a member of NVBIA. Their services were provided at or below cost. The FCRHA provided the site, initial funding for design and engineering, and construction financing for the site development. One of the area's premier builders was selected to build the housing at below market cost. The Founders Ridge development consists of 80 affordable housing units: 3 level townhouses with three bedrooms, 2 1/2 baths, and a garage. The sales price ranged from $107,000 to $120,000. The homes were built in the Kingstowne community, an 1,100-acre mixed-use development.

During FY 2002, this service area will begin a pilot Section 8 Homeownership Assistance Program to help 25 families (who are presently receiving Section 8 rental assistance) purchase a home. Priority will be given to families who are participating in the Family Self-Sufficiency Program (FSS) and those that may have already obtained a written agreement to purchase a home and have pre-approval for a loan. This population generally has a household income below 50 percent of the area's median income. The families are largely minority and headed by women. Many FSS families have the ultimate goal of homeownership.

This service area also will continue to oversee the County's contract with Northern Virginia Family Service to administer Operation Match, a home-sharing service. HCD operated this program from 1982 until 1996 when it was discontinued for budgetary reasons. The Board of Supervisors reinstated the program in FY 2001 to help increase affordable housing opportunities.

The Moderate Income Direct Sales (MIDS) Program was designed to provide affordable homeownership opportunities for low- to moderate- income families who otherwise could not afford to purchase a home. Established in 1978, this Program funds second trust loans up to $15,000. These loans are repaid when the home is resold. The second trust allows the sales price to be affordable to families who would not normally qualify for homeownership.

As initially established, MIDS units acquired or constructed by the FCRHA were sold to moderate income families, and the purchase was made possible by the provision of the second trust loans. The resale price of the unit is controlled through a formula tied to the Consumer Price Index, and the FCRHA has the first right of refusal when the home is resold. Since the MIDS Program was replaced by the ADU First-Time Homebuyers Program, MIDS activity is confined to resales. The Program is self-supporting. Funds from the repayment of loans support operations.

Affordable homeownership opportunities are now provided through the First-time Homebuyers Program, which has as its source of new housing, units available under the Affordable Dwelling Unit Ordinance (ADU). The First-time Homebuyers Program has been providing homeownership opportunities to eligible moderate-income households since 1993 and has been enthusiastically embraced by families seeking affordable homeownership opportunities. The current interest list contains 1,286 families and individuals wishing to participate in the program. The units (condominiums or townhomes) are offered at a price well below those of other homes in a development and are sold directly by the developer or a current owner. The homes in this program are located throughout Fairfax County and most offer amenities typical of new developments in the community. Prospective purchasers must complete an application with financial information and, if qualified, they will be issued a certificate of eligibility good for one year to purchase a home offered through the program. Each time a unit becomes available, qualified purchasers are notified and a lottery system is used to select qualified buyers through this program.

The Downpayment Assistance Program addresses the needs of many potential homebuyers who have good credit and sufficient monthly income to purchase a home, but lack sufficient funds for the downpayment and closing costs. Funds are available in conjunction with first trust financing provided by B. F. Saul Mortgage Company, which has made a commitment to work with first-time homebuyers being served by HCD. The total amount of funds provided by HCD to assist the purchaser with downpayment and closing costs cannot exceed $5,000. This assistance is funded through the County's Community Development Block Grant Program.

HCD staff also support the administrative responsibilities delegated to the County Executive and the FCRHA under the ADU Ordinance including reviewing and recommending changes in unit prototypes, sales prices, and income limits; and monitoring compliance with sales prices, eligibility of purchasers, verification of occupancy, and resale requirements.

Funding for the Homeownership Program is budgeted in two funds in the HCD budget:

Fund 142: Community Development Block Grant

Fund 142 provides $108,790 in funding for the Homeownership Assistance Program to support the First-Time Homebuyers and the Moderate Income Direct Sales Programs. The support activities include tracking and verification of applications, including all data entry, maintaining and updating a participant interest list (currently 1,286 names), application processing, conducting lotteries, conducting annual occupancy certifications, and counseling applicants. Two positions are funded for this purpose in the Relocation Services Branch of HCD. Prior year CDBG funds are available for second trust loans to provide downpayment and closing cost assistance through the Downpayment Assistance Program.

Fund 143: Homeowner and Business Loan Programs

An amount of $556,791 is included in FY 2002 for the Moderate Income Direct Sales Program (MIDS). This funding is derived from loan repayments and will allow for retention of housing units in the program as turnover occurs during the year. No new MIDS units are funded in FY 2002. The FY 2002 funding level represents an increase of $212,841 over the FY 2001 Adopted Budget Plan based on projected repayment receipts.

▶ Method of Service Provision

A variety of methods are used to provide services, which may include County employees, volunteers, interns, and private contractors.

Hours of service include: 24-hour information through the FCRHA's Website (applications may be downloaded from this site). Services are typically available during normal County office hours (8:00 a.m. to 4:30 p.m.) via telephone, fax, e-mail or office appointments. Extended office hours are provided for program orientations and meetings with new participants. Home ownership workshops are frequently conducted on weekends. In special circumstances where a client is unable to travel due to disability, poor health or age, staff will make a home visit.

▶ Performance/Workload Related Data

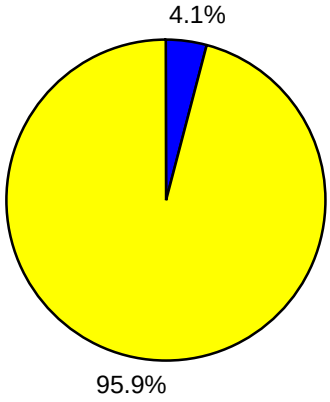
Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
First time home buyers	84	153	114	117	117
Cost per participant	$707	$388	$521	$545	$586
Percent Satisfied	NA	NA	NA	75%	81%

38-04-Commercial Revitalization

Agency 38 - All Funds	Total CAPS
Personnel Services	$368,994
Operating Expenses	$272,368
Recovered Costs	$0
Capital Equipment	$0
Other	$1,930,000
Total CAPS Cost:	**$2,571,362**
Federal Revenue	$180,000
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$172,368
Total Revenue:	**$352,368**
Net CAPS Cost: *	**$2,218,994**
Positions/SYE involved in the delivery of this CAPS	9/9

Department of Housing and Community Development

CAPS Percentage of Agency Total



Commercial Revitalization | All Other Agency CAPS

* The total Net CAPS Cost of $2,218,994 includes the Fund 001, General Fund, amount of $368,994 and an amount of $1,850,000 in Fund 340 provided by a transfer from the General Fund.

The following table identifies the expenditure, revenue and position information from the various Department of Housing and Community Development Funds which comprise this CAPS.

Agency 38 - All Funds	Fund 001	Fund 142	Fund 143	Fund 340
Personnel Services	$368,994	$0	$0	$0
Operating Expenses	$0	$100,000	$172,368	$0
Recovered Costs	$0	$0	$0	$0
Capital Equipment	$0	$0	$0	$0
Other	$0	$80,000	$0	$1,850,000
Total CAPS Cost:	**$368,994**	**$180,000**	**$172,368**	**$1,850,000**
Federal Revenue	$0	$180,000	$0	$0
State Revenue	$0	$0	$0	$0
User Fee Revenue	$0	$0	$0	$0
Other Revenue	$0	$0	$172,368	$0
Total Revenue:	**$0**	**$180,000**	**$172,368**	**$0**
Net CAPS Cost:	**$368,994**	**$0**	**$0**	**$1,850,000**
Positions/SYE involved in the delivery of this CAPS	9/9	0/0	0/0	0/0

▶ CAPS Summary

The strategy that has evolved nationwide for improving older commercial centers and downtowns of all sizes is referred to as commercial revitalization. It is an economic and physical rejuvenation of areas through the use of a broad range of both public and community resources and strategies. The need for revitalization of these older areas is a relatively new phenomenon and many communities across the country are struggling with it. There is no set formula for success, and no two programs are exactly alike.

The suburban-style development of commercial centers in Fairfax County follows the pattern seen in other communities across the country. For 50 years, shopping centers were built to serve the wartime and post-war communities. Over the years, those early centers expanded with the communities around them. They attracted additional commercial development and matured into important commercial centers for their surrounding neighborhoods. Eventually, the wave of suburban development kept moving outward, leaving behind areas that were ill equipped to address the problems of economic competitiveness, traffic and parking, aging physical facilities and infrastructure, and so forth. In Virginia, however, most localities that have revitalization efforts underway are dealing with their older downtowns, as contrasted with suburban-style commercial development found in Fairfax County.

Nonetheless, the objectives of both local governments and their revitalization organizations throughout the Commonwealth, although stated in many different words, typically include: an economically healthier and more competitive business center; attractive and well maintained public places and private properties; and a better mix and fuller range of convenient shopping and services, the total of which is a business district that is an asset to and fully utilized by the surrounding community. Increased business profitability in revitalized commercial centers is crucial, not as an end in itself, but as a motivation for businesses and property owners to revitalize and to help support the costs of revitalization to achieve these objectives for the community. There is often a role that redevelopment can play as part of a larger, more comprehensive strategy, and in some localities, reintroduction of residential uses, either through adaptive use of existing structures or development of new housing, and creation of tourist destinations add to the retail, office, and governmental uses already present.

The County seeks to preserve and improve its older commercial areas through the Revitalization Program. The lead responsibility for this program is within the Department of Housing and Community Development (HCD); however, many programs are administered by other County agencies with overall coordination provided by the Revitalization Program. The program focuses on older business centers and their surrounding residential neighborhoods that have experienced physical and economic decline. Working closely with community revitalization groups in a public/private collaborative effort, the program's objective is to assist areas in their return to economic competitiveness. Currently, there are seven areas designated by the Board of Supervisors: Annandale, Baileys Crossroads/7 Corners, Lake Anne (Reston), McLean, Merrifield, Richmond Highway, and Springfield.

The County's revitalization policies, programs, and products in place include: the Zoning Ordinance Amendment (Commercial Revitalization District) and development process modifications; modified processing of Building Plans in Revitalization Districts and Areas; single points-of-contact and resource teams; Area Strategic Action Statements; Tax Abatement Program; Blight Abatement Program; Maintenance Policy and Program; Comprehensive Plan Amendments; Revitalization Loan Program; Richmond Highway Partnership for Healthy Communities; Richmond Highway Matching Grant Program; expansion of the South Fairfax Regional Business Partnership Small Business Loan Program; the Community Improvement Program; and Conservation and Redevelopment Plans.

HCD is responsible for two major roles in support of the County's revitalization efforts:

a) Coordination of development and implementation of County revitalization policies, programs, projects and services, and

b) Planning and implementation of capital projects intended to act as a catalyst for private sector reinvestment in the County's revitalization areas.

In the coordination role, HCD actively engages revitalization organizations, County agencies, and others in development of all revitalization policies, programs, projects and services. On a Countywide cross-agency level, it is the lead agency for resolution of issues related to the seven revitalization areas and the community in the areas of policies, programs, projects, and services and the coordinating agency for development of revitalization policies, programs, projects, and services. For this work, the agency is assisted by a multi-agency Revitalization Coordinating Committee of senior County managers. On an area-by-area level, the program coordinates delivery of County programs, services and projects operating through single points-of-contact and multi-agency staff resource teams in place for each revitalization area. HCD is also the lead agency for the Blight Abatement Program, the Community Improvement Program, Conservation and Redevelopment Areas, and several capital reinvestment projects funded by the Board of Supervisors. (Some of these programs are discussed more fully in the Neighborhood Preservation and Revitalization ICAPS Summary).

In the capital project role, HCD, in conjunction with the local revitalization groups and under the leadership of the Board of Supervisors and the County Executive, assists in framing a revitalization vision and marketable redevelopment plans for each area. HCD's responsibilities in this area include market and feasibility analyses, design services, marketing, brochure development, media relations, developer/investor solicitation and relations; land assembly, project financing, and other related or as-needed activities.

Fund 001: General Fund

In FY 2002, Fund 001 provides funding of $368,994 to support nine full-time positions responsible for the Department's functions relative to the Commercial Revitalization Program and the various Revitalization Areas, including development of policies, programs, projects and services; coordination and communication between County agencies and the community; preparation and approval of plans, contracts, and payments; development of budgets and applications for project funding; and responding to citizen concerns. These positions also provide staff services to the local revitalization citizen advisory committees.

Fund 142: Community Development Block Grant

In FY 2002, a total of $180,000 in Community Development Block Grant funds has been appropriated for a Revitalization Predevelopment Fund ($80,000) and a Revitalization Loan Pool ($100,000). The Predevelopment Fund will be available to the Fairfax County Redevelopment and Housing Authority and/or private developers for feasibility and market studies for developments in Revitalization Areas. The Revitalization Loan Pool will leverage below-market financing for private developers in Revitalization Areas.

Fund 143: Homeowner and Business Loan Program

A total of $172,368 is appropriated in FY 2002 in Fund 143 for debt service payments on two Section 108 loans: a $1,000,000 loan for Small and Minority Business Loans through the Community Business Partnership, and a $9,300,000 loan for neighborhood improvements. Carryover funds from the original $1 million Small and Minority Business Loan remain available for additional loans through the Business Center.

Fund 340: Housing Assistance Program

The FY 2002 budget includes a total appropriation of $1,850,000 for revitalization activities. These include:

- $290,000 for the continuation of the Commercial Revitalization studies program;
- $125,000 for design services and land acquisition associated with a public community/performing arts center located at the proposed Springfield Town Center;
- $375,000 for detailed design guidelines, marketing, and land acquisition for the Kings Crossing Town Center;
- $100,000 for a feasibility study and predevelopment activities for a community marketplace and museum in the southern portion of the Richmond Highway corridor;
- $250,000 for matching funds for the Springfield Incubator for Bio-Technology and Bio-Informatics;
- $50,000 for the partial costs of renovations at the Island Walk Cooperative; and
- $660,000 for staff and administration costs for the Commercial Revitalization Program (3 positions included in the Fund 001 position count).

► Method of Service Provision

This service is provided by regular County employees. Normal hours of operation extend from 8:00 a.m. to 5:00 p. m. Monday through Friday. HCD staff often works outside of these regular hours to provide staff support to the various Revitalization Committees, and to meet with the Fairfax County Redevelopment and Housing Authority, the Board of Supervisors, non-profit agencies, and other citizen and/or community groups.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Cross agency service provision issues Identified and resolved	N/A	N/A	N/A	N/A	5
Projects, programs and services that advance to the next logical step i.e., from planning, design, implementation	N/A	N/A	N/A	N/A	6
Communications briefings, press releases, events held	N/A	N/A	N/A	N/A	12
Developers contacted	N/A	N/A	N/A	N/A	24
Capital projects advanced to the next phase	N/A	N/A	N/A	N/A	2
Revitalization Programs, Projects, Geographic Areas Managed	N/A	N/A	N/A	24	35

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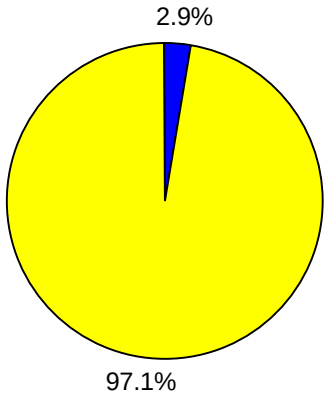
38-05-Neighborhood Preservation and Revitalization

Agency 38 - All Funds	Total CAPS
Personnel Services	$742,737
Operating Expenses	$932,537
Recovered Costs	$0
Capital Equipment	$0
Other	$150,000
Total CAPS Cost:	**$1,825,274**
Federal Revenue	$551,749
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$1,162,479
Total Revenue:	**$1,714,228**
Net CAPS Cost: *	**$111,046**
Positions/SYE involved in the delivery of this CAPS	13/13

Department of Housing and Community Development

CAPS Percentage of Agency Total



Neighborhood Preservation and Revitalization
All Other Agency CAPS

* The total Net CAPS Cost of $111,046 includes an amount of $119,337 provided from the General Fund and an amount of $(8,291) from Fund 945, a non-appropriated Fund, representing revenue received for projected investment income.

The following table identifies the expenditure, revenue and position information from the various Department of Housing and Community Development Funds which comprise this CAPS.

Agency 38 - All Funds	Fund 001	Fund 142	Fund 143
Personnel Services	$119,337	$226,341	$0
Operating Expenses	$0	$175,408	$432,574
Recovered Costs	$0	$0	$0
Capital Equipment	$0	$0	$0
Other	$0	$150,000	$0
Total CAPS Cost:	**$119,337**	**$551,749**	**$432,574**
Federal Revenue	$0	$551,749	$0
State Revenue	$0	$0	$0
User Fee Revenue	$0	$0	$0
Other Revenue	$0	$0	$432,574
Total Revenue:	**$0**	**$551,749**	**$432,574**
Net CAPS Cost:	**$119,337**	**$0**	**$0**
Positions/SYE involved in the delivery of this CAPS	2/2	5/5	0/0

Agency 38 - All Funds	Fund 940	Fund 945
Personnel Services	$397,059	$0
Operating Expenses	$0	$324,555
Recovered Costs	$0	$0
Capital Equipment	$0	$0
Other	$0	$0
Total CAPS Cost:	**$397,059**	**$324,555**
Federal Revenue	$0	$0
State Revenue	$0	$0
User Fee Revenue	$0	$0
Other Revenue	$397,059	$332,846
Total Revenue:	**$397,059**	**$332,846**
Net CAPS Cost:	**$0**	**$(8,291)**
Positions/SYE involved in the delivery of this CAPS	6/6	0/0

▶ CAPS Summary

The Department of Housing and Community Development (HCD) connects with County residents at their roots - home, neighborhood, and community. As Fairfax County developed during the first half of the 20th century, a number of neighborhoods of affordable, modest housing, some suburban in character and others more rural, were developed across the County. As these neighborhoods matured, they began to show evidence of decline and disrepair, both in the housing and the public improvements, most of which were not constructed to contemporary standards. However, these neighborhoods still provide a valuable source of affordable housing, and the Board of Supervisors has made a commitment, through the adoption of numerous neighborhood improvement plans, to preserve and revitalize these communities. HCD promotes residential neighborhood preservation and revitalization through a number of initiatives, involving both the public and the private sectors:

- Home improvement loans and technical assistance for homeowners;
- Abatement of blighted properties; and
- Capital improvements in target neighborhoods.

Both the Home Improvement Loan Program and Home Repair for the Elderly Program provide financial and technical assistance to low- and moderate-income elderly or disabled homeowners for rehabilitation or repair of their property. HCD is also in the process of developing a partnership with financial institutions to improve residential areas adjacent to revitalization districts to revitalize the entire community and bring new vitality to aging areas. The Blight Abatement Program addresses citizen concerns about specific properties in their communities which are abandoned, dilapidated, or otherwise kept in an unsafe state. If efforts to encourage property owners to abate identified blight fail, direct action is taken to demolish or repair the property.

Specific neighborhoods are targeted for preservation and revitalization through two County initiatives: the Community Improvement Program and designated Conservation and Redevelopment Areas. Public improvements in these communities, as well as in other low- and moderate-income communities as projects are identified and funded, complement efforts to encourage private investment through individual home improvements. Improvements may include road, storm drainage, and sanitary sewer improvements, sidewalk installation, and renovation and expansion of community centers. Under both programs, HCD prepares, in cooperation with the community, specific plans for adoption by the Board of Supervisors and, in some cases, the Fairfax County Redevelopment and Housing Authority. HCD also coordinates planned improvements with neighborhood residents, ensures that any Federal or other program funding requirements are met, and in some cases, bills property owners for their share of the improvements.

The Department of Public Works and Environmental Services carries out actual design and construction of major road and storm drainage improvements, while HCD assumes responsibility through the FCRHA for some small-scale improvements and for renovation and expansion of community centers in designated neighborhoods. In all cases, HCD assists throughout the design and construction process through review and approval of plans, contracts, and payments, development of budgets and applications for project funding, compliance monitoring, and responding to resident complaints and concerns (particularly during the design and construction phases). HCD also provides staff support to the Community Improvement Program citizen advisory committee.

Funding for this program area has historically been budgeted from a variety of sources. The Home Improvement Programs (Home Improvement Loan Program and Home Repair for the Elderly) are funded through County appropriated funds (Fund 143), Community Development Block Grant (CDBG) Funds (Fund 142), repayments and interest earned on outstanding loans (Fund 940), other Federal, State, and bank funds when available, and homeowner contributions. The Blight Abatement Program is funded through County General Fund appropriations (Fund 340), with loan funds for owners of blighted properties available through CDBG (Fund 142).

Neighborhood improvements in Conservation Areas have been funded largely through the Community Development Block Grant (Fund 142), a Federal Section 108 Loan (Fund 340), and the 1989 Neighborhood Bond Referendum (Fund 341). Improvements in Community Improvement Program Areas are funded primarily through Bond Funds budgeted in the Department of Public Works and Environmental Services.

The level of funding available to the County through the CDBG entitlement grant has been relatively stable over the past several years, at $6-$6.3 million. However, priorities for the use of CDBG funds have been directed to meet other needs, such as non-profit programs through the Consolidated Community Funding Pool and affordable housing production and preservation, or have been committed to payments on the County's outstanding Section 108 loan. It is likely that an appropriation from the County General Funds or an additional Bond Referendum will be required to complete the remaining improvements planned for adopted Conservation Areas.

Improvements that were originally planned in Conservation Areas have been completed in seven of those areas. Public improvements in five approved Conservation Areas remain to be completed. Currently available funding will be sufficient to complete improvements in three of those areas; additional funding will be required to complete improvements in the remaining two. Improvements in four Community Improvement Program areas remain to be completed, and current funding is sufficient to complete the planned improvements in only two of those areas. In addition, 30 communities have expressed interest in the Community Improvement Program and are on the Program's waiting list, but no funding is available to initiate planning or design for improvements in those neighborhoods.

The number of properties on the Blight Inventory has remained constant at approximately 300. While some blighted properties are abated each year, additional properties are identified and added to the list. Additional staff would be required to achieve a significant increase in the number of properties which can be handled during a fiscal year. Financial and technical assistance through the Home Improvement Programs is ongoing, and the level of that assistance is again dependent on the staffing available to provide it.

As the housing stock developed in the County's initial growth spurt is now aging, the need for rehabilitation has increased. The number of housing units in the County which are older than twenty years has increased 71 percent in the last 10 years, and most, if not all, of these units are in need of some type of rehabilitation or repair. It is anticipated that the need for housing rehabilitation for low and moderate income homeowners will continue to increase. The number of applications for the Home Improvement Loan Program has increased an average of 9 percent over the last five years. However, the capacity of the Home Improvement Loan Program has decreased, with a 61 percent reduction in staff since 1991 due to budget cutbacks, the assignment of staff to new initiatives such as the Blight Abatement Program, and the reassignment of staff to meet other HCD/County/FCRHA housing and revitalization priorities. HCD plans to assess this program to determine if other approaches are feasible, to ensure that available staff is utilized in the most effective and efficient manner, and to leverage other resources that could contribute to this program.

Funding for this program area is allocated by various methods, generally depending on the funding source. Federal funds through the Community Development Block Grant are allocated through the County's annual Consolidated Plan process, which is the responsibility of the Consolidated Community Funding Advisory Committee. When available, County General Fund monies are allocated for specific projects as approved by the Board. Bond funds are available and committed only after the Board of Supervisors authorizes a bond referendum and the referendum is approved by the voters. Funding for staff support and operating costs is allocated through the regular County budget process.

Funding in support of this program area is arrayed across seven specific funds in the budget of HCD, as follows:

Fund 001: General Fund

In FY 2002, $119,337 in funding through Fund 001 supports two full-time positions responsible for the Department's functions relative to the Community Improvement Program and the various active Conservation Areas, including review and approval of plans, contracts, and payments; development of budgets and applications for project funding; compliance monitoring; and responding to resident complaints and concerns. These positions also provide staff support to the Community Improvement Program citizen advisory committee.

Fund 142: Community Development Block Grant

In FY 2002, a total of $551,749 in Community Development Block Grant funds has been appropriated for the Home Improvement Loan Program ($100,000), the Home Repair for the Elderly Program (5 positions) ($251,749), a Child Care Center Grant Program ($50,000) and for improvements to the Southgate Community Center in Reston ($150,000). In addition, prior-year CDBG funds are available for improvements at the Huntington Community Center, for construction of the Herndon Senior Center, for continued phased improvements in five Conservation Areas, and for payments on the $9.3 million Federal Section 108 loan approved by the Board of Supervisors for these projects.

Fund 143: Homeowner and Business Loan Programs

No new funding for this program area was appropriated in Fund 143 for FY 2002. A total of $432,574 in repayments of principal and interest on outstanding home improvement loans has been reallocated to the loan pool and is available for additional loans to eligible homeowners.

Fund 340: Housing Assistance Program

No new funding for this program area was appropriated in Fund 340 for FY 2002. Carryover funds, primarily from the $9.3 million Section 108 loan for neighborhood improvements and from the FY 2001 Economic Development Initiative - Special Project Grant (CDBG Set-Aside), continue to be available for several neighborhood improvement projects. In addition, carryover funds are also available for loans to owners of blighted properties for repairs to eliminate blighting conditions.

Fund 341: Housing General Obligation Bond Construction

No new funding for this program area was appropriated in Fund 341 for FY 2002. Carryover funds from the 1989 Bond Referendum for neighborhood improvements will be available for planned improvements in four Conservation Areas (Baileys, Fairhaven, Gum Springs, and James Lee).

Fund 940: FCRHA General Operating

This fund accounts for the business activities of the FCRHA. Revenue received from monitoring and financing fees, development fees, and other sources is reported in this fund and is used to support the programs and activities of the FCRHA. In FY 2002, $397,059 in funding through Fund 940 supports six full-time positions responsible for the Department's Home Rehabilitation Programs and the Blight Abatement Program. These positions provide a variety of technical assistance to homeowners participating in the program, including determination of homeowners' eligibility for the program, inspections of properties to determine rehabilitation needs; preparation of rehabilitation drawings and specifications and cost estimates; bidding for contracting services, and construction monitoring. In addition, the positions seek and obtain funding for the loan programs, provide community outreach on the programs, and technical support for non-profit organizations, community organizations, and other County agencies.

Fund 945: FCRHA Non-County Appropriated Rehabilitation Loan Program

A total of $324,555 is budgeted in Fund 945 in FY 2002 for this program area. This funding represents an estimated $120,000 in below-market loans provided to homeowners from private banks; $100,000 in contributions made by homeowners toward the cost of improvements; and $104,555 in repayments of principal and interest on outstanding home improvements loans.

▶ Method of Service Provision

Services under this program area are provided by regular County employees, as well as through outside consultants and contractors. HCD staff provides direct rehabilitation and technical assistance to Home Improvement Loan clients and to owners of blighted properties. The Home Repair for the Elderly crew of County employees completes minor repairs and improvements to homes of eligible participants. HCD staff manages public improvement and other capital projects in Conservation, Community Improvement, Redevelopment and Revitalization Areas as well as other Federally-assisted capital projects in the County. Improvements are coordinated directly with citizens, consultants, contractors, and other County agencies in preparation of master plans, design, and construction documents, as well as in the acquisition of required easements and dedications and actual construction. HCD administers contracts, designs improvements, directs the work of consultants and contractors, meets directly with citizens, presents proposed plans to communities, supervises design, real property acquisition and construction projects, and ensures that Federal compliance requirements are met and documented.

Normal hours of operation extend from 8:00 a.m. to 4:30 p.m. Monday through Friday. However, HCD staff often meet with individual citizens, neighborhood groups, the Board of Supervisors, the Fairfax County Redevelopment and Housing Authority, and other boards, commissions, or organizations before and after regular business hours or on weekends.

▶ Performance/Workload Related Data

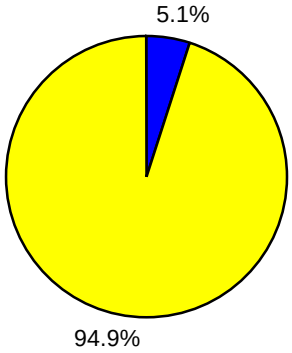
Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Conservation Areas with planned improvements to be completed	5	5	5	5	5
Community Improvement Program Areas with planned improvements to be completed	7	6	5	4	4
Communities on CIP waiting list	30	30	30	30	30
Home Improvement Loans settled	44	74	33	37	33
Home Repair for the Elderly cases completed	83	83	115	93	90
Properties on Blight Inventory	N/A	296	293	328	295
Properties added to Blight Inventory	N/A	195	77	74	70
Blighted properties abated	N/A	38	45	34	40

38-06-Consolidated Community Funding Pool and Grants Management

Agency 38 - All Funds	Total CAPS
Personnel Services	$691,102
Operating Expenses	$2,515,216
Recovered Costs	$0
Capital Equipment	$0
Other	$10,591
Total CAPS Cost:	**$3,216,909**
Federal Revenue	$3,056,909
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	**$3,056,909**
Net CAPS Cost: *	**$160,000**
Positions/SYE involved in the delivery of this CAPS	9/9

Department of Housing and Community Development

CAPS Percentage of Agency Total



Consolidated Community Funding Pool and Grants Management
All Other Agency CAPS

* The total Net CAPS Cost of $160,000 is provided from the General Fund.

The following table identifies the expenditure, revenue and position information from the various Department of Housing and Community Development Funds which comprise this CAPS.

Agency 38 - All Funds	Fund 001	Fund 142
Personnel Services	$0	$691,102
Operating Expenses	$160,000	$2,355,216
Recovered Costs	$0	$0
Capital Equipment	$0	$0
Other	$0	$10,591
Total CAPS Cost:	**$160,000**	**$3,056,909**
Federal Revenue	$0	$3,056,909
State Revenue	$0	$0
User Fee Revenue	$0	$0
Other Revenue	$0	$0
Total Revenue:	**$0**	**$3,056,909**
Net CAPS Cost:	**$160,000**	**$0**
Positions/SYE involved in the delivery of this CAPS	0/0	9/9

▶ CAPS Summary

As an urban county, Fairfax County is entitled to receive over $8 million in Federal grant funds through the Department of Housing and Urban Development (HUD). This opportunity, however, requires that the County prepare a Five-Year Consolidated Plan and an Annual Consolidated Plan One-Year Action Plan for submission to HUD. These funds are a primary source of funding to support the County's affordable housing, neighborhood improvement, and revitalization activities. By accepting these funds, the County also assumes the responsibility for administering them in accordance with all Federal requirements; ensuring an opportunity for citizen participation; monitoring performance; managing contracts with subcontractors; ensuring a timely expenditure of funds and compliance with Federal requirements and regulations; and reporting to HUD, through a data base and an annual report, details on project descriptions, expenditures, specific accomplishments and outcomes, and the characteristics of participants and those benefiting from funded projects.

The Department of Housing and Community Development (HCD) is the lead agency responsible for meeting these obligations through the development and implementation of the County's Five-Year and Annual Consolidated Plans. These Plans are the formal application for four entitlement programs (Community Development Block Grant (CDBG), HOME Investment Partnership Grant (HOME), Emergency Shelter Grant, and Housing Opportunities for Persons with AIDS) through HUD. HCD also identifies and prepares applications for other available funding opportunities that support the agency's programs and goals.

As part of these responsibilities, HCD provides staff support to the Consolidated Community Funding Advisory Committee (CCFAC), a citizen committee responsible for preparing the Five-Year and Annual Consolidated Plans, and recommending priorities for the use of those funds to the Board of Supervisors. This Committee also oversees the County's Consolidated Community Funding Pool (CCFP), which is funded through CDBG, the County General Fund, and the Community Services Block Grant.

A portion of the resources available to HCD through CDBG is contributed to the CCFP. The majority of these resources is made available to the County's non-profit partners who are providing critical human services to those in need, fostering family and community stability. HCD assists throughout the planning and implementation of the CCFP, and manages CCFP contracts funded through both CDBG and County General Fund appropriations.

HCD's workload relative to this Program Area has expanded significantly since the early days of the CDBG Program. Additional responsibilities have been assumed regarding the planning and administration of the HOME grant, the County's extensive use of the Section 108 loan program, receipt of three Economic Development Initiative-Special Project Grants from HUD, and a broadened citizen participation process through the CCFAC. The number of non-profit organizations receiving funding for which HCD is responsible has grown exponentially over this same timeframe, from several small contracts to a current workload of 34 contracts totaling $5.32 million for 44 distinct projects.

Fund 001: General Fund

In FY 2002, $160,000 in funding through Fund 001 supports continuation of the training program offered by the County to non-profit organizations, and implementation of the County's non-profit organizational development initiative. This initiative is designed to strengthen the organization capacity of community-based non-profit organization providing services to Fairfax County residents.

Fund 142: Community Development Block Grant

HCD is responsible for the full management of the County's Consolidated Plan and associated funding programs, including the preparation of the annual and five-year plans (which involves an extensive and comprehensive citizen participation process), preparation and submission of required annual reports to the Department of Housing and Urban Development (HUD), management of automated HUD computer systems for program progress and financial reporting, and monitoring of all funded programs to ensure compliance with all Federal requirements. These activities are essential for the County to maintain its status as an urban county entitlement recipient and to continue to be eligible to receive these critical resources.

A total of $3,056,909 in Fund 142 is allocated for this Program Area. FY 2002 funding in the amount of $798,538 provides support for nine positions responsible for the preparation and management of the Consolidated Plan, including planning, administration, and monitoring of the CDBG, HOME, and related programs. An amount of $75,000 is allocated for continued testing by the Human Rights Commission for compliance by landlords and realtors with Fair Housing laws. Funding totaling $1,883,371 is provided for projects and programs funded through the CCFP, plus an additional $300,000 for the Reston Interfaith Townhouse Acquisition Program. County General Fund monies available for the CCFP are budgeted in Fund 118 administered by the Department of Administration for Human Services.

▶ Method of Service Provision

This service is provided by regular County employees. HCD staff administers contracts with non-profit organizations, and completes all application, monitoring, evaluation, and reporting requirements associated with the various funding sources.

Normal hours of operation extend from 8:00 a.m. to 5:00 p.m. Monday through Friday. HCD staff often works outside of these regular hours to provide staff support to the Consolidated Community Funding Advisory Committee and its various subcommittees, and to meet with the Fairfax County Redevelopment and Housing Authority, the Board of Supervisors, non-profit agencies, and other citizen and/or community groups.

▶ Performance/Workload Related Data

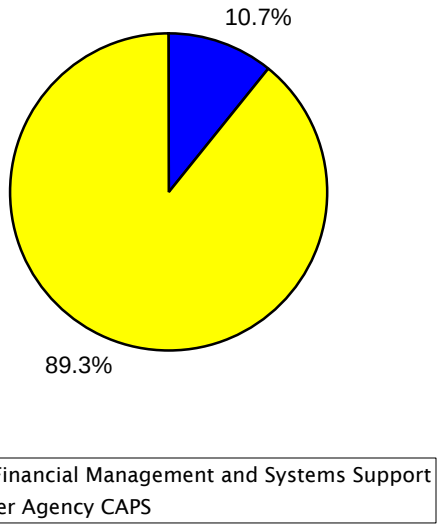
Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Total Funding Obtained	N/A	N/A	$8.67M	$8.63M	$9.12M
Non-Profit Contracts Managed	27	26	33	34	34
Total Non-Profit Contract Funding Managed	$3.82M	$3.66M	$4.26M	$5.06M	$5.32M
Households Served Through CCFP Contracts	N/A	N/A	33,010	33,825	34,000

38-07-Policy/Financial Management and Systems Support

Agency 38 - All Funds	TOTAL CAPS
Personnel Services	$2,068,083
Operating Expenses	$4,470,467
Recovered Costs	$0
Capital Equipment	$210,000
Other	$0
Total CAPS Cost:	**$6,748,550**
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$4,317,989
Total Revenue:	**$4,317,989**
Net CAPS Cost: *	**$2,430,561**
Positions/SYE involved in the delivery of this CAPS	30/30

Department of Housing and Community Development

CAPS Percentage of Agency Total



*The total Net CAPS Cost of $2,430,561 includes an amount of $2,441,644 provided from the General Fund and an amount of $(11,083) from Fund 940, a non-appropriated Fund, representing revenue received for service fees provided by the FCRHA.

The following table identifies the expenditure, revenue and position information from the various Department of Housing and Community Development Funds which comprise this CAPS.

Agency 38 - All Funds	Fund 001	Fund 940	Fund 949
Personnel Services	$1,525,275	$542,808	$0
Operating Expenses	$716,369	$842,868	$2,911,230
Recovered Costs	$0	$0	$0
Capital Equipment	$200,000	$10,000	$0
Other	$0	$0	$0
Total CAPS Cost:	**$2,441,644**	**$1,395,676**	**$2,911,230**
Federal Revenue	$0	$0	$0
State Revenue	$0	$0	$0
User Fee Revenue	$0	$0	$0
Other Revenue	$0	$1,406,759	$2,911,230
Total Revenue:	**$0**	**$1,406,759**	**$2,911,230**
Net CAPS Cost:	**$2,441,644**	**$(11,083)**	**$0**
Positions/SYE involved in the delivery of this CAPS	19/19	11/11	0/0

▶ CAPS Summary

This activity encompasses a number of critical functions that are key to effective operation of both the Department of Housing and Community Development (HCD) and the Fairfax County Redevelopment and Housing Authority (FCRHA) including:

- Strategic planning and direction
- Computer network operations
- Public information
- Human resources administration (personnel, payroll, etc.)
- FCRHA secretary
- Financial management

These functions are covered by two of the agency's budget cost centers, Administration and Financial Management, with support from both the County General Fund (Fund 001) and the FCRHA Operating Fund (Fund 940).

The agency Director and Deputy Director provide strategic direction, administrative and policy guidance and coordination for all HCD programs and activities. Under their direction, other positions perform key support activities. The FCRHA Clerk maintains the FCRHA's records, coordinates the preparation of meeting agenda packages, prepares meeting minutes and provides administrative support for FCRHA meetings. Other positions manage the FCRHA office building, coordinate maintenance, security, telephone systems and office equipment and provide receptionist services. An increasing amount of time is devoted to human resources functions including processing all personnel actions for the agency, supervising payroll reporting, coordinating performance evaluations and pay-for-performance and providing information and guidance to staff on human resources procedures and requirements.

Public Information staff manage both external and internal communications. They respond to media and citizen information requests and provide information concerning HCD and the FCRHA through a variety of media including annual reports, public presentations, cable TV programs and program/marketing brochures. They also design and print hundreds of forms, applications, fact sheets, flyers, maps, etc. used by staff in the administration of HCD/FCRHA programs and coordinate the design and production of multiple newsletters for a variety of constituents such as FCRHA tenants, Section 8 landlords, and the Consolidated Community Funding Advisory Committee among others. They also provide content for the e-fordable Fairfax web site, the FCRHA/HCD web page and the internal HCD web-based newsletter.

The Information Systems and Services Division of HCD provides support for HCD computer systems and coordinates with the County Department of Information Technology to provide access to County systems. IT staff maintain and upgrade a 275 PC network with 8 servers and 300 users stationed at 10 different locations. They provide user support and coordinate training for both commercial software packages and specialized HCD systems. They also assess business needs and procure or design, test and implement new systems to serve these needs.

As a residential property manager, real estate developer and financing agency, as well as a governmental entity, the FCRHA and HCD have very complex financial management and reporting responsibilities utilizing both governmental and enterprise accounting and two different fiscal years. The Financial Management Division is responsible for financial planning,

budgeting, accounting and reporting for all programs, projects and activities of HCD and FCRHA. This requires 21 funds (operating, capital and grant) on the County FAMIS system as well as three separate systems used to maintain accounts for over 1,800 households living in FCRHA housing, about 500 households in partnership properties, and over 2,800 households receiving Section 8 housing subsidies. The revised annual budget for all funds on FAMIS typically is over $110 million. In addition, Finance staff supervises the work of an independent management company that maintains the financial records for five privately managed properties.

There are also two corporations, two limited liability companies and nine limited partnerships for which Finance staff has responsibility, either directly maintaining their records or supervising and reviewing the work of outside firms. These records are maintained on a separate fiscal year and the majority of transactions are not processed through the FAMIS system. They require separate accounting, and individual budgets, financial reports, audits and tax returns. The division must also meet multiple financial reporting requirements in addition to those of the County, including the U. S. Department of Housing and Urban Development, the Virginia Housing Development Authority, several private lenders and multiple investor partners.

As a real estate developer, the FCRHA or its affiliated partnerships are obligated for over $80 million in debt secured by its properties that requires monthly tracking and processing of principal, interest, escrow and reserve payments. As a lender, the FCRHA has a portfolio of over $12 million in loans to assist with home improvements or home purchases that must be serviced and over $170 million in conduit debt issued to fund loans to other parties that must be monitored.

Fund 001: General Operating

Fund 001 provides support totaling $2,441,644 in FY 2002 for a total of 19 positions at HCD that work in these areas. Ten positions and associated operating costs are in the Administrative Cost Center and nine are in the Financial Management Cost Center.

Fund 940, FCRHA General Operating

This fund accounts for the business activities of the FCRHA. Revenue received from monitoring and financing fees, development fees and other sources is reported in this fund and is used to support the programs and activities of the FCRHA. A total of $1,395,676 in Fund 940 in FY 2002 supports six positions in the Administration Cost Center and five in Financial Management along with associated overhead costs and administrative expenses of the FCRHA.

Fund 949, FCRHA Internal Service Fund

This fund was established in FY 1998 to charge for goods and services that are shared among several housing funds. It is, in essence, a “clearing account” that permits costs to be paid from one source and then distributed to the appropriate projects and programs. These costs include items such as office supplies, telephones, postage, copying, insurance, and audits, which have been budgeted in and expensed from one of the HCD/FCRHA’s funds, and then allocated out to other funds proportionate to their share of the costs. It also includes costs associated with the maintenance and operation of FCRHA housing developments such as service contracts for extermination, custodial work, elevator maintenance, grounds maintenance, etc. The fund allows one contract to be established for each vendor, as opposed to multiple contracts in various funds.

The FY 2002 funding level for Fund 949 is $2,911,230 for both expenditures and revenues. The net expenditures for the Department of Housing and Community Development (HCD) will not increase as a result of this fund. Reimbursed charges incurred on behalf of other HCD/FCRHA funds will be recorded as revenue. Budgeted annual revenue and expenses are equal.

▶ Method of Service Provision

This work is performed by 19 positions supported by Fund 001 and 11 positions supported by Fund 940. In addition, the work of private property management firms, accountants and auditors on behalf of the limited partnerships is paid by the partnerships.

Normal hours of operation extend from 8:00 a.m. to 5:00 p.m. Monday through Friday. HCD staff often works outside of these regular hours to meet with the Fairfax County Redevelopment and Housing Authority, the Board of Supervisors, non-profit agencies, and other citizen and/or community groups.

▶ Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Number of FCRHA, Committee, corporation meetings/agendas	61	40	37	51	55
Citizen Inquiry Assistance	NA	333	348	380	400
Media Inquiry Assistance	NA	133	139	150	150
Publications/marketing materials produced	NA	167	185	190	190
IT Requests Completed	1,517	1,128	1,401	1,564	1,800

▶ User Fee Information

The FCRHA receives compensation for its services to the limited partnerships of which it is the general partner. It also earns developer fees and financing fees for its services. This compensation is part of the revenue stream for Fund 940 which supports 11 of the positions in this area.

118-01-Consolidated Community Funding Pool

Fund: 118, Consolidated Community Funding Pool	
Total Expenditures	**$5,923,150**
Revenue:	
General Fund Support	$5,923,150
Bond Revenue	$0
Other Revenue	$0
Total Revenue	**$5,923,150**

▶ Summary of Program

In 1997, Fairfax County, Virginia developed and implemented a new competitive grant process for funding human services offered by non-profit agencies. Before that time, non-profits received County funding through a variety of methods: some non-profits received annual contributions as line-items in the County budget with no specific program or reporting requirements; other organizations had formal contracts with one or more County Departments to provide specific services; still others competed for a variety of funds from local, state or federal sources, including the Community Development Block Grant (CDBG) and Community Services Block Grant (CSBG) funds.

These funding mechanisms had evolved separately over time, each with its own unique eligibility criteria, applications, reporting requirements, and policies. Many non-profit organizations applied for funding from multiple sources and had to comply with competing or duplicative administrative requirements. The Board of Supervisors, staff, and citizens had no reliable way to track program performance, uniformly identify gaps in service, or evaluate whether the County's overall support of non-profit service delivery was in line with the community's needs and priorities.

In 1997, the Board of Supervisors approved the development and implementation of a competitive funding process to fund services best provided by community-based agencies and organizations formerly funded through a contribution or through a contract with an individual County agency. In accordance with the Board's direction, this process was operational in FY 1998 and was guided by the following goals:

- Provide support for services that are an integral part of the County's vision and strategic plan for human services;
- Serve as a catalyst to community-based agencies, both large and small, to provide services and leverage resources;
- Strengthen the community's capacity to provide human services to individuals and families in need through effective and efficient use of resources; and
- Help build public/private partnerships and improve coordination and collaboration, especially within the five human service regions of the County.

Fund 118, Consolidated Community Funding Pool, was established in FY 1998 to provide a budget mechanism for this funding process. The Pool was then essentially comprised of General Fund monies targeted at non-profit service delivery formerly funded as Contributory Agencies and funds received under the Community Services Block Grant (CSBG) Program)

The Consolidated Community Funding Pool process reflects significant strides to improve services to County residents and to usher in a new era of strengthened relations between the County and community of private, non-profit organizations. First, all programs funded through this process are required to develop and track program outcome measures. To aid agencies in meeting this requirement, the County (in partnership with the Fairfax-Falls Church United Way) has provided several performance measurement training opportunities for staff and volunteers from all interested community-based agencies. Second, the criteria used to evaluate the proposals explicitly encourage agencies to leverage County funding through strategies such as cash match from other non-County sources, in-kind services from volunteers, or contributions from the business community and others. Third, the criteria encourage agencies to demonstrate cooperation and/or collaboration with other organizations to minimize duplication or to achieve efficiencies in service delivery or administration.

Continued efforts have been made to streamline the funding process for both the County and community-based agencies. In FY 2000, portions of Community Development Block Grant Funding (CDBG) were added to the Pool. FY 2002 will be the third year of a consolidated process for setting priorities and awarding funds from both the Consolidated Community Funding Pool and Community Development Block Grant (CDBG) processes. In past years, the CDBG process and the Consolidated Community Funding Pool grant process were similar activities that operated under different time frames, with separate application requirements and different evaluation criteria. With the consolidation of CDBG in the Funding Pool, the Consolidated Community Funding Advisory Committee has taken on the additional role (in cooperation with the RHA) of providing citizen input, guidance and oversight to the Consolidated Plan process required by HUD. This further integrates planning for non-profit efforts since many non-CCFP funded housing projects are also operated by non-profit organizations.

In 1999, the Board of Supervisors approved the Consolidated Community Funding Advisory Committee (CCFAC) recommendation to change from one-year contract awards to two-year contact awards for agencies receiving funds through the Consolidated Community Funding Pool. This recommendation was made after several months of study by the CCFAC, which included gathering input from private non-profit agencies regarding the strengths and shortcomings of multiple year contract awards. The CCFAC has evaluated and judged the two-year process as successful and the Board of Supervisors has agreed continue the two-year contract award format.

The CCFP process is staffed by an Interagency Team comprised of staff from the Department of Housing and Community Development, the Department of Family Services, the Department of Administration for Human Services and the Department of Systems Management for Human Services.

▶ Funding Availability and Future Considerations

The Board of Supervisors makes General Fund allocations to the Pool. CSBG and CDBG contributions, including Targeted Public Services and Affordable Housing funds, to the Pool are dependent on the availability of funds under these grants.

▶ Funding Methodology

The funding of programs under the Consolidated Community Funding Pool is an entirely citizen-driven process. The County Executive appoints a citizen group known as the Consolidated Community Funding Advisory Committee (CCFAC) to oversee all aspects of the Funding Pool process. A major responsibility of the CCFAC is to recommend annual funding priorities for the Consolidated Community Funding Pool to the Board of Supervisors. The CCFAC conducts a number of number of activities to gather information in the development of funding priorities, including public forums; surveys of members of human services boards, authorities, and commissions; discussions with leadership staff from County agencies; focus groups for low-income persons sponsored by the Community Action Advisory Board; and a review of documented service needs and demographic trends. Staff develops a Request for Proposal (RFP) with the CCFAC's guidance. Non-profit organizations submit bids through the Department of Purchasing and Supply Management, which are then evaluated by a separate citizens Selection Advisory Committee (SAC). Proposals are ranked within the CCFAC priority areas and the SAC makes final program funding recommendations to the Board of Supervisors. Programs are then monitored by staff under guidelines developed and reviewed by the CCFAC.

The Consolidated Community Funding Pool is funded from Federal Community Development Block Grant, Targeted Public Services, and Affordable Housing funds; Federal Community Services Block Grant funds; and local Fairfax County General Funds. Although the process for setting priorities and awarding funds has been consolidated, Fund 118 contains only the local Fairfax County General Fund and Community Services Block Grant portion of the funds. The Federal Community Development Block Grant funds remain in Fund 142 (for grant accounting purposes).

▶ Status of Program

The following programs will receive funds in FY 2002. FY 2002 is the second year of the two-year funding cycle. It should be noted that some funding adjustments to individual programs will occur as a result of contract negotiations. During the current fiscal year, a new RFP will be issued for CCFP programs for the FY 2003/FY 2004 timeframe.

PROJECT / ORGANIZATION	DESCRIPTION	FUND 118 AWARD	FUND 142 AWARD
4-H Character Club / Culmore 4-H Character Club	Day camp, after school homework, character and life skills services	$20, 000	
ACCA Emergency Food / Annandale Christian Community for Action (ACCA)	Emergency food	10,000	
Administrative Support for Housing Capital Projects / Wesley Housing Development	Administer the development and operation of affordable housing projects		85,000
Adult Day Health Care / Family Respite Center	Activities for people with middle stages of Alzheimer's and people with advanced dementia	60,000	
Adult Literacy and English as a Second Language / Literacy Council of Northern Virginia	Adult functional reading and writing skill development and ESL instruction	64,492	
Affordable Housing for People with Physical Disabilities / Wesley Housing Development Corporation	Develop the first affordable apartment community in the County for physically disabled people		100,000
Affordable, Rental, Transitional Housing / Robert Pierre Johnson (RPJ) Housing Development Corporation	Administer the development and operation of low and moderate income housing		128,157
APD Housing Administration / Alliance for the Physically Disabled (APD)	Resident services for severely disabled adults	55,000	
Bilingual Rehab. Specialist / Town of Herndon	Assist limited English-speaking people to foster housing rehabilitation, modernization, and maintenance		35,508
Chantilly Mews Family Preservation / Black Women United for Action	Education, conflict resolution, emergency assistance, mentoring, life skills workshops, holiday activities and prevention seminars	42,000	
Community and Family Initiatives / Center for Multicultural Human Services (CMHS)	Community intervention, job skills training, ESL classes, parent groups, youth groups and case management services	191,000	
Community Program for Youth on Probation and Parole / Community Mediation Service	Guidance and case management services for youth on parole or probation	64,916	
Community Self-Sufficiency and Development / Reston Interfaith	Crisis intervention, support groups, life skills classes and financial workshops	49,000	
Comprehensive Food Service / United Community Ministries	Emergency food and resource access services	102,131	
Construction Training Opportunities / Northern Virginia Family Service	Skills instruction and on the job training in construction trades	75,000	
Culmore Youth Outreach / Alternative House	After school counseling and activities for youth at risk of dropping out of school	1,164	58,185
Daycare Provider Training / Infant Toddler Family Day Care	Infant toddler family day care provider training	30,000	
Developmental Day Care Services at the BEL Center / United Community Ministries	Low cost child care	72,222	
Emergency Assistance, Rent, Utilities and Medicine / Falls Church Community Services Council	Emergency rent and utility assistance	16,480	
Emergency Food / Falls Church Community Services Council	Emergency food services	9,683	
Employment Services / United Community Ministries	Micro enterprise, job development, computer training and job placement	63,753	122,113
Encircling Families / Project W.O.R.D.	Mentoring and support services for parents with disabilities	35,000	

PROJECT / ORGANIZATION	DESCRIPTION	FUND 118 AWARD	FUND 142 AWARD
ERA (Educational and Recreational Activities for Youth) / Boat People S.O.S.	Parenting skills training and after school activities for Vietnamese parents and youth	12,000	
Family Assistance Program / Bethany House of Northern Virginia	Shelter, counseling, and support services for abused women and children	43,000	
Family Enrichment Services / Fairfax Area Christian Emergency and Transitional Services (FACETS)	Educational and recreational services for public housing families		100,000
Family Renewal / United Community Ministries	Assist homeless families living in motels, Section 8 housing and shared housing	8,500	
Food and Nutrition / Reston Interfaith	Emergency and surplus food assistance	60,636	
Food Emergency Assistance and Job Counseling / Lincoln, Lewis and Vannoy Communities for Assistance & Improvement	Emergency food and job counseling and placement services		110,314
Food for Others Fairfax / Food for Others	Emergency food services	63,436	
Food Outreach & Family Assistance / Our Daily Bread	Emergency food, financial assistance and family mentoring services	70,000	
Health and Mental Health Social Services / Vietnamese Resettlement Association	Health care access for Vietnamese immigrants	35,678	
Hermanos y Hermanas Latino Outreach / Big Brothers / Big Sisters of the National Capital Area	Mentoring services for youth in elementary and middle schools	39,557	
Herndon Elementary Enrichment /Reston Interfaith	After school academic program for third through fifth graders who have been identified as being at risk of school failure	16,220	
Herndon Homeless Outreach / Reston Interfaith	Food, clothing, and resource access services for homeless families	6,829	
Herndon-Reston FISH / Herndon-Reston FISH	Emergency assistance services	37,902	
Holistic Approaches / National Rehab. & Rediscovery	Therapeutic dance / movement and neuromuscular training to clients with brain injuries and other neuralgic disabilities in the areas of physical and psychosocial health, stability, and independence	23,750	
Homeless Intervention Services / FACETS	Emergency food, emergency assistance, counseling and advocacy for homeless families living in motels		75,000
Homes for the Homeless / Christian Relief Services Charities	Development and operation of low income and moderate income housing		160,000
Homestretch Capital Project / Homestretch	Acquisition of housing units to provide housing for families participating in the Homestretch Transitional Housing Program		16,303
Homestretch English as a Second Language / Homestretch	ESL classes for transitional housing residents	32,000	
Homestretch Transitional Housing / Homestretch	Comprehensive transitional housing services for up to two years to low-income homeless families with children under age 18	215,000	
Housing Case Management and Advocacy Services / Housing and Community Services of Northern Virginia	Case management, emergency assistance and advocacy services for homeless and near homeless families		90,000
Housing Counseling / Vietnamese Resettlement Association	Housing counseling for Vietnamese immigrants	40,000	
Housing Counseling and Planning / Northern Virginia Family Service	Housing counseling and placement services	200,000	
Center for Housing Counseling Training / Center for Housing Counseling Training	Housing and homeownership counselor training	25,000	

PROJECT / ORGANIZATION	DESCRIPTION	FUND 118 AWARD	FUND 142 AWARD
Housing Development Administration / Reston Interfaith	Development of low and moderate income housing		136,000
Cedar Ridge Community Center / Reston Interfaith	Low and moderate income housing management and social service assistance services		52,114
Intensive Supportive Housing / Psychiatric Rehabilitation Services	A permanent supportive housing program for homeless individuals with a serious mental illness		14,550
Just Neighbors Ministry Legal Services / Just Neighbors Ministry	Legal services for immigrants, refugees and asylum seekers	88,000	
Laurie Mitchell Employment Center / Fairfax Opportunities Unlimited	Computer skills and work environment skills for persons with mental health disabilities	80,000	
Legal Aid / Legal Services of Northern Virginia	Legal service assistance	544,224	
Lift One and Lift Two / Residential Youth Services	Transitional living and support services to homeless and foster care youth	52,178	
Mental Health and Substance Abuse Services for At-Risk Children and Adolescents / Jewish Social Services Agency	Mental health and substance abuse services for low income children with high risk and / or disruptive behavior	35,000	
Mental Health Homeless Prevention / Psychiatric Rehabilitation Services	Homeless prevention support services for public housing and Section 8 housing residents with mental health disabilities	94,613	
Microenterprise Development Program / Ethiopian Community Development Council	Micro-loans, training and on-going technical assistance for low and moderate income persons starting businesses		69,000
MIROP (Multicultural Information, Referral and Outreach Project) / Center for Multicultural Human Services (CMHS)	Mental health services for low income language minority individuals	60,000	
Multicultural Housing Counseling & Education / CMHS	Housing counseling services for low income language minority families	25,000	
Multicultural Mental Health Services / CMHS	Mental health services for low-income language minority individuals	125,000	
Multiple Services for Hispanic Immigrant Families / Hispanic Committee of Virginia	Education, employment, immigration information, referral, and social services for Hispanic families	483,760	
Multi-Service Programs for Family Sufficiency Support / Korean Community Service Center of Greater Washington	Social service, health care, employment, youth and elderly services for Korean families	65,000	
Newcomer Service / Newcomers Community Service Center	ESL, job counseling, housing referral, immigration, and vocational training for refugees and immigrants	40,000	
Northern Virginia Dental Clinic / Northern Virginia Dental Clinic	Dental services for low-income individuals	58,000	
Offender Services / Opportunities, Alternatives and Resources	Employment skills training, mentoring, counseling, and family assistance services for incarcerated individuals	545,898	
Older Job Seeker Assistance / Senior Employment Resources	Job counseling and placement services for older individuals	25,000	
On-Call Ministry / Western Fairfax Christian Ministries	Emergency rent and utility payments to prevent evictions and utility cutoffs		63,036
Pals Mentoring Program / Northern Virginia AIDS Ministry (NOVAM)	Mentoring services for children of HIV / AIDS parents	10,000	
Patient Care Fund / Hospice of Northern Virginia	In-home nursing, counseling and support services for the terminally ill	30,000	

PROJECT / ORGANIZATION	DESCRIPTION	FUND 118 AWARD	FUND 142 AWARD
Pro Bono Program / Fairfax Bar Foundation	Recruit attorneys to provide free legal services	15,000	
Project Life/Resource Mothers / YMCA of Metropolitan Washington/Fairfax County	Pregnant teen support services	213,700	
Project Promising Futures / Wesley Housing Development Corporation	Computer training, adult education, ESL, life skills classes and employment services to low-income residents	35,000	
Promoting Healthy Families / Lorton Community Action Center	Job skills classes, computer training, tutoring and recreation services for low income families	60,822	
Reaching Adolescent Potential (RAP) / Center for Multicultural Human Services	Counseling, tutoring, and life skills development for at risk students	249,900	
Resource Advisory Program (RAP) / Northern Virginia Family Service	Resource linkage, tutoring, and life skills development for at risk students	355,000	
RIHC Townhouse Acquisition / Reston Interfaith	Acquisition of housing units for families		200,000
Self-Sufficiency / Lorton Community Action Center	Self-sufficiency case management and basic needs assistance services	46,400	
Self-Sufficiency Training for Korean Americans / Korean American Association of Northern Virginia	Job skills training and placement	55,000	
Services for Abused/Neglected Children / Fairfax Court Appointed Special Advocates	Advocacy and support services for abused/neglected children	137,000	
Suicide/Crisis Information and Referral / Northern Virginia Hotline	Twenty-four hour suicide, crisis, information and referral hotline	100,000	
TEC 2000 - Technical Connections / Fairfax Opportunities Unlimited	Computer training for persons with disabilities	73,200	
The Housing Continuum / Good Shepherd Housing and Family Services	Emergency assistance, rental/sublet and homeless transition services		257,500
Training Futures / Northern Virginia Family Service	Clerical skills training and job placement services	100,000	
Transportation and Emergency Financial Assistance Program / Northern Virginia AIDS Ministry (NOVAM)	Transportation and emergency financial assistance for persons infected with AIDS	20,000	
Volunteer Home Repair Programs / RPJ Housing Development Corporation	Home repair assistance for low income families and individuals	52,939	
Volunteer Program Coordination / Whitman-Walker Clinic of Northern Virginia	Home visitation, companion and telephone support services for persons with AIDS	26,167	
VTAP (Victims of Torture Assistance) / Boat People S.O.S.	Outpatient psychotherapy for individuals for the treatment of trauma as a result of torture	50,000	
Youth in Action / United Community Ministries	After school services and activities for low-income children; and crisis intervention, counseling and resource access services for their parents	80,000	
	Total FY 2002 Award (86 programs)	**$5,923,150**	**$1,872,780**

The following information on CCFP program performance is based on FY 2000 year-end contract reports from CCFP funded providers:

GENERAL INFORMATION:

• Total Households Served:	33,010
• Programs/Projects:	82
• Non-Profit Organizations	53

CASH AND NON-CASH RESOURCES*:*

• Total CCFP Funding	$6,852,885	21% of total resources
• Total Leveraged Cash	$13,599,461	43% of total resources
• Total Leveraged Non-Cash Resources (includes volunteers)	$11,566,201	36% of total resources
• Total Cash and Non Cash Resources for CCFP Programs	$32,018,547	
• Total Professional Volunteers	2,186	
• Total Non-Professional Volunteers	14,280	

HOUSEHOLDS SERVED BY Outcome AREA:

• People Find and Maintain Safe, Appropriate and Affordable Housing	3,060	9.3%
• People Have the Supports They Need to be Self Sufficient	2,766	8.4%
• Youth Make Safe, Responsible Decisions	2,425	7.3%
• Families and Individuals are Healthy, Stable and Independent.	11,262	34.1%
• Families and Individuals Meet Their Basic Needs	2,425	7.3%
• Communities are Safe, Supportive, Inclusive and Thriving	7,157	21.7%
TOTAL	33,010	100.0%

Selected PROGRAM OUTCOMES*:*

OUTCOMES	NUMBER OF INDIVIDUALS
• Emergency Needs Met (Food, medical assistance, financial assistance, clothing, transportation).	15,957 individuals
• Persons obtain jobs.	3,195 individuals
• Persons with mental health disabilities demonstrate improvement.	1,192 individuals
• Non English speaking persons learn basic English.	898 individuals
• Low and moderate income persons obtain loans that enable them to start or expand a small business.	34 individuals
• Persons improve their employment skills.	478 individuals

Selected PROGRAM OUTCOMES:

OUTCOMES	NUMBER OF INDIVIDUALS
• Low income persons with consumer, employment, immigrant, housing, and family legal service needs gain access to free legal aid.	3,008 individuals
• Low and moderate income children obtain affordable quality daycare.	125 individuals
• Misdemeanor offenders successfully provide needed community services in lieu of jail time and fines.	656 individuals
• Youth improve academic performance.	240 individuals
• Youth reduce at-risk behaviors.	1,099 individuals
• Teen mothers become self sufficient.	377 individuals
• Victims of domestic violence do not return to a violent living situation.	136 individuals
• Affordable dwelling units are developed for low income individuals.	85 individuals
• Transitional housing graduates obtain and maintain permanent housing.	36 individuals
• Transitional housing residents meet financial goals by repairing credit.	98 individuals
• Individuals at risk of evictions or utility cutoffs maintain housing and utilities.	1,032 individuals
• Young adults (18 -21) who are either homeless or recently left foster care services secure affordable housing.	307 individuals
• Individuals with health, mental health, employment and social services needs are linked to required resources.	5,847 individuals
• Individuals at risk of crisis (including suicide attempts) demonstrate ability to cope with situation.	4,102 individuals

HOUSEHOLDS SERVED BY CATEGORY:

Race and Ethnic Groups	Households	Percentage
Hispanic	8,585	26.0%
African American	7,792	23.6%
White	6,998	21.2%
Asian/Pacific Islander	5,736	17.4%
American Indian/Alaskan Native	60	.2%
Other	2,270	6.9%
Not Reported	1,569	4.7%
	33,010	100.0%

Income of Households		
Extremely Low	18,826	57.0%
Very Low	4,254	12.9%
Low/Moderate	2,506	7.6%
Not Reporting	7,424	22.5%
	33,010	100.0%

• Female Headed Households	11,956	36.2%
• Households with Children Under 18 Years of Age	14,660	44.4%
• Households with One or More Disabled Residents	3,560	10.8%
• Households with One or More Elderly Residents	7,057	21.4%
• Household with One or More Residents Unemployed	9,318	28.2%
• TANF Households	1,315	4.0%

119-01-Contributory Fund

Fund: 119, Contributory Fund	
Total Expenditures	**$6,682,638**
Revenue:	
General Fund Support	$6,682,638
Bond Revenue	$0
Other Revenue	$0
Total Revenue	**$6,682,638**

▶ CAPS Summary

Fund 119, Contributory Fund, was established in FY 2001 to reflect the General Fund support for agencies or organizations that will receive County contributions. Funding for these various organizations and/or projects was previously included in the General Fund under Agency 88, Contributory Agencies. However, because the expenditures made to these organizations are not in support of direct County operations, the use of direct expenditures from the General Fund distorts the cost of County operations. Therefore, a separate fund was established in FY 2001 to show the General Fund support of these organizations in the form of a transfer, rather than as a direct expenditure.

Contributory funding is in compliance with the policy of the Board of Supervisors to make General Fund appropriations of specified amounts to various nonsectarian, nonprofit, or quasi-governmental entities for the purpose of promoting the general health and welfare of the community. Because public funds are being appropriated, funds provided to designated agencies are currently made contingent upon submission and review of quarterly or annual reports. This oversight activity includes reporting requirements prescribed by the County Executive and Chief Financial Officer, which require designated agencies to accurately describe the level and quality of services provided to County residents. Various County agencies may be tasked with oversight of program reporting requirements. Contributory agencies that do not file reports as requested may, at the discretion of the County Executive or the Chief Financial Officer, have payments withheld until appropriate reports are filed and reviewed.

The chart on the following page summarizes the FY 2002 funding to the various organizations and projects. Descriptions of each of the contributory agencies follow.

Fairfax County	FY 2001 Actual	FY 2002 Adopted Budget Plan
Legislative-Executive Functions/Central Service Agencies:		
Dulles Area Transportation Assoc.	$9,000	$9,000
Metropolitan Washington Council of Governments	648,640	683,633
National Association of Counties	15,231	2,033
Northern Virginia Regional Commission	334,640	341,719
Northern Virginia Transportation Commission	155,318	174,453
Public Technology Incorporated	26,500	27,500
Virginia Association of Counties	160,174	171,342
Virginia Innovation Group	5,000	5,000
Virginia Institute of Government	20,000	20,000
Virginia Municipal League	80,573	86,203
Washington Airports Task Force	40,500	40,500
Subtotal Legislative-Executive	**$1,495,576**	**$1,561,383**
Public Safety:		
NOVARIS	$17,476	$134,886
Partnership For Youth	50,000	50,000
YMCA - Looking Glass II	22,875	23,104
Subtotal Public Safety	**$90,351**	**$207,990**
Health and Welfare:		
Health Systems Agency of Northern Virginia	$79,800	$86,750
Northern Virginia Healthcare Center/District Home of Manassas	392,550	512,789
Vanguard Services Unlimited	0	350,000
Volunteer Center	230,929	230,929
Subtotal Health and Welfare	**$703,279**	**$1,180,468**
Parks, Recreation and Cultural:		
Arts Council of Fairfax County	$200,737	$201,400
Arts Council of Fairfax County - Arts Groups Grants	120,000	120,000
Dulles Air and Space Museum	300,000	300,000
Fairfax Symphony Orchestra	229,975	238,004
Northern Virginia Regional Park Authority	1,456,686	1,585,771
Reston Historic Trust	20,000	20,000
The Claude Moore Colonial Farm	31,500	31,500
Town of Vienna Teen Center	40,000	40,000
Virginia Opera Company	50,000	25,000
Wolf Trap Foundation for the Performing Arts	25,000	25,000
Subtotal Parks, Recreation & Cultural	**$2,473,898**	**$2,586,675**
Community Development:		
Architectural Review Board	$3,500	$3,500
Commission for Women	7,116	6,916
Fairfax County History Commission	26,022	26,022
Celebrate Fairfax, Incorporated	21,017	22,597
Northern Virginia Community College	102,248	101,550

Fairfax County	FY 2001 Actual	FY 2002 Adopted Budget Plan
Northern Virginia Soil and Water Conservation District	410,957	361,874
Northern Virginia 4-H Education Center	25,000	25,000
Occoquan Watershed Monitoring Program	76,040	79,814
Southeast Fairfax Development Corporation	142,250	142,250
VPI/UVA Education Center	50,000	50,000
Women's Center of Northern Virginia	29,942	29,942
Washington Area Housing Partnership	4,000	4,000
Northern Virginia Conservation Trust Partnership	209,076	235,000
Subtotal Community Development	**$1,107,168**	**$1,088,465**
Nondepartmental:		
Fairfax Public Law Library	$57,657	$57,657
Subtotal Nondepartmental:	**$57,657**	**$57,657**
Total County Contributions	**$5,927,929**	**$6,682,638**

▶ Dulles Area Transportation Association

The Dulles Area Transportation Association (DATA) is a transportation management association dedicated to improving transportation in a 150-square mile area around Dulles Airport and Route 28. Its membership is comprised of elected officials of the Commonwealth of Virginia, Fairfax County, Loudoun County, and the towns of Herndon and Leesburg, senior executives of Dulles Airport and other employer firms, property owners, and business professionals. The Board of Supervisors approved the first contribution for DATA in the FY 1993 budget. DATA provides a neutral public forum for identifying transportation needs within the Greater Dulles Area and generating solutions to meet them. DATA also:

- Facilitates public transit through surveys of employee needs; works with local transit planning officials to meet these needs; and

- Advocates project planning and programming for road and intersection improvements that will preserve accessibility and mobility for business, employees, and residents in accordance with jurisdictional plans.

The FY 2002 Adopted Budget Plan contains funding of $9,000 for this organization.

▶ Metropolitan Washington Council of Governments

The Metropolitan Washington Council of Governments (COG) is the regional planning organization of the Washington, D.C. area's local governments. COG works toward solutions to regional problems such as energy shortages, traffic congestion, inadequate housing, and air and water pollution. Currently, 16 area jurisdictions are members, including Fairfax County. Funding for COG is provided through Federal and State grants, contributed services, special contributions (fees for services), and local government contributions.

Annual COG contributions are based on the per capita rate multiplied by the population estimates provided by member jurisdictions. Local contributions primarily provide the required local match for receiving Federal/State funding, as well as COG's basic administrative expenses. Special contributions are assessed to local jurisdictions in response to requests for special studies and payments. The FY 2002 County contribution to COG is $881,769 including $683,633 in Fund 119. In addition, $25,000 is budgeted in Fund 114, I-95 Refuse Disposal, and $173,136 is budgeted in Fund 401, Sewer Operation and Maintenance, for water resource planning and Blue Plains Users.

▶ National Association of Counties

The National Association of Counties is a national public interest group that represents and informs participating governments of current developments and policies that affect services and operations. Toward accomplishing this goal, NACo publishes the County News, lobbies for new legislation, and serves as a liaison between counties and the Federal government. This association receives funding from 2,000 counties out of a total of 3,066 in the United States. NACo, the only national organization that represents county governments in the United States, is a full-service organization that provides an extensive line of services including legislative, research, technical, and public affairs assistance to its members. The association acts as a liaison with other levels of government, works to improve public understanding of counties, serves as a national advocate for counties, and provides them with resources to help them find innovative methods to meet the challenges they face. NACo is involved in a number of special projects that deal with such issues as the environment, sustainable communities, volunteerism, and intergovernmental studies. The County's FY 2002 contribution for NACo is $2,033.

▶ Northern Virginia Regional Commission

The Northern Virginia Regional Commission, formerly the Northern Virginia Planning District Commission, was established when the General Assembly passed the Virginia Area Development Act of 1968, which subdivided the Commonwealth into 22 planning districts, each to be served by a Planning District Commission (PDC). Although membership was not mandated by the State, any locality that did not join a PDC was ineligible for certain Federal grant programs.

Fairfax County is a member of the Northern Virginia Regional Commission. The Commission is charged with the promotion of the physical, social, and economic development of the Northern Virginia area by encouraging and facilitating local government cooperation. The work of the Commission is supported primarily by annual contributions from 13 member jurisdictions, as well as State and Federal funding.

The total FY 2002 Fairfax County funding amount is $341,719. Funding provides for the annual contribution of $294,735, as well as special contributions of $26,539 to support the Occoquan Watershed Management Program, $15,945 for the Four-Mile Run-off Program, and $4,500 for the Regional Waste Reduction Program. Funding is based on Fairfax County's population using the Weldon Cooper Center for Public Service estimates as well as the 2000 U.S. Census.

▶ Northern Virginia Transportation Commission

The NVTC is the Executive Agency of the Northern Virginia Transportation District. It was established by State statute as a political subdivision of the Commonwealth of Virginia. The principal business activity of the Commission is to manage and control the functions, affairs, and property of the Northern Virginia Transportation District, as defined in the Transportation Act of 1964. It coordinates the development of an integrated transit system in Northern Virginia and represents the six constituent jurisdictions (Alexandria, Falls Church, Fairfax City, Arlington County, Fairfax County, and Loudoun County) on the Metro Board. Each NVTC jurisdiction is assigned a percentage of the local portion of NVTC's administrative budget based on the jurisdiction's share of State aid received from NVTC in the previous year. This is determined by the application of a Subsidy Allocation model which projects the total amount of State aid received by the region and local jurisdictions. This model contains seven formulas that include such variables as Metro construction costs, Metrorail service costs, ridership volume, and population. These calculated percentages for each jurisdiction are applied to NVTC's remaining administrative budget after other revenue sources such as State aid, interest earned, and project chargebacks have been included.

The NVTC projected expenditure base for FY 2002 is $936,200. Despite lower expenditures, local and State contributions will increase. The increase is primarily due to an accumulated surplus having been spent on previous budgets with only $41,200 anticipated from this source for FY 2002 compared to $141,000 for FY 2001. Also, chargebacks to the Virginia Railway Express are anticipated to decrease considerably in FY 2002, to $195,000 from $230,000 in FY 2001. It should be also noted that each individual jurisdiction is required by State statute to pay a share of the Commission's budget that is proportional to the amount of financial assistance received from the Commission. In FY 2002, Fairfax County will receive more financial assistance than in FY 2001. The total FY 2002 Fairfax County funding for this agency is $174,453.

▶ Public Technology Incorporated

Public Technology Incorporated is the nonprofit, membership-based technology research, development, and commercialization organization for all cities and counties in the United States. Through its membership, cities and counties can conduct applied research/development and technology transfer functions. The National League of Cities (NLC), the National Association of Counties (NACo), and the International City/County Management Association (ICMA) provide PTI with its policy direction. Membership helps to ensure that the County remains current on emerging technologies to keep abreast of trends, challenges, and innovative solutions. An amount of $27,500 is funded for County membership in PTI based on population.

▶ Virginia Association of Counties

The Virginia Association of Counties (VACo) is a service organization dedicated to improving County government in the Commonwealth of Virginia. To accomplish this goal, the Association represents Virginia counties regarding State legislation that would have an impact on them. The Association also sponsors conferences, publications, and programs designed to improve County government and to keep County officials informed about recent developments in the State as well as across the nation. The FY 2002 Fairfax County contribution to VACo is $171,342. The County's contribution is based on the estimated FY 2002 population of 990,618

(Weldon Cooper Center for Public Service, University of Virginia, 1999 Provisional Estimates) that VACo applies Statewide rather than using local population estimates.

▶ Virginia Innovation Group

The Virginia Innovation Group (VIG) is a nonprofit organization serving local governments by providing information, training, and technology programs. The information services program includes inquiry research, Municipal Information Search Tool (MIST), and newsletters. MIST allows seamless Internet access to full-text local government documents by members through the IG primary server. Newsletters are provided to members periodically on innovative products, microcomputers, the Internet, and research and development. Inquiries are researched using IG staff and library that contains many current local government documents. Staff also conducts numerous phone interviews with various organizations. More than 2,500 local government inquiries are addressed annually. The training program utilizes informative workshops on new product development, as well as coordinates focus groups to evaluate prototypes. In addition, the training program provides access to a full line of local government-produced videos and satellite television training on topics pertinent for both management and line personnel.

During the development of the FY 1999 budget, $5,000 was first included for membership dues to IG for Fairfax County's share of costs based on population category. These membership dues remain consistent for FY 2002.

▶ Virginia Institute of Government

In the FY 1994 General Assembly Session, legislation was passed which created the Virginia Institute of Government to be staffed by the Weldon Cooper Center for Public Service. The Institute is an ongoing informal gathering of organizational development staff from Virginia localities established to exchange ideas and strategies for developing high-performance governments and to help the Institute identify areas of needed assistance. The Institute operates with an advisory board of 18 members, each appointed for a single two-year term. It is made up of an equal number of members from the State's legislative and executive branches as well as local governments. The total Fairfax County FY 2002 funding for this agency is $20,000.

▶ Virginia Municipal League

The Virginia Municipal League (VML) is a nonprofit, nonpartisan organization of cities, towns, and urban counties established to improve and assist local governments through research, training, and other services. League activities include the sponsorship of conferences, legislative lobbying, training sessions for elected officials, and the publication of a periodical, Virginia Town and City. Forty cities, 155 towns, and 14 urban counties in Virginia contribute to the VML based on population. The FY 2002 Fairfax County funding amount included for this agency is $86,203.

▶ Washington Airports Task Force

The Commonwealth of Virginia, local governments, the Federal Aviation Agency, and the private sector support the Washington Airports Task Force whose purpose is to develop, market, and promote domestic and foreign usage of the Metropolitan Washington Airports. Its track record has yielded hundreds of millions of dollars in economic return for the Washington region and the Commonwealth of Virginia, including investment, tourism income, trade opportunities, and jobs.

Total Fairfax County funding included for this agency for FY 2002 is $40,500. Fairfax County's FY 2002 contribution will be used to implement and maintain a comprehensive, proactive marketing and sales program to promote the region's air service opportunities to the world's airlines and other air service providers; encourage improvement of airport access typified by roads, rail, and additional Potomac River crossings between I-495 and Route 15; advocate for regional infrastructure developments and policies that protect current surface access modes (e.g., Dulles Access Road and Route 28) to National and Dulles Airports; promote a user-friendly environment at National and Dulles Airports for air carriers, passengers and shippers; and provide professional staff and support for Fairfax County's economic and tourism initiatives.

▶ NOVARIS

Fairfax County exercises a fiduciary responsibility for the financial management and operation of the Northern Virginia Regional Identification System (NOVARIS) and the Fairfax County contribution is made through the Contributory Fund. NOVARIS utilizes state-of-the-art computer equipment to identify criminals by categorizing and matching fingerprints. It enables police to match a fingerprint found at the scene of a crime with any individual who has been arrested in the Washington Metropolitan Area by comparing the print or partial print with all prints in the database. The following jurisdictions contribute to the upgrade and operation of NOVARIS: City of Alexandria (8.853% of total cost), Arlington County (11.438%), City of Fairfax (2.023%), Fairfax County (50.796%), City of Falls Church (0.995%), Prince William County (10.908%), Montgomery County (7.494%), and Prince George's County (7.494%). The system is housed in Fairfax County and is staffed by personnel contributed by the participating jurisdictions.

The total Fairfax County FY 2002 contribution of $134,886 represents the County's annual share of costs associated with operations and upgrades of the system. Participating Washington Metropolitan Area jurisdictions share costs associated with NOVARIS based on the sworn police population of each jurisdiction as approved by the NOVARIS Advisory Board on July 30, 1997. Fairfax County's annual share of NOVARIS is currently 50.796 percent of the total FY 2002 operating requirement of $265,546.

▶ Fairfax Partnership on Youth

The Fairfax Partnership on Youth was created in 1997 as an outgrowth of the Fairfax County Community Initiative to Reduce Youth Violence (CIRYV). The agency seeks to reduce youth violence by facilitating a forum for public and private providers to collaborate, evaluate, and create programs, activities, and services to better integrate activities, fill gaps, and avoid duplication of efforts in the provision of services to youths in the community. Total Fairfax County funding included for this agency for FY 2002 is $50,000.

▶ YMCA Looking Glass II

Looking Glass II is a program that has operated in the Herndon/Reston area since 1974 offering long-term (six to eight months) individual, family, and group counseling to juveniles. The program's objective is to decrease juvenile delinquency through counseling prior to police or court involvement. In 1989, the project expanded to include Marshall, Chantilly, Langston Hughes, Dogwood, and Hunters Wood schools. It is projected that approximately 88 percent of the youth who have completed the program have been diverted from involvement with the Juvenile Court. Total Fairfax County funding included for this agency for FY 2002 is $23,104.

▶ Health Systems Agency of Northern Virginia

The Health Systems Agency (HSA) is a regional body charged with coordinating and improving the health care system for Northern Virginia. To accomplish this, the agency establishes short-term objectives and long-range goals, as well as prepares annual implementation plans. In addition, HSA reviews all health-related Federal grant applications submitted by participating jurisdictions, as well as the need for new health services in the area. Member jurisdictions include the Counties of Fairfax, Arlington, Prince William, and Loudoun, as well as the Cities of Fairfax, Alexandria, and Falls Church. Funding contributions to HSA from local jurisdictions are encouraged but not required. The Health Systems Agency established a per capita contribution standard of $0.10 approximately ten years ago. Although Fairfax County has grown significantly in population since that time, the Health Systems Agency's local jurisdiction contribution requests have remained constant due to contributions from other sources. In FY 2002, revenues are projected to be received from three other sources: the Virginia Department of Health, $187,000 or 44.4 percent; grants and contracts, $88,000 or 20.9 percent; and interest earnings and miscellaneous income of $6,780 or 1.6 percent. The total contributory amount of $139,467 from local jurisdictions represents approximately 33.1 percent of revenues received by the Health Systems Agency. Fairfax County is the largest local government contributor, providing $86,750 or 62.2 percent of the support received from the local government units.

In FY 1997, Fairfax County reduced its contributory amount from $86,750 to $79,800. In FY 2000, the agency realized an unrestricted fund balance of approximately $200,436 that accumulated during the past eleven years and is maintained in the event of unforeseen requirements. The fund balance has been used to offset reduced contributions from local jurisdictions. The FY 2002 Fairfax County funding amount for the Health Systems Agency is $86,750.

▶ Northern Virginia Healthcare Center/District Home of Manassas

The Counties of Fairfax, Fauquier, Loudoun, and Prince William as well as the City of Alexandria established the Northern Virginia Healthcare Center Commission in 1987. Each jurisdiction is represented by a member on the Commission, which operates a long-term healthcare facility that opened in May 1991 and maintains 175 nursing home beds at the Northern Virginia Healthcare Center (nursing facility). The Northern Virginia Healthcare Center provides nursing care on a 24-hour basis, which includes professional observation, administration of medications, and physician-prescribed treatments. Other services include special diets, recreational activities, physical and occupational therapy, and arrangements for physician, laboratory, and radiology services.

The facility is adjacent to the adult care residence (District Home), which is operated through an agreement with Birmingham Green Adult Care Residence. The 60-bed facility is also under the auspices of the Commission. This facility primarily provides room and board, along with assistance in activities of daily living for the aged and homeless. Nursing consultation is available, and medical services are arranged either through the staff of the nursing home or other community services. Residents are admitted based on sponsorship by their jurisdiction's Public Welfare/Social Services Department. The District Home is a shelter for the aged and homeless who are indigent but self-sufficient, mobile, and independent in their movement. Operating costs for the facility are primarily covered through the Medicaid and General Relief programs at the maximum rates established by the State. To the degree that these funds are inadequate to cover the full costs of the operation of the facility, the sponsoring jurisdictions then subsidize the home on a user formula basis. The combined facilities are commonly known as Birmingham Green.

The total FY 2002 Fairfax County funding for these facilities is $512,789. The funding level is based upon current and projected utilization of the two facilities, taking into account the number of Fairfax County residents and the approved per diem rates. Each jurisdiction pays for Personnel Services and Operating Expenses at a level proportionate to the number of the jurisdiction's residents at the home. The estimated contributions included in this budget are for planning purposes. Each jurisdiction is billed for its utilization based on the actual number of beds per day, month, and year.

▶ Vanguard Services Unlimited Facility

Funding in the amount of $350,000 is included in FY 2002 for Vanguard Services Unlimited for non-recurring (one-time) capital costs associated with the replacement of the Phoenix Program building in Arlington, Virginia. Vanguard Services Unlimited, a non-profit, community-based organization, offers treatment and recovery services to individuals and their families who are suffering from the effects of substance abuse. Vanguard has provided treatment and recovery services for individuals who are unable to afford the cost of services in the Northern Virginia and greater mid-Atlantic region for over 30 years.

Vanguard currently operates nine programs, including both residential and outpatient treatment programs, seven licensed by the Commonwealth of Virginia and two by the District of Columbia. The Phoenix Program, the oldest of Vanguard's programs, is a primary care residential program for chemically addicted men and women. The program consists of a 75-bed, 24-hour/day residential facility that is designed to treat individuals with a high level of impairment. The population served by the Phoenix Program includes men and women from Northern Virginia and the Greater Washington Metropolitan Area, and is reflective of the diverse community in which the program is located.

▶ Volunteer Center

The Volunteer Center is a private, nonprofit corporation that is incorporated in the Commonwealth of Virginia. Its primary goals are: to assist private nonprofit and public agencies in developing strong, efficiently managed organizations and volunteer programs; to increase citizens' direct service participation in the community; and to increase the public's awareness of both the need for and the benefits of volunteer service to the Fairfax County community. The center receives funding from Fairfax County as its sole local government source. The contribution amount represents 34.1 percent of the estimated $676,658 in projected revenues for FY 2002. The total Fairfax County FY 2002 funding amount for this agency is $230,929.

▶ Arts Council of Fairfax County

The Arts Council of Fairfax County is a private, nonprofit organization whose goals are to encourage, coordinate, develop, and meet the needs of County residents and organizations for cultural programs. It develops and maintains a broad range of visual and performing arts programs designed to contribute to the growth of an integrated area-wide cultural community. It also supports and encourages the development of local artists and organizations by providing opportunities to reach new audiences through participation in Arts Council-sponsored activities.

The FY 2002 Fairfax County contribution to this agency is $201,400, which represents 17.1 percent of the total projected revenue of $1,176,621. Other revenue sources include the Fairfax County Arts Group funding, $120,000; the Virginia Commission Challenge Grant, $52,400; the Virginia Commission Government Grant, $5,000; contributions and other grants, $310,000; membership fees, $20,000; program fees, $270,000; equipment/space rental, $18,000; video production, $30,000; interest, $10,000; other miscellaneous charges, $100; and a beginning balance of $140,384.

▶ Arts Council of Fairfax County - Arts Groups Grants

In 1980, the Arts Council Advisory Panel was established to institute a grant system for County arts organizations. The Advisory Panel is the official entity established by the Arts Council for evaluating and ranking all art requests for funds, support services, and facilities support from the Fairfax County Government. This panel reviews all applications from local arts organizations, and based on eligibility and evaluation criteria, makes recommendations to the County Board of Supervisors for approving grants. It also encourages County arts organizations to seek contributions from a wide range of sources. Fairfax County is the sole contributor to this agency.

The total FY 2002 funding included for the Arts Council of Fairfax County-Arts Groups Grants is $120,000.

▶ Dulles Air and Space Museum

In FY 2000, the Smithsonian National Air and Space Museum requested a commitment from Fairfax County to contribute $4,800,000 toward the Dulles Center project. The fundraising efforts to construct the building, scheduled to open in FY 2004, total $130 million. It is projected that the Dulles Center will attract an annual visitorship of 3,000,000 and bring income to the area. Education will be a vital part of the mission of the Center. There will be classrooms and expanded programs for educators and students within the County and beyond. The goal will be to teach young people about America's aviation and space heritage and emphasize the importance of technology. A total of $8 million in Federal funds has been allocated for planning and design. The Commonwealth of Virginia has committed $39 million for the development of the infrastructure, and work on the site design was completed in the spring of 1999.

In FY 2002, an amount of $300,000 is funded for the Smithsonian National Air and Space Museum Dulles Center.

▶ Fairfax Symphony Orchestra

The Fairfax Symphony Orchestra (FSO) is a nonprofit organization chartered by the Virginia State Commission in 1966. A mixture of public and private contributions supports the orchestra. The FSO provides County residents with the opportunity to hear and learn about symphonic and ensemble music. The orchestra sponsors a variety of programs, including its own concert series, programs in the public schools, master classes for young music students, chamber orchestra for young adults, and the special music collection in the Fairfax County Public Library.

The County's FY 2002 contribution to the Fairfax Symphony is $238,004. The County's contribution represents 15.6 percent of the agency's projected revenue of $1,530,171 for FY 2002. Other revenue sources include private contributions, grants, and fees.

▶ Northern Virginia Regional Park Authority

The Northern Virginia Regional Park Authority (NVRPA) is a multi-jurisdictional, special-purpose agency established to provide a system of regional parks for the Northern Virginia area. It operates a combined 19 major regional parks and manages various historic and conservation-oriented facilities, lands, trails and recreational facilities. The parks include: Algonkian, Brambleton, Bull Run, Fountainhead, Meadowlark Gardens, Carlyle House, Cameron Run, Hemlock Overlook, Pohick Bay, Upton Hill, Potomac Overlook, Red Rock, Sandy Run, and W&OD Railroad Park. In addition, NVRPA owns and preserves over 10,000 acres of land. It is estimated that in FY 2002, approximately 80 percent of NVRPA's funding will come from park revenues and 20 percent from the Park Authority's six member jurisdictions. The jurisdictions include the Cities of Falls Church, Fairfax, and Alexandria, and the Counties of Arlington, Loudoun, and Fairfax.

The total FY 2002 Fairfax County funding for the Northern Virginia Regional Park Authority is $1,585,771. Fairfax County comprises 66.37 percent, slightly more than two-thirds of the total population served by this agency. Since the localities' contributions are based upon their percentage of the total population, Fairfax County's contribution will comprise slightly more than two-thirds of the total budget that is not covered by user fees.

It should be noted that, in addition to the operating contribution, an amount of $2,250,000 is included in Fund 306, Northern Virginia Regional Park Authority, as the FY 2002 annual capital contribution.

▶ Reston Historic Trust

During deliberations on the FY 2000 Advertised Budget Plan, the Board of Supervisors approved $20,000 in non-recurring (one-time) funding for a public/private partnership with Reston Historic Trust to assist in the operational costs of the Reston Museum, located at Lake Anne Plaza. The museum has evolved as a focal point in the community, hosting special events, weekend programs and lectures, and providing exhibits which depict Reston's past and future. As part of their deliberations on the FY 2001 Advertised Budget Plan, the Board approved recurring funding of $20,000 to continue the public/private partnership with Reston Historic Trust in support of the museum. In FY 2002, the agency will focus its efforts on a revitalization study, generating significant financial support from residential and business communities for programs, projects, and grant writing to leverage Fairfax County funding of Reston revitalization efforts. The County's FY 2002 contribution to the Reston Historic Trust is $20,000.

▶ The Claude Moore Colonial Farm

The Claude Moore Colonial Farm at Turkey Run in McLean, Virginia is a designated historical site. It is the only privately operated National Park in the United States. The park's 18th Century living history family farm site authentically and realistically recreates the social, technological, environmental, and cultural living conditions faced by Northern Virginians of ordinary means in 1771. This offers a rare, hands-on learning experience about the basics of life, food, shelter, and the environment during the Colonial period.

The FY 2002 level of support is $31,500. This support provides a critical component in an operating budget generated primarily from weather-dependent, self-supporting programs, and fundraising events. The contribution will help ensure continuation of Farm programs for Fairfax County residents – especially the Environmental Living Program, the Colonial Experience Program, the school visits to the 18th Century Farm Site, the development of horticultural and animal education programs, and the 18th Century Market Fairs, along with the special-focus monthly programs on the Farm Site. The County's contribution represents 7.5 percent of the Farm's projected revenue of $421,691 for FY 2002. Other revenue sources include program fees, pavilion rentals, membership dues, endowment income, and contributions from the National Park Service and private contributors.

▶ Town of Vienna Teen Center

The Town of Vienna Parks and Recreation Department operates the Vienna Teen Center. The Center provides local teenagers with positive, supervised recreational and educational programs and activities. Contributions made by the County assist the Town of Vienna in the operation and improvement of the Center. The contributions supplement expenses for staffing the Teen Center, programming, and the purchase of materials, equipment, and supplies.

During their deliberations on the FY 2001 Advertised Budget Plan, the Board of Supervisors approved $40,000 in funding for the Teen Center. The amount included $20,000 to supplement operational expenses at the center including the purchase of capital equipment, and $20,000 for the expansion of teen programs, activities and special events and staff required for planning, implementing, and supervising the expanded operations. The FY 2002 contribution of $40,000 represents approximately 35.3 percent of the Center's projected expenditure and revenue requirements of $113,395.

▶ Virginia Opera Company

The Virginia Opera Company fosters appreciation of the arts through a variety of educational programs offered to schoolchildren. In FY 2002, approximately 60,000 students in Northern Virginia will be reached through the Virginia Opera Company's education program. It is estimated that individuals, corporations, foundations, and government sources contribute approximately 42 percent of the Virginia Opera Company's funding. The remaining 58 percent is funded through earned revenue. The County's contribution represents approximately 1.2 percent of the Opera Company's projected expenditure and revenue requirements of $2,027,737 for FY 2002.

▶ Wolf Trap Foundation for the Performing Arts

Wolf Trap is a private/public partnership founded in 1968 between the Wolf Trap Foundation for the Performing Arts and the National Park Service for the operation of the Wolf Trap Farm Park for the Performing Arts in Vienna, Virginia. The partnership was founded through a gift of land to the United States Government. The National Park Service maintains the property and conducts parking and audience management. The Foundation, with a $22 million budget, is responsible for all other aspects of running the facility, including the presentation of a wide variety of performances and education programs. Foundation programs reach approximately 500,000 people in Fairfax County each year at two sites: the Filene Center, a 7,000-seat outdoor amphitheater in a park-like setting, and the Barns of Wolf Trap, two 18th Century barns reconstructed at Wolf Trap using original building materials and techniques.

Fairfax County first contributed $25,000 to Wolf Trap in FY 1999 to support the Foundation's efforts to provide Fairfax County citizens with access with the best possible performing arts and to position Fairfax County nationally as a leader in the arts and arts-in-education. The amount is not based on a formula, per capita, or any agreement. For FY 2002, funding in the amount of $25,000 is included to support all aspects of the facility's operations and provide interpretive programs, including children's performances and pre-concert lectures.

▶ Architectural Review Board

The Architectural Review Board (ARB) advises and assists the Board of Supervisors (BOS) in its efforts to preserve and protect historic places in the County. The organization also administers 13 Historic Overlay Districts and advises the BOS on other properties deserving of historic preservation either through historic district zoning and/or easements. The ARB is comprised of 11 members who have demonstrated knowledge and interest in the preservation of historical and architectural landmarks. The amount funded in FY 2002 is $3,500.

▶ Commission for Women

The Commission for Women is an 11-member board created by the Board of Supervisors to promote the equality of women and girls in Fairfax County, to advise the Board of Supervisors on the concerns of Fairfax County's women and girls, and to communicate those concerns to the general public. The Commission also presents possible solutions and policy reforms for problems that affect women and girls and assists in developing programs and services that meet the needs of all the County's women. In addition, the Commission supports efforts in providing information to female business owners. The FY 2002 County contribution is $6,916.

▶ Fairfax County History Commission

The Fairfax County History Commission advises County government and generally promotes the public interest in matters concerning the history of Fairfax County. It engages in educational, preservation, and research activities to promote interest in the County's historical past and also provides advisory and liaison services to ensure preservation of historic County records and sites. Major programs include: educational activities, cooperative ventures with local universities in implementing history programs, liaison functions with State/National historic preservation organizations, historic record indexing projects, archaeology programs, and expansion of photographic archives. The total FY 2002 Fairfax County funding included for this agency is $26,022.

▶ Celebrate Fairfax, Incorporated

Celebrate Fairfax, Incorporated was formed to develop educational or entertainment products, services, and events which promote a sense of community among those who live or work in Fairfax County and to coordinate the annual Fairfax Fair. This urban fair symbolizes unity among the civic, business, and governmental sectors and demonstrates how public and private partnerships can work together to provide the best for the citizens of Fairfax County at a low cost. The Corporation also produces "Fall for Fairfax," Fairfax County's annual environmental festival sponsored by the Fairfax County Board of Supervisors.

An amount of $22,597 is funded for FY 2002 to be used for clean-up costs associated with the collection and disposal of waste tonnage collected at Fairfax Fair pursuant to the Memorandum of Agreement between the County Board of Supervisors and Celebrate Fairfax, Inc. Celebrate Fairfax, Inc. receives a high level of community and corporate support, both financial and in-kind. It is anticipated that the Corporation will also continue to receive significant in-kind support from various County agencies in FY 2002 to support the Fairfax Fair.

▶ Northern Virginia Community College

Northern Virginia Community College (NVCC) is a comprehensive institution of higher education offering programs of instruction generally extending not more than two years beyond the high school level. The College currently has five campuses (Alexandria, Annandale, Loudoun, Manassas, and Woodbridge) with permanent facilities constructed on each site. Each year, the College serves more than 60,000 students in credit-earning courses and 25,000 students in non-credit (continuing education) activities.

NVCC projects FY 2002 expenditures of $199,385 for base operating requirements. This amount includes $177,385 for General Administration (President's Office, College Board travel and memberships, student scholarships, loans, and grants), $18,000 for Community Services (community information), and $4,000 for a contingency reserve. The base, which is funded by the governing bodies of the local jurisdictions served by the College and any fund balances, supports additional services which could not have been provided under the College's annual State fiscal appropriations. For example, local funding provides for increased matching loan funds and support of community service activities. This local funding is for Operating Expenses only and is not applied toward Personnel Services. The local jurisdictions served by the College are requested to contribute their share of the College's base expenditure, which is calculated on a per capita basis as reported by the College using population figures from the Weldon Cooper Center for Public Service.

The total FY 2002 Fairfax County contribution to this agency for operations and maintenance is $101,550. This amount reflects the County's share of the services provided to Fairfax County residents as reported by the College and is 50.93 percent of the College's base expenditure requirement for FY 2002. In addition, County funding of $592,707 is included in Fund 303, County Construction, for an annual capital contribution to the College.

▶ Northern Virginia Soil and Water Conservation District

The Northern Virginia Soil and Water Conservation District (NVSWCD) is an independent subdivision of State government authorized by Virginia State law to provide leadership in the conservation and protection of Fairfax County's soil and water resources. Technical assistance and information compiled by this organization are made available to State and local government agencies and private citizens. The goal of the NVSWCD is to continue to improve the quality of the environment and general welfare of the citizens of Fairfax County by providing them with a means of dealing with soil, water conservation, and related natural resource problems. It provides County agencies with comprehensive environmental evaluations for proposed land-use changes with particular attention to the properties of soils, erosion potential, drainage, and the impact on the surrounding environment.

The FY 2002 County contribution is $361,874. This includes funding for 1/1.0 SYE Soil Scientist position to allow the NVSWCD to accelerate completion and updating of soil survey maps for Fairfax County in coordination with the United States Department of Agriculture's Natural Resources Conservation Service from six years to four years. Other revenue sources include the State, NVSWCD, grants, interest, and other miscellaneous revenues.

▶ Northern Virginia 4-H Educational Center

The Northern Virginia 4-H Educational Center was developed in cooperation with the Virginia Cooperative Extension Service. The Center currently serves 19 localities in Northern Virginia with approximately 50 percent of the program participants being Fairfax County residents. This educational and recreational complex for youth and adults residing in Northern Virginia is located in Front Royal, Virginia.

In 1988, the 4-H Center realized a need to expand the facility to include overnight lodging, meal service, and a meeting and conference center. A total of $500,000 was requested from Fairfax County to partially fund the construction of a Conference Center. An FY 1989 Fairfax County contribution of $250,000 was used, along with contributions from other sources, to start the construction of the Center. In FY 1990 and FY 1991, County contributions of $25,000 to the capital project were approved. A $50,000 County contribution was approved by the Board of Supervisors in FY 1995, as well as in FY 1996. As part of the FY 1997 Adopted Budget Plan, the Board of Supervisors approved a contribution of $45,000 for the center, and made a final contribution of $55,000 in FY 1998. Beginning in FY 1999, the Board of Supervisors reduced the County's contribution to $15,000 as an ongoing supplement to the agency's Operating Expenses. As part of their deliberations on the FY 2001 Advertised Budget Plan, the Board of Supervisors approved a contribution of $25,000, which includes $15,000 to supplement the operating expenses and $10,000 to support the center's capital improvements in order to minimize the fees to campers. The total FY 2002 Fairfax County funding included for this agency is $25,000.

▶ Occoquan Watershed Monitoring Program

The Occoquan Watershed Monitoring Program (OWMP) and the Occoquan Watershed Monitoring Laboratory (OWML) were established to ensure that water quality is monitored and protected in the Occoquan Watershed. The cost of the OWMP is equally divided between water supply and sewage users. As a result, 50 percent of Operating Expenses is supported by the Fairfax County Water Authority and 50 percent by the participants: Fairfax, Fauquier, Loudoun, and Prince William counties, and the cities of Manassas and Manassas Park. The Watershed

Monitoring Program Funding Agreement of 1988 requires Fairfax County to provide 12.5 percent of the Operating Expenses.

The total amount included for Fairfax County's share of the Operating Expenses in FY 2002 is $79,814 based upon agency projections. The Fairfax County contribution is based on the population percentage of each user jurisdiction.

▶ Southeast Fairfax Development Corporation

The Southeast Fairfax Development Corporation (SFDC) is a private, nonprofit organization established to combat community deterioration by assisting and implementing programs, projects, and activities designed to foster economic development, thereby ameliorating conditions of physical decline and chronic unemployment in the Route 1 Corridor of Fairfax County. The SFDC assists developers in land assembly, securing public approvals, financing, and managing the redevelopment of surplus publicly-owned sites. SFDC continues to foster growth in existing businesses, while simultaneously promoting the physical renovation of the area through initiatives involving beautification, developmental planning, and ongoing market studies and needs assessments. The total FY 2002 Fairfax County contribution for SFDC is $142,250.

▶ VPI/UVA Education Center

In FY 1995, Fairfax County signed an agreement with the City of Falls Church, the Virginia Polytechnic Institute and State University (VPI), and the University of Virginia (UVA) to provide support for a new Education Center to be constructed in Falls Church. As part of this agreement, the Board of Supervisors agreed to waive all development/regulatory fees and costs, and provide review and inspection services necessary for the development of this center. In addition to one-time FY 1996 sewer availability and connection charges of $70,881, the County agreed to contribute an annual amount of $50,000 toward the facility, to be paid each year for 20 years, commencing in FY 1995. The total value of this 20-year contribution will be $1,000,000. The total FY 2002 Fairfax County contribution for the VPI/UVA Education Center is $50,000.

▶ Women's Center of Northern Virginia

The Women's Center is a private, nonprofit organization that provides personal and professional development services to women in Northern Virginia. Since FY 1978, the Board of Supervisors has contributed to this center in order to provide free services to Fairfax County female residents who are unemployed, separated, abandoned, or divorced and the head of a household. Services include individual and group workshop sessions for women covering such areas as divorce, separation, financial planning, and legal rights. Approximately 63 percent of the services provided by the Center are for County residents. The orientation of the Center is psychological and emotional support, rather than solely career counseling. The total FY 2002 Fairfax County contribution included for this agency is $29,942.

▶ Washington Area Housing Partnership

The Washington Area Housing Partnership is a regional, public/private housing organization that addresses housing issues in the Washington Metropolitan Area. The Partnership undertakes a neighborhood initiative in each of the Northern Virginia, DC, and suburban Maryland regions each year. During deliberations on the FY 1999 Advertised Budget Plan, the Board of Supervisors approved recurring funding in the amount of $4,000 for membership fees in the Washington Area Housing Partnership. This amount has remained constant for FY 2002.

▶ Northern Virginia Conservation Trust Partnership

During their deliberations on the FY 2001 Advertised Budget Plan, the Board of Supervisors funded a non-recurring (one-time) amount of $209,076 for the Northern Virginia Conservation Trust Partnership (NVCT) (formerly the Fairfax Land Preservation Trust). An amount of $170,000 was funded to enable the County to further its conservation efforts and meet public need without creating new County positions. This amount included $80,000 for land costs/purchases directly related to conservation easements, $45,000 for public outreach funding to support staff and material for educating the public about conservation, and $45,000 for administrative support for staff and materials for the management of Fairfax County conservation efforts. It was anticipated that the contribution amount would be partially matched by approximately $75,000 in other contributions to the trust in FY 2001. The County's total contribution also included $39,076 that was paid to the Park Authority to eliminate the balance of a loan obligation associated with seed money for the trust and office space provided by the Park Authority.

The Fairfax County Board of Supervisors (BOS) has expressed a strong interest in creating an expanded open space/conservation easement program. In response to a BOS request, the Department of Planning and Zoning prepared a May 2000 report to the BOS on open space easements suggesting that an effective way to expand existing land conservation efforts was via a public/private partnership with the NVCT. On October 30, 2000, the BOS directed staff to pursue a public/private partnership with the NVCT to outsource the County's Open Space Easement Program and to include a recommendation for recurring funding in the FY 2002 annual operating budget.

In FY 2002, funding of $235,000 is included for the NVCT. This funding includes $50,000 for administrative support staff and materials to manage conservation efforts in the County; $50,000 for public outreach to increase public awareness of conservation options; $50,000 to support a land fund for costs directly related to conservation easements, fee simple purchase, and/or options to purchase lands in Fairfax County; $65,000 for one NVTC land specialist to work with targeted landowners in Fairfax County; and $20,000 for contribution to NVTC's Land Stewardship Fund to cover long-term easements monitoring and enforcement responsibilities.

▶ Fairfax Public Law Library

The mission of the Fairfax Public Law Library is to assist non-attorneys as well as members of the legal community with legal research inquiries. The legal resources available in the Law Library are not available to the public at any other single location within the County. By providing information about laws and procedures to over 33,000 non-lawyer citizens each year, the Fairfax Public Law Library plays a critical role in providing citizens meaningful access to justice. The Law Library receives 90 percent of its funding from assessments of $4 on civil case filings. The annual contribution from the County is provided to assist the Law Library with

operational costs. During their deliberations on the FY 2001 Advertised Budget Plan, the Board of Supervisors approved $20,000 to support the agency's operating cost. As part of the FY 2001 Carryover Review, an additional $37,657 in recurring funding was included due to a projected decrease in its primary source of funding, fee assessments of $4 on civil cases filed in the General District and District Court for total County funding of $57,657.

Located in the Fairfax County Judicial Center, the Fairfax Public Law Library assists the public as well as members of the legal community with locating sources for legal information and provides bibliographic instruction. In addition to the collection, the Law Library has five work stations dedicated to providing general information on divorce, immigration, estate planning, and employment for patrons, and four computer work stations where the public may access legal materials on CD-ROMs. In FY 2002, the Fairfax Public Law Library projects it will serve more than 75,000 patrons.

Revenue sources of $278,107 include $205,000 from civil case filing fees, $57,657 from the Fairfax County Contributory Fund 119, $4,000 from Fairfax Bar contributions, $4,250 from Friends of the Law Library donations, $2,750 from library services and, $4,450 from miscellaneous income.