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The Human Services Council gratefully acknowledges the work of the State of Human Services Subcommittee members for their contributions to the 1997 Report. Additionally, the Council wishes to extend its sincere appreciation to former Council member, Melvin F. Cotner, in championing the continued implementation of the Regional operations system.

For copies of this report, please contact Judy Greene, Office of Systems Management, at 703-324-5638 or jgreen@co.fairfax.va.us.

THE STATE OF HUMAN SERVICES REPORT - 1997



HUMAN SERVICES COUNCIL REPORT TO
THE FAIRFAX COUNTY BOARD OF
SUPERVISORS AND THE COMMUNITY

JANUARY 1998



TABLE OF CONTENTS

Executive Summary	PAGE 1
Introduction	PAGE 3
SECTION 1: Services and the Service Delivery System: An Update on “Areas of Concern”	PAGE 7
SECTION 2: Charting a Strategic Direction for Human Services: Expanding the Conversation on Community Outcomes and Indicators	PAGE 16
SECTION 3: Key External Influences of the Current Human Services Environment	PAGE 18
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APPENDIX I: Major Trends and Community Needs	PAGE 22
APPENDIX II: Progress Reported on HSC’s “Areas for Additional Work”	PAGE 37

E XECUTIVE SUMMARY:

In June 1988, the Fairfax County Board of Supervisors established the Council as a standing citizen advisory board. This action was taken in response to recommendations made by the 1987 Fairfax County Goals Advisory Commission that the County establish, review, coordinate, and evaluate human services needs, resource requirements, funding allocations, and priorities across all human services agencies, both public and private in providing family stability.

Since 1988, the Council and the public human service providers have been working together to build a new more integrated, more responsive and a more accountable Human Services System. Considerable progress has been made in terms of how the System is organized and staffed, how the County and community work together in an evolving regional structure, and have incorporated new ways of doing business.

Most notably, the Council has played a key role in monitoring a broad range of strategic management initiatives, collectively referred to as “**redesign**” to improve its capacity to meet the complex and changing community needs. Since the formal approval of the Human Services Redesign Plan by the Board of Supervisors in 1993, much of the structural changes have taken place so that the continuous improvement of how work is done *across the system* is now the focus.

Among the more recent achievements

are:

▣ The establishment of a strong **community-based service delivery model** centered on a regional operations system in order to support a network of community, public school, public safety, and public and private human service providers in building partnerships for collaborative planning, communications, and service delivery coordination activities.

▣ The development and implementation of a **comprehensive policy and competitive funding process** to fund services best provided by community-based agencies and organizations, formerly funded through a contribution or through a contract with an individual County agency.

▣ The production and release of a **Human Services Performance Budget** for FY 1998 as part of the ongoing effort to create a more understandable way of looking at the Human Services budget by illustrating how the Human Services System as a whole responds to various challenges in the community.

▣ The design and hosting of a forum entitled “**Charting a Strategic Direction for Human Services**” in which key leaders in the human services advisory community, the United Way, Fairfax County Human Services, Public Safety and Public Schools enthusiastically endorsed the establishment of a framework for an outcome-oriented strategic direction for

Human Services. The Forum's Summary Report of Proceedings was widely disseminated in order to continue to expand the conversation on community outcomes and indicators.

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In carrying out its charge to educate the community on Human Services and report annually on the state of Human Services to the Board of Supervisors, the **STATE OF HUMAN SERVICES REPORT - 1997** has been prepared with the following objectives:

To review the continuous development of the Human Services system, including the status of the various "*Areas of Concern*" as delineated in the Council's 1996 Report. Reflected are eight specific areas in which the Council chose to focus its monitoring in 1997;

To describe the process begun in late 1996 to develop program performance measures and community outcomes, thus highlighting the increased focus on performance and accountability; and

To bring to the attention of the Board of Supervisors and the community certain external influences that will be closely monitored in the upcoming year.

Additionally, two Appendices have been included. The first is comprised of a combination of the demographic data contained in the County's **1996 Household Survey** on the County's most recent residents who lived abroad five years ago as well as the major trends and community needs data as published in the Council's 1996 Report. The second appendix describes the progress on the "*Areas for Additional Work*" also cited in the 1996 Report.

INTRODUCTION:

For the past decade, the Fairfax County Human Services Council (the Council) has reviewed and reported on human services needs and recommended service delivery goals. In this **STATE OF HUMAN SERVICES REPORT - 1997**, the Council carries out those charges by describing the external and internal forces that currently shape the human services environment, and by reporting on the progress made on the major areas discussed in last year's report.

External Influences. As the Council enters into its tenth year, Human Services faces particularly challenging external influences that the Council intends to closely monitor in 1997-1998.

Demographic Changes. Between 1980 and 1990, the population of Fairfax County grew by 35%; since 1990, the population has grown by 10%, a continuation of its rapid growth. This dramatic population growth has been accompanied by a number of social challenges that impact human services. These include significant growth in our service population in areas such as foster care and juvenile justice, as well as increased needs for affordable child care, housing and health care. In addition, demographic changes also put pressures on the human services system in areas such as the need for supportive services for the elderly and their families.

While the increasingly diverse array of

nationalities and ethnic groups in the County strengthens the community, it also presents new challenges for human services. As reported in the County's **1996 Household Survey**® findings, roughly 5.2% of the County's residents ages 5 years and older lived abroad five years ago. These new residents have diverse backgrounds. For example, this group contains both a high percentage of college graduates and the largest percentage of all new County residents with less than a high school education. This mosaic of cultures, languages, arts, and support networks requires human service providers to be proficient in a variety of cultural norms and languages. [Demographic and other trends are discussed in Appendix I.]

Performance and Accountability. The increased focus on performance and accountability at the national, state, and local levels of government has aided the Council in its charge to monitor the effectiveness of the County's service delivery system and programs. Specific milestones included the following:

In July 1997, the Council released its **FY 1998 Performance Budget: Response to Challenges in the Community**. This document provides a framework for communicating the broad goals and outcomes of human services efforts and introduces Human Services program performance measures. It offers a way to look across multiple

agencies and identify services which have related objectives.

In September 1997, the Council held a forum entitled “**Charting a Strategic Direction for Human Services**” at which over fifty participants representing human services, Fairfax County Public Schools, public safety, and the Fairfax-Falls Church United Way discussed the process for developing community outcomes and indicators of progress. As a result, the process for establishing community outcomes has begun, based in the Human Services Regions and supported by stakeholder councils.

State and Federal Influences. With regard to state and federal influences, the following are among the most pivotal issues anticipated to be addressed by the Council in the upcoming year [These are discussed in greater detail in Section 3]:

Recommendations resulting from the HJR 240 Subcommittee study on the governance and structure of the publicly funded mental health, mental retardation, and substance abuse services system. Funding issues which remain to be resolved include those around Medicaid managed care, atypical psychotropic medications, bridge funds to accompany the planned downsizing of state facilities, and large waiting lists for community treatment services.

Implementation of the 1997 Federal mandate to provide health insurance for uninsured children. The State is currently working on aligning provisions of the new program, referred to as the

State Children’s Health Insurance Program (SCHIP) in Virginia, with existing State provisions. The State is considering the expansion of Medicaid coverage to children from families with incomes up to 200% of poverty.

Recommendations resulting from two Joint Legislative Audit and Review Commission (JLARC) reports: Child Day Care; and the Comprehensive Services Act (CSA) for At-Risk Youth and Families. In the Child Day Care study, at issue is the revision of the Child Care and Development Fund Plan, which includes provisions for changes in the eligibility criteria for subsidized child care. Regarding the CSA study, the Council will be assessing the fiscal implications of the recommended change on the County to require sum-sufficient funding for non-mandated children who have displayed recent and acute risk.

Newly adopted regulations from the State Board of Social Services regarding mandatory audio taped interviews with alleged victim children and the option for alleged abusers to waive post-dispositional local conferences in favor of predispositional consultations. The County has expressed concern with both of these new regulations.

New welfare reform regulations regarding work experience and education for recipients of Temporary Assistance for Needy Families (TANF).

Internal Environment. The Human Services system has made significant

progress towards completing the work begun as “human services redesign.” However, as the Council stated in its March 31, 1997 Letter to the Board of Supervisors on the FY 1998 Human Services Proposed Budget, if the County does not actively support the requirements for continued implementation of system-wide improvements [discussed in greater detail in Section 1], Human Services staffing may be pared to the point where it is simply not possible to meet the growing demand and caseloads for many services and uphold the three guiding principles for Human Services:

Self-Sufficiency: Human Services must continue to focus on promoting self-sufficiency and independence so that families and individuals can function to the fullest of their abilities. With a necessary and sufficient combination of support services and job training, many families and individuals can achieve independence from long-term public supports, resulting in savings and freeing resources for those who may never achieve full self-sufficiency.

Prevention: Prevention-oriented services encourage the development of family and community resources to address problems and provide targeted early intervention to prevent crises from occurring. These services seek to increase the strength and stability of individuals, families, and communities, and seek to prevent the need for more costly and intensive emergency/crisis interventions in the future.

Protection: Human Services seeks

to protect the well-being and safety of the community and its most vulnerable members, particularly as other supports for families become less available. Children and adults must be protected from abuse and neglect that threatens their health, safety, and well-being. In addition, services are needed to protect public health. Direct treatment services for physical health, mental health, and substance abuse problems are also needed to protect and restore the health of children, youth, and adults.

The Council feels strongly that, in addition to providing a level and quality of services that uphold these guiding principles for Fairfax County, the Human Services system must also have the resources necessary to continue making progress toward a number of other critical system-wide goals. These include:

Developing a regional system of service delivery and streamlining access to services at both the regional level and at the agency level.

Implementing cross-system functions in the areas of strategic planning and needs assessment, policy integration, resource development, outcome measurement, and information management.

Developing new working relationships between the County and community based providers, as evidenced in the new Community Funding Pool process.

Developing information technology to

support service delivery, as evidenced in the completion of the first major phase of the ASSIST system and significant technical infrastructure.

Conclusion. In the **STATE OF HUMAN SERVICES REPORT - 1997**, the Council provides the Board of Supervisors and the community with an update on the major internal and external challenges facing the Human Services system, and reports on the significant progress that Human Services has made in many key areas since the Council's 1996 Report. The Council hopes that this report can serve as a guide for resource discussions and collaborative planning in the coming year.

SECTION 1:

SERVICES AND THE SERVICE DELIVERY SYSTEM: AN UPDATE ON “AREAS OF CONCERN”

The Council's primary goals are to maximize **prevention** opportunities to strengthen families' well-being and stability; to promote **self-sufficiency** and help families achieve independence; and to ensure the **protection** of children and other vulnerable members of our community. To those ends, the Council saw the need to highlight several areas of concern in its 1996 Report.

These eight areas of concern relate both to services and to the service delivery system itself; they highlight specific areas in which the Council would focus their attention in 1997. The following sections present an update on the progress made in each area since the Council's 1996 Report was published.

Services in the Community

The Council identified four major areas of concern regarding how the services provided by the system are meeting the needs of individuals and families in our community:

▣ The need for greater outreach to improve community awareness about available services, as identified in the Needs Assessment, so that families can

get information to address problems before they require long-term public intervention;

▣ The need for the *Fairfax Works* program to follow participants' long-term progress toward family independence;

▣ The need to uphold the County's obligation to ensure the protection and well-being of children in our community; and

▣ The need to ensure that affordable health care is available to all families.

1. Community Awareness About Available Services

Background: In the Community Needs Assessment, households reporting an unmet need for service were asked why they did not use an already available service. Not knowing where to find help was the barrier most frequently cited. In addition, the needs for access to English language assistance and for information to be available in other languages were also noted in the Needs Assessment.

As mentioned in the report, the changes in Human Services over the past

several years have begun to address this problem, but there is still work to be done. Consolidation of the nine agencies into six Service Areas, as well as implementation of the 222-0880 Human Services Access number and the 631-3366 Human Services Access Spanish line have streamlined access to information about available services. However, the system's capacity to provide systematic and comprehensive outreach and education to the community was weakened in last year's budget process with the elimination of staff and funding dedicated to public information and community outreach.

Update: The Council and staff have begun to explore options for enhancing the system's capacity to spread knowledge about available services.

Staff have examined the various communication and outreach tools currently in use across the Human Services system, and are looking for ways to increase their effectiveness and reach.

Beginning in early 1998, information from the human services Resource Service System (RSS) will become available on the internet at the County's World Wide Web site. RSS is an electronic catalog of thousands of services, both public and private, that are available to meet the needs of Fairfax residents. This will become a prime resource for public and private human service providers in identifying service resources which meet the needs of their clients outside of their own program and agency. The information will also be accessible to the general

public at home and work (for those with Internet access), and at Public Libraries and schools with access to the Internet.

Continued development and implementation of the Access approach in Human Services will improve the system's capacity to provide information about the full spectrum of available human services, regardless of where a customer contacts the system.

Ongoing work in the Department of Family Services to strengthen community-based services and in the Office of Systems Management to build Regional community-based networks will aid in disseminating information and developing stronger relationships between traditional human service providers and others, such as the schools, public safety, faith and business communities, and civic organizations.

2. Fairfax Works and Long-Term Family Independence

Background: The Council's second area of concern was the need for a long-term monitoring and follow-up component for families participating in the *Fairfax Works* program, to ensure that families have the skills and supports to be truly independent in the long run.

Update: The Fairfax County Department of Family Services has begun a three-year evaluation study with an outside consultant, funded with state and federal resources, to measure

the results of the *Fairfax Works* program and to conduct longer-term evaluation of program participants. Members of the Council have worked closely with staff to oversee the implementation of this effort. The study is evaluating the following results:

Client progress and outcomes for all Temporary Assistance for Needy Families (TANF) recipients (especially welfare reform participants);

The impact on other benefit and service programs, including both county and community-based services; and

More detailed follow-up on a sample of closed cases (clients who are no longer receiving benefits for any reason).

A report presenting the preliminary findings of this study will be available in early 1998.

3. Ensuring the Protection and Well-Being of Children

Background: Many of the most disturbing trends and service needs discussed in the Council's 1996 Report as well as in the press, reflect the complex needs of children. The Council has expressed concern that the cumulative effect of fiscal pressures across the County, especially in Human Services and in the schools, will diminish the community's capacity to meet its obligation to our children, and that the real impact of this loss will not be seen until it is too late. There is still

work to be done in each of the areas of children's services mentioned in the Council's report:

Access to affordable, quality child care;

Comprehensive prevention and early-intervention services to children, families, and neighborhoods where there are risk factors for social problems; and

Improvements in the working relationship and collaboration between the schools and the Human Services system in serving children.

Update: Since the release of the Council's 1996 report, progress has been made on a number of children's issues:

The Council formed a task force to review the County's response to sharp increases in child protective services and foster care caseloads. They reported on their findings and recommendations to the Board of Supervisors, resulting in the redeployment of nine additional workers from the Department of Family Services (DFS) to Child Protective Services.

As a follow-up to the Child Protective Task Force Report, a Multi-agency Community Team has formed to look into two major issues. First, the team is studying a multiple response system in which all calls receive a response; either investigation, assessment and prevention services, or referral. The state is currently piloting this approach in several jurisdictions in Virginia. The

team is also studying multi-cultural issues in child welfare, including the disproportionate number of African-American and Hispanic families with founded cases of child abuse or neglect in the County.

DFS is examining confidentiality policies to improve communication among professionals about child welfare cases.

DFS has signed a Memorandum of Understanding with the school system to facilitate improved communication, sharing of information, and response to concerns about child well-being.

Staff have completed a case-by-case review of the appropriateness of residential placements for children in foster care with severe emotional, physical, or behavioral needs.

Collaborative work has begun in several areas of the Human Services system with Community Coalitions sponsored by the school system.

4. Availability of Affordable Health Care

Background: The Council expressed concern about maintaining the County's ability to provide affordable health care to all uninsured families who need it. Affordable health care is an essential component of family independence and self-sufficiency. However, the "working poor" in our community -- those families who earn too much to be eligible for Medicaid, yet whose jobs often do not

offer health insurance -- may be the most vulnerable to not receiving needed medical care or medicine. The Council is concerned that the County's ability to provide health services to the working poor, already insufficient to meet the demand for care, will be diminished over time as fiscal pressures continue to build.

Update: The newly enacted Federal legislation that provides funding for health insurance to cover uninsured children is a crucial step in helping families reach independence. The Council will be monitoring the state and local implementation of this insurance program. [Discussed in Section 3.]

The County continues to operate three Affordable Health Care Clinics (at Bailey's Crossroads, South County, and North County) and the Medical and Dental Care Programs for Indigent Children. The Dental Care Clinic for adults continues to function with significant waiting lists for services. Fairfax Hospital is considering hiring a part-time ophthalmologist to supplement the staff at its eye care clinic, which receives referrals for affordable eye care from the Health Department and other County and community agencies.

The Service Delivery System

The Council also identified four areas of concern that deal not with actual services, but instead with the capacity and infrastructure of the service delivery system:

- ▣ Establishing the regional system of

service delivery in all regions of the County;

- ▣ Conducting regular assessment of community needs and service trends, evaluating the effectiveness of the service system, and using this information for program planning;
- ▣ Maintaining sufficient staff capacity and expertise within the Human Services system to design and conduct needs assessments, trend analyses, and program evaluation; and
- ▣ Aggressively implementing the information technology tools necessary to support an integrated service delivery system.

5. Regional Service Delivery System

Background: The vision for a regional system of service delivery was first articulated in the April 1993 proposal for Human Services Redesign, and the five Human Services regions were established by the Board of Supervisors soon after. Initial progress was focused on the establishment of regional operations in Region I (the southeastern section of the county). Since the establishment of the first region substantial progress has been made.

Update: In early 1997, the three remaining Regional Managers were hired for Regions II, III, and IV/V. The Regional Managers have already begun to develop working relationships with the Supervisors and Human Services

Council representatives from their regions, as well as with regional stakeholders such as community-based and county service providers; customers; civic, neighborhood, and business groups; the faith community; and school system personnel.

Last July, the Board of Supervisors approved the transfer/reallocation of eight positions to fully support the implementation of the Human Services regional offices. Included were:

Four (4) clerical positions to provide administrative support in the Human Service Regional Offices, and to assist the Regional Managers and citizens in responding to regional issues;

Three (3) Regional Community Development Coordinators to provide professional level staff support for the work of the regional offices in the development of partnerships, resources, and capacity building. These staff will facilitate human service projects with County Human Services agencies, the police, schools, private human service providers, the business community and other appropriate stakeholders. Responsibilities will include project management, data analysis, writing, presentation design, meeting facilitation, and public speaking to promote community-wide efforts around the coordination of Human Services and including the school system and public safety personnel.

Initiatives are underway in all regions to increase the levels of coordination and collaboration in the delivery of services to citizens. These are essential

first steps on the road to a more fully integrated service delivery system.

6. The Need for Regular Needs Assessments

Background: The 1995 Community Needs Assessment provided valuable information to the human services community about the types of problems that families are experiencing, the services they use for help with those problems, services they need but do not use, and the barriers that prevent them from using services. The data from the Needs Assessment, together with demographic information and data on service trends and usage, have been useful in setting program priorities, identifying service gaps, and projecting future service needs. While the Council has welcomed the progress made in the past year to collect, analyze, and use these types of information, it is concerned about whether this analysis will become an ongoing part of the system's work. While the data collected over the past year is useful in itself, it may prove more useful as a baseline against which the system can measure progress in meeting service needs. Using the data in this way requires that needs assessments and other data collection be conducted regularly and comprehensively.

The Council is also concerned that program evaluation be incorporated into the system's ongoing continuous improvement efforts. Evaluating the effectiveness of specific programs and services will allow the system to make

changes and refine programs as necessary. Conducting these evaluations in the larger context of the needs assessment will help ensure that high-quality programs are delivered in the areas of greatest need. The Council plans to work closely with the Deputy County Executive and human services staff to ensure that needs assessments and program evaluations are incorporated into the regular work of the system.

Update: This year, staff completed the design for the Strategic Planning and Needs Assessment function in Human Services. Currently, these design recommendations have only been presented within Fairfax County Human Services. The design contained a five year cycle for the formal Needs Assessment process, and incorporated other data sources and types of planning, both system-wide and service area-specific.

Staff has begun the process for the system-wide development of performance measures for individual services and programs. Performance measures are part of the program-budgeting approach sponsored by the Council and the staff of Human Services. An FY 98 Performance Budget was completed last July and submitted to the Board of Supervisors in September 1997.

In addition, the CSB is serving as a test site for DMHMRSAS for the development of the performance and outcome measurement system for children and youth with emotional disturbance. This will eventually

become a component of a mandated statewide system of outcome measures for CSBs.

Staff plans to update the system-wide service trends and utilization report regularly.

7. Maintenance of Analysis Capacity and Expertise

Background: Conducting the types of needs assessment, analysis, and evaluation discussed above requires that the Human Services system maintain staff who have this expertise, coupled with a knowledge of programs and services. Given the recent budget shortfalls, the system has faced difficult decisions about where to cut funding for programs and staff. The need to preserve funding for direct service delivery often means finding savings in staff functions such as research and analysis -- several such positions were eliminated in recent budget processes, and many staff who used to perform these functions have been reassigned to direct service activities.

The Council has expressed concern that losing the capacity to conduct needs assessments and analysis will undermine the progress made to date in system-wide evaluation and planning. Without this expertise, it will not be possible to ensure that funds are spent in the areas of greatest need and effectiveness, or to perform the regional analysis necessary to implement the regional service delivery system. As the County enters the next budget planning

cycle, the Council will monitor the system's capacity to continue this critical work.

Update: The Board of Supervisors approved the transfer/allocation of six positions to implement the system-wide support functions assigned to the Office of Systems Management. These functions include system-wide planning and needs assessment. Staff will begin system-wide work in the following areas:

System-wide strategic planning and management, which includes supporting the Human Services Performance Budget and strategic community outcomes efforts, and providing technical support to the human service agencies in process redesign and improvement;

Resource development, which includes grants development, capacity building, and support for public/private partnerships; and

Information management, which includes data analysis of specific service and program data or system-wide data, the use of geographic information systems to support the visual display and analysis of data from disparate sources, and the management of shared information systems.

8. Implementation of Information Technology

Background: Developing and implementing the ASSIST information technology project continues to be a major priority in Human Services to enhance service delivery. Delays in

completing ASSIST mean that more funds must be spent maintaining and replacing the outdated, aging systems currently in use by many agencies. In addition, delays in completing ASSIST also delay Human Services' capacity for system-wide information sharing, data collection, and system-wide analysis of client trends and service usage. The Council is concerned that upcoming budget pressures may further delay the completion and implementation of ASSIST, and advocates for an aggressive development and implementation schedule. Over the coming year, the Council will continue to monitor the Human Services system's progress in completing and making the best use of this investment in technology.

Update: Over the past year progress on technology in Human Services has centered on deployment and updating of technical infrastructure (computers and networks, some of which are more than 20 years old). Analysis of 40 Human Services computer applications has been completed to ensure compliance with Year 2000 requirements. Applications requiring programming changes will be completed by March 1998.

ADAPT - ADAPT is a rule-based eligibility determination system which will be implemented in the upcoming year to determine and process eligibility for the TANF and Food Stamp programs. In the future, employment (VIEW) and Medicaid eligibility will be automated as well. ADAPT is a State system that has been piloted in several localities. Computers to support this

system are scheduled for delivery from the State in early 1998.

OASIS - Fairfax County was the first Virginia locality to receive the Online Automated Services Information System (OASIS) for Child Welfare. This State system is currently being tested by Department of Family Services Foster Care and Adoption staff. The OASIS system provides automated support for intake, case management, placement, and treatment/services, as well as information sharing and data reporting with the State.

Other Technical Infrastructure Issues- Human Services has made significant progress in the last year to upgrade and expand access to information technology. Fifty-four (77%) of Human Services locations are connected to the enterprise network (up from 6 locations three years ago); new local area networks have been installed at several locations; and over 700 new pentium computers have been installed in Regional offices and sites throughout the County. In total, there are approximately 3,000 computers available to Human Services staff, up from only 512 three years ago.

ASSIST - Phase 1 of ASSIST is in use in all the Regional Offices and by staff in the Department of Family Services. Several training rooms have been established throughout the County to assist staff in learning this new technology. Human Services has released an RFP (Request for Proposals) for Systems Integration work to support the development of the remaining phases of ASSIST.

SECTION 2:

C HARTING A STRATEGIC DIRECTION FOR HUMAN SERVICES: EXPANDING THE CONVERSATION ON COMMUNITY OUTCOMES AND INDICATORS

On September 6, 1997, the Council held a forum entitled “**Charting a Strategic Direction for Human Services.**” Fifty-four (54) participants enthusiastically endorsed the establishment of a framework for an outcome-oriented “strategic direction” for Human Services in Fairfax County. During the small workgroup sessions, forum participants, which included key leaders in the human services advisory community, the United Way, Fairfax County Public Safety and Public Schools, the Human Services Leadership Team and Regional Managers began developing workplans and next steps for this effort.

The forum provided its participants with presentations on current Fairfax County results-oriented initiatives and on the definition of a strategic direction using examples from national, state and local levels. Forum participants were asked to generate ideas for making the connection between programs they care about and possible community outcomes, and how these connections could help them in their work. They also discussed how their current roles and work might evolve to support a commitment to a strategic direction for human services.

In small groups, participants were asked to generate what the next steps in the process of identifying the right outcomes for Fairfax County should be for their advisory group or staff.

Participants identified:

What needed to be done;
Who should be involved;
How should we go about it; and
When it should happen.

The forum concluded with a large group discussion on *next steps* and messages that participants intended to convey about the day’s proceedings to their respective organizations.

A Summary Report of Proceedings was produced and sent to the Council Forum Planning Committee, whose membership included representatives of several different advisory groups. Having found overwhelming consensus from forum participants to move forward immediately on a strategic direction for human services through development of community outcomes and indicators, the Committee sent the following three recommendations to the Council. These recommendations were adopted at the Council’s September 22, 1997 meeting.

▣ Wide dissemination of the **Summary Report of Proceedings** in order to continue to expand the conversation on community outcomes and indicators as a framework for a strategic direction.

▣ Insomuch as regional implementation will be imperative, responsibility for initiating activities that direct the development of community outcomes and indicators be assigned by the Deputy County Executive for Human Services to the Regional Managers with oversight provided by the Office of Systems Management and the Human Services Leadership Team. Further discussion is required in order to select the appropriate implementation strategy: either on a regional level and evolving to effect a County-wide strategic direction, or, alternatively, developing County-wide outcomes and indicators and evolving to effect regional strategic goals.

▣ A meeting between the Forum Planning Committee members, the Deputy County Executive, and selected staff including the Regional Managers to discuss the various options of how best to move forward.

In October 1997, the process for establishing community outcomes based in regions and supported by stakeholder councils began. During the upcoming year, the Council will continue to be a vital contributor to the development of the community outcomes.

For a copy of the **Summary Report of Proceedings**, please contact Judy Greene, Office of Systems Management, at 703-324-5638 or jgreen@co.fairfax.va.us.

SECTION 3:

K **EY EXTERNAL INFLUENCES OF THE CURRENT HUMAN SERVICES ENVIRONMENT**

Over the next year, the Council intends to closely monitor the following critical external influences of the current Human Services environment.

[Demographic data and trends are reflected in Appendix I.]

HJR 240 Study on the Governance and Structure of the Publicly Funded Mental Health, Mental Retardation, and Substance Abuse Services System.

In September 1997, a Joint Subcommittee created by House Joint Resolution 240 released for public review and comment its recommendations on the roles envisioned for state and local providers in the delivery of publicly funded mental health, mental retardation, and substance abuse services in Virginia. As conceived, the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) would assume responsibility for financing, planning, and policy development of Medicaid. Additionally, the State would assume responsibility for non-federal Medicaid match funds over a four year period rather than continuing the current practice of financing the state match through reduction of state funds in the budgets of Community Services Boards

(CSBs). With respect to governance, the Subcommittee proposed that the CSBs serve as both the entities responsible for overall management and as the single point of entry for publicly funded services. DMHMRSAS would continue to operate State facilities. The Joint Subcommittee recommended no unfunded mandates and no single stream funding.

It is anticipated that the Subcommittee will issue a report in December 1997 containing draft legislation to the General Assembly. This report may be submitted for discussion only, with final action being taken during the 1999 General Assembly session. However, action on selected items may occur in the 1998 session.

It has been recommended that a State System and Facility Master Plan be developed during 1998 which would specify the costs of maintaining or downsizing State facilities as well as the impact on the localities.

► The Council is monitoring the recommendations resulting from the HJR 240 Study as well as the positions of the Virginia Municipal League and Virginia Association of Counties. Included among the many concerns

raised are: the methodology for establishing bed utilization targets at State facilities; the availability of State funds for the purchase of private sector acute psychiatric care beds; the requirement for a CSB to obtain State approval when it sets up a system to serve as both a care coordinator and a provider; and the percentage of State-controlled funds to be spent on priority populations.

State Children's Health Insurance Program. As part of the 1997 federal Balanced Budget Act of 1997, Title XXI of the Social Security Act took effect on October 1st and established a new federal mandate to provide health insurance for uninsured children. The legislation allocated \$24 billion in federal funding over the next five years.

The federal law provides States many implementation options, of which one is to expand Medicaid coverage. Exercising this option, States would be required to maintain their current Medicaid efforts and not shift current Medicaid eligible persons into the new program to take advantage of an enhanced match rate (for Virginia, the enhanced Medicaid match rate is 66.04%, or roughly \$2 from the federal government for every \$1 from the state).

In Virginia, the new program is called the State Children's Health Insurance Program (SCHIP). Virginia's federal allocation is sufficient to cover at least 88,400 children currently uninsured and some additional children who could lose their insurance.

The State's Indigent/Uninsured Subcommittee of the Joint Commission on Health Care voted unanimously in October 1997 to: adopt a two-tier approach to initially expand Medicaid, while continuing to look at an insurance program option; adopt a goal of 200% of the federal poverty level; and attempt to involve existing local programs.

► The Council intends to monitor the recommendations of the Subcommittee. The Board of Supervisors has endorsed support of the Subcommittee's recommendation to extend Medicaid to children from families with incomes at or below 200% of poverty, *contingent on full funding by the state and federal governments.*

Joint Legislative Audit and Review Commission (JLARC) Report on Child Day Care.

Federal welfare reform legislation required all states to develop a Child Care Development Fund (CCDF) plan by October 1, 1997; the plan sets guidelines for the use of state and federal funds to pay for subsidized day care provided to children of TANF participants.

The Virginia plan, as adopted in October, caps eligibility for subsidized day care in Northern Virginia at 170% of poverty (\$22,656 a year for a family of three). Prior to October 1, 1997, the state income cap of 75% of the State median income permitted Fairfax County and other Northern Virginia jurisdictions to provide a child day care subsidy to a family of three earning \$31,524. The methodology used to

calculate eligibility for subsidies is based on annual income, rather than cost of living.

JLARC completed a follow-up review of its 1990 study of child day care concurrent with the State's mandate to develop the CCDF plan. JLARC made numerous recommendations designed to address the funding needs for subsidy programs, to adjust the income ceilings to reflect a cost of living approach, and to strengthen regulation practices.

➤ The Board of Supervisors supported the following JLARC recommendations:

Revision of the income eligibility thresholds for state/federal subsidies of child day care assistance to reflect cost of living in statistical metropolitan areas. The CCDF plan for Virginia *lowered the income ceiling* for eligibility for child care assistance by \$8,868 for a family of three. This places Northern Virginia families at risk of losing their self-sufficiency unless the local jurisdictions assume the subsidy costs previously funded by the State.

Basic protection for children and compliance with inspection regulations. The Department of Social Services (DSS) should hire sufficient licensing staff to conduct the number of visits required by the Code of Virginia as well as additional visits as warranted by the compliance history of the given facility.

Child protective services regulations. In November 1997, the State Board of Social Services adopted

significant child protective services regulations. Of the adopted regulations, Fairfax conveyed its serious concerns to the State Board with respect to two:

- the requirement to audio tape investigation interviews with all alleged child victims, with certain exceptions;
- and • the introduction of pre-dispositional consultations with alleged abusers.

➤ It is the County's expressed opinion that the introduction of audio taping in child protective services investigations may add anxiety and stress on the family. The County offered its opinion that the decision to tape record should be with the professional experts (the child protective services worker and his/her supervisor), rather than permitting the interpretation of the exemptions to the audio taping requirement to be challenged by attorneys who will maintain that their cases do not meet the mandate.

Further, it is the County's opinion that allowing alleged abusers to present witnesses, testimony or documentation should not be required prior to the determination of a finding. The alleged abuser or neglecter has many opportunities during the course of the investigation to present their own opinion and account to the child protective services worker. Fairfax currently discusses findings with alleged abusers and neglectors in an informal process and, if appealed, there is a local conference chaired by a neutral party.

.....

Other important issues that the Council

will be monitoring include:

The fiscal implications of the November 1997 JLARC Study on the **Comprehensive Services Act for At Risk Children and Families**. Among the ten JLARC recommendations is the proposed change to require sum-sufficient funding for non-mandated children who have displayed recent and acute risk. While this will have a positive effect on funding availability for children who have not met the mandated eligibility criteria, the County's financial requirement based on the CSA formula match has yet to be determined. A JLARC report on the financial implications is anticipated to be released in December 1997.

Among the **Welfare Reform** items are: the development of new TANF regulations, especially as they relate to work experience and education; automation; VIP/VIEW client transportation; and recommendations to the General Assembly resulting from the State Department of Social Services nutrition study.

State-wide efforts of advocacy organizations to identify programs for **Prevention** funding, e.g., Healthy Families.

Long Term Care/Aging, including consumer protection legislation relating to managed care; any legislation increasing Medicaid provider rates for Long Term Care; and tax credits for care givers for older and disabled Virginians.

M

AJOR TRENDS AND COMMUNITY NEEDS

Background: In examining the most recent demographic data from the County's **1996 HOUSEHOLD SURVEY**®, the social challenges evidenced in the 1990 Census statistics and the 1995 Community Needs Assessment do indeed persist. The information in Appendix I is comprised of highlights on the County's immigrant population from the County's **1996 HOUSEHOLD SURVEY**® and the Major Trends and Community Needs as published in the Council's 1996 Report. It is also important to note that the Council has requested an updated Community Needs Assessment in FY 1999.

Highlights from the County's 1996 Household Survey® On the County's Most Recent Residents

Presenting new and interesting challenges for human services providers is the immigrant population now residing in Fairfax County. As of January 1996, roughly 5.2% of the County's residents, ages 5 years and older, lived abroad five years ago. The County's newest Hispanic and Asian residents were most likely to have lived abroad in 1991.

Education. The educational attainment of the County's most recent residents who lived abroad five years ago is quite diverse. These new residents showed 52.6% college graduates while also presenting the largest percentage of all new County residents who had less than a high school education.

Languages spoken. The majority (69%) of new residents who lived abroad in 1991 spoke a language other than English in their homes. Of those speaking other languages, only a third spoke English very well.

Income and poverty. Persons who had lived in foreign locations in 1991 were more likely to have resided in low- to moderate-income households than any other new residents. Of this group, almost one-fifth lived in households with incomes below \$25,000 and nearly half lived in households with incomes below \$50,000. Persons who had lived abroad five years ago were much more likely to be at or below poverty than any other new resident group.

Major Trends and Community Needs-1996 Report

Since 1980, the Fairfax County area has experienced dramatic growth and overall economic prosperity.

Communities have prospered, new businesses have flourished, and creative initiatives have sprung from neighborhoods across the County. Compared to the rest of the state and nation, Fairfax County is a leader in household and family income, educational attainment, and scope and quality of services provided to citizens. However, this growth and relative prosperity are not enjoyed equally by all of Fairfax County's citizens, and they have not come without accompanying social challenges, such as the shortage of affordable housing, increasing medical care costs, increasing violence among youth, and widespread substance abuse. Public and private human service providers see hundreds of children and adults in need of help and services every day.

Demographic Trends

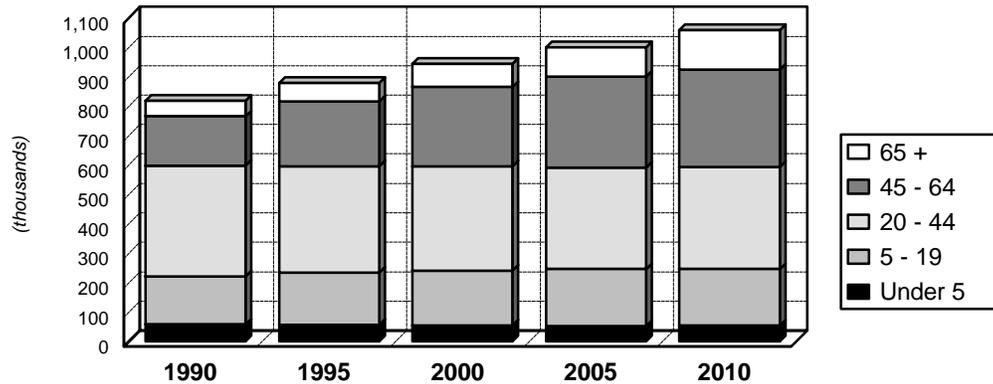
Through the 1980s and continuing in the 1990s, the Fairfax County community has experienced dramatic demographic changes in terms of population growth, age, ethnic diversity, and family types. According to US Census data, between 1980 and 1990 the nation's population grew by almost 10% and Virginia's population grew by almost 16%, while Fairfax County grew by over 35%. While growth has not been as dramatic in the past 6 years (the area has grown by almost 10% since 1990), the County's population is projected to exceed one million residents by the year 2005.

Not only does population growth increase the need for services, the

relative distribution of ages within that growth affects the types of services needed. The senior population (age 65+) is expected to grow by over 56% in the next decade, increasing the demand for long-term care and home-based services. As illustrated in the graph on the next page, seniors are the fastest growing population; however, the growth rate for the senior population is not as high as originally estimated.

Fairfax County has also become increasingly multi-cultural, with a diverse array of nationalities and ethnic groups. As one measure of the County's increasing diversity, the 1995 Needs Assessment found that approximately 25% of Fairfax County households spoke a language other than English in the home. This mosaic of cultures, languages, arts, and support networks has both strengthened the community and presented new challenges. More families throughout the County are faced with language barriers and the hardships of recent arrival to the area. Many of these families have low incomes and may need community supports to obtain food, housing, health care, child care, or skills/language training to achieve self-sufficiency. To provide these supports, human service providers and school personnel need to be proficient in a variety of cultural norms and languages. The chart on the next page illustrates the dramatic increase in ethnic diversity among children in the Fairfax County school population over the past two decades.

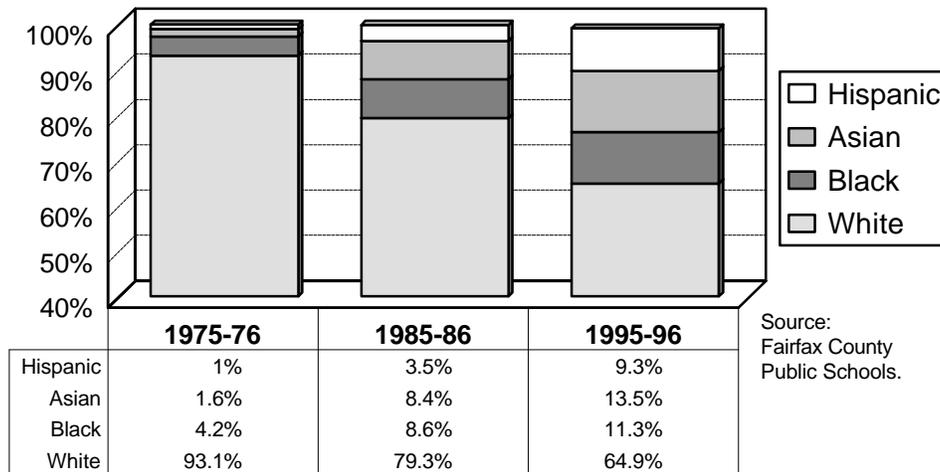
Population Age Distribution: Estimates and Projections



Bureau of the Census (1990). Fairfax County OMB (1995-2000). Includes residents of Fairfax County.

Source: US

Trends in Racial and Ethnic Diversity



Source:
Fairfax County
Public Schools.

Economic Trends and Indicators

Economic pressures and social conditions also have a direct impact on the needs of families in our community. In Fairfax County, as elsewhere, economic hardships lead to an increase in the demand for public assistance and often may lead to increases in child

abuse and neglect, domestic violence, and alcohol and drug abuse. Given the relatively high cost of living in the Northern Virginia area, all adults in many families must work full- or part-time outside the home to make ends meet, creating a need for child care and supervision. The need for affordable child care in Fairfax County greatly outstrips the supply. 1995 estimates of the child care supply show that Fairfax

County has about 34,000 child care spaces among permitted or licensed child care providers and licensed child care centers. This compares to estimates of demand for over 107,000 spaces. In 1996, there were over 900 and 1000 children, respectively, on the waiting lists for the County's Child Care Assistance Program and School Age Child Care Program, and over 350 waiting for a place in Head Start. Even though Fairfax County is one of the wealthiest jurisdictions in the nation, the number of low-income families is increasing relative to the population as a whole. To illustrate this point, while the number of school-age children in the area has increased by just over 13% from 1990 to 1995, the number of children approved for free or reduced price lunches increased by 120% [Source: Fairfax County Public Schools].

Other social trends, such as the increase in single-parent households, present economic hardships for families. According to US Census data, while single-parent families increased 10.6% in Alexandria and 6.5% in Arlington from 1980 to 1990, they increased 56% in Fairfax County in the same period. (Fairfax County's greater population growth during the same period explains some, but not all, of the disproportionate rise in single-parent families. From 1980 to 1990, the population grew in Alexandria by 7.7%, in Arlington by 12%, and in Fairfax County by 37.1%).

The table below presents a comparison of single-parent vs. two-parent households in Virginia and Fairfax County in 1990. Not only do single-parent households often have greater needs for child care and other supports, the median income for single-parent households is less than half of that for two-parent households.

Virginia and Fairfax County Households: Income and Prevalence by Type, 1990

	Virginia		Fairfax County	
	<i>Number of Households</i>	<i>Median Income</i>	<i>Number of Households</i>	<i>Median Income</i>
<i>Two Parent Households</i>	626,000	\$57,551	183,616	\$70,000
<i>Single Parent Households</i>				
<i>Female</i>	133,401	\$17,867	23,679	\$26,500
<i>Male</i>	28,058	\$30,853	3,815	\$32,000

Source: *Fairfax County '95: A Demographic Context for Planning, Fairfax County Public Schools* (U.S. Bureau of the Census)

Social Trends and Community Concerns

Fairfax County has also experienced disturbing increases in the prevalence of social problems such as crime, youth violence, substance abuse, child abuse and the spread of HIV and AIDS. According to the 1995 Needs Assessment, over 40% of area households consider crime to be at least a moderate problem in their community. Between 1988 and 1992, the total number of aggravated assaults reported in Fairfax County increased by 23% and rapes increased by 17%. [Source: Fairfax County Juvenile and Domestic Relations Court].

Increases in youth violence and other problems are particularly troubling. According to Fairfax County Police Department data, the number of violent crimes committed by youth has increased steadily, with about 1 in 10 violent juvenile offenses committed by children under age 12. Other youth trends include:

- ▣ The drop-out rate in the Fairfax County public schools increased from 1.82% in 1991-92 to 2.29% in 1994-95.
- ▣ Drug-related expulsions in the public schools increased from 5 in 1989-90, to 29 in 1993-94, to 44 in 1994-95.
- ▣ Juvenile arrests for drug violations increased seven-fold from 49 in 1990 to 363 in 1995.

[Source: Fairfax County Public Schools]

After 18 months of town meetings, fact

finding missions and public debate, the Fairfax County Community Initiative to Reduce Youth Violence has undertaken and accomplished several initial steps and has established long-term goals designed to address the roots of youth violence and to build more resilient young people and stronger neighborhoods throughout the County. Notable among ongoing programs are the County's nine Teen Centers that are successfully attracting some 1,000 young people to participate in sports and other recreational activities as alternatives to negative peer pressure and gang-centered activities.

The County has also seen large increases in the rates of child abuse and neglect. Between 1990 and 1995, the number of children in the area's population age 0 to 17 years increased by 7.8%. However, the number of Child Protective Services (CPS) investigations increased by 25%. In FY 1995, there were 844 founded cases of abuse or neglect - a rate of approximately 4 out of every 1000 children. Local increases in reports of child abuse and neglect and in the number of children entering foster care correspond with national trends. Over the past year, these nationwide increases have been attributed to increased economic stress on lower-income families and decreases in available supports to families. Local data also support national trends that children entering foster care today have more complex needs and problems than ever before. Since 1990, more children in foster care nationwide have developmental disabilities, and more have been served by other public

agencies, such as mental health and juvenile justice. In the first half of FY 1995, almost half of new CPS/foster care cases involved children with special needs. In over half of the cases, the children were under the age of 6.

Fairfax County is also experiencing the spread of HIV and AIDS, as are other jurisdictions across the state and country. According to the State Department of Health, the number of persons living with AIDS in our community since 1989 has grown from 84 to 400, an increase of 376%. The number of deaths from AIDS and AIDS-related diseases has grown from 125 in 1989 to 666 in 1996, an increase of 433%. Medical care and services for this population, many of whom are without health insurance, are often inaccessible due to the high cost.

The lack of affordable housing is another major concern in our community, affecting moderate-income families as well as low-income families. Housing and Community Development estimates that the potential demand for affordable housing for households earning less than \$20,000 exceeds the County's supply by almost 15,000 units. The gap between demand and supply for moderate income households (earning \$44,000-\$51,500) is as many as 21,000 units. The demand for housing assistance is illustrated by the waiting lists for Section 8 and public housing -- in September 1997, the waiting list contained over 3,219 households, of which 95% had incomes below \$30,000, and 35% had incomes less than \$12,000. During the one-month opening of the waiting lists in

April 1996, nearly 2,000 households were added. Households typically must wait one to two years to obtain housing through these and other programs, during which time they often move between friends and family or live in housing they can barely afford. Nearly one in five waiting list participants spent over 50% of their incomes for housing costs.

There is serious concern about the growing rate of drug and alcohol abuse among youths. According to a national study, almost 20% of intermediate school students use illicit drugs, and just under 45% use alcohol. For senior high students, almost 38% use illicit drugs and over 70% use alcohol. It is estimated that 1 in 5 youths use drugs or alcohol daily, weekly, or monthly. In Fairfax County, that means over 12,000 youths who use drugs or alcohol on a regular basis. In 1996, Alcohol and Drug Services provided intervention and treatment services to 1,500 youth, and an estimated 700 youths were served in the private sector, leaving 10,000 regular users of drugs and alcohol untreated. While some of these youths stop using, many continue into adulthood.

1995 Needs Assessment Highlights

In 1995, the first Community Needs Assessment was conducted jointly by Fairfax County, the Fairfax-Falls Church United Way, the City of Fairfax, and the City of Falls Church to gather information on human service needs in

the community. While the trend data discussed in the preceding pages gives a broader view of social conditions and needs in the community, the Needs Assessment presents a clear picture of specific human service needs and problems experienced by area residents over the previous year (1994). Together with feedback from the community, this information can help in setting program priorities for the Human Services system.

The Needs Assessment Survey was mailed to more than 11,000 Area households,* asking questions about a variety of typical human service needs such as:

- Child Care & Health Care
- Mental Health & Substance Abuse
- Employment & Money Management
- Special Needs (disabilities)
- Special Assistance (with activities of daily living: bathing, dressing, eating)

Over half of the households responded, providing valuable information about the types of human service problems they experienced over the past year, the services they needed or used to help solve those problems, and any reasons why they may not have gotten the help they needed. The Needs Assessment also collected information about the

household members, such as age, income, language spoken, and racial/ethnic heritage, in order to offer a picture of the types of needs experienced by different groups and communities of Area residents. Of the 328,779 households in the Area, an estimated 146,500 (or 45% of all households) reported experiencing at least one human service problem. While problems were experienced by all income groups, households with annual incomes less than \$36,000 were more likely than higher income households to report experiencing a problem, and households earning less than \$12,600 were much more likely to report experiencing multiple human service problems.

The occurrence of human service problems is also substantial among all racial and ethnic groups. Of the estimated 146,500 households which reported problems, two thirds, or 98,900 households were headed by Whites. The rate of incidence, however, was higher within other racial or ethnic groups: nearly 70% of the households headed by Hispanics reported at least one problem, as did over 60% of the households headed by Asians, 46% of the households headed by Blacks, and 40% of the households headed by Whites. Households headed by Hispanics most frequently reported experiencing more than one problem.

The need for assistance with the English language plays an important role in the incidence of problems reported by households headed by Asians or Hispanics. When the need for assistance with English is excluded,

* The Needs Assessment was completed by 5,593 randomly selected Area households and the results were weighted to provide estimates for the total number of Area households. The Overall response rate was 54.7%. For more information on the sampling methodology, contact the Office of Human Services Systems Management at 324-5638.

households headed by Asians reported the lowest incidence of problems among all racial or ethnic groups (38%), and the incidence of reported problems for households headed by Hispanics dropped to 60%.

Human Service Problems Experienced by Area Households...

An estimated:

- 52,500 households had a member that was fired, laid off, or had a reduction in hours or pay
- 52,400 households had a member who experienced anxiety, depression, or other mental, emotional, or behavioral problem
- 41,300 households ran out of money for basic needs
- 32,800 households experienced a problem with child care
- 30,500 households had at least one member who went without needed health care
- 28,300 households had at least one member who needed help speaking, reading, and/or writing English
- 15,400 households had an adult who needed help with activities of daily living, e.g., bathing or eating
- 10,800 households had a member who experienced a problem with drugs or alcohol

In the aggregate, there are some geographical variations in the incidence of households reporting at least one problem. One half of the households in Human Services Region II* and the City of Fairfax reported at least one problem, followed closely by Human Services Region I at 47% of all households. Human Services Region IV* and Region V had an incidence of 44%, while the City of Falls Church had an incidence of 43%. The lowest incidence was in Human Services Region III at 39% of

households.

Child Care. An estimated 16% of Area households use or need to find child care for work or school-related reasons. Two-thirds of these households experienced some problem with child care in the past year. Affordability was the most common problem affecting over 15,400 (or 29%) of all households reporting child care problems, followed by child care hours that match school or work schedules not being available (24%), and problems with the quality of care (20%). Among lower-income households reporting child care problems (those earning less than half the County median family income, \$36,000) 44% could not afford child care costs. Among ethnic and racial groups, households headed by an Asian are the most likely to report a problem with child care.

The waiting list data presented earlier on page 3 indicates a problem in terms of the availability of several child care programs. The Needs Assessment shows that availability in terms of provider hours not matching the hours when child care is needed is also a problem. The problem of affordability is not confined to the lowest income families, since two-thirds of the households reporting affordability problems have incomes over \$36,000 per year. Similarly, the fact that one-fifth of all households using/needing child care reported being unhappy with the quality of care is important to remember as County activities such as permitting family child care homes or training child care providers are

planned and supported.

Employment. Adults in 16% of households experienced some kind of employment problem in the past year, such as being fired, laid-off, or having an employer reduce their work hours, job status, or pay. An even greater percentage of households earning less than \$36,000 were affected, with almost one out of every five experiencing a problem. Of the total 52,500 Area households reporting problems, half

indicated that at least one household member had been permanently laid-off. As the table below demonstrates, for those households reporting an unmet need for employment services, publicly offered services were those most frequently mentioned. Also, 10,900, or 43% of those households citing unmet needs reported that they “did not know where to find help” and 6,000 or 24% of those households reported that they “tried to get help but program did not meet needs.” These facts have implications both for the marketing of employment services and the extent to which those services are able to serve the general population of persons experiencing employment problems.

<i>Service</i>	<i>Households Using the Service</i>	<i>Households Needing but not Using the Service</i>
Unemployment benefits	13,700	14,400
Government job training/counseling services	2,700	11,600
VEC job placement services	12,300	11,300
Private placement services/headhunters	12,000	12,300
Adult education classes	6,700	8,900

Need for English Language Services. An estimated 94% of all Area households speak English in the home. Of this group, almost a quarter speak English *and* at least one other language -- most commonly Spanish or Korean. An estimated 28,200 or 9% of Area households have at least one person who needs help speaking, reading, or writing English -- the total number of persons needing help is estimated to be over 46,000. Lower-income households are more likely to report speaking no English in the home (8%) and needing help with English

(17%). “Assistance with the English language” is the only area in the Needs Assessment where the number of households reporting an unmet need for services exceeded the number of households reporting that they used services. English language services is also the area where households most frequently reported that the reason that they did not use services was because they “did not know where to find help”, with 58% of households with an unmet need for services citing it as the reason that services were not received. These

findings suggest a need to review both the extent of English language services provided in the Area and the manner in which available English language services are marketed to those who need them, particularly as the growth in the percentage of non-English speaking households continues.

The Needs Assessment also revealed some relationships between households which speak no English in the home and the incidence of reporting other problems. While not speaking English may not in itself be a problem, households that speak no English are more likely to:

- ▶ Have members who lack health insurance
- ▶ Go without needed health care
- ▶ Experience employment problems
- ▶ Experience problems with child care

This finding suggests that English language services may be important as part of a prevention or self-sufficiency strategy for many households.

Money Management. The Needs Assessment survey asked households if, during the past year, they ran out of money to pay for basic needs such as rent or mortgage, utilities, food or medicine. An estimated one in eight households (41,300) reported that they ran out of money at least once; an estimated 15,400 households ran out of money three or more times during the year. While respondents in all income groups reported having run out of money at least once, households earning less than \$36,000 were far more likely to experience this problem.

The Needs Assessment also identified a relationship between the cost of housing as a percentage of household income and the incidence of running out of money for basic needs. Generally, as the cost of housing as a percentage of household income increased, the likelihood of running out of money for basic needs increased as well. Households paying 35-49% of their income on housing were three times more likely to run out of money for basic needs than were households paying 20-24% of their income on housing.

<i>What did households do when they ran out of money?:</i>	<i>All households with money problems</i>	<i>Households earning less than \$36,000</i>
Got help from friends or relatives	55%	62%
Did without food or medicine	19%	21%
Got help from church or community	11%	19%
Got help from the government	9%	16%
Problem was short-term & no longer exists	34%	23%

Health Care: Not Receiving

Needed Medical Care. Children and/or adults in an estimated 30,500 Area households (approximately 52,700 persons) went without needed medical care or medicine during the past year. A quarter of households in the lowest income category (less than \$12,600) went without needed care, as opposed to 4% in the highest income households.

The top reason reported for not receiving needed medical care was that the households were not able to afford the care or that the needed care was not covered by insurance (reported by 81% of households that went without care). Other reasons for not receiving needed care included not qualifying for medical assistance or help, and not knowing where to get the needed care.

Lack of Health Insurance

In an estimated 14% of Area households, there is at least one person without health insurance. The lack of health insurance is a problem for all income groups, with 29% of the lowest income households (less than \$12,600 annually) and 7% of the highest income households (more than \$108,000 annually) reporting at least one member who lacks insurance. Among ethnic and racial groups, households headed by an Hispanic are the most likely to have a member who is uninsured.

Households in which no English is spoken are over five times more likely to have an uninsured member than households in which only English is spoken. 31% of households with some uninsured members reported not receiving needed health care, as opposed to 6% of the households where all members were insured.

Area Health Care Facts

Although...

Households earning less than \$36,000 make up only 21% of all Area households...

...they make up more than one-third of those that went without needed care.

Young adults (age 18-34) make up only 26% of the Area population...

...they make up 36% of the population not receiving needed care or medicine.

Elderly persons (age 65+) make up 7% of the Area population...

...they make up only 3% of those not receiving needed care.

Households in which no English is spoken comprise only a small proportion of the Area's total households...

...persons in these households were nearly three times more likely not to receive needed medical care.

The services that were most frequently needed, but not received include dental care (21,600 households), routine doctor care (15,000 households), eye exams or glasses (13,500 households), and prescription medicines (9,900 households).

Given the fact that households with some uninsured members are five times more likely to report going without needed health care, the findings from the Needs Assessment indicate a need for primary care services for the uninsured, such as the County's affordable health care clinics. The findings also indicate a need for dental care and eye care services, two areas

where insurance coverage is limited or non-existent for many households.

Special Needs (Disabilities). An estimated 10% of Area households (33,800) have a child and/or an adult with a permanent disability that limits activities. Six percent of the households report a member or members with physical disabilities, two percent report learning disabilities, and a total of two percent report mental, hearing, or visual disabilities. The elderly are the age group which reported the highest rate of disability: *while the elderly only comprise 7% of the Area's population, they comprise 28% of those reporting a permanent disability.*

An estimated 15% of lower-income households (under \$36,000) reported a member with a permanent disability. The rate of service usage for lower-income households reporting disabilities was somewhat higher than for all households reporting a disability. In addition, the rate of unmet needs for disability services was much higher in lower-income households. For example, among all households reporting an unmet need for disability services, less than 12% reported unmet needs for rehabilitation, respite, day care, and/or job training services. For low income households reporting unmet needs for disability services, 20-24% reported unmet needs for these services. The most common reasons for not using needed services were that they did not know where to find help (31%), they tried to get help but the program didn't meet their needs (23%), or they tried to get help but could not

afford the costs (20%). Households whose members speak only English were more likely to report a member with a permanent disability than were households where no English is spoken.

Special Assistance (Activities of Daily Living). It is estimated that 16,000 adults in the Area need help with activities of daily living, e.g., bathing, toileting, dressing, eating, walking, climbing stairs, or with memory or reasoning. Almost half of these adults (47%) are age 65 or older. In almost half of the estimated 15,400 affected households, help has been needed for over a year. This translates into one out of every fifty households, and since the elderly population is projected to continue growing, this figure has implications for the provision of both public and private long-term care services. The services most likely to be needed, but not used, include respite care (to give a temporary break to household members providing care) and help with home maintenance chores. The most common reasons given by households for not using needed services were that they did not know where to find help (31%) or that they tried to get help but could not afford the costs (28%).

Mental Health. An estimated 16% of all households (approximately 65,500 persons) reported experiencing anxiety, depression or some other mental, emotional or behavioral problem to the degree that it was felt that help was necessary to deal with the problem. School-aged children (ages 5-17) were disproportionately affected by mental

health problems. *While children comprise only 18% of the Area's total population, they make up 24% of those reporting mental health problems.* The fact that nine percent of all Area households used counseling or therapy services and five percent of all Area households had an unmet need for counseling or therapy services indicates a high demand for these services, whether they are public or private. The fact that one Area household in fifty reported an unmet need for these services due to affordability has implications for both public services and for more widely available health insurance coverage for mental health purposes. The most common reasons for not receiving needed services were that the person did not want help (38% of the households reporting an unmet need), that they could not afford the costs (33% of all households reporting an unmet need, 53% of lower-income households), or that they did not know where to find help (31% of households reporting an unmet need).

Substance Abuse. An estimated 3% of Area households (approximately 11,900 individuals) reported that they had a child and/or adult who had experienced an alcohol or drug abuse problem over the past year. The incidence of substance abuse varied significantly for certain age groups -- ***although young adults (ages 18-34) make up only 26% of the Area's population, they comprise 44% of those identified as having substance abuse problems.***

The 3% incidence rate of substance abuse problems was the same for lower-income households (less than

\$36,000) as for all households. Lower-income households were no more or less likely to use counseling, treatment, or support group services than were households from all income groups. However, higher income households were more likely to report needing but not using family support services; while lower-income households were more likely to report needing but not using detox services.

Unmet Needs in the Community. An unmet need for at least one service was reported by an estimated 86,600, or 26% of Area households. With health care services included as well, the estimate increases to 94,500 or 29% of Area households. The services most frequently reported as needed, but not used, were:

- ***Legal Services:*** an estimated 31,300 or 10% of Area households

- ***Health Care Services:*** an estimated 30,500 or 9% of Area households

- ***Employment Services:*** an estimated 25,200 or 8% of Area households

- ***Mental Health Services:*** an estimated 23,800 or 7% of Area households

- ***English Language Services:*** an estimated 18,500 or 6% of households

- ***Services for Persons with Disabilities:*** an estimated 15,900 or 5% of Area households

Lower income households were more likely than higher income households to

report needing, but not using, a service. Sixty-two percent of the lowest income households (*below \$12,600*) and 20% of the highest income households (*above \$108,000*) reported needing, but not using, at least one service. Among racial and ethnic groups, the greatest number of households reporting unmet needs for services, with the exception of English language services, were households headed by Whites. For English language services, the greatest number of households reporting unmet needs were households headed by an Asian.

When the data are viewed by rate of incidence rather than sheer numbers, households headed by an Hispanic were the most likely to report unmet needs for legal, employment, and mental health services. Households headed by an Hispanic and households headed by an Asian were the most likely to report an unmet need for English language services. Households headed by a Black were the most likely to report an unmet need for disability services. These findings can be helpful in the targeting of both outreach efforts and service delivery efforts to the various racial and ethnic groups in the County.

Barriers To Service Delivery: Reasons Why Needed Services Were Not Used. The survey asked those households that reported needing, but not using, services to identify reasons why services were not used. Not knowing where to find services and not being able to afford services were the barriers most frequently cited. "Do not know where to

find help" was the barrier most frequently cited for four services, including English language and employment services. This finding suggests a need to look at levels of effort and marketing methods in regard to informing residents about available services on the part of both public and private providers. "Tried to get help, but could not afford costs" was reported as a primary reason, particularly for health care services and legal services. Sometimes, households reported that the person or persons in need of help did not want help. *For substance abuse services and mental health services in particular, this was the leading reason for not receiving needed services.*

Households reporting that they "did not know where to find help" for needed services...

...For Employment Services:

an estimated 43% or 10,900 households (51% of lower-income households)

...For English Language Services:

an estimated 58% or 10,900 households

...For Mental Health Services:

an estimated 31% or 7,300 households

Households reporting that they "could not afford the cost" of needed services...

...For Health Care Services:

an estimated 81% or 24,800 households (86% of lower-income households)

...For Legal Services:

an estimated 58% or 18,200 households (80% of lower-income households)

...For Mental Health Services:

an estimated 33% or 7,800 households (53% of lower-income households)

Implications for Human

Services. The Needs Assessment findings suggest a number of areas in which the human services community can do more to meet the community's needs. As mentioned above, not knowing where to find help was one of the most frequently mentioned reasons why households did not receive a service they needed. This finding suggests a need to look at levels of effort and marketing methods in regard to informing residents about available services on the part of both public and private providers. This reason was given most often for employment and English-language services: two services that are a critical part of self-sufficiency for many households.

Not being able to afford the cost of services was another frequently mentioned reason for not getting help, for services such as legal services, health care, mental health, and child care. It is important to note that middle-income households (those earning over \$36,000 a year) reported not being able to afford many needed services as well as lower-income households. Afford-ability was the major barrier to health care services, which indicates the need for greater access to primary care services for the uninsured, and greater access or insurance coverage for mental health services. Although the Needs Assessment did not offer findings on housing needs, it did suggest a relationship between paying more than 35% of income for housing costs and running out of money for basic needs.

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ROGRESS REPORTED ON HSC'S "AREAS FOR ADDITIONAL WORK"

Background: *In its 1996 Report, the Council noted additional staff work that remained to be accomplished in the following areas:*

- ▣ *Reorganization and Restructuring;*
- ▣ *Regional System and Community Partnerships;*
- ▣ *Process Design and Continuous Improvement;*
- ▣ *Technology and Management Initiatives; and*
- ▣ *Planning and Evaluation Efforts.*

Reorganization and Restructuring

➔ **Area:** Additional program area consolidation and realignment.

Update: Cross-agency opportunities continue to develop as staff discover the advantage of collaborative efforts in order to "get the work done." The Continuum of Care Process is an example not only of agency cooperative efforts but extends into the community as well. As the Board is aware, more than 50 public and private providers, advocates, and consumers worked together on an application process through the Department of Housing and Urban Development for the McKinney Continuum of Care Homeless Assistance Program.

Currently Human Services Systems Management, Human Services Administration, the Department of Family Services, Community Services Board, and Housing and Community Development, along with United Way are working together to consolidate the Community Funding Pool and the Community Development Block Grant funding processes.

Another example is the coordinated effort between the Office of Systems Management, Human Services Administration, the Department of Family Services, Department of Health, and the Care Network for Seniors and several long term care programs to provide joint assessment and case management services for adults.

➔ **Area:** Design and implementation of the Office of Quality Assurance.

Update: Design and implementation work related to the Office of Quality Assurance has not yet been initiated.

Regional System and Community Partnerships

➔ **Area:** Continued development and implementation of the regional service system in Region I.

Update: Regional development in

the southeastern part of the County continues to progress. The focus over the past year has been on the development of relationships and coalitions which can serve as the foundation for service integration initiatives. Much of this collaboration is with non-traditional “actors” in the human service system, including the police, the school community, civic associations and managers of apartment complexes. In addition, this regional office produces the *Fairfax County Human Services Regional Connection*, a resource newsletter published for and by the human services community in Region 1 and helps sponsor the Mount Vernon Community Lunch Series.

➔ **Area:** Implementation of the remaining regions (II-V).

Update: In January, 1997, the four (4) Regional Managers were introduced to the Council. They represent Regions I, II, III, and IV/V. They have been actively involved with the selection, hiring and training of Coordinated Service Planners. These positions are responsible for the full implementation of the Office of System Management’s role in the Human Services Access/Intake system and are part of the regional staff. They have already developed a presence in each of their regions, meeting key stakeholders in their communities and building public and private partnerships. They will be actively involved in the hiring of clerical and community development coordinators for their regional offices.

➔ **Area:** Finalize the Citizens Advisory

Needs Review recommendations, working to further streamline the Service Area advisory structure, clarify the process for input and recommendations to the Board, and address other suggestions by the Board of Supervisors.

Update: The Council continues to work cooperatively with other Human Services Boards, Authorities and Commissions. They were actively involved in providing information to the Council for the FY 1998 Budget process and are consulted with for specific information on program areas for which they have expertise. Cooperative efforts have developed between boards on issues related to housing, residential services, and long-term care for seniors. As these collaborative efforts continue, our advisory system continues to move towards meeting the Citizens Advisory Needs Review recommendations. Regional Managers are also laying the groundwork for the establishment of stakeholders councils.

➔ **Area:** Design and implement the Community-Based Agency Funding Policy. The new process must be fully operational for FY 1998.

Update: In July 1997, the Community Funding Team presented to the Board of Supervisors its final report and recommendations. It developed procedures for the successful implementation of a competitive process to award grants, funded through a pool established by the Board, to community-based non-profit organizations. The team also submitted recommendations for the future

including integrating the Community Services Block Grant and Community Development Block Grant processes into the Community Funding Pool Process. Staff are currently working on integrating these processes for fiscal year 2000.

➔ **Area:** Explore additional community based service integration efforts with Fairfax County Public Schools, the police and other organizations with a community service delivery focus.

Update: In September 1997, the Council hosted a Community Forum which included representatives from the human services advisory groups and partners from the school system, public safety, the United Way and the County government. The purpose of the forum was to begin developing ideas and suggestions and a process through which the community might continue to work together to chart an outcome oriented strategic direction for Human Services.

➔ **Area:** Continue to strengthen ties and build working partnerships between the public human service system and the non-profit and ecumenical community.

Update: Human Services has worked in tandem with community advisors and non-profit organizations on a number of efforts including: the Community Funding Pool, the Housing and Urban Development Continuum of Care Grant Application Process for McKinney Funding for the Homeless, and Long Term Care for the elderly. Such efforts will continue as we work in

partnership with the community to meet client needs in a time of diminishing resources. Human Services representatives actively participate in Supervisor Bulova's Faith in Community Action and other similar ecumenical groups forming around the County. These groups were formed to respond to gaps in services for clients receiving benefits since the implementation of Virginia's welfare reform programs.

Process Design and Continuous Improvement

➔ **Area:** The operational design and system-wide implementation of the Service Access model for Human Services is underway. In the Access model, designated staff from Service Areas and the Office of Systems Management will be able to respond to a full range of client needs at the first point of contact, and will work collaboratively to provide the most appropriate level of services and case coordination.

Update: At FY 1997 Carryover package, the Board of Supervisors approved a staffing level of 40 positions for Access/Intake. Thirty-two (32) positions were transferred/reallocated to complete the implementation of the Office of Systems Management's role in the Human Services Access/Intake system. After a period of extensive, in-house training, these workers are providing a broad-based assessment to individuals and families to identify and link clients with appropriate public, private and community-based service options. Access workers emphasize

prevention-oriented service delivery and client involvement in the process. Access workers from the Office of Systems Management work closely with staff from each of the other Service Areas.

➔ **Area:** Additional system-wide strategies for the integration of actual service delivery must be developed. These strategies must be linked with the emerging Regional system in Human Services and build on relationships among public and community-based providers.

Update: The Regional Managers are currently involved in a variety of efforts which build toward a more integrated and collaborative service delivery structure. These efforts involve both public agencies (such as the Department of Family Services) as well as private and community based organizations. With the completion of staffing in the regional offices by the end of FY 1998, it is anticipated that significant new collaboration initiatives will be launched in each region in FY 1999.

➔ **Area:** Additional service-specific process redesign and continuous improvement efforts will be undertaken in the Service Areas.

Update: A number of redesign initiatives have been undertaken or completed at the agency level during the past year. Examples include a division wide redesign initiative in Environmental Health, and a major redesign of clinic health services in the Health Department. A redesign project

on the Human Services budget process was also completed.

Upcoming redesign activities include a complete design review of health services delivered in the field by the Health Department as well an enrollment process overhaul for the Community Health Care Network. The Department of Family Services and the Office of Systems Management are also working together to improve the citizen response process in a variety of case situations where the two agencies currently collaborate.

➔ **Area:** Develop and utilize mechanisms to ensure alignment of agency specific initiatives with system-wide objectives.

Update: The Board of Supervisors approved the transfer/allocation of six positions to implement the system-wide planning and support functions assigned to the Office of Systems Management. Plans include development of :

▣ System-wide strategic planning and management, which includes supporting the Human Services Performance Budget and strategic community outcomes efforts, and providing technical support to the human service agencies in process redesign and improvement;

▣ An approach to updating needs assessment information and improved use and coordination of existing needs assessment data;

▣ Information management, which includes data analysis of specific service and program data or system-wide data, the use of geographic information systems to support the visual display and analysis of data from disparate sources, and the management of shared information systems.

Technology and Management Initiatives

➔ **Area:** Continue development and implementation of ASSIST.

Update: Deployment of the first modules of ASSIST continues. In addition, a Request for Proposal is being issued to identify a contractor to conduct a cost benefit study on alternative approaches on the next phases of ASSIST. The outcome of this study will be to set the direction for completing the ASSIST system.

➔ **Area:** Department of Family Services' participation in a state pilot project for Electronic Benefits Transfer (EBT).

Update: The State DSS has been planning a pilot initiative for EBT, which will allow recipients of public assistance to receive their benefits through ATM-like cards instead of checks or vouchers. The project timetable for this effort is established by the State DSS, and is anticipated to begin in late 1998.

➔ **Area:** Complete the redesign of system-wide administrative processes within the Office of Administration for Human Services.

Update: A study of the Human Services budget process was undertaken in 1997. The project goals were two: to improve the efficiency and effectiveness of the Human Services budget process, and to improve the quality of services to customer agencies. In regard to the goal of improving the efficiency and effectiveness, the project generated many opportunities for improvement, a number of which are suggested for implementation, although accompanying data that would quantify the improvements was largely unavailable. The project also generated many opportunities for improving the quality of services to customer agencies.

It is anticipated that the procurement of goods and services for Human Services customer agencies is a cross-functional process to be studied in FY 1998.

➔ **Area:** Complete implementation and resourcing of the business areas in the Office of Systems Management.

Update: The Board of Supervisors has directed the reallocation of staffing within Human Services to provide a complement of staff positions to address the cross-system support functions assigned to the Office of Systems Management. It is anticipated that classification and staffing these positions will be completed in late FY 1998 or early FY 1999.

➔ **Area:** Continue to utilize Needs Assessment data in Human Services program planning and priority setting, and expand the use of GIS as a planning and management tool.

Update: The Needs Assessment data has been used by a variety of agencies and groups, and it continues to be a helpful source of information. However, limited staff resources are available to actively manage the Needs Assessment data base, which has limited the potential for more in-depth and widespread use of the information.

GIS support to human service agencies has been steadily expanding over the past year. Program managers are increasingly using GIS to support their planning and decision making. Recently, US Census demographic variables have been integrated with agency data to provide a richer perspective of client populations and risk factors.

System-Wide Planning and Evaluation

➔ **Area:** The work begun last year on community conditions should be continued and advanced.

Update: The work on community conditions continued to evolve this past year and were redefined as the “Community Challenges”, adopted by the Council and the Leadership Team. Human Services program areas were aligned with the Community Challenges and began the process of selecting program performance measures leading to the development of the Fairfax County Human Services FY 1998 Performance Budget. Additionally, the Council, staff and the human services community including Fairfax County Public Schools and Public Safety came

together at the September 6, 1997 Forum to begin discussions on “**Charting a Strategic Direction for Human Services.**” This is the beginning of a community process to set goals and priorities for the Human Services system and which will continue throughout FY 1998.

➔ **Area:** Human Services must use this framework for presenting the budget in terms of programs, goals, and priorities, instead of individual agencies.

Update: Human Services Service Areas are working on two complementary tracks of developing performance measures for their programs: 1) the Office of Management and Budget (OMB) has requested staff to develop goals, measures, and outcomes for their program areas as part of the FY 1999 Budget; 2) Similarly, Human Services staff has been working with the performance measures identified in the FY 1998 Performance Budget. The major difference between these two documents is that the Performance Budget looks across multiple agencies and identifies services which have related objectives while the OMB methodology for the FY 1999 Budget has more agency-specific program detail. Both of these documents are in early stages of development. Some baseline data needs to be established, and staff will continue to learn about collecting data and selecting indicators that can be measured.

➔ **Area:** The next Needs Assessment must be planned for and resourced, in order to gain up-to-date assessments of

community needs, to identify trends in those needs, and to begin to evaluate progress in meeting the needs.

Update: Initial planning has begun at the staff level for needs assessment activities to be undertaken in FY 1999. Staff are gathering input about data

needs from parties familiar with the 1995 Needs Assessment, and will develop an approach that builds upon the 1995 experience. Goals, methods, priority subject areas, and resources are all issues to be addressed as part of this needs assessment planning process.

➔ **Area:** The Council will continue to periodically review progress on redesign, outcome measurement, and system performance.

Update: This is ongoing work for the Council.