Trends, Factors, and Emerging Needs Impacting Services and Resource Allocation

Presentations by Human Services Departments for Fiscal Year 2013 & Fiscal Year 2014

The information contained in this document is intended to assist the Human Services Council, other human services-related Boards, Authorities, and Commissions, interested community stakeholders, and the county's Human Services system, in their understanding of factors affecting service delivery. It contains highlights of those factors most affecting the system and is one many source documents available as a resource. This information was presented to the Fairfax County Human Services Council on January 14, 2013.

Department of Administration for Human Services

Key Trends FY 2013 & FY 2014

Fiscal Year 2013 Budget:

- Total Budget: $11,724,636
- Merit Positions: 159/158.0 SYE
- Vacant Positions*: 11

***Positions vacant as of January 14, 2013 in order to manage the department's budget. This action has an impact on the department's capacity to provide services. This number will fluctuate throughout the fiscal year.**

Key Trends Impacting the Department:

Residential Property and Site Maintenance Requirements for Safe, Stable, and Accessible Housing

- Inventory of human services residential properties requiring lease management and property management services (e.g., maintenance, upkeep, etc.) has grown at least 10% each year over the last 2-3 years
- This trend expected to continue for the next 1-2 years
- DAHS' team of property managers and maintenance workers is at capacity and may not be able to absorb additional workload without additional resources
- Also, aging commercial kitchen appliances in some of the CSB's 24-hour residential (county owned) facilities will likely continue to increase DAHS' workload due to growing number of requests for maintenance and replacements

Human Resources Drivers and Trends/Changing Demographics of Community

- Changing demographics of the community and persons using human services will continue to increase the need for interpreter services as well as staff speaking multiple languages, thereby increasing cost of service delivery
- The ability to attract, retain, and reward culturally competent employees to effectively address the changing demographics will be a significant factor. Competition with other public sector jurisdictions and the private sector will require the county to consider implementing incentives such as signing bonuses, referral bonuses, and other financial inducements, thus increasing costs.
- As baby boomers begin retiring at higher numbers, the need for enhanced recruitment will increase, thereby increasing cost of resources such as advertising for hard-to-fill positions

Health Care Reform/Healthy People

- Changes in health care regulations, increasing numbers of consumers seeking health care assistance, and rising costs of providing health-care services are resulting in increased cost of directly-provided and county-contracted services

Management of Human Services Contracts

- Mandated service requirements and redefined priorities drive the business of contracting
- Many contracts are in place to support the delivery of services, such as IT systems and services, staff training contracts, and interpreters/translators.
- The complexity of contracting continues to grow. For example, heightened expectations for stronger outcomes and greater rigor in performance monitoring have resulted in increased workload. This trend is expected to continue.

Management of Required Financial Management Functions

- Increasing workload and time-constrained pressures on core financial management functions: budget forecasting and management; accounts receivable; accounts payable; audit and reporting functions; and management of grants
- Implementing recommendations included in the recent Study of Sliding Fee Schedules and working closely with the Department of Tax Administration on implementing the Fee Ordinance that was approved by the Board of Supervisors
- Implementing the recommendations included in workforce planning with regard to the financial management business area
- Accommodating the impact of anticipated position reductions included in the FY 2014 budget, and further developing the conceptual budgetary actions that may be included in the FY 2015 budget process
- Focusing on accounts payable functions in relation to the large number of anticipated retirements performing these mandated functions, and participating in the redesign of procurement and accounts payable functions across the human services system

Neighborhood and Community Services
Key Trends FY 2013 & FY 2014

Fiscal Year 2013 Budget:

- Total General Fund Budget: $26,347,397
- Grant Budget: $ 1,180,555
- Revenue Budget: $ 2,316,834 ($1.1m from Athletics Application Revenue)
- Merit Positions: 223
- Vacant Positions*: 13

***Positions vacant as of January 14, 2013 in order to manage the department's budget. This action has an impact on the department's capacity to provide services. This number will fluctuate throughout the fiscal year.**

Key Trends Impacting the Department:

Increased demand for Senior Adult Services

- *Since FY 2010, attendance at NCS senior centers has increased by 14 percent.*

The population of senior adults in the NOVA region continues to increase. In 2010, 9.9 percent of the population in the Northern Virginia region was over the age of 65. By 2020, that percentage is estimated to climb to 15.9 percent and by 2030 to 19 percent. While relative to the rest of the county those percentages are below the average, the rate of increase seen in Fairfax County is extremely high. This increase manifests in many ways to impact Neighborhood and Community Services' (NCS) programs and services, ways that have already started to be felt. The rise in attendance has placed a strain on staff-to-participant ratios, center capacities, transportation demands, congregate meal demands, and programming capabilities. To relieve some of the demand in the central portion of the county, a new senior center will be housed in the new Providence Community Center scheduled to open in FY 2015.

Increased demand by the Autistic Population

- *Since FY 2010, the number of participants with autism within our Therapeutic Recreation Services programs has increased by 23 percent.*

Fairfax County Public School (FCPS) data confirms current national data indicating a large growth in population of people diagnosed with autism. FCPS has grown exponentially from 235 students in 1997 to 2,549 students in 2011. There has been a steady increase in these numbers by an average of 10.5 percent over the last 5 years, indicating an increased need to accommodate this significant growth in programs and services. NCS continues to be impacted by this increase within our center operations, primarily at community centers where additional staff and community supports are needed to accommodate increasing numbers of participants with autism. This demand creates staffing resource challenges to be able to accommodate such an increased need.

Increased demand for Emergency Assistance

- *Since pre-recession levels, the workload has grown by 14 percent.*

While Coordinated Services Planning (CSP) call volume requesting emergency assistance with food, shelter, utilities, etc., has settled into a post-recession "new normal," the workload has increased. CSP coordinators reported having to contact multiple organizations to raise funds to fulfill these requests as our partner Community Based Organizations (CBOs) exhaust budgets earlier each month, putting a stress on the ability

to maintain regular client contact and meet their basic need requests. During this time period CSP staffing levels have had to be fortified with other positions within NCS to maintain reasonable service levels.

Increased student enrollment and percentage of children living in poverty

- *Since FY 2008, NCS has seen an increase of 6 percent in youth sports participation and 17 percent increase in attendance at the middle school after-school program.*

Growth in student enrollment within FCPS has surged past 180,000 for the first time in the county's history, an increase of 5 percent since FY 2010, placing greater demand on our partners and staff to provide recreational and social outlets for the county's children. Additionally, NCS programs place focus on youth at-risk and the current economic downturn has impacted this number as well. Approximately 9.7 percent of children in Fairfax under the age of 18 live in poverty, and research shows the effects of poverty can negatively impact children's social, academic, and health outcomes. Participation in high quality out-of-school time programs is associated with improved social and educational outcomes, and can be a mitigating force in the efforts to combat negative environments for at-risk youth. The increase in both sports participation and the middle school after-school program indicates an increase in demand for these positive outlet opportunities.

Continued pressure for transportation solutions that address gaps in access to programs and services

- *Request for transportation services continue to increase and wait-lists continue to grow.*

Citizens consistently report a primary barrier to participation in county programs is the lack of transportation. As the elderly population grows and the disabled population becomes more mobile, the number of persons requesting specialized transportation continues to increase. Increasing demand, rising costs, and the need for alternative providers are emerging issues that will need to be addressed in the coming years. Currently, the service models within the Human Services Transportation program area are limited to current service levels. The ability to access needed services continues to be vital to the well-being of participants throughout the Human Services system.

Fairfax County Health Department
Key Trends FY 2013 & FY 2014

Fiscal Year 2013 Budget:

- Adopted Budget: $52,484,280
- Grant Budget: $ 4,602,164
- Disease Carrying Insect Program: $ 1,992,586
- Revenue Breakdown: General Fund 63%, Fees 9%, State 20%, Federal 7%
- Merit Positions: 723/651.98
- Vacant Positions*: 87 (minimum of 36 positions must be maintained as the managed vacancy to meet position turnover goals)

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Key Trends Impacting the Department:

Public Health Threats Posed by Ongoing, Emerging and Re-emerging Communicable Diseases:

- Multiple factors, including economic development and land use, human demographics and behavior, and international travel and commerce, contribute to the emergence and re-emergence of infectious diseases.
- A baseline matrix of infectious diseases constitutes an ongoing threat. In addition, there are diseases that occur intermittently, some comparatively small and others as major public health issues. Examples of diseases of concern include but are not limited to: vaccine preventable diseases; influenza variants; West Nile virus; Lyme disease and other tick-borne diseases; TB and other highly infectious respiratory diseases; HIV, Rabies; STDs and travel associated diseases, such as malaria; GI illnesses and bioterrorism.
- Communicable disease investigations by the Health Department increased by 11.5% from FY 2011 (2,207) to FY 2012 (2,496).
- The complexities associated with surveillance data interpretation and outbreak investigations requires well trained staff equipped with the knowledge and skills necessary to respond in a timely and effective manner.

Complying with Federal Mandates Associated with Health Care Reform:

- Assuring quality and accessible health services in the face of increasing numbers of un/underinsured individuals
- Fairfax has a 12.2% uninsured rate in Fairfax County; or nearly 135,000 uninsured individuals, many of whom should be eligible for health care through newly created state health exchanges and proposed State Medicaid expansion.
- 30-40,000 residents would be eligible for coverage under the Virginia Health Insurance Exchange
- 25-30,000 may qualify for Medicaid if expanded
- 3,200 current Community Health Care Network (CHCN) clients may be eligible for Medicaid
- Shortage of primary health care providers
- Many providers refuse to accept patients with Medicaid or Medicare or are at capacity with existing patients covered through public insurance programs.
- In January 2014 as many as 430,000 additional Virginians including 135,000 Fairfax residents will require health insurance coverage under Health Care Reform.
- The Community Health Care Network has a waiting list of 5,330 individuals, despite over 8,000 individuals being removed from the list in the past 18 months.

Meeting the Challenge of Supporting the Health of a Growing Number of Children with Complex and Chronic Medical Conditions

- The number of children requiring increasingly complex health care continues to grow.
- The number of students receiving one-on-one skilled nursing care has increased by 42% from 19 to 27 students since FY 2010.
- There continues to be an increase in the number of student visits to school health clinics. There were 765,784 in FY 2012 and this represents a 6% increase from the previous year.
- 27% (47,511 out of 177,435 students) of the school population have an identified medical condition that requires a medical care plan.
- An additional 3,225 students had health conditions that required special training of school personnel.
- More students are using the school health rooms as an alternative to traditional primary care.

Mitigating the Increasing Risk to Food and Consumer Product Safety

- Increased exposure to illnesses and injury from unsafe food and consumer products
- The restaurant and food service industry in Fairfax is one of the most diverse in Virginia in terms of employees and owners, creating challenges for education and ensuring safe food handling practices and procedures among populations whose practices differ from traditionally recognized federal, state, and local food handling standards.
- The increasing trend of people consuming a larger percentage of their meals at restaurants versus home prepared meals expands risk.
- The Health Department is taking steps toward meeting the FDA Voluntary National Retail Standards, working with food establishment owners on employee health policy initiatives, and enforcing the *Food and Food Handling Code.*

Transition to a Population-based Service Delivery Model with a Health Equity Focus

- To conform with Healthy People 2020 goals and benchmarks and ensure that the National Prevention Strategic Priorities are realized in our community
- Basically, we are working with partners to: 1) create healthy and safe communities; 2) ensure that clinical community preventive services are available, integrated, and mutually reinforcing ; 3) empower/support people in making healthy choices; and 4) eliminate health disparities.
- Efforts include: health promotion and preparedness outreach; Partnership for a Healthier Fairfax; engagement of ethnic, minority, and vulnerable populations; and, building capacity through partnerships.
- In FY 2012, the Health Department Outreach Team reached 16,818 members of the difficult-to-reach target populations (e.g., English is not their primary language, do not have access to mainstream media, etc.) and we constantly engage our MAC on new and ongoing initiatives.

Expanding and Evolving Public Health Role in Emergency Preparedness and Terrorism Response

- Ranging from natural disasters of all kinds (Super Storm Sandy, the Derecho) to terrorism and radiological incidents. We also have a significant role in mass fatality management, medical surge capacity, medical countermeasure distribution, and emergency preparedness training of staff and the medical community.
- The Health Department's Office of Emergency Planning (OEP) participates in planning and response for regional events, such as the 2013 Inauguration, as part of the preparations for potential emergency events that could occur.
- Maintaining a cadre of trained volunteers to assist in emergencies

Juvenile & Domestic Relations District Court
Key Trends FY 2013 & FY 2014

Fiscal Year 2013 Budget:

- Total Budget: $21,178,839 (includes grant budget)
- Grant Budget: $ 165,363
- Revenue Breakdown: $ 4,887,487 (96.5% Federal/State, 2.5% Fines & Fees)
- Merit Positions: 350/348.5 (County and State)
- Vacant Positions*: 13

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Key Trends Impacting the Department:

Increased Emphasis on Domestic Relations & Violence

- Domestic relations intake complaints up 13% from FY 2010, including child custody and visitation disputes, child and spousal support disputes, and family abuse
- Children served in the Stronger Together Supervised Visitation & Child Exchange Program up 58% since 2009. A program created to help children visit with their non-residential parent, targeted to families that have experienced difficulty interacting in a non-threatening, appropriate manner
- State funding of locally-based adult probation (Community Corrections) reduced, requiring absorption of 3 full-time equivalent positions to maintain appropriate caseload sizes, where more than 90% of current offenders are supervised for Domestic Violence
- Growing need for services for Domestic Violence victims and offenders led to opening of Safe Havens Supervised Visitation & Exchange Program and collaboration in the opening of the Domestic Violence Action Center and Protective Order Monitoring program requiring absorption of 3 additional positions

Increased Mental Health Treatment Needs of Clients Served

- Youth with unmet mental health needs continue to strain agency resources
- Based on standardized screening tools used when youth are detained, the number of youth in detention scoring in the caution or warning ranges on mental health indicators have increased in almost every area over the past five years
- Court ordered psychological evaluations up 49% since FY 2010
- Impact of reductions in this area of other human services agencies, particularly CSB, are straining agency resources, as more services must be contracted out and/or absorbed internally to keep up with demand

Changing Demographics of Populations Served

- Changes in Fairfax County racial and ethnic population are filtering down to the youth, adults and families served by the agency. And, there is a growing need to address disproportionate minority contact within the agency and across the human services system
- Increase in the school-age population anticipated, with 2,900 new students expected in the upcoming school year, bringing total enrollment to over 184,000, one of the leading indicators for service demands
- Requirement to establish Limited English Proficiency (LEP) and Language Access Plan consistent with Title VI of the Civil Rights Act of 1964 and the Omnibus Crime Control and Safe Streets Act of 1968, leading to significant increases in language translation/interpretation services with severely limited resources
- Increases in requests for transportation services (bus tokens, cab vouchers) to keep families engaged in services

Department of Housing and Community Development
Key Trends Fiscal Years 2013 & 2014

Fiscal Year 2013 Budget:

- Adopted Budget: $112,666,146
- Revenue Sources:
  - Federal = 51%
  - Program Income = 11%
  - Rental Income = 10%
  - Half Penny Fund = 9%
    - Debt service at Crescent; Blueprint; and, Affordable Workforce Housing project
  - County/General Fund = 8%
    - General Fund Operating and Elderly Program
  - Other = 5%
    - Includes: Proffered Contributions; Investment Income; Program Income; Developer Fees; and, Internal Service Fund
  - Crescent/Wedgewood = 5%
    - $900,000 for Crescent debt service
    - $4.3 million from Wedgewood project goes to Bridging Affordability Program
  - County Transfer-In = 1%
    - Community Challenge – Housing Blueprint
- Merit Positions: 230 (County and Federal/State Grant)
- Vacant Positions*: 38
- Total positions held vacant*: 26
  - 21 positions held vacant due to loss of funding source (federal/grant and FCRHA funds); position(s) may be filled at a future date if funding is available
  - Three positions held vacant due to requested/pending Workforce Planning action
  - Two positions held vacant in General Fund due to staff previously in those positions serving in an acting capacity in another position within the agency

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Fiscal Year 2014 Budget:

- Anticipate further Local/General Fund reductions in FY 2014, which would have an impact on both administrative and programmatic expenditures
- Potential federal reductions in CDBG, HOME, Housing Choice Voucher, and Public Housing due to federal budget negotiations. Anticipate final budget figures in the Spring of 2013.
  - Significant portion of agency's budget is based on federal funding.

Key Trends Impacting the Department:

- ***Who We Serve:*** The Fairfax County Redevelopment and Housing Authority (FCRHA) operates three principal affordable housing programs: the federal Public Housing and Housing Choice Voucher programs, and the Fairfax County Rental Program. The average household income served in these programs in FY 2012 was $26,387, or approximately 27 percent of the Area Median Income (AMI) for a family of three; this meets the federal definition of **"extremely low income"**.

- ***Affordable Housing Gap:*** According to the Center for Housing Research at Virginia Tech, the total affordable housing gap in Fairfax County for low- and moderate-income renters (earning 80 percent of the area median income (AMI) and below) is approximately 28,405 units.

- ***Serving persons with disabilities:*** Nearly one-third of the households served in the FCRHA's major multi-family housing and rent subsidy programs included at least one member with a disability.

- ***The FCRHA: A HUD "Moving to Work" Agency:*** In December 2012, the FCRHA was named a "Moving to Work" agency by the U.S. Department of Housing and Urban Development. This elite designation will allow the FCRHA to fully implement the Total Housing Reinvention for Individual Success, Vital Services and Economic Empowerment (THRIVE) initiative by:
    - Creating a **housing continuum** that seamlessly joins together the county's housing programs – including Public Housing and Housing Choice Vouchers - and establishes goals to help residents move toward self-sufficiency that is achievable.
    - Expanding its already **strong community partnerships** with nonprofit organizations to provide self-sufficiency services ranging from "ready-to-rent" training, to job readiness, through homebuyer education and beyond.
    - Reducing the burden both on staff and residents related to such things as re-certifications and inspections, which will allow staff to focus more on **people – not paperwork**. This new focus will allow us to link persons to the services – such as job training and education – that residents need to move toward self-sufficiency.

A Closer Look at Affordable Housing in Fairfax County

- ***Critical to a healthy economy:*** "The region's new housing must be priced so that it is affordable to new workers. While the Washington DC metropolitan area will continue to attract many high-wage jobs over the next 20 years, many new workers will be entry-level workers and others will work in sectors that traditionally have lower wages ... As a result, the region will need a substantial amount of ownership and rental housing with relatively moderate prices and rents … More than half of new renters will need housing with rents less than $1,250 a month. Thus, in order to keep new workers living within the region, there is a need for relatively smaller and more moderately priced housing in the decades to come. Much of the moderately priced housing will not be new construction, but rather must be preserved from the existing stock." *(Housing the Region's Future Workforce: Policy Challenges for Local Jurisdictions; George Mason University Center for Regional Analysis; October 2011)*

- ***Essential to meeting the needs of persons with disabilities:*** Nearly 1,650 CSB clients (persons with intellectual disabilities, mental illness, or substance use disorders) needed affordable housing as of June 2011. Of those, approximately 70 percent can afford to pay no more than $205 per month toward rent. Thirteen percent have experienced homelessness. Affordable housing is less available to people with disabilities because, in part, they have a disproportionately lower rate of workforce participation and higher poverty rate compared to people without a disability and, thus, they have fewer funds to dedicate to housing. In Fairfax County in 2011, for the non-institutionalized population age 16 and over with a disability, the employment rate was 42.2%, compared to 67.4% for the non-disabled population age 16 and over. Approximately one-third of the households served in the FCRHA's programs include a person with a disability.

- ***Permanent solutions for homelessness:*** Permanent affordable housing is a key to solving the challenge of ending homelessness in our community in 10 years. Since the inception of the county's Homelessness Plan through FY 2012, a total of 468 homeless households were placed in permanent housing, with the FCRHA being the single largest source of permanent affordable housing. According to the Fairfax County Office to Prevent and End Homelessness, in January 2012, a total of 1,534 people were counted who were homeless, of

whom 55 percent were in families and 45 percent were single individuals. Thirty-three percent of all persons who were homeless, or 505 persons, were children under the age of 18. This is a slight drop of two percent from 2011.

- ***Addressing the needs of our seniors:*** Seniors are the fastest growing age segment in Fairfax County and are projected to comprise 11.1 percent of the County's population by the 2015. According to the U.S. Census Bureau, in 2011, there were approximately 110,623 residents of Fairfax County who were 65 years of age or over, approximately 5.5 percent of whom, or about 6,076, are living in poverty. This is an increase from 4.8 percent in 2010 and 4.6 percent in 2009. The FCRHA currently owns and operates 504 units of rental housing for active seniors, and 112 beds of assisted living.

- ***Poverty remains a daunting challenge at time when housing remains "out of reach" for many:*** In Fairfax County, the National Low Income Housing Coalition *Out of Reach 2012* report found that the monthly Fair Market Rent (FMR) for a two-bedroom housing unit rose $45 to $1,506 from 2011. A total of <u>four full-time</u> jobs would be needed for a household to afford a two-bedroom apartment in Fairfax County at the FMR. According to Census figures, there are about 73,794 people living in Fairfax County below the poverty level.

The Office to Prevent and End Homelessness
Key Trends Fiscal Years 2013 & 2014

Fiscal Year 2013 Budget:

- Adopted Budget: $11,317,906
- Grant Budget: $ 2,035,763
- Total Budget: $13,353,669
- Merit Positions: 8/8.0 SYE
- Vacant Positions*: 0

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Key Trends Impacting the Department:

Services for Homeless and at-Risk Families and Individuals

- Although the number of homeless people in other subpopulation areas has been reduced, the chronically homeless population has increased to 353 individuals at last count.

- Housing opportunities for chronic homeless also require the most intensive service supports for clients with the highest barriers. The Office to Prevent and End Homelessness (OPEH), along with the Community Services Board (CSB), Housing and Community Development (HCD), Health Department, nonprofit partners and others have launched the 100,000 Homes Campaign to house chronic homeless.

- The homeless delivery system includes the county, nonprofits, faith-based entities and businesses and is in the process of being retooled to support a Housing First approach which will help the county meet an increasing demand for assistance and support.

- In response to the need created by the fledgling economy, the number of homeless people served by the county has increased significantly over the past three years. While the number of people has increased, the partnership organizations and programs and shelters have become more efficient in using resources to prevent homelessness and more clients have been rapidly re-housed into permanent housing.

- As more people are moved through the county's shelters, more demands are placed on the facilities in terms of the capital infrastructure, furniture, and appliances. As a result, additional resources will be required to maintain safe and functional facilities.

- As part of implementing the Ten Year Plan and serving and housing the county's chronic homeless population, construction of Mondloch Residences has begun. These studio units are expected to be operational towards the latter part of FY 2014.

- The cost of affordable housing units has continued to increase, making households with low incomes at high risk of homelessness and making movement of individuals into permanent housing more challenging.

- More than 63,000 people in Fairfax County live without sufficient income to meet their basic needs. The annual income needed in FY 2012 to afford a two-bedroom fair-market rent in Fairfax County was $60,240, well above the means of thousands of Fairfax County residents to afford. As a result, many community members are living at-risk of homelessness, some becoming literally homeless.

Department of Family Services
Key Trends Fiscal Years 2013 & 2014

Fiscal Year 2013 Budget:

- Adopted Budget: $196.8 million (General Fund support = $78.2 million)
- Grant Budget: $ 30.3 million (General Fund support = $3.7 million)
- Total Budget: $227.1 million (General Fund support = $81.9 million)
- Merit Positions: 1,667/1,601.35 (County and Grant)
- Vacant Positions*: 91

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KEY FACTS

- The Department of Family Services (DFS) receives relatively less support from the county's General Fund than most other agencies.
- Approximately two-thirds of DFS' revenue is from federal and state sources, while most of the remaining third is comprised of SACC Fees.

Key Trends Impacting the Department:

Services to Build and Bolster Economic Self Sufficiency

Fairfax County's poverty rate of 6.8% is relatively low; however, due to its large population, Fairfax County has more residents living in poverty than any other single jurisdiction in Virginia. For example, the City of Richmond has a poverty rate of 26.9%, but has 52,459 residents living in poverty compared to Fairfax County's 73,794.

In 2011, the American Community Survey estimated that approximately one in every six Fairfax County residents live in households that have difficulty meeting their needs without some kind of assistance.

- As of October 2012, public assistance (i.e., SNAP, TANF, Medicaid) caseloads rose to over 82,000 cases per month, which represents more than a doubling since FY 2000.
- Access to affordable child care is critical for working families with low to moderate incomes. In a county with a high cost of living, the annual median income of families enrolled in the Child Care Assistance and Referral program is $26,986. Child care subsidies help families enter and remain in the workforce and ensure that their children are in safe and reliable child care arrangements.
- With the county unemployment rate declining to 4.3%, the number of job seekers served at the SkillSource Centers declined from more than 60,000 in FY 2011 to just under 52,000 in FY 2012.
- The number of clients enrolled in intensive employment and training services continues to exceed that of a few years ago as 3,276 were enrolled in FY 2012 compared to 1,974 in FY 2009.

Services for Older Adults and Adults with Disabilities

There are an estimated 106,000 older adults (age 65 and older) now living in Fairfax County, and it is expected that by 2030, there will be 158,000. The Baby Boomers begin turning 80 in 2026, and with the aging of the Baby Boomers, service needs to assist them with living in the community will increase.

- The number of Adult Protective Services investigations grew 18 percent from FY 2008 to FY 2012 to 1,040.
- Assistance with daily tasks such as light housekeeping and bathing will increase as more older adults experience challenges with daily tasks and desire to remain in their own homes.

Services to Protect Children and Youth

In 2010, children under 15 represented more than 20% of the county's population, or nearly 220,000 people.

- The number of families served by Child Protective Services increased nearly 30% from FY 2008 to FY 2012.
- Consistent with national trends, the Fairfax County Public Schools has experienced a surge in the number of children diagnosed with autism. From 1997 to 2011, this population grew from 235 students to 2,549.
- The number of youth served by the Comprehensive Services Act grew 6% in FY 2011 and in FY 2012 to 1,251 youth.

Domestic and Sexual Violence Services

Awareness and need for domestic violence services is growing. The number of counseling clients has risen 140% over the past four fiscal years and Offender Services has also seen an increase in of 51% of clients seeking batterer intervention services. Since ChildHelp closed in 2012, the county has no local provider of low-cost counseling for child sex abuse victims who were victimized by family members (incest victims).

Stronger Together supervised visitation program reports about 80% of their client's self-report domestic violence as being a cause for being ordered to supervised visitation.

- There is an increase in strangulation cases and other more serious cases. A new strangulation law was enacted in July 2012 and there were over 10 strangulation prosecutions from July through December 2012.
- The soon-to-be-released Fatality Review Team report reveals that the police districts where DV-related homicides happened are not the same where the majority of arrests are made, possibly indicating that victims of domestic violence in certain areas are not reaching out for help until it's too late.
- Victims of teen dating violence do not access services at the same rates the victimization is occurring. While hotline calls increased about 10% from FY 2011 to FY 2012, calls from victims aged 13-17 years old decreased 68% and calls from victims aged 18-24 years old decreased 25% between those two years.
- In the Office to Prevent and End Homelessness' 2012 Point-in-Time Count of Persons Who Were Homeless in the Fairfax-Falls Church Community, 52% of homeless families reported domestic violence as the reason for their homelessness.
- In FY 2011, Artemis House (the county's 24-hour emergency domestic violence shelter) turned away 158 households. According to Artemis House data, the average household size they admitted was 2.34 (this number is not available for turnaways), and the average length of stay was 41 days. Multiply these and the estimated need is 15,159 bed nights. Dividing by 365 days, 41.5 (42) additional beds are necessary to serve the number of people fleeing domestic violence seeking crisis shelter at that time (without taking into account an increase in demand due to the economy and the lack of affordable housing).

Services Adjusting to Increased Racial and Ethnic Diversity

Fairfax County's population has grown increasingly diverse over the last decade. According to the American Communities Survey, 37% of persons age five and older spoke a language other than English at home.

- More and more of DFS clients have limited English proficiency and DFS must comply with federal civil rights act mandates to provide language translation and interpretation services.
- Approximately half of counseling services provided by the Office For Women and Domestic and Sexual Violence Services (OFWDSVS) are provided in Spanish.
- The multiplicity of languages spoken by clients has necessitated the use of language translation services by the department at an annual cost of $0.5 million. Since these services are mandated and unbudgeted, funding is shifted each year to cover these costs resulting in fewer resources being available for other services. Although this has been managed with no to minimal impact thus far, this will result in the restriction or elimination of services in the future if additional resources are not made available.

Federal and State Mandates and Requirements Putting Pressure on DFS Services
Many of the services provided by DFS are influenced directly or indirectly by the federal and state governments. The extent of federal and state involvement is demonstrated by the fact that federal and state revenue offset nearly $80 million of DFS' General Fund expenditures and reduces General Fund support by more than 40%. As changes occur on the federal and state levels, the county must adjust accordingly.

- Changes to federal and state mandates have increased the workload for social workers in child welfare. For example, DFS is now required to conduct annual credit checks on children in foster care and state law has expanded the number of mandated reporters of child abuse with criminal penalties for those who intentionally fail to report within specified timeframes.
- Health Care Reform will play a major role in shaping demand for DFS services as well as what services are provided and how they are funded. The Self Sufficiency Division, for example, will be impacted as eligibility for programs such as Medicaid are changed and more individuals apply for coverage.

Strategic Organizational Infrastructure Changes Needed
DFS has responded to the aforementioned trends by implementing best practices and redesigning services to improve program outcomes, harnessing technology and re-engineering processes to increase productivity, and shifting resources to preserve direct services.

Future changes will certainly require the infusion of additional resources. Strategic evaluation on how best to deliver services, and the infrastructure needed, is underway to help the department determine how to meet future trends while insuring good outcomes.

Fairfax-Falls Church Community Services Board
Key Trends Fiscal Years 2013 & 2014

Fiscal Year 2013 REVISED Budget:

- Total Budget: $155,579,560
- Base Budget: $145,548,947
- Grant Budget: $ 6,294,903 (total available by year-end $12,892,637)
- Capital Construction: $ 3,735,322
- Revenue Breakdown: 73% local funds; 14% fees; 13% state/federal
- Merit Positions: 1,020 (FY 2013 Adopted)
- Vacant Positions*: 112 (as of January 14, 2013)

***Positions vacant as of January 14, 2013 in order to manage the department's budget. This action has an impact on the department's capacity to provide services. This number will fluctuate throughout the fiscal year.**

Fiscal Year 2014 Projection:

- Governor's budget has some potential targeted increases such as child crisis services, increased rates for one year for Intellectual Disability (ID) training center discharges, and other minor increases
- Medicaid, the single largest source of fee revenue, does not increase rates on an annual basis and has remained at rates similar to those established early in the 1990's
- A significant portion of CSB funding and, therefore services, is based on local funding

Key Trends Impacting the Department:

Services for People with Intellectual Disability
(Positive Living for Older Adults and Individuals with Disabilities)

- Fairfax County has over 1,000 residents waiting for Medicaid funding for services with approximately 500 of those individual considered in urgent need.
- Among those on the waiting list for Medicaid funding are those people who annually graduate from Fairfax County Schools' Special Education programs and need services -- approximately 100 annually
- The DOJ settlement with Virginia has created a timeline for closing operations at four of Virginia's Training Centers over the next few years.
- There are 116 Fairfax residents living in state Training Centers with the largest number (87) living at the Northern Virginia Training Center.
- Because Medicaid funding does not fully cover the cost of services, the CSB estimates that it will cost $6 million for housing and $2.3 million for services over and above the cost of current Medicaid and state funding.
- Currently, the CSB budget includes over $4 million in local funds that support needed services for people with ID who are Medicaid funded.

Services for Infants with Developmental Delays (Infant Toddler Connection)
(Successful Children and Youth)

- Based on a Federal program (IDEA-Part C), the CSB program provides services such as speech therapy, occupational therapy, physical therapy, and family education to over 1,500 families annually
- The service demand has grown by over 46% in the past two years.
- The state funding has been limited which has created pressure on local government to fund services or allow infants to be placed on a waiting list

- This CSB needs at least $1 million in additional funding for both FY 2013 and FY 2014. Statewide, there is an $8.5 million shortfall, just for these services.
- The Governor has proposed funding $3 million for both FY 2013 and FY 2014.

People with Mental Illness Needing Acute Care Hospitalization
(Healthy People)

- Health planning experts have agreed that Northern Virginia has an acute care psychiatric bed shortage of at least 80 beds
- Two years ago Virginia closed 19 of their 129 psychiatric beds due to a budget shortfall -- all of the 19 beds were for people with acute care needs
- The regional CSBs have been working with members of the Northern Virginia legislative delegation to try to restore funding for those 19 beds, including developing a study that reinforced that need
- The estimated cost of restoration of those beds is $1.4 million -- the Governor has proposed funding $700,000
- Due to the bed shortage, individuals are sometimes transported to hospitals out of this area in other parts of Virginia. Since they are usually involuntarily hospitalized, Fairfax County Police are required to provide the transport.

Health Care Reform
(Healthy People)

- Fee revenues from Virginia Medicaid account for at least 25% of the total non-County funding streams for CSB services. Overall, Medicaid reimbursements are the CSB's third largest funding source – with Fairfax County and State allocations exceeding Medicaid revenues.
- Medicaid does not increase rates on an annual basis and has remained at rates similar to those established early in the 1990's.
- Many people who receive services from the CSB for mental illness, substance use disorder, and intellectual disability have poor access or no access to primary health care services.
- Nationally, the average lifespan of people with serious mental illness is 25 years shorter than that of the general population.

Housing
(Affordable Housing)

- Nearly 1,650 CSB clients (people with intellectual disabilities, mental illness or substance use disorders) needed affordable housing as of June 2011.
- Limited and shrinking availability of federal resources for the acquisition of affordable housing and for rental subsidies. As pressure to tighten federal spending grows, these resources are likely to become even more limited.
- As individuals' incomes remain stagnant and rental costs rise, the differential in the amount that individuals pay will cause the cost for the CSB to provide housing related services to increase.
- More than 50% of individuals with mental illness seeking CSB residential services are not eligible for Medicaid.