HUMAN SERVICES

INTRODUCTION

The human services delivery system in Fairfax County represents a multi-dimensional response to the needs of a wide range of County residents. This system, in itself, is unique among County service systems in that it not only delivers a wide spectrum of services through both private and public agencies, but it does so in a variety of settings - from private homes to satellite field offices, residential settings, senior centers, and health care offices.

In addition, many of the forces that drive human services delivery such as social factors (e.g., the aging of the population), political factors (e.g., the role of the federal establishment), and economic factors (e.g., affordability issues) are those over which the County government has little, if any, control. Delivery of such services is fundamentally affected by numerous demographic factors, not just the expected number of people in a given area. These factors, which are inherently difficult to forecast accurately, interrelate in ways that complicate planning efforts. To the extent that plans for providing services are altered and arranged to meet both the existing and emerging needs of a community in flux, so are the numbers and types of facilities that are needed affected.

This element of the Policy Plan provides the framework for identifying facility needs for delivery of human services. It is consistent with the Human Services Goal and the Principles of Human Services as set forth below.

Fairfax County Human Services whose program objectives and future facility needs are outlined in this section include: Health Services, Housing and Community Development, Family Services, Community and Recreation Services, Mental Health, Mental Retardation and Alcohol and Drug Services, and Juvenile and Domestic Relations District Court Services. Human service delivery could not exist without the very significant contribution made by private sector providers, both for-profit and not-for-profit, especially community/neighborhood based organizations.

BOARD OF SUPERVISORS GOAL

The County's goal for the provision of human services, one of 18 established County goals, states:

> **Human Services -** Fairfax County should provide a range of services and facilities for all residents so that they may sustain a secure and productive lifestyle. Each individual should have the opportunity to achieve self-sufficiency and function to the limits of his or her ability, particularly in providing family stability.

PRINCIPLES OF HUMAN SERVICE

The following were adopted as proposed principles by the Human Services Council in September, 1989:

1. Human service needs shall be met.

2. The human service program shall be comprehensive.

3. The human service program shall be client-based, family-based, and community-based.

4. Human services shall be accessible.

5. Human services shall be provided in a cost effective manner.

6. The human service program shall be of high quality.

7. The human service program shall have a clear and strong commitment to prevention.

8. The human service program shall be designed to develop self-care and self-sufficiency.

9. There shall be no discrimination, or perception of discrimination, in access to or delivery of human services on the basis of race, color, religion, national origin, language, sex, marital status, age, ability to pay, or disability.

10. Human services shall be provided in ways that are sensible and responsive to the dignity and cultural background of the person served.

11. The human service program shall respect the confidentiality and privacy of the person served.

12. The person served by the human service program shall participate in decisions concerning the services he or she is to be provided.

13. The amount of non-local government resources available for meeting human service needs shall be maximized.

14. The human service program shall take into account the ability of the person who is served to pay.

15. Human service planning shall be comprehensive.

16. Delivery of human services shall be evaluated regularly.

17. Human services policies and plans shall be developed with public participation.

18. Human services shall be provided on a regional basis when justified.

COUNTYWIDE OBJECTIVES AND POLICIES

To implement the County's Human Service Goal, general objectives have been developed that have an impact on the facilities policy for human service agencies. These objectives and their related policies have been formulated to guide and support the development of new, and maintenance of existing, public and private facilities for delivery of human services. These objectives, and their implementing policies are:

Objective 1: **Identify the most appropriate service delivery system options, and their impact on facilities for delivery of human services.**

Policy a. Encourage individual initiative to the limits of each individual's ability.

Policy b. Provide assistance to private-sector organizations, both for-profit and not-for-profit, in meeting the human service needs of individual citizens.

Policy c. Provide human services when the County is the most efficient, effective or is the only available provider.

Objective 2: **Coordinate the planning and use of facilities with human service providers.**

Policy a. Analyze use of existing facilities, co-location options, and alternative facility configurations as a cooperative effort among human service agencies as a component of the overall facilities planning process.

Policy b. Analyze use of existing facilities, co-location options, and alternative facility configurations with other County governmental units as a component of the overall facilities planning process.

Policy c. Develop cooperative planning with private-sector service providers.

Objective 3: **Encourage the location of new facilities to increase their accessibility.**

Policy a. Select sites for facilities in accordance with applicable standards of service, thereby minimizing the potential for inappropriate utilization of facilities.

Policy b. Ensure that population and service standards are substantiated before facility development is programmed.

Policy c. When appropriate, locate human service facilities near public transportation.

Policy d. Locate an appropriate portion of facilities and sites that are accessible to persons with disabilities.

Policy e. Select facilities and sites to be central to the areas they are intended to serve.

Policy f. Acquire sites for human service facilities in advance of demand either through purchase or dedication.

Policy g. Regulate group facilities and halfway houses through the special exception and the 456 Review process when such regulation is in accordance with state and federal guidelines and regulations.

Objective 4: **Identify the impact of public facilities on adjacent planned and existing land uses.**

Policy a. Locate human services facilities in areas of compatible land use.

Policy b. Design facilities to promote or enhance the community identity.

Policy c. Design facilities that are architecturally and environmentally appropriate.

Policy d. Publicize the value of the human services facilities in promoting community identity.

Objective 5: Acquire sites which, given applicable location criteria, are appropriate for the facility's specific purpose.

Policy a. Locate facilities on sites which have adequate acreage for short-term needs, but which can also accommodate expansion, if expansion is anticipated or projected.

Objective 6: Promote the utilization of volunteers.

Policy a. Provide adequate facility space for the training, management and utilization of volunteers.

HUMAN SERVICES FACILITIES ELEMENT

The Human Services Element of the Policy Plan focuses on the facilities-related policies of the service areas mentioned. Some of these service areas may also include policy elements in documents other than the Human Services Element. Each service area is introduced with a brief description of current services and facilities, followed by specific objectives and policies.

HEALTH SERVICES

INTRODUCTION

The continuum of health care is provided in Fairfax County by both the public and private sectors. Through the Department of Health, the County provides key health services that are designed to:

- Protect the health of the entire community by monitoring and maintaining a safe environment,
- Safeguard and enhance the personal health of the population through prevention oriented services, and
- Provide health care services not available and/or affordable to citizens by the private sector.

Currently, health care services are provided in a multi-faceted and decentralized manner, with five Health Department Satellite Field Offices located throughout the County (Reston/Herndon, the City of Fairfax, the City of Falls Church, Springfield and Route One). The Health Department also operates four adult day health care centers (Annandale, McLean, Mt.Vernon, and Lincolnia) and three community health care centers (Reston, Baileys, South County).

Adult day health care services are provided to the elderly impaired -- approximately 15 percent of those age 75 and over. These services, which are based on a medical model, provide assistance to the impaired elderly who are usually unable to live alone. Total supervision, therapy, socialization, meals, reality-orientation exercises, adaptive exercises and other activities are provided. Adult day health care also provides facilities for respite care during evenings and weekends to the family member who is caring for the elderly person. Participants in adult day health care programs come from all income levels.

The comprehensive primary care program (Affordable Health Care) provides primary health care for low-income, uninsured County residents. This program approximates services offered by private health care providers in that it offers seven days a week, 24 hour coverage. A network of specialists has been established for those patients needing such care.

Objective 7: **Locate public health offices to maximize accessibility to the service population.**

Policy a. Provide health care clinics in areas having a minimum of 1,000 households in a two mile radius of the proposed site, with an annual income of less than 50 percent of the County's median household income.

In order to determine where service population catchments may exist, health care providers monitor various indicators, such as:

Cases of TB, and cases of diseases which can be prevented through inoculation;

Dental problems noted in schools;

Deliveries of babies to mothers who have not received prenatal care; and

Mortality rates and causes of death where services could have intervened through inoculation, medical treatment, geriatric wellness and other services.

Policy b. Monitor the number of clients and service units provided and the length of any waiting lists at existing offices.

Policy c. Design public health offices for 10,000 square feet of space and primary health care clinics for 5,000 square feet of space. These clinics should be located in commercial, retail, or office land use areas. Ample parking and access to public transportation are necessary for these facilities.

Objective 8: **Ensure that primary health care services are provided where they are most needed.**

Policy a. Locate primary health care centers in commercial, retail or office land use areas. Facilities must be accessible to their target population and must have adequate parking. To facilitate referral for x-ray and other diagnostic procedures, primary care centers should be located within reasonable proximity to hospitals.

Objective 9: **Continue to ensure that development of private health care facilities (i.e., hospitals and nursing homes) are appropriately monitored by the County in terms of need, access to care, cost and quality issues.**

Policy a. County staff, the Health Care Advisory Board and the Board of Supervisors should continue to participate in the Certificate of Need (State consent for nursing home beds), special exception and provider planning processes to ensure construction of private facilities which best meet the needs of the community.

Objective 10: Develop sufficient adult day health care centers.

Policy a. Provide centers in areas of high concentration of elderly persons.

Policy b. Ensure programmatic integration, by co-locating adult day health care centers with senior centers, and senior housing, where possible and where feasible.

Policy c. Locate centers in or near residential communities to minimize transportation requirements of families.

Policy d. Locate adult day health care centers, co-located with other programs, e.g., senior centers, housing, etc., in areas having appropriate zoning.

Policy e. Provide a minimum of 8,000 square foot of facility space for all program activities in adult day health care centers.

Policy f. Develop architecturally and environmentally appropriate facilities on sites with adequate space for outdoor activities. Parking needs are limited as clients do not drive. Provide ample space for para-transit vans and handicapped loading. A five mile service radius is desirable for the convenience of commuting adult children and for para-transit services.

Policy g. Utilize the facility standards in the Senior Center Study (1988) that establish the criteria for adult day health care centers.

HOUSING AND COMMUNITY DEVELOPMENT

INTRODUCTION

Housing is provided for low- to moderate-income elderly through the Department of Housing and Community Development. Housing is planned for areas with dense populations of elderly residents having low to moderate income. The issue of housing for the elderly, as well as other housing issues, is discussed more extensively in the Housing Element of the Policy Plan.

Objective 11: Provide and design elderly housing in a manner that facilitates optimal independent living.

Policy a. Co-locate elderly housing with senior centers or locate in areas of compatible high density land use. This type of housing usually has a maximum of 100 units or 50,000 square feet.

Policy b. Design for and provide levels of care that are appropriate for one remaining in Fairfax County as one ages.

Policy c. Provide one elderly housing unit per 570 elderly residents over the age of 62.

Objective 12: **Review and comment on applications to develop and operate residential housing facilities for seniors.**

Policy a. Utilize the Commission on Aging to review and comment on applications to develop and operate residential housing facilities for seniors.

FAMILY SERVICES

INTRODUCTION

Family Services (DFS) is responsible for providing public assistance and social services to children and adults in the County and the cities of Fairfax and Falls Church. These services include: child protective services; foster care; adult protective services; home based care for adults; nursing home screening; emergency housing; employment and training services for all age groups; literacy skills for all ages; and financial benefit programs such as Medicaid, food stamps, aid for dependent children, and general relief. Family Services also provides case management for all clients and their families receiving any DFS service. Family Services identifies clients in need of child care and provides day care services through its Office for Children. In addition, the service area provides social services to families receiving child care. Family Services is also responsible for the administration of state-funded, sliding scale fee, day care programs.

Case management, social service, employment and training, and financial benefit services are administered through offices focused upon four designated zip code catchment areas: Fairfax City, Bailey's Crossroads, Mount Vernon (Route One) and Reston. The existing decentralized human service delivery system is designed to meet the needs of DFS's disperse clientele, the majority of which are low income and/or elderly persons. However, it should be noted that the need for services, such as child and adult protective service functions, family counseling, and employment and training, extends across all income levels.

In addition to several satellite field offices, DFS contracts services for several decentralized homeless shelters, and refers clients to privately owned and operated facilities that include adult and family shelters, emergency and diagnostic teen shelters, women's shelters and runaway shelters.

All DFS services are client centered and family based. All services are delivered holistically, that is, each field office offers a full complement of services in order to assure that all client needs are met as effectively as possible.

The Fairfax County Office for Children (OFC), within the Department of Family Services, is the County office responsible for supporting, encouraging, and providing quality child care and early childhood education services which are within the economic reach of Fairfax County families. The continuum of services which the OFC supports includes care for infants, preschoolers and elementary-age children and support services for families. OFC directly operates programs for school-age children (including specialized care for disabled children) in the public schools, operates the Fairfax County Employees' Child Care Center, contracts with both public and private non-profit agencies for the provision of Head Start services for economically disadvantaged families, and provides developmental child care services for low-income working families through subsidizing care in community child care centers and family day care homes.

The Office for Children also assists families and corporate clients in choosing and locating child care through its Child Care Resource System database, trains child care workers, acts as an ombudsman for potential child care operators to more easily access the County's permit process, and works with the business community in the development of additional child care resources to meet the increasing demand. In addition, OFC is responsible for regulating the provision of child care in family day care homes.

At present, both client services and the OFC administrative offices are co-located in central Fairfax. Training is provided at this central location, at an additional site in Fairfax City, and at a training site co-located with the Employees' Child Care Center. While client services (eligibility determination, registration, etc.) are done primarily by mail, an increasing number of clients also need face-to-face contact with OFC staff in or near their neighborhoods.

Under the auspices of the County Executive's Office, the Office for Women operates the Re-Entry Women's Employment Center and the Financial Education Center. The Commission for Disabled Persons provides support for disabled citizens of the County.

Additionally, Family Service's Area Agency on Aging supports older persons and their family care-givers through the assessment of need, public education, coordination with other agencies, contractual services with other human services agencies, both public and private, and provision of services directly.

Objective 13: **Develop and maintain field offices in sufficient number and location to adequately serve Fairfax County citizens.**

Policy a. Locate field offices within three miles of population centers in which 50 percent of the population is at or below 70 percent of the County median income.

Policy b. Provide sufficient service facilities for all citizens seeking service, with intake activities to be initiated within 24 hours of request for service.

Policy c. Locate all field offices near public transportation routes.

Policy d. Determine the space requirements of each facility according to the number of clients served and staff needed, including necessary interview, family therapy, and employment and training space.

Objective 14: **Provide adequate emergency housing services for individuals and families and for victims of familial abuse.**

Policy a. Locate community shelters in industrial or commercial zones. Residential zones should be considered if the location is adjacent to, or on, a major street or highway or if there is sufficient buffering (or existence of permanent barriers) to minimize impact upon the residential area.

Policy b. Locate community shelters within one mile of major highways, and on or near public transportation routes.

Policy c. Develop community shelters that are compatible with adjacent land uses. Generally, this type of facility is one story, having between 5,000 and 10,000

square feet of usable space, and is capable of providing shelter for approximately 50 people, on a year-round basis.

Objective 15: Develop adequate transitional housing for homeless families.

Policy a. Provide sufficient transitional housing resources to provide shelter for 30 percent of the known homeless families as indicated by the previous fiscal year statistics.

Policy b. Establish transitional housing near public transportation and as close as possible to employment centers within the County.

Objective 16: Provide a facility or facilities for programs expected to become centralized.

Policy a. Locate the Crisis Intervention Unit within three miles of courts and hotlines, or if co-located with a field office, establish mechanisms for the exchange of essential time critical information.

Objective 17: Provide for the before- and after-school child care needs of 15 percent of children attending elementary schools.

Policy a. Retrofit existing schools for School Age Child Care (SACC) programs through implementation of the Capital Improvements Program.

Policy b. Design future elementary schools to include space for SACC centers. The centers have roughly 1,800 square feet and serve a minimum of 60 children, approximately 40 percent of which are members of low-to moderate-income families. The centers should be located on the ground floor, near entrances (for convenient drop-off and pick-up) and playground areas.

Objective 18: Develop adequate child development centers to ensure that low-income County families can achieve and maintain self-sufficiency.

Policy a. Incorporate programs for infant and toddler care into County-supported facilities.

Policy b. Where possible, work with low-income housing projects of the Department of Housing and Community Development to incorporate child care centers into low-income housing development.

Policy c. Locate child care development centers near public transportation hubs to minimize transportation trips and costs.

Policy d. Ensure that families at the officially recognized federal poverty level can access free Head Start services through the use or expansion of school buildings or other appropriate sites.

Objective 19: Develop regional service centers which will co-locate services for citizens and child care providers.

Policy a. Locate provider training and recruitment in areas close to child care services.

Policy b. Locate Office for Children client services, such as permitting, registration, eligibility, and resource and referral, at major population centers (Herndon-Reston, Bailey's, South County, and Centreville).

Objective 20: Encourage location of child care facilities on or near the worksite and in or near residential developments.

Policy a. Locate and design child care facilities to ensure the safety of children. Location of child care centers in retail areas is appropriate if designed to provide a safe and healthful environment for children.

Policy b. Locate and design child care facilities in residential communities to minimize the impact of traffic and noise on the surrounding community. Consideration should be given to locating child care centers on the periphery of residential developments or in the vicinity of planned community recreational facilities.

Policy c. Design child care facilities with sufficient open space to provide access to sunlight and suitable play areas. Locate and design facilities to protect children from excessive noise, air pollution and other environmental factors potentially injurious to their health or welfare.

Policy d. Locate and design child care facilities to ensure safe and convenient access. Appropriate attention should be paid to parking and safe and effective on-site circulation of automobiles and pedestrians.

Policy e. Allow family day care homes, properly regulated, to exist in a variety of residential settings.

Objective 21: Provide programs offered by the Office for Women, such as money management information, career development, and counseling services.

Policy a. Locate a facility with reasonable access to public highways and major transportation routes.

Policy b. Locate the facility in an area that provides adequate safety for clients using the facility during evening hours.

Policy c. Co-locate in facilities that provide related services such as child care, employment and training, or other human development services.

Objective 22: Provide for the service needs of disabled and elderly persons who require support services to obtain independent living and self-sufficiency to live in the County.

Policy a. In response to demonstrated need, provide a centralized facility for the provision of independent living services.

Policy b. Provide adequate facility space, through the Area Agency on Aging, to conduct educational seminars with accessibility to disabled older individuals.

COMMUNITY AND RECREATION SERVICES

INTRODUCTION

Community and Recreation Services provides recreational and educational programs for socialization and intellectual stimulation, preventive health services, financial counseling, and referral services through the senior centers.

Senior centers are in libraries, park facilities, community centers, as stand alone facilities, and in former (and active) schools. Depending on the level of services provided, the facilities vary in size from 700 to 22,368 square feet of space.

The need for senior centers is determined through analysis of the size and density of the existing and projected older populations in relationship to geographic accessibility, the location of major travel corridors, and the availability of sites. The Senior Center Study identifies future sites for senior centers and adult day health care centers through 1996, and specifies that services be provided to elderly residents on a neighborhood, community, regional and Countywide basis.

Community and Recreation Services also provides para-transit services for eligible disabled, elderly, and low-income County residents. Over 400,000 passengers who are unable to use METRO, CONNECTOR or private automobiles are transported each year by the County's para-transit services known as FASTRAN. Under the FASTRAN system, which consists of buses and maintenance vehicles, the County purchases the vehicles and contracts for operations and maintenance of the fleet. The contracted vendor is responsible for providing the facilities used for the storage and maintenance of the vehicles.

Objective 23: Locate senior centers according to the hierarchy established by the Senior Center Study.

Policy a. The requirements outlined in the Senior Center Study are as follows:

Regional Senior Centers are located on the periphery of residential areas or in commercial/retail areas accessible to nearby communities. The facilities range from 29,000 to 36,000 square feet, and serve 220 to 340 participants daily, including co-located day health care services (provided by the Department of Health) for residents in a seven-mile radius.

Community Senior Centers, located in residential areas within a three-mile service area radius, range in size from 10,000 to 15,000 square feet, and provide services for 70 to 175 participants daily.

Neighborhood Service Centers, located in residential areas having a small, but constant, elderly population which may be geographically isolated from larger centers, require approximately 4,000 square feet of gross floor area and provide services for 30 to 75 participants daily.

Policy b. Ensure that senior centers are provided commensurate with population increases.

Objective 24: **Ensure that adequate facilities are available to properly maintain and house para-transit vehicles in order to maximize usable life and promote vehicle reliability. Promote the cost-effective operation of para-transit service.**

Policy a. Construct three storage/maintenance facilities located in the northern, central and southern portions of the County.

Policy b. Utilize site criteria for maintenance and storage facilities established for the County's Equipment Management Transportation Agency (EMTA) garages.

MENTAL HEALTH, MENTAL RETARDATION AND ALCOHOL AND DRUG SERVICES

INTRODUCTION

The Fairfax-Falls Church Community Services Board provides a wide range of services to residents with mental health, mental retardation, and substance abuse problems. These include emergency, outpatient/case management, day treatment, residential, inpatient, prevention, and early intervention services. Services are offered through directly operated and contract programs and in coordination with other public agencies. The Community Services Board, by joint agreement, provides residential services for residents of Fairfax County, the City of Fairfax and the City of Falls Church, a total population base of 909,500 as of 1995.

These services are provided through various facilities according to the intensity and longevity of care required. For the purposes of this plan, these facilities are organized as follows:

- Small community group homes provide supervised and supported residential services for three to eight persons.
- Large residential facilities offer supervised and supported residential services to nine or more persons and require either a 456 Review or a Special Exception zoning approval.
- Treatment centers, and their satellite offices, are located regionally and provide outpatient, case management, day programs, emergency, prevention, and early intervention services for mentally disabled persons or recovering substance abusers.

The extent to which these services are provided is a continuing concern, given the widening gap between services and demand. For this reason, normative standards have been developed from both existing and desired levels of service.

Services to individuals who have been referred by the District and Circuit Courts are provided by the Alcohol and Safety Action Program (ASAP) and the Community Diversion Program under the auspices of the County's Human Services Administration office.

Objective 25: **Provide for the residential needs of persons with mental illness, mental retardation, and substance abuse problems through small and large supervised and supported residential services located Countywide.**

Policy a. Establish small community group homes following these general guidelines, to the extent possible:

- Provide suitable living space commensurate with the number of persons residing in the home;
- Provide acreage commensurate with the size of the facility;
- Obtain facilities through new construction, leasing, or purchase of existing housing stock;
- Provide for adequate parking;
- Locate most homes on sites which are integrated into the community except that no home for persons with substance abuse problems shall be located within a drug free zone that is within 1000 feet of any school.
- Locate most homes where access to employment/work training and other support services is available; and
- Locate most homes in residential areas.

Policy b. Establish large residential facilities following these general guidelines, to the extent possible:

- Provide acreage commensurate with the ultimate size of the facility;
- Provide for adequate parking;
- Construct facilities whenever possible instead of acquiring existing stock;
- Locate facilities in residential, mixed-use, commercial, or industrial areas depending upon the size and nature of the facility;
- Locate facilities within reasonable proximity to community resources. and
- Locate most homes where access to employment/work training and other support services is available.

Policy c. Provide mental health residential facilities according to the following recommended beds per population:

	Small Community Group Home (1-8 beds)* No. of Beds	Residential Facilities (9 or more) No. of Beds	Beds per 100,000
CSB Capacity FY 1996	347	24	41

	Small Community Group Home (1-8 beds)* No. of Beds	Residential Facilities (9 or more) No. of Beds	Beds per 100,000
Expected Number of Beds Based on Projected 2010 Population** and Existing Level of Service***	399	46	41
CSB Preferred Standards (includes 1994 needs survey data as applied to 1996 population)	974	113	120
Expected Number of Beds Based on Projected 2010 Population** and CSB Preferred Level of Service	1166	135	120

Policy d. Avoid locating group residential facilities for substance abusers within 1,000 feet of public school facilities in keeping with the County's drug-free zone legislation.

Policy e. Provide mental retardation residential facilities according to the following recommended beds per population:

	Small Community Group Home (1-8 beds)* No. of Beds	Residential Facilities (9 or more) No. of Beds	Beds per 100,000
CSB Capacity FY 1996	347	12	39
Expected Number of Beds Based on Projected 2010 Population** and Existing Level of Service***	411	12	39

	Small Community Group Home (1-8 beds)* No. of Beds	Residential Facilities (9 or more) No. of Beds	Beds per 100,000
CSB Preferred Standards (includes 1996 waiting lists as applied to 1996 population)	830	12	93
Expected Number of Beds Based on Projected 2010 Population** and CSB Preferred Level of Service	994	14	93

Policy f. Provide substance abuse facilities according to the following recommended beds per population.

	Small Community Group Home (1-8 beds)* No. of Beds	Residential Facilities (9 or more) No. of Beds	Beds per 100,000
CSB Capacity FY 1996	54	228	31
Expected Number of Beds Based on Projected 2010 Population** and Existing Level of Service***	108	228	31
CSB Preferred Standards (includes 1994 needs survey data as applied to1996 population)	324	642	106

	Small Community Group Home (1-8 beds)* No. of Beds	Residential Facilities (9 or more) No. of Beds	Beds per 100,000
Expected Number of Beds Based on Projected 2010 Population** and CSB Preferred Level of Service	387	770	106

* Includes "Use-By-Right" beds (residences housing four or fewer unrelated persons), which require no special permits.
** Based on a projected population of 1,085,000 for the year 2010 for Fairfax County, Falls Church and Fairfax Cities.
*** Based on maintaining the 1996 existing level of service.

Objective 26: **Provide for the outpatient/case management, and other treatment needs of persons with mental illness, mental retardation, and substance abuse problems through outpatient/case management centers.**

Policy a. Establish mental health centers on a regional basis with satellite offices as appropriate. Locate centers on the periphery of residential areas or in commercial or office areas. The size of these centers are dependent upon the number of services offered on a site. If feasible, they should be reasonably accessible to public transportation. Co-locate outpatient treatment for substance abuse with mental health centers, when appropriate. These centers may be located in Human Service Centers.

Policy b. Establish substance abuse outpatient offices on a regional basis as appropriate. Locate offices on the periphery of residential areas or in commercial or office areas. The size of these centers are dependent upon the number of services offered at a site. If feasible, they should be reasonably accessible to public transportation. These outpatient offices may be located in Human Services Centers.

Policy c. Expand the mental retardation service center to accommodate the increase in the number of persons served. The center should be located centrally in the County. If a decision is made to provide an additional center when the existing center can no longer provide adequate space, the second center should be located to cover roughly half the County.

Objective 27: **Provide adequate space for intake, evaluation, and educational services provided to clients charged with alcohol and/or drug related offenses referred to the Alcohol Safety Action Program by the District or Circuit Court.**

Policy a. Locate a central office near the Judicial Center to perform intake, evaluation, and educational services for the Alcohol Safety program.

Policy b. Co-locate Alcohol Safety Action Program services with all District Courts located in the County.

Policy c. Ensure adequate facilities to provide for client confidentiality and for group educational services as prescribed by the Virginia ASAP Commission.

JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT SERVICES

INTRODUCTION

Juvenile services and some adult and family services in the County are the responsibility of Juvenile and Domestic Relations District Court Services. These services use four main types of facilities: the Court and associated Clerk's Office and administrative space; community intake and probation service offices; a juvenile pre-dispositional facility for juveniles in custody and awaiting disposition of their cases by the Court; and a post-dispositional facility for youth who have had their cases disposed of and who are in court-services-operated rehabilitation centers.

All court services programs and facilities must conform to the following standards and guidelines established by the State Department of Youth and Family Services.

- Minimum Standards for court services units;
- Core Standards Manual for Interdepartmental Licensure and Certification of Residential Facilities for Children;
- Standards of Secure Detention; and
- Standards for Pre- and Post-Dispositional Group Homes.

Courts, Clerks Office and Administrative Space

The Court has seven full-time judges, an associated Clerk's Office, and court services administrative and service staff housed in the original County Courthouse which has been renovated to meet immediate needs. Workday and after-hours intake services, prisoner and detainee holding areas, domestic relations services, and specialized youth and family services are also housed in this facility.

Community Intake and Probation Services

There are four probation and intake field offices, one located in the Courthouse, a second in a human services co-location center in Reston, a third in leased space in the Alexandria area of the County, and a fourth located at the James Lee Center in Falls Church. In these centers, staff complete social investigations for the Court, receive intake complaints from police, citizens, spouses and parents for processing, supervise youth on probation and maintain alternative schools for certain problem youth.

Juvenile Pre-Dispositional Facilities

The County currently operates a Juvenile Detention Center for juveniles under 18 years of age, who are pending court action. In addition, court services operates a 12-bed Less Secure Shelter, an unlocked facility for youth whom the Virginia Code precludes from being in locked facilities, but who still require a structured short-term, out-of-home residential placement.

Juvenile Post-Dispositional Facilities

Post-Dispositional Facilities are designed to house those youth who, because of the nature of their offenses, the lack of an appropriate family for them to live with, and their need for rehabilitative services require them to be sent to these programs. At present there are two such facilities; the Boys Probation House, and the Girls Probation House. A Chronic Offenders Residential Facility and a Juvenile Halfway House are being planned to assist with reintegration into the community for youth returning from the planned Chronic Offenders program or the Department of Youth and Family Services Correctional Centers.

The Boys Probation House and the Girls Probation House are community based residential treatment programs. They are designed to provide a range of educational, counseling and rehabilitative programs for youth between 13 and 17 years of age. Youth remain in these facilities for an average of 8 to 9 months.

The Chronic Offender residential program is planned to be a secure facility for County boys ages 16 and 17, who have committed three or more juvenile offenses and who present a high risk of committing future delinquent offenses. A capacity of 12 is planned, with a projected length of stay of 12 months.

The Juvenile Halfway House is for County boys and girls who are being released from other residential programs or one of the State Department of Youth and Family Services Correctional Centers, and do not have willing or able families to which they may return to live. The goal of the facility is to assist in their reintegration into the community by helping them find employment and a permanent residence.

Objective 28: Maintain an adequate level of service provided at existing or new Court and Central Court Services facilities.

Policy a. Ensure that adequate courtroom, clerks office, court records and holding areas are available to ensure the adequate functioning of the Juvenile and Domestic Relations Court.

Policy b. Ensure that there is adequate space in Court services core facilities to accommodate specialized juvenile, adult, and domestic relations programs; court administration; and ancillary activities.

Objective 29: Maintain an adequate level of service and accessibility for community intake and probation services.

Policy a. Locate court services branch offices in areas accessible to the public and to the court's client population.

Objective 30: **Maintain an adequate level of service at existing and/or new pre-dispositional juvenile facilities to meet County needs.**

Policy a. Provide the necessary number of beds for secure and less secure detention at the Juvenile Detention Center based on the estimation methodologies developed by Court services staff and the Department Youth and Family Services.

Policy b. Continue to use and update bed capacity estimates developed by the Court and Department of Youth and Family Services staff to ensure the availability of beds.

Objective 31: **Maintain an adequate level of services provided at existing and/or new post-dispositional facilities.**

Policy a. Continue to provide specialized post-dispositional programs and facilities designed to meet the changing character of the Court's offender population.

Policy b. Ensure that all post-dispositional facilities conform to relevant Virginia code sections and the State Department of Youth and Family Services standards.

Objective 32: **Provide supervised residential living/educational centers for selected non-violent male and female offenders referred to the Community Diversion Program from the District or Circuit Court.**

Policy a. Locate a central office near the Judicial Center to perform intake services for the Community Diversion Program.

Policy b. Develop residential centers that meet all state standards for residential facilities.

Policy c. Develop residential centers that meet the standards set forth by the American Correctional Association.

Policy d. Locate the female residential center adjacent to adequate child care resources.