

*The Fairfax County*  
**Human Services System**

**FY 2014/2015/2016  
TRENDS & WORK PRIORITIES  
AFFECTING THE HUMAN SERVICES SYSTEM**

**PROVIDED TO THE  
FAIRFAX COUNTY HUMAN SERVICES COUNCIL  
FEBRUARY 25, 2014**

*Working Together To Achieve Better Results*



# WORK PRIORITY DRIVERS

- Key factors influencing our resources and work priorities over the next 2 years:
  - Changing demographics & percentage of poverty/near poverty
    - Disproportionality, disparities
    - Cultural diversity/translation and culturally appropriate services
    - Growth in school enrollment (especially in limited English and in free/reduced meals eligibility)
    - Growth in older adult population
  - Increased caseloads (Self-sufficiency, DV, JDRC, CPS)
  - Slow economic recovery and declining federal, state, local, and private funding
    - Sequestration, Service capacity
    - Stress on NPOs to sustain service levels

# WORK PRIORITY DRIVERS

- Major Initiatives influencing our resources and work priorities over the next 2 years:
  - Housing Blueprint, 10-Year Plan to End Homelessness, Move to Work
    - Insufficient housing service and maintenance supports
  - Health care & safety net reforms
  - Community Health Plan
    - Health in All Policies
  - Court involved youth and families service
    - DVAC
    - Youth diversion and therapeutic services
  - New national service models demonstrating positive outcomes
  - Transportation barriers
    - Public infrastructure limitations & funding
  - Succession Planning: retiring staff and high staff turnover
  - CSB Service Transformation
  - DOJ – Community reintegration of NVTC residents
  - Systems of Care
    - Prevention, early intervention, intervention service continuum
    - Behavioral supports for youth and families not involved in CSA services

# HEALTHY PEOPLE

## • Trends

- An estimated 132,872 (or 12.2%) Fairfax County residents do not have **health insurance** and only 24% of low-income individuals have dental coverage
- Approximately 1 in 17 Americans live with a **serious mental illness**; this translates to 64,860 Fairfax County residents
  - A small percentage of individuals with co-occurring mental illness/substance use disorders receive treatment for both conditions
- **Depression** rates for FCPS students are reported higher than the national rate
- JDRDC court-ordered **psychological evaluations** for youth have increased 49% since FY 2010
- **Changes in health care** regulations, increasing numbers of consumers seeking assistance, and rising costs of services result in increased cost of directly-provided and county-contracted services
- National shifts in public health models support a **Health In All Policies** approach to improving population health
- Caseloads at **Domestic Violence Action Center (DVAC)** more than doubled from 279 in FY 2012 to 621 in FY 2013



# HEALTHY PEOPLE

- **Work Priorities**

- Continue efforts to address local impacts of **Health Care Reform**
  - Establish the Fairfax Community Health Collaborative
  - Create the work processes and infrastructure for primary and behavioral health/social services integration
  - Implement recommendations to maximize available oral and specialty health care services for individuals in poverty
  - Explore options to create efficiencies and meet growing demands within county's **Community Health Care Clinics**
  - Support implementation of the Partnership for a Healthier Fairfax's **Community Health Improvement Plan**
  - Work with Leadership Team to establish county-wide Healthy Communities principles and/or a Health In All Policies Ordinance
  - Refine CSB service and administrative work processes to maximize service integration in anticipation of opening the new **Merrifield Mental Health Center**
- Support the partnerships integrating the **Herndon HealthWorks & Herndon Resource Center, DVAC, and ANHSI & Gartlan Center** network of services
  - Evaluate the primary/behavioral health/social service integration model



# POSITIVE LIVING FOR OLDER ADULTS & PEOPLE WITH DISABILITIES

## • Trends

- Intellectual and Developmental Disabilities Trends
  - Over 1,000 residents with ID/DD **waiting for Medicaid** funding for services; approximately 500 of those considered urgent
  - Insufficient **Medicaid funding** will result in an estimated \$6 million for housing and \$2.3 million for services in County costs above the current Medicaid and state funding
  - FCPS reports an average annual increase in youth with **Autism** of 10.5% over the last 5 years
  - Closure of the state training centers will require **community reintegration** of 116 Fairfax residents
- Older Adults Trends
  - **Seniors** are projected to comprise 11.1% of County's population by 2015; in 2011, there were approximately 110,623 residents 65 years of age or over
  - Approximately 5.5 percent of seniors, or about 6,076, are living in **poverty**; an increase from 4.8 percent in 2010 and 4.6 percent in 2009
  - New older adult services and housing support models are focusing on **maintaining older adults in their homes** longer
- State and federal demonstration grant funds are focusing supports on successful **hospital to home transitions** and **care management** for dual-eligible older adults, who often have very complex needs, and those with disabilities



# POSITIVE LIVING FOR OLDER ADULTS & PEOPLE WITH DISABILITIES

## • Work Priorities

- Develop recommendations for programmatic and organizational changes to create opportunities within the continuum of **day activity programs for older adults** to meet changing needs
- Work with state agencies to implement DOJ requirements and **community reentry of NVTC residents**
- Investigate **alternative use of CSB residential facilities** in order to create greater efficiencies and opportunities
- Present to BOS, after CSB Board adoption, the **CSB's priority population framework** and strategies to address unmet needs
  - Analyze impacts on HS agencies and work with DMB to resource gaps
- Continue work to expand **alternative community-based service models** such as Centers Without Walls, Peer Supported Day Programs, Village Model, and SPARC
- Support the state's **dual-eligible pilot projects** for older adults and co-occurring populations
- **Redesign front door** access for CSB services



# CONNECTED COMMUNITIES

- **Trends**

- Over last 10 years, **nonprofits (NPOs) are providing a greater number of community-based services**
- **Transportation** remains a primary barrier to program participation; service requests continue to increase and wait lists continue to grow
- “**Collective Impact**” initiatives nationwide are finding success in targeting communities that present with specific QOL indicators
- There is a nationwide emphasis and commitment to **building social capital through community development**
  - Initiatives emphasize on supporting and developing groups, community and voluntary associations, and networks in promoting collective action and co-operation and facilitating involvement
- There is a greater emphasis (nationally & locally) on **moving traditionally county-run services to community organizations**
  - Some NPOs do not have adequate resources to handle ups/downs of fundraising, or diverse funding strategies required to weather changes in private giving
  - Federal, state, and local governments are requiring greater organizational contributions to resourcing services and demonstrating positive results



# CONNECTED COMMUNITIES

- **Work Priorities**

- Implement recommended “administrative” changes to the **CCFP** and present structural changes to the BOS for implementation in FY 2015
- Create a **HS website, Older Adult Resource website & Housing Supports web page** to enhance self-navigation of resources
- Work with nonprofits to continue to build the **Herndon Resource Network model** and evaluate service efficacy
- Identify and adopt clear and meaningful “**community transformation**” metrics
- Develop and use **Community Profiles** to begin neighborhood and community based dialogues in targeted “Opportunity Neighborhoods” (ON)
- Work with nonprofits and other county agencies to expand the “**ON**” approach or modify the model based on available resources
- Partner with DOT to **link targeted communities to transportation resources**
- Implement the recommendations from the **Turf Field Study** to build community capacity and reduce disproportional access



# SUCCESSFUL CHILDREN AND YOUTH

- **Trends**

- The increase in **school enrollment** expected in the upcoming school year will bring estimated total enrollment to over 186,000
- Approximately 9.7% of children (18,000) in Fairfax under the age of 18 live in **poverty**; over 33% of kindergarteners last year qualified for free or reduced lunch
- **Domestic relations intake complaints** are up 13% from FY 2010, including child custody and visitation disputes, child and spousal support disputes, and family abuse
- The number of families served by **Child Protective Services** increased nearly 30% from FY 2008 to FY 2012
- Children and families in need of **infant/toddler, early childhood and Head Start services** continue to increase
- 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
- JDRDC **court-ordered psychological evaluations** for youth have increased 49% since FY 2010



# SUCCESSFUL CHILDREN AND YOUTH

- **Work Priorities**

- Organize **SCYPT's** work to ensure key strategic policy and service priorities are addressed and presented to both boards
  - **School Readiness:** Implement a plan to maximize the number of children ready to successfully enter school and address service capacity needs for children in poverty
  - **Disproportionality:** Continue administrative and service policy changes to impact disproportionality and incorporate RBA data within all strategic areas
  - **Systems of Care for youth:** Present and implement recommendations from the Behavioral Youth Services Review Team
  - **Opportunity Neighborhoods:** Evaluate the ON and Community School Linked Service Model pilots and develop recommendations and resourcing plan to expand or modify service model based on evaluation data, community needs, resources and partner efforts
- Link the CSA's framework for system of care with the **full continuum of services for youth** (population prevention, targeted prevention, early intervention and intensive treatment)
- Integrate the adopted recommendations from the **Suicide Report** into service practices and administrative processes
- Reconstitute the county-wide **Prevention Coordination** Unit to address population-level youth health and well-being issues and coordinate responses
- Continue funding for the **Evening Reporting Center**, instrumental in reducing number of youth detained and overrepresentation of minorities in detention



# ECONOMIC SELF-SUFFICIENCY/FINANCIAL SECURITY

- **Trends**

- The County **poverty** rate has increased sharply in recent years, from 4.8% in 2007 to 6.8% in 2011, and is impacting service capacity across HS system
- FCRHA's **Move to Work** designation will require us to focus service supports on creating opportunities for individuals to sustain a livable family income
- **Public assistance** (e.g., SNAP, TANF, Medicaid) caseloads have risen to more than 82,000 cases per month, doubling since FY 2000
- Requests for **emergency assistance** have increased; the workload has grown by 14 % over pre-recession levels
- NPOs report difficulty meeting the **basic needs** of individuals and families; funding supports from organizations such as United Way are not adequate to support service needs of many providers
- The number of families enrolled in **CCAR** has increased, although the annual median income of enrolled families remains low (\$26,986); changes in state requirements will impact a significant number of families
- The number of clients enrolled in **intensive employment and training services** continues to increase, as 4,652 were enrolled in FY 2013, compared to 1,974 in FY 2009
- **Expansion of Medicaid**, if adopted in Virginia, will dramatically increase access to health care, but also significantly increase workload requirements of self-sufficiency workers



# ECONOMIC SELF-SUFFICIENCY/FINANCIAL SECURITY

- **Work Priorities**

- Develop an **employment support** model for individuals who are homeless and moving to housing; pilot the model program and evaluate by FY 2015
- Explore ways to connect employment and skill training resources to support **THRIVE/Move To Work**
- Identify ways to strategically connect financial security (economical sustainability) to FY 2015/16 **CCFP** cycle
  - Identify specific system-wide service recipient outcomes and program performance measures
- Analyze case load and service impacts of the **Affordable Care Act (ACA)** and identify strategies for resourcing



# SUSTAINABLE HOUSING

- **Trends**

- Additional potential **federal reductions in CDBG, HOME, Housing Choice Voucher, and Public Housing** will impact both administrative and programmatic expenditures, resulting in fewer opportunities to house low income and homeless residents
  - The average household income for those served in these programs in FY 2012 was \$26,387 (27% of AMI) for a family of three, meeting the federal definition of “extremely low income”
- Nearly 1,650 **CSB clients need affordable housing**
  - Approximately 70% can afford to pay no more than \$205 per month toward rent, and 13% have experienced homelessness
- Housing opportunities for the **chronically homeless** are limited and require the most intensive service supports
- 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.
- FCRHA’s designation as a HUD “Move to Work” agency will allow full implementation of the **Total Housing Reinvention for Individual Success, Vital Services and Economic Empowerment (THRIVE)** initiative
- Approximately 38% of families that are homeless entering our shelters reported **domestic violence** as the reason for their homelessness



# SUSTAINABLE HOUSING

- **Work Priorities**

- Evaluate the existing **Housing Blueprint and the 10-Year Plan to End Homelessness**
  - Revise blueprint format to incorporate requirements for supportive housing services and facility/site maintenance
- Continue work on the **“100,000 Homes”** project
- Develop **property maintenance** requirements and identify resources needed for HS-managed residences
- Develop strategies to minimize the loss of HUD funding specifically the Housing Choice Voucher
- Continue efforts to fund **Lewinsville Center** expansion
- Work with **Birmingham Green** on maximizing use of vacant bed space and reduce reliance on county funding
- Pursue options to expand **shelter and housing for victims of DV**
- Work with the FCRHA, Governing Board, CSB, and Commission for Women to analyze use of Housing Bond Funding, Social Impact Bonds or other **funding strategies** to purchase affordable housing and provide supports



# INFRASTRUCTURE SUPPORT

- **Trends**

- The inventory of human services residential properties requiring **lease management and property management** services (e.g., lease negotiations, maintenance, upkeep, etc.) has grown at least 10% each year over the last 2-3 years
- The complexity of **contracting** continues to grow
  - Outcomes-based contracting requires development of stronger outcomes and greater rigor in performance and financial monitoring
- A greater emphasis from the BOS on **service-associated fees**, as noted in the Fee Ordinance, will require more resources and greater communication to mitigate the impact on service recipients
- Retirement continues to impact **knowledge transfer**
- The **STRIVE** initiative (workforce development opportunities) will require additional agency resources, system-wide strategies, and agency management commitments
- Years of **funding reductions** and the potential for further federal, state, and local cuts will continue to impact CBOs ability to sustain some services



# INFRASTRUCTURE SUPPORT

- **Work Priorities**

- Strategic Planning, Resource Management & Capacity Building
  - Continue transition to an **outcomes-based contracting**
  - Develop an integrated **HS Capital Improvement Plan**
  - Build upon and expand an **onboarding and professional development** model across the human services agencies to prepare staff to successfully manage the changing human services environment
  - Implement recommendations included in the **Sliding Fee Study** and work closely with the Department of Tax Administration on implementing the BOS's approved Fee Ordinance
  - Complete agency **strategic plans** and identify cross-system impacts



# INFRASTRUCTURE SUPPORT

## • Work Priorities

- Continue to refine the **Human Services Accountability Framework**
  - Using the Results Based Accountability tool, develop and refine **System and Program Performance Plans**
  - Develop and publish a **Human Services Report Card**
  - Refine content and measures to describe and measure the HS **Strategic Focus Areas** (Fairfax County's Investments in Human Services)
  - Identify strategic requirements and processes for **information management**
    - System performance reports, trends, data, community profiles and dialogues
  - Revise the **HS-IT strategic plan**
  - Implement pilot to develop **data repository** to determine if a human services client is being served anywhere in human services system
  - Refine **program performance management** processes (RBA, PMs, performance based contracts)
  - Implement **strategic systems planning** processes (SystemSTAT, policy teams)
  - Develop a work plan for **strategic infrastructure management** (business process, county/nonprofit capacity building, staff development and training)

