Fairfax County, Virginia

LINES OF BUSINESS

Volume 2: Human Services

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January 2008

Prepared by the
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County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County.

January 31, 2008

Honorable Board of Supervisors
County of Fairfax
Fairfax, Virginia

Chairman and Board Members:

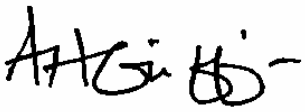
In September 2007, I initiated a review of the County's discrete Lines of Business (LOBs). This LOBs process utilizes budgetary data from the FY 2008 Adopted Budget Plan since the FY 2009 Advertised Budget Plan will not be completed by the time the LOBS are presented to the Board of Supervisors for review. I anticipate that this exercise will be the first year of a two-year process and is designed to meet several distinct objectives. Beginning in January 2008, staff will use the LOBs to provide the newly elected Board of Supervisors with a comprehensive overview of County services and to provide our residents with a comprehensive educational tool regarding the array of programs and services the County is responsible for providing as well as their cost and implications related to service delivery. Later in 2008 and in 2009, I anticipate that the LOBs will be reviewed for potential program adjustments, along with other strategies, as we work to balance the FY 2010 budget in light of early projections which indicate we will be facing a constrained real estate market over a multi-year period.

As the Board is aware, the County has completed LOBs exercises or other program inventory reviews in previous years and I have used these exercises as well as the enhanced budget document, our Mandates Report and the Performance Measurement process to design this next version of LOBs. The first LOBs process was conducted in 1993 with a follow-up in 1996. In addition, the County provided the Board with an Inventory of County Activities, Programs and Services (ICAPS) in 2001. These previous analyses were instrumental in identifying the wide variety of services and responsibilities addressed by county agencies as well as performance and cost data regarding the efficiency and effectiveness of these services. At times, these exercises were used as part of the annual budget process to identify potential modification, reductions or elimination of selective programs.

The last time a comprehensive review of County programs and services was conducted was FY 2001 as part of the Inventory of County Activities Programs and Services (ICAPS). Since that time that County has experienced significant growth as a result of economic and demographic forces such as inflation and population growth and diversity but also as a result of external forces that have required that County to adapt to complex factors/issues and provide programs and services in the most efficient and effective manner possible. Since FY 2001, the County's budget increased $1.17 billion or approximately 54 percent. The transfers to Fairfax County Public Schools (FCPS) for operations and debt service required $654 million or 56 percent of the increase. Other areas requiring an increased County investment include public safety, which makes up nearly 17 percent of the overall increase in the County budget, and human services, which accounts for nearly 8 percent. Our current economic data indicates that the housing market may not rebound for the next two to three years. As a result, the updated financial forecast indicates that overall revenues will remain flat or even possibly will go negative in the fiscal period from FY 2010 to FY 2012. I think it is fair to assume that information in the FY 2008 LOBs review will provide a starting point as we attempt to size critical county service requirements to our available resources, in future budget cycles.

I look forward to working with the Board of Supervisors and county staff as we review county services and programs.

Respectfully submitted,



Anthony H. Griffin
County Executive

How to Read the Lines of Business Documents

The January 2008 Lines of Business (LOBS) presentation is available and ready for distribution in hard copy, as a CD and online at **http://www.fairfaxcounty.gov/dmb/2008_LOBs.html**. There are a limited number of hard copy documents available. If you wish a hard copy or compact disc (CD) version of the documents, please contact the Department of Management and Budget (office hours are 8:00 a.m. to 4:30 p.m., Monday to Friday) at the following:

12000 Government Center Parkway, Suite 561
Fairfax, VA 22035
703-324-2391

The January 2008 LOBs are organized into four volumes, comprising of 1,268 pages detailing 310 discrete LOBs. The first volume is an Index which includes the following sections:

- a *Volume Summary Index* of all of the LOBs grouped as presented in subsequent three volumes;
- an A*lphabetical Index* (which provides an alphabetical listing of all agencies and funds with corresponding LOBs with page references);
- a *Volume Detail Index* (which includes the LOB agency, number, title, page number, positions, total expenditures, total revenues and net LOB cost as well as subtotals each agency); and
- the *Mandate Report* (which includes the January 2007 federal/state mandates)

To assist the reader by trying to group similar County agencies and services together, the volumes each include:

Volume 1 - Public Safety, Courts and Community Development
- Public Safety
- Courts
- Development and Planning
- Transportation

Volume 2 - Human Services
- Health and Welfare
- Parks, Recreation and Library
- Community Centers
- Housing
- Community Based Organizations

Volume 3 - Public Works and Environmental Services and General Government
- Department of Public Works and Environmental Services (DPWES)
- Debt Service
- Legislative-Executive/Central Services
- Technology
- Benefits/Retirement

It is important to note several points when viewing the Lines of Business. The first is that this presentation is a point in time, for the purposes of this exercise, the point in time is the FY 2008 Adopted Budget Plan. In those instances where significant changes have occurred organizationally or new services have been provided footnotes have been provided to explain, for example at the FY 2007 Carryover Review, the new Office for Community Revitalization and Reinvestment was placed in the Office of the County Executive and funding was moved from the Department of Housing and Community Development among other places. Given the significance of this refocusing of commercial revitalization efforts, the reader will find the detailed explanation of what the office does in the Office of the County Executive narrative and then footnotes identifying where funding came from for this new organization. The context of net cost is typically used to define the net cost to the General Fund of the County. The General Fund refers to agencies or departments that provide general government services which are funded from general tax revenue such as real estate and personal property taxes. For many of the Other Funds which may or may not receive County funding, footnotes are included to identify what the net cost is for them in particular. Other Funds refer to County departments, agencies, construction projects and programs which are funded from non-General Fund revenue sources, or from a mix of General Fund and non-General Fund sources, such as federal or state grants, proceeds from the sale of bonds, user fees and special tax districts.

There are two types of LOBs documents. Type One LOBs refer to LOBs prepared by General Fund agencies and several Other Funds. Type Two contain some different information more appropriate to Capital, Housing, and some other funds which are not supported by General Fund dollars. The first type, also known as "Type One LOBs" captures position, user fee, performance measurement and mandate information, along with other data. The second type, also known as "Type Two LOBs" collect data such as funding availability and project statuses, as well as mandate information, and is designed primarily for capital project funds, although there are a few exceptions to this rule.

Type One LOBs

The Type One LOB contains the following sections:

- ***Organization Chart:***
  The organization chart is as defined by the agency to represent visually what it does and is presented as printed in the FY 2008 Adopted Budget Plan.

- ***Mission:***
  The mission provides the general description of the agency and what it does and is presented as printed in the FY 2008 Adopted Budget Plan.

- ***Focus:***
  The agency focus section will provide a "big picture" description of the agency's purpose as well as a discussion of elements from the agency strategic planning document, including outcomes, initiatives and/or key economic, political, or environmental components driving the agency budget or impacting future planning. Information may include:

  - Trends impacting agency programs and service delivery;
  - Relationship with Boards, Commissions, and Authorities, etc.;
  - General Fund or Other Fund revenue sources; and
  - Key drivers influencing how an agency conducts business.

- ***Budget and Staff Resources:***
  This section includes the FY 20007 actuals data and FY 2008 Adopted Budget Plan data for the agency or fund as a whole. *Note: The FY 2007 actuals data shown here is for context purposes only. Data shown is as of Month 12 and does not include final audited information. For final audited FY 2007 actual information please refer to the Comprehensive Annual Financial Report (CAFR).*

- ***Summary of All Agency LOBs:***
  This table pulls in the general summary data from the individual Summary LOB tables which follow.

SUMMARY OF ALL AGENCY LOBS
(FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
50-01	Youth, Seniors, and Families Acitivities	$3,099,399	27	27.0
50-02	Teen Prevention, Recreation, and Community Service Activities	$5,833,159	25	24.3
50-03	Recreation Therapy, Leisure & Social Skill Development, Inclusion Support	$3,449,999	7	7.0
50-04	Senior Activities: Health, Wellness, Recreation Enrichment, and Congregate Meal Activities	$1,650,411	24	24.0
50-05	Scheduling and Monitoring Community Use of County Athletic Facilities	$2,185,314	7	7.0
50-06	Youth Sports Subsidy and Scholarship	$270,000	0	0.0
50-07	4-H, Children, Youth, and Family Programs	$104,223	0	0.0
50-08	Human Services Transportation Support	$1,931,921	13	13.0
50-09	Marketing, Planning, Information, and Resource Development	$1,191,816	5	5.0
50-10	Community & Neighborhood Initiatives	$584,991	6	6.0
50-11	Agency Leadership	$453,985	5	5.0
TOTAL		**$20,755,218**	**119**	**118.3**

Note: Some funds such as Housing, Community Services Board (CSB), and several General Fund agencies, including Department of Family Services, Fire and Rescue, Police, Circuit Court, Juvenile and Domestic Relations District Court, General District Court, and Office of Emergency Management, are supported by County merit regular positions in addition to also being supported by some grant funded positions and, in a few cases, positions supported by non County appropriated funds. The total positions and SYEs shown in the above "Summary of All Agency LOBS" above are solely the County merit regular positions. Therefore, grant funded positions are not reflected in the total LOB count shown above. For further details regarding programs supported by grant funded positions please refer to the LOB summary pages of these agencies and funds.

- ***LOB Summary Table:*** **(For each LOB)**
  This table contains the detailed funding and position information for the Line of Business. It is important to note that in this table, but not in the other tables in the LOB documents, positions which are classified as State or Grant are identified to provide the reader with a fuller picture of the LOB.

LOBS SUMMARY

50-01: Youth, Seniors, and Families Activities

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-01	*Youth, Seniors, and Families Acitivities*
Personnel Services	$2,617,654
Operating Expenses	$572,145
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$3,189,799
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$90,400
Other Revenue	$0
Total Revenue:	$90,400
Net LOB Cost:	$3,099,399
Positions/SYE involved in the delivery of this LOB	27 / 27.0

► LOB Summary (for each LOB)

This section is designed to provide a summary for the individual LOB, focusing on purpose, background, initiatives, and accomplishments. This section provides the agency with an opportunity to bring attention to issues that may not be easily explained by reviewing the numbers. If relevant, this section also includes the funding sources for the LOBs. In addition, any trends, future issues, or other relevant issues impacting the LOBs are also discussed in this section. If applicable, participant characteristics relative to this LOB also appear in this section.

► Method of Service Provision (for each LOB)

This section is designed to describe how this LOB is provided. For example, if applicable, information is provided to note whether the LOB is contracted out or provided directly by County staff. In addition, the hours of operation are also cited. Finally, this write-up also indicates if there is coordination with other agencies in providing this service.

▶ Mandate Information (for each LOB)

The County has an annual mandates document that reports on the federal and state mandates for each agency and fund. Consequently, in this section, it will be noted whether the agency or fund has any mandates or if it doesn't, for example:

> "This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 20 percent. See the *January 2007 Mandate Study*, reference page 19 for the specific federal or state code and a brief description." If there are no relevant mandates, the following phrase will appear in the LOBs: "There is no federal or state mandate for this LOB."

Note: A hard copy of the Mandate document is included in the Index volume of the LOBs.

AGENCY PERFORMANCE MEASURES (One table for the fund/agency)

This is a summary table of all the related performance measurement objectives and indicators for the fund/agency. All the PM objectives are listed in bulleted fashion, followed by a single table for each fund/agency rather than by cost center as in the budget. Each PM measure which is relevant to a particular LOB will be identified as such by the LOB number in the "LOB Reference Number" column.

- To increase by 2 percent the number of participants in all Extension programs in order to provide opportunities for community involvement and personal development.
- To increase by 2 percent the number of volunteers recruited to support programs and services.

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Attendance at CRS community planning sessions	3,540	3,714 / 3,833	4,025	4,226	50-11
Merit staff attending two or more training programs	102	100 / 117	101	101	50-11
Community leaders and volunteers supporting the provision of programs, services and activities	2,815	2,956 / 3,334	3,501	3,676	50-10

Type Two LOBs

The second or "Type Two LOB" is designed for capital projects and other types of expenditures for which the detailed discussion included in Type one is not relevant. The information included in Type Two includes:

- ***Expenditure and Revenue Chart:***
  This chart includes FY 2008 Adopted Budget Plan funding.

FY 2008 Adopted Budget Plan	
Fund 301, Contributed Roadway Improvement Fund	
Total Expenditures:	$4,240,199
Revenue:	
General Fund Support	$0
Bond Revenue	$0
Other Revenue	$4,350,199
Total Revenue	$4,350,199

▶ Summary of Program

Provides summary description of the Fund or Program, focusing on the purpose, background, initiatives, and accomplishments. This section provides an opportunity to bring attention to issues that may not be easily explained by reviewing the numbers. In addition, describe any trends, future issues, or other relevant issues impacting this Fund. If necessary, the fund may be divided into program areas (i.e., Stormwater planning vs. Stormwater Implementation, Park Maintenance vs. Athletic Field Maintenance, TAC Spot Improvement vs. Four Year Plan Program).

▶ Funding Availability and Future Considerations

Describes any recent cost escalation issues or funding availability issues associated with this fund.

▶ Status of Program

Provides information regarding how many projects are included in this Fund or Program.

▶ Mandate Information

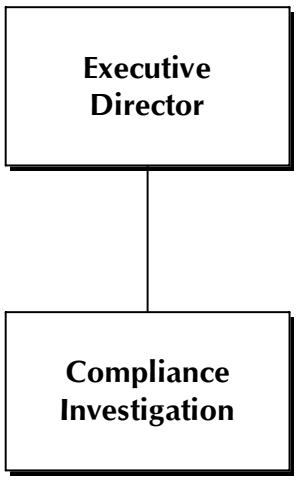
The County has an annual mandates document that reports on the federal and state mandates for each agency and fund. Consequently, in this section, it will be noted whether the agency or fund has any mandates or if it doesn't, for example:

> "This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 20 percent. See the *January 2007 Mandate Study*, reference page 19 for the specific federal or state code and a brief description." If there are no relevant mandates, the following phrase will appear in the LOBs: "There is no federal or state mandate for this LOB."

Note: A hard copy of the Mandate document is included in the Index volume of the LOBs.

1742

Office of Human Rights



Mission

To institute an affirmative human rights program of positive efforts to eliminate discrimination and to provide the public with recourse for discriminatory acts.

Focus

The Office of Human Rights is responsible for staffing the Human Rights Commission. The Commission is charged with enforcing the Fairfax County Human Rights Ordinance. The agency receives and investigates complaints filed by any person who believes he/she has been discriminated against in Fairfax County in violation of the County's Human Rights Ordinance. The Human Rights Ordinance has been deemed substantially equivalent to the federal civil rights laws in employment and housing. Persons who file complaints with the Office of Human Rights will automatically have their cases filed with the federal agencies when applicable, thereby enjoying the federal protections as well. Persons may file discrimination complaints on the basis of race, color, sex, religion, national origin, marital status, age, familial status (applies to housing only), or disability in the areas of employment, housing, public accommodations, private education, or credit. The Commission also provides educational services to employers, the housing industry and other businesses in Fairfax County concerning compliance with the Ordinance.

In addition to the above, the agency manages the County's Fair Housing Plan and implements its strategies by conducting and reporting on fair housing tests, filing fair housing complaints when necessary, training rental agents and housing counselors in the County's rental market,

THINKING STRATEGICALLY

Strategic issues for the department include:

- Continually redesigning the agency's business processes in order to investigate and resolve discrimination complaints fairly and more efficiently;
- Establishing an education and outreach program to educate the County's constituents about their civil rights and responsibilities;
- Transforming the agency's relationship with the Department of Housing and Urban Development (HUD), from capacity building to production allowing the agency to investigate federal fair housing cases; and be paid on a case by case basis; and
- Evaluating and implementing a formal mediation program to help resolve cases quickly.

establishing and staffing the Commission's Fair Housing Task Force, and continuing to study and report on the County's fair housing needs.

In order to meet the agency's mission and pursue its vision, agency staff intends to serve Fairfax County through civil rights enforcement, complaint resolution, education and outreach. The staff is dedicated to consistently and efficiently providing superior service to the public and ensuring that the agency's service options and processes are clear to all concerned. The staff will identify, develop and maintain an organizational structure that implements the agency's objectives and priorities, and will adopt systems and procedures that maximize efficient use of the agency's resources. Further, the agency's goal is to adopt and maintain effective information technology solutions to enhance delivery of the agency's services.

The agency's success in delivering its services is driven by several key factors. The demand for services from the public is the foremost factor. Federal laws and regulations governing the agency's services to the Equal Employment Opportunity Commission and HUD affect how the agency does its work. When these laws or regulations are amended, the agency's funding relationship with these organizations can be affected substantially. Further, the agency's enforcement relationships with its federal, state and other nationwide partners can also be affected by policy changes and the office's ability to implement those changes. In addition, enhanced information technology will be required to allow the agency to improve service delivery and provide superior service to the public.

Budget and Staff Resources

Agency Summary		
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	17/ 17	17/ 17
Expenditures:		
Personnel Services	$1,002,564	$1,231,468
Operating Expenses	91,556	101,004
Capital Equipment	0	0
Total Expenditures	**$1,094,120**	**$1,332,472**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
39-01	Enforcing Compliance with the County's Human Rights Ordinance	$1,252,472	16	16.0
39-02	Education and Outreach	$80,000	1	1.0
TOTAL		**$1,332,472**	**17**	**17.0**

LOBS SUMMARY

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

Fund/Agency: 001/39	*Office of Human Rights*
LOB #: 39-01	*Enforcing Compliance with the County's Human Rights Ordinance*
Personnel Services	$1,161,468
Operating Expenses	$91,004
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,252,472
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$1,252,472
Positions/SYE involved in the delivery of this LOB	16 / 16.0

► LOB Summary

The Human Rights Commission receives and investigates complaints filed by any person who believes they have been discriminated against in Fairfax County in violation of the County's Human Rights Ordinance. Persons file discrimination complaints on the basis of race, color, sex, religion, national origin, marital status, age, familial status, or disability in the areas of employment, housing, public accommodations, public education, or consumer credit. The Commission has a work-sharing agreement with the U.S. Equal Employment Opportunity Commission that enables it to investigate complaints that are jurisdictional with the EEOC in Fairfax County and the EEOC pays the County for this service. Further, the Fairfax County Human Rights Ordinance is deemed substantially equivalent to the Federal Fair Housing Act which allows HUD to enter into working agreements with the County to investigate complaints of fair housing discrimination in the County and HUD pays the County for this service as well. The Commission has met the quality standards of the EEOC by having a 100 percent acceptance rate for its completed investigations for more than 20 years. The Commission has also met HUD's performance measure for efficiency by completing more than 45 percent of its cases within 100 days. The 45 percent rate was the target for FY 2007. In addition, the Commission has met its own performance measures aimed at reducing the average age of its pending inventory by 20 percent since FY 2003 and reducing the size of the pending inventory by 41 percent since FY 2003. The Commission intends for a continued reduction in both the age and the size of the pending inventory. In this way, the Commission will give superior service to its customers when compared to similar agencies nationwide.

▶ Method of Service Provision

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

▶ Mandate Information

There is no federal or state mandate for this LOB.

39-02: Education and Outreach

Fund/Agency: 001/39	*Office of Human Rights*
LOB #: 39-02	***Education and Outreach***
Personnel Services	$70,000
Operating Expenses	$10,000
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$80,000
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$80,000
Positions/SYE involved in the delivery of this LOB	1 / 1.0

▶ LOB Summary

The Commission provides educational services to employers, the housing industry and other businesses in Fairfax County on compliance with the Ordinance. In addition, the Commission tests the housing market for discrimination and publishes reports on its results. The Commission also conducts studies and publishes its reports to the Board of Supervisors on the need for legislative changes in the Ordinance and other topics relating to its mission. Once a year, the Commission holds a Human Rights Awards Banquet to honor citizens, organizations, and businesses that have provided exemplary human rights leadership in the County. The Commission plans to create a new education and outreach manager to lead this program. The Community Development Block Grant (CDBG) and Housing Opportunities Made Equal (HOME) monies are allocated each year in the Consolidated Plan for fair housing education and outreach.

▶ Method of Service Provision

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

▶ Mandate Information

There is no federal or state mandate for this LOB.

AGENCY PERFORMANCE MEASURES

Objectives

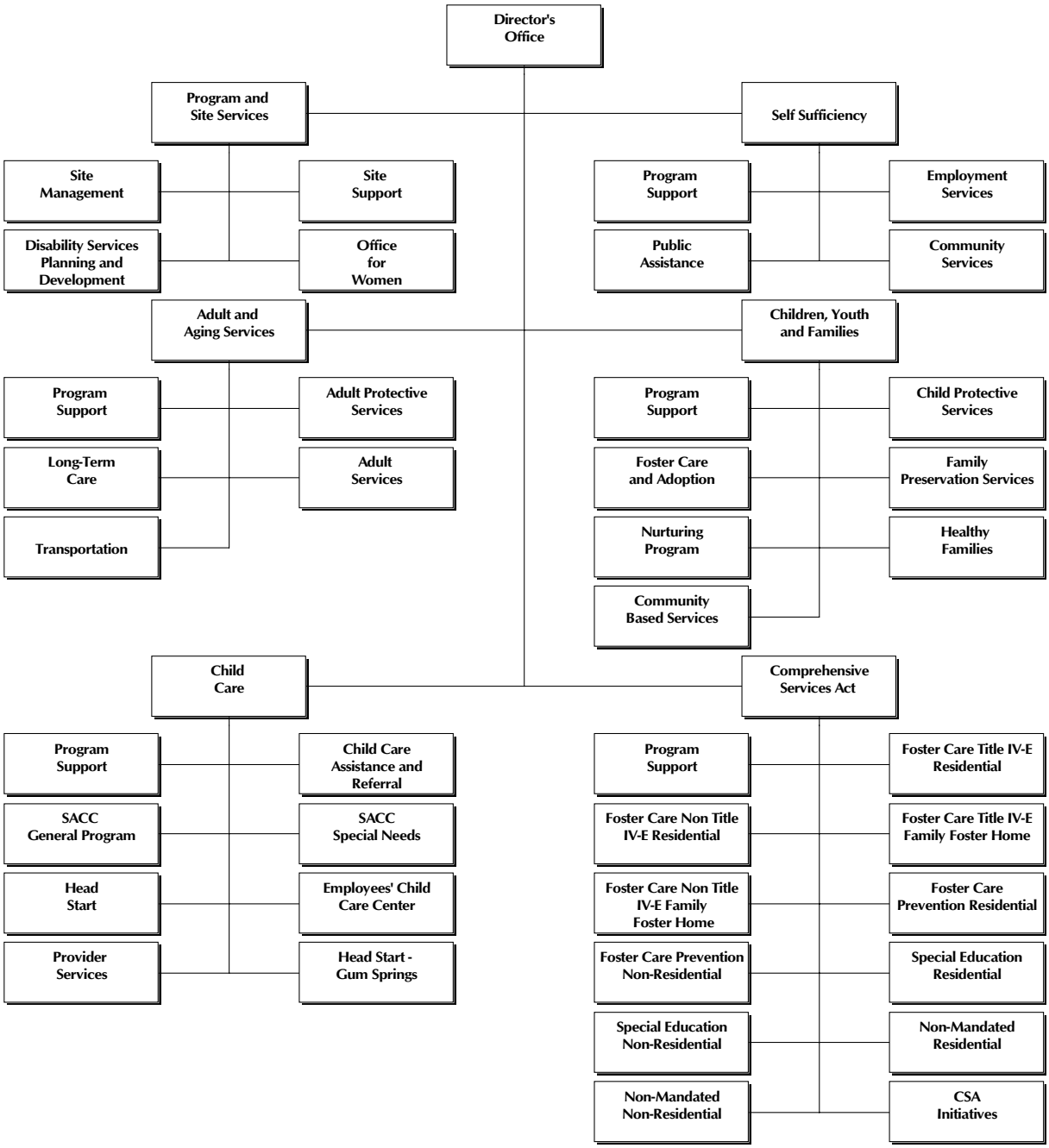
- To reduce the average number of days to close a case by 10 percent from 275 to 247 days.
- To maintain the number of cases pending at the end of the fiscal year at no more than 330 cases.
- To reduce the average age of cases pending at the end of the fiscal year by approximately 10 percent.

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Cases processed	689	665 / 716	780	780	39-01
Cases closed	411	400 / 387	450	450	39-01
Cases pending at the end of the fiscal year	265	265 / 325	330	330	39-01
Efficiency:					
Cost per case processed	$1,615	$1,800 / $1,834	$1,700	$1,750	39-01
Average investigative staff hours per case closed	41	44 / 38	44	44	39-01
Cases processed per investigator (SYE)	78	67 / 95	78	78	39-01
Cases closed per investigator (SYE)	47	45 / 52	45	45	39-01

Office of Human Rights

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Service Quality:					
Average days required to close a case	573	375 / 255	275	247	39-01
Average age of pending cases at the end of the fiscal year (in days)	434	390 / 403	363	327	39-01
Outcome:					
Percent change in average number of days to close cases	85%	(35%) / (55%)	(8%)	(10%)	39-01
Percent change in number of cases pending at the end of the fiscal year	(32%)	0% / 23%	2%	0%	39-01
Percent change in the average age of cases pending at the end of the fiscal year	(28%)	(10%) / (7%)	(10%)	(10%)	39-01

Department of Family Services



Department of Family Services

Mission

The Department of Family Services (DFS) promotes self-sufficiency; protects the vulnerable; and educates children, individuals, families and the community.

Focus

DFS serves as an essential catalyst in creating a safe, prosperous, educated and healthy community for residents of Fairfax County and the cities of Fairfax and Falls Church. Through a customer-focused, community-based, integrated service delivery system, DFS offers a full array of programs and services provided primarily through four divisions: Self-Sufficiency; Adult and Aging; Children, Youth and Families; and Child Care. Comprehensive Services Act, Disability Services Planning and Development and the Office for Women also provide valuable services that contribute to community well-being.

Revenue Sources

In addition to County funds, DFS receives funding from the federal and state governments in the form of reimbursement for services and grants, as well as from County residents in the form of fees for service. In FY 2008, DFS anticipates that non-County revenue will offset approximately 46 percent of program expenditures. Given current budgetary constraints at the local level, non-County revenues will become increasingly important in the coming years.

Federal/state Revenue: DFS administers several federal, state and local programs targeted to low-income families and individuals, such as public assistance, employment and training, and subsidized child care, as well as programs targeted to at-risk children, such as child protective services, foster care and adoption, family preservation services and the Comprehensive Services Act. The federal and state governments partially reimburse DFS for the cost of administering programs based on an annual allocation to Fairfax County as well as program costs.

Fees for Service and Reimbursements: DFS charges fees for some services, such as child care services, child care permits and transportation, based on a sliding-scale according to income and family size. In addition, the cities of Falls Church and Fairfax reimburse Fairfax County for the delivery of public assistance and social services to their residents.

Fund 102, Federal/State Grant Fund: DFS continues to maximize the use of grant opportunities to support many different types of programs and services, including transitional and emergency housing for homeless families, homeless intervention services, employment and training services, foster and adoptive parent training, Child Care's U.S. Department of Agriculture Child and Adult Care Food Program, Head Start, and Early Head Start.

Fund 103, Aging Grants and Programs: DFS administers Fund 103, Aging Grants and Programs, which includes federal funds granted to localities under the Older Americans Act and state funds from the Virginia Department for the Aging. With additional support from the County, these funds provide the following types of community based services: case management/consultation services, legal assistance, insurance counseling, transportation, information and referral, volunteer home services, home delivered meals, nutritional supplements and congregate meals. In addition, the regional Northern Virginia Long-Term Care Ombudsman Program provides services to the residents of Alexandria, Arlington, Fairfax County, Fairfax City, Falls Church City, Loudoun County, Manassas, Manassas Park and Prince William County. For additional information on Fund 103, Aging Grants and Programs, please see the Special Revenue Funds section in Volume 2.

Trends

Key environmental factors drive the current work of DFS and affect the department's future direction and strategic planning. Today, the department is faced with a County population that is increasing in number, age and diversity; changes in federal and state legislation; and a growing demand for services despite continued budgetary constraints.

The Fairfax County population is growing, both in pure numbers, as well as in age and diversity. Since 1990, the number of County residents has grown by more than 30 percent to over one million people. Of this growth, older adults comprise the most rapidly expanding population group. Fairfax County will experience an increase in the number and percentage of persons age 65 and older through 2020 due to longer life spans and the number of persons currently between 60 and 65 years old who are expected to remain County residents. By 2010, persons age 65 and older will be 9.2 percent of the County's total population, increasing to 104,400 persons. After 2010, the County's population of older adults will expand more rapidly because baby boomers will begin reaching age 65, thereby increasing this age group's representation in the population. By 2020, it is projected that there will be 138,600 persons age 65 and older living in Fairfax County, and they will be 11.6 percent of the total population. In addition, the County's senior population is growing more diverse. From 1980 to 2000, the percentage of minorities in the senior population increased from 6.4 percent to 18.3 percent. The Adult and Aging Division is planning for, and adapting services for, a changing population. It should also be noted that the efficiency of service delivery is being constantly analyzed to maximize resources. The cluster care model of service delivery, for example, was developed to more efficiently provide the assistance necessary for older adults and adults with disabilities to live in their own homes. The cluster care model taps into local community resources and encourages neighbors of all ages to support one another, promoting Fairfax County's livable communities.

In addition to a growing elderly population, the County has a growing multicultural population. To comply with Title VI of the Civil Rights Act of 1964, the department must ensure that meaningful access to federally funded programs, activities and services is provided to limited English proficient persons. With more than 30 percent of County residents speaking a language other than English, DFS must expand its outreach efforts and develop new service initiatives to provide culturally and language appropriate services. As part of this effort, DFS continues to increase the number of bi-lingual and bi-cultural direct service staff and has translated a wide range of its public information materials, including information about adult and aging services, the prevention of child abuse and neglect, child care services, public assistance and employment services, into several languages, including Spanish, Farsi, Arabic, Vietnamese and Korean. Additionally, staff has immediate access to language interpretation services so they are able to communicate with non-English speaking customers. To inform clients of this service, a multi-language sign has been posted in each office and in client interview rooms. DFS has also forged relationships with several ethnic news media outlets which play a key role in the department's ability to communicate with multicultural communities.

Nationwide, there is an issue of a disproportionate number of African-American children in foster care, and Fairfax County is no exception. While about 10 percent of the children in Fairfax County are African-American, more than 40 percent of the children in foster care are African-American. DFS staff is engaging with community members and participating in group learning and discussion sessions to enhance strategies for reducing the disproportionality of minority children in foster care.

Strategies are being implemented that focus on reducing the number of children entering care and helping those already in foster care return to their biological families or join new adoptive families.

Recent changes in federal and state legislation have significantly increased the workload for DFS, especially in public assistance programs. An example of this is the federal Deficit Reduction Act (DRA) of 2005 which amends many programs under the Social Security Act, such as Medicaid, and includes the reauthorization of the Temporary Assistance for Needy Families (TANF). The DRA impacts programs and services offered to low-income families and individuals, as well as the amount of federal funding available to support these programs. While the number of County residents needing public assistance, child care and social services continues to grow, federal, state and local budget resources have not kept pace. For instance, the number of households receiving public assistance from the department has increased significantly since the beginning of this decade. In FY 2007, the department reported an average monthly public assistance caseload of 49,681 cases. This is up nearly 7 percent from 46,491 in FY 2005 and up 16.8 percent from 42,528 in FY 2004. Since FY 2001, a 71 percent increase has been experienced. Meanwhile, staff resources have not grown commensurately to support the higher caseload.

State funding cuts for subsidized child care, combined with an on-going demand for services, have created considerable challenges for the County in helping low-income working families manage the cost of child care. In FY 2007, Fairfax County's subsidy funding from the state was reduced by $10.4 million and in FY 2008 it was further reduced by $2.6 million. However, the County has committed $2.6 million in local funding to address the most recent state reduction. Even with the additional funding, the County is providing subsidized child care to approximately 1,600 fewer children at a time when low unemployment rates and the high cost of living is creating a great need for subsidized child care.

THINKING STRATEGICALLY

Strategic objectives for the department include:

- Providing excellent family services;
- Nurturing partnerships;
- Increasing community awareness;
- Anticipating and responding to changing community needs;
- Exercising corporate stewardship;
- Maximizing financial resources;
- Refining emergency planning process;
- Integrating service delivery;
- Streamlining internal processes;
- Leveraging technology;
- Improving internal communication; and
- Cultivating high-performance and a diverse workforce.

Response to Trends

In response to these trends, DFS developed an updated strategic plan using a balanced scorecard approach which is based on a strategy map in four perspectives: customer, finance, internal processes and the DFS workforce, and a "scorecard to measure the progress of the plan." The strategic plan provides the department a tool to translate strategy into operational objectives and fully align strategy and performance throughout the organization. To meet both the known and predicted challenges that the customers, the organization, and the community will face, the department has developed 12 strategic objectives (as shown in the box on the right) in the four perspectives. Over the coming

year, DFS will continue to focus on the four perspectives and therefore address the growing needs of the customer, the organization and the community as a whole.

The department is partnering with community groups, businesses and other public organizations to enhance and expand services. For instance, the department successfully partnered with the Vietnamese community in providing two Home-Delivered Meals routes to specifically target the needs of that population, implemented a Middle Eastern Meals on Wheels route, and added two new Meals on Wheels routes in Centreville and Burke areas. The department also developed, and successfully implemented, a Spanish language curriculum for a parenting education course which is provided with the support of the faith community and other partners. Additionally, the department collaborated successfully with other County agencies and community groups in FY 2007 to support important community improvement initiatives within the following areas: gang prevention, domestic violence, neighborhood and community building, children's services, long-term care, health care access and regional workforce investment.

In response to continued increases in demand for public assistance services, the Self-Sufficiency Division implemented several key changes through redesign aimed at improving efficiency and effectiveness. Examples of these initiatives include streamlining the screening and intake process to reduce duplication; establishing a case management system of intake and specialized review caseworkers; converting intake functions from specialized to generic to increase flexibility in the use of staff resources and maximize capacity; creating new automated systems to simplify record keeping and data analysis; improving hiring and training practices to shorten the time it takes to fill positions and train staff; recruiting and hiring more bilingual staff; maximizing use of all available personnel resources; and extending hours of operations. The strategies applied have yielded positive results by enabling the Department of Family Services to manage most of the additional workload that has resulted over the last several years and meet performance measures.

To address the changing diversity and cultural needs in the community, the department provides services using a community-based approach that builds on the unique community and neighborhood strengths and addresses their special needs. Services are designed to support the families and individuals we serve live successfully in their communities. Services are provided regionally, in the communities where the families and individuals we serve live. Improving communication, information and awareness with the changing and diverse population is of critical importance to the department. Strategies to address this include a cultural language information and referral line staffed by bilingual Adult and Aging volunteers, educational seminars, resource fairs, and recruiting volunteers from a variety of cultures to provide services. Additionally, the department continues to recruit social workers with varied cultural backgrounds, foreign language capacity, and strong community social work.

Given the rise in the number of grandparents caring for minor children, the department developed a Kinship Care Committee in partnership with other County offices and Fairfax County Public Schools (FCPS) to provides on-going support and information.

DFS continues to provide on-going professional development opportunities and innovative initiatives to enhance the quality of child care in the community and to support children's school readiness and on-going academic success. Sustained funding has been received from the state's *Smart Beginnings* initiative to continue the work of the School Readiness Collaborative (SRC). The SRC was developed in partnership with FCPS, Northern Virginia Community College and Fairfax

Futures, to develop new approaches for supporting child care professionals as they prepare young children for school success. In FY 2008, four school readiness teams comprised of public school staff and child care professionals were created in an effort to help make children more successful when transitioning to Kindergarten. DFS also partnered with Fairfax Futures and Fairfax County Adult Education Department to launch English for Speakers of Other Languages School Readiness Certificate. In addition, Fairfax County is one of 11 communities statewide piloting Governor Tim Kaine's *Start Strong Pre-K Initiative*. Fairfax County will test innovative ways of providing quality early learning experiences to at-risk four year olds and will include community-based child care centers, as well as family child care providers. The state's new Quality Improvement Rating System will also be tested. There is an on-going demand for School-Age Child Care (SACC) services as evidenced by the program's waitlist of more than 4,000 children.

Relationship with Boards, Authorities and Commissions

To more effectively deliver services to families and individuals who are in need, DFS works closely with and provides staff support for several different advisory boards appointed by the Board of Supervisors. The Advisory Social Services Board (ASSB) meets with the Director regularly on matters pertaining to public assistance and social services and to make recommendations on policy matters. The ASSB also presents an annual report to the Board of Supervisors concerning the administration of the County's social welfare programs.

The Fairfax Area Commission on Aging (COA), appointed by the Board of Supervisors and the cities of Fairfax and Falls Church, identifies and promotes better understanding of the problems facing the aging population and plans, promotes and conducts activities to contribute to their well-being. The COA also serves as the official advisory body to the Fairfax Area Agency on Aging, the Board of Supervisors and the City Councils of Fairfax and Falls Church regarding local long-term care issues, legislative concerns, fiscal requirements, and program and policy issues. The COA has responsibility for tracking the success of the Board of Supervisors 50+ Action Plan, presenting an annual scorecard, and advising the Board of Supervisors about any aging-related issues.

The Community Action Advisory Board strives to make a positive difference in the lives of low-income families and individuals by overseeing the disposition of Community Services Block Grant funds, reviewing and developing policies as they relate to low-income residents, advising the Board of Supervisors and others about the needs and concerns of low-income persons, and recommending policy changes. The Fairfax Area Disability Services Board provides input on service needs and priorities of persons with physical and sensory disabilities, and serves as a resource to local governments regarding the Americans with Disabilities Act. The Commission for Women works to promote the full equality of women and girls in Fairfax County. The Child Care Advisory Council advises the Board of Supervisors and Child Care Division on programs and policies related to child care. The Employer Child Care Council reaches out to the business community to assess its needs for child care services, to provide technical information to help corporations develop plans and programs suited to their particular needs, and to give employers an opportunity to help shape the County's child care service delivery system. Fairfax Futures, a new non-profit organization, collaborates with Child Care Division to organize and fund improvements in early childhood education through their "School Readiness Network," an innovative partnership bringing together business, Child Care Division, Fairfax County Public Schools, community organizations, early childhood professionals and other advocates. The Northern Virginia Workforce Investment Board, comprised of private and public sector partners, has a goal of promoting the economic prosperity

and long-term growth of seven Northern Virginia jurisdictions, including the counties of Fairfax, Prince William and Loudoun, and the cities of Fairfax, Falls Church, Manassas and Manassas Park.

DFS also provides staff support to other citizen boards such as the Long-Term Care Coordinating Council, Head Start Parent Policy Council, Parent Advisory Group for the School-Age Child Care program and Parent Group for the Employee Child Care Center.

Budget and Staff Resources

Agency Summary

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	1312/ 1250.52	1315/ 1253.52
Expenditures:		
Personnel Services	$66,830,361	$69,278,477
Operating Expenses	118,570,562	116,218,510
Subtotal	**$185,400,923**	**$185,496,987**
Less:		
Recovered Costs	($82,391)	($145,253)
Total Expenditures	**$185,318,532**	**$185,351,734**
Income/Revenue:		
Home Child Care Permits	$25,835	$28,560
School-Age Child Care (SACC) Fees	26,299,852	26,529,429
Employee Child Care Fees	821,396	744,887
City of Fairfax Public Assistance	679,533	636,759
City of Fairfax - FASTRAN/Employment	12,839	12,839
Falls Church - FASTRAN/Employment	14,119	14,119
Falls Church Public Assistance	620,945	667,076
Family Support Service	7,981	12,953
FASTRAN/Employment	83,631	89,727
Golden Gazette	66,156	65,080
Fairfax Hospital Association Reimbursement	0	0
Child Care Services for Other Jurisdictions	120,309	108,653
Head Injured	1,085,951	929,750
VA Share Public Assistance Programs	33,785,124	31,765,558
USDA Grant - Gum Springs Head Start	43,813	36,604
DSS/Federal Pass Through/Admin.	37,852,717	27,411,460
Adoption Service Fees	2,683	3,912
Total Income	**$101,522,884**	**$89,057,366**
Net Cost to the County	**$83,795,648**	**$96,294,368**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

LOB Number	LOB Title	Net LOB Cost	Number of Positions	LOB SYE
67-01	Departmental Management	$293,631	3	3.00
67-02	Agency wide and Field Office Services	$2,076,713	44	44.00
67-03	Initiatives and Programs for Women and Girls	$168,967	2	2.00
67-04	Disabilities Services Planning and Development	$810,636	3	3.00
67-05	Non-DFS Program for Rent Relief	$275,000	0	0.00
67-06	Public Assistance Programs and Work Services	$6,666,567	215	215.00
67-07	Subsidized Child Care	$19,312,401	24	24.00
67-08	Head Start	$6,053,669	19	18.25
67-09	Child Care Services	$9,548,787	693	633.02
67-10	Home-Based Child Care Code Enforcement	$1,834,832	29	28.75
67-11	Child Abuse and Neglect Prevention Services	$2,595,502	24	24.00
67-12	Family Preservation Services	$1,355,920	34	34.00
67-13	Child Protective Services	$3,619,461	72	72.00
67-14	Foster Care and Adoption Services	$3,363,492	75	75.00
67-15	Services to Homeless Individuals and Families	$8,647,910	0	0.00
67-16	Comprehensive Services for At-Risk Children, Youth and Families	$18,181,974	5	5.00
67-17	Adult and Aging Services	$11,488,906	73	72.50
	Total	**$96,294,368**	**1315**	**1253.52**

LOBS SUMMARY

67-01: Departmental Management

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-01	*Departmental Management*
Personnel Services	$320,606
Operating Expenses	$14,431
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$335,037
Federal Revenue	$35,302
State Revenue	$1,247
User Fee Revenue	$0
Other Revenue	$4,857
Total Revenue:	$41,406
Net LOB Cost:	$293,631
Positions/SYE involved in the delivery of this LOB	3 / 3.0

▶ LOB Summary

Departmental Management provides overall direction and oversight of agencywide operational and administrative functions.

Areas of focus for overall Departmental Management include:

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

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

Strategic Linkages
This LOB supports the following Board of Supervisors' Priorities:

- Strong investment in education
- Public safety and gang prevention
- Affordable housing
- Revenue diversification to reduce the burden on homeowners.

This LOB supports the following County Vision Elements:

This LOB places considerable emphasis on the following of the department's strategic objectives:

- Providing excellent family services;
- Nurturing partnerships;
- Increasing community awareness;

- Anticipating and responding to changing community needs;
- Exercising corporate stewardship;
- Maximizing financial resources;
- Refining emergency planning process;
- Integrating service delivery;
- Streamlining internal processes;
- Leveraging technology;
- Improving internal communication; and
- Cultivating a high-performance and diverse workforce.

Key Accomplishments and Initiatives

- In FY 2007, the department met 18, or 95 percent, of the objectives set forth in FY 2007, thereby significantly exceeding the goal of 14.
- Successfully completed the department's first three year strategic plan.
- Will implement the department's new strategic plan which was developed using a balanced scorecard approach and continues through 2010.

▶ Method of Service Provision

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

▶ Mandate Information

There is no federal or state mandate for this LOB.

67-02: Agencywide and Field Office Services

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-02	***Agencywide and Field Office Services***
Personnel Services	$2,314,837
Operating Expenses	$2,048,913
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,363,750
Federal Revenue	$1,706,731
State Revenue	$509,070
User Fee Revenue	$0
Other Revenue	$71,236
Total Revenue:	$2,287,037
Net LOB Cost:	$2,076,713
Positions/SYE involved in the delivery of this LOB	44 / 44.0

► LOB Summary

Agencywide services enable the department to be responsive to our customers and local community needs and to deliver services in a friendly, effective and efficient manner. Department agencywide services include public information, media communication, publications, training and professional development, information technology, strategic planning, emergency preparedness, legislative liaison, survey development and data analysis.

Our field office sites provide an array of services at each office. This increases our customers' ability to access and receive the services they need when and where they need them. Services provided by the department at its field office sites include public assistance, food stamps, employment services, foster care, child protective services, family preservation services, child abuse and neglect prevention services, adult protective services and other adult and aging related assistance. Field Office Administrative Services staff greets the customers who visit the field office in person or who call by telephone and connect them to critical services provided by the staff within each office/community. Services typically requested include food, employment, public assistance and preventive and protective services. These staff provide a friendly, courteous and knowledgeable presence at the department's field office "front doors" and provide customers with the information they need to receive services quickly and efficiently. In addition to serving customers, administrative service staff manage the supplies (printing, postage, phones), field office vehicle fleets, equipment, and vendor contracts (mail, courier, and data entry and clerical services) needed to maintain field office operations.

In addition, the department administers federal and state funded community action programs focused on low-income families in Fairfax County.

Strategic Linkages
This LOB supports the Board of Supervisors' Affordable Housing Priority.

This LOB supports the following County Vision Elements:

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Increasing community awareness;
- Exercising corporate stewardship;
- Maximizing financial resources;
- Refining emergency planning process;
- Leveraging technology;
- Improving internal communication; and
- Cultivating a high-performance and diverse workforce.

In order to refine emergency planning, DFS conducts and participates in several planning efforts to help improve the County's ability to respond to the needs of its residents in the event of an emergency. DFS has worked closely with the County's Office of Emergency Management to revise and update the County's Emergency Operation Plan. DFS is the lead County agency responsible for operation of emergency shelters, referred to as "Emergency Support Function (ESF) 6 – Mass Care and Human Services." Should a large-scale event occur -- for example, a flood, tornado, gas leak, or terrorist attack -- that displaces large numbers of County residents, DFS is responsible, along with the American Red Cross, for setting up special emergency shelters, most likely in public facilities, such as schools or recreation centers. These shelters include:

- Pre-evacuation shelters opened in anticipation of an approaching hurricane;
- Shelters opened in the event of a man-made or natural disaster that displaces many residents;
- Shelters for residents with medical needs who cannot be served in a general shelter; and
- Family Assistance Centers opened in an event with mass casualties. Such a center provides a place where families can come to give and receive information about missing family members, thus helping to identify and reunify families.

Key Accomplishments and Initiatives

- Developed a plan for providing emergency shelter for people with medical needs in the event of a County disaster.

- In conjunction with County planning efforts, completed plan for meeting essential needs in the event of pandemic flu.

- Implemented electronic document management for Community Education/Provider Services, Child Care Assistance and Referral and Head Start to improve productivity. Will continue next phases of implementation in Self Sufficiency and begin implementation in the Children, Youth and Families Division.

- Implemented the first phase of Web Harmony for CSA to include training for DFS-Foster Care, JDRC, CSB-Mental Health and Fairfax County Public Schools. Web Harmony will increase communication, ensure data integrity, and improve efficiency in our service provision to youth and families.

▶ Method of Service Provision

Agencywide services are provided directly by County staff, often in partnership with staff from other parts of DFS and other human service and County agencies. Staff is centrally located in the Pennino Building of the Government Center. Operating hours are 8:00 a.m. to 4:30 p.m., Monday through Friday, however staff providing agencywide services often participate in evening activities to accommodate the schedules of citizen boards, commissions and task forces.

Field Office Services are provided by County staff assigned to the front office at each field office. These five offices are conveniently located in Reston (two office sites), Central Fairfax, Falls Church and South County on Richmond Highway. Operating hours are 7:00 a.m. to 7:00 p.m. Monday through Thursday, and 8:00 a.m. to 4:30 p.m. on Fridays.

Community action programs are operated by community-based local non-profit agencies that are geographically located throughout the County and are under contract with the County to provide services to low-income families and individuals.

Agencywide services staff provide support and grant monitoring for the federally mandated Community Action Advisory Board consisting of 30 members representing each magisterial district, community organizations, and County citizens elected to represent low-income people in the north, central and south areas of the County.

▶ Mandate Information

Portions of this LOB are federally or state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is approximately 70 percent. See the January 2007 Mandate Study, reference page 30 for the specific federal or state code and a brief description.

67-03: Initiatives and Programs for Women and Girls

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-03	*Initiatives and Programs for Women and Girls*
Personnel Services	$158,967
Operating Expenses	$10,000
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$168,967
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$168,967
Positions/SYE involved in the delivery of this LOB	2 / 2.0

▶ LOB Summary

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

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

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

- Single mothers comprise the largest percentage of people living in poverty. More than one-third of female-headed households live below the poverty line. For African-American and Hispanic female heads of household, the number rises to 55 percent.

- The U.S. has the greatest percentage of elderly women in poverty of all the major industrialized nations. Nearly 70 percent of older women who live alone live in poverty or near the poverty level.

- Of the homeless population in Fairfax County, 55 percent are people in families. Among homeless families in our community, almost 80 percent have a single head of household and 95 percent of those are female-headed households. Families are disproportionately the minority and 31 percent are language minority. In these families, 62 percent of adults are employed, but nearly 60 percent of the families have income below the poverty level.

- According to the U.S. Department of Health and Human Services, one in four women report that they have been victims of domestic violence or stalking by a spouse, partner, or date. Violence against women is the number one cause for injury of American women between the ages of 15 and 44.

- More than 62 percent of women in Fairfax County are in the labor force, compared to 54 percent nationally. This makes the availability of high quality, affordable child care, flexible work policies, and family leave all the more critical for families in Fairfax County and for employers who wish to retain their employees.

- Nationally, women represent only 7.8 percent of senior managers, 11.9 percent of engineers, 6.7 percent of machinists, and less than 4 percent of firefighters, carpenters, electricians, and pilots. For the most part, women are still occupationally clustered into sales, retail, and administrative fields.

- Women-owned businesses receive only 3 percent of the over $277.5 billion in federal procurement dollars.

- Access to affordable health insurance is frequently tied to employment and marital status. This puts many older women and women who are heads of households at a distinct disadvantage. Older women are more likely to be unemployed. They, along with their head of household counterparts are more likely to work part time and in industries that do not offer health insurance benefits. Dependence upon a spouse's plan makes them increasingly vulnerable in the event of separation, divorce, or their spouse's retirement, unemployment, or death.

- The great majority of caregivers are women. Of the estimated seven million Americans who are informal caregivers, almost three-fourths are women—many of them sandwiched between caring for an older relative and raising children or grandchildren. In fact, for almost 1.3 million children, a grandparent—most often a grandmother—is their primary caregiver. These caregivers provide children the opportunity to grow up in stable homes and communities among families and friends. Caregiving exacts an exceptionally difficult toll on older women.

These realities are a legitimate focus of public policy. Moreover, local government stands as the best vehicle to effect change for women in their communities. The Office for Women is the one entity in Fairfax County that integrates public policy, leadership, advocacy, and information directed toward policy reform for women and girls. Because OFW represents the interests of all the

County's women, it has a comprehensive approach to solutions and offer a voice for women who are the most economically and socially disadvantaged. It is through collaboration and consensus, rather than regulation or enforcement, that OFW removes barriers. OFW and CFW spotlight these and other issues for the community: affordable housing, contemporary women's health issues, domestic violence, effective networking, elder care and work balance, financial fitness, finding balance in busy lives, gender-fair education, non-traditional career paths, nutrition, personal safety, preventive health (HIV/AIDS), victimization of the elderly and senior population.

Trends and Changes in OFW

In the early 1990's, OFW provided counseling, training, and direct services to about 15,000 clients annually (both County residents and County government employees), paving the way for similar career counseling programs. As the County government has undergone changes, so has OFW. Continuous improvement has always been part of the mission to improve the status of women. Due to its small size, OFW has improved how it works by leveraging quality through partnerships and has become known for quality information and assistance. A second change is deeper community involvement. Advising County government and the community about changes in policies or programs requires assessing the needs of constituents, so therefore OFW has deepened its involvement with community-based organizations, ethnic and civic groups, and professional and educational sectors of the community. OFW initiatives also represent the increasing diversity of the community.

Future Challenges

OFW's challenge continues to be selecting the most compelling issues related to Fairfax County within the resources of OFW. In the last three years, OFW has focused on affordable housing, a variety of health issues, domestic violence, effective networking, elder care and work balance, financial fitness/independence, finding balance in busy lives, gender-fair education, non-traditional career paths, nutrition, personal safety, preventive health (HIV/AIDS), and the victimization of the elderly and senior population. Focused issues for the near future are health, older women, and domestic violence. Domestic violence is a cross-cutting theme for women from many cultures and the County has seen an increase of minority women seeking shelter, psychological, financial, and legal help as a result of domestic violence.

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

OFW will provide solutions and models that can improve the lives of women and girls by helping service providers' and County agencies' issues such as domestic violence, homelessness, work/life balance, women's policy issues, and program design. OFW will remain a resource for County government and its employees on how to institutionalize practices, policies, and a culture that are equitable. OFW supports a collective vision of the future, and a quality of life that benefits women, girls, and the entire community.

Strategic Linkages

This LOB supports the following County Vision Elements:

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services;
- Nurturing partnerships;
- Increasing community awareness;
- Anticipating and responding to changing community needs;
- Exercising corporate stewardship;
- Maximizing financial resources; and
- Integrating service delivery.

Performance Measurement

From FY 1994 through FY 1999, the OFW transitioned to a policy focus. Direct services declined and the agency began to focus on broader issues. The use of volunteers declined as services shrank, especially when the Financial Education Center was eliminated (a program that was volunteer driven). To leverage its expertise and resources, OFW developed partnerships — alliances with individuals and organizations that supported the goals of our initiatives. These partnerships have increased program delivery and outcomes.

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

The following table summarizes performance and workload related data:

Indicator	FY 1992 Actual	FY 1997 Actual	FY 2002 Estimated	FY 2007 Actual
OFW Positions/Staff Year Equivalents (SYEs)	11/11	7/6.5	8/7.5	2/2.0
Net Budget	$354,884	$303,170	$480,735	$131,551
Individuals served through OFW programs	5,797	2,615	3,000	1,035
Individuals provided with information by OFW staff	10,100	4,222	10,500	5,500
Total Individuals Served/OFW SYE	1,445	1,052	1,800	3,267
Active partnerships (programs/ initiatives)	NA	21	50	36
Volunteer/ Intern hours	3,352	439	NA	Volunteer 84
Cost per program participant	NA	$5.77	$6.10	NA
Fees charged/ revenue impact	$10,170	$1,477	$320	NA

Key Accomplishments and Initiatives

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

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

- In 1978, established the first women's shelter for victims of domestic violence in the Washington D.C. metropolitan area — also one of first in the nation.

- Work/family policies and glass ceiling barriers were addressed between 1990 and 1997. A report on job sharing led to the Board of Supervisors' approval of new job sharing policies and practices. A 1994 work/family report recommended more flexible scheduling, a work/family task force, and a telecommuting pilot in County government. A 1997 report on breaking the glass ceiling for women in County government has led to a number of workplace improvements.

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

- In 2000, OFW was an innovator in developing strategies and programs that encouraged girls' participation in technology education and careers. Working in partnership with schools, County agencies, businesses, and non-profits, OFW advised the Fairfax County Public School Board and administrators on strategies for addressing under-representation of girls in technology education.

- The Women's Business Center of Northern Virginia (WBC), the first such center in Virginia, began service delivery in 2000.

- For the past three years, the OFW has focused its efforts on collaborating with other internal and external partners to educate the public on various issues affecting our lives. These collaborations have resulted in several Lecture Series with George Mason University; the highly successful Women's Voices Forums with Freddie Mac, Omega World Travel, Fairfax County Public Safety, Area Agency on Aging, Community Services Board, Department of Family Services, Department of Housing and Community Development, Women's Business Center; the Women in Media event with ABC 7, WUSA*9, George Mason University, the Equal Footing Foundation; and the Mothering Our Mothers, Mothering Ourselves symposium with the Women's Alliance for Financial Education, Women's Advisory Board of Capitol Financial Partners and the Fairfax County Area Agency on Aging. Along with these efforts, OFW has taken a lead role in ensuring the County and community is aware of the issues affecting women in the areas of Domestic Violence and Homelessness.

▶ Method of Service Provision

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

▶ Mandate Information

There is no federal or state mandate for this LOB.

67-04: Disability Services Planning and Development

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-04	***Disability Services Planning and Development***
Personnel Services	$220,718
Operating Expenses	$1,527,088
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,747,806
Federal Revenue	$0
State Revenue	$937,170
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$937,170
Net LOB Cost:	$810,636
Positions/SYE involved in the delivery of this LOB	3 / 3.0

▶ LOB Summary

Department of Family Services' Disability Services Planning and Development staff supports the Fairfax Area Disability Services Board, which provides input on service needs and priorities of persons with physical and sensory disabilities and serves as a resource to local governments regarding the Americans with Disabilities Act (ADA). The staff ensures the implementation of the state mandated, comprehensive, tri-annual needs assessment of persons with physical and sensory disabilities. Staff responds to requests for information from persons with disabilities, provides public education; monitors and provides technical assistance to County programs, services, and activities to

ensure access and inclusion for persons with physical and sensory disabilities; and initiates, manages, and oversees specialized activities and programs that increase the social and economic self-sufficiency of people with disabilities. The director of the Disability Services Planning and Development unit serves as the ADA Coordinator for the Department of Family Services, providing training and technical assistance to employees and supervisors.

Priorities of the Fairfax Area Disabilities Services Board and the Disability Services Planning and Development staff are based on community needs and situations relating to persons with disabilities. Persons with disabilities are less likely to be employed and are twice as likely to live in poverty as people without disabilities. The most recent needs assessment, conducted in 2006, found that the biggest barriers facing Fairfax County residents with disabilities are a lack of accessible transportation, deficient affordable, accessible housing and barriers to gainful employment. Current staff priorities include:

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

- Providing the public and County staff with information, consultation, and education about local, state and federal disability laws and programs.

- Providing information and consultation to County staff and community members regarding affordable, accessible housing.

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

- Educating persons with disabilities about planning and preparing for emergencies and disasters. Participating in and leading agency emergency planning for persons with disabilities.

Strategic Linkages
This LOB supports the Board of Supervisors' Affordable Housing priority.

This LOB supports the following County Vision Elements:

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Nurturing partnerships;
- Increasing community awareness;
- Anticipating and responding to changing community needs;
- Exercising corporate stewardship; and
- Maximizing financial resources.

Key Accomplishments and Initiatives

- Continue to facilitate the development of a durable medical equipment recycling program to be managed by FREE (Foundation for Rehabilitation Equipment and Endowment) in conjunction with community partners.

- Partnered with the Department of Systems Management and the Arc of Northern Virginia to offer a neighborhood college that focused upon County diversity data and services information as well as leadership training for persons with and with out disabilities to engage in civic activities.

- Sponsored an "Employer of the Year" award where Fairfax County employer New Editions was recognized for their excellence in outreach, hiring, retention and career advancement practices for people with disabilities.

- Hosted "Disability Mentoring Day," a career exploration and job shadowing event designed to highlight vocational opportunities available within Fairfax County Government for job seekers with disabilities.

► Method of Service Provision

The Disability Services Planning and Development unit facilitates the provision of services through contracts with the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons, Inc., Brain Injury Services, Inc., and Legal Services of Northern Virginia. On behalf of the Fairfax Area Disability Services Board, Disability Services Planning and Development monitors state Rehabilitative Services Incentive Fund grants to local non-profit organizations. Staff responds to telephone, written, and e-mail requests from the public, service providers, and County staff; and provides consultation and training to County staff via telephone or in person. Public Web pages are kept current with information beneficial to persons with disabilities. An e-news letter is distributed weekly and a hard copy news letter is sent biannually. Staff also develop and disseminate additional publications providing assistance and guidance to persons with disabilities and their service providers.

► Mandate Information

A portion of this LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is just under 15 percent. See the January 2007 Mandate Study, reference page 29 for the specific state code and a brief description.

67-05: Non-DFS Program for Rent Relief

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-05	*Non-DFS Program for Rent Relief*
Personnel Services	$0
Operating Expenses	$275,000
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$275,000
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$275,000
Positions/SYE involved in the delivery of this LOB	0 / 0.0

This program was established by the Board of Supervisors in the 1970's to provide rent relief for low-income seniors and/or disabled County residents. Eligible individuals may receive one payment a year up to a maximum rent payment of $575.

Strategic Linkages
This LOB supports the Board of Supervisors' affordable housing priority.

This LOB supports the following County Vision Elements:

This LOB places considerable emphasis on the following of the department's strategic objectives:

- Providing excellent family services;
- Anticipating and responding to changing community needs;
- Exercising corporate stewardship; and
- Maximizing financial resources.

Performance Measures and Workload Indicators

Non-DFS Rent Relief Clients Served

Indicator	FY 2006	FY 2007	% Change
Elderly	186	204	9.7%
Disabled	263	309	17.5%
Total	**449**	**513**	**14.3%**

▶ Method of Service Provision

Operated and administered by the Fairfax County Department of Tax Administration which determines eligibility and accepts rent relief applications for seniors and people with disabilities. Expenditures are charged to the DFS budget.

Recipients of rent relief must be at least 65 years of age or permanently and totally disabled. Gross income may not exceed $22,000 per year and the net assets may not exceed $75,000 per year.

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

▶ Mandate Information

There are no federal or state mandates for this LOB.

67-06: Public Assistance Programs and Work Services

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-06	*Public Assistance Programs and Work Services*
Personnel Services	$13,212,200
Operating Expenses	$4,403,008
Recovered Costs	($79,627)
Capital Equipment	$0
Total LOB Cost:	$17,535,581
Federal Revenue	$7,607,598
State Revenue	$2,913,330
User Fee Revenue	$0
Other Revenue	$348,086
Total Revenue:	$10,869,014
Net LOB Cost:	$6,666,567
Positions/SYE involved in the delivery of this LOB	215 / 215.0

▶ LOB Summary

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

Within the framework of the statutes and their regulations of the state Board of Welfare, the Director of the local Department of Social Services is responsible for the administration of Public Assistance in Fairfax County and the Cities of Falls Church and Fairfax. DFS Human Service

Workers are responsible for administering and determining initial and on-going eligibility for numerous mandated federal and state public assistance programs, such as Temporary Assistance For Needy Families (TANF), Medicaid, and Food Stamps, in addition to the state General Relief Program, Auxiliary Grants, and state/Local Hospitalization Program. These Public Assistance Programs assist those who are unemployed, underemployed or unable to work due to age and or disability to access basics, such as health care, food and shelter. DFS Human Service Workers receive all applications for public assistance programs, interview applicants, and determine and authorize the participant's initial and continued eligibility for all Public Assistance programs.

The department, under contract with the SkillSource Group, Inc., manages and delivers Workforce Investment Act (WIA) and other federal and state funded employment and training programs. The SkillSource Group, Inc. is the administrative entity of the Northern Virginia Workforce Investment Board (NVWIB). The NVWIB is the governing body for this local workforce area which includes the Counties of Fairfax, Loudoun, and Prince William, and the Cities of Falls Church, Fairfax, Manassas, and Manassas Park.

Employment and training services are delivered through One-Stop employment centers, called SkillSource, which serve employers and jobseekers. A combination of mandatory (under WIA) and voluntary partners enable clients to access a wide array of employment and supportive services under one roof. The department operates three of the five SkillSource Centers in this region, in South County, Reston, and Falls Church. Additionally, the department works in partnership with the SkillSource Group, Inc. to pursue grant opportunities aimed at increasing funds and diversifying services. This effort has helped the department build self-sustaining services that support the employment needs of particular target populations including at-risk youth, transitioning ex-offenders, and long-term care health workers.

Public Assistance Programs and Work Services administered by DFS are:

Temporary Assistance for Needy Families (TANF)
TANF provides temporary financial assistance to eligible families with children. The family receives a minimal monthly cash payment to meet their basic needs. Parents who are able to work are required to do so as a condition of receiving assistance. The Virginia Initiative for Employment not Welfare (VIEW) is the employment program that serves TANF families. Benefits are limited to 24 months for VIEW participants.

Virginia Initiative for Employment not Welfare (VIEW)
This is the mandatory employment component of the TANF program for able-to-work parents with children over 12 months of age. The majority of the VIEW participants that DFS serves are the "hard to serve" population, meaning that participants often have multiple barriers to employment, such as limited English skills, little or no training for the workplace, learning disabilities, substance abuse problems, etc. and require intensive case management services to become employed and retain employment. In FY 2007, 1,036 parents received employment services under the VIEW program.

Aid to Families with Dependent Children – IV-E Foster Care Program
This program determines the initial and on-going eligibility for children in foster care. The payments provide for the care and maintenance of children in the care of the agency.

Auxiliary Grants
Auxiliary grants help supplement the incomes of recipients of Supplemental Security Income (SSI) and other aged, blind or disabled individuals residing in a licensed assisted living facility (ALF) or an approved adult foster care (AFC) home. The program, which is mandated by the federal government, serves an estimated 6,500 Virginians each year at an annual state cost of approximately $25.5 million. The program is maintained by local departments of social services to ensure that adults are able to maintain a standard of living that meets a basic level of need.

Since FY 2000, the monthly per resident rate paid to ALF and AFC facilities has increased from $891 to $1,220, or nearly 37 percent. These expenses are partially reimbursed by the state at 80 percent.

General Relief Program
This program provides cash assistance in the form of a modest monthly grant to primarily aged and/ or disabled low-income individuals in need of financial support who are not eligible for federally subsidized programs such Social Security or Supplemental Security Income.

Food Stamp Program
The purpose of the Food Stamp program is to alleviate hunger and malnutrition by providing low-income families additional food purchasing power through income supplementation.

Virginia Medical Assistance Program (Medicaid, Family Access to Medical Insurance Security (FAMIS and FAMIS Plus)
The Medicaid and FAMIS Plus (Medicaid for children) program pay medical service providers for services rendered to eligible low income families with children, recipients of Supplemental Security Income, Auxiliary Grants, and other medically needy people such as pregnant women and children under 19 years of age, deprived children, aged, blind, disabled individuals and certain Medicare Part A recipients. Limited coverage is also available to categorically and income eligible, non-resident aliens who have had a medical emergency. FAMIS is the federal/state program that provides low-cost health insurance for children and pregnant women in low-income families that earn too much to be eligible for Medicaid/FAMIS Plus, but do not have private health insurance.

Low-Income Home Energy Assistance Program (LIHEAP)
LIHEAP assist low income families with the cost of heating and/or cooling for their homes. The program consists of three components:

- Energy Assistance – provides supplemental assistance to offset home heating costs when they are excessive in relation to the household income. The benefit maximums are not intended to meet the household's total cost during the heating season.

- Crisis Assistance – assists households with energy-related, weather-related or supply shortage emergencies that cannot be met by Energy Assistance or other local resources.

- Cooling Assistance – provides supplemental assistance to offset the cost of cooling a home for those who are disabled and meet certain income guidelines. As energy costs continue to rise, these programs have also seen an increase in participation.

Refugee Resettlement Program (RRP)
This federally funded program is administered in Virginia under the supervision of the Office of Newcomer Services through local departments of social services. RRP provides financial assistance in the form of a monthly grant to needy refugees/entrants for a limited length of time to assist in their economic and social adjustment. It provides assistance to refugees who meet the financial criteria of the Temporary Assistance for Needy Families (TANF) program, but who may not meet all non-financial criteria. The County is reimbursed by the federal government completely for cash assistance given to refugees.

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

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

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

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

Workforce Investment Act (WIA) of 1998
Employment and training services are delivered through One-Stop centers and affiliate sites, known as SkillSource Centers, where information and access to a wide array of job training, education, and employment services are available to anyone through a single point of entry. Information and services that are accessible through the SkillSource Centers includes unemployment insurance, job search assistance, vocational rehabilitation services, post-secondary and adult vocational education, and other federal employment and training programs. Through more intensive services, individuals can also access career counseling, testing and assessment, job placement and job training. Services are available through a combination of self-help and staff assisted services depending upon each individual's needs. There are three streams of funding under WIA—Adult, Dislocated and Youth.

Trends
Policy changes at the state and federal levels, successful outreach efforts and increasing population have all contributed to a significant increase in demand for entitlement services. Entitlement services provides everyone with the right to apply for services and receive a determination of their eligibility regardless of associated staff workload created. In addition, the federal Deficit Reduction Act of 2005 added requirements in the Medicaid program exacerbating the need for added staff

capacity at local departments of social services to perform the eligibility function. Unfortunately, state funding for the administration of these programs has not kept pace.

By the end of FY 2006, the division authorized more than $290 million (not included in the County's budget) in public assistance benefit payments on behalf of County residents and managed an average monthly public assistance caseload of 49,681cases – a 71 percent increase from FY 2001. In addition, in the department received and processed an average of 2,356 new applications per month during the same period.

In the fall of 2007, the state began a casework time study and random moment survey within local departments of social services in order to develop caseload standards and determine the time available for casework. It is anticipated that a new set of recommendations for additional eligibility workers for local department of social services will be developed based on this study once it is completed in February 2008. The previous study (completed in 2000) estimated that there were 725 additional eligibility workers needed statewide to optimally handle the existing public assistance caseload.

Strategic Linkages
This LOB supports the following Board of Supervisors' Priorities:

- Public safety and gang prevention
- Revenue diversification to reduce the burden on homeowners

This LOB supports the following County Vision Elements:

This LOB places considerable emphasis on the following of the department's strategic objectives:

- Providing excellent family services;
- Nurturing partnerships;
- Increasing community awareness;
- Anticipating and responding to changing community needs;
- Exercising corporate stewardship;
- Maximizing financial resources;
- Integrating service delivery; and
- Streamlining internal processes.

Workload Indicators

- In FY 2007, an average of 1,364 families received $459,776 per month in TANF benefits, or a total of $5.5 million for the year.
- In FY 2007, an average of 43,917 individuals (13,714 adults and 30,203 children) participated in the Medicaid/FAMIS Plus programs. The County also enrolled an additional 5,668 children in FAMIS. In FY 2006, a monthly average of $22 million (or $266 million for the year) was paid out under the Medicaid/FAMIS Plus programs to County residents.

- In FY 2007, an average of 10,553 families per month received $1.6 million in nutrition assistance through the Food Stamp program, or $19.8 million for the year.

- In FY 2000, the County had an average monthly auxiliary grant caseload of 185. For the last several years, however, the monthly auxiliary grant caseload has averaged 200.

- FY 2007 caseload data in the Refugee Resettlement Program indicate a significantly higher caseload in cash assistance and Medicaid assistance relative to FY 2006. For example, refugee cash assistance caseloads averaged 84 per month in FY 2007 relative to 41 in FY 2006.

- The department's monthly public assistance caseload increased from an average of 29,028 in FY 2001 to 49,681 in FY 2007, an increase of 71 percent in six years. Using the formula from the 2000 Workload Study, Fairfax needs 62 additional eligibility worker positions (and 8 supervisors and 8 clerical positions) to maintain the level of performance required by state and federal regulations.

Key Accomplishments and Initiatives

- In FY 2007, 86.4 percent of dislocated workers entered employment, thereby exceeding the state goal of 69 percent.

- Redesigned service delivery to accommodate a growing caseload and to increase client access to services by extending operating hours in the regional offices. Currently, offices are open Monday through Thursday from 7 a.m. to 7 p.m. and Friday, 8a.m. to 4:30 p.m.

- Organized and delivered the Third Annual Career and Entrepreneurship Expo – Envision your Success: capitalizing on job growth and business opportunities in Northern Virginia (SkillSource centers). This year was the most successful event to date, attracting over 2,500 job seekers and over 60 employers and economic service providers.

- In partnership with the Northern Virginia Workforce Investment Board, implemented the Empowering Youth through Employment (EYE) Initiative, which connects area schools, private businesses, local communities, youth and regional employers in different industry sectors.

- Partnered with Area Agency on Aging to facilitate the relationships among Social Workers, long-term care workers, and clients, focusing on supporting workers along a career path and ensuring optimum care for older adults.

- Initiated a youth employment center in Falls Church to build on the success of the DFS-operated Job Hut in Manassas Mall, a place for older teens to connect to employment, educational and career resources, as well as community and support services.

- Partnered with the Office of Partnerships to provide free tax preparation to help low and moderate income people through the Creating Assets, Savings and Hope (CASH) campaign. More than 1,000 people were assisted with their 2006 tax returns and benefited from a total federal tax refund amount of $1.2 million. Also, a total of $831,000 in Earned Income Tax Credits (EITC) was claimed.

▶ Method of Service Provision

Public Assistance Programs and Work Services delivers its employment and public assistance services through an integrated One-Stop approach. This has resulted in streamlined management and more flexible service delivery. Through its comprehensive business approach, the Public Assistance Programs and Work Services has trained and enabled its workforce to deliver a combination of public assistance and employment and training programs collaboratively, weaving in supportive services as needed. Programs in this area are mandated services and for the most part are also federal entitlement programs (e.g., Medicaid, Food Stamps).

DFS staff provides this range of services at four DFS regions located in Reston, Fairfax, South County and Falls Church. These offices are open Monday through Thursday from 7 a.m. to 7 p.m. and Friday, 8a.m. to 4:30 p.m. For public assistance programs, staff receives all applications, interviews applicants and determines eligibility, and authorizes and coordinates customers' initial and continued eligibility for these services. state regulations require that applications for assistance be made at the local department of social services office in the County/city in which the applicant resides. state regulations also require that a face-to-face interview for most programs be conducted between the applicant/recipient and the caseworker before authorizing initial or on-going benefits. These interviews are conducted by DFS Human Service Workers in the DFS office or in the clients' homes.

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

▶ Mandate Information

Portions of this LOB are federally and state mandated. The percentage of this LOB's resources utilized to satisfy mandates is nearly 95 percent. See the January 2007 Mandate Study, reference page 32 for the specific federal or state code and a brief description.

67-07: Subsidized Child Care

Fund/Agency: 001/67	Department of Family Services
LOB #: 67-07	**Subsidized Child Care**
Personnel Services	$1,480,320
Operating Expenses	$30,240,204
Recovered Costs	($65,626)
Capital Equipment	
Total LOB Cost:	$31,654,898
Federal Revenue	$8,690,477
State Revenue	$3,652,020
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$12,342,497
Net LOB Cost:	$19,312,401
Positions/SYE involved in the delivery of this LOB	24 / 24.00

▶ LOB Summary

Program Summary
Subsidized child care is an essential strategy for supporting working families' efforts to attain and maintain economic self-sufficiency. The Child Care Assistance and Referral program (CCAR) provides tuition assistance on a sliding fee scale for child care to low and moderate income working families in the County. Eligible families must be working, in training, or participating in the state's welfare reform initiative, VIEW/TANF. CCAR also provides assistance to families referred by Child Protective Services and Foster Care. CCAR subsidizes a portion or all of a family's child care costs based upon family eligibility.

The state has significantly reduced Fairfax County's share of federal funding for subsidized child care in FY 2007 and FY 2008 by $13 million. This is a 30 percent decrease from prior year state funding and equates to a decrease in services to more than 2,000 children and their families in Fairfax County. As a result, a waiting list was established in October 2005.

Participant Characteristics
Families in need of affordable child care include those formerly on welfare; those with parents who work in low paying industries such as hospitals, elementary schools, offices, nursing homes, restaurants, child care centers, dry cleaners, grocery stores, and small businesses; and single parent families. The average annual income of a family participating in CCAR is $26,776, and the median income is $26,220.

Research indicates that a lack of affordable child care jeopardizes parents' employment and economic independence as they may:

- be forced to leave work to care for their children;

- go on or *return* to welfare programs; or
- place their children in unsafe, unregulated child care settings.

In addition, families in need of affordable child care include those with children at-risk for *school failure*. Child care subsidies allow low-income working families to afford quality early childhood education that helps young children arrive at kindergarten well prepared to succeed.

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

Trends
Low unemployment rates and the high cost of living in the County are creating a great need for subsidized child care as reflected in the current waiting list for services (3,692 children as of January 2008). Like housing, child care is one of the top expenses for families living in the County. During recent years the growing need for affordable child care and diminished funding for the program have resulted in many families being placed on a waiting list for services, thereby jeopardizing their self-sufficiency.
In addition, even families who are receiving subsidized child care services face challenges. Many families must pay additional fees to their child care provider because the maximum reimbursable rates set by the state do not reflect the current market rates.

Strategic Linkages
This LOB supports the Board of Supervisors' strong investment in education priority.

This LOB supports the following County Vision Elements:

This LOB places considerable emphasis on the following of the department's strategic objectives:

- Providing excellent family services
- Nurturing partnerships
- Increasing community awareness
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources

Workload Indicators

- The CCAR program currently provides subsidized child care to over 4,500 children monthly.
- As of January 2008, there are 3,692 children on the County waiting list for subsidized child care.

Key Accomplishments and Initiatives
The program was managed within funding constraints caused by substantial reductions in state funding. Enrollment in the program was managed by allowing it to contract through natural attrition, as a result no families were disenrolled.

▶ Method of Service Provision

Office for Children staff work directly with families to provide program information, determine eligibility, locate child care, assist parents in making informed care choices, and link families to other needed services. Families receive on-going case management services as required by state policy. Services are available at the Pennino Building between 8:00 a.m. and 4:30 p.m. weekdays. Services are also offered weekly at DFS regional offices. Bilingual staff work with families and all staff have access to the County's simultaneous translation services to assist families who do not speak English. Both English and Spanish message lines are available for families to call after regular business hours.

Families who participate in CCAR may place their child in the care of any legally operating child care center or family child care provider. Participating providers must have a current vendor agreement with CCAR in order to receive reimbursement for care provided. Two hundred child care centers and 860 family child care providers are currently vendors. CCAR provides reimbursement to vendors monthly.

Most centers provide care between 6:00/7:00 a.m. and 6:30 p.m., Monday through Friday. Family child care providers offer more flexible hours. An increasing number of families work evenings and weekends and need non-traditional hour child care services.

▶ Mandate Information

Portions of this LOB are federally and state mandated. See the January 2007 Mandate Study, page 31 for the specific federal or state code and a brief description.

67-08: Head Start

Fund/Agency: 001/67	Department of Family Services
LOB #: 67-08	**Head Start**
Personnel Services	$1,022,000
Operating Expenses	$5,068,273
Recovered Costs	$0
Capital Equipment	
Total LOB Cost:	$6,090,273
Federal Revenue	$36,604
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$36,604
Net LOB Cost:	$6,053,669
Positions/SYE involved in the delivery of this LOB	19 / 18.25

▶ LOB Summary

Program Summary
Head Start and Early Head Start are national child and family development programs that provide quality early childhood education and comprehensive family support services to income eligible families with children birth to 5 years of age and expectant parents. The Office for Children (OFC) is the administering agency for Head Start and Early Head Start and directly operates the Greater Mount Vernon Community Head Start programs. Fairfax County Public Schools and Higher Horizons Day Care Center, Inc., a private non-profit organization, also provide Head Start and Early Head Start services through a delegate relationship with OFC. Families participating in Head Start and Early Head Start are provided with early childhood education for their children and also receive assistance with: social services; health services, including medical, dental, nutrition, mental health, and prenatal care; and parent education, including family literacy and English for Speakers of other Languages.

Head Start and Early Head Start build children's social and educational skills through carefully planned early childhood education programs and family-focused experiences. Ten percent of Head Start and Early Head Start enrollment is reserved for children with special needs. Parents share in the program decision-making process and are encouraged to participate in program activities by volunteering in the classroom or serving on parent committees and the program policy council. The unique parent involvement focus of Head Start and Early Head Start supports parents as advocates of their children and as program decision-makers, helping to build parents' confidence in caring for themselves and their children, assisting with job training and employment, and ensuring access to health, mental health, and other social services.

Participant Characteristics
Families participating in the Head Start and Early Head Start programs must have children birth to five years of age or be expectant parents. In addition, they must be residents of Fairfax County,

Fairfax City, or Falls Church City. Families currently served are eligible under federal poverty guidelines (annual income of $20,000 or less for a family of four) or USDA Child Care Food Program Free Lunch guidelines (annual income of $26,000 or less for a family of four). Children with disabilities receive placement priority.

Funding Sources
The Head Start program is supported with federal funds (in Fund 102, Federal and State Grant Fund) and local funds. The Early Head Start program is supported entirely with federal funds in Fund 102. These multiple funding sources are managed as a single seamless system to ensue continuity of services for families.

Trends
The number of low-income families in Fairfax County has created an on-going need for Head Start and Early Head Start services. During recent years, the growing need for services has resulted in many families being placed on the waiting list, thereby jeopardizing their self-sufficiency. Additional facility space and funding is needed in order to expand service to children and families on the waiting list.

In addition, the County must continue to assess current Head Start and Early Head Start income eligibility guidelines. Due to the high cost of living in Fairfax County, the income of families in need often exceeds federal and local eligibility guidelines, thus making them ineligible for Head Start services.

Strategic Linkages
This LOB supports the Board of Supervisors' strong investment in education priority.

This LOB supports the following County Vision Elements:

This LOB places considerable emphasis on the following of the department's strategic objectives:

- Providing excellent family services
- Nurturing partnerships
- Increasing community awareness
- Anticipating and responding to changing community needs
- Maximizing financial resources
- Integrating service delivery

Workload Indicators

- There are approximately 1,637 children participating in Head Start associated programs throughout the County in half-day (3.5 hours), full day (6.5 hours), and extended day (8-10 hour) slots.

- As of late October 2007, Head Start had a waiting list of 705 children.

- Of the 1,637 children participating in Head Start associated programs throughout the County, 646 children are subsidized by federal funds, and the remaining 991 children are funded locally by the County and Fairfax County Public Schools.

Key Accomplishments and Initiatives

- In FY 2007, 80 percent of 4-year olds in Head Start demonstrated development of socio-emotional, math, language and literacy skills.

- Early Childhood Hearing Outreach hearing screenings were provided through the use of an otacoustic emissions unit. This screening is important to ensure that children ages birth to three years do not miss out on early opportunities for speech and language acquisition and for promotion of socio-emotional development.

▶ Method of Service Provision

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

▶ Mandate Information

The portion of this LOB that is federally mandated is funded in Fund 102. See the January 2007 Mandate Study, page 31, for the specific federal or state code and a brief description.

67-09: Child Care Services

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-09	***Child Care Services***
Personnel Services	$30,191,878
Operating Expenses	$6,739,878
Recovered Costs	$0
Capital Equipment	
Total LOB Cost:	$36,931,756
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$27,274,316
Other Revenue	$108,653
Total Revenue:	$27,382,969
Net LOB Cost:	$9,548,787
Positions/SYE involved in the delivery of this LOB	693 / 633.02

▶ LOB Summary

Program Summary
Child Care Services is comprised of the School-Age Child Care (SACC) program and the Employees Child Care Center (ECCC).

The School-Age Child Care (SACC) program supports working parents by offering before-school and after-school, holiday, and summer programs to approximately 10,000 children each year. SACC provides educational child care for children enrolled in Fairfax County schools attending Kindergarten through sixth grade. SACC's curriculum guidelines support Virginia's Standard of Learning (SOLs) through fun, hands-on, and experiential learning experiences. SACC maintains quality care by providing an enriching, educational program that furthers the social and intellectual development of children through staffing to ensure safe ratios of children to adults, offering education resources and training to center staff and conducting regular site visits to evaluate centers. The program encourages the participation of low-income families on a sliding-fee scale.

The Fairfax County Employees' Child Care Center (ECCC) provides quality, affordable early childhood education services to County employees. The Center, which is accredited by the National Association for the Education of Young Children, serves as a model for other employers and community child care providers in the County. It is licensed by the Virginia Department of Social Services and complies with the Americans with Disabilities Act. The program ensures that children learn in a safe, caring and nurturing environment and consists of a developmentally appropriate curriculum designed to support children's school readiness.

Participant Characteristics
SACC is available to families who have a child enrolled in a Fairfax County elementary school, kindergarten through sixth grade, as well as families with children with disabilities up to age 21. All adults living in the child's home must meet one of the following criteria:

- Work 30 or more hours a week;
- Attend school full time (12 semester hours);
- Attend a job training program 30 or more hours a week;
- Be disabled; or
- Any combination equivalent to the above.

Children are eligible for enrollment at the ECCC if they are six weeks through 5 years of age and have at least one parent who is working a minimum of 20 hours per week with Fairfax County Government. In two parent households, the second parent must be working a minimum of 20 hours per week.

Funding Sources
The SACC program is primarily supported by parent fees. The cost not covered by parent fees is attributable to subsidies offered to lower-income families via the sliding-fee scale and the additional expense of caring for a significant number of special needs children (e.g., fewer children per teacher,

specialized equipment, etc.). In addition, the SACC program participates in the USDA Food Program, which helps offset the program's food costs. The ECCC is supported by parent fees and local funding.

Trends
The high number of working parents creates a great need for SACC services. During recent years, the growing need for services has resulted in over 4,000 children being placed on a waiting list. Expansion of elementary school SACC sites is necessary in order to address the growing waiting list for SACC services.

Demand for ECCC services currently exceeds capacity and the Office for Children expects such demand to remain steady. The Center is fully enrolled at all times and maintains a waiting list for services. Care at the ECCC is in demand among County employees because of the educational quality of the program, a sliding-fee scale for low- to moderate-income families, and the convenient on-site/near-site location.

Strategic Linkages
This LOB supports the following Board of Supervisors' Priorities:

- Strong investment in education
- Revenue diversification to reduce the burden on homeowners

This LOB supports the following County Vision Elements:

This LOB places considerable emphasis on the following of the department's strategic objectives:

- Providing excellent family services
- Nurturing partnerships
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources

Workload Indicators

- The School-Age Child Care (SACC) program supports working parents by offering before- and after-school, holiday, and summer programs to approximately 10,000 children each year.
- SACC also provides care for special needs children, both in self-contained and mainstreamed centers, with 96 percent of the parents reporting they are highly satisfied with the care.
- The ECCC has a capacity of 90 spaces to care for infants, toddlers and preschool-age children. As of October 2007, there are 98 children enrolled for full-time or part-time care.
- As of late October 2007, the ECCC had a waitlist of 152 children.

Key Accomplishments and Initiatives

- The Office for Children will develop a proposal for Fairfax County Public School principals whereby family child care providers who live in areas with large waiting lists for School-Age Child Care will be able to market their child care services to parents at Back-to-School events.

- The Office for Children will launch eCheck, an online payment application that allows parents to pay School-Age Child Care tuition online.

- The Office for Children will implement new initiatives in its Employee Child Care Center that include launching a new instructional program and establishing "mixed-age grouping" that allows 3 to 5 year-olds to learn from their teachers and each other at the same time.

► Method of Service Provision

SACC operates classrooms in 134 County elementary schools. SACC centers are licensed by the Virginia Department of Social Services. SACC serves children in Kindergarten through 6th grade, as well as children with disabilities who may attend Key and Kilmer Centers through age 21. Services are available for children whose parents are working, attending school, or disabled. Although physically located in Fairfax County Public Schools, SACC teachers and administrators are employees of the Office for Children. SACC operates from 7:15 a.m. to 6:15 p.m. with breaks when classes are in session depending on each school's bell schedule.

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

► Mandate Information

There is no federal or state mandate for this LOB.

67-10: Home-Based Child Care Code Enforcement

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-10	*Home-Based Child Care Code Enforcement*
Personnel Services	$1,693,017
Operating Expenses	$170,375
Recovered Costs	$0
Capital Equipment	
Total LOB Cost:	$1,863,392
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$28,560
Total Revenue:	$28,560
Net LOB Cost:	$1,834,832
Positions/SYE involved in the delivery of this LOB	29 / 28.75

▶ LOB Summary

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

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

Family child care providers who receive a County Family Child Care Permit are required to attend twelve hours of training within the first year of child care, and to complete a minimum of six hours of training during each subsequent year. To assist providers in meeting these requirements, OFC offers a wide variety of training opportunities, including trainings on health and safety, child development, programming, and other topics related to quality child care. In addition to formal training classes, Provider Services also offers technical assistance to family child care providers through telephone consultation and scheduled or requested home visits. Ninety-eight percent of the individuals who complete the Family Child Care Permit application are satisfied with the process.

Provider Services also administers the USDA Child and Adult Care Food Program (CACFP) for family child care homes, School-Age Child Care (SACC) centers, and Greater Mount Vernon Community Head Start classrooms. CACFP funding provides partial reimbursement for meals and snacks served to children in care, as well as nutrition training, monitoring and technical assistance

for family child care providers and centers in the program. In order to receive reimbursement, family child care providers are required to hold a current permit or license, follow a USDA approved meal pattern, keep records of menus and meals served, allow home visits by County staff, and attend training at least once each year.

Participant Characteristics
Family child care providers work in their own homes, caring for the children of other working parents and, in some cases, their own children. These family child care providers are an integral component of the County's child care system. They offer an affordable alternative to center-based care, provide services at non-traditional hours and help to ensure the success and self-sufficiency of working families in Fairfax County.

Funding Sources
Funding for Child Care Provider Services is provided by local funds. Costs are partially offset through the Family Child Care Permit application fee.

Trends
Currently, there is a short supply of available child care in Fairfax County. In an effort to address the shortfall, OFC has mounted a recruitment effort over the past year to increase the number of permitted family child care homes in the County. Future efforts will continue to support County residents who seek to offer quality child care in home-based settings. In addition, as the County becomes increasingly diverse, future efforts will focus on increased training in multiple languages, workplace English for Speakers of Other Languages (ESOL), training for family child care providers whose first language is not English, and recruitment of family child care providers from diverse backgrounds in order to best serve the increasingly multicultural families of Fairfax County.

Strategic Linkages
This LOB supports the Board of Supervisors' strong investment in education priority.

This LOB supports the following County Vision Elements:

This LOB places considerable emphasis on the following of the department's strategic objectives:

- Providing excellent family services
- Nurturing partnerships
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources
- Integrating service delivery

Workload Indicators

- Provider Services staff monitor and inspect over 1,800 family child care homes.
- CACFP reimburses Head Start, Early Head Start and the SACC program for meals and snacks served to more than 10,000 children.

- Over 600 family child care providers, serving approximately 3,000 children, participate in the CACFP program.

Key Accomplishments and Initiatives

- Received a one-year Start Strong grant and a two-year Smart Beginnings sustainability grant, which will enable the Office for Children to enhance child care through increased training for child care providers and more equipment for child care programs.

▶ Method of Service Provision

Provider Services staff directly monitor and inspect family child care homes for health and safety factors, including required coordination of inspections and criminal background checks with the Department of Fire and Rescue, Virginia state Police, and Child Protective Services. As part of these visits, staff also monitors the early childhood educational curricula and programs in place at family child care homes and homes that serve children enrolled in Early Head Start. Technical assistance is provided to ensure compliance with relevant codes and to encourage safe, healthy, educational, age-appropriate programs for infants through school-age children. Technical assistance can include basic training in best child care practices, workshops, CPR training, and on-site guidance. In addition, staff monitors child care providers participating in CACFP, including SACC centers and Head Start classrooms, to ensure that they are meeting the guidelines of the USDA program. It should be noted that data collection is an integral part in the monitoring and inspection process. A complete database is maintained by OFC staff and monitored on a daily basis.

▶ Mandate Information

Chapter 30 of the Code of the County of Fairfax requires that persons in Fairfax County obtain a County Family Child Care Permit if they are caring for up to five children (other than their own) in their homes.

There is no federal or state mandate for this LOB.

67-11: Child Abuse and Neglect Prevention Services

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-11	*Child Abuse and Neglect Prevention Services*
Personnel Services	$1,771,085
Operating Expenses	$1,481,606
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$3,252,691
Federal Revenue	$608,359
State Revenue	$9,974
User Fee Revenue	$0
Other Revenue	$38,856
Total Revenue:	$657,189
Net LOB Cost:	$2,595,502
Positions/SYE involved in the delivery of this LOB	24 / 24.0

▶ LOB Summary

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

While not mandated, Child Abuse and Neglect Prevention Program services are targeted specifically at preventing the referral of families, children and individuals to DFS's federally and state-mandated services (e.g., Child Protective Services and Foster Care) as well as preventing problems from re-surfacing that would jeopardize self-sufficiency. The department's prevention programs continue to be an integral part of the continuum of services to children and families at-risk. Early intervention and investment in child abuse prevention efforts reduces considerably the expense of rehabilitative human services programs. Intervention at later stages is much more costly. In Virginia, the 2001 cost comparisons published by Prevent Child Abuse Virginia, placed the cost of Prevention/Early Intervention programs at $3,500 per family, while Foster Care costs were $11,000 per year per child, incarceration, $20,000 per child, and residential Mental Health placement at $60,000 per child.

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

One-to-One Education and Support of Families

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

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

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

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

Group-Based Education & Support

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

Services offered include the following:

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

Good Touch Bad Touch: Offered through Child Abuse and Neglect Prevention Services, this is a curriculum to teach pre-school through 6th grade children the skills that play a major role in preventing or interrupting child sexual abuse.

Neighborhood-Based Organizing and Coalition Building to Improve Family and Community Conditions

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

Neighborhood Networks: This initiative represents a collaborative effort between DFS and Fairfax County Public Schools. Families nominated by the schools for this program are strong families who are committed to good parenting, seek stability, and encourage their children to work for a better life. Working with school counselors, social workers, teachers, and school staff, Neighborhood Networks educates families about and connects them to support resources. In

addition, this program seeks to build leadership skills in families, helping them to become resources within their own community.

The program focuses on three areas:

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

Community Wide Public Awareness and Education

Early Intervention Strategy Team: This team, composed of professionals in public and private child-serving agencies in Fairfax County, has a very small operating budget funded through a Federal Promoting Safe and Stable Families grant. Most of the team's work is supported through in-kind donations of agency and school staff time. The team conducts facilitated dialogues with human services, school and nonprofit staff to promote practices to address the disproportionate representation of African American children in foster care and juvenile court placements and reduce educational disparities. The team conducts dialogues about the subtle impacts of race on child and family experiences and suggests strategies for working more effectively with African American families.

Blue Ribbon Campaign: This public education effort led by DFS involves multiple County agencies, schools, community organizations and businesses in promoting community-wide awareness about how to prevent child abuse and neglect.

Strategic Linkages
This LOB supports the following Board of Supervisors' Priorities:

- Strong investment in education
- Public safety and gang prevention

This LOB supports the following County Vision Elements:

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services;
- Nurturing partnerships;
- Increasing community awareness;
- Anticipating and responding to changing community needs;

- Exercising corporate stewardship;
- Maximizing financial resources;
- Refining emergency planning process;
- Integrating service delivery; and
- Streamlining internal processes,

Workload Indicators

- 371 children were served in 49 Good Touch Bad Touch groups during FY 2007.
- There were 26,344 visits made to the Family Resource Centers in FY 2007. Please note that is a duplicate count as individuals may visit the center more than once.
- 98 percent of drop-ins surveyed reported that they were satisfied with the Family Resource Center.
- 104 children in 30 families participated in Neighborhood Networks in FY 2007.
- In FY 2007, the Early Intervention Strategy Team held five dialogues for a total of 74 participants.

Key Accomplishments and Initiatives

- Enhanced and will continue the African American Cultural Classes for families with school-age children within the Nurturing Parenting Program by adding a follow-up support group for parents and developing an African-American curriculum for families with infants and toddlers. Improved outcomes were demonstrated compared to general classes. Curriculum for families with adolescents will be added in FY 2009.
- Located community based staff in each region to build and strengthen community relationships and enhance the department's ability to be flexible and responsive to changing community needs.
- Developed a Kinship Care Committee in partnership with other County offices and Fairfax County Public Schools which provides on-going support groups for grandparents and other relatives raising minor children. Also collaborated on the development of the "Resource Guide for Grandparents and Other Relatives Raising Children"; three separate respite days for kinship care families; and a kinship care video for Cable Channel 16.
- Achieved a 99 percent satisfaction rating from both Healthy Families and Nurturing Program participants. Additionally, 95 percent of families served by Healthy Families demonstrated an acceptable level of positive parent-child interaction, exceeding the Virginia standard of 85 percent.

▶ Method of Service Provision

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

▶ Mandate Information

There is no federal or state mandate for this LOB.

67-12: Family Preservation Services

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-12	***Family Preservation Services***
Personnel Services	$2,208,335
Operating Expenses	$199,369
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,407,704
Federal Revenue	$967,620
State Revenue	$0
User Fee Revenue	$14,545
Other Revenue	$69,619
Total Revenue:	$1,051,784
Net LOB Cost:	$1,355,920
Positions/SYE involved in the delivery of this LOB	34 / 34.0

▶ LOB Summary

The Department of Family Services provides intensive services to at-risk families through the Family Preservation Program. The families served by this program are experiencing challenges that significantly impair family functioning and place children at risk of abuse or neglect: substance abuse, domestic violence, unemployment, serious mental illness, poor health, poor parenting skills and practices, limited learning ability, social isolation, homelessness or incarceration. Intensive services are designed to strengthen and stabilize the family, to increase the parent or caretaker's capacity to provide the necessary nurturing, protection, shelter and education for their children, and to assist the family to function more effectively and independently.

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

Social workers provide an array of services to the families:

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

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

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

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

Family Group Conferencing Initiative
Family Group Conferencing is based on a model in which family members, friends, community service providers and others join together to strengthen the family and to support parents in

developing a protection and care plan for their children. Respect for the family's cultural traditions and beliefs is integral to the process. The program was developed in 2004 and expanded in 2006 to allow this support to be offered to more families.

Philosophical trends of Family Group Conferencing include increasing the use of kinship care, capitalizing on family strengths, and creating a partnership and participatory decision-making process between the family and professional. This offers a new approach to working with families involved with the child welfare system by engaging and empowering families to make decisions and develop plans that protect and nurture their children from enduring further abuse and neglect.

Social workers in CPS, Foster Care and from within Family Preservation Services make referrals when they assess that children are at risk of being removed from their homes, or that a safe plan is needed in order for children to be returned to their families from foster care. A Family Group Conference can be convened at any point in a case. The coordinator prepares the attendees for their involvement, facilitates the conference and follows up to determine if the family's plan to care for their children effectively meets their needs.

Addressing the disproportionate number of minority children who are either in out-of-home placement or who are at risk of out-of-home placement is the focus of this effort. Family Group Conferencing will be utilized as a strategic initiative to address a core goal of family preservation "to develop and implement prevention and early intervention strategies", keeping the safety and the best interest of children in mind. This effort will also focus on the reunification of children with their families following out of home placement. Family Group Conferencing addresses one of the core values of this department, that of self-determination, and the belief that individuals are central actors in their own development.

Although relatively new, this practice has shown successes. In all of the conferences that have been held, family members were able to come up with a plan for their child or children. DFS is in the process of developing a formal program evaluation for Family Group Conferencing.

Domestic Violence Initiative

In 2004, the Domestic Violence Initiative was started within the Children, Youth and Families Division to address the co-occurrence of child abuse and domestic violence. Research indicates that children exposed to domestic violence are at increased risk of abuse. Additionally, responses to domestic violence are typically targeted to adults who experience intimate partner violence, but few focus on the children who have witnessed domestic violence.

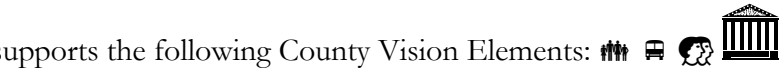
During FY 2006, the CYF Domestic Violence Initiative continued to develop in response to the significant need in Fairfax County. The domestic violence social workers are providing specialized direct services, serving families who are already working with a CYF social worker by providing additional assistance with safety planning, court accompaniment, education about domestic violence (including the impact it has on children), access to resources and alternative housing, etc. In 2006, they provided services to 27 families, almost half of whom spoke Spanish.

The social workers and their supervisor provided consultation and training to DFS staff and reached out to the larger community as well, providing numerous education sessions at churches, public schools, and apartment complexes on various aspects of domestic violence. They developed a partnership with the Fairfax County Victim Assistance Network to provide support groups for Spanish-speaking victims in both the northern and southern regions of the County.

In addition, staff actively participate in inter-agency committees and workgroups to enhance and coordinate services for victims and their families, including the Network Against Family Abuse (NAFA), the Region 2 Domestic Violence Resource Council, the Domestic Violence Prevention Policy Coordinating Committee, the Route One Domestic Violence Task Force, and the Court Based Advocacy Project. Staff play an integral part in planning for Domestic Violence Awareness Month in October, when activities are held in various venues throughout the County to inform and educate the public about domestic violence.

Strategic Linkages
This LOB supports the following Board of Supervisors' Priorities:

- Strong investment in education
- Public safety and gang prevention
- Affordable housing

This LOB supports the following County Vision Elements: 

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services
- Nurturing partnerships
- Increasing community awareness
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources
- Integrating service delivery
- Streamlining internal processes

Key Accomplishments and Initiatives

- Developed a video program to educate the community about the Family Group Conferencing program. The program helps at-risk families, their extended families and relevant professional staff to collaborate effectively in developing a plan for safely maintaining children within the family.

▶ Method of Service Provision

County social workers provide direct services such as counseling, life skills education, and case management, as well as the coordination and monitoring of services provided by other Human Services or community organizations. Case management includes teaming with other professionals in various disciplines to ensure that appropriate, effective, comprehensive services are delivered. Services are provided during times that are according to the families' needs.

▶ Mandate Information

This LOB is federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is nearly 100 percent. See the January 2007 Mandate Study, reference page 31.

67-13: Child Protective Services

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-13	***Child Protective Services***
Personnel Services	$4,742,549
Operating Expenses	$695,346
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$5,437,895
Federal Revenue	$1,671,945
State Revenue	$29,921
User Fee Revenue	$0
Other Revenue	$116,568
Total Revenue:	$1,818,434
Net LOB Cost:	$3,619,461
Positions/SYE involved in the delivery of this LOB	72 / 72.0

▶ LOB Summary

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

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

Hotline
Hotline social workers receive reports of alleged abuse and neglect over the phone, in person, or at meetings with other County agencies. Hotline staff request specific information about alleged abuse or neglect, assess the information, and determine whether the situation meets certain criteria for CPS intervention. If the information meets the state definition of abuse or neglect, the case is assigned to a CPS intake social worker to perform an investigation or an assessment. If the information does not meet the above criteria, the social worker refers the reporter to the appropriate agency or private organization, or provides the requested information or short-term counseling.

Intake
CPS intake social workers are responsible for investigating or assessing allegations of child abuse and neglect and providing needed short-term services. They visit the site where the alleged abuse has occurred, interview the alleged victim and alleged perpetrator and other relevant witnesses, assess the situation, determine the needs of the family, and provide the appropriate services.

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

On-going Treatment
On-going CPS social workers are responsible for providing long-term services in serious situations in which the child remains in the home. Social workers meet with children and families on a regular basis, which is correlated to level of risk, develop a plan as to the services needed and provide or coordinate provision of these services. Services include: intensive in-home services; therapeutic case management; continual assessments of risk and safety for the child; monitoring of court orders; purchase of services and, if the situation deteriorates, pursuit of further court action.

After-hours
CPS social workers respond to client emergencies after regular business hours assessing each situation, determining whether it requires an immediate response, and providing any service needed immediately. Situations not requiring immediate intervention are referred to the appropriate service area for follow-up during regular business hours.

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

FIRE Team Initiative
The Family Intervention, Resource and Engagement (FIRE) Program offers families intensive, short-term crisis intervention and family education services in their home for six to eight weeks. The program goals include preventing out-of-home placement of children, assuring the safety and well-being of children, improving family functioning, collaborating with the family to develop a service plan based on their strengths and competencies, providing culturally competent and community-based services and engaging the extended family and community resources to provide support to the family.

Staff is available and accessible to the family 24 hours a day, seven days a week. The social workers work collaboratively with the family to identify strengths and needs and assist families by teaching, modeling and reinforcing parenting skills. Results from the first year's evaluation indicate that children are significantly safer after the family receives intensive services. In addition, staff use feedback provided by clients to continually improve service delivery.

January 2008 will mark the end of the third full year of this program. To date, more than 170 families have been served by this program, with 60 families served in 2007. Virginia Commonwealth University conducted an outcome evaluation of the families who had received FIRE services during

the first two years of implementation. It was found that in 80 percent of families served, children remained safely in the home with parents or relatives, thereby preventing foster care placement. In addition, the safety and risk levels for those families improved significantly. An additional program evaluation has begun that will examine differences between families in which children were able to remain in the home compared to families whose children were placed in foster care.

Sexual Abuse Initiatives

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

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

The Childhelp USA Children's Center of Virginia, where the CPS Sexual Abuse Unit is located, is supported by a public-private partnership, provides a child-friendly facility where victims of sexual abuse receive the continuum of services needed to interrupt the abuse and treat its effects. These services include forensic interviews, SANE exams and visitation. In its fifth year of operation, the center served 665 children from infants through age 17, and 876 non-abusing parents or guardians with assessments, investigations, intervention and treatment services.

With funding by a grant from the Victims of Crime Act and state funding, Childhelp has begun providing individual and group therapeutic services to sexual abuse victims and their non-offending family members at the center. During FY 2007, CPS social workers and other partners provided individual and group therapeutic services to 207 sexual abuse victims and 306 adults at the center. Additional therapeutic services are available as a result of a partnership between CPS, Childhelp, Multicultural Clinical Center and Inova Kellar Center for families impacted by sexual abuse.

Strategic Linkages

This LOB supports the following Board of Supervisors' Priorities:

- Strong investment in education
- Public safety and gang prevention

This LOB supports the following County Vision Elements:

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services
- Nurturing partnerships
- Increasing community awareness
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources
- Streamlining internal processes

Key Accomplishments and Initiatives

- Responded to 96 percent of child abuse and neglect complaints within the appropriate timeframe, exceeding the goal of 90 percent.

- Conducted psycho-educational groups for children whose siblings have experienced household or family sexual abuse to teach them how to handle their emotional responses and understand sexual abuse.

- Coordinated with a local community organization to offer psycho-educational groups for parents of adolescent sex offenders.

- Conducted a support group in South County for children ages nine through 12 dealing with the emotional stress of having substance abusing parents. Developed a partnership with Walt Whitman Middle School to offer this support group to teens in the future.

- Acquired access for the Children, Youth and Families Division to Accurint, a database to assist with locating relatives and potential caregivers so that at-risk children do not have to enter foster care.

▶ Method of Service Provision

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

Service	Days and Hours	Comments
Hotline	Monday–Thursday 8 a.m. -10 p.m. Friday 8 a.m.-4:30 p.m.	During all other times, calls are automatically forwarded to the state hotline in Richmond, which then immediately contacts a Fairfax County after-hours social worker who screens and investigates the report as appropriate, making necessary recommendations and referrals.
Intake	7 days a week 24 hours a day	Investigations or assessments
On-going Treatment	7 days a week Workday and evening hours	Emergency services available 24 hours a day.
After-Hours	Monday–Thursday 4:30 p.m. -8 a.m. Friday 8 a.m.-Monday 8:00 a.m.	
Community Education	7 days a week Workday and evening hours	

▶ Mandate Information

This LOB is federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is nearly 100 percent. See the January 2007 Mandate Study, reference page 30.

67-14: Foster Care and Adoption Services

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-14	*Foster Care and Adoption Services*
Personnel Services	$4,887,973
Operating Expenses	$9,452,785
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$14,340,758
Federal Revenue	$4,133,963
State Revenue	$6,719,585
User Fee Revenue	$3,912
Other Revenue	$119,806
Total Revenue:	$10,977,266
Net LOB Cost:	$3,363,492
Positions/SYE involved in the delivery of this LOB	75 / 75.0

▶ LOB Summary

Foster Care and Adoption Case Management

The Department of Family Services provides foster care and adoption services to children ages newborn - 18, and under certain circumstances to age 21, who are placed in its legal custody through a court order (usually for abuse and/or neglect) or through a parent's voluntary relinquishment. When children enter foster care, they are placed in the least restrictive setting that includes regular foster homes, therapeutic foster homes, group homes and residential facilities. The primary goal of

foster care is to provide rehabilitative services to the child and family so that reunification can safely occur. If that is not possible, a child may be placed in an adoptive home or other permanent living arrangement. Support in the form of subsidy payments, counseling, and purchased services is available to families who adopt children with special needs.

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

Case management is a direct service and includes:

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

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

The department receives an annual Independent Living Grant from the Virginia Department of Social Services. This grant supports one social worker position to coordinate independent living services to youth in foster care. The youth are administered assessments that assist in the development of a personalized independent living plan. Regular workshops are held for youth on topics including budgeting, accessing financial aid for college, college planning, and life-skills. The department also received grant funding for the past two years from the state to implement a program, "Choices for Success," customized specifically for teens and young adults who are close to transitioning out of foster care services. The department's foster care and employment/training programs are partnering to deliver intensive services including educational workshops about job readiness skills, career assessments, paid and unpaid work experiences, assistance with finding financial aid, and other supportive services to help these young people achieve their goals for living independently. Older youth in foster care often have severe emotional or behavioral difficulties requiring expensive, long-term residential treatment. Adolescents, especially those who are in care for a number of years, face numerous challenges in becoming self-sufficient adults once they leave the foster care system. Eight youth are currently participating in the program. The Independent Living Initiatives are funded in part by Fund 102, Federal/State Grant Fund.

Without proper services, these youth are at risk of homelessness, unemployment, incomplete education and untreated illnesses. All youth in foster care between ages 16 and 21 must receive a range of services to help them transition to independent living such as career and employment counseling, work training programs, supervised apartment living, educational coaching and the support of mentors. The department operates a mentor program for teens and provides mentor foster homes for those older, more responsible youth who need support rather than parenting.

Each youth is encouraged to remain in foster care past their 18th birthday so they may continue to receive the services necessary to obtain an education, finish treatment programs, and establish a support network. The Community Collaborative to end Homelessness has highlighted the serious issue of homelessness among former foster care youth. The department will be working with the collaborative to develop creative approaches to this issue.

Recruitment, Training and Support of Foster and Adoptive Families

The department maintains a pool of about 173 foster families. The majority of children served through foster care have special physical, emotional, or behavioral needs that require skilled parenting. The pool of foster and adoptive parents must continually be replenished because homes become full, families retire or move away, and families' circumstances change. Certain foster care and adoption staff is dedicated to recruiting families through printed and broadcast media, participation in community events, special campaigns, and displays.

On-going recruitment and retention of foster/adoptive families is critical in building and maintaining a pool of families. This area remains a challenge, both locally and nationally. Despite significant efforts, the Fairfax County pool of foster parents continues to need expansion.

The racial/ethnic balance of foster homes remained the same during 2007. Caucasian families make up the majority of foster homes (68 percent). Twenty-two percent of DFS foster homes are African-American, 6 percent are multi-racial and 2 percent are Hispanic. The remaining 2 percent are American Indian and Pacific Islander. The department works to increase the cultural diversity of foster homes through culturally sensitive recruitment efforts and partnerships with community organizations, businesses and faith communities. The department has developed a strategic recruitment plan that targets certain neighborhoods and media channels for reaching minority foster/adoptive families.

As part of this effort, the Foster Care and Adoption Ambassador Program was developed and implemented. Ten foster and adoptive parents are currently trained to speak publicly on behalf of the department to educate residents about the needs of children in foster care. They utilize their personal networks to carry out this community education.

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

The training and home study process for foster and adoptive parents remains state-of-the-art. The department uses the competency-based Parent Resources Information Development Education (P.R.I.D.E.) training program developed by the Child Welfare League of America. The department requires each new foster parent to have 27 hours of training and each experienced foster parent to participate in a minimum of nine hours in the first year and six hours every year there after of in-service training on topics such as effective discipline intervention techniques, developing "life books" with children, the effects of chemical dependencies on neonatal development and helping children build positive attachments.

Most newly approved families are dually approved as foster and adoptive parents. They accept a child into their home as a foster care placement and support the goal of return home, while making a commitment to adoption. Early placement of children into these families promotes healthier attachments and placement stability for the children.

Developed to increase adoptive homes for hard-to-place children, the Fairfax Families4Kids initiative strives to find permanent families and lifelong connections for children age 9 and over, the majority of whom are male and African American. The children and youth take part in monthly activities that provide them with an opportunity to interact with other children who need homes and to meet potential adoptive parents and mentors. Through this experience the children gain self-confidence, develop poise, and actively participate in the recruitment process on their own behalf. In 2007, 31 children and youth were served through Fairfax Families4Kids. Nine community based organizations partnered with the department in this initiative. A professional photographer volunteers her services to photograph many of the children and events. In 2007, six children were featured in Council of Government's Heart Gallery, sponsored by the Freddie Mac Foundation, a photo display that lets the community know about the children who need permanent families.

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

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

Adoption Assistance for Children with Special Needs

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

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

The number of post-final order subsidy cases continues to grow because of the long-term nature of this service. In addition, the department is responsible for processing the subsidies for families living in Fairfax County whose adoptions were through private child-placing agencies located in Fairfax County. The growth for FY 2007 was limited due to 46 children turning 21, reaching the age limit for eligibility for this subsidy in FY 2007. Data on aged out subsidy cases for previous years is not readily available. However, these 46 children represent a significant increase from previous years.

Active Adoption Subsidy Cases

FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
496	520	522	551	563	592	594

Note: Numbers are cumulative total at the close of each fiscal year.

Disclosure of Information from Closed Adoption Records/Adoption Search

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

During FY 2007, there were 70 requests for information from closed records. These requests can come from birth parents, state offices, other agencies and from within the department. During this same time frame, there were 28 requests for new searches and 138 on-going active search cases.

Strategic Linkages
This LOB supports the following Board of Supervisors' Priorities:

- Strong investment in education
- Public safety and gang prevention

This LOB supports the following County Vision Elements:

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services
- Nurturing partnerships
- Increasing community awareness
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources
- Integrating service delivery
- Streamlining internal processes

Workload Indicators

- Between FY 2001 and FY 2007, the average monthly number of children in foster care with Fairfax County decreased by 8.5 percent. The following charts show the number of children entering foster care and the monthly average number of children in foster care:

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Rate of Entry into Foster Care	200	186	177	202	164	210	209
Children in Foster Care (monthly average)	507	496	475	479	447	437	464

The number of children who exited foster care during FY 2007 was 184, or 25 less children than those entering foster care that year. Despite that, the trend of fewer children in foster care has continued, with the number of children in foster care reaching a monthly average low of 437 in FY 2006. This decrease is attributable in large part to the abuse and neglect prevention services provided to families in the community and to lower foster care caseloads that allow social workers to provide more time supporting each family.

Of the 184 children who exited foster care during FY 2007:

- 35 percent were returned home
- 20 percent were placed in the custody of relatives

- 19 percent were placed for adoption

The remaining 26 percent exited for reasons such as turning 21 years old or refusing to remain in foster care after turning 18. The median length of stay for all children in foster care in FY 2007 is 1.51 years, reflecting a steady decline from 2.71 years in FY 2000.

The average age of children in foster care at the end of FY 2007 was 11.43. In FY 2007, 242 (55 percent) of the children in foster care were age 13 or older.

Key Accomplishments and Initiatives

- Reduced the number of children in foster care by almost 40 percent over the past 10 years, which runs counter to state and national trends. In 1997, the monthly average number of children in foster was 747, compared to 464 in 2007. The department has focused many efforts in this area to keep children from having to enter foster care by emphasizing prevention and community efforts.

- Decreased the median length of time that children are in foster care from 2.71 years in FY 2000 to 1.51 years in FY 2007. The department continues to focus on ways to minimize the amount of time children are in foster care and achieving permanency for all children.

- Awarded funding for a third year to continue operating the Independent Living Program Demonstration Project, which provides employment and education services to youth aging out of the foster care system.

- Continue to participate in the National Heart Gallery Exhibit sponsored by the Freddie Mac Foundation and featured photograph portraits of children in the region awaiting adoption. The Heart Gallery came to the Washington, D.C. area for the first time in 2005 and featured children from Fairfax County.

- Established partnerships with over 35 businesses, civic associations, public agencies and schools, faith-based groups, news media organizations, and sporting teams to support children in foster care and to help find adoptive families and mentors through the sponsorship of events for Fairfax Families4Kids.

- Continue to provide staff support to the Deputy County Executive's Community Collaborative which brings together African American community leaders and County staff to address disproportionality among children served by child welfare and other County agencies. Recent successes include analyzing and reporting data in new ways and piloting a national diagnostic tool to better understand where disproportionality exists in County child welfare services and the development of a non-profit agency to further support this work has been discussed.

- Implemented an "Ambassador" program for foster/adoptive parents to provide community education about being a foster/adoptive parent to increase the number of available foster/adoptive homes

▶ Method of Service Provision

Foster Care and Adoption Case Management Services
Case management services including visitation plans, direct work with birth parents, and court hearings are provided directly by staff in the Foster Care and Adoption Program. The department of Family Services also purchases foster care placements from private child placing agencies. In those cases, a significant portion of the supportive services to the child and foster family are provided by the private provider. Services are provided 24 hours a day, 7 days a week.

Recruitment, Training, and Support of Foster and Adoptive Families
The Foster Care and Adoption Program is also responsible for the recruitment, training, and support of foster and adoptive families. These families may also access other training opportunities in the community in order to fulfill their yearly in-service training requirement. Services are provided during day and evening hours Monday through Saturday.

Adoption Assistance for Children with Special Needs
The negotiating, processing, and renewing of subsidy agreements are staff directed, and the staff also provides crisis intervention and service referrals. Purchased services funded by adoption subsidy are accessed from the private and public providers in the community. Services are provided from 8:00 AM to 4:30 PM Monday through Friday.

Disclosure of Information from Closed Adoption Records/Adoption Search
All of the activities associated with disclosing information from closed adoption records and conducting adoption searches for birth family members are also performed by Foster Care and Adoption staff. Services are provided during daytime and evening hours Monday through Friday.

▶ Mandate Information

This LOB is federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is nearly 100 percent. See the January 2007 Mandate Study, reference page 31.

67-15: Services to Homeless Individuals and Families

Fund/Agency: 001/67	Department of Family Services
LOB #: 67-15	Services to Homeless Individuals and Families
Personnel Services	$119,003
Operating Expenses	$8,821,275
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$8,940,278
Federal Revenue	$292,368
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$292,368
Net LOB Cost:	$8,647,910
Positions/SYE involved in the delivery of this LOB	0 / 0.0

▶ LOB Summary

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

With the existing low vacancy rates for rental housing, helping families maintain their living situations is an essential community service. Eviction is a devastating event for families, and disrupts school placements and transportation arrangements for work and services. Finding another place to live does not occur readily, and there is a waiting list for emergency homeless shelter space for families. Families also are being impacted by the rising costs for rent. Since 2000, the average rent for an apartment in Fairfax County has increased 26 percent, from $989 in 2000, to $1,247 in 2006.

Homeless services are divided into six separate, but related services: emergency shelters, motel placements, transitional housing, permanent housing/home-ownership, medical respite care, and hypothermia prevention.

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

Shelter	Type of Shelter	Location	Beds
Bailey's Crossroads Community Shelter	Adult	Bailey's Crossroads	50 beds for adult individuals 10 beds for cold weather overflow
Eleanor U. Kennedy Homeless Shelter	Adult	Route One	50 beds for adult individuals 16 beds for year round overflow 10 beds for cold weather overflow
Embry Rucker Community Shelter	Adult and Families	Reston	28 beds for adult individuals 10 beds for cold weather overflow 42 beds (in 10 rooms) for families
Mondloch House	Adults and Families	Route One	8 beds for chronically homeless adult individuals 45 beds (in 15 rooms) for families
Shelter House	Families	Falls Church	42 beds (in 7 apartments) for families
Katherine K. Hanley Family Shelter	Families	Fairfax-Centreville	72 beds (in flexible room arrangements) for families

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

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

Motel Placements

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

Transitional Housing

The Department of Family Services administers two transitional housing federal HUD (Housing and Urban Development) grant programs: the Community Housing Resource Program (CHRP); and Reaching Independence through Support and Education (RISE) totaling 56 units. The department's non-profit partners—Northern Virginia Family Service, Reston Interfaith, Shelter House, United Community Ministries, and New Hope Housing—operate these programs, which provide supportive services to homeless families in scattered-site, community-based housing. The Department of Family Services provides a local monetary match for these programs; the funding is located in Fund 102, Federal/State Grant Fund.

Working families and individuals with limited incomes are increasingly unable to locate places to live in Fairfax County. Many are forced to "double up" with other families, placing themselves and others at risk of becoming homeless. The waiting list for family shelters consistently averages between 60 and 95 families and currently is 89. Because shelter space is not available, families with children who have no other housing options, must stay in motels while awaiting shelter placement.

Transitional housing programs are needed to provide longer term support services to homeless families—services that address a variety of needs and issues and prepare families to live independently. During the past several years, families completing transitional housing programs were often not able to secure Section 8 vouchers by the completion date of their participation in the program, or if they were issued a voucher, they would often experience considerable difficulty in finding housing in the current tight rental housing market, especially when competing with tenants with superior credit histories.

The lack of affordable housing for low income families and individuals, as well as a shortage of affordable supportive housing for adults with serious mental illness are serious concerns in Fairfax County and will be addressed in the forthcoming Ten-Year Plan to Prevent and End Homelessness.

Permanent Housing for Homeless Families/Home Ownership
The Partnership for Permanent Housing (PPH) five-year demonstration pilot has been designed to assist 25 homeless families to achieve self-sufficiency and to secure permanent housing. Families are selected from homeless shelters or transitional housing programs, and meet the following criteria:

- At least one adult in the household is steadily employed, or can demonstrate a history of regular employment and/or enrollment in educational or job-training courses
- Household has annual income that is 60 percent of the Area Median Income (AMI), or less, as determined by HUD and adjusted for household size
- Applicants agree to establish and follow a self-sufficiency plan under the guidance of a program case manager and work towards the goals of homeownership and family self-sufficiency.

This program was announced by Board Chairman Gerald Connolly at the Community Summit to End Homelessness on April 7, 2006. It is one of the County's new and innovative programs under its Ten-Year Plan to End Homelessness, and is a pioneering program in the country. Its success depends upon the contributions of and cooperation among a number of County-wide stakeholders. Families selected for the program will benefit from:

- Provision of affordable rental housing assistance coordinated through the Department of Housing and Community Development
- Project management provided through the Department of Family Services, Housing and Community Development, and Northern Virginia Family Service
- Case management services provided through Reston Interfaith and New Hope Housing

- Mentoring services provided by mentors recruited through the Department of Family Services and Northern Virginia Family Service

- Homeownership education and financial literacy training for program participants coordinated through Housing and Community Development

- Homebuyer assistance coordinated through Housing and Community Development (e.g., Homebuyer Equity Loan Program (HELP), Housing Choice Voucher Mortgage Assistance Program, Affordable Dwelling Unit Program, VHDA mortgage assistance, etc.)

Department of Family Services' staff has developed program guidelines, oversees project management and service delivery contracts, and spearheads recruitment of participants.

Medical Respite Care
As the population of homeless persons in Fairfax County is generally aging and becoming more chronic, there became a more obvious need for a program that could offer medical care to allow a homeless person to have time in a safe place to heal. Following research on medical respite care models for the homeless around the nation, a planning group designed a small program to serve homeless persons with temporary medically disabling conditions. Criteria for eligibility into this special program was carefully established in order to reach those homeless persons who could be expected to recover, or show improved health in a relatively short period of time, and whose conditions were not severe enough to require hospitalization.

Hypothermia Prevention
Additional sheltering has been provided during the winter months for the past several years, as the need for shelter for single individuals has grown, and the capacity for sheltering them has not. The goal of the program is to prevent hypothermia among this population, while maintaining a safe environment for the participants, staff, and the volunteers. Initially operated in the central Fairfax area by a nonprofit partnership between FACETS and the Lamb Center, and with the support of multiple faith communities and the County, the program has now grown to include sites in the north and South County areas as well. The program has required a tremendous amount of coordination and operated as a joint effort between Department of Family Services, shelter and other nonprofit providers, Community Services Board's homeless outreach staff, and many, many volunteers representing faith communities throughout various parts of the County.

Strategic Linkages
This LOB supports the Board of Supervisors' affordable housing priority as well as the Ten-Year Plan to End Homelessness.

This LOB supports the following County Vision Elements:

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services
- Nurturing partnerships
- Increasing community awareness
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources
- Refining emergency planning process
- Integrating service delivery

Workload Indicators

There is a continuing need to provide emergency shelter (including motels) and transitional housing for County residents who are unable to locate affordable, appropriate housing within the County. There are significant waiting lists for the Housing Choice Voucher (Section 8) Program, for Public Housing, and for the County's Rental Assistance program. The current unduplicated count for application to these programs is 9,443 households. Additional waiting lists are also maintained for permanent supportive housing, and other support service programs for individuals and families. There is a lack of permanent supportive housing to serve persons with serious mental illness and/or chronic substance abuse. This results in longer lengths of stay in the shelters and less capacity to provide emergency shelter.

Emergency Shelters

In FY 2007, the emergency shelter program served 2,071 homeless people, 1,609 as single adults and 462 as members of families; while not absolute, these numbers represent a largely unduplicated count. The "family" population included 164 adults and 298 children in 130 households.

Motel Placements

From FY 2005 through FY 2007, the number of families served was approximately 100 per year totaling an average of about 350 persons or total family members per year. On any given night, 15 families are being sheltered in motels.

Partnership for Permanent Housing/Home Ownership

As of October 2007, 25 families have been selected for the program, with 19 having been issued housing vouchers and the other 6 in processing.

Medical Respite Care

The program operated as a pilot for its initial year and has now entered its third year of operation.

A total of 63 homeless persons were admitted into the program and served during the first two years (FY 2006 and FY 2007). The vast majority of them were served at the Rucker shelter location, several were served in assisted living facilities or nursing homes with whom Department of Family Services has a contractual relationship, and two were placed in adult foster care homes. Most

commonly, clients utilized time in the program to recover from surgery or a sustained injury, and many had multiple medical conditions, often leading to the need for intensive case management.

Hypothermia Prevention
During the winter of 2006-2007, approximately 2,300 volunteers from 63 faith communities and four businesses, assisted to provide hypothermia prevention shelter and meals to 552 unduplicated homeless adults. On any given night during the winter, the hypothermia program sheltered 92 adults.

Key Accomplishments and Initiatives

- While the Ten-Year Plan to Prevent and End Homelessness is still under development, considerable work is underway to redesign existing programs and develop new and expanded partnerships with community organizations and businesses defined and guided by the goal of rapid rehousing and supported permanent housing.

- Opened the new Katherine K. Hanley Family Shelter in western Fairfax County. The shelter can accommodate up to 20 families.

- Working on the design and plan for transitional housing for up to six families at the Katherine K. Hanley Family Shelter site.

- Partnered with community-based organizations, the faith community and other County agencies to provide hypothermia prevention services for homeless adults.

- Developed the Partnership for Permanent Housing (PPH) five-year demonstration pilot designed to assist 25 homeless families to achieve self-sufficiency and to secure permanent housing.

▶ Method of Service Provision

Department of Family Services' social workers, as well as Coordinated Services Planning's social workers from the Department for Systems Management for Human Services, access Department of Family Services' homeless prevention funds to assist persons who are at risk of becoming homeless. Families and individuals that contact the Coordinated Services Planning's social workers are assessed for eligibility and may be assisted directly utilizing the Department of Family Services' funds, referred to a volunteer group, or referred to the contracted Homeless Prevention Program. Families or individuals in need of intensive case management services are referred to Department of Family Services' social workers. The Homeless Prevention Program, operated by a community-based nonprofit, assesses applicants for eligibility and provides case management services to families and individuals receiving homeless prevention assistance. All funds for the financial assistance and the case management services are local.

Emergency Shelters
Non-profit contractors employ staff to provide services to the shelter residents including housing, meals, security, supervision, case management, and supportive services. Shelter staff provide a basic life skills program that addresses the daily life skills required to be self-sufficient. Life Skills training includes assistance with finding and obtaining stable housing; household skills training to help residents maintain permanent housing; problem solving skills; budgeting and financial management,

and for family shelters, parenting education classes. Shelter staff provide information and referral services to assist the client in developing a network of community supports. Shelter case mangers also link shelter residents to programs designed to provide employment skills training and other job-finding and job retention services. Additionally, community groups augment the contractors' services, providing volunteers, donations, and other services that benefit the homeless adults and families.

Fairfax County provides on-site, community-based, on-call mental health services and alcohol and drug abuse counseling services from the Community Services Board and health services from the Health Department.

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

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

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

Permanent Housing/Home Ownership
Inter-agency team members have formed a central Program Coordinating Committee to maintain regular program oversight, develop program policies and procedures, gauge the progress of each family, and to make program adjustments as needed. The committee consists of staff from Housing and Community Development, Department of Family Services, the Department of Administration for Human Services, the participating nonprofit service providers (Northern Virginia Family Service, New Hope Housing, and Reston Interfaith), and the Project Manager.

All approved families complete assessments and are fully participating in developing and implementing Individual Action Plans in cooperation with their case managers from New Hope Housing and Reston Interfaith. Families are successfully moving into private, stable, good quality housing with the Tenant Based Rental Assistance (TBRA) vouchers provided by the Department of Housing and Community Development and with the assistance of their case managers. Case managers assist the participating families in linking with appropriate service providers and in obtaining resources the families need to attain their homeownership goals.

Medical Respite Program
The Department of Family Services' social worker and/or the Health Department nurse-practitioner accepts referrals into the program most often from other shelters, homeless outreach workers, other County programs, and area hospitals, and then conduct a joint assessment on referrals to ensure they are appropriate for the program, and if so, complete an intake. Once enrolled in the program,

clients receive full shelter services to the extent they are able to receive them, and are then discharged when the medical respite services are no longer needed or appropriate.

The program has a shelter facility component currently operating at the Embry Rucker Shelter, (normally a maximum of 4 beds are available), and a component that utilizes beds on an "as-needed" basis at an assisted living or nursing home facility with whom Department of Family Services has a contract. A Department of Family Services' medical social worker provides support to the program and works in partnership with a nurse-practitioner employed by the Department of Health. Both staff are housed at the shelter location, coordinate services with the Rucker shelter nonprofit staff, and outreach to other human services staff and the community, including hospital personnel.

Hypothermia Prevention Program
Homeless adults without children seeking shelter, present themselves on any given night at one of the three hypothermia prevention sheltering locations, each of which is operated by the provider who operates the "regular" emergency shelter serving adults in that area of the County. Each individual signs in at the site location once it is declared "open" for the night, and sleeping supplies or materials (mats and sleeping bags) are distributed or cots are set up by contracts staff and dinner is prepared and served by faith community volunteers. Individuals are provided with breakfast prior to leaving the hypothermia shelter early the next morning. Many individuals return for repeated nights, but space is on a first-come, first-served basis and is limited.

▶ Mandate Information

There is no federal or state mandate for this LOB.

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

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-16	*Comprehensive Services for At-Risk Children, Youth, and Families*
Personnel Services	$430,009
Operating Expenses	$36,059,649
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$36,489,658
Federal Revenue	$0
State Revenue	$17,878,111
User Fee Revenue	$0
Other Revenue	$429,573
Total Revenue:	$18,307,684
Net LOB Cost:	$18,181,974
Positions/SYE involved in the delivery of this LOB	5 / 5.0

▶ LOB Summary

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

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

Strategic Linkages
This LOB supports the following Board of Supervisors' Priorities:

- Strong investment in education
- Public safety and gang prevention
- Revenue diversification to reduce the burden on homeowners

This LOB supports the following County Vision Elements:

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services
- Nurturing partnerships
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources
- Integrating service delivery

Key Accomplishments and Initiatives

- Under the auspices of the Fairfax-Falls Church Community Policy Management Team and in coordination with the Fairfax-Falls Church Community Services Board, contracted with a private provider for the operation of Leland House, a youth crisis care and stabilization program serving children and youth ages 12 through 17 who are in behavioral or emotional crisis and not able to remain in their family home or current setting until the crisis is resolved.

- Implemented a Utilization Review (UR) function within CSA. UR ensures that sound business, clinical, and case management practices are fully integrated, that the state's Utilization Management requirements are met, and that CSA funded services are managed effectively and efficiently.

▶ Method of Service Provision

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

▶ Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is nearly 100 percent. See the January 2007 Mandate Study, reference page 32 for the specific federal or state code and a brief description.

67-17: Adult and Aging Services

Fund/Agency: 001/67	*Department of Family Services*
LOB #: 67-17	***Adult and Aging Services***
Personnel Services	$4,504,980
Operating Expenses	$9,011,310
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$13,516,290
Federal Revenue	$1,697,096
State Revenue	$30,336
User Fee Revenue	$0
Other Revenue	$299,952
Total Revenue:	$2,027,384
Net LOB Cost:	$11,488,906
Positions/SYE involved in the delivery of this LOB	73 / 72.5

▶ LOB Summary

The Adult and Aging Division provides services for older persons and adults with disabilities. These services maximize independence and enhance family and social supports, and focus upon helping individuals remain in their homes. Adult and Aging Services prevent and/or alleviate abuse, neglect, and exploitation. Services include Adult Services, Adult Protective Services, home-based care, and burial assistance. Adult Services staff manages a small adult foster care program, and provides case management to residents of the Lincolnian (assisted living) and to the Fairfax County residents of the Birmingham Green assisted living facility and Northern Virginia Healthcare Center (nursing home) in Manassas.

Adult Services
Adult Services social workers provide case management services, which includes a comprehensive assessment through meetings with the client, family members, and other support persons, and through use of the Uniform Assessment Instrument (UAI). Social workers help clients and family members determine a plan for long-term care services. Social workers provide counseling and education about community and prevention services. Adult Services prevents abuse and neglect of elderly persons and adults with disabilities.

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

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

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

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

Burial Services
Burial services are provided for deceased indigent persons when the deceased is unknown, the remains are unclaimed by family members, or when it is determined that there are not available resources for the deceased person's family to pay for burial services. Both traditional burial and cremation are provided through a contract with a funeral home. There is also a contract with a private cemetery.

Adult Foster Care
Adult foster care provides support and supervision for elderly persons and adults with disabilities in private family homes. The adult foster care program provides a community alternative for persons who would otherwise likely have to leave the County to live in an assisted living facility. Participants in the program are eligible for auxiliary grants.

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

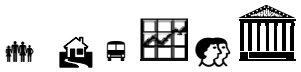
Department of Family Services

Trends
Fairfax County is experiencing an increase in the number and percentage of persons age 65 and older due to longer life spans and the number of persons currently between 60 and 65 years old who are expected to remain County residents. By 2010, persons age 65 and older will be 9.2 percent of the County's total population, increasing to 104,400 persons. After 2010, the County's population of older adults will expand more rapidly because baby boomers will begin reaching age 65. By 2020, it is projected that 138,600 persons age 65 and older will be living in Fairfax County, and they will be 11.6 percent of the total population. In addition, the County's older population is growing more diverse. From 1980 to 2000, the percentage of minorities in the older population increased from 6.4 to 18.3 percent. The Adult and Aging Division is planning for and adapting services for a changing population.

In response to a growing population of those needing services, and to avoid a waiting list for home-based care, a more efficient model was implemented to provide the assistance necessary to allow older persons and adults with disabilities to stay in their own homes. This model, termed cluster care, builds on ideas from other local jurisdictions around the country that align services around communities. The cluster care model has three components: task-based home care, volunteer services and home delivered meals. Volunteers are being recruited in the cluster areas to provide friendly visiting, shopping, telephone reassurance and other assistance.

Strategic Linkages
This LOB supports the following Board of Supervisors' Priorities:

- Public safety and gang prevention
- Affordable housing

This LOB supports the following County Vision Elements: 

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services
- Nurturing partnerships
- Increasing community awareness
- Anticipating and responding to changing community needs
- Exercising corporate stewardship
- Maximizing financial resources
- Refining emergency planning process
- Integrating service delivery

Key Accomplishments and Initiatives

Accomplishments

- In FY 2007, 98 percent of Adult Protective Service investigations were completed within the state standard of 45 days, despite an increase of more than 29 percent in caseload.

- In FY 2007, 87 percent of elderly persons and adults with disabilities receiving case management services continued to reside in their homes one year after receiving services and 98 percent of seniors receiving community-based services remained in their home rather than entering a long-term care facility after one year of service or information.

- Due to recent success, continue to enhance the cluster care model of service delivery that incorporates task-based home care, greater emphasis on home-delivered meals, and volunteer services. As a result, DFS has realized significant savings that have been reinvested in other programs serving older adults and adults with disabilities.

Initiatives

- Develop a new public cemetery for indigent burials.

- Continue to partner with Inova HealthSource, faith communities, and other County agencies to provide community outreach to older adults in Franconia/Rose Hill and Annandale. The program offers in-home assessments, information referral, fall prevention and exercise. A Virginia Department of Health grant funds exercise classes and assistive equipment.

► Method of Service Provision

County social workers provide case management services (Adult Services) and Adult Protective Services. Through Adult Services and Adult Protective Services, County staff provides a comprehensive assessment of clients' physical functioning, psychosocial status, home environment, and formal/informal supports. Staff completes assessments with a Uniform Assessment Instrument (UAI). Social workers manage information using Harmony Information Systems, Inc. which is both a case management and financial system.

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

Home-Based care services are purchased from home care agencies under contract and from private individuals that are approved by DFS. Burial services are purchased through contracts with a private funeral service and a private cemetery. Adult foster care services are purchased from private individuals that are approved by DFS as adult foster families.

Transportation is provided under contract with FASTRAN. In addition, one staff is deployed to the County's Department of Transportation to coordinate the Seniors-on-the-Go program and to provide public education.

▶ Mandate Information

Portions of this LOB are federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is approximately 30 percent to 50 percent. See the January 2007 Mandate Study, page 46, for the specific federal or state code and a brief description.

AGENCY PERFORMANCE MEASURES

Objectives

Departmental Management LOB

- To meet or exceed 90 percent of DFS objectives in FY 2009.

Agencywide and Field Office Services LOB

- To maintain the percentage of walk-in customers who report they are satisfied with the "front door experience" at DFS offices at or above 95 percent.

Disability Services Planning and Development LOB

- To maintain at 86 percent the percentage of service plan goals met by consumers of brain injury services in order to increase their level of independence.

Public Assistance Programs and Work Services LOB

- To maintain the timeliness of processing Food Stamp applications at 97 percent and to increase the timeliness of processing applications for Temporary Assistance to Needy Families (TANF) to 95 percent in FY 2009.

- To increase the average monthly wage for Virginia Initiative for Employment Not Welfare (VIEW) clients from $1,287 in FY 2008 to $1,332 in FY 2009.

- To meet or exceed the state performance standard of 69 percent of dislocated workers entering employment so that they may achieve a level of productivity and independence equal to their abilities.

Adult and Aging Services LOB

- To maintain at 80 percent the percentage of elderly persons and adults with disabilities receiving case management services who continue to reside in their homes one year after receiving services.

- To maintain at 95 percent the percentage of seniors receiving community-based services who remain living in their homes rather than entering a long-term care facility after one year of service or information.

- To maximize personal health by serving nutritious meals so that 40 percent of clients receiving home-delivered meals and 80 percent of clients receiving congregate meals score at or below a moderate risk category on the Nutritional Screening Initiative, a risk tool.

- To meet the state standard by maintaining the percent of Adult Protective Services (APS) completed within 45 days at 90 percent or more.

Child Protective Services LOB

- To maintain at 90 percent the percentage of child abuse complaints where contact occurs within the appropriate response time.

Foster Care and Adoption Services LOB

- To decrease the median time that all children are served in foster care from an estimated 1.45 years in FY 2008 to 1.42 years in FY 2009.

Child Abuse and Neglect Prevention Services LOB

- To exceed 90 percent of families served in Healthy Families Fairfax who demonstrate an acceptable level of positive parent-child interaction. Eighty-five percent is the Virginia standard for all Healthy Families programs.

- To maintain at 70 percent the percentage of parents served in the parent education programs who demonstrate improved parenting and child-rearing attitudes.

Family Preservation Services LOB

- To maintain at 97 percent, the percentage of families at risk of abuse and neglect served by Family Preservation Services whose children remain safely in their home.

Home-Based Child Care Code Enforcement LOB

- To increase the new applications and renewals for Home Child Care Permits to ensure an increase in permitted child care homes by 2 percent from 2,007 in FY 2008 to 2,047 in FY 2009 and to ensure at least 10,037 permitted slots in FY 2008 and 10,235 in FY 2009 (one home equates to five child care slots).

Subsidized Child Care LOB

- To serve as many children as possible in the Child Care Assistance and Referral Program or 5,141 children in FY 2009 within current allocations.

Child Care Services LOB

- To meet the demand for School-Age Child Care (SACC) services for children with special needs, which is projected to increase by 2 percent from 1,073 children in FY 2008 to 1,097 in FY 2009.

Head Start LOB

- To ensure that children are developmentally ready for school. At least 80 percent of 4-year olds in Head Start will demonstrate the development of social-emotional, math, language and literacy skills as evidenced through on-going assessment.

Comprehensive Services for At-Risk Children, Youth and Families LOB

- To maintain at least 80 percent of services delivered in a non-residential setting to ensure that the majority of services delivered are provided in the least restrictive setting appropriate to the child's needs.

Department of Family Services

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Department of Family Services Budget overseen	$182,229,029	$196,156,382 / $185,318,532	$195,617,604	$191,526,764	67-01
DFS walk-in customers served at all five office sites	88,368	88,000 / 99,420	96,800	96,800	67-02
Services provided to persons with head injuries through Disabilities Services contract	4,248	4,200 / 4,279	5,000	5,000	67-03
Food Stamp applications received	9,343	8,800 / 9,363	9,000	9,000	67-06
TANF applications received	2,195	2,100 / 2,183	2,100	2,100	67-06
Medicaid/FAMIS applications received	14,548	14,000 / 15,621	14,500	14,500	67-06
Clients served in VIEW program	965	1,000 / 1,036	975	975	67-06
Clients served at Northern Virginia SkillSource Centers	82,434	30,433 / 33,200	34,000	34,000	67-06
Adult and Aging/Long-Term Care clients served	2,187	2,187 / 2,283	2,283	2,283	67-17
Clients served with community-based services (CBS)	7,712	6,608 / 6,578	6,578	6,578	
Meals provided	505,520	525,142 / 570,614	570,614	570,614	
APS Investigations conducted	632	600 / 818	818	818	
Child abuse complaints addressed	1,884	1,900 / 2,084	2,100	2,100	67-13
Children served in foster care	654	659 / 656	660	665	67-14
Families served in Healthy Families Fairfax	684	721 / 638	670	703	67-11
Families served in the parent education programs	195	200 / 174	175	175	67-11
Families in which there are children at-risk of abuse and neglect served through FPS (monthly average)	272	272 / 296	296	296	67-11
Permitted family child care homes	1,935	1,954 / 1,968	2,007	2,047	67-10
Slots available in permitted care	9,675	9,770 / 9,840	10,037	10,235	67-10
Children served by CCAR	10,727	8,000 / 8,320	8,023	8,671	67-07
Children with special needs enrolled in SACC	1,043	1,073 / 1,057	1,073	1,097	67-09
Children served by Head Start	NA	1,010 / 1,010	1,010	1,010	67-08
Children served by CSA	1,060	1,060 / 1,102	1,102	1,102	67-16

Department of Family Services

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Efficiency:					
Ratio of the Director's Office budget to the department's overall budget	$1:$595	$1:$599 / $573	1:$584	$558	67-01
Cost per DFS walk-in customer served	$4.00	$4.12 / $3.18	$3.40	$3.57	67-02
Cost per head injured person served	$278	$282 / $313	$286	$286	67-03
Cost per public assistance/Food Stamp/Medicaid application	$306	$331 / $318	$305	$314	67-06
Cost per client served in VIEW	$1,708	$1,670 / $1,438	$2,092	$2,095	67-06
Cost per client served at SkillSource Centers	$12	$30 / $23	$21	$21	67-06
Cost per Adult and Aging/Long-Term Care Client	$3,400	$4,994 / $2,823	$4,736	$4,785	67-17
Cost per CBS client	$152	$159 / $132	$125	$125	
Cost per meal	$12	$14 / $9	$13	$13	
Cost per investigation	$2,180	$2,451 / $1,547	$1,872	$1,921	
Cost per child abuse complaint addressed	$1,775	$1,941 / $1,741	$1,842	$1,872	67-13
Cost per child in foster care	$9,012	$9,633 / $10,114	$9,958	$10,162	67-14
Cost per family served in Healthy Families Fairfax	$2,706	$2,682 / $2,844	$2,973	$2,858	67-11
Cost per family served in the parent education programs	$3,116	$3,078 / $3,474	$3,984	$4,088	67-11
Cost per family served through FPS in which there is a child who is at-risk of abuse and neglect	$8,342	$8,547 / $8,299	$8,275	$8,508	67-11
Average cost per slot in permitted care	$108.16	$111.71 / $111.28	$111.20	$111.51	67-10
Average subsidy expenditure for CCAR	$3,860	$4,460 / $4,095	$4,095	$4,095	67-07
Cost per special needs child	$2,630	$2,855 / $2,844	$3,092	$3,091	67-09
Cost per Head Start child	NA	$12,445 / $12,498	$13,115	$13,142	67-08
Cost per child	$31,433	$33,004 / $31,798	$32,811	$32,809	67-16
Service Quality:					
DFS objectives accomplished in a year	14	14 / 18	17	17	67-01
DFS walk-in customers satisfied with the services provided	95.1%	95.0% / 93.0%	95.0%	95.0%	67-02
Consumers with brain injuries satisfied with services	87%	90% / 90%	90%	90%	67-03
Food Stamp applications completed within state-mandated timeframe	9,136	8,536 / 9,190	8,727	8,727	67-06
TANF applications completed within state-mandated timeframe	1,757	1,890 / 2,040	1,995	1,995	67-06
Percent of VIEW clients placed in a work activity	79%	70% / 80%	78%	78%	67-06

Department of Family Services

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Service Quality:					
Percent of SkillSource Center clients satisfied with services provided	75.4%	72.4% / 76.3%	72.4%	73.0%	67-06
Percent of Adult and Aging/Long-Term Care clients satisfied with services	85%	90% / 89%	90%	90%	67-17
Percent of CBS clients satisfied with the information and services	93%	95% / 91%	95%	95%	
Percent of clients satisfied with home-delivered meal quality and quantity (1)	NA	NA / 81%	90%	NA	
Percent of clients satisfied with congregate meal quality and quantity	92%	90% / 87%	90%	90%	
Investigations completed within the state standard of 45 days	620	540 / 802	736	736	
Child abuse complaints where contact occurs within the appropriate response time	1,749	1,785 / 2,001	1,890	1,890	67-13
Percent of foster children in permanent foster care (monthly average)	4%	4% / 4%	4%	4%	67-14
Percent of Healthy Families Fairfax participants satisfied with program	98%	95% / 99%	95%	95%	67-11
Percent of parent education participants satisfied with program	98%	95% / 99%	95%	95%	67-11
Percent of families served by FPS who are at-risk of child abuse and neglect who are satisfied with services	96%	90% / 97%	90%	90%	67-11
Percent of providers satisfied with permit process	98%	98% / 98%	98%	98%	67-10
Percent of surveyed parents satisfied with the service received in making child care arrangements	97%	98% / 98%	98%	98%	67-07
Percent of parents of special needs children satisfied with SACC	97%	98% / 98%	98%	98%	67-09
Percent of parents satisfied with Head Start	NA	95% / 95%	95%	96%	67-08
Percent of parents satisfied with services	95%	90% / 87%	90%	90%	67-16

Department of Family Services

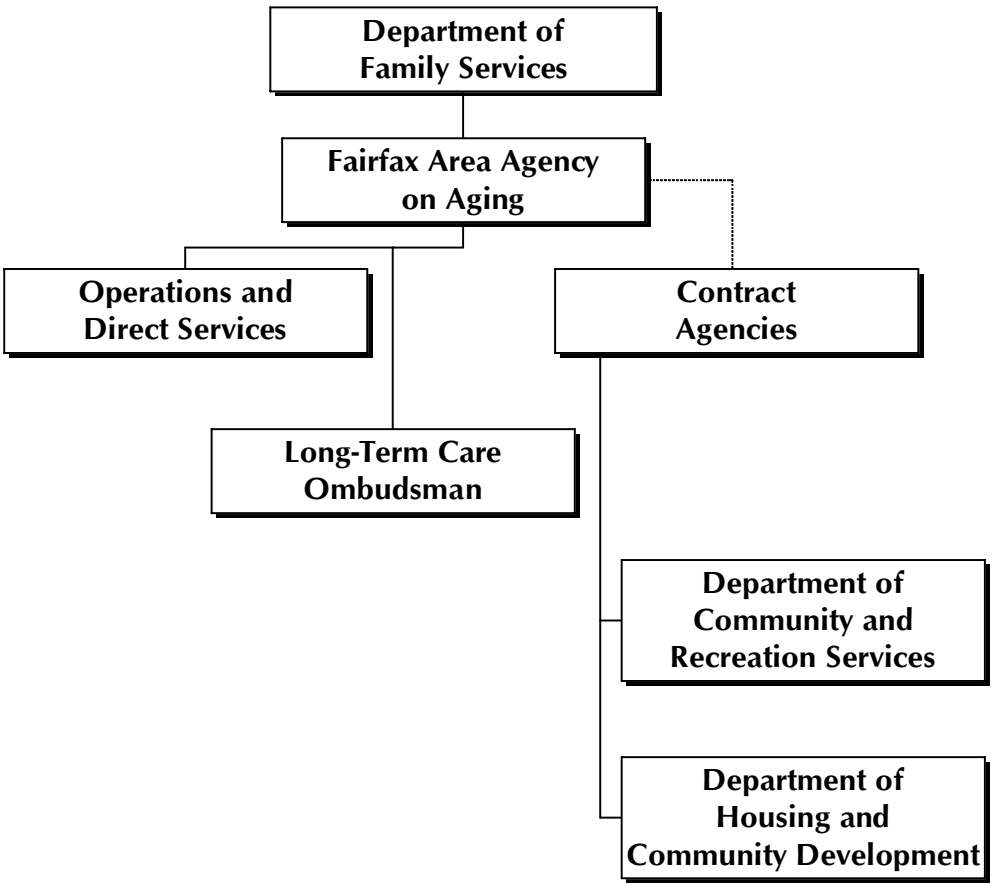
Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Percent of DFS objectives accomplished	74%	74% / 95%	90%	90%	67-01
Percentage point change in DFS walk-in customers satisfied with the services provided	0.06	0.00 / (2.10)	2.00	0.00	67-02
Percent of service plan goals met by consumers with brain injuries	88%	86% / 88%	86%	86%	67-03
Percent of Food Stamp applications completed within state-mandated timeframe	97.8%	97.0% / 98.2%	97.0%	97.0%	67-06
Percent of TANF applications completed within state-mandated timeframe	80.0%	90.0% / 93.4%	95.0%	95.0%	67-06
Average monthly wage for employed clients in VIEW program	$1,354	$1,245 / $1,342	$1,287	$1,332	67-06
Percent of dislocated workers entering employment	90.7%	67.0% / 86.4%	68.0%	69.0%	67-06
Percent of clients who reside in their homes after one year of service	85%	80% / 87%	80%	80%	67-17
Percent of CBS clients who remain in their home after one year of service or information	97%	95% / 98%	95%	95%	
Percent of clients served home-delivered meals who score at or below a moderate nutritional risk category	47%	40% / 48%	40%	40%	
Percent of clients served congregate meals who score at or below a moderate nutritional risk category	87%	80% / 87%	80%	80%	
Percent of investigations completed within 45 days	98%	90% / 98%	90%	90%	
Percent of child abuse complaints where contact occurs within the appropriate response time	93%	85% / 96%	90%	90%	67-13
Median time that children are in foster care (in years) - all children served	1.69	1.80 / 1.51	1.45	1.42	67-14
Percent of families served in Healthy Families Fairfax who demonstrate an acceptable level of positive parent-child interaction	94%	93% / 95%	94%	94%	67-11
Percent of parents served in the parent education programs who demonstrate improved parenting and child-rearing attitudes	67%	70% / 81%	75%	75%	67-11
Percent of families at-risk of abuse and neglect served by FPS whose children remain safely in their home	NA	NA / NA	NA	97%	67-11
Percent change in number of permitted child care slots	(1%)	1% / 2%	2%	2%	67-07

Department of Family Services

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Outcome:					
Percent change in number of children served in CCAR	(4%)	(25%) / (22%)	(4%)	8%	67-07
Percent change in special needs children enrolled in SACC	4%	3% / 1%	2%	2%	67-09
Percent of children demonstrated gains in areas of math, language and literacy as indicated through the Head Start National Reporting System	NA	80% / 80%	80%	80%	67-08
Percent of services delivered in a non-residential environment	88%	80% / 87%	85%	85%	67-16

(1) The home-delivered meal client satisfaction survey is administered every other year.

Fund 103
Aging Grants and Programs



To promote and sustain a high quality of life for older persons residing in Fairfax County by offering a mixture of services, provided through the public and private sectors, that maximize personal choice, dignity and independence.

Focus

Fund 103, Aging Grants and Programs, serves as the fiscal entity for federal and state grants awarded to the County primarily through the Virginia Department for the Aging. Grant funds are received and administered by the Fairfax Area Agency on Aging, part of the Adult and Aging Division within the Department of Family Services (DFS). With additional support from the County, these funds provide the following types of community based services: case management/consultation services, legal assistance, insurance counseling, transportation, information and referral, volunteer services, home-delivered meals, nutritional supplements, congregate meals, fan care and cooling assistance, and services for and support to caregivers of older adults. In addition, the regional Northern Virginia Long-Term Care Ombudsman Program provides services to the residents of Alexandria, Arlington, Fairfax County, Fairfax City, Falls Church City, Loudoun County, Manassas, Manassas Park, and Prince William County. For those older adults who cannot live independently in the community, staff and volunteers with the Northern Virginia Long-Term Care Ombudsman Program work with residents, families, and area nursing and assisted living facilities to provide information, assistance and mediation to ensure that residents' rights are being upheld.

Fund 103
Aging Grants and Programs

Deriving its purpose and structure from the Federal Older Americans Act, which established local area agencies on aging, the Fairfax Area Agency on Aging exists to provide community leadership on aging issues and to promote community-based programs and activities that enhance the quality of life for elderly persons and their caregivers. In addition to playing a key role linking practice and policy, Fairfax Area Agency on Aging serves as the focal point for the network of County and private sector agencies serving older adults. Fairfax Area Agency on Aging helps older adults remain in the community through the administration and coordination of social service programs for older persons whose needs are varied and may require intervention by one or more agency programs.

The Fairfax Area Commission on Aging (COA), appointed by the Board of Supervisors and the cities of Fairfax and Falls Church, serves as the official advisory body to the Fairfax Area Agency on Aging, the Board of Supervisors and the City Councils of Fairfax and Falls Church regarding local long-term care issues, legislative concerns, fiscal requirements, and program and policy issues. The COA has responsibility for tracking the success of the Board of Supervisors 50+ Action Plan, presenting an annual scorecard, and advising the Board of Supervisors about any aging-related issues. COA members are also represented on the Fairfax Long-Term Care Coordinating Council charged with implementing the strategic plan of the Citizen's Task Force for Long-Term Care.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Increasing public awareness;
- Connecting people to services;
- Promoting independent and supportive living;
- Improving an expanding long-term care workforce; and
- Creating a long-term care delivery system.

Key driving forces of the Fairfax Area Agency on Aging's future direction is based on the *increasing numbers* of older adults, the *diversity* of older adults, the *increasing incidence of disabilities* among adults as they live longer, *supporting family caregivers*, and the *increasing number of persons eligible to retire* in this thriving business community.

- Thirty years ago, people 65 and older were just over one-in-every 33 residents of Fairfax County, but by 2020 older adults will be more than one out of every nine residents. Persons age 65 and over are growing at a faster rate than the overall population of Fairfax County. By 2020, it is projected that there will be 138,600 persons age 65 and older living in Fairfax County, representing 11.6 percent of the total population.

- In 1980, more than 13 percent of older adults spoke a language other than English at home and by 2000 the number had more than doubled and continues to grow. From 1980 to 2000, the percentage of minorities in the older adult population increased from 6.4 to 18.3 percent. Although the older adult population is not as diverse as the general Fairfax County population, it is becoming more diverse.

- The incidence of disabilities among elderly persons – everything from arthritis to Alzheimer's – doubles every five years after the age of 65. Because the oldest baby boomers will turn 75 in 2021, the need for assistive services and programs will accelerate rapidly sometime after 2020.

- With increasing life expectancies, more of the working-age population is part of the "sandwich" generation, those caring for both children and elders. These caregivers may care for their elders for a longer period of time. Longevity also means there are older adults with their own health and financial needs caring for other older adults such as siblings and spouses. It is increasingly prevalent in the County that more grandparents are caring for a minor child and support to those grandparents as caregivers is different from the support needed to care for an aging spouse.

- Fairfax continues to be a great place for businesses to locate and thrive but the growth in Fairfax County's labor force is not expected to keep pace with the growth in jobs during the next two decades. Within Fairfax County government alone, almost one in every four employees will be eligible to retire within the next five years.

The Long-Term Care Citizen's Task Force found that the greatest barrier to services is lack of information on existing services and how to access them and strongly recommended strategies to maximize service resources through information and communication. Improving communication, information, and awareness with a dramatically changing and diverse population as identified above are among the Fairfax Area Agency on Aging's primary initiatives. Strategies to accomplish these initiatives include: information and referral lines staffed by bilingual volunteers who receive ongoing training, educational seminars, resource fairs, and caregiver support groups conducted in languages other than English; recruiting volunteers from a variety of cultures to provide service to older adults and advocacy to older adults and their families; increasing large-print, taped, and translated resource materials; providing culturally sensitive and palatable meals and service delivery to persons receiving home-delivered meals and congregate meals; offering respite and support groups to family caregivers of older adults and to grandparents caring for grandchildren; and providing resource fairs for Baby Boomers considering volunteering while continuing in the workforce part-time or upon retirement.

A current and emerging focus for the Fairfax Area Agency on Aging is the Board of Supervisors' Committee on Aging's 50+ Action Plan and recommendations on how to plan now for a more aging friendly community tomorrow. The Fairfax Area Agency on Aging provides lead support to the on-going committee and has been designated by the Board of Supervisors to respond to community inquiries about its Action Plan.

Fund 103
Aging Grants and Programs

Budget and Staff Resources

Agency Summary		
Category	**FY 2007 Actual**	**FY 2008 Adopted Budget Plan**
Authorized Positions/Staff Years		
Grant	50/ 49	50/ 49
Expenditures:		
Personnel Services	$3,174,740	$3,501,107
Operating Expenses	2,968,127	3,412,973
Capital Equipment	0	0
Total Expenditures	**$6,142,867**	**$6,914,080**
Revenue:		
Federal	$1,503,878	$1,569,013
State	939,887	988,872
Project Income	518,626	381,233
Other Jurisdictions' Share of the Ombudsman Program	125,712	120,203
City of Fairfax	33,013	33,013
City of Falls Church	36,306	36,306
Private Corporations	3,270	2,000
Total Revenue	**$3,160,692**	**$3,130,640**
Net Cost to the County	**$2,982,175**	**$3,783,440**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
103-01	Community-Based Services	$3,783,440	50	49.0
TOTAL		**$3,783,440**	**50**	**49.0**

Fund 103
Aging Grants and Programs

LOBS SUMMARY

103-01: Community-Based Services

Fund/Agency: 103	*Aging Grants and Programs*
LOB #: 103-01	***Community-Based Services***
Personnel Services	$3,501,107
Operating Expenses	$3,412,973
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$6,914,080
Federal Revenue	$1,569,013
State Revenue	$988,872
User Fee Revenue	$0
Other Revenue	$572,755
Total Revenue:	$3,130,640
Net LOB Cost:	$3,783,440
Grant Positions/SYE involved in the delivery of this LOB	50 / 49.0

▶ LOB Summary

Community-Based Services
The goal of Community-Based Services is to enable older adults to remain in their own homes or community as long as possible. The services include but are not limited to legal, volunteer, outreach, information and assistance, insurance counseling, assisted transportation, community education, and the Ombudsman programs. The purposes of these services are to encourage independence and ongoing contributions by older adults as well as to prevent inappropriate and premature institutionalization.

Legal services are offered under contract with Legal Services of Northern Virginia for low-income persons over age 60. Services include advice and representation by an attorney and counseling and other assistance by a paralegal under the supervision of an attorney. Community education concerning legal issues is also provided. It is required that a percentage of the Older Americans Act funding that supports the Area Agency on Aging (AAA) be expended on legal services for the elderly.

Volunteer Solutions recruits, screens, places and provides ongoing support to over 2,000 volunteers who are older adults looking for opportunities in the community, younger adults willing to serve the needs of older adults, and groups willing to undertake special projects. Volunteer activities include grocery shopping, transportation, some handyman and yard work, telephone reassurance, friendly visiting, and more. The VS team is located in each Human Services region.

Fund 103
Aging Grants and Programs

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

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

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

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

Fairfax County authorized the Fairfax Area Agency on Aging to be a federally-funded Area Agency on Aging. When the County draws Older Americans Act funding as an Area Agency on Aging, certain services are required to have certain spending limits and percentages: 1 percent of federal funds received must be utilized for legal services, 15 percent must be utilized for public access information, and 5 percent for in-home services [Older Americans Act, Section 306 (a)(2)(A,C) and

(a)(b), and Section 712 (a)(5)(B)]. The Older Americans Act requires that there will be a Long-Term Care Ombudsman, either directly or through contract from the state level. The Commonwealth of Virginia, in turn, has delegated responsibilities to this regional program at the sub-state level. The County has a contract with the Virginia Department for the Aging to administer this program for the region.

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

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

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

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

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

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

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

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

While this LOB addresses all of the department's strategic objectives, special emphasis is placed on the following:

- Providing excellent family services;
- Nurturing partnerships;
- Increasing community awareness;
- Anticipating and responding to changing community needs;
- Exercising corporate stewardship;
- Maximizing financial resources;
- Refining emergency planning process; and,
- Integrating service delivery.

Key Accomplishments and Initiatives

- Continue to provide staff support to the Board of Supervisors' Committee on Aging as initiatives and recommendations move forward.

Corporate Stewardship

- Due to recent success, continue the implementation of the cluster care model of service delivery that incorporates task-based home care, greater emphasis on home-delivered meals, and volunteer services. As a result, DFS has realized significant savings that have been reinvested in other programs serving older adults and adults with disabilities.

- Participated in a high-level multi-agency transportation planning committee to recommend the most effective and efficient strategies to serve the senior and disabled populations resulting from several local and regional transportation studies.

Kinship Care

- Continue to develop a Kinship Care Committee in partnership with other County offices and Fairfax County Public Schools that provides ongoing support groups for grandparents and other relatives raising minor children. Recent successes include developing the Resource Guide for Grandparents and Other Relatives Raising Children; offering three separate Respite Days for kinship care families; and producing a kinship care video for Cable Channel 16.

- Offered Respite Days to grandparents and other relatives caring for children in November 2006 and in April 2007 in separate locations in the County to offer safe and fun child care so

they are able to enjoy some free time. Community and Recreation Services coordinated a full day of activities for the children. Respite Days will expand to additional locations in FY 2009.

Community-Based Services

- Continue the Independent Living project in partnership with INOVA HealthSystems, faith communities, and other County agencies to provide community outreach to older adults in Franconia/Rose Hill and Annandale. The program offers in-home assessments, information referral, fall prevention, exercise, and classes in cooking and food safety.

Cultural Outreach

- Launched a Korean Senior Information Line in partnership with the AAA, the Korean Community Service Center, and the Korean Central Senior Center in the fall of 2006 offering Korean-speaking older adults access to information about services through trained bilingual volunteers. Additional volunteers were added to the program in May 2007.

- Convened a Chinese focus group in January 2007 with 29 participants to identify the needs of the Chinese-speaking older adult population and provide ideas for outreach with translated materials. As a result, two groups formed to plan for a Chinese Senior Information Line and a Chinese Taxi Line, planned to begin in the early 2008.

- Outreach initiatives to the Vietnamese community have included seminars conducted in Vietnamese on County resources for caregivers, fall prevention and medication management. The Fairfax Area Agency on Aging, in partnership with community organizations, has begun planning for a Vietnamese Senior Information Line.

Long-Term Care

- Received the 2006 Human Rights Award from the Fairfax County Virginia Human Rights Commission for the Long-Term Care Volunteer Ombudsman Program. Volunteers enable long-term care residents to advocate for quality of care in their facility through weekly visits.

Volunteer Solutions

- Community connection, vital to successful recruitment, placement, and support of volunteers, has been enhanced through a process redesign and improvement project of the Fairfax Area Agency on Aging's Volunteer Unit, facilitated by the Department of Systems Management for Human Services since January 2007. Over 2,000 volunteers countywide are supported and the demand for volunteer services is increasing. Volunteer coordinators were relocated to each region in order to build better community ties and better anticipate needs for volunteer services.

- Continue to provide volunteer opportunities, recruitment, screening, training and support for over 2,000 volunteers providing 90,000 hours of service in FY 2007 valued at $1.5 million.

- The Fairfax Area Agency on Aging's volunteer program responded to an increased need for volunteers to provide services to the growing number of Cluster Care clients. As of May 2007, 85 volunteers were providing services such as transportation, grocery shopping, and simple home repairs so that clients could remain at home and connected to their community through socialization with community volunteers.

- The Family Caregiver Program will provide outreach to employers to help them set up programs and policies that will benefit employed family caregivers as well as the employer.

Meal/Nutrition Programs

- In FY 2007, 48 percent of clients receiving home-delivered meals and 87 percent of clients receiving congregate meals scored at or below a moderate nutritional risk category, thereby surpassing the goals of 40 percent and 80 percent, respectively.

- Expanded the Vietnamese Meals on Wheels program from one initial route to three routes, improving the nutrition to more homebound elderly. A Middle Eastern Meals On Wheels pilot started in Fall 2007 at the Tysons Towers, a low-income congregate housing facility with a large population of elderly residents from the Middle East.

- Added two new home-delivered meals routes in the Centreville and Burke areas to address increased demand for nutritional services among homebound older adults in the County.

- Customer satisfaction surveys were translated and administered to non-English-speaking participants in the Congregate Meals Program in FY 2007. Of the 707 surveys received, 422 or approximately 60 percent of the surveys were completed in Spanish, Farsi, Chinese, Korean, or Vietnamese.

► Method of Service Provision

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

Volunteer Solutions, will be shifting to a regional approach to increase partnerships with local organizations and better develop community and neighborhood volunteer response to emerging older adult needs.

Aging, Disability, and Caregiver Resources which includes information and assistance as well as intake into Department of Family Services programs, is delivered by phone and also responds to email requests and occasional drop-in visits from the public. The VICAP program services are delivered by phone and in the community.

The Fairfax Area Agency on Aging publishes the *Golden Gazette* with contractual services for printing and mailing. Public speaking is done throughout Fairfax County. The Fairfax Area Agency on

Aging is also the contact and coordinator for speaking requests made to the Long-Term Care Coordinating Council and these presentations are made throughout the community.

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

The Fairfax Area Agency on Aging continues to make extensive use of volunteers in the planning, management, and delivery of services to older adults in our community.

Home-delivered meals are prepared under contract with Inova Hospitals, FCPS, Cameron Glen Nursing Home, and the Reston Hospital, and delivered by 25 volunteer organizations throughout the County to people's homes. On-going coordination of in-home services for home-delivered meals clients is provided by Fairfax Area Agency on Aging social workers. Clients of the Nutritional Supplement Program are assessed by the social workers for their specific need of this program. The Nutritional Supplement Program has several distribution sites where family, service providers, and volunteers can pick up the liquid supplement.

Case management services are provided by the Care Network, a team of social workers, nurses, and mental health counselor. Services include a comprehensive assessment of needs and may include an assessment of Medicaid-funded, community-based services. The case manager develops a plan of care that may include coordination of medical care, counseling services, in-home care, transportation, or day care. The Care Network serves minority and non-English speaking elderly persons, low-income older adults, elderly persons using crisis services at hospitals, and elderly persons who might not otherwise receive services but are able to pay on a sliding scale. Through a private-public partnership with INOVA Health Systems, ElderLink, housed with and supervised by the Fairfax Area Agency on Aging, provides care management and other services on a sliding fee for elderly persons not eligible for other programs.

In-home services at 10 senior residences, under the area plan, are authorized by social workers and provided by approved independent providers and contracted agency vendors. The homemaker services are available in a task-based model, which pays vendors based on the tasks performed rather than the number of hours the vendor works. These services include housekeeping, meals, and laundry and allow older adults to continue to live in independent apartments in the community.

► Mandate Information

Portions of this LOB are federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is nearly 40 percent. This estimate incorporates federal and state revenue as a percentage of total spending. See the January 2007 Mandate Study, reference page 46 for the specific federal and state codes and a brief description.

AGENCY PERFORMANCE MEASURES

Objectives

- To maintain at 80 percent the percentage of elderly persons and adults with disabilities receiving case management services who continue to reside in their homes one year after receiving services.

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- To maintain at 95 percent the percentage of older adults receiving community-based services who remain living in their homes rather than entering a long-term care facility after one year of service or information.

- To maximize personal health by serving nutritious meals so that 40 percent of clients receiving home-delivered meals and 80 percent of clients receiving congregate meals score at or below a moderate risk category on the Nutritional Screening Initiative, a risk tool.

- To meet the state standard by maintaining the percent of Adult Protective Services (APS) completed within 45 days at 90 percent or more.

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Output:					
Adult and Aging/Long-Term Care clients served	2,187	2,187 / 2,283	2,283	2,283	103-01
Clients served with community-based services (CBS)	7,712	6,608 / 6,578	6,578	6,578	103-01
Meals provided	505,520	525,142 / 570,614	570,614	570,614	103-01
APS Investigations conducted	632	600 / 818	818	818	103-01
Efficiency:					
Cost per Adult and Aging/Long-Term Care client	$3,400	$4,994 / $2,823	$4,736	$4,785	103-01
Cost per CBS client	$152	$159 / $132	$125	$125	103-01
Cost per meal	$12	$14 / $9	$13	$13	103-01
Cost per investigation	$2,180	$2,451 / $1,547	$1,872	$1,921	103-01
Service Quality:					
Percent of Adult and Aging/Long-Term Care clients satisfied with services	85%	90% / 89%	90%	90%	103-01
Percent of CBS clients satisfied with the information and services	93%	95% / 91%	95%	95%	103-01
Percent of clients satisfied with home-delivered meal quality and quantity (1)	NA	NA / 81%	90%	NA	103-01
Percent of clients satisfied with congregate meal quality and quantity	92%	90% / 87%	90%	90%	103-01
Investigations completed within the state standard of 45 days	620	540 / 802	736	736	103-01

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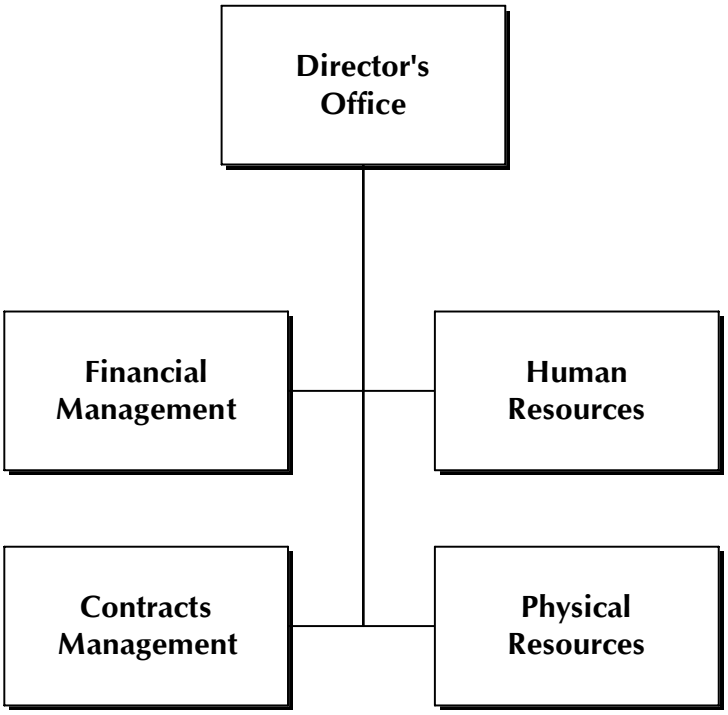
Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Outcome:					
Percent of clients who remain in their homes after one year of services	85%	80% / 87%	80%	80%	103-01
Percent of CBS clients who remain in their homes after one year of service or information	97%	95% / 98%	95%	95%	103-01
Percent of clients served home-delivered meals who score at or below a moderate nutritional risk category	47%	40% / 48%	40%	40%	103-01
Percent of clients served congregate meals who score at or below a moderate nutritional risk category	87%	80% / 87%	80%	80%	103-01
Percent of investigations completed within 45 days	98%	90% / 98%	90%	90%	103-01

(2) The home-delivered meal client satisfaction survey is administered periodically.

Department of Administration for Human Services



Mission

The Department of Administration for Human Services promotes excellence in human services delivery by providing quality administrative and management services for the benefit of the community.

Focus

The Department of Administration for Human Services (DAHS) serves the community with quality administrative and management services. Since its formation in January 1995, DAHS has fulfilled its mission to provide the best administrative and management services for the County's human services departments and programs. Through the human services system, more than 65 programs are provided to County residents, the City of Fairfax and the City of Falls Church. The human services system directly serves over 100,000 individuals annually through the provision of social services, behavioral and primary health care, juvenile justice, affordable housing, and recreation services. Human services programs offered in the County affect almost everyone in the community.

All of the department's work is achieved in collaboration with its customers. The department is focused on maintaining partnerships and maximizing local, state, and federal resources to sustain and grow programs where the service demands require it. It participates in interagency planning and supports efforts to integrate services wherever possible. Areas of top priority include improved strategies for children and youth services, improved opportunities for affordable housing, enhancement of the quality of life for seniors, and improved access to health care.

As a part of the agency's Strategic Plan, DAHS is conducting a Customer Satisfaction Survey in Fiscal Year 2008. A similar Customer Satisfaction Evaluation and Response was completed in Fiscal Year 2005. Using customer feedback received from that effort, DAHS made improvements to payment collections for services (such as child care and social services programs); enhanced the

security and facilities planning capacity for human services; developed uses of the Internet for program reporting and invoicing from contractors and service providers in the community (such as the County's Consolidated Community Funding Pool); improved the procurement processes for County staff needing goods and services; established training and orientation programs for DAHS staff; and offered technical assistance to non-profit, faith-based and community-based providers on conducting business with the County.

DAHS has moved into a more substantive role in shaping functional business practices for human services programs to improve efficiency and effectiveness. Current challenges and trends have significantly influenced the focus of the department's initiatives. Some of these trends include: increasing diversity of County population and workforce; increasing complexity in federal and state funding sources and corresponding regulatory requirements; continued emphasis on alternative funding mechanisms; growing demand for services; and ongoing development of new partnerships with the private sector, non-profit, and faith-based providers for service delivery. Current challenges include budget constraints, cross-coordination of complex functions for a wide-ranging customer base, employee retirements, and building functional expertise within business units while simultaneously ensuring specialized knowledge of human services programs and services.

DAHS' primary goal is to "Provide Excellent Customer Service." This goal will be achieved through the successful implementation of strategies and initiatives related to six interconnected, supporting goals:

- **Commitment to Common Goals** - Commitment to, and implementation of, department initiatives that support the priorities of the human services system and the County.
- **Knowledge of Customer Needs** - Develop an in-depth understanding of customers' businesses and use expertise to anticipate and provide the right services.
- **Technical Expertise** - Develop and maintain a professional workforce that is motivated and highly skilled.
- **Teamwork** - Identify and promote collaborative partnerships and teams within and between business areas, human services departments and County agencies.
- **Sound Management and Leadership** - Each employee fosters, maintains, and implements the best business practices and principles of sound management and leadership.
- **Resources** - Optimize use and management of existing resources and pursue new resource opportunities.

THINKING STRATEGICALLY

Strategic challenges for the department include:

- Maintaining a high level of management and administrative expertise in an increasingly complex human services environment;
- Developing and retaining a highly skilled workforce to support the administrative needs of other human services departments;
- Optimizing available resources through sound management of existing resources and maximization of revenue from federal and state sources; and
- Strengthening communication among human services departments to achieve common goals.

Leadership and coordination support are provided by DAHS to the Human Services Council, particularly in areas related to the annual review and development of recommendations regarding the County's budget and to strategic planning for human services. DAHS staff is actively involved with County-wide task forces working on process efficiency, corporate systems, and other facets of County operations. DAHS also works with the Department of Systems Management for Human Services and the Department of Housing and Community Development to provide staff support for the Consolidated Community Funding Pool (CCFP), specifically to the Consolidated Community Funding Advisory Committee, which oversees the funding award process.

The agency's functional business areas work closely to form a seamless system of business support for staff and customers. The *Program Management* area provides overall guidance for the department and coordinates the work carried out in the business areas. The Director works collaboratively with all human services departments to set their organizational goals and objectives, and to initiate and maintain partnerships with other County agencies and community partners to support the County's overall human services system. Within the *Program Management* area, staff coordinates human service-wide activities, such as coordinating information technology (IT) initiatives across human services agencies, assisting agencies in defining the appropriate content and scope of IT initiatives, providing project management and support, coordinating the IT project submission process, and providing guidance on project planning and execution. The goals are to promote system sharing and interagency operability, reduce redundant stovepipe systems, and establish long-term planning procedures for IT initiatives consistent with the strategic business plans of the human services agencies and the Department of Information Technology.

The *Financial Management* area prepares and monitors human services' budgets with expenditures totaling more than $450 million, including more than 60 grants, and performs accounts receivable / billing for services provided functions for human services agencies. Financial staff forecasts and collects revenues from the state and federal governments, clients, third-party payers, local jurisdictions and other organizations that are anticipated to offset County expenditures by more than $160 million. This division ensures timely and accurate financial reporting and compliance with policies and auditing requirements. The Financial Management division actively participates in resource development and management initiatives to support program growth and development where service demands require.

The *Human Resources* area provides personnel administrative support, including recruitment, staffing, risk management, employee relations, payroll, and employee benefits for more than 4,000 human services employees. In conjunction with the Department of Management and Budget and the Department of Human Resources, staff conducts workforce planning on a semiannual basis, during which classification and compensation issues are addressed in order to meet the goals of strategic plans. Each year, agencies' diversity plans are updated and implemented. DAHS chairs a Human Services Training Team which is developing a human services core curriculum, sharing resources in program-specific training, conducting supervisory development training, and establishing a systematic approach to training registration and documentation. In addition, DAHS sponsors annually more than 130 professional development courses which are attended by approximately 2,500 participants.

The *Contracts Management* area supports development and administration of contractual agreements with public and private providers for delivery of human services programs. In FY 2008, the value of services handled by Contracts Management will approximate $143 million, provided via an estimated 1,100 requirements contracts, revenue, grant, and in-kind services agreements. Staff supports

human services departments and their partners in the development of programs and projects involving for-profit, non-profit, and faith providers in the community. Staff monitors compliance with contract terms and conditions and required performance outcomes. Technical assistance is provided to businesses, individuals and organizations conducting or seeking business with the County through development and delivery of training, provider forums, information exchanges, monthly newsletters, site visits, and other mechanisms.

The *Facilities, Procurement, and Payments Management* area oversees 370 facilities, covering 50 offices and 320 residential and recreation sites and includes maintaining a number of the residential facilities in a neighborhood-friendly manner throughout the County. Staff ensures timely processing of more than 25,400 purchasing transactions and 155,000 invoices; maintains a warehouse operation in support of various human services programs; and transports, sets up and oversees the two portable-stage Showmobiles used for 93 events throughout the County.

Budget and Staff Resources

Agency Summary		
Category	**FY 2007 Actual**	**FY 2008 Adopted Budget Plan**
Authorized Positions/Staff Years		
Regular	163/ 163	163/ 163
Expenditures:		
Personnel Services	$9,386,035	$9,709,345
Operating Expenses	1,251,017	1,515,895
Subtotal	**$10,637,052**	**$11,225,240**
Less:		
Recovered Costs	($37,542)	($58,717)
Total Expenditures	**$10,599,510**	**$11,166,523**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
68-01	Program Management	$1,583,900	5	5.0
68-02	Contracts Management	$1,791,383	23	23.0
68-03	Financial Management	$3,087,682	55	55.0
68-04	Human Resources	$1,540,862	29	29.0
68-05	Facilities, Procurement, and Payments Management	$3,162,696	51	51.0
TOTAL		**$11,166,523**	**163**	**163.0**

LOBS SUMMARY

68-01: Program Management

Fund/Agency: 001/68	*Department of Administration for Human Services*
LOB #: 68-01	***Program Management***
Personnel Services	$328,634
Operating Expenses	$1,255,266
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,583,900
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$1,583,900
Positions/SYE involved in the delivery of this LOB	5 / 5.0

▶ LOB Summary

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

Program Management ensures that DAHS "Provides Excellent Customer Service"—the department's primary goal. The Director ensures that the agency's business area functions form a seamless system of business support for staff and customers. The Director also works collaboratively with Human Services departments to set their organizational goals and objectives, and to initiate and maintain partnerships with other County and community partners to support the overall human services system. Within Program Management, Information Technology Strategic Planning staff coordinates information technology (IT) initiatives across Human Services agencies, assists agencies in defining the appropriate content and scope of IT initiatives, provides project management and support, coordinates the Human Services IT project submission process, and provides guidance on project planning and execution. The goals are to promote system sharing and interagency operability, reduce redundant stovepipe systems, and establish long-term planning procedures for IT initiatives consistent with the strategic business plans of the Human Services agencies and the Department of Information Technology.

In general, DAHS has moved into a more substantive role in shaping functional business practices for human services programs. Program Management is a leader in this role in the context of achieving the department's primary goal to "Provide Excellent Customer Service." Current challenges and trends have significantly influenced the focus of the department's initiatives. Some of these trends include: the increasing diversity of County population and workforce; ongoing resource constraints; the growing demand for services; and the continued need for development of service-delivery partnerships with the private sector, nonprofit, and faith-based providers. Current challenges include budget constraints, cross-coordination of complex functions for a wide-ranging customer base, employee retirements, and building functional expertise across business units while simultaneously ensuring specialized knowledge of Human Services programs and services.

► Method of Service Provision

DAHS employees work as partners in the County's Human Services system, providing direct administrative support to programs and adding value to service delivery. DAHS staff also works closely with County departments such as the Department of Management and Budget, Department of Human Resources, Department of Information Technology, Department of Finance, Facilities Management Department, Office of Emergency Management, and the Department of Purchasing and Supply Management to provide timely, effective, and efficient services to customers. Business support services are provided by DAHS in the Pennino Building and at more than 370 County office, residential, and recreational facilities across Fairfax County.

► Mandate Information

There is no federal or state mandate for this LOB.

68-02: Contracts Management

Fund/Agency: 001/68	***Department of Administration for Human Services***
LOB #: 68-02	***Contracts Management***
Personnel Services	$1,741,483
Operating Expenses	$49,900
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,791,383
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$1,791,383
Positions/SYE involved in the delivery of this LOB	23 / 23.0

Department of Administration for Human Services

▶ LOB Summary

The Department of Administration for Human Services' (DAHS) Contracts Management business area establishes and supports ongoing management of contractual agreements between the County human services programs and services providers. Contracts Management staff supports contractual services development, contracts administration and monitoring activities. Staff works with County program managers to arrange for service and selected goods procurements (food, information technology, and medical supplies) and outsourcing activities. Through administration of competitive procurements and awards, staff develops requests for proposals to solicit for services from eligible entities and supports selection activities. Additional contracts are established through non-competed contractual agreements for service provision. Vendor compliance and monitoring activities are conducted for all awarded agreements, to assure provision of outcomes and deliverables expected as part of contractual requirements and specifications. Monitoring activities include development and execution of monitoring plans, site visits, reviews for compliance with all applicable state, federal and County ordinances, regulations and laws, reporting, and performance reviews. In addition, staff supports formal audits performed by state or federal officials overseeing funds supporting contractual services. Staff works closely with the Department of Purchasing and Supply Management (DPSM), the Office of the County Attorney, and Risk Management to ensure that contracts conform to legal requirements and accepted standards for purchasing services.

Core Functions:

- Delegated procurement activities for assigned programs that provide client-specific contractual services (through individual Purchase of Services agreements);

- All competitive services procurements valued at $50,000 or less for seven human services departments, three programs/offices and other County efforts as assigned;

- Formal procurement submissions and requested non-competitive contract awards to DPSM for approval, solicitation, and award for services valued above $50,000 (in conformance with the Fairfax County Purchasing Resolution) for seven human services departments and assigned activities.

In addition to support of assigned human services departments and other County departments as required, Contracts Management provides staff and contract support for the Consolidated Community Funding Pool program and the Comprehensive Services Act program. Staff support is provided to the Community Action Advisory Board for administration of the U.S. Department of Health and Human Services Community Services Block Grant and to conduct reporting functions mandated by federal and state requirements. In addition, staff supports the Consolidated Community Funding Advisory Committee and various regional groups including the Northern Virginia Human Services Officials, the Northern Virginia Workforce Investment Board and the Northern Virginia Behavioral Health Commission for administration of regional agreements and coordinated services. Technical assistance to all county service providers and community-based organizations is offered through monthly newsletters and e-bulletins, meetings, conferences and trainings directly by staff and through a partnership with Virginia Tech and the Center for Non-Profit Advancement.

In FY 2008, the value of services handled by Contracts Management (CM) will approximate $143 million, provided via an estimated 1,100 requirements contracts, revenue, grant and in-kind services agreements.

Recent initiatives include support for program design activities for the Fairfax County Health Safety Net Center Commission, supporting the redesign and enhancement of primary and behavioral health care services to the uninsured/underinsured and poor residents of Fairfax County. Recently, the division completed several automation initiatives for the tracking and inventory management of all supported contracts and agreements, and established a workflow management process that reduces paper generation and archiving management to better manage projects and ongoing division work. A current initiative underway incorporates automated application submission procedures through the internet to reduce the paperwork and administrative burden on community providers applying for competitive solicitations for County funding. The goals of the effort include: reducing applicants' costs associated with obtaining competitive business opportunities with various County human services programs; and full automation of the full life cycle of contractual agreements where possible to reduce internal administrative processing timeframes in the participating program areas for reporting, bill payment, and service performance monitoring activities.

▶ Method of Service Provision

Contracts Management employees work as partners in the human services system, providing direct support to programs and vendors for contracts arrangement and implementation. Contracts staff works closely with the Department of Purchasing and Supply Management, the Office of the County Attorney, and Risk Management in order to provide timely, effective, and efficient services. Contracts Management provides technical assistance to, and serves as a liaison with, community-based organizations and service providers.

▶ Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 51-75 percent. See the January 2007 Mandate Study, reference page 34, for the specific federal or state code and a brief description.

68-03: Financial Management

Fund/Agency: 001/68	*Department of Administration for Human Services*
LOB #: 68-03	*Financial Management*
Personnel Services	$3,111,649
Operating Expenses	$34,750
Recovered Costs	($58,717)
Capital Equipment	$0
Total LOB Cost:	$3,087,682
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$3,087,682
Positions/SYE involved in the delivery of this LOB	55 / 55.0

Department of Administration for Human Services

▶ LOB Summary

The Department of Administration for Human Services (DAHS) Financial Management business area prepares and monitors human services' budgets with expenditures totaling more than $450 million, manages more than 60 grants, and performs accounts receivable/billing for services functions for human services agencies. Financial staff forecasts and collects revenues from the federal and state governments, clients, third-party payers, local jurisdictions, and other organizations that are anticipated to offset expenditures by approximately $160 million. DAHS Financial Management ensures timely and accurate financial reporting and compliance with policies and auditing requirements. This division actively participates in resource development and management initiatives to support program growth and development where service demands require. The Financial Management (FM) business area is a vital component of the critical infrastructure support required for the success of the human services delivery system in Fairfax County.

Budget constraints, staffing limitations, employee retirements, and the increasing complexity of federal and state funding sources challenge the agency and, in turn, DAHS Financial Management. The growing expectations and needs of an increasingly diverse community, economic trends, and workload requirements arising from forefront issues such as emergency preparedness, ending homelessness, gang prevention, and pandemic flu also present resource challenges.

The Financial Management business area is actively engaged in looking strategically, critically and analytically at the nature and process of the work performed in the division. In collaboration with our peers and our customers, initiatives are underway to prioritize the allocation of limited resources, identify ways to leverage scarce resources, and find the best means to accomplish our mission. Opportunities for innovative, proactive and responsive action are being identified and pursued.

There are four core functions in the Financial Management business area:

- Budget Development, Analysis and Management
- Accounts Receivable/Billing for Services
- Financial Reporting and Compliance
- Resource Management and Development

Core Function: Budget Development, Analysis and Management
The Budget Development, Analysis and Management function involves planning and allocation of financial and related resources. Specific functions are performed to comply with approved spending allocations and to forecast future expenditures, revenues and program requirements. A key component is budget execution, which involves various duties related to requisitions and obligations for agency expenditures, invoices, billing issues, reconciliation of accounts, service agreements and distribution of shared expenses. This core function includes the collection and use of performance information to assess the effectiveness of programs and to develop budget priorities.

Core Function: Accounts Receivable/Billing for Services
The Accounts Receivable/Billing for Services function generally encompasses the collection of money owed to the County government from many sources. For example, fees are assessed to and collected from individuals and organizations for County services that are provided to them. Staff prepares and sends accurate invoices to customers; payments are processed in a timely manner. Customer account servicing to more than 15,000 accounts is provided. In FY 2008, DAHS Financial Management has a Key Performance Measures Objective "To maintain an accounts receivable collection rate of 99 percent."

Core Function: Financial Reporting and Compliance
The Financial Reporting and Compliance function provides financial oversight and guidance to ensure that generally accepted accounting procedures, legal requirements, and federal/state/local policies and procedures are consistently applied. The integrity of financial records is maintained, and all reporting and auditing requirements are satisfied in full. Staff also analyzes and responds to the impact of legislative and policy changes, and implements changes to ensure compliance.

Core Function: Resource Management and Development
The Resource Management and Development function includes initiatives to support program growth and development where service demands require. Approaches vary, and are tailored to meet the unique needs of each program and/or situation. Some initiatives seek to maximize revenues or pursue new sources of funding. Other initiatives aim to maximize, increase or realign staff resources, while others utilize technology to improve productivity. Staff continually evaluates services, products, and systems to improve efficiency and either restructure or discontinue those that add minimal value. Ultimately, all initiatives seek to provide additional support to programs that benefit the community.

► Method of Service Provision

Financial Management employees work as partners in the human services system, providing direct administrative support to programs and adding value to service delivery. Staff works closely with County agencies such as the Department of Management and Budget (DMB), the Department of Finance, and the Department of Human Resources in order to provide timely, effective, and efficient services to customers. DAHS' Financial Management also serves a consultative role with Human Services agencies, the Human Services Leadership Team, the Human Services Council, Human Services advisory boards and committees, and community-based organizations. Financial Management is actively involved with County-wide committees and task forces, working on special projects to improve process efficiency, enhance corporate systems, address other facets of County operations, and meet evolving community needs. Financial Management services are provided by DAHS in the Pennino Building and at numerous Fairfax County offices across the county.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 51-75 percent. See the January 2007 Mandate Study, reference page 33, for the specific federal or state code and a brief description.

68-04: Human Resources

Fund/Agency: 001/68	*Department of Administration for Human Services*
LOB #: 68-04	***Human Resources***
Personnel Services	$1,471,012
Operating Expenses	$69,850
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,540,862
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$1,540,862
Positions/SYE involved in the delivery of this LOB	29 / 29.0

▶ LOB Summary

The Human Resources area provides human resources administrative support, including recruitment, staffing, employee relations, payroll, employee benefits, and professional development for more than 4,000 human services employees. In conjunction with the Department of Management and Budget and the Department of Human Resources, staff conducts workforce planning on a semi-annual basis, during which classification and compensation issues are addressed in order to meet the goals of strategic plans. Each year, agencies' diversity plans are updated and implemented. DAHS chairs a Human Services Training Team that is leveraging resources to expand professional development opportunities, developing a human services core curriculum, eliminating duplication in program-specific training, conducting supervisory development training, and establishing a systematic approach to training registration and documentation. In FY 2007, DAHS sponsored 132 professional development courses which were attended by 2,540 participants. All staff positions related to the LOB are General Fund positions.

Many of the strategic initiatives identified in DAHS' original 2003 strategic plan have been undertaken by the Human Resources business area, including:

- Development and implementation of a business area operational plan
- Publication of a monthly departmental newsletter
- Creation of a DAHS HR website
- Documentation of best practices for several HR business functions
- Identification of key competencies for DAHS staff
- Internal communication of job opportunities

- Development of an HR training checklist for professional and support staff
- Design and delivery of a DAHS orientation class
- Implementation of a Professional Development Program open to all human service employees
- Offering of training courses related to teamwork, leadership, management, and communication
- Hosting an annual meeting for DAHS supervisors which includes training, as well as cross-business area discussions
- Development of a system for tracking performance evaluations that has resulted in an average on-time rate of 99 percent for the last two fiscal years.
- Ongoing review and updating of DAHS policies and procedures
- Provision of training related to time management and project management
- Continuous process improvement regarding business functions

As part of its ongoing strategic planning efforts, DAHS has recently developed a strategy map and is in the process of designing a balanced scorecard. Many of the strategic objectives and performance measures will be tied to the future work of this LOB. There are major demographic issues that have implications for the way DAHS will recruit and retain employees in the future. Like many other departments, DAHS will be losing a large percentage of its senior managers in the next few years due to retirements. This is during a time when the labor supply is dwindling, there is more competition for qualified candidates, there is an increasing need for bilingual workers, and there are budgetary constraints. Human resources efforts during the upcoming years will focus on succession planning, innovative recruitment strategies, and retention of employees through incentive programs and opportunities for career growth.

There are three core functions in the Human Resources business area:

- Human Resources Management
- Payroll Processing
- Human Services Professional Development

Core Function: Human Resources Management

There are separate HR offices supporting each of the human services agencies. They consist of human resources managers and payroll contacts. The human resources managers work closely with senior staff and program managers of the departments they support to utilize personnel actions to align human capital with department business needs as part of the countywide strategic planning process. The HR managers develop and interpret policies to ensure compliance with federal and state laws, as well as County policies and procedures. They provide guidance to managers and employees on employee relations issues, the alternative dispute resolution program, appeals of

performance evaluations, disciplinary actions, and the grievance process. Assistance is provided to help program managers recruit, advertise, and select staff for vacant positions. Each year, they prepare diversity plans and support efforts to ensure that departmental goals are met.

Core Function: Payroll Processing

The main function of the payroll contacts is to process, review, and reconcile employee time sheets and ensure that staff are paid in an accurate and timely manner. When discrepancies occur, the payroll contacts research them and make corrections as necessary. As part of the pay-for-performance program, they notify managers regarding due dates of formal reviews and process merit pay increases. In addition, they answer questions concerning employee benefits and provide assistance with online enrollment in various plans. The payroll contact usually plays an instrumental part in a new employee's orientation. Their data input into the mainframe PRISM system keeps human resources information current and enables them to answer questions regarding employment status, leave balances, pay, benefits, etc. PRISM data is also used to provide routine and special reports to managers. Payroll contacts often serve as coordinators for special programs, such as awards programs and the Fairfax County Employees' Charitable Campaign.

Core Function: Human Services Professional Development

DAHS chairs a Human Services Training Team, with representatives from all of the departments with the following goals:

- To share resources (training announcements, training slots, teaching staff, course materials) among departments.
- To develop a systematic approach to marketing, tracking, and reporting training.
- To coordinate planning efforts.
- To facilitate projects that departments could not sponsor alone.
- To discuss strategic initiatives related to training.
- To identify, develop, and deliver a core curriculum for human services staff.
- To sponsor year-long training/discussion sessions for new supervisors.
- To develop tools for measuring training effectiveness.
- To create awareness of major programs administered by human services agencies.

In addition, the Professional Development Team conducts needs assessments throughout the human services system to identify strategies that will address common requirements. The majority of classroom courses are designed and delivered by in-house trainers. However, approximately a dozen contracts are also managed to provide other learning opportunities with experts in their fields. Staff also manage joint professional development programs across departments, such as the group mentoring program.

▶ Method of Service Provision

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

▶ Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 51-75 percent. See the January 2007 Mandate Study, reference page 33, for the specific federal or state code and a brief description.

68-05: Facilities, Procurement, and Payments Management

Fund/Agency: 001/68	*Department of Administration for Human Services*
LOB #: 68-05	*Facilities, Procurement, and Payments Management*
Personnel Services	$3,056,567
Operating Expenses	$106,129
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$3,162,696
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$3,162,696
Positions/SYE involved in the delivery of this LOB	51 / 51.0

▶ LOB Summary

The Department of Administration for Human Services (DAHS) Facilities, Purchasing, and Payments Management (FPPM) business area has a number of diverse responsibilities that promote the excellence in the delivery of human services to the community. These responsibilities involve coordinating the maintenance and operation of 370 human services facilities located throughout the County, including 50 offices and 320 residential and recreation facilities; providing the County's two Showmobiles (portable stages) at more than 90 community-based events each year; coordinating and developing the Human Services agencies' consolidated Capital Improvement Program (CIP); and assisting in developing, maintaining and ensuring efficient implementation of the Emergency Preparedness Plans for all human services co-located facilities. FPPM staff is responsible for the timely processing of nearly 25,000 purchasing transactions each year for supplies, materials, and services at a competitive cost for all human services departments. FPPM staff processes nearly

155,000 payments annually to vendors from whom the County purchases the supplies, materials, and services.

Staff works closely with the County's Facilities Management Department to ensure that facilities for human services functions are well planned to make maximum use of available space and that the facilities are safe and secure for clients and staff. FPPM also works with the Department of Purchasing and Supply Management and the Department of Finance to ensure compliance with County, state and federal policies and procedures for purchasing goods and services, as well as for paying bills.

The three core functions of the Facilities, Purchasing and Payments Management business area are:

- Facilities Planning and Operations Management
- Purchasing
- Payments Management

Core Function: Facilities Planning and Operations Management
This division of FPPM responds to all facility needs for the various human services programs throughout the County to meet the space needs of the programs as well as to provide a safe and secure environment for our clients and staff.

This division is also responsible for the planning and coordination of new facilities through a consolidated CIP for Human Services. The CIP is used to develop the plans for new facilities to respond to the changing needs of our diverse populations and demographics, especially as they occur in the eastern and western areas of the County.

In response to major events in recent years and in consideration of our responsibility to ensure a safe and secure environment, staff plans, develops and continually maintains up-to-date site-specific emergency preparedness plans for the various facilities housing multiple human services programs throughout the County. Included in these plans is the critical continuation of operations procedures (COOP) for ensuring the ongoing functions of our business in support of human services after an emergency that results in the closing of a facility.

Core Function: Purchasing
This core function is critical to ensuring that appropriate goods, supplies, and services are provided in a timely manner in support of the unique and changing needs of the human services programs. Staff works closely with the programs to understand their unique and changing needs and provides the expertise and technical guidance on the complex purchasing matters for the program staff. They determine the appropriate methods to obtain the needed goods, supplies, and services for those programs at the best available cost while ensuring compliance with all County, state and federal policies and regulations.

Core Function: Payments Management
The payment of the 155,000 bills (invoices) annually that come from the many vendors is completed within 30 days of the County receiving the bill. Payments are made in compliance with generally accepted accounting principles and County policies. Staff ensures that the goods, supplies, and services for which we have been billed have been satisfactorily received in accordance with

contracted terms and conditions. The timely payment of the bills ensures the continuation of business with those vendors that are needed to provide the critical goods, supplies, and services in support of the ongoing operations of the human services programs.

► Method of Service Provision

Facilities Planning, Purchasing and Payment Management (FPPM) staff works as partners in the human services system, providing direct administrative support to the programs and adding value to service delivery. FPPM staff also works closely with other County agencies such as the Facilities Management Department, Department of Purchasing and Supply Management, Fairfax County Public Schools, Department of Finance, Department of Information Technology, and Department of Vehicle Services in order to provide timely, effective, and efficient administrative support to the human services programs. FPPM staff also provides guidance and assistance to community-based organizations.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 26-50 percent. See the January 2007 Mandate Study, reference page 34, for the specific federal or state code and a brief description.

AGENCY PERFORMANCE MEASURES

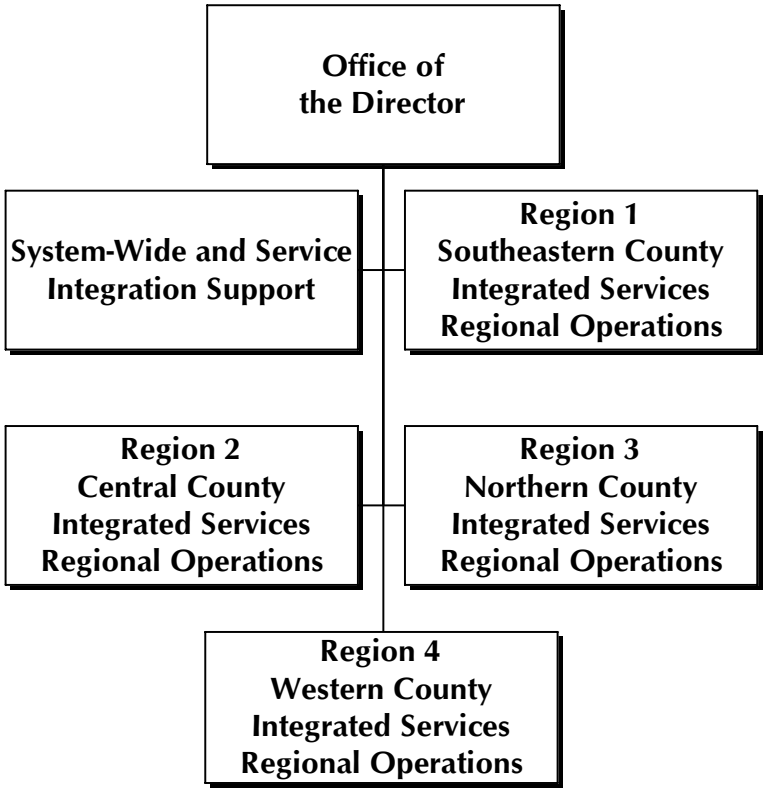
Objectives

- To maintain an accounts receivable collection rate of 99 percent.
- To pay 95 percent of bills for goods and services within 30 days of receipt of invoice.
- To complete agreements for 80 percent of new contracts within the original time frame.
- To complete 90 percent of contract renewals, extensions and amendments within the original time frame.
- To conduct contract reviews, so that 90 percent of contractors are in compliance with 90 percent or more of contract terms and performance provisions.

Department of Administration for Human Services

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Value of collected Human Services agencies' accounts receivable (in millions)	$163.46	$165.46 / $166.80	$161.88	$161.88	68-03
Invoices paid	147,860	150,000 / 154,654	155,000	155,000	68-05
Contract renewals, extensions and amendments completed	430	440 / 582	440	440	68-02
Monitoring visits for contract compliance	239	275 / 316	275	300	68-02
Total active contracts	1,169	1,000 / 1,196	1,000	1,100	68-02
Efficiency:					
Accounts receivable dollars collected/SYE (in millions)	$5.63	$5.70 / $5.75	$5.58	$5.58	68-03
Cost per payment (invoice) processed	$5.42	$5.45 / $5.46	$5.46	$5.46	68-03
Average contract renewals/ extensions/amendments per staff	40.0	30.0 / 40.0	30.0	30.0	68-02
Total staff hours per contract audit	791	1,000 / 1,308	1,000	1,000	68-02
Contracts and agreements managed per staff	109	100 / 85	100	100	68-02
Service Quality:					
Average work days to complete accounts receivable collection	15	15 / 15	15	15	68-03
Average work days to pay a bill	15	15 / 12	12	12	68-05
Percent of customers satisfied with the contract solicitation/selection process	90.0%	90.0% / 100.0%	100.0%	100.0%	68-02
Percent of customers satisfied with development of contract scope of services for contract renewals, extensions and amendments	90.0%	90.0% / 100.0%	90.0%	90.0%	68-02
Percent of audited contracts resulting in improved contract compliance	93.0%	90.0% / 92.0%	90.0%	90.0%	68-02
Outcome:					
Percent of accounts receivable collected within year	100.04%	98.00% / 100.80%	99.00%	99.00%	68-03
Percent of payments made to vendors within 30 days of receipt of invoice	95.0%	95.0% / 94.7%	95.0%	95.0%	68-05
Percent of new contract awards completed within original timeframe	89.0%	80.0% / 89.0%	80.0%	80.0%	68-02
Percent of contract renewals, extensions and amendments completed within original timeframe	84.0%	90.0% / 87.0%	90.0%	90.0%	68-02
Percent of contracts in compliance with at least 90% of contract terms and performance provisions	92.0%	90.0% / 91.0%	90.0%	90.0%	68-02

Department of Systems Management for Human Services



Mission

The Department of Systems Management for Human Services (DSMHS) supports collaboration, change management, and continuous improvement. The department connects county residents with services, information, and resources; works to coordinate, integrate, and improve services; and promotes collaborations among people, neighborhoods, and organizations.

Focus

DSMHS is committed to cultivating a strong, thriving, engaged Fairfax County community through collaborative efforts and partnerships with other county agencies, nonprofit and faith-based organizations, and resident leaders. To this end, DSMHS facilitates system-wide service delivery coordination and improvement; supports the development and management of regional integrated human services delivery as adopted by the Board of Supervisors; facilitates capacity building in other county agencies, community organizations, and in the community itself; coordinates individual resident access to services through coordinated services planning activities and strategies; and coordinates several countywide collaborative efforts.

Overview

The Department of Systems Management for Human Services was established by the Board of Supervisors in FY 1996 to (1) facilitate service delivery coordination throughout human services agencies; (2) to support the development and management of regional integrated human services delivery, an approach adopted by the Board of Supervisors; and (3) to facilitate individual citizen access to services through coordinated services planning activities and other strategies. The organization was established as a key component of an overall human services reorganization and redesign initiative. Staffing and operations for the department were phased in over a number of years and completed by mid-FY 1999. All of the initial activities and functions of the department

were established by redeploying existing staff positions within human services with no net increase to county staffing.

Over the years, as the value of cross-functional work has taken root in the county's service delivery system, both inside human services and in other business areas in the county, the role and activities of the department have expanded. A number of cross-functional initiatives of the Board and senior county management have resulted in new work involving service integration activities with public safety, the judicial system, planning and development, and the school system. Key among these is the agency's coordinating role in the community's response to domestic violence, neighborhood and community building, coordination of all county activities with the faith community, and the development of a more systemic prevention-oriented approach to service delivery. All of these newer functions depend on collaboration between agencies and organizations outside the traditional view of human services.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Strengthening partnerships among the public, nonprofit and faith-based sectors to meet the human services needs of residents in a time of diminished resources;
- Engaging diverse communities in developing preventative strategies and solutions to issues such as homelessness, domestic violence, emergency preparedness, and youth gangs;
- Helping county agencies redesign work processes to maximize existing resources and to accomplish strategic realignments; and
- Addressing regional or cross-county issues by sustaining multi-agency and community-wide collaborative efforts and providing data for decision-making.

Despite this expansion of mission, the department currently operates as the smallest human services agency in terms of both staff and funding, with a total staffing complement (80 SYEs) that is essentially the same as when the agency was first fully formed. Staff increases to address the new activities have been offset by decreases due to budget reductions and position transfer. The department has been able to meet the new challenges assigned to the agency while maintaining a high level of effort in its original mission through an initiative/project focus which brings together staff from many organizations to collaborate on critical system-wide work rather than through the development of new, permanent programmatic structures.

The department's work is organized around four main lines of business: (1) Citizen Access to Services, (2) Regional and Neighborhood Capacity Building and Service Integration, (3) System-wide Service System Coordination, and (4) Countywide Strategic Support, Service Integration, and Information Services. All four lines share a common set of broad objectives: promoting efficient and effective access to services ("access"); promoting the delivery of services in a coherent, well-coordinated fashion, unfettered by artificial organizational and programmatic barriers ("service integration"); and promoting citizen involvement in all dimensions of addressing their own as well as the community's needs ("citizen engagement"). The agency's lines of business concentrate on different dimensions, scope, and scale in the work, but these broad objectives bring together a diverse range of activities into a cohesive and comprehensive approach to the agency's mission.

Department of Systems Management for Human Services

Budget and Staff Resources

Agency Summary		
Category	**FY 2007 Actual**	**FY 2008 Adopted Budget Plan**
Authorized Positions/Staff Years		
Regular	80/80	80/80
Expenditures:		
Personnel Services	$4,800,316	$5,515,881
Operating Expenses	537,089	476,201
Capital Equipment	0	0
Total Expenditures	**$5,337,405**	**$5,992,082**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
69-01	Citizen Access to Services	$2,577,132	43	43.0
69-02	Regional and Neighborhood Capacity Buidling and Service Integration	$1,024,055	13	13.0
69-03	System-wide Service System Coordination	$654,473	5	5.0
69-04	Countywide Strategic Support, Service Integration and Information Services	$1,736,422	19	19.0
TOTAL		**$5,992,082**	**80**	**80.0**

LOBS SUMMARY

69-01: Citizen Access to Services

Fund/Agency: 001/69	*Department of Systems Management for Human Services*
LOB #: 69-01	*Citizen Access to Services*
Personnel Services	$2,499,058
Operating Expenses	$78,074
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,577,132
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$2,577,132
Positions/SYE involved in the delivery of this LOB	43 / 43.0

Department of Systems Management for Human Services

▶ LOB Summary

DSMHS seeks to ensure efficient and effective access to services that build upon the strengths of individuals and optimizes their ability to fully participate in meeting their own needs. We do this most directly by connecting citizens in need of assistance with appropriate resources (community-based, public, as well as personal and family resources) through Coordinated Services Planning (CSP) and through the Human Services Resource Guide (HSRG), a comprehensive, Internet-based database of services that is available 24/7 on the county's Web site. Citizen Access to Services is the Department's largest line of business defined in terms of staff and financial resources, with more than 54 percent of the agency's staff engaged in this line.

Although this line of business is fundamentally defined by the CSP and HSRG products and services, each of the agency's other functions contributes uniquely to the goal of providing access to services and information in a way that enhances the strengths and abilities of our customers, who include individuals, public and non-profit human services providers, neighborhoods and communities, businesses, and many county agencies. The services and information provided by the agency empower the majority of our clients and customers to interact directly with their community, using our services as a support, but not relying on the county to provide long-term or highly intensive services. This approach not only empowers citizens to participate fully in meeting their own needs, it also increases the capacity of the system to serve citizens who need more intensive support or assistance.

Coordinated Services Planning

The Coordinated Services Planning (CSP) function works with Fairfax County residents to handle human-services related emergency situations and provides simplified, efficient, and coordinated access to public and community-based human services through an advanced system of social work services delivered in a call-center environment. The CSP system is designed to minimize confusion, promote efficiency, and prevent duplication of services in the navigation of a complex service delivery system while optimizing the use of non-county resources in meeting each individual and family's needs. CSP continues to strengthen its cooperative working relationships with community and faith-based partners that provide emergency assistance. Since its inception, CSP has become the common front door for many community-based organizations and faith-based groups. Working together, CSP and its partners in the community are finding ways to minimize the impact of resource constraints and maximize CSP and nonprofit staff resources, volunteers, and funding in providing assistance to residents in need of help. Coordinators assess individual and family situations over the telephone and develop an integrated service plan to connect residents with human services to meet their immediate needs. Coordinators also explore prevention and early intervention strategies with community-based organizations and other Fairfax County service providers to help clients achieve economic independence and social stability. Coordinators conduct more than 100,000 client service interactions each year through the human services access number (703-222-0880). In FY 2008, CSP social workers will provide services in English, Spanish, and 11 other languages and also utilize the Language Line to provide additional language interpretation when necessary. CSP is also accessible for persons with hearing impairments (TTY 703-803-7914).

Internet-based Human Services Resource Guide (HSRG)

Resource Information Management (RIM) staff develops and maintains the information contained in the Resource Services System (RSS), a comprehensive computerized database of public, nonprofit, and some for-profit human services available to Fairfax County residents. The Internet-based Human Services Resource Guide (HSRG) makes the service and resource information

contained in the RSS database available to county residents and service providers 24 hours per day/seven days per week (www.fairfaxcounty.gov/RIM). RIM staff continues to focus on updating and maintaining accurate information, increasing usage of the HSRG, and enhancing the usability and search functionality of the database with the Department of Information Technology. The Resource Guide contains information on almost 600 organizations and 4,800 service entries.

Major Accomplishments and Initiatives

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

Through one of the most consistent and effective continuous process improvement efforts in existence in Fairfax County, CSP has improved service access response time from 58 percent of all calls answered within 90 seconds in FY 2000 to 73 percent of calls answered within 90 seconds in FY 2006, with an even more dramatic improvement in the average wait time that callers experience.

In FY 2007, CSP brokered in excess of $1.6 million in non-county resources to prevent evictions and homelessness, stabilize fragile housing situations, and to address other housing-related emergencies.

In partnership with the Countywide Gang Prevention Coordinator, implemented a Gang Helpline as an integrated part of Coordinated Service Planning operations to provide a centralized access point for information on youth gang involvement and to link residents directly impacted by gang-involved youth with appropriate programs and services.

Participated in the Northern Virginia Regional Commission's planning and implementation of 2-1-1, the national dialing code designated in July 2000 by the Federal Communications Commission for community health and human services information and referral, in order to increase service accessibility. Callers in Fairfax County are currently directed to the Coordinated Services Planning call center and linked to the appropriate community services and/or organizations. As a part of this effort, the agency will apply for formal accreditation from the Alliance of Information and Referral Systems (AIRS) in FY 2008.

Promoted system-wide efficiency by providing extensive training and education to community-based organizations, faith-based groups, and other county agencies in the use of the HSRG. Increased self-directed use of the HSRG promotes efficiency in Coordinated Services Planning and in other human services organizations as more people (both citizens and professionals) correctly self-navigate the human services system with the aid of the HSRG.

In FY 2006, an enhancement was made to the county's Web site search capabilities that permitted users to have greater access to the human services information on the HSRG. As a result, the average daily number of hits for the HSRG spiked to 4,240 in FY 2006 from 744 in FY 2005.

Significant Challenges

The affordable housing crisis and increases in average rent and utility costs, combined with decreased charitable giving to various community-based nonprofit partners is significantly hampering CSP's ability to meet demand for eviction prevention (homelessness prevention) and other forms of emergency assistance.

▶ Method of Service Provision

The services provided through this LOB are provided directly by county staff.

The Coordinated Services Planning function is delivered in a particularly unique way combining the professional training, skills, judgment, and the "high touch" perspective of the social work profession with call center management and computerized case management technology to optimize access, responsiveness, flexibility, and efficiency. Coordinated Services Planning operates Monday – Friday, 8:00 a.m. - 4:30 p.m. CSP has locations in Reston, Fairfax, Mt. Vernon, and Falls Church, where they are co-located with other human services agencies. CSP is accessible from anywhere in the county through the human services access number (703-222-0880). CSP is also available to Spanish speakers through specific call routing and is accessible for persons with hearing impairments (TTY 703-803-7914). Currently, CSP is capable of directly serving persons in 12 languages: Spanish, French, Hindi, Urdu, Punjabi, Arabic, Vietnamese, Creole, Somali, Farsi, Bangla, and Korean. DSMHS actively recruits staff skilled in languages in addition to English. Currently, about half the staff is bi- or multi-lingual. Callers requiring assistance in languages not directly available on staff are assisted using AT&T's Language Line service.

The Internet-based Human Services Resource Guide (www.fairfaxcounty.gov/RIM) is available to county residents, service providers, and anyone with an Internet connection 24 hours per day/seven days per week. Resource Information Management staff members are available to respond to requests for information Monday – Friday, 8:00 a.m. - 4:30 p.m.

▶ Mandate Information

There is no federal or state mandate for this LOB.

This line of business was developed under local initiative to provide "one stop" appropriate and efficient access to the complex range of federal, state, local, and community-based services that are available to the residents of Fairfax County.

69-02: Regional and Neighborhood Capacity Building and Service Integration

Fund/Agency: 001/69	*Department of Systems Management for Human Services*
LOB #: 69-02	*Regional and Neighborhood Capacity Building and Service Integration*
Personnel Services	$967,048
Operating Expenses	$57,007
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,024,055
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$1,024,055
Positions/SYE involved in the delivery of this LOB	13 / 13.0

► LOB Summary

This LOB reflects the work of the Department of Systems Management at the regional, community, and neighborhood levels. Efforts in this area include promoting community involvement in identifying and meeting needs, building the community's capacity to respond to challenges, and strengthening the capacity, quality, and integration of community-based human services delivery. DSMHS performs this role by building and supporting partnerships among the public, private, faith-based, and nonprofit sectors. This line of business was a key dimension of the Human Services Redesign and Reorganization that was completed in the 1990s. Geographic focus for this work is provided through the human services regions that were established by the Board of Supervisors at the sub-county level to help scale a large, complex system to a more responsive, cohesive, and manageable framework for clients, providers, and the community at large.

The department operates in four human services regions, as designated by the Board of Supervisors. Region 1 serves the southeastern portion of the county, Region 2 serves the central county area, Region 3 serves the northern county area, and Region 4 serves the western portion of the county. DSMHS staff in the human services regions continues to bring together community members to address issues of community concern. Originally, the regional system of service delivery was designed with a fifth region. Budget constraints prohibited implementing five regions, and the system was redesigned for four.

Within each region, the regional staff coordinates with public, private, and community-based service providers to improve the quality, capacity, and integration of human services. Each region of the county is unique, and the specific approaches to regional community building and service integration reflect this diversity. Regional directors and community developers bring citizens and providers together to learn about issues and programs and to collaborate on problem solving. Community partnerships between human services organizations, the Fairfax County Public Schools (FCPS), the Police Department, and resident associations in each region are developing exciting new approaches

to building strong neighborhoods and healthy families. Regional directors, district police captains, and local schools within each region continue to strengthen collaboration and develop comprehensive responses to issues of community concern. These initiatives develop and share best practices around prevention programming, community education, and relationship building. Another successful approach is Neighborhood Colleges, which provide interested residents the opportunity to learn more about their local community and government, develop leadership and civic participation experience, and build strong relationships with other civic-minded residents in their communities. Regional staff has found it effective to target specific groups such as cultural and linguistic communities, seniors, and nonprofit organizations and continues to sponsor customized Neighborhood Colleges in every region of the county. Regional staff continues to exercise a broad range of strategies to promote information sharing, education, and training, as well as networking and professional relationship building for public and private human services providers and interested residents. These strategies result in improved service delivery coordination and cohesive responses to a wide variety of human services issues at the community and neighborhood level.

Major Initiatives and Accomplishments

Regional and community development staffs conduct a wide and diverse range of community-based activities. They work formally and informally to catalyze better working relationships among providers. They assist communities in identifying and responding to unmet needs. They serve as a key contact and often as the "go to person" for human services in a specific area of the county and function as ambassadors of the county with local schools, community organizations, and service provider groups. Regional staff is often called upon to troubleshoot case situations on behalf of various human services agencies, the County Executive's Office, and the Board of Supervisors. Regional staff also helps catalyze coordinated responses to unique community events with significant human impact.

Assisted in recovery efforts and interagency coordination of services for individuals affected by flooding of 150 homes in the Huntington area of south county, in collaboration with numerous public and private human services providers and county agencies, including Emergency Management and the Red Cross. Connected faith and nonprofit organizations with communities in the provision of housing, food, clothing, and other needed services. Facilitated identification of longer-term community needs and mobilization of resources to address those needs.

Supported the Graham Road Elementary School (GRES) Planning Team, composed of school and county staff, neighborhood residents, and other community leaders in developing their recommendations for GRES to become a community school. Continue to assist in implementation planning for the additional services and programs to be offered when the community school opens in FY 2009-10.

Sponsored customized Neighborhood Colleges targeting specific groups, such as cultural and linguistic communities, baby boomers, nonprofit service providers, and school parent liaisons, in order to focus on community issues of importance and/or concern, while fostering leadership skills, community connectedness, and civic participation. Coordinated Neighborhood College alumni events to encourage continued community education, involvement, and networking. Conducted survey of more than 450 graduates in FY 2007 to measure the program's effect upon levels of civic engagement.

Supported public and private cross-agency service integration in Region 1 in the design and implementation of the Evening Reporting System for youth involved with the Juvenile and Domestic Relations District Court. The evening reporting program provides an alternative to incarceration and a healthy array of support services (homework assistance, tutoring, recreation services, mental health and substance abuse services, and community service projects) to address the needs of juvenile offenders. Under the leadership of JDRC court services staff, the initiative built on service collaboration and integration experience already in place in Region 1 as a result of the work of DSMHS. DSMHS regional staff further supports the effort through organization of community service projects and with help in facilitating the project's effort.

Partnered with county human services agencies, nonprofit community-based organizations, Fairfax County Public Schools, and public safety to build resources in communities and cooperatively develop comprehensive responses to specific issues of neighborhood concern. Collaborated on multiple initiatives, including those at Annandale High School, Yorkville Apartment Cooperative, and the Sacramento and Stonegate communities.

Significant Challenges

With a single regional director and community developer in each region of approximately 250,000 people, the department's capacity for meeting current demand and expanding activities in this line of business is limited.

▶ Method of Service Provision

Regional and community development services are provided directly by departmental staff, in partnership with staff from other county human services agencies, the police, school staff, staff and volunteers from the nonprofit and faith-based communities in a particular area of the county, as well as neighborhood level leadership. Each of the four regions is staffed with a regional director and a single regional community developer who work to catalyze and facilitate regional service integration and neighborhood and community building. Regional offices in South County, Falls Church, Reston, and Fairfax are staffed from 8:00 a.m. – 5:00 p.m. Monday through Friday. Regional and community development staffs often participate in evening and weekend activities to accommodate the schedules of community volunteers and citizens.

▶ Mandate Information

There is no federal or state mandate for this LOB.

This line of business was developed under local initiative to provide enhanced coordination of public, community-based, and faith-based services at the community level throughout Fairfax County to promote appropriate and efficient service delivery and self-help initiatives at the sub-county and neighborhood level. This LOB is another critical strategy to better integrate a complex and often fragmented array of federal, state, local, and community-based human and non-human services.

69-03: System-wide Service System Coordination

Fund/Agency: 001/69	*Department of Systems Management for Human Services*
LOB #: 69-03	*System-wide Service System Coordination*
Personnel Services	$417,852
Operating Expenses	$236,621
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$654,473
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$654,473
Positions/SYE involved in the delivery of this LOB	5 / 5.0

▶ LOB Summary

Although the department has been engaged in service integration and coordination on a system-wide basis since its inception, more recently an emerging countywide strategy of building a formal coordinative capacity to pull together and integrate related services under the facilitative leadership of special cross-functional coordinators has emerged. These countywide coordinators, which include the Environmental Coordinator in the planning and development area and the Gang Prevention Coordinator in the public safety, judicial services, and human services areas as well as those housed in the Department of Systems Management work as "ministers without portfolio" to ensure that related service activities housed in multiple agencies work together as efficient and effective systems of service delivery.

DSMHS is charged by the Board of Supervisors, the County Executive, and the Human Services Leadership Team to plan, implement, and manage several cross-functional, countywide initiatives to address emerging trends and needs in the community and the resident service delivery system. These currently include the facilitation and coordination of the county's relationship with faith-based organizations, neighborhood and community building, coordination of the county's response to domestic violence, and prevention services. Countywide coordinators for each of these initiatives work with staff from across all county agencies and the community to develop collaborative responses to community needs and promote efficient and effective service delivery through better integration and coordination of activities without requiring significant additional resources to promote coordination. The coordinators harness, through facilitative leadership, special projects and initiatives, and other cross-functional/cross-agency activities, the resources of an existing service network and work with that network to develop a more responsive, efficient, and effective system of services.

The four system-wide coordinative functions managed by DSMHS are summarized below.

Community Interfaith Liaison (CIL)
The Board of Supervisors established the Community Interfaith Liaison Office to facilitate and broker cooperative partnerships between county departments, community organizations, nonprofit agencies, and the faith community. Liaison, ombudsman, training, coordination, resource information, and consultation functions are provided countywide to individual organizations and to coalitions of faith or community organizations. The office will continue its support and coordination of interfaith initiatives and collaborative partnerships addressing affordable housing, workforce development, after-school programs, aging in place, long-term care, child abuse and neglect, domestic violence, emergency preparedness and response, youth depression and suicide, community multicultural dialogue, and homeless hypothermia sheltering. The CIL will also continue to reach out to the county's growing multicultural population in an effort to broaden the scope of the faith communities involved in cooperative activities. The Community Interfaith Liaison Office is staffed by a single countywide coordinator and an administrative assistant.

Strengthening Neighborhoods and Building Communities (SNBC)
Housed in DSMHS, the SNBC coordinator is responsible for facilitating neighborhood and community building across deputy areas in Fairfax County. This function brings together the resources of 15 county agencies, the school system, and neighborhood-based organizations to plan and implement neighborhood development activities. The coordinator is also responsible for working collaboratively with county agencies and neighborhood associations to ensure neighborhood services are coordinated, culturally appropriate, and that they address the concerns of residents. The SNBC coordinator also serves as the point of contact for civic and homeowners associations, community organizations, businesses, schools, and churches within identified neighborhoods in Fairfax County. The SNBC initiative will continue its work with regional directors for human services, police captains, and other agencies to deliver a community-oriented and multi-agency response to neighborhood issues and concerns. In addition, the SNBC coordinator also works with a variety of agencies on the implementation of the Combined Community Inspector (CCI) initiative as well as implementation of Board-approved strategies to address over-occupancy (overcrowding) in residential housing in the context of the county's affordable housing crisis.

Domestic Violence Coordination
The Board of Supervisors established the Domestic Violence Prevention, Policy, and Coordinating Council (DVPPCC), an advisory body of public officials and community leaders who are guiding the development of a consistent and comprehensive community-wide response to domestic violence in Fairfax County. The DVPPCC meets bi-monthly and includes the County Executive; the County and Commonwealth's Attorneys; the chief judges; human services, public safety and judicial administration department heads; the Superintendent of Schools; and key senior managers of a variety of community-based entities. The coordinator for the council, housed in the DSMHS, is responsible for managing county activities relating to the council by providing technical support to the DVPPCC and facilitating ongoing communication, information-sharing, and collaboration between DVPPCC members in ways that build and strengthen linkages and enhance coordination of efforts. The coordinator also guides the design, development, and implementation of interdepartmental and community-wide plans, policies, and strategies related to domestic violence issues. In addition, the domestic violence coordinator actively promotes and facilitates a multidisciplinary, community-wide awareness of and response to domestic violence in Fairfax County by identifying and pursuing new opportunities to engage private and public stakeholders and

community residents in education, prevention, and intervention efforts. The domestic violence coordinator continues to support the development of system-wide training, interagency planning, and resources to develop and articulate a consistent domestic violence strategy and service response.

Prevention Services Coordination
DSMHS is responsible for coordinating the county's multiple efforts to enhance protective factors for youth such as strong family and community attachment to enhance the well-being of the county's children, youth, and families, and to prevent outcomes such as substance abuse, delinquency, teen pregnancy, school dropout, and gang involvement. The prevention coordinator is charged with promoting prevention as a systemic strategy for reducing societal costs from a variety of health and social challenges. The prevention coordinator chairs two multi-disciplinary teams to develop a comprehensive prevention system that will stress program effectiveness and accountability; build a culture and a knowledge-base of prevention; promote targeted, effective, and integrated use of resources; and educate community leaders and the community at large. The coordinator participates in other prevention-related planning efforts such as the Gang Prevention Steering Committee and Resource Team and the Youth Risk Survey Team. Additionally, the prevention coordinator monitors local, state, and national prevention policy, as well as programs, trends, and benchmarking, ensuring best practices in the county.

Major Initiatives and Accomplishments
Developed court-based victim advocacy pilot project in partnership with county agencies, law enforcement, and community-based organizations, to help survivors of domestic violence navigate the Fairfax County judicial system. Volunteer advocates were trained to ensure victims were knowledgeable about the court process, facilitate access to available legal and social services, and provide ongoing safety planning assistance and emotional support. During the four-week laboratory, 12 system- and community-based advocates served 41 victims. Efforts to formalize the court-based victim advocacy approach will continue through FY 2008.

Collaborated with the Department of Public Works and Environmental Services, the Department of Planning and Zoning, the Health Department, and the Fire and Rescue Department to consolidate enforcement of Chapter 61 of the International Property Maintenance Code and the Zoning Ordinance through the establishment of the Combined Community Inspector Program as standard business practice, after its successful pilot in FY 2006. Included in this program is the implementation of the neighborhood volunteer to empower residents in appropriate communities with a higher-than-average number of code enforcement complaints to address concerns independently. This effort will be expanded to encompass an overall redesign of code enforcement services.

Both the CIL and regional directors played a key role in strengthening the Hypothermia Prevention Program in partnership with other county agencies, the faith community, and community-based organizations by evaluating program implementation, goals, and related outcomes. The hypothermia prevention program grew in FY 2006 to serve on average 80 homeless individuals on nights when temperatures dropped to 32 degrees, and expanded from 11 to 41 faith partners providing services with more than 1,000 volunteers. Program assessments in FY 2007 and FY 2008 will incorporate plans for continued growth and improvement.

Developed a countywide emergency preparedness model for individual places of worship in partnership with Emergency Management, the Police Department, the Fire and Rescue Department, Volunteer Fairfax, and faith community leaders from all religious denominations/affiliations. This model provides a replicable framework for planning business operations and community interactions in the event of a community crisis or disaster.

Contributed to the development and implementation of Northern Virginia Workforce Investment Board's faith-based initiative to conduct employment programs for immigrant communities. Provided technical assistance to organizations and houses of worship in grant preparation, volunteer recruitment, and program management. As a result, 11 Fairfax County faith-based agencies were awarded Workforce Funding Grants totaling $218,932 which provided employment training to 300 individuals and job placement for 63 program participants in FY 2006.

Coordinated the efforts of two multidisciplinary strategy teams, including representatives from all human services agencies, Fairfax County Public Schools, law enforcement, and key community partners, to develop a comprehensive prevention system. Teams created a framework to articulate a common vision, language, and principles for prevention. In FY 2007, the teams prioritized goals and conducted a resource inventory to document existing county projects, programs, and services related to prevention. In FY 2008, their efforts will focus on program effectiveness, identifying gaps in service, and linking prevention strategies with countywide outcomes and effectiveness measures.

Developed multidisciplinary and community-wide training initiatives aimed at raising awareness and promoting a common understanding of domestic violence in Fairfax County. Together with leadership from human services, public safety, court, and community-based organizations, designed training curricula to provide a comprehensive overview of the complex dynamics of domestic violence, highlight available local resources, and showcase best practices that could be replicated locally. The countywide behavioral definition of domestic violence, developed and adopted in FY 2006, is a key component of the training. Targeting public and private stakeholders, the training formally began in the fall of 2006.

Currently supporting a community driven initiative led by the Kings Park Civic Association to build on community assets to address emerging challenges and issues. Through the community's own leadership, the county is supporting their work through Neighborhood Colleges, education in zoning enforcement policy, and leadership development to support their community's own work in addressing issues of community concern.

Collaborating with county agencies, community-based service providers, and the judicial and public safety systems to redesign countywide domestic violence services to develop a comprehensive and coherent service system.

Significant Challenges

The lack of administrative staff support for countywide coordinators is limiting their ability to manage the range of initiatives that they must undertake. Some temporary solutions have been put into place, but consideration will have to eventually be given to addressing this staffing gap.

▶ Method of Service Provision

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

▶ Mandate Information

There is no federal or state mandate for this LOB. The countywide coordinators in this line of business were established as a key response to the locally identified need to better integrate services often fragmented as a result of intergovernmental funding streams, unique agency-based mandates, and other factors which historically have prevented optimal coordination of services.

69-04: Countywide Strategic Support, Service Integration and Information Services

Fund/Agency: 001/69	*Department of Systems Management for Human Services*
LOB #: 69-04	*Countywide Strategic Support, Service Integration and Information Services*
Personnel Services	$1,631,923
Operating Expenses	$104,499
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,736,422
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$1,736,422
Positions/SYE involved in the delivery of this LOB	19 / 19.0

▶ LOB Summary

DSMHS supports integration of service delivery and system-wide coordination of planning, management, and operations across the county's four human services regions and among the various human services and non-human services agencies. The department uses a project management and initiative-based consulting services model to perform these functions, and work is based on specific agency or community requests, or on an identified system-wide need. The work in this line of business encompasses the primary focus of the agency director and the department's Research, Analysis, and Project Services (RAPS) group.

Operating on a countywide and cross-system level, RAPS focuses on helping agencies redesign work processes to achieve greater efficiency, improved service quality, and better alignment of service

delivery with strategic goals, supporting like goals on a cross-agency basis and through the collection, analysis, and dissemination of information useful to the human services system as a whole; coordination of cross-system or multi-agency collaborative work; and through building partnerships between county agencies and the community.

The department's Research, Analysis, and Project Services (RAPS) staff is comprised of a project services group and the county's demographics and land use forecasting group. Collectively, this team provides process redesign and improvement services, agency-based and cross-system strategic planning support, change management assistance, survey research support, and demographic, land use, and other data analysis and information management support to the human services system and the county as a whole.

The director of DSMHS, in addition to being responsible for the management of the department including strategic planning, fiscal accountability, human resource management, and overall agency leadership, serves as a key leader of system-wide efforts in coordination, integration, and the development of strategic linkages for service delivery improvement, system capacity building and countywide response to emerging community need. The director discharges this role as a member of the Human Services Leadership Team, a key human services system representative on county-wide and community work groups such as SNBC, revitalization, domestic violence, and others and as a result of special cross-system project assignments from the County Executive's Office.

The department, through the RAPS group, supports planning, analysis, facilitation, and other staff support to citizen advisory boards and community planning processes, including the Human Services Council, the Consolidated Community Funding Advisory Committee, and the Community Planning Collaborative on Homelessness (CPCH), the county's collaborative on ending homelessness, and others. DSMHS' demographics and research staff continues to respond to increased demands for more sophisticated countywide and small geographic area information requests from program grant-seekers, county officials, residents, and businesses. The demographics team is responsible for the development of all official demographic and land use data for the county and serves as the county's primary liaison with the US Census Bureau, the Northern Virginia Regional Commission, and the Metropolitan Washington Council of Governments on matters related to demographic and land use forecasting.

This Countywide Strategic Support, Service Integration, and Information Services function is unique in that it serves a wide variety of customers and provides services and expertise in many disciplines across organization and business function lines. The project-based "consulting services" approach to provide assistance with strategic planning, project coordination, strategic partnerships, process improvement, performance management, information management, and policy analysis provides a flexible, cost-effective set of staff skills available to the entire human services system and the county as a whole. Projects and activities generally fall into one of the following categories:

Agency-specific projects undertaken at the request of a single human services agency. Often, DSMHS is asked to assist on an internal improvement or redesign project as a more cost effective and more knowledgeable alternative to outside consulting. Project examples include Community & Recreation Services teen center redesign, the Health Department's redesign of its clinic and field services, the redesign and organizational shift of domestic violence services, customer service process improvement projects for the Department of Family Services, volunteer system redesign and development for the Area Agency on Aging, restitution services redesign for the Juvenile Court,

and the redesign of intake, property management, and maintenance, and occupancy recertification processes for Housing and Community Development.

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

Projects conducted on behalf of, or focused on, the entire human services System (as opposed to a specific agency, program, or region). These projects are typically commissioned by the Human Services Leadership Team, the Human Services Council, or the County Executive's Office. These projects often include significant citizen involvement. Examples include the Continuum of Care homeless services planning process, school/county collaboration projects, the redesign of health access intake services, the Countywide Language Access Project, the Refugee and Immigrant survey, design support for neighborhood resource centers, the periodic Youth Risk Behavior Survey, the US Census Complete Count effort, the Fairfax-Falls Church Needs Assessments, Children's Health Care and Community Access Grant initiatives, support of the Human Services Council, the Consolidated Community Funding Advisory Committee, and the Long-Term Care Task Force.

Non-human services, countywide, and other projects. DSMHS-RAPS also responds to requests for project support outside of the traditional realm of human services. For example, DSMHS-RAPS has supported the Fire and Rescue Department with strategic planning assistance; developed, at the request of the Board of Supervisors, the study entitled "Anticipating the Future;" the development of the county's Rental Housing Survey; periodic countywide household surveys (most recently focused on transportation); the management of a regional project under the auspices of the NVRC on the improvement of the regional HIV/AIDS service system; and is currently involved in the analysis and redesign of the County's Code Enforcement System in partnership with DPWES, DPZ, the Health Department, Fire and Rescue, and other agencies.

Major Initiatives and Accomplishments

RAPS staff continues to plan, manage, and facilitate a variety of process improvement and service integration initiatives. In addition to the examples listed above, RAPS staff is currently involved in or has recently accomplished a number of major initiatives:

Designed and implemented, in partnership with DIT, the Integrated Life-Cycle Parcel Information System (IPLS) which replaces an antiquated and cumbersome demographic and land use forecasting system. The new system will make demographic and land use forecasting significantly more efficient and accurate and will significantly improve access to these data by citizens, public officials, and county staff.

Managed the development of the county's Ten Year Plan to End Homelessness. Staff is currently facilitating a major, multi-faceted effort to develop a community-wide plan to end homelessness in Fairfax County. This effort has included the design and management of a countywide summit, a series of facilitated countywide dialogues to engage residents in addressing homelessness and to strengthen partnerships with local leaders to promote a coordinated community response, and a collaborative implementation planning process, culminating in a Ten Year Plan to End Homelessness in Fairfax. In managing this initiative, staff has collaborated with many county and

community-based organizations, the faith community, Freddie Mac, and the National Alliance to End Homelessness.

Collected, analyzed, and disseminated data from the 2005 Youth Survey to inform stakeholders and support countywide coordination of prevention related activities. Sponsored by the Fairfax County Board of Supervisors, Fairfax County Public Schools (FCPS), Fairfax-Falls Church Community Services Board, and Fairfax Partnership for Youth, the survey was administered to approximately 13,000 students. The survey captured behavioral data to provide insight on the social, physical, and mental well-being of Fairfax County youth and established baseline data for a two-year survey cycle. Created a youth survey trainer package in partnership with Fairfax County agencies and FCPS to share results with a greater number of stakeholders. The package includes standardized tools, materials, and a user's guide to promote information consistency and engage community members in a dialogue about their role in ensuring safe, healthy, and thriving youth.

Compiled and analyzed statistics from more than 75 data sources to produce the demographic study "Anticipating the Future" in FY 2006. The publication identifies the economic and demographic trends most likely to impact county government services and community needs, forecasts the future direction of these trends, and identifies the implications of these trends for Fairfax County.

Promoted the use of performance indicators to guide data-driven decision-making in order to improve service quality, process efficiency, and overall effectiveness. Facilitated the strategic development of a Balanced Scorecard for the Infant and Toddler Connection of Fairfax-Falls Church and the creation of outcome measurements for the Fairfax-Falls Church Community Services Board's Teen Alternative Program. Assisted in the evaluation of performance measure data for the Jail Diversion Program.

Initiated, under the direction of the Deputy County Executive, a number of cross-system, "balanced scorecard" based strategic planning initiatives that will help focus strategic planning and performance management on a cross-system basis to compliment agency-based strategic planning work.

Significant Challenges

The increasing awareness of the internal capacity, skill set, and effectiveness of work provided though the DSMHS-RAPS group is taxing staff capacity to respond to a growing number of work requests and initiatives.

► Method of Service Provision

Countywide Strategic Support, Service Integration, and Information Services are provided directly by county staff, often in partnership with staff from other parts of DSMHS, other human services agencies, and the schools, police, or community. The Fairfax office is staffed from 8:00 a.m. to 5:00 p.m. Monday through Friday. Countywide Strategic Support, Service Integration, and Information Services staff often participates in evening activities to accommodate the schedules of citizen boards, commissions, and task forces.

▶ Mandate Information

There is no federal or state mandate for this LOB. This LOB was developed locally to promote efficiency, effectiveness, and collaboration in service delivery.

AGENCY PERFORMANCE MEASURES

Objectives

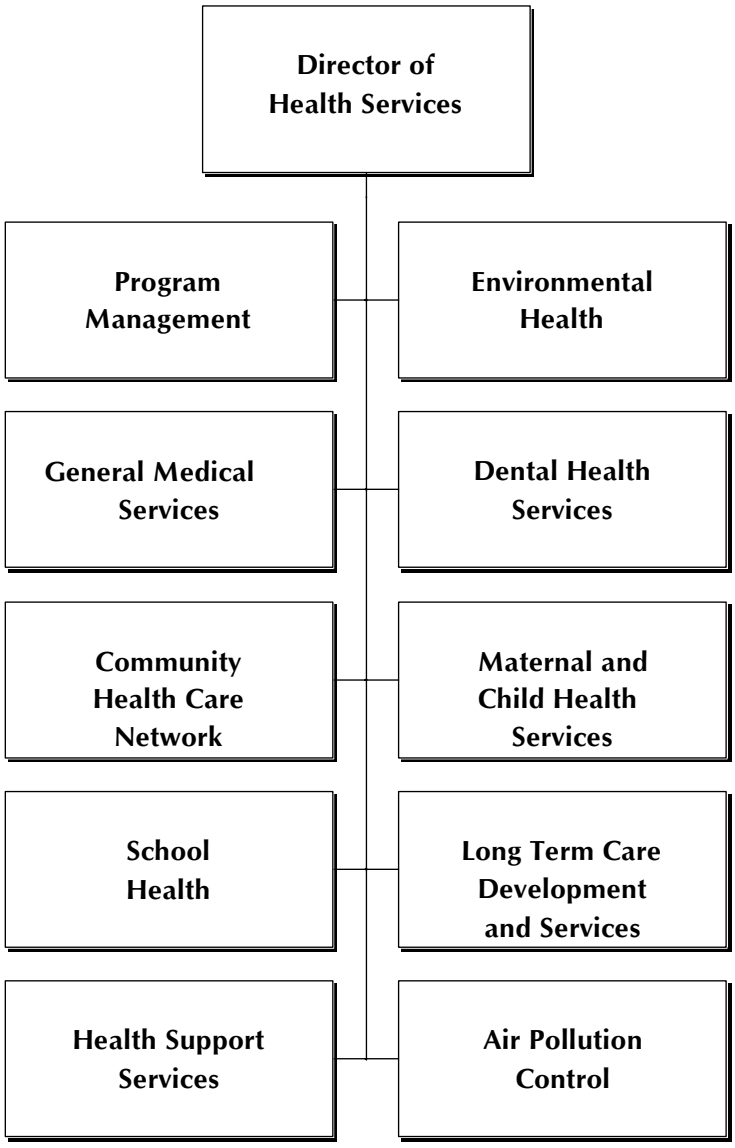
- To maintain at 80 percent the Coordinated Services Planning unit success rate in linking clients to County, community, or personal resources that enable them to meet their identified basic needs.
- To ensure that our customers achieve their goals at least 88 percent of the time.
- To provide accurate, timely demographic information to the public through the info line, web site and published reports, including a five-year population forecast that is accurate within +/- 2.0 percent.

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
CSP client service interactions	108,700	111,500 / 126,325	120,000	120,000	69-01
CSP new cases established	4,465	4,400 / 4,480	4,400	4,400	69-01
Project hours in support of process improvement, service integration, and citizen advisory and planning work	10,223	11,470 / 8,590	11,970	11,370	69-04
Project hours in support of data collection, analysis and dissemination	6,635	6,930 / 8,745	8,190	7,780	69-04
Project hours in support of Regional community building, partnerships and engagement	10,402	9,200 / 8,160	9,200	9,575	69-02
Average number of visitors per month to the County's demographic Web pages	15,260	15,000 / 13,660	14,000	14,000	69-04
Efficiency:					
CSP client service interactions per worker	3,535	3,280 / 4,120	3,530	3,530	69-01
Percent of total available project hours spent in direct service to customers	73%	70% / 72%	70%	70%	69-04
Average direct service and support hours provided to customers per SYE	1,363	1,260 / 1,264	1,260	1,260	69-04
Visitors to the demographic Web pages per hour spent maintaining the site	3,391	1,000 / 10,244	3,000	3,000	69-04

Department of Systems Management for Human Services

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Service Quality:					
Percent of calls to CSP answered by a coordinator within 90 seconds	73%	70% / 76%	70%	70%	69-01
Average satisfaction with DSMHS services and support as assessed by customers	91%	90% / 89%	90%	90%	69-04
Percent of demographic information requests answered within one workday	95.7%	95.0% / 96.4%	95.0%	95.0%	69-04
Outcome:					
Percent of CSP clients having basic needs successfully linked to County, community, or personal resources	75%	80% / 76%	80%	80%	69-01
Average rating for achievement of project goals and outcomes as assessed by customers	91%	88% / 89%	88%	88%	69-04
Accuracy of five-year population forecasts measured as difference between forecast made five years ago and current estimate	0.9%	+/-2.0% / 3.1%	+/-2.0%	+/-2.0%	69-04

Health Department



Mission

Protect, promote and improve health and quality of life.

Focus

The Health Department has four core functions upon which service activities are based: the prevention of epidemics and the spread of disease, protecting the public against environmental hazards, promoting and encouraging healthy behaviors, and assuring the quality and accessibility of health services. The nationally adopted *Healthy People 2010* objectives guide the goals for many of the Health Department's services and are reflected in several of the performance measures.

In FY 1996, the Health Department became a locally administered agency. Prior to 1996, the department operated on a cooperative agreement with the state. The state maintains its effort in support of the Health Department by continuing to send state dollars to the locality based on a formula set by the General Assembly. For FY 2008, it is anticipated that the state will contribute a total of $9,246,949 in support of Health Department services.

Health Department

The Health Department's strategic plan, which incorporates input from the community, key stakeholders and staff, identified five strategic goals: preventing the spread of communicable disease, facilitating access to health services, employing and retaining a skilled and diverse workforce, harnessing technology to provide cost effective health services, and addressing growing needs and preparing for the future of health services. The work plan, completed in FY 2005, is reviewed and updated annually to guide Health Department services.

Preventing the Spread of Communicable Disease

Control of communicable diseases, a primary function, remains a continuous challenge. Communicable diseases are evidenced in the occurrence of food-borne outbreaks, the incidence of tuberculosis in the community, and the increase in the number of communicable disease illnesses reported to the Health Department that must be investigated. The Epidemiology/Bioterrorism Preparedness Unit has greatly enhanced the department's ability to monitor and identify trends for communicable diseases, food-borne illness complaints, and hospital conditions. The Unit has also been a key player in the development of the County's Pandemic Influenza Response Plan. Bioterrorism response capacity also remains an ongoing focus. The Medical Reserve Corps, now fully staffed, is 3,542 strong and growing, and it is publicly recognized as a model program in the United States. FY 2008 will be a year of on-going training, tabletop exercises, and continuous recruitment of new volunteers. In addition, the Chemical Hazard Response Unit, re-established during FY 2007, will further enhance the department's emergency response capability.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Preventing and minimizing the impact of new and emerging communicable diseases and other health threats;
- Assessing community public health service needs and facilitating access to needed and/or mandated services;
- Employing and retaining a skilled productive workforce that mirrors the diversity of the community;
- Integrating and harnessing the use of proven technology to provide cost-effective health services; and,
- Addressing growing needs and preparing for the future of health care services.

Education on healthy behaviors continues to be an integral component of all the Health Department's communicable disease activities, including educating food handlers, teaching about HIV/AIDS, providing classroom instruction in the schools, and offering one-on-one teaching/counseling to new mothers and pregnant women. Throughout FY 2007 and into FY 2008, outreach will continue in order to educate minority and/or vulnerable populations on how to prepare themselves and their families in case of an emergency or pandemic.

In addition to communicable diseases, West Nile virus, which is transmitted from infected mosquitoes to humans, continues to be a public health concern. In FY 2007, the County's first case of human West Nile virus in two years was reported; however, no deaths occurred from this preventable illness. In late FY 2005, a tick surveillance system was initiated to monitor the presence of ticks that carry human disease pathogens.

Facilitating Access to Services

Due to a growing number of working poor in Fairfax County, demand for services continues to increase and exceed the current capacity of the County's health system. Maternity care increased by 13 percent over the past year, due to increases in the number of pregnancies; immunizations

increased by 22 percent, partially due to the increasing number of immunizations children are required to have; and tuberculosis services increased by 15 percent, due to the County's large and growing immigrant population. Collaborative efforts with other County agencies and nonprofit organizations continue to be the key in addressing the quality, availability, and accessibility of health care. Partnerships with the private sector and other County agencies are being cultivated to improve access. These partnerships include: Medical Care for the Unsheltered Homeless with the Department of Family Services, the Fairfax-Falls Church Community Services Board, Fairfax Area Christian Emergency and Transitional Services, New Hope Housing, Volunteers of America, United Community Ministries, Northern Virginia Dental Clinic and Reston Interfaith; Services for Late Stage Alzheimer Clients with the Alzheimer Family Center; and several other projects in development through the Long Term Care Coordinating Council (LTCCC).

The redesign of several services was completed in FY 2007 that resulted in improved resource utilization while enhancing customer service. A Total Quality Improvement Program is in place so that services are modified as issues are identified in the delivery system.

Employing and Retaining a Skilled and Diverse Workforce

The goal of the Health Department's initiative "Making Our Values Come Alive" is to have the department be known for its excellence in service and perceived by staff as the best place to work. The Recognition/Honors Award Program has undergone review and revision to incorporate the Health Department's values and the need for innovative ways to recognize staff. Workforce planning remains critical to the strategic goal of employing and retaining a skilled and diverse workforce; the highly competitive health professionals' employment market presents significant challenges to hiring and keeping qualified and experienced staff. In FY 2007, active participation in Employment Fairs, conducting open houses in satellite offices and more aggressive recruitment are actions initiated to meet the challenge of recruiting nurses. In addition, hiring and referral bonuses are now being offered for nurses. Succession planning continues with increasing emphasis as the number of retirees rises each year. In the coming three to five years, the Health Department expects to lose many individuals in senior management positions whose institutional knowledge is especially difficult to replace.

Integrating and Harnessing Technology

Integrating and harnessing the use of proven technology is a key strategic priority, with efforts refocused on maximizing existing technology that would improve the distribution of health information and facilitate community education about health-related issues. Timely, accurate information is now available on the Health Department's Web site to keep the community current on significant health events and provide information on emergency preparedness, hand washing, West Nile virus or other timely topics. Work is in progress to develop intranet capabilities for internal communications among staff, which will include committee reports, problem solving and the general sharing of information. Work continues on improving the technology used in day-to-day activities within Environmental Health. FIDO (Fairfax Inspection Data Base Online), a multi-agency software system being implemented in the County, is now in place for one section of Environmental Health and two more sections to come on line in FY 2007. When fully implemented, it is expected to greatly improve customer service, provide for a unified cross-agency approach to database management and improve efficiency. Environmental Health will also continue industry and community outreach activities, soliciting broad spectrum input for developing the process to measure the success of jurisdictions in meeting all of the FDA Voluntary National Retail Food Regulatory Program Standards.

Health Department

Addressing Growing Needs and Preparing for the Future

In late FY 2007, a comprehensive community health assessment will be initiated in partnership with the private health care community; this effort, which will take approximately three years, will produce a plan that can be used to guide the development of health care services into the future. The Health Department's strategic plan will then be updated to incorporate findings that are applicable to the public sector. In addition, the School Health Study, initiated in FY 2007, will provide recommendations for the staffing, services and future needs of School Health Services into the next decade. During FY 2007, a strategic relationship is being developed to restructure the health care safety net for low income, uninsured and underinsured individuals – in both public and non-profit services – in order to maximize resources, improve continuity of services, leverage additional non-County funding sources and prepare for the future of health care technology. Working towards having a community prepared for all types of emergencies will continue to be a major focus of this department. Outreach to Fairfax County's diverse and growing population is another priority. In FY 2007, the Health Department developed and implemented public awareness initiatives targeting underserved ethnically diverse populations to include offering culturally sensitive presentations, submitting articles to ethnically diverse print media, and participating as a speaker on a Korean TV network. In addition, the department hired bilingual staff and recruited bilingual volunteers to work in the Adult Day Health Care (ADHC) centers.

Budget and Staff Resources

Agency Summary

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	597/ 525.73	597/ 525.73
Expenditures:		
Personnel Services	$29,504,130	$32,295,850
Operating Expenses	14,307,035	14,253,981
Capital Equipment	6,408	0
Subtotal	**$43,817,573**	**$46,549,831**
Less:		
Recovered Costs	($138,685)	($145,774)
Total Expenditures	**$43,678,888**	**$46,404,057**
Income/Revenue:		
Elderly Day Care Fees	$856,466	$884,528
Elderly Day Care Medicaid Services	169,650	165,567
Fairfax City Contract	957,992	1,004,679
Falls Church Health Department	193,666	172,233
Licenses, Permits, Fees	2,901,926	3,034,926
State Reimbursement	9,065,635	9,246,949
Air Pollution Grant	62,395	68,850
Total Income	**$14,207,730**	**$14,577,732**
Net Cost to the County	**$29,471,158**	**$31,826,325**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	LOB Title	Net LOB Cost	Number of Positions	LOB SYE
71-01	Environmental Health Programs	$2,414,460	71	71.00
71-02	Laboratory	$746,167	13	13.00
71-03	Pharmacy	$679,024	1	1.00
71-04	Maternal Health	$577,150	31	31.00
71-05	Child Health	$3,339,787	65	65.00
71-06	School Health	$8,037,708	256	185.23
71-07	Communicable Diseases	$3,082,119	76	75.50
71-08	Long Term Care Development and Services	$2,263,661	59	59.00
71-09	Community Health Care Network	$8,969,281	9	9.00
71-10	Dental Health	$323,956	4	4.00
71-11	Program Management	$1,093,166	9	9.00
71-12	Emergency Prepardness	$299,846	3	3.00
TOTAL		**$31,826,325**	**597**	**525.73**

LOBS SUMMARY

71-01: Environmental Health Programs

Fund/Agency: 001/71	Health Department
LOB #: 71-01	**Environmental Health Programs**
Personnel Services	$4,773,726
Operating Expenses	$734,506
Recovered Costs	($145,774)
Capital Equipment	$0
Total LOB Cost:	$5,362,458
Federal Revenue	$68,850
State Revenue	$1,849,390
User Fee Revenue	$794,376
Other Revenue	$235,382
Total Revenue:	$2,947,998
Net LOB Cost:	$2,414,460
Positions/SYE involved in the delivery of this LOB	71 / 71.0

▶ LOB Summary

The Code of Virginia Title 32.1 states that the General Assembly has determined that the protection, improvement, and preservation of the public health and of the environment are essential to the general welfare of the citizens of the Commonwealth. The Health Department is directed to provide a comprehensive program of preventative, curative, restorative, and environmental health services, educate the citizenry in health and environmental matters, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life. In Fairfax County this is accomplished via the mandated regulations governing Onsite

Sewage Disposal Systems, Private Well Water Supplies, Milk Plant Sanitation, Food Safety, Vector Control, Public Swimming Pool Safety, Childcare Facilities, Tourist Establishments, Tattoo Parlors, Massage Establishments, Campgrounds, Summer Camps, and the abatement of Health and Safety Menaces. The County also participates in a regional cost share agreement established by the Northern Virginia Planning District Commission to fund the Occoquan Water Monitoring Laboratory. The contract services with Virginia Tech were established at the direction of the Board of Supervisors in 1982. The Environmental Quality Advisory Council recommended continuous testing of the Occoquan Reservoir water source by resolution in 1982.

The Division of Environmental Health is structured with five major programs, as described below:

The Food Safety Section: Tasked with the enforcement of the Fairfax County *Food and Food Handling Code*, the Food Safety Section's primary concern are those violations identified by the Center for Disease Control and Prevention as risk factors that contribute to food borne illness. For routine monitoring of these risk factors, the Commonwealth of Virginia mandates that each public food establishment is, at a minimum, inspected at least once every six months. However, studies have shown that high risk establishments, (those with complex food preparation; cooking, cooling and reheating) which are approximately 50 percent of Fairfax County restaurants, are to be inspected at a greater frequency than low risk establishments (limited menu/handling) to reduce the incidence of food borne risk factors. FDA recommends that high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year. The Food Safety Section has transitioned to a risk based inspection process during FY 2008. The Food Safety Section regulates approximately 3,150 food establishments within the Fairfax Health District. The Section also annually inspects and permits approximately 750 temporary food stands at festivals and carnivals during after hours and weekends. This equates to a staff ratio per establishment in Fairfax County of 1:207, compared to Arlington with 1:137 and Alexandria with 1:92. Food Safety Section activities are consistent with the County Strategic Vision Element 1, Maintaining Safe and Caring Communities.

Onsite Sewage & Water Section: Individual well water supplies and onsite sewage disposal systems are enforced under the Code of the County of Fairfax, *Private Water Well Ordinance* and the *Individual Sewage Disposal Facilities*. Presently, there are approximately 30,000 onsite sewage disposal systems and 15,000 water well supplies installed in the County. This Section permits, regulates, and inspects new system installations and repairs of malfunctions systems. During FY 2007 there were 725 repair permits and 343 new permit issued. This equates to a staff to service ratio of 1:890 to deal with installing new systems and repairing malfunctioning systems. In FY 2009, it is projected that 60 percent of out-of-compliance well water supplies and 90 percent of out-of-compliance sewage disposal systems will be corrected within 30-days. Correction of water well deficiencies and of problematic on-site sewage disposal systems can be highly complicated and expensive for the property owner, resulting in unavoidable delays in achieving full compliance. Temporary processes usually are available to eliminate health hazards while mitigation procedures are in process. Recent years have seen more in-fill development of housing as the County becomes more urbanized. Most in-fill development now utilizes non-traditional, alternative sewage disposal systems and technologies. Staff resources have transitioned from evaluating the installation of simple conventional sewage disposal systems in good soils to highly technical alternative sewage disposal systems installed in marginal to poor soils. Staff continue to be focused on the repair and replacement issues associated with the alternative systems and older traditional systems. The successful operation of systems is dependent upon an educated homeowner to follow strict maintenance protocols. These activities are consistent with Objective III of the Board's

Environmental Agenda concerning Water Quality, and County Strategic Vision Element 3, Practicing Environmental Stewardship.

Community Health & Safety Program: promotes community revitalization and improvement by actively supporting and participating in the Community Enforcement Strike Teams, Hoarding Task Force, Blight Abatement Program, and the SNBC effort. The Health Department plays a supporting role in resolving property maintenance issues and leads the hoarding taskforce. Citizen complaints involving health and safety menaces are aggressively investigated and resolved. This Section is responsible for eliminating serious health or safety hazards such as rodents, bedbugs, animal wastes, trash, and open pits. This section investigates approximately 2,500 complaints per year, which equates to a staff to complaint ratio of 1:357. In addition, this section permits, regulates, and inspects public establishments such as swimming pool facilities, tourist establishments, summer camps, campgrounds, tattoo parlors, and "religiously exempt" child care centers. This equates to a staff to establishment ratio of 1:141. The Environmental Health Specialist functions in a duel role by being both a teacher and a regulator. Inspectors will first try to educate the citizen, owner, or operator of unhealthy or unsafe conditions that need correction. If the conditions are not eliminated voluntarily, they will then pursue legal action.

In addition, staff continues to participate in the county Code Enforcement Strike Team effort established during FY 2007 and have been instrumental in correcting a number of health-related situations, including accumulations of trash, insect and rodent infestations, and the lack of adequate home sanitary facilities.

The Environmental Hazards Investigation Branch was established in the Health Department during FY 2007. The Section's purpose is to provide the Health Department with an internal unit to respond to environmental emergencies as well as provide technical assistance to the community in addressing such environmental hazards as lead, asbestos, radon, mold, and hazardous materials.

The Disease Carrying Insects Program: is working with the Metropolitan Washington Area Council of Governments and the Commonwealth of Virginia Department of Health to formulate a coordinated plan to respond to the Arboviral Diseases such as West Nile Virus. This program provides surveillance and control of the mosquito population. This is necessary to identify mosquito pools that may be infected with the West Nile Virus and to reduce the breeding of mosquitoes in high risk areas, such as the area surrounding nursing homes and extended care facilities or other highly populated areas.

The pilot tick surveillance program initiated in late FY 2005 was continued in FY 2007 in cooperation with other county agencies and the Virginia Department of Health. The objective of the pilot program is to understand the magnitude of tick-borne disease in the County and define the regions of greatest risk.

Air Quality Monitoring Program: staff are active participants in county and regional air quality planning through collaborative efforts with the Metropolitan Washington Area Council of Governments to reduce air pollutants so the region can meet the federal Clean Air Act standards. They also operate an air monitoring network following EPA protocol that is located in stations throughout the county. The data collected is analyzed and quality assured before being submitted to EPA's national air quality database. In addition, specialized air monitoring is conducted for several businesses in the county to ensure that they are meeting requirements specified in their permits to operate. Staff also reviews proposed projects for environmental impact and legislation to determine

if county support is appropriate. These activities are consistent with Objective II of the Board's Environmental Agenda concerning Air Quality and Transportation and County Strategic Vision Element 3, Practicing Environmental Stewardship.

During FY 2007, Fairfax County experienced seven exceedant days of the eight-hour ozone standard resulting in unhealthy ambient air conditions, which was a 63.6 percent reduction over FY 2006. This is the second full year under the new health-based more stringent eight-hour ozone standard that US EPA implemented after they revoked the one-hour ozone standard on June 15, 2005. The US EPA has designated the Metropolitan Washington Region, which includes Fairfax County, as being in moderate non-attainment of the eight-hour ozone standard. The region must initiate an aggressive air pollution control strategy to reduce air pollutant emissions. A State Implementation Plan with new control measures was submitted to EPA in June 2007 and compliance with the eight-hour National Ambient Air Quality Standard (NAAQS) for ozone must be demonstrated by June 2010. In 2004, the US EPA designated the Metropolitan Washington Region as non-attainment for fine particulates and a State Implementation Plan must be submitted to EPA in April 2008 with a demonstration of compliance by April 2010.

It should also be noted that the Health Department manages the Disease-Carrying Insects Program in Fund 116, Integrated Pest Management Program. The Disease-Carrying Insects Program focuses on controlling the spread of the West Nile virus and Lyme disease, as the prevention of epidemics and the spread of disease is one of the core functions of the Health Department. Please see the LOB for Fund 116 for additional information on this program.

▶ Method of Service Provision

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

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

▶ Mandate Information

This Line of Business is federally or state mandated. The percentage of the Line of Business resources used to satisfy the mandate is 100 percent. See the January 2007 Mandate Study, pages 36 and 64 for specific state mandate and a brief description.

71-02: Laboratory

Fund/Agency: 001/71	*Health Department*
LOB #: 71-02	***Laboratory***
Personnel Services	$1,019,483
Operating Expenses	$461,586
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,481,069
Federal Revenue	$0
State Revenue	$369,878
User Fee Revenue	$317,948
Other Revenue	$47,076
Total Revenue:	$734,902
Net LOB Cost:	$746,167
Positions/SYE involved in the delivery of this LOB	13 / 13.0

▶ LOB Summary

The Health Department laboratory is the largest local health department laboratory in the Commonwealth of Virginia performing over a quarter million scientific tests annually in support of mandated state and federal programs. The laboratory's primary focus is providing communicable disease testing and environmental monitoring for the Health Department as mandated by Virginia Board of Health per the Code of Virginia Title 32.1-11 which states "…may formulate a program of environmental services, laboratory services, and preventive, curative and restorative medical care services."

The laboratory also serves other County agencies such as the Community Services Board, the Detention Centers, the Court System, and the Police Department to assist them in carrying out their programs in the prevention of disease and the enforcement of local ordinances, state laws, and federal regulations. The medical laboratory is certified under the Clinical Laboratory Improvement Amendments to test specimens for tuberculosis, enteric pathogens, intestinal parasites, sexually-transmitted diseases, HIV, and drugs of abuse. The environmental laboratory is certified by the Environmental Protection Agency as a "Certified Drinking Water Laboratory" and tests water for bacteria and environmental hazards from private wells, streams, and public water systems. The Food and Drug Administration certifies the laboratory for milk analysis.

The laboratory uses existing infrastructure, federal certifications, and staff to market selected laboratory tests on a "fee for service" basis to surrounding counties and municipal governments. Resulting revenues from water, substance abuse, and rabies testing significantly offset the cost of providing mandated laboratory testing for Fairfax County.

A recent accomplishment was the successful upgrade of the HIPAA compliant Laboratory Information System which uses the County network to link to secure County network printers for direct printing of laboratory results at sites throughout the County improving both turnaround time

and eliminating courier transport delays. In addition, over 50 healthcare providers and environmental health specialists were trained to access real-time laboratory results on-line.

A continuing focus of laboratory performance is control of average cost per test. The efficient use of a bar-code enabled Laboratory Information System linked with pre-existing County-owned printers and computers has allowed the laboratory to improve service delivery, improve customer satisfaction, and increase both testing volumes and testing revenues while maintaining the average cost per test despite escalating medical equipment and supply costs.

Public health laboratory services are required to support the Health Department's communicable disease and environmental health programs as well as other public programs in our community. The Health Department is currently in the process of building a new state-of-the-art public health laboratory through the cost-effective renovation of an existing County property. The project is approved in the Capital Improvement Plan. The new facility, scheduled for completion in 2009, will allow performance of new public health tests that depend on complex molecular technologies, will expand the range of testing that can be performed locally, and will position the laboratory to meet the challenges of the future.

Participants in laboratory services include County residents, County homeowners, and County business operators and their customers.

▶ Method of Service Provision

County employees perform testing at the main laboratory site and at specified times at each of the five Health Department District offices. The main laboratory operates from 8:00 a.m. to 5:00 p.m. daily. Service is also provided at sexually-transmitted disease clinics during clinic hours which may include evenings. The lab is partially staffed on Saturdays, Sundays and holidays to provide emergency rabies testing and to meet specialized testing requirements.

▶ Mandate Information

This LOB is indirectly federally or state mandated in that it provides mandated testing to mandated programs. See first paragraph of LOB summary. The percentage of this LOB's resources utilized to satisfy the mandate is 91-95 percent. See the *January 2007 Mandate Study,* reference page 35 for the specific state code and a brief description.

71-03: Pharmacy

Fund/Agency: 001/71	*Health Department*
LOB #: 71-03	***Pharmacy***
Personnel Services	$141,440
Operating Expenses	$657,150
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$798,590
Federal Revenue	$0
State Revenue	$92,469
User Fee Revenue	$15,328
Other Revenue	$11,769
Total Revenue:	$119,566
Net LOB Cost:	$679,024
Positions/SYE involved in the delivery of this LOB	1 / 1.0

▶ LOB Summary

The pharmacy provides support for all clinical services of the agency and facilitates procurement of selected vaccines/pharmaceuticals for the Community Health Care Network. It functions in coordination with the Pharmacy Division of the Virginia Department of Health and utilizes state/federal contracts for procurement of biologics and vaccines. It obtains stock supplies and prepares unit dose packaged medications for use in clinics. Individual patient prescriptions are filled and forwarded to the appropriate site. In 2006, the pharmacy assumed the responsibility for dispensing medications approved by the State ADAP program and individuals eligible for this program may pick up the medications from the pharmacy.

▶ Method of Service Provision

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

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

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

▶ Mandate Information

There is no federal or state mandate for this service. However, it is essential support to all the agency's mandated clinical services. If not available locally, all prescriptions would have to be filled by the State pharmacy in Richmond and mailed to Fairfax for distribution to patients.

71-04: Maternal Health

Fund/Agency: 001/71	*Health Department*
LOB #: 71-04	***Maternal Health***
Personnel Services	$2,017,474
Operating Expenses	$198,331
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,215,805
Federal Revenue	$0
State Revenue	$1,387,043
User Fee Revenue	$75,073
Other Revenue	$176,539
Total Revenue:	$1,638,655
Net LOB Cost:	$577,150
Positions/SYE involved in the delivery of this LOB	31 / 31.0
Grant Positions/SYE involved in the delivery of this LOB	3 / 3.0

▶ LOB Summary

The Maternal Health Program provides pregnancy testing and follow-up, prenatal care, health education, anticipatory guidance and case management to low-income pregnant women in an effort to improve pregnancy outcome and reduce infant morbidity and mortality. Early and continuous prenatal care is critical to improving outcomes.

The population served in the maternity program is culturally diverse, mirroring the population shifts in the county demographics. This diversity poses special challenges in the provision of health care. Language and ability to communicate are a major concern. In addition, unique cultural and religious beliefs have an impact on how care is given and received.

Pregnancy Testing - is offered in an effort to educate and counsel clients regarding the importance of early prenatal care and/or family planning services. Pregnancy testing is provided regardless of income to clients for a flat fee of $6.00. In FY 2007 the Health Department performed 5,755 pregnancy tests representing a 15 percent increase over the previous year. Positive pregnancy tests accounted for 80 percent (4,604) of tests performed.

Maternity Program – are provided in collaboration with Inova Fairfax Hospital. Maternity clients are seen through their 2nd trimester by the Health Department and are transferred to Inova Fairfax Hospital for 3rd trimester care and delivery. The target population is the medically indigent and

services are provided on a sliding scale fee basis. Clients receive medical management, health education, anticipatory guidance, and referral to other community resources.

The Health Department served 2,653 pregnant women in FY 2007 up slightly from the previous year. Maternity clinic visits totaled 9,608 for FY 2007. The goal of the Maternity Program is to maintain the low birth weight (LBW) for all Health Department clients at 4.8 percent or below. The LBW rate for Health Department clients in FY 2007 was 4.6 percent, comparing favorably to the overall County rate of 6.4 percent.

Maternity Case Management Services – are offered to clients who are at risk for poor pregnancy outcome due to medical and/or psychosocial issues (e.g., multiple births, teenager, substance abuse, homelessness, etc.). Case management services are also offered to clients at risk during the post partum period. The Health Department provided Maternity case management services to a total of 600 maternity clients in FY 2007.

Saving Babies Initiative - In the spring of 2007, The Fairfax County Health Department (FCHD) responded to the "Request for Results" made by the Virginia Department of Health (VDH) to reduce the number of babies who die in the first year of life over the next two years. Fairfax County was awarded $100,000 by VDH to implement the Saving Babies Initiative. The Health Department created the Saving Babies Coalition in order to develop intervention strategies that will be community-based, collaborative in nature, evidence-based and self sustaining. The Health Department initiated outreach efforts to the network of existing organizations in Fairfax County committed to promoting positive pregnancy outcomes. Current members of the coalition include but are not limited to the March of Dimes, the Northern Virginia Perinatal Council, the Fetal and Infant Mortality Review (FIMR) Program, and Fairfax County Public Schools.

The two leading causes of infant death are premature birth/low birth weight and congenital anomalies. The Saving Babies Initiative will therefore focus on preventing these primary causes of infant death via two modalities; Community Outreach and Education and a Social Marketing Campaign. Each of the two activities will have a dual focus; a focus on higher risk sub-populations and a focus on all women of child bearing age, regardless of their risk status. Even though the Saving Babies Initiative is time limited, the goal is to implement self-sustaining initiatives that will have a positive effect on pregnancy outcome in the county.

▶ Method of Service Provision

Pregnancy Testing – Health Department public health nurses provide testing five days a week on a walk-in basis or appointment basis Monday through Friday from 8:00 a.m. – 4:30 p.m. at all five Health Department locations.

Maternity Services – Health Department professionals provide maternity services in clinic and the field. The services are by appointment only and are offered every week at four of the Health Department locations. Clients are referred at 26 weeks to Inova Fairfax Hospital OB Clinic for 3rd trimester care and delivery. Each new maternity client receives a medical and psychosocial assessment by a public health nurse to determine the need for on-going case management. In addition, a home visit is made after delivery to each mother and infant to assess health status and to assure that the mother and the infant have a medical home for routine medical care. When indicated, maternity and post partum case management services are provided in the home, by public health nurses, to at-risk and high-risk clients.

Saving Babies Initiative -The Health Department created a coalition with community partners to develop a two pronged plan to promote positive pregnancy outcome and reduce infant mortality in Fairfax County. The plan consists of a social marketing plan and an education outreach plan. The social marketing plan will focus on two messages namely: that taking folic acid before pregnancy can reduce the risk of neural tube defects; and that knowing the signs and symptoms of preterm labor and responding appropriately can reduce the risk of premature birth. A train-the-trainer program will be implemented to train public health nurses and other service providers to provide outreach and education programs to Fairfax County employees, Fairfax County Public School employees and target populations with the county.

▶ Mandate Information

Maternity Services – Services within this LOB are state mandated. 90 percent of the expenditures for the mandated services within this LOB are covered by user fees and state revenue. The percentage of this LOB's resources utilized to satisfy the mandate is 70 percent. See the *January 2007 Mandate Study,* reference page 34 for the specific state code and a brief description.

71-05: Child Health

Fund/Agency: 001/71	*Health Department*
LOB #: 71-05	***Child Health***
Personnel Services	$4,923,517
Operating Expenses	$430,435
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$5,353,952
Federal Revenue	$0
State Revenue	$1,664,451
User Fee Revenue	$137,870
Other Revenue	$211,844
Total Revenue:	$2,014,165
Net LOB Cost:	$3,339,787
Positions/SYE involved in the delivery of this LOB	65 / 65.0
Grant Positions/SYE involved in the delivery of this LOB	22 / 22.0

▶ LOB Summary

Child Health services provide preventive health programs to infants and children in an effort to reduce mortality and morbidity, prevent potentially handicapping conditions through early intervention, and increase childhood immunization levels to reduce vaccine preventable diseases. Programs under Child Health services include Childhood Immunizations, Health Families Fairfax (HFF), Infant/Preschool Case Management, Infant Development Program, Speech and Hearing, and Women, Infants and Children (WIC).

The population served in the Child Health program is becoming more culturally diverse, mirroring the changes in the County. This diversity poses special challenges in the provision of health care.

Language and the ability to communicate are a major concern. In addition, unique cultural and religious beliefs impact the way care is given and received.

Immunization Services – Immunization services include the giving of childhood vaccines and the provision of community education and outreach. The goal of this program, based on the Healthy People Year 2010 Goal, is to achieve a 90 percent immunization completion rate for two year olds. The completion rate increased from 58 percent in 1992 to 77 percent in 2007. A State grant supports this effort through the *Fairfax County Immunization Action Plan (IAP)*, a collaborative effort of health, social, and community-based agencies dedicated to promoting a healthier future for children in the County. The IAP provides targeted education and outreach, laying the foundation for achieving the Healthy People 2010 goal of having 90 percent of children adequately immunized by their second birthday. In FY2007 the Health Department saw 20,946 children slightly less than the number of children seen in the previous year (21,920). Even though the number of children seen in FY 2007 was slightly less than those seen in FY 2006 the number of immunizations given in FY 2007 was significantly higher at 44,775 than those given in FY 2006 (39,762) because of new immunizations required for school entry.

Healthy Families Fairfax (HFF) – Healthy Families Fairfax is a comprehensive program offering voluntary, in-home education and support services to first-time parents at risk for child abuse and neglect. HFF is a partnership between the Health Department, Department of Family Services and three non-profit organizations, Northern Virginia Family Services, Reston Interfaith, Inc., and UCM – Community Solutions. The agencies work in partnership to provide intensive home visitation and comprehensive support services to first time parents at risk of child abuse and neglect. Services are initiated during the prenatal period or within three months of birth. The Health Department screens and refers all women attending maternity clinic. In addition, this program also receives referrals from other community agencies.

The HFF program targets first-time parents of children born in this county who are not parenting any other children (families who have children living in other countries, however are accepted into the program if they are pregnant with their first child to be born in the United States).

During FY 2007 HFF screened 1,398 first-time pregnant mothers and 1,286 screens were positive. Women who screen positive are offered a comprehensive assessment. The total number of families enrolled and served in the program during FY 2007 is 638.

Infant/Preschool Case Management– The Infant/Preschool Case Management program provides monitoring, teaching and guidance to families in an effort to improve health outcomes and maximize each child's potential. All infants born to women who received maternity care through the Health Department receive a home visit to assess the health status of the baby, and assure that the infant has a medical home for ongoing care. In addition, based on medical and or psychosocial information, an assessment is made regarding the need for ongoing case management (e.g., failure to thrive, prematurity, teen parent). The Health Department also receives referrals from social workers and other community agencies. In FY 2007, one hundred and ninety (190) infants/children received case management.

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

status. Referral to EIP is made if the status changes and the child is found eligible for services. In FY 2007, one hundred and sixty (160) infants received services through this program.

Speech and Hearing

Speech and Hearing services promote health and functional, effective communication skills in children and adults. The Speech and Hearing Department provides speech, language and hearing services in the clinic and community setting. Early identification and prevention is a core function of the department and as a result there is a strong outreach program. The department provides screenings in the community at preschools, adult day care centers, nursing homes and community fairs. This community screening program has identified children, with either speech or hearing challenges or both, who might not have been identified otherwise. In addition to identification and the treatment of communication disorders, the clinic also has a community education program with speech therapists and audiologists speaking to numerous community groups/organizations.

The speech and language component has been very effective in addressing language disorders. The performance measure for this unit is that 75 percent of those clients who remain in service are discharged as corrected, no further follow-up needed. In FY 2007, the unit exceeded this goal by 7 percent, discharging 82 percent of the client base as corrected.

The speech unit provides services only to those children who do not qualify for Fairfax County Public School services and therefore serves children who might not other wise receive speech services. In addition, the clinic provides services to children with Medicaid as speech providers who take Medicaid are extraordinary difficult to locate in Fairfax County.

In addition to therapy for children, the speech clinic maintains and conducts stroke survivor support groups. There are two groups, one in Fairfax City at the Joseph Willard Health Center, and the other at the Hollin Hall Senior Center in Mount Vernon. The groups address language, social, and over all communication concerns.

The hearing or audiology department is strongly invested in both infant and older adult populations. The audiology clinic is a listed provider in the Virginia Department of Health's infant screening program and provides hearing assessments for the Infant Toddler Connection, the County's federal and state mandated early intervention program.

In similar fashion to the speech component, the audiology unit provides service to Medicaid patients and sees a large number of elderly patients who might have difficulty accessing hearing services. The program is hoping to expand to providing hearing aid services as it has been determined that there are no Medicaid providers in Fairfax County for hearing aid services. Fairfax County residents must go to providers outside of the jurisdiction (i.e. Arlington, Prince William) to receive services.

The continually rising number of children identified with early intervention needs, particularly children diagnosed with autism, will fuel an increased need for both speech and hearing services. In response, the department has increased the availability of speech services to children with autism in the county. Also, the predicted increase in our aging population will require additional speech and hearing services. (e.g. According to the Long Term Care Task Force Report 2002, it is estimated that in the year 2010 there will be 187,378 people in this group representing 16.8 percent of the County's population.)

The Speech and Hearing department serves as a vital part of the Health Department's strategic plan initiative to "Assess community public service needs and facilitate access to needed and/or mandated services."

Women, Infants and Children (WIC) Program – WIC is a special supplemental short-term nutrition program for women, infants and children designed to influence nutritional status and promote healthy behaviors. The program targets pregnant, breastfeeding, and post partum women, infants and children less than five years of age. WIC provides education and vouchers for nutritious foods that are rich in protein, iron, calcium and vitamins A and C to supplement the dietary needs. The WIC program served 14,651 women, infants and children in FY 2007. Based on a survey 97 percent of WIC clients responded that they increased their knowledge about nutrition as a result of their participation in the program.

Obesity (New Initiative) – Although one of the national health objectives for the Year 2010 is to reduce the prevalence of obesity among adults to less than 15 percent, current data shows that the situation is worsening rather than improving (Source: CDC, 2007). Obesity is a complex problem that requires a multi-faceted, multi-disciplinary approach to prevention efforts. To that end, the Fairfax Health Department is spearheading the development of a comprehensive, coordinated approach to healthy lifestyle and healthy weight promotion that builds on the County's Prevention Strategy Team platform; capitalizes on existing programs in the schools, Parks & Recreation, Health Department, the health care system and other non-profit organizations; and ensures that all relevant stakeholders participate. Developing such a consortium of stakeholders from diverse segments of the community will synergize ongoing obesity prevention efforts by increasing awareness and the linkage of existing programs within the community; providing a forum for evaluating existing programs, identifying gaps and creating consistent core prevention messages for the Fairfax community. Through the consortium, a system for gathering data in the county can be developed (which currently does not exist) for planning and evaluation purposes and for supporting policy recommendations to the Board of Supervisors. The Fairfax Healthy Weight initiative is part of a larger effort within the National capital regions to reverse the upward trend of childhood obesity and overweight which includes efforts in Fairfax County to develop a wellness program, Northern Virginia's Tipping the Scales for Healthy Weight collaborative and the Council of Government's initiative on obesity prevention.

▶ Method of Service Provision

Immunizations Services – are provided by public health nurses at all five Health Department locations either on a walk-in or appointment basis Monday through Friday. The Health Department offers early morning and evening hours at least once a week. Currently the *Immunization Action Plan Grant* is entering its ninth year of operation. Grant funds support one limited-term public health nurse and two limited-term outreach workers and related outreach and educational materials.

Healthy Families Fairfax (HHF) Services – are provided by an interdisciplinary team to clients in their home generally during the hours of 8:00 a.m. – 4:30 p.m. Monday through Friday. However, based on family needs, visits can be made before and after core business hours. The program has five HFF teams to serve families throughout the entire county. Each team is comprised of two to five family support workers (FSWs), their supervisor (hired by the nonprofit agencies), a Department of Family Services social worker and family resource specialists (FRSs)/public health nurses from the Health Department. The role of the public health nurse is to assess families for service, administer caretaker/child interaction assessments, provide developmental screening

assessments, and provide medical case management to high-risk children.

Infant/Preschool Case Management – is provided by public health nurses in the clinic, home and community setting. Services are generally provided during the hours of 8:00 a.m. – 4:30 p.m. Monday through Friday. However, based on family needs, visits can be made before and after core business hours.

Infant Development Services – are provided by an interdisciplinary team (public health nurse, pediatrician, and physical therapist) in the clinic, home and community setting. Services are generally provided during the hours of 8:00 a.m. – 4:30 p.m. Monday through Friday. However, based on family needs, visits can be made before and after core business hours.

Speech and Hearing - Services are provided on a clinic outpatient basis with the exception of community identification and education programs. Services including diagnostic evaluation and treatment are provided by a speech pathologist, audiologist and/or physical therapist, at three locations, Herndon, Fairfax, and Mount Vernon.

Women, Infants and Children Services (WIC) – are provided in all five Health Department locations. WIC services are also provided in additional community-based sites. All participants receive food vouchers and case-specific nutrition education every 1-3 months from a qualified and certified nutritionist.

▶ Mandate Information

Child Health Services – Some of the services within this LOB are state mandated. Eighty-two per cent of the expenditures *for the mandated services* within this LOB are covered by user fees and state revenue. The percentage of this LOB's resources used to satisfy this mandate is 40 percent. See the *January 2007 Mandate Study,* reference page 35 for the specific state code and a brief description.

71-06: School Health

Fund/Agency: 001/71	***Health Department***
LOB #: 71-06	***School Health***
Personnel Services	$9,033,835
Operating Expenses	$880,168
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$9,914,003
Federal Revenue	$0
State Revenue	$1,664,451
User Fee Revenue	$0
Other Revenue	$211,844
Total Revenue:	$1,876,295
Net LOB Cost:	$8,037,708
Positions/SYE involved in the delivery of this LOB	256 / 185.23

▶ LOB Summary

The School Health Program operates in collaboration with the Fairfax County Public Schools (FCPS) to provide health services to students and consultation, training and collaboration to FCPS administrators and staff. The School Health Program provides prevention services, education and training, emergency care, referral and case management of acute and chronic health conditions, case management of pregnant teens and the surveillance of potential communicable disease situations. In addition to public health nursing services and school site clinic services, the program also provides medical consultation (physician) to FCPS in a variety of health related areas.

The School Health Program goal is to maximize the health potential of school-age children by providing health support services in the school setting. The School Health Program promotes child health to enhance the educational development of students and to support students in a safe environment ready to learn and to maximize the learning opportunity. The program, as administered by the Health Department, differs from those school health programs that are administered by a local school board. Public health nurses (PHNs) provide public health nursing services to 189 FCPS sites including two center based programs for students with multiple health needs. Additionally, a clinic room aide (CRA) is on site at each school to provide direct services to students. These services include care of the sick and injured student, facilitation of medications and hearing and vision screening. In school year (SY) 2006-2007, over 4,000 students were seen in the school clinics each day, over 930 medications were given each day and over 65,000 students in grades K,3,7,and 10 were screened for vision and hearing defects.

FCPS enrollment for SY 2007-2008 was projected to be 164,832 students. Each PHN provides services to an average of 3,000 students. The students range in age from 2-21 years old and represent the diversity and rich culture of Fairfax County. Many families are non-English speaking at home. Many families do not have a medical plan for their children and face challenges accessing health care.

Nurses work with families to link them to health resources in the community. Nurses provide services to students with identified health conditions such as asthma, allergies, heart disease, seizure disorder, diabetes and others significant chronic conditions. Nurses develop health care plans for students who will need specific support to meet health care needs during the school day. The objective is to develop a health care plan and provide the training associated with its implementation within five days of notification. This allows the student to enter school in a short period of time. The challenge for the nurse involves bringing together professionals and family members (FCPS staff, the family, the doctor, the therapists, etc.) to achieve the 5 day goal. In SY 2006-2007, there were a total of 44,285 students on the Medical Flag list. These students all required a health care plan to be in place prior to coming to school. Some care plans are standard and require routine attention each school year while others require intense assessment and planning for implementation. Students with health care plans in place represent over 25 percent of the student population in any given school year. The nurses train the FCPS staff in all technologies and procedures that enable students to attend school in the least restrictive environment in accordance with federal mandates.

The nurses participate in collaborative planning such as Individual Educational Plans (IEP) and Child Specific Teams (CST). Nurses investigate incidences of communicable disease in the school community and track and monitor immunization compliance of the students. They routinely provide counseling and education for teens at risk for unhealthy behaviors. In addition, they are involved

with new initiatives to prevent childhood obesity and to address violent behaviors such as bullying and gang involvement in the school age child.

The School Health Program provides support and case management for the FCPS Medically Fragile Program. This program reviews and makes recommendations on an individual basis for students to receive continuous duty skilled nursing services during the school day. At the beginning of SY 2007-2008 there were 16 students enrolled in the program.

The School Health Program strives to be responsive to families, the community and the FCPS. On several occasions, 1993, 1999, and 2002, County task forces were established to address operational and planning issues to improve the school health program. In July 2007, the Fairfax County Health Department (FCHD) in collaboration with George Mason University Department of Health Administration and Policy undertook an in depth study of the School Health program. Recommendations from the study will provide a foundation to strengthen the relationship between the FCHD and FCPS. The recommendations will create a ten year strategic plan (2008-2017) for the school health services in Fairfax County.

▶ Method of Service Provision

School health services are provided by county funded employees. Public health nurses (PHNs) provide nursing services to 189 FCPS sites including two center based programs for students with multiple health needs. Additionally, a clinic room aide (CRA) is on site at each school to provide direct services to students. The services extend beyond the academic year to the FCPS summer school programs and to Fairfax County community summer programs such as Community Recreation, Rec-Pac, and Road Dawg Camps with the Fairfax County Police Department and Department of Recreation. In summer of 2007, public health nurses, in the School Health Program, provided support to 66,000 students at 140 summer school or county sites.

The program provides support and consultation to FCPS for the Medically Fragile Program. This program identifies and makes recommendations for nursing services to medically fragile students. The monetary support and case management for this program is county funded through the school health program.

Additionally, the school health program routinely provides consultative services to private schools and Day Care centers.

▶ Mandate Information

There is no federal or state mandate for the school health program LOB.

71-07: Communicable Diseases

Fund/Agency: 001/71	*Health Department*
LOB #: 71-07	***Communicable Diseases***
Personnel Services	$5,328,796
Operating Expenses	$859,351
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$6,188,147
Federal Revenue	$0
State Revenue	$1,849,390
User Fee Revenue	$1,021,256
Other Revenue	$235,382
Total Revenue:	$3,106,028
Net LOB Cost:	$3,082,119
Positions/SYE involved in the delivery of this LOB	76 / 75.5
Grant Positions/SYE involved in the delivery of this LOB	2 / 2.0

▶ LOB Summary

The purpose of the Communicable Disease (CD) Program is to prevent and reduce illness and death in the community from communicable diseases of public health significance and public health threat. This is accomplished by provision of health promotion and prevention information, identifying illness, investigating causes, providing on-going disease surveillance and recommending actions to prevent transmission and spread. These diseases include tuberculosis (TB), sexually transmitted disease (STD), HIV/AIDS, foodborne and other communicable illness, emerging infectious diseases and bioterrorist agents. The goal of the CD Program is consistent with the Health Department Strategic Plan initiative to promote and protect the public health. CD is a core public health function and the provision of services is defined in accordance with the Virginia State Board of Health.

As background, since September 11, 2001 and the subsequent Anthrax attacks, the role of public health has broadened greatly in scope and definition. Local public health departments are now considered first responders to situations considered a public health threat (i.e., SARS, pandemic flu, or the release of a bioterrorist agent such as plague, anthrax, or smallpox). Additionally, enhanced 24/7 syndromic disease surveillance, better adherence by the private medical community to disease reporting, and a heightened awareness and increased knowledge of emerging infections diseases, has led to an increase in the number of communicable diseases reported and investigated. Since 2001, this expanded scope of communicable disease work necessitated the reorganization of the Health Department's CD Program with the subsequent development of a centralized CD Unit.

The CD Program is organized into the following program areas for ease of understanding. A general description of the population served, as well as specific accomplishments/services provided are included under each section below.

Communicable Disease/ Epidemiology

Communicable disease outbreak situations require a rapid, labor intensive response, often involve a surge of staff from other program areas and may affect any number of individuals of all ages in our community and surrounding jurisdictions. Additionally, the response to an outbreak often requires the involvement of other public health and community partners. In FY 2007, 2,413 cases of reportable communicable diseases were investigated, which included 404 cases associated with 18 separate outbreak situations. The number of CD investigations during FY 2006, was 20 percent greater than expected, continuing the trend of more CD investigations in each successive year surpassing current/future estimates. The CD investigation number does not include the 2,195 seasonal influenza cases tracked and reported to the Virginia Department of Health during the FY 2006 influenza season. Additionally, from January 2007 through September 2007, health promotion and prevention educational sessions were provided to over 60 high risk facilities that had previous outbreaks or were referred to the CD Unit by the Food Safety Section of the Health Department.

Sexually Transmitted Diseases (STD's)

The goal of the STD program is to prevent the spread of the diseases transmitted sexually in the community. Services include testing, counseling, diagnosis and treatment, partner notification and counseling, referral services, epidemiological investigation of priority STDs and educational activities focusing on prevention.

All STD clinics are confidential, free of charge, open to the public and provided at all five clinic locations. During FY 2007, 5,025 visits were made at our Health Department STD clinics for counseling, evaluation and treatment of STD's; 94 percent of those individuals were between the ages of 18 and 64.

HIV/AIDS Program

The goal of the HIV program is to prevent the spread of the virus in the community by identifying HIV infection through testing and counseling, providing linkage to treatment and other support services, and taking actions to prevent the spread of disease. The Health Department provides a range of free services and is open to the general public. Services include testing and counseling (both anonymous and confidential), referral to other support services, partner notification and counseling. HIV/AIDS Education Prevention Programs are available to all County residents; however, County employees, adolescents, young adults, minorities and individuals with high-risk behaviors primarily attend education prevention programs. Additionally, the Health Department administers the AIDS Drug Assistance Program (ADAP), providing medication to individuals infected with HIV that meet federal requirements for program enrollment.

During FY 2007, 7,525 individuals received HIV testing from the Health Department, and 280 individuals participated in the AIDS Drug Assistance Program (ADAP). Individuals enrolled in ADAP are primarily between the ages of 20 and 40 years old. The HIV Prevention Education Program provided 403 educational sessions to 5,987 high risk youth, adults and County employees.

Tuberculosis Control (TB) Program

The goal of the TB Control Program is to prevent the spread of tuberculosis in the community by identifying illness, providing treatment, and taking actions to prevent the spread of disease. The Health Department provides for the diagnosis and treatment of TB disease and infection through clinical services and case management. This is accomplished through physician diagnosis and treatment for TB disease, providing medications, chest x-rays and respiratory diagnostics, Directly

Observed Therapy (DOT) and careful oversight of disease treatment through case management and expert physician consult. Approximately 50 percent of individuals treated for TB disease receive their medical care through private physicians, who receive consultation and guidance related to medical care from the Health Department's TB physician consultant. In addition to treatment, screening services to identify individuals at risk of developing tuberculosis are provided.

During CY 2006, 120 individuals were treated by the Health Department and/or private providers for active tuberculosis; 14,909 individuals sought screening, treatment and case management for tuberculosis; and over 7,000 visits were made by outreach workers and public health nurses to provide DOT to client with active TB. This program serves a diverse population of predominately foreign born adults and children.

In Virginia in 2006, 332 cases of TB were reported. For Virginia as a whole, this represents a 6.5 percent decrease in cases reported compared to 2005. In Fairfax County, 120 TB cases were reported in 2006, representing a 29 percent *increase* from the number of cases reported in 2005. However, the steady increase in the population of Fairfax County had resulted in a stable TB case rate of 8.9/100,000 population. Fairfax County still accounts for 36 percent of Virginia's TB cases. Fairfax statistics are included by Virginia as part of the Northern Region, which in 2006 collectively accounted for 59.9 percent of the Commonwealth's TB cases.

Adult/International Travel Vaccinations

Adult vaccinations and counseling are provided for a flat fee to the general public at the five Health Department District Offices. Over 19,000 adult vaccines were given during FY 2007 for adults in need of preventative vaccination, as well as individuals preparing for business trips, vacations abroad, college entry and return visits to native countries. As we become more and more globally transient, the potential for the rapid and efficient spread of infectious diseases increases. Therefore, the provision of vaccinations to prevent the acquisition and spread of communicable illness becomes a vital link to the protection of the public's health.

Refugees Health Services

The goal of the Refugee Health Program is to provide health services to individuals entering the country as refugees, asylees and immigrants and prevent the spread of communicable disease. Services for adults and children include an initial health assessment, provision of vaccinations, screening for communicable illness to include TB and STDs, referrals to other services such as primary health care, mental health/substance abuse services, family planning, WIC, and pre-natal care. During FY 2007, 432 refugees and immigrants were provided services at our five Health Department clinics. The largest number of individuals receiving refugee services arrived in the United States from Somalia, Ethiopia and Iran.

Homeless Medical Services Program

Public health nurses (PHNs) and nurse practitioners (NPs) have provided medical services to homeless shelter residents at the County's five homeless shelters for the past 15 years. The Katherine K. Hanley Shelter Family Shelter, which opened in August 2007, represents a new service site for the Health Department. Health services offered include: (1) immunizations and connection to primary care providers; (2) communicable disease follow-up and referral to existing Health Department and community services; (3) physical exams; (4) care of acute infections; and (5) health teaching and promotion. During FY 2007, the PHNs and NPs assigned to the shelter provided an initial service to 711 clients and a return service to 249 clients.

In addition to providing health promotion and prevention services at the shelters, the Health Department also coordinates two cross-agency initiatives.

The Medical Respite Program

The Homeless Medical Respite Program provides a stable environment for homeless individuals with medical needs while recovering from injuries or illness (e.g., recent hospitalization). During the first year of the program, 31 unduplicated persons were admitted to the Medical Respite Program for an average stay of 35 days. The severity of participants' symptoms was measured at entry and exit from the program, with the majority of patients experiencing one or more improvements in their medical conditions.

The Homeless Healthcare Program (HHP)

The Homeless Healthcare Program provides outreach to the unsheltered homeless. Four mobile medical teams, comprised of nurse practitioners (medical and psychiatric), outreach workers, and mental/substance abuse outreach workers, in addition to one part-time psychiatrist, are dispatched to areas of the county where the unsheltered homeless live (e.g., in cars, in the woods or on the streets). After assessing each client, teams provide physical and behavioral health care, as well as referral and transportation to medical care, mental health, alcohol and drug services and dental resources.

Unsheltered individuals are offered the opportunity to enroll in *existing* County programs, be they emergency shelters, alcohol and substance abuse treatment, Community Health Care Network (CHCN), and/or mental health counseling. Individuals are also afforded the opportunity to enroll in the dental and/or denture programs created and funded specifically for this program. During the first nine months of the program (1/1/07-9/30/07) 629 unsheltered clients received health services from the NPs working in the Homeless Healthcare Program.

▶ Method of Service Provision

Communicable disease services are provided by public health nurses, community health specialists, outreach workers, an epidemiologist and a health educator in addition to receiving medical consultation services (e.g. medical epidemiologist). These positions are County and State funded employees. Services are provided by appointment or 'walk-in' basis at all five Health Department locations (Joseph Willard Health Center, Springfield District Office, Mt. Vernon District Office, Falls Church District Office, and the Herndon-Reston District Office) off-site, or in community-based clinics, home visits, and telephone contacts with clients; liaison activities with hospitals, correctional institutions, homeless shelters, and community organizations; and community health education programs. In addition, HIV/AIDS primary care services are delivered by a health care provider under a County contract managed by the Health Department. HIV/AIDS prevention and testing services are provided by Health Department staff as well as community-based organizations (CBO's) that receive grant funding managed by the Virginia Department of Health. The Tuberculosis (TB) program is augmented by three state-funded outreach workers that provide Directly Observed Therapy (DOT) for individuals with suspected and confirmed cases of TB. Two Health Department sites offer chest x-ray services to determine the status of TB infection. Two CHCN sites (North and South County locations) also provide chest x-ray services at no charge to Health Department clients associated with the assessment of TB, based on geographic convenience for the client population. All five Health Department sites offer specimen collection with testing in the central lab to determine TB infectiousness. The aforementioned TB services are available to private physicians in the care of their TB patients at no charge.

Nurse Walk-In Clinics/Nurse and MD Appointment Clinics: Health Department public health nurses and physicians provide services Monday through Friday from 8:00 am to 4:30 pm with early morning (7:30 am) and evening clinic hours (until 6:00 pm) scheduled throughout the week at all five Health Department locations.

X-Ray Clinics: By appointment and limited walk-in hours at four locations (Joseph Willard Health Center, Falls Church District Office, North County CHCN and South County CHCN). Clinics provide chest x-rays to determine TB infection and status of TB disease.

TB/Refugee Clinics: These services are incorporated into the nurse walk-in, nurse appointment and MD appointment clinic schedule. The clinic provides education, monitoring, testing and treatment for clients, including refugees, with TB infection and other health-related issues.

Regional Chest Clinic: Held weekly at one of two Health Department locations (Joseph Willard Health Center and the Falls Church District Office) on Thursday evenings (5 pm to 8 pm). Services include the diagnosis, treatment, follow-up and referral of TB suspects and active TB cases.

STD Clinics: Walk-in clinics are held weekly on specific days and with specific hour's at all five Health Department locations. Evening hours (5 pm – 6:30 pm) are available at two offices (Joseph Willard Health Center and the Springfield District Office). Diagnosis of STD's, including immediate laboratory testing in the clinic setting for some diseases, and treatment for identified STD's are provided during each clinic. Contact tracing and partner notification services occur as follow-up to these clinics.

International Travel Clinic: These services are incorporated into the nurse walk-in, nurse appointment and MD appointment clinic schedules at all five Health Department locations.

HIV Testing and Counseling: Anonymous HIV testing is offered twice monthly at the Joseph Willard Health Center (first and third Wednesdays 5 pm, - 6:30 pm). Confidential HIV testing is offered during nurse walk-in clinics daily, and STD clinics throughout the week at all five Health Department locations.

HIV Testing and Prevention Education: These services are incorporated into the nurse walk-in, and STD clinic schedule at all five Health Department locations. The clinics provide education, testing and referrals for treatment for clients with HIV infection.

HIV Prevention Education: These services are provided to identified high risk populations in community settings. Specialty nurses provide education related to HIV transmission and risk behavior, with focus on prevention.

AIDS Drug Assistance Program: These services are provided to eligible clients' at all five Health Department locations, by appointment. Specialty staff manages the requirements for each client's eligibility, and coordinate through the central pharmacy for delivery of medications to the preferred Health Department location.

▶ Mandate Information

This LOB is federally and state mandated. Sixty-two per cent of the expenditures for the mandated services within this LOB are covered by total revenue. The percentage of this LOB's resources used

to satisfy this mandate is 100 percent. See the *January 2007 Mandate Study*, reference page 35 for the specific state code and a brief description.

71-08: Long Term Care Development and Services

Fund/Agency: 001/71	*Health Department*
LOB #: 71-08	*Long Term Care Development and Services*
Personnel Services	$2,985,461
Operating Expenses	$563,083
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$3,548,544
Federal Revenue	$0
State Revenue	$184,939
User Fee Revenue	$1,076,406
Other Revenue	$23,538
Total Revenue:	$1,284,883
Net LOB Cost:	$2,263,661
Positions/SYE involved in the delivery of this LOB	59 / 59.0

▶ LOB Summary

The Long Term Care (LTC) Development and Services goal is to promote the health and independence of frail elderly and adults with disabilities; to offer an alternative to more restrictive and costly long term care; to provide respite for family caregivers; and to coordinate and implement the County's Long Term Care Strategic Plan. This new cost center was created to represent two distinct roles in the Health Department related to LTC. The Health Department has historically provided LTC services to frail elderly and adults with disabilities, but over the last several years the Health Department has become more involved in building LTC service capacity in the community. The primary role of the Health Department will be to promote public/private relationships in an effort to promote self-sustaining LTC services/programs in response to identified needs in the community.

According to the Long Term Care Task Force Report 2002, 10.4 percent of the Fairfax County population (104,818 persons) was either 65 years or older, or an adult with disabilities in the year 2000. It is estimated that in the year 2010 there be 187,378 people in this group representing 16.8 percent of the County's population. As the aging population continues to grow, the demand for LTC services is expected to increase.

Long Term Care Development

As developed by the county's Long Term Care Task Force and implemented by the Long Term Care Coordinating Council (LTCCC), the purpose of the Long Term Care Development Program is to coordinate and implement the County's Long Term Care Strategic Plan, "Toward a Lifetime of Independence," for older adults and persons with disabilities.

The LTCCC and program staff work together to identify program or service needs and work with community partners to include private for-profits, private non-profits, faith-based organizations, and county agencies to meet these needs. Through the efforts of the LTCCC, the county now has: 1) a new non-profit dedicated to leveraging private funds for the development of long term care programs and services (CareFaxLTC); 2) a day support program for young adults with severe physical disabilities who do not qualify for other support programs; 3) a multi-cultural health access training program for personal care attendants who speak languages other than English; 4) a web-based information service called disAbilityNavigator for persons with disabilities (funded and in development); and 5) a Care Fund to increase the number of assisted living beds available to low income persons (funded and in development).

Major new initiatives include development of the Program of All-Inclusive Care of the Elderly (PACE), which will provide a Medicaid/Medicare-funded alternative to nursing home placement for eligible frail elderly Northern Virginians; a LTC summit for faith-based community service providers to learn how to leverage resources and increase service capacity through education and coalition building; and a web-based application to enhance the registry of direct care workers maintained by the Department of Family Services.

Long Term Care Services:
The goal of Long Term Care Services is to allow frail elderly and adults with disabilities to live in the community of their choice by promoting their health and independence and by providing respite to their family caregivers.

- **Adult Day Health Care (ADHC) Program –** The goal of the ADHC Program is to promote the health and independence of frail elderly and adults with disabilities who need supervision during the day due to cognitive and/ or physical impairments. The average age of the participants is 85, ranging from 38 to 99 years. The six ADHC centers served 327 participants in FY 2007, of which 90 percent met the criteria for more restrictive and costly long term care facilities. Additionally, 94 percent of family caregivers who responded to the Annual Caregiver Satisfaction Survey stated that the ADHC program helped them keep their loved ones at home in the community. This represents a significant cost savings to the family considering that the average annual cost of a nursing home in Northern Virginia is $75,000 (MetLife Report 2005) and the annual cost of attending the ADHC program is $16,120. The value of this program goes well beyond the stated financial benefit as it offers participants the opportunity to socialize, enjoy peer support, and receive health services in a stimulating and supportive environment that promotes better physical and mental health. Finally, it helps functionally impaired adults who need supportive services to improve and/or maintain their independence. According to the Annual Caregiver Satisfaction Survey family caregivers stated that a significant number of participants in the program experienced improvement in their sleep patterns, cognitive function, level of interest in daily life and general health status.

  Participant daily fees are determined by a sliding scale ranging from $9.00 - $68.00 which is based on the State Health Department eligibility scale. The program has increased fees by 2 percent for the last several years and will continue to examine the need for a fee increase on a yearly basis. Medicaid reimburses the program $50.61 per day for participants who meet the criteria established by the Department of Medical Assistance Services (DMAS) for community-based long term care waiver programs. This fee was last increased January 2007.

- **Medicaid Nursing Home Pre-Admission Screening –** Nursing Home Pre-Admission Screening is a Virginia Department of Medical Assistance Services (DMAS) funded program (Medicaid). The program targets individuals who need services typically provided in a nursing home setting. In order to qualify for these services an individual must meet the functional criteria for Medicaid nursing home placement. If an individual meets the functional criteria they may choose to stay at home in the community rather than enter a nursing home. They can request long term care community-based services through Medicaid Waiver Programs enabling them to remain in the community, eliminating the need for more costly nursing home placement. The team conducted 499 screenings in FY 2007 up from 293 screenings in FY 2003. Of those screened 94 percent met the functional criteria for Medicaid services and 85 percent of those screened requested community-based long term care services rather than nursing home placement.

- **LTC Quality Assurance Program** - In 2005 the Virginia General Assembly enacted major legislation (S1183/HB2512) affecting assisted living facilities (ALF), residential facilities designed to provide assistance and care to adults who have limited functional capacities including the aged and disabled. The laws are to be phased in over three years from 2005 to 2008. Following the enactment of the new legislation, amendments were made to the *Standards and Regulations for Licensed Assisted Living Facilities*. In the state of Virginia the licensee/owner and the contracted manager of an ALF are both responsible and accountable for compliance with the *Standards and Regulations for Licensed Assisted Living Facilities* (22 VAC 40-71-50).

  As the licensee/owner of several ALFs, the county is responsible for ensuring compliance with the *Standards and Regulations for Licensed Assisted Living Facility* by the contracted manager (22 VAC 40-71-50). Currently the county owns the Lincolnia and Braddock Glen ALFs and they plan to open another ALF in 2009 at the Lewinsville Senior Housing site. The LTC Quality Assurance Coordinator is a new position that will be responsible for developing and implementing an internal Quality Assurance (QA) Program. This QA program will promote ongoing oversight of county owned ALFs managed through contractual agreements in order to maintain a 3 year license (given to facilities that consistently meet and exceed licensing requirements).

- **Senior + Program** - The 2002 Fairfax County Long Term Care Task Force identified a growing number of seniors in the county who require additional assistance to remain in their homes and continue to participate in community activities. The abilities of these senior adults are such that they do not need the services provided by the Adult Day Health Care (ADHC) Program. However, they also are unable to function independently enough to safely participate in Senior Centers sponsored by the Fairfax County Department of Community and Recreation Services (DCRS). The Senior+ program was developed in order to provide support services to seniors, thus allowing them to remain safely in the Senior Center and delaying the need for a more intense level of services. The Senior + Program targets seniors 55 and older who are residents of Fairfax County, City of Falls Church, or City of Fairfax and require a higher level of assistance to participate in senior center activities.

  In FY 2008 the Senior + Program expanded from 2 to 7 sites, which are located strategically across the county. It is expected that each site will serve on average 30 participants a day.

▶ Method of Service Provision

Long Term Care Development
Through the work of the LTCCC and its committees, the Long Term Care Development Program aims to provide community leadership to promote and assure an accessible, affordable, integrated and dynamic state-of-the-art collaborative system, enabling seniors and adults with disabilities to live independently in the community of their choice and to support the needs of their families, caregivers and service providers.

The LTCCC's four committees are Access, Services for Seniors, Services for Young Adults with Disabilities and Workforce. Each committee meets monthly to assess needs and recommend and develop solutions. The recent accomplishments and new initiatives noted above are the products of the committees' work.

- **LTCCC Staff:** The LTCCC is primarily staffed through the county's Health Department. Staff (program manager, facilitator and management analyst) oversee the activities of the LTCCC, prepare and update the Strategic Plan, and operate and oversee the county's grant programs for LTC: the Fairfax County Incentive Fund, which has distributed $300,000 to private non-profits to begin new, innovative LTC services; and the Care Fund, which will offer $500,000 to a private assisted living provider to match with an additional $1 million of its own funds to provide assisted living care to low income persons who do not qualify for other assistance and could not afford care themselves. Both funds were initiated with a one-time investment by the Fairfax County Board of Supervisors, with the possibility of additional funding in the future.

- **CareFaxLTC** is a new non-profit envisioned in the Strategic Plan and created by the LTCCC's executive board. CareFaxLTC opened in May 2007 and has hired an executive director who is working in the community to develop partnerships and raise funds for LTC services. CareFaxLTC will be the sponsor for the faith-based services summit and has obtained donated conference center space from George Mason University for the June 11, 2008 event. CareFaxLTC is also working to develop the direct care workers' web-based registry, in partnership with SeniorNavigator, the Workforce Committee and the county's Department of Family Services. CareFaxLTC was initially funded by the Fairfax County Board of Supervisors, with the intent that the organization will become self-sustaining through its fund raising and partnership efforts.

Long Term Care Services:

- **ADHC Program** is provided directly by County employees in six centers. Hours of operation are 7:00 a.m. – 5:30 p.m. Monday – Friday. Participants attend a minimum of two days a week. The Health Department also offers a Saturday Center-Based Respite Program alternating between two of the ADHC centers from 9:00 a.m. – 4:30 p.m. The center maintains a minimum staff ratio of one staff member to six participants. The centers are licensed by the Department of Social Services and all six centers have been issued a three year license, which is reserved for facilities that consistently provide quality care and exceed licensing requirements. Services at each center are provided by a multidisciplinary team consisting of a registered nurse responsible for health monitoring, a nurse responsible for managing the day-to-day operation of the program and participant intake, a recreation therapist and 5 program assistants responsible for implementing therapeutic activities.

- **Medicaid Nursing Home Pre-Admission Screening Program** - In order to determine if an individual meets the functional criteria for the long term care Medicaid services they must be screened by a team that consists of a Health Department physician, public health nurse and a Department of Family Services social worker. A joint home visit is made by the public health nurse and the social worker to complete the Universal Assessment Instrument (UAI), the screening tool required by DMAS. Following the home visit assessment, the screening packet is submitted to the Health Department's medical officer for review and signature. A formal letter of notification is sent to the family stating the outcome of the assessment. If the screening team determines that the individual meets the functional criteria, they will be referred to a Department of Family Services eligibility worker to determine if they meet the financial criteria. Medicaid long term care services are coordinated by the social worker. Medicaid reimburses the Health Department $51.75 per screening conducted. The Department of Medical Assistance Services (DMAS) conducted a cost analysis this year and based on the results of the study submitted recommendations to the General Assembly to increase the rate per screening to $134.84.

- **LTC Quality Assurance Program** – The LTC Quality Assurance Coordinator, a public health nurse, will develop a comprehensive quality assurance program to evaluate and monitor county owned assisted living facilities and other LTC regulated care settings. This position will also function as the leader of the county's interagency Assisted Living Facility Quality Assurance Committee.

- **Senior +** - The contractor will operate the seven Senior + program sites and provide oversight and staff supervision in accordance with all Department of Community and Recreation Services' policies and procedures. The contractor will assign a Senior + Program Team consisting of a recreation therapist, mental health therapist and registered nurse to each Senior + program site.

  The Senior + Program County Coordinating Team consisting of a recreation therapist, a mental health therapist and a public health nurse will oversee all seven Senior + program sites. They will all be responsible for performance management, orientation of contract staff, quality assurance, and program oversight.

  The public health nurse on the Senior + program county coordinating team will be specifically responsible for the following:

  - Directing and monitoring the health aspects of the Senior + program.

  - Responding to programmatic problems related to nursing services and working with contract staff to resolve issues.

  - Maintaining up to date knowledge of evidenced based health promotion and prevention strategies and working with contract staff to implement innovative programs within the Senior + program.

  - Researching and forecasting health needs of participants in the Senior + program and working with contract staff to develop initiatives to address needs.

  - Monitoring compliance with best practices regarding health promotion and

prevention initiatives for seniors; resolving non-compliance issues as observed.

▶ Mandate Information

Long Term Care Development and Services – Nursing Home Pre-Admission Screening is the only state mandated service within this LOB. Twenty-five per cent of the expenditure for this mandated service is covered by user fees and state revenue. The percentage of this LOB's resources used to satisfy this mandate is 10 percent. See the *January 2007 Mandate Study*, reference page 35 for the specific state code and a brief description.

71-09: Community Health Care Network

Fund/Agency: 001/71	*Health Department*
LOB #: 71-09	***Community Health Care Network***
Personnel Services	$654,126
Operating Expenses	$8,315,155
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$8,969,281
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$8,969,281
Positions/SYE involved in the delivery of this LOB	9 / 9.0

▶ LOB Summary

The Community Health Care Network (CHCN) provides comprehensive and continuing primary health care to over 15,000 low-income, uninsured patients enrolled in the program. To ensure appropriate and cost effective health care, the program utilizes a managed care model. Primary care is delivered at three County Health Centers by physicians and mid-level providers. Upon referral by the primary care practitioner, patients obtain medical specialty care from private physicians who participate in an organized pro-bono/nominal reimbursement charity care network. The vast majority, 93 percent, of the participants are adults, most of who are working or are being supported by someone who is working. All participants have gross family incomes at or below 200 percent of the Federal Poverty Guidelines.

CHCN started in 1990 in response to the growing need to provide basic health care to the low-income, uninsured, "working poor" that have no access to health care. CHCN is modeled to leverage free or reduced care from physicians in the community, local hospitals, and pharmaceutical companies. For example, in FY 2007, $4.5 million in "free" medications were obtained from pharmaceutical companies on behalf of patients.

The majority of the funding is from the County General Fund. However, the operating costs reflect "net" figures as the contract vendors are mandated to collect user fees from their patients, bill the Cities of Fairfax and Falls Church for visits by their residents, and bill for disability determination evaluations. In FY 2007, $446,706 was collected in total from these sources to offset costs.

CHCN contributes significantly to preventing and minimizing the impact of new and emerging communicable diseases and other health threats. For example, in FY 2007, 89 percent of the women between ages of 40-69 enrolled in CHCN were provided a mammogram during a two-year treatment period. CHCN has many collaborative efforts with other County agencies and community based organizations, and companies to help facilitate access to the program and to leverage resources that help increase the quality, availability, and accessibility of health care. In FY 2007, over 47,000 primary care visits were delivered to CHCN participants. Another formal mechanism by which the CHCN partners with the community is through its Community Advisory Committee, which has members from referring agencies, the academic community, not-for-profit organizations, mental health services, and interested citizens.

The number of uninsured working poor continues to increase. There is no foreseeable end to the increase in uninsured as the cost of health care continues to rise and many companies decide they can no longer afford to provide insurance coverage for their employees. This is particularly the case with small businesses nationwide and in Fairfax County. While health costs continue to increase well beyond the average CPI, CHCN has been able to maintain cost controls, primarily as a result of a program that was implemented to obtain free pharmaceuticals offered by most of the pharmaceutical companies.

▶ Method of Service Provision

CHCN utilizes a contract services model for the staffing and operating expenses of the primary care centers, reference laboratory tests, prescription drug medications, and physician specialist services. The only functions of this program that are not contracted are the direct provision of management and support, enrollment/eligibility determination, and medical social work services by County employees. This directly provided component allows the Health Department administration a needed measure of program control and accountability.

▶ Mandate Information

There is no federal or state mandate for this LOB.

71-10: Dental Health

Fund/Agency: 001/71	*Health Department*
LOB #: 71-10	***Dental Health***
Personnel Services	$468,902
Operating Expenses	$38,978
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$507,880
Federal Revenue	$0
State Revenue	$92,469
User Fee Revenue	$79,686
Other Revenue	$11,769
Total Revenue:	$183,924
Net LOB Cost:	$323,956
Positions/SYE involved in the delivery of this LOB	4 / 4.0

▶ LOB Summary

The Dental Health Program provides screening/evaluation, preventive and restorative dental care to low-income children, age 3 years through 18 years of age. Oral health education is provided, upon request, to schools, pre-schools and child care centers.

Access to dental care remains a challenge for low-income uninsured children and adults throughout the region. The participation level of the dental community in the Children's Health Insurance (Medicaid-FAMIS) program varies. Currently, the Dental Program is open to both uninsured and FAMIS covered children. Once this population is served, if funds are still available the Dental Program will begin offering services to low-income, uninsured pregnant women – a population presently underserved within the region but whose poor dentition can cause health programs in newborns.

▶ Method of Service Provision

Dental services are provided at three locations in the County – North County, South County and at the Joseph Willard Health Center in Fairfax. Patients are seen by appointment only and must meet financial eligibility criteria for care and parents need to be present. Hours of operation are 8:00 a.m. – 4:30 p.m. Monday through Friday except holidays.

▶ Mandate Information

There is no federal or state mandate for this LOB.

71-11: Program Management

Fund/Agency: 001/71	*Health Department*
LOB #: 71-11	***Program Management***
Personnel Services	$734,361
Operating Expenses	$1,030,121
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,764,482
Federal Revenue	$0
State Revenue	$92,469
User Fee Revenue	$567,078
Other Revenue	$11,769
Total Revenue:	$671,316
Net LOB Cost:	$1,093,166
Positions/SYE involved in the delivery of this LOB	9 / 9.0

▶ LOB Summary

The purpose of Program Management is to assure that the agency meets the needs of the community, addresses the emerging and ongoing challenges of public health threats and maintains a work environment that maximizes productivity and abides by the agency's core values.

Since 2001, the infrastructure has been strengthened by the addition of a Public Information Officer, an Informatics Manager, and a Deputy Director for Operations and a Strategic Planner.

The core functions of public health, consistent with the strategic goals outlined in the LOB narrative, continue to be the main focus of all programs and activities. To accomplish and sustain new initiatives, emphasis is placed on partnering with various segments of the population/community based organizations/county agencies and local private health care entities.

The strengthened infrastructure has provided expertise to the planning, development and evaluation of such initiatives and/or new services.

In late FY 2008, a comprehensive community health assessment will be initiated, led by Program Management staff, which will be combined with the County's Balanced Scorecard approached to set the direction of the agency the next 5-10 years.

▶ Method of Service Provision

Program Management staff participate on local, regional, metro, federal and state committees, task forces, commissions. They have direct accountability for compliance with all regulations/laws related to service delivery regardless of source of origin.

▶ Mandate Information

The only service within this LOB mandated by State Law is Vital Records (issuing and registering death certificates, Code 32.1-254). The percentage of this LOB's resources used to satisfy this mandate is 10 percent. See the *January 2007 Mandate Study*, reference page 35 for the specific state code and a brief description.

71-12: Office of Emergency Preparedness

Fund/Agency: 001/71	*Health Department*
LOB #: 71-12	*Office of Emergency Preparedness*
Personnel Services	$214,729
Operating Expenses	$85,117
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$299,846
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$299,846
Positions/SYE involved in the delivery of this LOB	3 / 3.0
Grant Positions/SYE involved in the delivery of this LOB	2 / 2.0

▶ LOB Summary

Purpose

Fairfax County Health Department established the "Office of Emergency Preparedness" (OEP) in August, 2006 in response to increasingly complex requirements for public health emergency preparedness capabilities. The OEP is purposed to provide comprehensive planning, training, and exercise activities to enhance the department's public health emergency preparedness and response capabilities. The OEP also provides administrative oversight of grants, budgets, personnel, and interagency coordination related to public health emergency preparedness to insure all activities are cost-effective and integrated with allied governmental and non-governmental agencies.

Background

Following the 9/11 terrorist attacks and an act of domestic bioterrorism involving anthrax spores in the fall of 2001, the need for unprecedented public health preparedness was recognized.. Shortly thereafter, public health was designated as a "first responder" Since that time, federal, state, and regional public health initiatives to prepare for future terrorist acts have expanded dramatically. The trend toward further enhancing public health emergency preparedness and response capabilities has continued with the emergence of novel infectious diseases such as SARS, and West Nile Virus. Faced with the possibility of a worldwide influenza pandemic, public health has once again been thrust to the forefront of emergency preparedness and response. In 2004 the President signed

"Homeland Security Presidential Directive 10" which states, in part, "…we are building on the progress of the past three years to further improve the preparedness of our public health and medical systems to address current and future BW (bioweapons) threats and to respond with greater speed and flexibility to multiple or repetitive attacks."

Initiatives & Accomplishments

- Continuity of Operations Planning (COOP) – Completed the COOP planning process; activated the COOP for an electrical fire at Joseph Willard Health Center; completing staff training and table-top exercises with supervisors and managers.

- Cities Readiness Initiative – Led interagency planning effort to produce a mass dispensing plan for rapid distribution of antibiotics; completed table-top exercise with 75 federal, state, regional agency partners; conducted exercise to evaluate "Volunteer Mobilization Center" and "Quick Distribution Center" functions.

- Pandemic Influenza Community Outreach - Conducted 10 major Pandemic Influenza training events for diverse groups such as childcare providers, social service agencies, physicians, and small businesses; participated in outreach events with numerous smaller groups; conducted fit-testing of respirators with physicians countywide.

- Medical Reserve Corps – conducted numerous volunteer training programs to include two full-scale exercises and one leadership workshop.

Funding Sources

The majority of the OEP budget is from general fund, but a substantial amount ($294,900) of grant funding from federal sources is received for projects:

- Public Health Emergency Preparedness (Department of Homeland Security)

- Cities Readiness Initiative – (Centers for Disease Control)

- Emergency Preparedness Focus Area A & B – (Centers for Disease Control)

Strategic Plan Goals

The OEP is directly involved in several key objectives detailed under Fairfax County Health Department's Strategic Plan "Goal 1 – Threats to Public Health: Prevent or minimize impact of new and emerging diseases and other public health threats."

Future Issues

Most of the Health Department's current preparedness and response capabilities are in formative or early developmental stages. Future efforts will focus on strengthening capabilities, refinement of procedures, and conducting more in-depth training and exercises.

▶ Method of Service Provision

Planning, Training, Exercise, Coordination, Volunteer Recruitment, Community Education.

▶ Mandate Information

Fulfills directive from Homeland Security that State and local entities develop plans for emergency events; public health designated as a first responder along with public safety (Homeland Security Presidential Directive 10, 2004). The percentage of this LOB's resources used to satisfy this mandate is 100 percent. See the *January 2007 Mandate Study*, reference page 35 for the specific state code and a brief description.

AGENCY PERFORMANCE MEASURES

Objectives

- To complete preventative and restorative dental treatment within a 12 month period for at least 50 percent of the children seen.

- To maintain the percentage of regulated food establishments that are inspected on a frequency that is based on the food borne risk potential of the establishment (high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year) and reduce by 1percent the number of establishments that are closed, due to major violations of the Food Code, from 4.5 percent towards a target of 0 percent closures in future fiscal years.

- To maintain the percentage of improperly installed water well supplies that pose the potential for water-borne diseases that are corrected within 30 days at 53.9 percent or better and to move towards a target of 60.0 percent in FY 2009.

- To maintain the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage-borne diseases that are corrected within 30 days at 87.4 percent and to move towards a target of 90.0 percent in FY 2009.

- To maintain the percentage of complaints dealing with rats, cockroaches, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60 days at 65.2 percent and to move towards a target of 70.0 percent in FY 2009 and 90 percent in future years.

- To suppress the transmission of West Nile virus, known to be carried by infected mosquitoes, in the human population and hold the number of human cases as reported by the Virginia Department of Health to no more than three cases.

- For the Communicable Disease (CD) Program, to ensure that 95 percent of all tuberculosis (TB) cases will complete treatment; ensure that 95 percent of completed communicable disease investigations need no further follow-up; and to reduce the incidence of (TB) to 10.0/100,000 and to move toward the Healthy People 2010 objective of 1.0/100,000 population.

- To ensure that 30 percent of clients served in the Homeless Medical Services Program experience improved health outcomes.

- To recruit, train and retain an additional 500 Medical Reserve Corps (MRC) Volunteers per year while retaining the existing membership. In FY 2008 the estimate changed from 1400 to 500.

- To insure all Health Department personnel achieve and maintain compliance with Incident Command Systems (ICS) training requirements of the National Incident Management System (NIMS) as promulgated and updated annually by the Department of Homeland Security.

- To conduct community outreach and education activities with hard to reach populations and service providers to increase the practice of preventative behaviors and level of preparedness in the community to the threat of pandemic influenza, bioterrorism attack, and other public health threats, targeting a minimum of 2,000 individuals.

- To accommodate an increase in patient visits to 49,000, a level still within the maximum allowed under the existing contract with the contract provider, and to ensure that 90 percent of female patients age 40-69 treated over a two-year period receive a mammogram and 90 percent of individuals with diabetes receive an annual neuropathy exam.

- To improve the immunization rate of children served by the Health Department to 80 percent, toward the Healthy People 2010 goal of 90 percent.

- To maintain the low birth weight rate for all Health Department clients at 4.8 percent or below.

- To ensure that seventy-five percent of Speech Language Pathology clients will be discharged as corrected/no further follow-up required.

- To maintain certification with federal agencies and to ensure a high level of testing quality by maintaining a 95 percent scoring average on accuracy tests required for certification.

- To make it possible for 95 percent of residents to avoid needless rabies post-exposure shots by the timely receipt of negative lab results by maintaining the percentage of rabies tests involving critical human exposure that are completed within 24 hours (potentially saving residents the expense of needless shots) at 95 percent.

- To implement health plans for at least 65 percent of students with identified needs within five school days of the notification of the need, toward a target of 95 percent, and to maintain the on-site availability of a Clinic Room Aide (CRA) on 98 percent of school days.

- To provide adult day health care services to 411 frail elderly and adults with disabilities, so that 90 percent of their family caregivers are able to keep them at home, in the community, preventing the need for more costly and often less desirable long-term care options.

- To expedite access to needed services by providing Medicaid Nursing Home Pre-Admission screening for at least 95 percent of impaired adults within 10 working days of the request for screening.

- To maintain the monitoring index at 95 percent or better.

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Web site visits	281,177	281,000 / 310,478	300,000	341,500	71-11
New patients visits	986	1,300 / 1,636	1,300	1,300	71-10
Total visits	2,370	3,900 / 3,596	3,900	3,900	71-10
Patients screened	1,192	1,200 / 449	600	600	71-10
Education sessions	225	230 / 997	300	300	71-10
Regulated food establishments	3,232	3,030 / 3,108	3,100	3,150	71-01
Water well supply services provided	3,839	3,800 / 3,134	3,200	3,300	71-01
Sewage disposal system services provided	7,635	7,600 / 5,623	5,700	6,000	71-01
Community health and safety complaints investigated	2,511	2,600 / 2,459	2,500	2,500	71-01
Stormwater catch basins treated with mosquito larvicide	113,117	125,000 / 101,118	115,000	115,000	71-01
Clients served in tuberculosis (TB) screening, prevention and case management	14,909	14,500 / 18,105	18,100	18,200	71-07
Communicable disease (CD) cases investigated	1,439	1,400 / 2,413	2,500	2,500	71-07
Clients served through the Homeless Medical Services Program	NA	NA	1,550	1,600	71-07
Emergency preparedness: Health Department staff and community Medical Reserve Corps volunteers completing an initial public health emergency education and training session*	1,737	1,400 / 141	500	NA	71-12
Number of outreach and education "contacts" (defined as a person who attends a seminar, summit, or public health fair)	NA	NA	NA	2,000	71-12
Number ICS/NIMS training slots provided by OEP staff	NA	NA	NA	500	71-12
Primary care visits	48,032	48,250 / 47,022	49,000	49,000	71-09
Immunizations: Children seen	21,920	25,000 / 20,946	22,000	22,000	71-05
Immunizations: Vaccines given	39,762	45,000 / 44,775	45,000	45,000	71-05
Maternity: Pregnant women served	2,621	2,600 / 2,653	2,700	2,700	71-04
Speech Language: Client visits	2,751	3,400 / 2,502	2,700	3,000	71-05
Tests reported	238,834	210,000 / 243,205	220,000	220,000	71-02
Rabies tests reported	706	700 / 828	700	700	71-02
Students in school (academic year)/sites	163,534 / 188	165,000 / 189 / 163,593/189	165,000 / 189	164,500/189	71-06
Students in summer school, community-based recreation/programs/sites	52,525 / 136	53,500 / 130 / 66,461/140	50,000 / 130	55,000/135	71-06
Students with health plans	47,522	45,000 / 44,285	48,000	44,000	71-06
Students with new health plans	18,371	20,500 / 15,564	20,000	15,000	71-06
Total health plans implemented	45,774	45,000 / 43,308	45,000	44,000	71-06

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Visits to clinic of sick/injured and for medicine	768,986	800,000 / 749,367	760,000	765,000	71-06
Clients served per day	121	150 / 127	155	155	71-08
Clients per year	339	403 / 327	411	411	71-08
Operating days	248	248 / 248	248	248	71-08
Medicaid Pre-Admission screenings completed per year	501	400 / 499	525	525	71-08
Clients surveyed	179	200 / 195	205	205	71-08
Measurements made	321,323	320,000 / 306,299	320,000	320,000	71-01
Efficiency:					
Ratio of visits to Web site maintenance hours	NA	NA / NA	400:1	500:1	71-11
Cost per visit	$152.00	$153.00 / $173.00	$169.00	$176.00	71-10
Net cost to County	$107.00	$109.00 / $118.00	$119.00	$126.00	71-10
Regulated food establishments / Specialist	202:1	189:1 / 207:1	207:1	210:1	71-01
Water well services / Specialist	384:1	380:1 / 313:1	320:1	330:1	71-01
Sewage disposal system services/ Specialist	764:1	760:1 / 562:1	570:1	600:1	71-01
Community health and safety complaints / Specialist	358:1	371:1 / 351:1	357:1	257:1	71-01
West Nile virus program cost per capita	$1.05	$1.10 / $1.66	$1.63	$1.63	71-01
TB care: Total cost per client	$108	$130 / $105	$110	$118	71-07
TB care: County cost per client	$44	$64 / $52	$57	$66	71-07
CD investigations: Total cost per client	$220	$426 / $280	$326	$350	71-07
CD Investigations: County cost per client	$118	$225 / $165	$184	$211	71-07
Clients evaluated by the Nurse Practitioner	NA	NA	1:388	1:400	71-07
Emergency preparedness: Total cost per individual trained	$124	$167 / $386	$116	NA	71-12
Emergency preparedness: County cost per individual trained	$98	$149 / $248	$55	NA	71-12
Cost of PanFlu Outreach expenditures divided by the number of "contacts"	NA	NA	NA	$10	71-12
ICS NIMS training cost expended per Health Department staff member	NA	NA	NA	$24	71-12
Net cost to County per visit	$177	$189 / $174	$199	$199	71-09
Immunizations: Cost per visit	$21	$20 / $23	$19	$20	71-05
Immunizations: Cost per visit to County	$18	$16 / $17	$13	$14	71-05
Immunizations: Cost per vaccine administered	$12	$11 / $11	$10	$11	71-05

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Efficiency:					
Immunizations: Cost to County per vaccine administered	$10	$9 / $8	$7	$8	71-05
Maternity: Cost per client served	$527	$517 / $505	$459	$481	71-04
Maternity: Cost per client to the County	$237	$227 / $369	$332	$353	71-04
Speech Language: Net cost per visit	$172	$144 / $197	$191	$245	71-05
Average cost/all tests	$4.58	$5.04 / $4.32	$4.85	$5.15	71-02
Cost/rabies test	$69.06	$71.75 / $61.73	$76.88	$78.75	71-02
Students/PHN ratio	3,028:1	2,895:1 / 2870:1	2,700:1	2,700:1	71-06
Students with health plans in place within 5 days of notification	10,885	12,710 / 9,328	12,800	9,000	71-06
Health plans/PHN ratio	880:1	789:1 / 760:1	800:1	800:1	71-06
Large group training sessions/number attending	30 / 1,842	55 / 3,000 / 50/1,502	25 / 2,000	40/1,500	71-06
Cost of service per client per day	$91.00	$98.00 / $104.00	$98.00	$101.00	71-08
Net cost per client to the County	$61.00	$70.00 / $72.00	$70.00	$72.00	71-08
Medicaid cost per service unit	$151	$190 / $150	$153	$172	71-08
Medicaid net cost to County	$103	$138 / $100	$101	$120	71-08
Program cost per capita	$0.244	$0.165 / $0.176	$0.168	$0.167	71-01
Service Quality:					
Percent of Web site users satisfied with the information and format	NA	NA / NA	80%	80%	71-11
Customer satisfaction index	97%	97% / 97%	97%	97%	71-10
Percent of regulated food establishments inspected at least once every 6 months*	100.0	100.0 / 96.0	NA	NA	71-01
Average number of inspections to correct out-of-compliance water well supplies	1.2	1.2 / 1.2	1.2	1.2	71-01
Average inspections to correct out-of-compliance sewage disposal systems	2.9	3.0 / 2.9	3.0	3.0	71-01
Percent of community health and safety complaints responded to within 3 days	64.7%	65.0% / 65.2%	65.0%	70.0%	71-01
Percent of target areas treated in accordance with the timetable	100%	100% / 100%	100%	100%	71-01
Percent of regulated food establishments risk-based inspections that were conducted on time*	NA	NA / NA	90.0%	95.0%	71-01
Percent of community medical providers treating TB patients that are satisfied with the Health Department's TB Program	100%	95% / 100%	95%	95%	71-07

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Service Quality:					
Percent of individuals at highest risk for CD transmission provided screening, prevention education and training	97%	95% / 98%	95%	95%	71-07
Percent of clients who return for a follow-up visit	NA	NA	30%	33%	71-07
Percent of individuals who express feeling confident to respond to a public health emergency following education and training	97%	95% / 95%	95%	NA	71-12
Percentage of "contacts" who evaluate their educational experience as "good" to "excellent"	NA	NA	NA	95%	71-12
Percentage of Health Department who evaluate their ICS/NIMS training experience as "Good" or "Excellent"	NA	NA	NA	95%	71-12
Percent of clients satisfied with their care at health centers	92%	95% / 98%	95%	95%	71-09
Percent of clients whose eligibility is determined on the first enrollment visit	NA	NA / NA	NA	NA	71-09
Percent of clients whose eligibility determination is accurate	93%	95% / 97%	95%	95%	71-09
Immunizations: Percent satisfied with service	98%	97% / 97%	97%	97%	71-05
Maternity: Percent satisfied with service	97%	97% / 97%	97%	97%	71-04
Speech Language: Percent of survey families who rate their therapy service as good or excellent	100%	100% / 100%	100%	100%	71-05
Percent of laboratory clients satisfied with service	97%	95% / 98%	95%	95%	71-02
Percent of rabies tests involving critical human exposure completed within 24 hours	99%	95% / 99%	95%	95%	71-02
Percent of parents satisfied with services	99.4%	99.0% / 99.5%	99.0%	99.0%	71-06
Percent of students receiving health support from CRAs	95.0%	95.0% / 94.0%	95.0%	95.0%	71-06
Percent of clients/caregivers satisfied with service	100%	100% / 100%	100%	100%	71-08
Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service	95%	95% / 95%	95%	95%	71-08
Data accuracy	3.7%	3.8% / 3.6%	5.0%	5.0%	71-01

Health Department

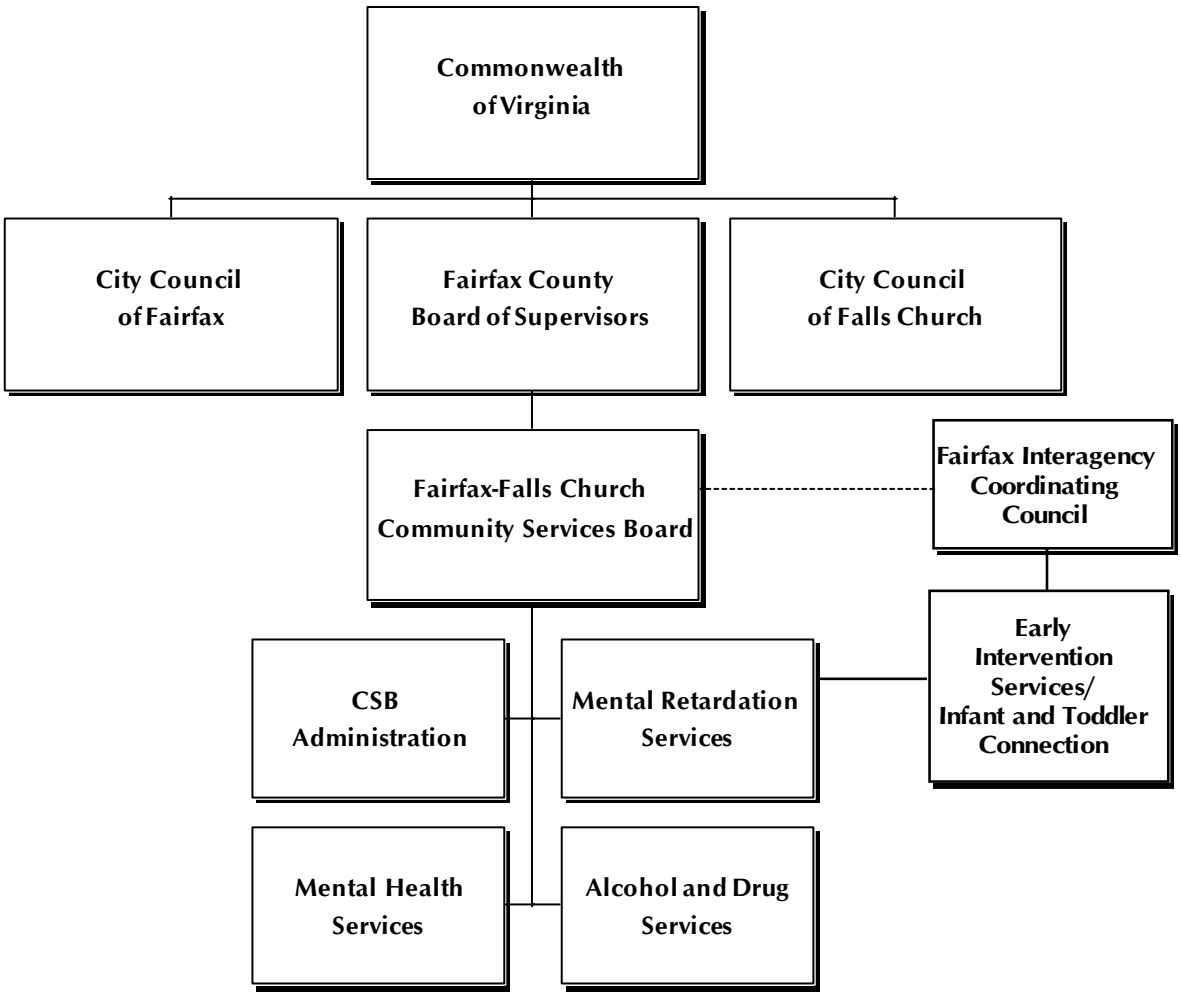
Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Percent of users giving Web site a rating of Very Helpful or better	NA	NA / NA	80%	80%	71-11
Percent of treatment completed within a 12 month period	38%	50% / 33%	50%	50%	71-10
Percent of food establishments closed due to major violations	7.0%	6.0% / 4.5%	4.5%	4.5%	71-01
Percent of out-of-compliance water well supplies corrected within 30 days	50.7%	55.0% / 53.9%	55.0%	60.0%	71-01
Percent of out-of-compliance sewage disposal systems corrected within 30 days	86.7%	90.0% / 87.4%	90.0%	90.0%	71-01
Percent of community health and safety complaints resolved within 60 days	63.4%	65.0% / 65.2%	65.0%	70.0%	71-01
Confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health	0	3 / 1	3	3	71-01
Rate of TB Disease/100,000 population	8.9	8.9 / 11.5	8.9	10.0	71-07
Percent of TB cases discharged completing treatment for TB disease	98%	95% / 92%	95%	95%	71-07
Percent of completed CD investigations needing no further follow-up	99%	95% / 98%	95%	95%	71-07
Percent of clients with improved health outcomes	NA	NA	30%	30%	71-07
Number of active Medical Reserve Corps Volunteers	3,542	4,600 / 3,554	4,054	NA	71-12
Increase in the number of at-risk persons with enhanced preventative behavior and/or increased level of preparedness	NA	NA	NA	2,000	71-12
Percentage of Health Department staff meeting established ICS/NIMS training requirements.	NA	NA	NA	95%	71-12
Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period	79%	80% / 89%	80%	90%	71-09
Percent of patients with diabetes who receive an annual neuropathy exam	74%	80% / 87%	80%	90%	71-09
Immunizations: 2 year old completion rate	78%	80% / 77%	80%	80%	71-05
Maternity: Overall low birth weight rate	4.7%	4.8% / 4.6%	4.8%	4.8%	71-04
Speech Language: Percent of students discharged as corrected; no follow-up needed	73%	77% / 82%	75%	75%	71-05

Health Department

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Average score on accuracy tests required for certification	98%	95% / 97%	95%	95%	71-02
Certifications maintained	Yes	Yes / Yes	Yes	Yes	71-02
Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results	99%	95% / 99%	95%	95%	71-02
Percent of students with health plans in place within 5 days of notification	59.0%	62.0% / 60.0%	64.0%	65.0%	71-06
Percent of school days CRA is on-site	97.0%	98.0% / 96.0%	98.0%	98.0%	71-06
Percent of family caregivers who state that ADHC enables them to keep their loved one at home in the community	94%	90% / 90%	90%	90%	71-08
Medicaid Pre-Admission screenings: Percent of screenings initiated within 10 working days of referral	100%	95% / 100%	95%	95%	71-08
Air pollution monitoring index*	98.0%	96.0% / 91.0%	96.0%	96.0%	71-01

*The inspection frequency of regulated food facilities will change from once every 6 months to an inspection frequency based on the facility's food borne risk factor. Studies have shown that high risk establishments (those with complex food preparation; cooking, cooling and reheating) which are approximately 50 percent of Fairfax County restaurants, are to be inspected at a greater frequency than low risk establishments (limited menu/handling) to reduce the incidence of food borne risk factors. Food and Drug Administration (FDA) recommends that high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year.

Fund 106
Community Services Board (CSB)



Mission

The mission of the Fairfax-Falls Church Community Services Board (CSB) is to:

- Serve Fairfax-Falls Church residents with, or at risk of, severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; alcohol or drug abuse or dependency; or cognitive developmental delays;

- Empower and support the people we serve to live self-determined, productive and valued lives within the community; and

- Identify, develop and offer programs on prevention, intervention, treatment, rehabilitation, residential and other support services in a personalized, and flexible manner appropriate to the needs of each individual and family served.

Fund 106
Community Services Board (CSB)

Focus

The CSB was created in 1969 and is comprised of 16 members; 14 appointed by the Fairfax County Board of Supervisors and one each appointed by the Councils of the Cities of Fairfax and Falls Church. The CSB is established under the Code of Virginia; however, under a Memorandum of Agreement between the CSB and the local jurisdictions, the CSB carries out its roles and responsibilities under the Administrative Policy Board type of structure and observes County rules and regulations regarding financial management, personnel management and purchasing activities. The CSB directly operates and contracts with outside entities for the provision of many client services.

In the aftermath of the Virginia Tech tragedy, the CSB responded to the media and local community by offering information, counseling and support. The report on this tragic incident is expected to have long standing impact on the structure and priorities within the state mental health system. Prior to the Virginia Tech tragedy, the Commission on Mental Health Law Reform was conducting a comprehensive review which included the civil commitment process, access to services, and diversion of individuals with serious mental illness away from the criminal justice system and into the mental health system. CSB staff has been actively involved in evaluating needed changes to the laws and services to more effectively meet the needs of people with mental illness. Further complicating the issues is the ongoing trend evidenced by downsized state facilities and fewer local psychiatric hospital beds. While the scrutiny following the Virginia Tech shootings is likely to bring new attention to some of the issues of community and institutional treatment, the funding source to comply with pending legislation related to commitment of consumers to inpatient or outpatient care is currently unclear.

Another significant influence on the recent work of the CSB has been the transformation initiative established by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, which is described in the following vision statement: "We envision a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health and the highest possible level of consumer participation in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership." The implementation of these principles is visible in the CSB's visionary goals, in its strategic planning effort with its Board and staff and in a significant number of change initiatives aimed at a more person-centered, recovery-oriented service system. An example is evident in the CSB's selection as a site for the Virginia Services Integration Project (VASIP). As part of this project, the CSB is training all mental health and alcohol and drug services staff to become more effective in the provision of services to persons with the dual disorders of mental illness and substance abuse. The CSB is also better integrating mental health and alcohol and drug services and promoting a much closer partnership with consumers and families in the design and evaluation of services. A joint assessment tool, researched and developed by the CSB staff, was successfully piloted in FY 2007 and is currently being implemented by staff in Mental Health and Alcohol and Drug Services. This tool will streamline the assessment process for consumers with mental health or substance use disorders seeking services from the CSB, and is an example of a best practice model.

A major piece of transformation work currently underway is the CSB Recovery Initiative. Mental health consumers, advocates and staff are working closely to improve the "feel" of the CSB's service system for those who use it. Efforts include new educational materials, wellness seminars, consumer leadership development, the hiring of consumers in CSB peer support positions and a general focus

on a welcoming, informed and compassionate service experience, which is inclusive of the expertise of consumers and families.

An area of significant change in Mental Health Services is the reduction of the waiting list for services, achieved through the implementation of a rapid access assessment model for adult consumers. Waiting periods for services, which were over 120 days in early 2006, have been reduced to two to ten days for persons not requiring immediate emergency services. This rapid access approach will continue to require additional resources to meet the best practice standards of an assessment appointment within two to ten days of the consumer call for services.

Major staff resources are currently committed to support the work of the Josiah H. Beeman Commission. The Commission, named for the former CSB Board Chairman who passed away in 2006, was established by the Board of Supervisors in FY 2007 to review Mental Health Services and to recommend the design of a highly transformed system of care. This Commission consists of locally and nationally recognized mental health service administrators/providers and community stakeholders, and their recommendations will establish a vision and framework for a future mental health delivery system grounded in best practices. There is hope that the Commissioners' future recommendations for Mental Health Services, anticipated to be released in calendar year 2008, will strongly align with current change initiatives now underway in the CSB as a whole.

Transformation efforts within the CSB are also evident in the arena of technology. In FY 2007, the CSB began implementing the last major component of its Electronic Health Record (EHR) system, the service planning and progress notes feature. Although implementation was temporarily postponed due to connectivity and functionality issues, the implementation process is expected to resume in the fall of calendar year 2008, along with training for all CSB staff. At the state level, an EHR vision and a data dictionary are currently being developed and the Community Consumer Submission, Version Three (CCS3), a data collection mechanism that allows data exchange between the CSB and the Commonwealth, is being implemented. The implementation of the CCS3 is a significant step toward improved data reporting, facilitated by the consolidation of information in a central data warehouse.

Regional projects also demonstrate the CSB's current transformation efforts. Through state-initiated funding mechanisms, several recovery projects are underway that empower consumers with mental illness to provide direct services to their peers and to become leaders and trainers in the field. The CSB staff has also been involved in the Northern Virginia Regional Health Information Organization effort, the goal of which is facilitating health information exchanges among the medical community in order to improve consumer care and coordination. On a smaller scale, the Northern Virginia CSBs have established a regional database of information related to consumer hospitalizations. This database is expected to be operational by the end of calendar year 2007.

System transformation necessitates a significant level of support and training for staff. Over the past year, there have been many system-wide training events related to transformation principles. The transition of service approaches, funding alternatives and full use of the EHR all require a significant amount of time to fully integrate with the changing demographic face of the community.

Major strategic planning efforts are underway. Several CSB programs began work on the Balanced Scorecard, a countywide strategic planning initiative for FY 2008 and FY 2009. Additionally, the CSB Board has drafted a new mission statement, which they will continue to refine in FY 2008 and

FY 2009. The CSB Board is also retooling their strategic plan to reflect initiatives that focus on short-term and measurable goals for the CSB. The first step in this process involved the completion of the CSB Board "dashboard," a collection of critical data elements for regular review by the Board and CSB staff.

The changing demographics in the Fairfax-Falls Church community offer many opportunities to improve current services and address future needs. For example, the CSB is an active contributor to the county's planning for citizens' long term care needs. Persons served in the CSB's residential programs or supported housing wish to age-in- place and require additional resources to meet their needs for barrier-free living as their needs for medical assistance increase. In addition, the CSB is actively contributing to other countywide initiatives, including Gang Prevention and the Ten Year Plan to End Homelessness.

Revenue maximization efforts continue to focus on Medicare Part D. The CSB has been successful in assisting consumers with choosing and maintaining benefits through Medicare Part D. Another example of the CSB's expanded opportunities through revenue maximization is evident in the state's enactment of Medicaid coverage for select Alcohol and Drug Services. With staff positions funded from this new revenue source, Alcohol and Drug Services joins Mental Health and Mental Retardation Services in offering much needed case management and support services funded through Medicaid dollars.

Budget and Staff Resources

Fund Summary

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	895/ 890	895/ 890
Grant	91/ 88.75	114/ 111.25
Expenditures:		
Personnel Services	$78,969,408	$84,891,873
Operating Expenses	60,727,172	63,169,348
Capital Equipment	81,710	0
Subtotal	**$139,778,290**	**$148,061,221**
Less:		
Recovered Costs	($1,113,997)	($890,744)
Total Expenditures	**$138,664,293**	**$147,170,477**

Fund 106
Community Services Board (CSB)

SUMMARY OF ALL AGENCY LOBS
(FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
106-01	CSB Central Services Unit	$1,330,292	13	13.0
106-02	CSB Prevention Services	$643,683	20	20.0
106-03	Mental Health Adult and Family Services	$16,400,043	166	165.0
106-04	Mental Health Adult Residential Services	$9,013,746	84	83.5
106-05	Mental Health Youth and Family Services	$8,488,553	83	82.5
106-06	Alcohol and Drug Adult Outpatient Treatment Services	$3,451,361	35	35.0
106-07	Alcohol and Drug Adult Day Treatment Services	$1,053,833	15	14.5
106-08	Alcohol and Drug Adult Residential Services	$6,141,299	85	84.0
106-09	Alcohol and Drug Youth Outpatient Treatment Services	$4,105,765	44	44.0
106-10	Alcohol and Drug Youth Day Treatment Services	$915,815	16	16.0
106-11	Alcohol and Drug Youth Residential Services	$2,583,199	35	35.0
106-12	Mental Retardation Case Management Services	$1,188,681	12	12.0
106-13	Mental Retardation Day Support and Vocational Services	$19,475,035	12	11.5
106-14	Mental Retardation Residential Services	$13,578,156	76	76.0
106-15	Early Intervention for Infants and Toddlers (Part C)	$2,713,581	20	20.0
106-16	CSB Homeless Services	$1,825,391	32	32.0
106-17	CSB Emergency, Crisis and Detoxification Services	$7,411,443	125	124.0
106-18	CSB Forensic, Diagnostic, Crisis and Treatment Services	$1,662,990	22	22.0
106-19	Northern Virginia Regional Projects	($511)	0	0.0
TOTAL		**$101,982,355**	**895**	**890.0**

Note: Fund 106 is supported by General Fund positions in addition to also being supported by some grant funded positions. The total positions and SYEs shown above are solely the County merit regular positions. Grant funded positions are not reflected in the total LOB count shown above. For further details regarding programs supported by grant funded positions please refer to the LOB detail pages.

Fund 106
Community Services Board (CSB)

LOBS SUMMARY

106-01: CSB Central Services Unit

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-01	***CSB Central Services Unit***
Personnel Services	$1,292,192
Operating Expenses	$140,951
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,433,143
Federal Revenue	$10,000
State Revenue	$76,995
User Fee Revenue	$0
Other Revenue	$15,856
Total Revenue:	$102,851
Net LOB Cost:	$1,330,292
Merit Positions/SYE involved in the delivery of this LOB	13 / 13.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

The Community Services Board's Central Services Unit provides overall leadership, policy direction, and oversight to the Community Services Board (CSB) system, which includes the program areas of Mental Health, Mental Retardation, and Alcohol and Drug Services, as well as the specialized programs in Prevention and Early Intervention (Part C). It carries out various senior level management and oversight responsibilities in the areas of interagency coordination, operations, personnel, budget, contracting, strategic planning, long-range planning for County and state comprehensive plans, public information, consumer relations, approval of contracts and leases, grant preparation, and residential development. In addition to these activities, the Central Services Unit fulfills the following responsibilities: primary support to a 16-member citizen governing Board, an Executive Committee, a Strategic Planning Committee, a Government and Community Relations Committee, a Fiscal Committee, and a Housing Advocacy Committee; liaison with the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) Central Office; liaison with the State Department of Medical Assistance Services (DMAS); liaison with the Northern Virginia Training Center, the Northern Virginia Mental Health Institute and Western State Hospital; liaison with four other regional CSB's; participation in various statewide and regional planning groups; liaison with the Cities of Fairfax and Falls Church; primary staff support to the Local Human Rights Committee; as well as liaison with numerous private providers and consumer organizations. Additionally, the Deputy Director participates on the Human Services Leadership Team and in many cross-system initiatives with County agencies including those with

shared outcomes such as Long Term Care, Prevention, and the Ten Year Plan to End Homelessness.

The CSB Administration cost center includes the Director's Office, the Planning and Information Management team, the Site Planning and Resource Development team, and the Quality Improvement team. The Director's Office provides overall leadership, policy direction and oversight of all programs and services while supporting advocacy efforts at the state level to promote policy changes and increased funding. This includes an emphasis on identifying and implementing best practice programming throughout the service system. The Planning and Information Management staff promotes the use of technology that maximizes efficiency and improves service delivery and statewide benchmarking of services to evaluate and adjust approaches. A major initiative is the implementation of the CSB Electronic Health Record. In addition, system wide strategic planning efforts for both the agency and the CSB Board are staffed from this office. The Site Planning and Resource Development staff provides vital residential and facility development work to support treatment programs and to address unmet housing needs of CSB consumers.

The Quality Improvement staff focuses on implementing a detailed system-wide quality improvement plan with an emphasis on risk management, training, and human rights.

CSB staff has held a number of key leadership positions across the state. This includes chairmanship of several committees, including the state MR and ADS councils. Through these venues, as well as state-wide documentation streamlining and data management efforts, Fairfax-Falls Church has contributed to the improvements in processes that will assist staff in the daily performance of their jobs. Among these are the streamlining of documentation requirements, developing congruence among licensing and Medicaid requirements, and identifying other strategic efforts. Participation in county wide efforts has also enhanced the partnerships and collaborations, among other county agencies and the private sector. CSB leadership is discussing methods to improve communication and dissemination of information within the CSB, a challenge with the size and complexity of the organization. Primary in these efforts is the development of an agency communication strategy and a communications team and a more advanced public information function.

The CSB continued its work on the implementation of the electronic health record (EHR) by implementing the last component, treatment planning and progress notes. Although training was stopped by connectivity and functionality issues, this project is expected to be back on course in the fall of 2008. Staff have participated in trainings and presentations related to the development of EHRs. Furthering this effort are state-wide initiatives involving the streamlining of documentation and development of a data dictionary, a critical step toward the exchange of health information.

Like other county agencies, the CSB has a number of individuals readying for retirement, and a number of these individuals are in key leadership positions. In order to facilitate the transfer of knowledge and development of skills, the CSB began work on core competencies for its management and supervisory positions. The CSB has been chosen to be part of the county's phase one succession planning pilot and anticipates that its participation will be a great asset in the leadership of the system transformation already underway.

Fund 106
Community Services Board (CSB)

Almost all of the programs of the CSB are subject to state licensure requirements. Many programs generate revenues and therefore, require specific credentialing of provider staff and extensive documentation requirements. It is the role of the Central Services Unit to ensure that the mechanisms are in place to successfully meet all state and local accountability requirements and to maintain high quality service delivery throughout the system.

The rate of Central Administration staff to CSB merit and exempt status positions is 1:100. The CSB Central Administration budget is 1.25 percent of the overall Fund.

Initiatives and Accomplishments:

- Coordinated with the Department of Public Works and Environmental Services in three Capital Improvement programs: 1) large addition to accommodate service coordination and improve community access at the Mt. Vernon Community Mental Health Center; 2) new dual-diagnosis treatment residence built on the current Gregory Drive site; and, 3) substantial renovation or relocation of the Woodburn Community Mental Health Center.

- Began development on the automation of a database to track adverse incidents and provide opportunities for analysis of this information to support the CSB's Risk Management Program.

- Participated in regional emergency management activities, including planning for future events, safety and care continuity for recipients of CSB services.

- Emphasized the design and development of barrier-free homes for consumers who are medically fragile or physically disabled.

- Improved nursing retention and recruitment. The Department of Human Resources (DHR) completed a behavioral health nurse classification series for the CSB to address recruitment and retention issues. The CSB was a key partner in bringing the George Mason University School of Nursing to the County, which resulted in Master of Science in Nursing course offerings on-site in County facilities. The CSB nurses are now developing undergraduate and graduate student nurse training.

- Partnered with the Community HealthCare Network (CHCN) to increase access to behavioral healthcare for persons served by the CHCN by the deployment of a CSB psychiatrist; additional initiatives are underway to improve access to primary and behavioral healthcare with the non-profit community.

- Improved community awareness through news media and advocacy efforts of the CSB Board with the establishment of a public information officer and communications specialist.

- Piloted an integrated assessment instrument to be utilized in assessing the service needs of all Mental Health and Alcohol and Drug Services consumers, and evaluated a systemic evaluation of the co-occurring disorder treatment capability of CSB staff and system.

Funding Sources:

Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; and DMHMRSAS.

Fund 106
Community Services Board (CSB)

► Method of Service Provision

Services are provided by County staff. The Director's Office provides overall leadership, policy direction and oversight of all programs and services while supporting advocacy efforts at the state level to promote policy changes and increased funding. The Planning and Information Management staff promotes the use of technology and statewide benchmarking of services. The Site Planning and Resource Development staff provides vital residential and facility development work. The Quality Improvement staff focuses on implementing a detailed system-wide quality improvement plan with an emphasis on risk management, training, and human rights.

Normal business hours are Monday through Friday, from 8:00 a.m. to 4:30 p.m. The senior managers support numerous evening and weekend Board and Committee meetings.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 51-75 percent. See the January 2007 Mandate Study, reference pages 46-47 for the specific federal or state code and a brief description.

LOBS SUMMARY

106-02: CSB Prevention Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-02	*CSB Prevention Services*
Personnel Services	$1,137,661
Operating Expenses	$162,153
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,299,814
Federal Revenue	$507,823
State Revenue	$63,708
User Fee Revenue	$31,287
Other Revenue	$53,313
Total Revenue:	$656,131
Net LOB Cost:	$643,683
Positions/SYE involved in the delivery of this LOB	20 / 20.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

Fund 106
Community Services Board (CSB)

► LOB Summary

The Community Service Board's Prevention Services provides a comprehensive evidence-based continuum of services to individuals, families and communities at risk for alcohol, tobacco, and other drug (ATOD) abuse and/or mental health concerns. The goal of the service is to reduce the incidence of substance abuse and the impact of mental health problems in the community. Prevention services are ahead of the curve in the increasing emphasis on research and evidenced-based practices. The Fairfax-Falls Church CSB's services are nationally recognized. The Leadership and Resiliency and Girl Power Programs were invited to the National Prevention Network Research Conference in 2001, which is considered the preeminent national conference for current prevention research findings and proven program models. These programs directly address key individual and family risk factors through school and neighborhood-based initiatives. Prevention Staff are involved in major countywide prevention initiatives including the Prevention Coordinating Team, Prevention Strategy Team, and the Gang Prevention efforts.

Prevention Services provides outreach services to individuals and families in crisis reluctant to seek traditional services, and often provides the linkage to the appropriate level of care within Alcohol and Drug Services, Mental Health Services, or other appropriate County agencies and private/non-profit providers. Many of these individuals do not typically access traditional treatment services due to a number of factors, which include cultural norms, language barriers, inability to access services due to the nature of a disability, lack of transportation, fear of contact, and economic deprivation. Prevention Services focuses on building community capacity to deliver effective prevention programming and practices in an effort to increase the reach and impact throughout the community.

Recent initiatives have focused on partnerships with community based organizations and faith-based groups. These groups receive training, technical assistance and monitoring, and program evaluation support to implement a proven program with fidelity. Upon completion of the program, partner organizations receive a small stipend and often can continue to use program materials. This approach promotes a sustainable future for continued prevention services while increasing the capacity of community groups to implement effective prevention strategies.

All programs and practices are evaluated for effectiveness and programs that do not meet stated goals and objectives are retooled as a best practice approach to quality improvement.

Contract Management oversight is provided by CSB Prevention Services staff for capacity-building partnerships as well as grants distributed through the Virginia Tobacco Settlement Foundation which fund a number of private to implement prevention programs. Oversight includes on-site observations, clinical consultation, financial oversight, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

<u>Leadership and Resiliency Program (LRP)</u>
In FY 2008, expansion funds were allocated by the County to expand the Leadership and Resiliency Program (LRP) to 15 high schools by the end of the school year. LRP is a substance abuse and violence prevention program for high school students and participants discover and strengthen personal resiliency traits, including goal setting, healthy relationships and coping skills. Opportunities for continued expansion will be reviewed every two years based on success and fund availability. This program, created by the CSB, is a national model and has been replicated in over 60 communities across the country. LRP has received the following honors: a National Association

of Counties (NACO) Award (1999), a Washington Metropolitan Council of Governments Science-Based Prevention Program Award (2000), and a Governor's Recognition for Excellence Award (2000), and recognition as an Exemplary Model Substance Abuse Prevention Program by the Center for Substance Abuse Prevention (2001). LRP students have demonstrated reduced school absenteeism and school disciplinary reports, increased grade point averages by nearly a full point, and increased graduation rates.

This program has been consistently cited as an example of a successful Fairfax County Public Schools-Fairfax County Government collaboration.

Smart Kids Healthy Choices

In FY 2007, the Smart Kids Healthy Choices Initiative was launched as a prevention strategy to address gang and violence prevention concerns in the community. With over 30 partner sites, the project served 524 nine to 13 year olds. Evaluation results demonstrated significant increases in awareness and understanding of violence as well as improved attitudes and beliefs around the use of violence to solve problems.

Al's Pals

Al's Pals, a preschool substance abuse and violence prevention program, was implemented in 19 classrooms in four preschools/Head Start Programs in FY 2007. This initiative reached over 300 three to five year old children during the year. In FY 2008, the program is projected to reach over 500 three to five year old children in 35 classrooms at 12 preschool/Head Start centers.

The Wellness Discussion Series

The Wellness Discussion Series is designed to serve older adults in community locations throughout the community. The program offers structured topic areas including a focus on depression, wise use of medications and healthy lifestyles. In FY 2007, nearly 150 older adults participated in this program with extremely high rates of satisfaction in the program.

Girl Power

Girl Power is a substance use prevention and mental health promotion program serving at-risk girls, ages 10 to 15. Girl Power is a 32-week program that promotes a strong "no use" message about alcohol, tobacco and other drugs while providing opportunities for girls to build skills and self-confidence in academics, arts, sports and other endeavors. In FY 2007, 440 girls were involved in Girl Power with 22 partner organizations, and there were 220 attendees at the Girl Power Annual Conference. Girl Power was nominated as a Promising Program through the Center for Substance Abuse Prevention and received national recognition through a NACO Award in 2001.

Funding Sources:

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; Virginia Tobacco Settlement Grant; Fairfax County Public Schools; and revenues from organizations across the Country that purchase training and materials for the Leadership and Resiliency Program.

Fund 106
Community Services Board (CSB)

► Method of Service Provision

Programming includes services to children, adolescents, adults, families and older adults. Programming seeks to reduce risk factors associated with alcohol, other drug use and environmental mental health factors, while supporting resiliency factors in the individual, peers, family, community, school and workplace. Prevention Services also provides education, information and alternative programming to individuals, families, schools, businesses, civic groups and service providers. Programming includes targeted services across the lifespan.

- Individuals participate in a variety of activities, which include education, information dissemination, problem identification, referral services, alternative activities, policy changes and integration of the business community and community-at-large with federal and state laws related to underage availability of alcohol and tobacco.

- Evidence-based programming, or programming designed and implemented based on research that proves services are effective for similar populations, incorporates a three-pronged approach of education, alternative activities and community service.

- Intensive youth services are designed to interrupt the cycle of substance abuse, addiction, mental health problems, and violence. Services are provided in communities and schools and include collaborative efforts with the Fairfax County and Falls Church City School systems and Fairfax County Police Department.

Prevention Services are provided through a combination of directly operated and limited contracting services with Virginia Tobacco Settlement Foundation (VTSF) and capacity-building funds. These contracted services provide Al's Pals programming and the Smart Kids Healthy Choices initiative.

► Mandate Information

This LOB is federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.121 95%
- Code of Virginia Section 37.1220 5%

See the January 2007 Mandate Study, reference pages 56-57 for the specific federal or state code and a brief description.

106-03: Mental Health Adult and Family Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-03	*Mental Health Adult and Family Services*
Personnel Services	$16,742,215
Operating Expenses	$6,792,421
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$23,534,636
Federal Revenue	$1,515,790
State Revenue	$1,147,336
User Fee Revenue	$4,154,163
Other Revenue	$317,304
Total Revenue:	$7,134,593
Net LOB Cost:	$16,400,043
Positions/SYE involved in the delivery of this LOB	166 / 165.0
Grant Positions/SYE involved in the delivery of this LOB	18 / 16.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Mental Health Adult and Family Services provides a broad array of mental health services to adults with acute and/or serious, persistent mental illness and adults with co-occurring mental illness and substance use disorders.

Many of the individuals served have a history of psychiatric instability, psychiatric hospitalization, and a history of significant trauma, incarceration or involvement in the criminal justice system. They may also have multiple other needs such as physical illness, substance abuse, homelessness or risk of homelessness and poverty.

Services are recovery focused, individualized and include initial assessment, case management, psychopharmacology, individual, group, and family therapy, as well as psycho-educational and vocational services Services vary by duration and level of intensity according to risk issues and individual needs. Service intensity ranges from periodic case management and medication services to the intensive partial hospitalization programs.

In partnership with consumers, the goals of treatment are to:

- Stabilize mental health crises and symptoms;
- Facilitate individuals reaching optimal community integration;
- Assist individuals in managing reoccurrence of symptoms;

- Assist individuals in building resilience; and
- Promote self-management, self-advocacy and wellness.

Utilization reviews are conducted and outcome measures are in place to ensure efficient and effective services across the continuum of care.

Treatment is designed to meet individual needs in the least restrictive manner possible while addressing consumer and community safety. Specialized services are offered to individuals with needs related to aging, grief, sexual assault, domestic abuse, HIV-positive status, multicultural and multilingual factors, and co-occurring disorders such as mental illness and substance abuse and mental illness and mental retardation.

Services are provided by both County staff and contract agencies licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) at seven sites across the County. Service providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses, nurse practitioners and professional counselors. Some of these professionals are cross-trained and cross-credentialed in alcohol and drug treatment. Outreach services are provided to those individuals whose illness precludes their coming into one of the mental health sites. Treatment is coordinated with other agencies including: Department of Family Services, Child Protective Services, Adult Protective Services, Probation and Parole, Alcohol and Drug Services (ADS), Mental Retardation Services, Area Agency on Aging, the County Coalition on Domestic Abuse, Virginia Batterers Intervention Programs, County Homeless Shelters and Nonprofit Transitional Housing Programs.

The **Entry/Access Unit** is the primary "front door" for adults entering Mental Health Services. When a consumer calls requesting services, they speak with a worker in the Entry Unit who assesses their service request, obtains information about their resources and supports and evaluates the urgency of their needs via a risk assessment. A determination is made on the phone to refer the caller to Emergency Services, to the Access Team or to a community based option. When referred to the Access Unit, the Entry worker schedules them for an initial assessment within 2 to 10 business days. At the initial appointment, the Access clinician speaks directly with the person to assure an informative, positive and welcoming connection. The Access clinician functions as an expert assessor of the person's needs and risk level. They rapidly engage with the consumer and family to focus on immediate concerns, needs, and preferences. The consumer may meet their mental health needs with the Access worker and be discharged, be referred to a private provider, or brought into a longer term program in Mental Health Services.

The **Comprehensive Treatment and Recovery Program (CTR)** provides a range of outpatient services including assessment, crisis stabilization, case management and intensive case management, medication services, in-home or community based mental health support services, individual, group and family treatment, discharge planning, outreach, wellness/psycho-educational groups, family education and support to persons 18 years of age and over who have serious and persistent mental illness. These individuals may have a history of psychiatric hospitalization or are at risk for hospitalization. The major mental illnesses include schizophrenia, schizoaffective disorders, bipolar and other affective illnesses and severe personality disorders. Many of these individuals have co-occurring substance use disorders. Many will require a broad range of psychiatric, case management, rehabilitative, and support services periodically throughout their lifetime in order to achieve stability,

and maximize recovery. Community based outreach services are provided based on individual need, risk factors and resource availability. Intensive case management services are community based services which offer intensive wrap-around supports.

The **Older Adults and Their Families Program (OAFP)** provides evaluation, treatment, case management, consultation, and support to older adults and their caregivers in Fairfax County. Program services are available to any person 60 years of age or older and to relatives, friends, or other adults who live with or have concerns for older persons. Geropsychiatric evaluations, medication treatment, individual, family, couples and group counseling, consultations, crisis intervention and coordination with specialized community resources are available. Rapid response outreach is available within 3 to 5 business days to engage medically frail clients who are reluctant to seek help, or to provide, upon request from staff of other agencies, professional impressions of older clients who may be at risk or in danger due to mental illness. Rapid response is also available to the Fire Marshall when older adults face eviction because their hoarding behavior has created a serious fire hazard in their homes.

Older adults receiving services may have a history of severe and persistent mental illness or may be experiencing severe depression or anxiety associated with the effects of physical illness, disability and the onset of dementia. There is an increasing co-occurrence of substance use disorders along with psychiatric and physical illness.

OAFP staff provides consultation to Day Health Centers, Senior Living Centers, nursing homes, Assisted Living Centers and hospitals in managing participants' behavior and assessing for possible mental illness. OAFP staff provide therapeutic support services and community education through ongoing groups in senior residences, health, and recreation center settings, as well as lectures and workshops for persons concerned with problems of aging and caregiving. OAFP staff also provides Employee Assistance Program consultations to Fairfax County employees facing older adult issues. Specialized multi-cultural mental health services for non-English speaking older adults and their caregivers are offered at the CSB's Seven Corners site.

Medication Services:

- **CTR** offers medication services to individuals experiencing symptoms of mental illness or who require ongoing medication to sustain symptom relief. Psychopharmacology services are provided by psychiatrists and nurse practitioners, and are usually offered in collaboration with other mental health services offering a comprehensive approach to managing mental illness. Medication can, along with other psychotherapeutic support and case management services, assist individuals in living comfortably and successfully in their community. CTR Medication Services also work to obtain needed medications for individuals unable to pay; a number of resources are utilized including pharmaceutical company indigent care programs, the Community Resource pharmacy, insurance programs, private self-pay resources, and Fairfax County subsidy.

- **OAFP** offers specialized psychiatric coverage by psychiatrists able to manage the medication needs of the elderly. These program clients frequently have multiple co-occurring physical disorders, dementia, and a complicated response to psychotropic medications.

- **Discharge Planning:** This includes an array of services that focus on successful reintegration and community transition for persons with mental illness being discharged from a psychiatric facility. Assessment, treatment coordination, and extensive discharge planning and collaboration are provided in partnership with consumers at Northern Virginia Mental Health Institute, Western State Hospital and Eastern State Hospital. Additionally, these services are provided to consumers at several private psychiatric hospitals that participate in a state-funded private bed purchase agreement. Teleconferencing and contracting with other Community Services Boards for recommitment prescreening are utilized to assist in the discharge planning process when a state facility is out of the Northern Virginia area.

- The **Adult Partial Hospitalization** Program is a directly operated CSB program offering an array of intensive services for adults with serious and persistent mental illnesses. These two programs which provide short-term (average stay of up to 12 weeks), highly structured stabilization, evaluation and treatment to individuals at direct risk of being psychiatrically hospitalized or in the process of being discharged from a hospital. The programs use a group treatment focus with adjunctive individual treatment, family support groups, psychopharmacology services and medications, crisis intervention, social and community skills training, vocational guidance and case management. Individuals served in the Partial Hospitalization Programs require this intensive treatment (four to six hours daily) to stabilize and remain in the community. These individuals often have co-occurring substance use disorders and/or developmental disabilities.

- **Psychosocial rehabilitation services** are provided by Psychosocial Rehabilitation Services, Inc. (PRS), a contractually operated program providing community-based services to adults with serious mental illness in the Northern Virginia Region. The comprehensive and individualized services provided by PRS, Inc. include the following: rehabilitation and structured activity services, intensive case management, dual-diagnosis services, psychiatric disability management services, deaf services and mentoring services. The goals of psychiatric rehabilitation services are to reduce the need for hospitalization, develop social relationships, prepare for independent living, secure and sustain employment, promote good physical health and promote appropriate education.

- **Vocational services** are provided by PRS, Inc., Service Source, (also a contractually operated program) and Virginia Department of Rehabilitation Services. There is a close partnership between providers, consumers and case managers. An extensive array of vocational and pre-vocational services is provided, as well as job follow-along supports when individuals become employed.

Transportation to and from the programs is an essential service for the individuals who participate in psycho-social rehabilitation services. The CSB provides transportation through FASTRAN, a bus service operated by the Fairfax County Department of Community and Recreation Services.

The Program of Assertive Community Treatment (PACT) is a multidisciplinary outreach-based treatment team providing comprehensive psychiatric, rehabilitation and support services to persons with mental illness who have symptoms and impairments that interfere with their daily lives and which are not effectively treated in office-based programs. The goals of the program are to enable individuals who may otherwise suffer hospitalization, homelessness, or incarceration to instead live

independently and productively in the community in which they live and work. The PACT Team accomplishes this goal by providing individually-tailored life skills teaching, vocational, substance abuse, psychiatric nursing, medication, discharge planning, emergency, and peer-to-peer and family support services which equip individuals to live in recovery from mental illness and co-occurring substance use disorders.

Domestic Abuse and Sexual Assault Programs:

- The **Victim Assistance Network (VAN) Program** is a state-certified sexual assault center (and, along with the Women's Crisis Shelter, part of a state-certified County domestic abuse program). VAN provides services to survivors of domestic violence and sexual assault through crisis intervention and stabilization, counseling, a 24-hour crisis hotline, advocacy service (to hospital, police, magistrate, and courts), and support groups. Specialized professional individual counseling services are provided to sexual assault survivors who need assistance in dealing with the acute and long-term adjustment phases of rape trauma syndrome and to children and youth who are victims of non-family sexual abuse. Limited individual domestic abuse counseling is made available through graduate interns. VAN trains and supervises volunteers to provide community-based support groups for abuse survivors and parents of sexually assaulted children.

  VAN provides community education programs on domestic abuse and sexual assault to other service providers, hospitals, police, human service agencies, teens and their families, and community groups. VAN staff participate with the following organizations in a coordinated community response to domestic abuse and sexual assault: INOVA Fairfax Hospital Domestic Abuse Council, the Fairfax County Network Against Family Abuse, Office for Women Legal Round Table, Virginians Against Sexual Assault, Virginians Against Domestic Violence, the Region II Domestic Violence Community Resource Council, the Northern Virginia Batterers Intervention and Anger Management Providers Group, the Coalition for Treatment of Abusive Behaviors, and the Fairfax County Child Sex Abuse Team. VAN staff provides clinical intervention and consultation through outreach efforts to Adolescent and Adult Detention Centers, Homeless Shelters, Teen Centers, Police Roll Calls, Alternative Schools, Senior Centers, Girl Scout Troops, and the Department of Family Services Foster Care and Child Protective Services.

- The **Anger and Domestic Abuse Prevention and Treatment (ADAPT) Program** is a state-certified program, providing specialized treatment to men and women who have difficulties regulating anger and other emotions and have frequently been physically or emotionally abusive to intimate partners or family members. Many clients are referred by local courts and child protective services agencies for domestic abuse with partners, spouses, children, parents, and siblings, as well as chronic anger and road-rage. Services offered are clinical assessment and screening for mental illness and substance abuse, an eight-week anger management group, and an eighteen-week psychoeducational and treatment group. Clients are seen on a weekly to monthly basis between the assessment and entry into a group. Client partners are offered a partners' orientation group where they receive information on the program, relationship safety planning, and appropriate referrals. ADAPT provides regular reports to Probation and Parole officers and collaborates with other service providers. Clients are taught self-regulation strategies through lecture, videotape, demonstration, and weekly homework assignments which are evaluated. ADAPT promotes emotional self-

regulation and individual responsibility instead of blame, coercion, and aggression. Participants are taught to self-assess the role of alcohol and drug use in their lives.

- **Volunteer Services -** During the past fiscal year, volunteers provided the Domestic Abuse and Sexual Assault Programs with 8,658 hours of service on the 24-hour Crisis Hotline, facilitating Domestic Abuse and Sexual Assault Support Groups, and providing Domestic Abuse and Sexual Assault Community Education under staff supervision.

- The **HIV Program** is a grant-based (Ryan White Grant) adult program for persons diagnosed as HIV-positive or AIDS involved. The program is designed to serve indigent clients with no other financial means (which includes Medicaid and Medicare) of affording treatment. The program serves HIV-positive individuals, in all stages of the disease, with mental health issues; these individuals may also have co-occurring substance use disorders. These complicated cases often require case coordination with the local health department and other agencies/individuals needed to stabilize the person's condition. Given the nature of the illness, the level of treatment may begin only with support and case management but will invariably require dealing with the psychiatric crises and functional dementia associated with advanced AIDS.

- The **Deaf Services Program** provides specialized counseling to persons with hearing loss and their family members. The staff is fluent in American Sign Language and have specialized training in the psychosocial aspects of hearing loss. The caseload includes those residents who are deaf, hard of hearing, deaf blind or late deafened. Services are provided to clients of all ages with varying degrees of mental illness.

  The Deaf Services Program is regional and involves liaisons with Prince William, Alexandria, Arlington, and Loudoun Community Services Boards, as well as with the State Coordinator of Deaf, Hard of Hearing, Deaf Blind, and Late Deafened in the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons (NVRD). Clients may come from any catchment area in Fairfax County as well as from the above mentioned Community Services Boards in Northern Virginia for services. Consequently, working with these clients involves linkage and collaboration with appropriate disability related resources, such as the Deaf Unit at the Psychiatric Rehabilitation Center, the Regional Counselor for the Deaf at the Department of Rehabilitation and the Regional Counselor for the deaf blind at the Department for Blind and the Vision Impaired. Most services are provided at the Springfield Mental Health Center site.

- The **Grief Crisis Program** provides grief counseling and support groups for people who have experienced the death of a significant person in their lives. Services are provided to children, adolescents, and adults who have lost a relative to suicide, murder, traumatic accident or terminal illness. The program provides consultation, education and professional staff trainings on issues of death and dying to individuals, families, community organizations and other human service providers. Debriefings following unexpected deaths are provided to neighborhoods, schools, communities and businesses. The program provides supervision to, and makes extensive use of, both students and volunteers to expand service capacity.

Community Outreach:
Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings.

Initiatives and Accomplishments:

- **Medication Services Initiatives**

  Nurse Practitioners are being integrated into many of the medication services in the CTR and Partial Hospitalization Programs. The role of the Nurse Practitioner has enhanced and expanded the capacity to provide medication services as well as offer more comprehensive assessments and monitoring of medical conditions; which contribute to the complexity of the needs of the consumers.

  Licensed Practical Nurses are also being integrated into the medication service programs to perform necessary duties that do not require a more advanced nursing degree. This has allowed for expanded capacity of the professional nursing staff and maximizes existing medical and nursing resources.

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- **Multicultural and Multilanguage Initiatives –** The population of Fairfax County has become increasingly diverse. Individuals in need of mental health services are similarly diverse in their countries of origin and language. Several programs in Adult and Family Services, through recruitment and programming effort, have developed an increased capacity for multicultural and multi-language treatment. Additionally, the CSB has contracted with the Center for Multicultural Human Services, as a means of expanding capacity to provide service to this growing population.

- **The Access Unit** was created due to unacceptably long waits for an assessment appointment. Based on research into improving access for consumers this approach brings people in to be briefly assessed prior to making a service placement decision. There are significant benefits to the Access approach. There are far fewer cancellations of first appointments, an assessment can begin within 2 to 10 business days, and consumers that have their mental health needs met in a brief period of time do so without being admitted to more intensive services. The Access design accounts for this in its rapid response to consumers, streamlined processes and paperwork, the richness of the dialogue about options, and the efforts to offer a positive experience that engages the consumer now or creates the context for a return in the future. Assertive outreach is done, as indicated by consumer need. The remaining consumers that enter into longer term treatment programs are more likely to engage in treatment and benefit from treatment.

- **Intensive Case Management Initiatives –** Through the use of Medicaid funds, a small, intensive case management team has been developed. This team is able to offer community-based, intensive wrap-around services at a level of intensity and frequency that is not normally available to consumers within the CTR program. This program has been successful in assisting consumers in meeting and sustaining their goals toward recovery and community living.

- **Research or Evidence-Based Treatment Initiatives -** Both CTR and Partial Hospitalization have designed and implemented groups for individuals with Borderline

Personality Disorder based upon the research of Marsha Linehan. The approach is a modified Dialectical Behavior Therapy treatment process addressing the needs of a high-risk population to develop emotional regulation skills, learn interpersonal behaviors appropriate to the workplace, and to develop resistance to impulsive, substance abuse, self-destructive and suicidal behaviors. This approach has been successful throughout the country and allows Adult and Family Services programs to bring state-of-the-art treatment to County residents with mental illness.

With the growing understanding of the biological nature of psychiatric illness and the powerful interplay between emotions and physical well-being, CTR has developed psycho educational groups for consumers and their families that cover:

- medication;
- side-effects of medication;
- nutrition;
- exercise and fitness;
- self-care;
- symptom management;
- responding to family members with mental illness; and
- how to achieve maximum benefit from the mental health treatment process.

PACT Accomplishments:

- PACT reduces homelessness in both the short and long term. Approximately 75 percent of PACT consumers are homeless at the point of admission, but, according to current figures, only 10 percent remain homeless. PACT has served 44 individuals in PACT supported and subsidized apartments in FY 2007 and, of those, 69 percent have successfully moved into their own independently leased apartments with federal subsidies.

- Although rates of employment among the disabled population served by PACT are historically very low, through the program's support, 28 percent of those currently receiving services have been able to gain employment, enroll in school or start volunteer work.

- PACT's peer specialist participated in the first ever national conference of the National Association of Peer Specialists. As one of the first local certified Wellness Recovery Action Plan (WRAP) facilitators, PACT's peer specialist has assisted several PACT consumers to develop their own WRAP plans and has helped other programs within Mental Health Services adopt more recovery-oriented approaches to service-delivery.

- As a designated mentor site, the PACT Team provided consultation for a number of other PACT programs around the state.

In December 2006, **The ACT Program** underwent an intensive, three-day federal program review as part of the requirements for its Ryan White Grant status and received an exceptional score based on nationwide standards.

- The **Older Adults and Their Families Program (OAFP)** arranged for expert training to be brought to Fairfax County for staff in AOP, CSP, Adult Partial Hospitalization and Residential Services on treatment for individuals with severe hoarding behavior. These individuals often come to the attention of Mental Health Services through the Fire Marshall, Health Department, Police and Adult Protective Services for severe hoarding and concomitant failure to maintain a safe and healthy home environment. Following the training, a group to treat hoarding behavior was begun at the Reston Human Services Site and is co-led by clinicians from AOP and OAFP. The group is available to clients from these programs, as well as CSP. Individuals participating in the group are at risk for hospitalization, loss of custody of their children, eviction and homelessness. The group reflects a state-of-the-art approach to this complex and dangerous disorder.

- **Domestic Abuse and Sexual Assault Programs Initiatives** - VAN and ADAPT have recently received recognition through an award for their work from the Fairfax County Domestic Violence Coalition. ADAPT has been Certified by the Commonwealth of Virginia as a Domestic Abuse Batterer's Intervention Program. ADAPT has completed an outcome study with the assistance of Virginia Tech demonstrating positive client change after receiving program services. VAN has maintained existing sexual assault state grants in an increasingly competitive process and has received new grants from the Virginia Department of Criminal Justice Services for outreach and program evaluation activities.

- **Volunteer Services** placed an average of 152 volunteers in 21 Mental Health Services Programs during FY 2007 for a total of 12,343 hours of service. According to the Virginia Employment Commission, the average hourly value for volunteer time is $17.79. Based upon this calculation, Mental Health Services received $219,582 worth of support from the community in the past fiscal year.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Mental Health Federal Block Grant for Persons with Serious Mental Illness; the Virginia Department of Criminal Justice Services for federal sexual assault and domestic violence grants; Northern Virginia Regional Commission (NVRC) for Federal HIV Services; Medicaid State Plan Option, and fees from clients, insurance companies and Medicare.

► Method of Service Provision

Services are provided in both directly operated and contracted programs.

Adult Community Treatment and Recovery Program (CTR): Multidisciplinary staff are available at five mental health sites throughout the County. Office-based services are available Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Clients may need to use Emergency Services that are available 24 hours a day, seven days a week.

Older Adults and Their Families Program (OAFP): Services are available at four sites (Reston, Lincolnia, Mt. Vernon IMP, and Woodburn) Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Treatment is offered at the homes of persons unable to get to these sites because of physical incapacity.

Partial Hospitalization Programs: These two programs, located in the Reston and Mount Vernon areas, operate Monday through Friday from 8:00 a.m. to 5:00 p.m., plus scheduled evenings. Each program has a dedicated van that allows staff to pick up and return clients to their homes throughout the County.

PACT: Services are directly operated and licensed by DMHMRSAS. Services are available Monday through Friday for 12 hours a day, Saturday, Sunday, and Holidays for 8 hours a day, plus on-call response 24 hours a day, seven days a week (including holidays).

Victim Assistance Network (VAN): Counseling, education, training and consultation services are available Monday through Friday from 8:00 a.m. to 9:00 p.m. Hotline and advocacy services are provided 24 hours a day, seven days a week.

ADAPT: The ADAPT program is offered in three locations: Woodburn, Mt. Vernon, and Chantilly. Program hours are Monday through Friday from 9:00 a.m. to 9:00 p.m. Initial appointments are scheduled through the Entry and Referral office at one of three locations. In conjunction with the Women's Shelter, hotline services are provided 24 hours a day, seven days a week.

HIV Positive: Based at the Mt Vernon Center, this program utilizes support from other Northern Virginia CSBs, which collectively supported the establishment of a regional, rather than individual, program. Program staff manages the existing caseload at Mt. Vernon, as well as performing community-wide outreach on a flexible schedule.

Deaf Services Program: Multidisciplinary staff are available at the Springfield Mental Health Center. Office-based services are available Monday, Wednesday, and Thursday from 8:00 a.m. to 4:30 p.m., Tuesday from 9:00 a.m. to 9:00 p.m., and Friday from 8:00 a.m. to 12:00 p.m. Clients may need to use Emergency Services, which are available 24 hours a day, seven days a week. A sign language interpreter is used for communication access.

Grief Services Program: Counseling services in grief, loss and death are provided by 1/0.5 SYE specialist, who manages a flexible schedule to be available when needed. This professional also provides supervision to students and volunteers who give their time to the Program.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy these mandates is 26-50 percent. See the January 2007 Mandate Study, pages 49-55 for the specific state code and a brief description.

106-04: Mental Health Adult Residential Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-04	*Mental Health Adult Residential Services*
Personnel Services	$7,502,946
Operating Expenses	$6,674,745
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$14,177,691
Federal Revenue	$0
State Revenue	$2,969,571
User Fee Revenue	$1,981,775
Other Revenue	$212,599
Total Revenue:	$5,163,945
Net LOB Cost:	$9,013,746
Positions/SYE involved in the delivery of this LOB	84 / 83.5
Grant Positions/SYE involved in the delivery of this LOB	9 / 8.5

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Mental Health Adult Residential Services provides mental health services to adults with serious mental illness and adults with co-occurring mental illness and substance abuse disorders. Consumers receive services in an array of residential programs designed to address their needs. The mission of Adult Residential Services is to help consumers maintain and/or improve levels of functioning by tailoring treatment and support services to match consumers' existing strength and functioning.

Services include assessment, case management, health education, medication prescription/management and monitoring, recreational and social activities, daily living skills training, dual diagnosis treatment, individual/family/group therapy, outreach and linkage, roommate mediation and crisis intervention and management. Adult Residential Services provides treatment to the mandated population of adults who meet the adult mental health priority population as determined by the State Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), as well as case management services as mandated by the Code of Virginia.

Individuals served in these programs have experienced homelessness, acute psychosis, multiple hospitalizations, abuse/neglect and/or violence, suicide ideation and/or attempts, severe family problems, educational and/or vocational limitations and economic deprivation with limited or no independent living skills. These individuals are not able to independently acquire and maintain decent housing. Services are provided in a broad continuum that enhances treatment integrity by allowing for matching appropriateness of the individual to the type of individual service.

Highly Intensive Treatment Services
These programs provide overnight care/management in conjunction with intensive treatment and training. Services include mental health and/or substance use treatment, crisis stabilization and serve as residential alternatives to hospitalization since they provide intensive treatment rather than just supervision. Co-occurring programs assist with reducing and eliminating the effect of alcohol or other drugs in the body in a specialized non-medical facility with physician services available when needed. Staff are onsite 24 hours a day, seven days a week.

- The **Franconia Road Treatment Center** provides 24 hours a day onsite highly intensive treatment and support services to adult males, 18 years of age and older, with co-occurring serious mental illness and substance use disorder. This is a transitional program with up to eighteen months length of stay.

- The **Residential Extensive Dual Diagnosis Program** provides 24 hours a day onsite highly intensive treatment and support services to adult females, 18 years of age and older, with co-occurring serious mental illness and substance use disorder. This is a transitional program with up to eighteen months length of stay.

- The **DAD Regional Group Home** offers permanent housing for male and female consumers needing ongoing 24 hours per day, highly intensive treatment and support services. Consumers are 18 years of age and older with serious mental illness. These services are contractually operated.

Intensive Treatment Services
Group Homes are facilities of five or more beds owned or leased by the Community Services Board that provide 24 hour onsite supervision for individuals who require training and assistance in basic daily living functions such as meal preparation, personal hygiene, transportation, recreation, laundry and budgeting.

- The **Patrick Street** and **Beacon Hill Transitional Group Homes** offer a 24 hours a day supervised environment to male and female consumers with serious mental illness. These consumers are 18 years of age and older who are being discharged from hospitals or institutions or reside in the community, but lack basic independent living skills to reside independently in the community. This is a transitional program with up to eight months length of stay.

- The **Leroy Place** and **Calamo Street Permanent Group Homes** offer permanent housing to male and female consumers with serious mental illness needing 24 hours a day on-site treatment and support services. Consumers are 18 years of age and older and in need of ongoing services. These services are contractually operated.

- **Dual Diagnosis Cornerstones** – (Adult Residential Services provides mental health staff to the Dual Diagnosis Cornerstones program.) The Dual Diagnosis Cornerstones program provides 24 hours a day onsite highly intensive treatment and support services to male and female adults, 18 years of age and older, with co-occurring mental illness and substance use disorders. This is a residential treatment program with up to six months length of stay.

Supervised Services
These programs are licensed residential programs that place and provide services to individuals in units that are owned, rented, leased or otherwise controlled by the CSB. The length of stay exceeds 30 days but is less than 24 months. The programs offer overnight care in conjunction with supervision and services, and include the following:

- **Supervised Apartments or Townhouses** are licensed residential programs that place and provide services to individuals in units that are owned, rented, leased or otherwise controlled by the CSB. The length of stay exceeds 30 days but is less than 24 months.

- The **Transitional Therapeutic Apartment Program** provides residential treatment in a stable, supportive, therapeutic setting in which consumers with a psychiatric disorder learn and practice the life skills needed for successful community living, and ultimately transition into the most manageable independent living environment. Consumers are males and females, 18 years of age and older, with a serious mental illness. This is a transitional program with up to 24 months length of stay.

- The **Residential Intensive Care Program** provides onsite daily monitoring of medication, psychiatric symptoms, daily counseling, treatment and support in a stable, supportive and therapeutic setting in which male and female consumers with serious mental illness can develop the needed skills for self-sufficiency. Consumers are males and females, 18 years of age and older, with a serious mental illness. This is a transitional program with up to 24 months length of stay.

- **Group Homes Extension Apartment Beds** are designed to assist consumers in their transitioning from group homes to a more independent living environment. This program has been designed to allow consumers the opportunity to live in the community while maintaining a supportive connection to group home programs. Consumers are males and females, 18 years of age and older, with serious mental illness. This is a transitional program with up to 24 months length of stay.

Domiciliary Care
Domiciliary Care provides food, shelter and assistance in routine daily living in facilities of five or more beds. This is primarily a long-term setting with an expected length of stay exceeding 30 days. Domiciliary care is a less intensive program than a group home or supervised apartment, since the program does not provide treatment or training.

- The **Stevenson Place Assisted Living Facility** provides long-term placement and services to the neediest consumers with serious mental illness. Consumers are male and female adults, 18 years of age and older, with multiple medical and psychiatric issues. This program is contractually operated.

- **Fairfax Community Residences** provides services to clients with mental illness, mental retardation and physical disabilities. This program provides long and short term residential care, as well as case management, crisis stabilization and community support. This program is contractually operated.

- The **Oconomowac Development Training Center** is a contract agency that specializes in providing residential and school programming to children, adolescents and young adults with dually diagnosed developmental disabilities and emotional disturbances. This unique program focuses on developing adult independent living skills, positive self-image, behavior management and weight and food control for individuals diagnosed with Prader-Wili Syndrome.

- **Cardinal House** is an Assisted Living Facility contract service that specializes in serving adults with mental illness. This program provides residential support and offers residents the opportunity to participate in meaningful non-recreational activities, paid work, opportunities to participate in volunteer work and use of recreational facilities in the community.

- **Tall Oaks** is an Assisted Living Facility contract service that provides assessment of medication, quarterly care meetings, assistance with hygiene and mobility, rehabilitation services and social and recreational services.

- The **Learning Services Corporation** is a national contract agency that specializes in comprehensive community integrated post acute neuro-rehab services for those with acquired brain injury. This program provides long-term residential rehabilitation, day treatment, outpatient services, and supported living services for people with traumatic brain injury and includes a vocational and respite component.

Supportive Services
This program provides unstructured services that support individuals in their own housing arrangement and normally does not involve overnight care.

Supported Living Arrangements are residential alternatives not included in other types of residential services. Staff assists individuals to locate or maintain residential settings where the CSB does not control access to beds. The focus may be on assisting the individual to maintain an independent residential arrangement.

- The **Supported Shared Housing Program PH/PBS8/FCRP** is jointly operated by Department of Housing and Community Development and Mental Health Adult Residential Services. Consumers of mental health services acquire long-term permanent subsidized units through the Department of Housing and Community Development. Adult Residential Services staff assists consumers receiving mental health services to acquire and maintain housing that is safe, decent, and affordable.

- The **Supported Housing Option Program** is jointly operated by Pathway Homes and Mental Health Adult Residential Services. Most of the units in this program are funded by Shelter Plus Care Grants through the HUD Continuum of Care process. Consumers of mental health services acquire long-term subsidized units through Pathway Homes' HUD funding. Adult Residential Services and Pathway Homes staff assist consumers receiving mental health services to acquire and maintain housing that is safe, decent and affordable.

- **HUD McKinney Housing** is contractually operated by Pathway Homes and Psychiatric Rehabilitation Services. These units are funded by Permanent Supported Housing Grants through the HUD Continuum of Care process. Consumers of mental health services acquire

long-term permanent housing and support through contract agencies. Staff assists consumers to maintain housing and provide the needed services to maintain their psychiatric stability.

- **Individual/Family Home -** Consumers residing in their Individual units or Family Home require ongoing assistance in order to maintain their housing. These consumers were able to acquire Public Housing or Section 8 units through the Department of Housing and Community Development. Adult Residential Services staff provides consumers the needed treatment and support services.

Community Outreach:
Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings.

Initiatives and Accomplishments:
The following programs have been initiated over the last four years (Calendar Years 2004 through 2008): Dual Diagnosis program for females, Supported Shared Housing programs with the Department of Housing and Community Development, Expansion of HUD Shelter Plus Care program, Residential Intensive Care program, Expansion of the Extension Apartment Beds program, Assisted Living Facility, an Intensive self-contained Dual Diagnosis program, a Housing First model program and a mobile Community Treatment Team.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Project for Assistance in Transitioning from Homelessness (PATH) Federal Block Grant; the Northern Virginia Mental Health Institute for discharge assistance/aftercare; Medicaid State Plan Option and fees from clients and insurance companies.

► Method of Service Provision

Services are provided by directly operated and contracted programs licensed by DMHMRSAS.

A designated staff is assigned to on-call duty after normal work hours to address emergencies in programs that do not have staff onsite 24 hours a day, 7 days a week and 365 days a year. Emergency Services are available to consumers in these programs 24 hours a day, 7 days a week and 365 days a year.

- Franconia Road Treatment Center, Residential Extensive Dual Diagnosis and Cornerstones are designed to serve dually diagnosed consumers (serious mental illness and substance abuse). Staffs are onsite 24 hours a day, 7 days a week and 365 days a year.

- DAD Regional Group Home, Patrick Street, Beacon Hill, Leroy Place and Calamo Street Group Homes are designed to serve consumers with serious mental illness. Staffs are onsite site 24 hours a day, 7 days a week and 365 days a year.

- The Transitional Therapeutic Apartment Program is designed to serve consumers with serious mental illness. Staffs make three to four contacts weekly, at least one contact occurring onsite.

- The Residential Intensive Care Program is designed to serve consumers with serious mental illness that are in need of more intense treatment than in a supervised apartment program and less treatment than in a 24 hours a day group home. Staffs are onsite twice a day, in the morning and evening.

- Group Home Extension Apartment Beds is designed to serve consumers with serious mental illness transitioning from the group home. These consumers are able to maintain daily contact with group home staff. Group home staff provides onsite contact three to five times a week, daily when necessary.

- The Stevenson Place Assisted Living Facility is designed to serve consumers with serious mental illness needing ongoing support. Adult Residential Services staff provides onsite case management, therapy and medication management to these consumers Monday through Friday from 8:00 a.m. to 5:00 p.m. and some evenings until 9:00 p.m.

- Fairfax Community Residence, Oconomowac Development Training Center, Cardinal House, Tall Oaks and Learning services Corporation are contract agencies with programs designed to meet special needs of mental health consumers. Services are provided daily.

- The Supported Shared Housing Program, Supported Housing Option, HUD McKinney Housing and Individual/Family Home programs are designed to provide flexible services to consumers with serious mental illness. The frequency of onsite contacts and weekly contacts are based upon individual functioning and needs. Contacts vary from three contacts per week to 40 hours of contact per week.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy these mandates is 1-25 percent. See the January 2007 Mandate Study, pages 49-55 for the specific state code and a brief description.

106-05: Mental Health Youth and Family Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-05	*Mental Health Youth and Family Services*
Personnel Services	$7,784,847
Operating Expenses	$4,183,795
Recovered Costs	($151,174)
Capital Equipment	$0
Total LOB Cost:	$11,817,468
Federal Revenue	$284,858
State Revenue	$711,416
User Fee Revenue	$2,192,376
Other Revenue	$140,265
Total Revenue:	$3,328,915
Net LOB Cost:	$8,488,553
Positions/SYE involved in the delivery of this LOB	83 / 82.5
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Mental Health Youth and Family Services provides a broad array of mental health services to children and youth with serious emotional disturbances (SED) and at-risk (AR) children and their families. Some families present with such complex problems that they can only be served in a large clinical organization and through extensive collaboration among the various child-serving agencies.

Many of these children and youth have a history of:

- psychotic episodes;
- psychiatric hospitalization;
- involvement with the juvenile justice system;
- exposure to violence;
- abuse and neglect;
- out of control and aggressive behaviors;
- suicidal ideation and/or suicide attempts; and
- exposure to serious disturbances in their care takers.

Services include assessment, individual, group and family therapy, pharmacological therapy, case management, psycho-education, day treatment, in-home services and out-of-home respite and residential services to children ages three to 18 years. The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the federal Comprehensive Services Act. Services vary by duration and level of intensity according to the family's needs. Service intensity ranges from periodic case management and medication maintenance to residential programs. Youth and Family Services provides treatment to the mandated population of children and adolescents who meet the child and adolescent priority population as determined by the State Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). It also provides case management and discharge planning services as mandated by the Code of Virginia.

Services are provided at five outpatient sites, three residential sites, the Juvenile and Domestic Relations District Court, the Less Secure and Secure Juvenile Detention Facilities and in Fairfax County Public Schools (FCPS). Service providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses and professional counselors.

Treatment is coordinated with other agencies including: the Department of Family Services (Child Protective, Foster Care and Family Services), the Juvenile and Domestic Relations District Court, Community and Recreation Services, the Fairfax County Health Department, Alcohol and Drug Services, Mental Retardation Services, FCPS and community-based child serving agencies. Youth and Family Services actively participate in the system of care with the Comprehensive Services Act (CSA) program under the auspices of the Community Policy and Management Team (CPMT).

Youth and Family Services provide contract management oversight through case management, clinical consultation with other agencies, direct contact with families and providers and participation in the CSA process. In-home services, respite services and the Mental Health Initiative residential services are provided through contracts, as are newly authorized outpatient services.

The design of the program recognizes the range of service needs of children and their families. The programs fit along a developmental continuum, as well as a level of intensity and duration of service.

The programs within Youth and Family Services are as follows:

- The **Continuing Care Program** serves families whose children and youth ages seven through 18 (or high school completion) require ongoing Mental Health services due to persistent, serious emotional disturbances. Over time, youth and their families typically experience multiple interventions and multi-agency involvement, as well as psychiatric hospitalizations, residential treatment and use of psychoactive medications. The child or youth evidences significant impairments in one or more activities of daily living.

- The **Focused Care Program** serves children and youth ages seven through 18 (or high school completion) whose families are available to engage in Mental Health services aimed at a specific problem or issue. The family has the resources to maintain itself successfully in the community and the impairments of the children and youth are not debilitating enough for the family to seek ongoing care. The family may request services episodically to resolve problems as they arise.

- The **Infant/Early Childhood Program** serves at-risk infants, toddlers, and pre-school through early elementary grade children ages birth through age seven and their parents. The array of services is designed to support and guide parents in improving their parenting capacity to enhance their children's development, and/or treat children who are developmentally compromised, at-risk of or victims of abuse, or have the potential to become Seriously Emotionally Disturbed and are at risk of multi-agency interventions. This program provides direct treatment services in eight of the FCPS' non-categorical pre-school programs.

- The **Intermediate Care Program** provides a range of treatment services, including Home Based, Intensive In-Home and Out-Of-Home Respite services, through contracts with private providers and the Adolescent Comprehensive Day Treatment Program in collaboration with FCPS. Families served by the program are involved multiple times weekly in treatment designed for seriously emotionally disturbed children and adolescents who may be treated at this intermediate level of care rather than through residential or inpatient care. Transportation is provided for youth in the Day Treatment Program by a CSB van and through FASTRAN, Fairfax County Community and Recreation Service's transportation service.

- The **Mental Health Resource Program** provides Mental Health expertise, support and guidance to families who are in treatment with non-CSB mental health providers and are involved with child-serving agencies such as the Courts, Schools and Family Services. The program operates primarily by joining agencies and families in Child Specific Teams. The Resource Program manages the Mental Health Initiative with funding from the State. Discharge planning for the Commonwealth Center for Children and Adolescents is a function of this program.

- The **Child Abuse Program** provides assessment, evaluation and treatment preparation services for families involved with the Department of Family Services and the Juvenile and Domestic Relations Court by reason of abuse and neglect allegations. The team evaluates the family, interacts with other agencies in developing intervention strategies and provides expert opinion to the Court.

- The **Youth Residential Program** directly provides residential care for at-risk and seriously emotionally disturbed youth in one facility, Sojourn House, which serves adolescent females primarily in the custody of the Department of Family Services for reasons of abuse and neglect. In addition, Alternative House, a contract agency, provides shelter to runaway or "at risk of runaway" youth. During calendar year 2006, an RFP was offered and successfully bid upon to provide short-term residential crisis intervention to male and female youth and their families. This facility, Leland House, was opened in January 2007, is a contracted eight bed facility for youth ages 12 to 17. While not directly operated, the CSB is the primary County agency to provide oversight and liaison to the facility thru the Community Policy and Management team (CPMT).

- The **Juvenile Forensic Program** provides mental health diagnostic services and crisis intervention to children and youth before the Juvenile and Domestic Relations District Court by reason of runaway, out of control and truant behavior, and criminal activities. The

program also provides dual diagnosis treatment to youth sentenced to the Juvenile Detention Facility. The Model Court endeavor is assigned to this program.

Community Outreach:
Public forums are held for community members/interested citizens featuring staff presentations on mental health issues of interest at open luncheons and other meetings.

Initiatives and Accomplishments:
Youth and Family Services completed a redesign, resulting in a clearly defined continuum of program services offered County-wide. The redesign effort took into account the changing requirements for services over the years. The following factors were taken into account: Fairfax County's population increase, the increased capacity of other child-serving agencies, the increased severity of disorders in children and families in the County, and the increased demand for interagency collaboration.

Youth and Family Services is participating in the Model Court Pilot designed to front-load services and engage families before the Juvenile and Domestic Relations District Court for reasons of abuse and neglect of the children.

The Mental Health Initiative of DMHMRSAS allocated up to $505,529 in FY 2007 for the purchase of residential services for Family Assessment and Planning Team (FAPT)-involved, non-mandated children and youth. Authorization for expenditures was available from November 2006 through April 2007.

Youth and Family Services has developed an agreement with the FCPS by which therapists work in non-categorical pre-schools with parents and children identified by teachers as needing mental health intervention.

Under the auspices of the Community Policy and Management Team, the CSB has been funded for the first year of a three-year plan to develop a Crisis Care Facility for children and youth in Fairfax County who do not require psychiatric hospitalization, but do require diagnostic assessment and targeted treatment in a short-term secure residential setting. This facility opened in January 2007. The CSB has also received $600,000 for the provision of Mental Health Services in the Continuing, Focused and Infant/Early Childhood Programs. Services are provided contractually.

Two additional positions have been authorized to provide crisis intervention and diagnostic services for the youth in the Juvenile and Domestic Relations District Court Detention and Less Secure Shelter. Funding for the positions is available in the Court's budget. Another position will be added to provide services to the Juvenile Detention Center through recently approved grant funding from DMHMRSAS.

Two additional positions were authorized to provide care coordination and consultative services to other agencies involved in the Comprehensive Services Act (CSA). Funding for these positions was made available through the use of Mental Health Initiative funds from the Commonwealth.

The CSB also received $100,000 to provide Mental Health Services to the new Katherine K. Hanley Family Shelter. These services are provided contractually.

Upon careful multi-agency consideration and review of existing data, the decision was made to close My Friends Place and plans are currently underway to reallocate available resources to meet the underserved needs of transitioning youth ages 18 to 24.

Youth and Family Services is working with the Juvenile Court to expand psychiatric services to the Juvenile Detention Center's general population. Existing resources will be reallocated to expand this service. The CSB is also seeking to expand an already successful co-led anger management program to other regions of the County.

Funding Sources
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Mental Health Federal Block Grant for Children and Adolescents; Comprehensive Services Act for At-Risk Youth and Children fees, as well as fees from clients and insurance companies.

► Method of Service Provision

Services are provided in both directly operated and contractual programs. In-home services, respite services and the Mental Health Initiative residential services are provided through contracts, as are newly authorized outpatient services.

Services are provided Monday through Friday on a flexible schedule to accommodate the needs of families for outpatient treatment. Residential services are provided 24 hours per day and day treatment services operate 5 days per week.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 26-50 percent. See the January 2007 Mandate Study, pages 49-55 for the specific state code and a brief description.

106-06: Alcohol and Drug Adult Outpatient Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-06	*Alcohol and Drug Adult Outpatient Treatment Services*
Personnel Services	$3,031,491
Operating Expenses	$1,076,152
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,107,643
Federal Revenue	$289,179
State Revenue	$108,038
User Fee Revenue	$233,230
Other Revenue	$25,835
Total Revenue:	$656,282
Net LOB Cost:	$3,451,361
Positions/SYE involved in the delivery of this LOB	35 / 35.0
Grant Positions/SYE involved in the delivery of this LOB	2 / 1.75

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

Outpatient and Case Management Services provides case management and individual, group and family counseling for adult and adolescent clients, with specialized care for the dually diagnosed, pregnant and post-partum women, those whose primary language is Spanish and those with HIV/AIDS. Psychiatric consultation to assist in treatment planning and case management is also provided.

Adult Outpatient Services promote abstinence from drugs and alcohol as well as stabilization and management of their mental health disorders through education, individual, group and family counseling and breath/urine screening. Programs are designed to achieve permanent changes in the related problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior or activity and other legal difficulties.

Adult Outpatient Services also provides specialized, integrated treatment for individuals with co-occurring disorders. This service consists of individual, group and family education and counseling with a particular focus on the interaction of the client's substance use and mental health disorders. Medication management services are also provided when needed.

Admission to Adult Outpatient Services is directly linked to the client's motivation and ability to maintain abstinence in the community. Outpatient Services provides substance abuse education and a varying intensity of treatment services matched to the clients' needed level of care.

- Clinical services include: treatment planning; case management; substance abuse education; individual, group and family counseling; relapse prevention counseling, medication management, breath/urine screening and discharge planning to other required support services. Clients are required to attend self-help support groups and/or other support activities in the community to develop an abstinence-based lifestyle. Linkage to appropriate resources, adjunctive treatment and case collaboration is also provided.

- Clients' attendance in Outpatient Services varies from two to six months depending on their individual level of need.

- Referring agencies require reporting on client progress monthly or as needed based on clients' presenting issues.

Day Reporting Center
Adult Outpatient Services are provided through the Day Reporting Program. These services are funded through a grant from the Virginia Department of Criminal Justice Services and target an offender population released into the community that the Virginia Department of Corrections considers as being at-risk for re-offense. Programming employs a graduated sanction model and clients must report daily to the Day Reporting Program. A collaborative team approach is provided in conjunction with Department of Corrections, Opportunities, Alternatives and Resources of Fairfax County (OAR), and Adult Education Services. The goal of Outpatient Services is to avert clients from re-offending or re-entering the corrections system by providing "on demand" treatment and monitoring services. These clients require daily monitoring and treatment to arrest a lifelong pattern of addiction and criminal behavior. Without treatment intervention, they are at high-risk for continued substance use and criminal activity. Probation sanctions are immediate for those clients that relapse or display other dysfunctional behaviors. Services include substance abuse screening, education, individual, group, family and relapse prevention counseling. Individuals also receive case management services and immediate triage of crisis treatment needs and detoxification services. If needed, these clients are referred for more intensive Day Treatment or Residential services within the ADS system.

Relapse Prevention Services
A contract was established with the Department of Corrections to provide a specialized Relapse Prevention Group for individuals who have participated in various treatment programs but have been unable to maintain recovery in the community.

HIV/AIDS Services
Adult Outpatient Services provides specialized case management and support services for individuals with HIV/AIDS. Services include education about the disease and risk reduction behaviors to impact the spread of the disease as well as case management and referral to necessary medical and support services. This is a mandated service, required by the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT).

Initiatives and Accomplishments:

- Continue to redesign the delivery of psychiatric services to address the mental health needs of clients with co-occurring mental health and substance abuse disorders.
    - To achieve this goal, an ADS physician position was established to address client psychiatric needs and agency medical procedures.
    - In addition, ADS expanded the practice of prescribing psychiatric medications for individuals with co-occurring disorders at all outpatient and day treatment sites.
- Outpatient Services was recently redesigned, with input from staff, referral agencies and clients, to provide a more client-centered and variable treatment regimen. Outpatient Services, and the agency as a whole, re-established the relationship with the Pre-Release Center of the Adult Detention Center to provide outpatient services for eligible inmates. Psychiatric services have been expanded at all the outpatient sites to increase the number of psychiatric hours and expand the ability of the psychiatrist to prescribe medications. Due to the long waiting list for the Latino residential treatment program (Nueva Dia), outpatient services has established a process to provide outpatient and case management services for Spanish speaking adults while they are waiting for bed space.
- Completed the Outpatient 'Moving Forward Initiative' that established standardized and client-centered services that meet individual client needs consisting of education, counseling and relapse prevention. In addition, established a comprehensive orientation package for clients entering outpatient treatment.
- Although traditionally managed by ADS Residential Services, ADS Adult Outpatient Services manages the transitional housing program for Latino men. Services will continue to provide clinical services to the transitional housing program for Latino men who complete the regional Latino residential treatment program. Continuing care services are offered for these individuals to assist them in their transition back into the community.
- Continue to establish the infrastructure and process for billing Medicare Part D and Medicaid for services for eligible clients, some with co-occurring disorders. Effective July 1, 2007, the state provides Medicaid coverage of substance abuse treatment services for children and adults including emergency services, evaluation and assessments, outpatient services including intensive outpatient services, case management, opioid treatment and day treatment.
- Continue a contract with the Virginia Department of Corrections, Department of Parole and Probation to provide relapse prevention services for offenders in need of that specialized service.
- After a need was identified in the Culmore community of Falls Church, work began with representatives of the Department of Family Services and the Culmore community for a pilot program offering substance abuse education, outreach and case management services. Exploration of future programming will continue.

- In FY 2007, 1,450 individuals were served (73 percent of the FY 2007 estimate). The decreased number served was due to the re-tooling of treatment services to accommodate more clients with co-occurring substance use and mental health disorders, as well as a decrease in Spanish speaking referrals. Clients with co-occurring disorders warrant more intensive and longer term treatment which results in lower caseloads for staff.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; the Department of Corrections Day Reporting Center Grant and fees from clients and client insurance.

Participant Characteristics:
Substance Abuse Education Services
Clients placed in this level of care may carry a substance related diagnosis of dependence, but all are abusing substances at a minimum. Clients receive substance use related education.

Individuals who have or believe they may have a substance abuse problem, have had minimal to no consequences of their use, and no prior treatment interventions, as well as those who are referred by third parties (Probation and Parole, Alcohol Safety Action Program, Courts, Juvenile and Domestic Relations Court, Department of Family Services, hospitals, colleges and universities, employers) due to suspected substance abuse.

Outpatient Services
Outpatient Services promote abstinence from drugs and alcohol through education, individual, group, family counseling and urinalysis. Programs are designed to achieve permanent changes in related problem areas. Admission to Outpatient Services is directly linked to the client's motivation and ability to maintain abstinence in the community. Clients attend Outpatient programs two to three times a week for 90 minute sessions, for an average of four to six months.

The client generally has few or no continuing symptoms of withdrawal or intoxication, and has stable physical or psychiatric conditions. Physical or psychiatric conditions may require stabilization prior to, or while in care. Clients should demonstrate sufficient willingness to participate in treatment, have stable community support, and be in school or employed. The client's history of substance abuse should not have resulted in significant impairment in major life areas.

Relapse Prevention Services
Relapse Prevention is designed for clients that may or may not have relapsed, need continued support for recovery, and need enhancement of recovery skills.

Clients in this level of care have usually completed a substance abuse or co-occurring treatment program, have a history of positive life functioning, can maintain abstinence, and need enhancement of recovery skills to support ongoing recovery.

Trends and Future Issues:
- The waiting list for Outpatient Services averages 50 individuals monthly, with consumers generally waiting one to one and a half months for services. While consumers are waiting

for services in a level of care, interim services are provided which include case management, individual counseling and drug use monitoring.

- Co-morbidity of substance use and mental health disorders requiring co-occurring care is seen in approximately twenty percent of the individuals served. This population presents with more complexity which requires longer episodes of care for co-occurring disorders.
    - Adult Outpatient Services lack adequate psychiatric services to address the complex needs of those with co-occurring disorders.
    - Individuals with co-occurring disorders have significant case management needs. Adult Outpatient Services currently provides case management services as an embedded component of treatment and lacks the ability to provide this as a needed stand-alone service.
    - Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.
- Best practice dictates that women with substance use disorders receive specialized care due to increased rates of histories which include physical and sexual abuse, victims of domestic violence, poor school and work options and barriers related to lack of child care, transportation and safe/adequate housing options.
    - There are limited treatment resources for women in the southern area of the County.

► Method of Service Provision

Alcohol and Drug Adult Outpatient Services provides a range of treatment services for substance abusing and addicted adults and those individuals with co-occurring (substance abuse and mental health) disorders and their families. The goal of the service is to provide a comprehensive continuum of outpatient treatment services, based on client level of need, to interrupt the cycle of abuse and addiction. Individuals accessing services are at high-risk of relapse and/or return to criminal behavior. Most of the individuals served in Adult Outpatient Services are court referred, in crisis (i.e., at risk to themselves, their family members and/or the public).

Hours of Operation: Hours of operation for Adult Outpatient Services are Monday through Thursday from 8:30 a.m. to 9:30 p.m., and Friday from 8:30 a.m. to 4:30 p.m. Day Reporting Center hours are Monday through Friday from 8:30 a.m. to 7:00 p.m. Clinicians provide emergency case management services 24 hours a day, seven days a week, including holidays for clients in distress.

Locations: Services are diversified and provided at four locations throughout the Fairfax County and the Cities of Fairfax and Falls Church (Reston, Falls Church, Fairfax, South County/Route One). Services are provided in the different locations due to the size of the jurisdiction and population characteristics and demands. The four sites provide specialized services for Spanish-speaking clients and individuals with co-occurring disorders.

Fund 106
Community Services Board (CSB)

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 5%
- Code of Virginia 32.1-127 5%
- Code of Virginia 37.1 – 194 25%
- Code of Virginia 37.1220 30%
- Code of Virginia 18.2 – 251 5%
- Code of Virginia 18.2 -252 25%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-07: Alcohol and Drug Adult Day Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-07	*Alcohol and Drug Adult Day Treatment Services*
Personnel Services	$1,727,988
Operating Expenses	$283,934
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,011,922
Federal Revenue	$318,492
State Revenue	$321,594
User Fee Revenue	$266,836
Other Revenue	$51,167
Total Revenue:	$958,089
Net LOB Cost:	$1,053,833
Positions/SYE involved in the delivery of this LOB	15 / 14.5
Grant Positions/SYE involved in the delivery of this LOB	7 / 7.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Adult Day Treatment Services provide daily intensive case management, individual, group and family counseling to substance abusing adults who need more intensive services than the standard outpatient care. Psychiatric services are provided to assist in treatment planning and case management.

Day Treatment Services promotes abstinence from drugs and alcohol as well as stabilization and management of their mental health disorder through education, individual, group and family counseling, breath/urine screening and medication management. Programs are designed to achieve permanent changes in the related problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior or activity, and other legal difficulties.

- Day Treatment provides a structured environment for clients in need of intensive treatment who are able to stabilize without the structure of residential care. Day Treatment provides essential education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments. Clinical services include case management, group, individual, and family counseling and urine/breath screening. Clients are required to attend self-help support groups and/or other support activities in the community to develop an abstinence-based lifestyle. Linkage to appropriate resources, adjunctive treatment and case collaboration is also provided.

- Day Treatment is an intensive three hour a day, three to five day(s) a week program.

- Clients generally attend services for nine to twelve months.

- Admission requires the absence of major withdrawal symptoms from substances and the ability to respond safely to and benefit from ambulatory detoxification. For co-occurring clients, linkage to psychiatric service is required.

- Clients require intensive treatment due to significant life disruptions and/or lack of social supports.

- Clients have exhibited behaviors that indicate the inability to be successful in a less intensive outpatient setting.

- Clients served in this modality are at higher risk for being placed in residential services, have a serious addiction problem that they have been unable to control on an outpatient basis, may have multiple diagnoses and/or are in need of intensified support on a daily basis.

- Programming focuses on strengthening socialization skills and pro-social values, cognitive behavioral development and management of co-occurring substance addiction and mental illnesses. Intensive group treatment and education, including medication management, relapse prevention, life skills development, recreational therapy and vocational training, including GED completion, is part of the service package.

- Due to their multiple needs, which are often barriers to treatment, clients receive ancillary services, such as childcare, transportation assistance and intensive case management to assist in service access and follow through.

- Day Treatment Services include one program funded through a High Intensity Drug Trafficking Area Grant (HIDTA) of the Office of National Drug Control Policy (ONDCP). This program provides Day Treatment Services to offenders at the South County site. The day treatment program in Falls Church is tailored to provide services for Spanish speaking clients.

Fund 106
Community Services Board (CSB)

Initiatives and Accomplishments:

- Continue to redesign the delivery of psychiatric services to address the mental health needs of clients with co-occurring mental health and substance abuse disorders.

  - To achieve this goal, an ADS physician position was established to address client psychiatric needs and agency medical procedures.

  - In addition, ADS expanded the practice of prescribing psychiatric medications for individuals with co-occurring disorders to all the outpatient and day treatment sites.

- Completed the Day Treatment 'Moving Forward Initiative' that established standardized and client-centered services that meet individual client needs consisting of education, counseling and relapse prevention. In addition, established a comprehensive orientation package for clients entering day treatment.

- Continue to establish the infrastructure and process for billing Medicare Part D and Medicaid for services for eligible clients, some with co-occurring disorders. Effective July 1, 2007, the state provides Medicaid coverage of substance abuse treatment services for children and adults including emergency services, evaluation and assessments, outpatient services including intensive outpatient services, case management, opioid treatment and day treatment.

- Established a continuum of women's services between Recovery Women's Center day treatment services and New Generations residential treatment services. Redesigned the New Generations residential treatment program for women who are pregnant or postpartum and their children to allow for an intermediate length of stay to address the needs of population.

- In FY 2007, Adult Day Treatment Services provided intensified services to 131 individuals. All the day treatment programs recently participated in systems review, which consisted of input from staff, referral agencies and clients to provide a more client-centered and variable treatment regimen.

- It should be noted that this is one of the most difficult populations that the agency serves. It is not unusual that individuals requiring residential care meet residential exclusionary criteria and are subsequently placed in day treatment, which is a lower level of care. Exclusionary criteria include issues related to criminal histories that have the potential of risk of jeopardy to other clients in a residential setting.

Funding Sources:

Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; the University of Maryland for Federal High Intensity Drug-Trafficking Area (HIDTA) services; Medicaid State Plan Option, and fees from clients and client insurance.

Participant Characteristics:

Day Treatment Services

Day Support provides a structured environment for clients in need of intensive treatment, who are able to stabilize without the structure of residential treatment. Day Support provides essential education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments. Day Support is an intensive three to five hours per day, five day per week program with decreasing participation (i.e., "step down") in response to individual progress. Clients generally receive services for nine to 12 months.

- Admission requires the absence of major withdrawal symptoms from substances and the ability to respond safely to and benefit from ambulatory detoxification. Physical or psychiatric conditions may require stabilization prior to or while in care. The client requires intensive treatment due to significant life disruptions and/or lack of social supports. Clients have exhibited behaviors that indicate the inability to be successful in an outpatient setting or not appropriate for residential settings based on exclusionary criteria (i.e., history of fire setting, perpetrator of abuse, violence, etc.).

Trends and Future Issues:

- The waiting list for Day Treatment Services averages 40 individuals monthly, generally waiting one to one and a half months for services. While consumers are waiting for services in a level of care, interim services are provided which include case management, individual counseling and drug use monitoring.

- Co-morbidity of substance use and mental health disorders requiring co-occurring care is seen in approximately twenty percent of the individuals served. This population presents with more complexity which requires longer episodes of care for co-occurring disorders.
    - Adult Day Treatment Services lack adequate psychiatric services to address the complex needs of those with co-occurring disorders.
    - Individuals with co-occurring disorders have significant case management needs. Adult Day Treatment Services currently provides case management services as an embedded component of treatment and lacks the ability to provide this as a needed stand-alone service.
    - Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.
- Best practice dictates that women with substance use disorders receive specialized care due to increased rates of histories which include physical and sexual abuse, victims of domestic violence, poor school and work options and barriers related to the lack of child care, transportation and safe/adequate housing options.
    - There are no day treatment resources for women in the southern area of the County.

Fund 106
Community Services Board (CSB)

► Method of Service Provision

Alcohol and Drug Adult Day Treatment Services provides an intensive level of treatment services for addicted adults and those individuals with co-occurring (substance abuse and mental health) disorders and their families. The goal of the service is to provide a comprehensive continuum of Day Treatment Services, based on client level of need, to interrupt the cycle of addiction. Individuals accessing services are at high-risk of relapse and/or return to criminal behavior. Most of the individuals served in Day Treatment Services are court referred and/or in crisis (i.e., often homeless, unemployed, and at risk to themselves, their family members and/or the public). ADS Adult Day Treatment Services is directly operated.

Hours of Operation: Hours of operation for the Day Treatment Services are Monday through Thursday from 8:00 a.m. to 9:30 p.m., and Friday from 8:00 a.m. to 5:30 p.m.

Locations: Services are provided at four Day Treatment sites throughout the community. One program specializes in women's services, while three are tailored specifically for men.

► Mandate Information

This LOB is both federally and state mandated.

The percentage of this LOB's resources utilized to satisfy the mandate is:

Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131	5%
Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126	15%
Code of Virginia 32.1-127	10%
Code of Virginia 37.1 – 194	25%
Code of Virginia 37.1220	20%
Code of Virginia 18.2 – 252	25%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-08: Alcohol and Drug Adult Residential Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-08	*Alcohol and Drug Adult Residential Services*
Personnel Services	$6,534,970
Operating Expenses	$2,092,823
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$8,627,793
Federal Revenue	$1,017,461
State Revenue	$1,165,496
User Fee Revenue	$193,368
Other Revenue	$110,169
Total Revenue:	$2,486,494
Net LOB Cost:	$6,141,299
Positions/SYE involved in the delivery of this LOB	85 / 84.0
Grant Positions/SYE involved in the delivery of	1 / 1.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

Alcohol and Drug Adult Residential Services provides services to the most impaired substance abusing adults and their families throughout the service area. Most clients have previous outpatient treatment failures, are court involved and are receiving services through multiple human service agencies. Comprehensive services include individual, group and family therapy, medication management and case management. Residential treatment settings are matched to the level of care needed. Treatment services include detoxification, intermediate and long term treatment, supervised apartment programming, supported living services and aftercare services. Specialized care is provided for clients with co-occurring substance use disorders and mental illness, pregnant and post-partum women and persons whose primary language is Spanish.

Many clients are homeless and have co-occurring mental health disorders. Clients receiving these services have the highest degree of addiction and generally have lost most social support systems including family, employers and churches. Clients who are parents often have children in foster care, or have children for whom their parental rights will be terminated without treatment. Services are provided in a residential living environment that provides structure, support and supervision. Intensive residential programs provide 24 hours per day, seven days per week treatment, supervision and support. Supported Living programs provide on-site supervision less than 24 hours per day, seven days per week treatment, based on client need.

The continuum of residential services includes: intermediate length treatment; long term treatment; specialized co-occurring disorders treatment; specialized women and babies program; supportive housing; and comprehensive case management. Services provided by programs include: 24 hours per

day, seven days per week treatment; individual and group counseling; family therapy; substance abuse education; vocational counseling; psychiatric assessment, medication management and treatment; life skills training; individualized treatment planning; urinalysis surveillance; behavior monitoring; and aftercare services.

Services are provided at various sites throughout the County and include both directly operated and contractual programs. ADS Adult Residential Services provides levels of treatment that correlate with the American Society of Addiction Medicine (ASAM) Levels of Care.

Intermediate Length Rehabilitation Treatment Services
Intermediate length rehabilitation programs provide services 24 hours per day, seven days per week and 365 days per year. The focus of programming is on regaining previous life functioning. Individuals develop recovery and life skills necessary to function productively. The programs are approximately 90 days in length followed by aftercare services. The directly operated program in this service area is *A New Beginning*. Contractual agreements are in place with Vanguard Services Unlimited to provide programming at the *Phoenix*, *Demeter* and *Nuevo Dia* programs. Nuevo Dia provides services to Spanish speaking individuals. Programming is similar at all three programs.

The directly operated program, *A New Beginning*, is a 35 bed residential treatment program for clients in need of rehabilitation. Residents rehabilitate through an intensive phase of treatment established on evidence based practices and followed by a re-entry phase in preparation for transition back to the community. Family participation is a vital aspect to treatment success. Comprehensive psychiatric (including medication) and case management services are incorporated into programming.

Long Term Habilitation Treatment Services
Long Term Habilitation programs teach individuals the skills necessary to live productively in society. Most individuals entering this level of service do not have a history of positive life functioning and began using drugs and alcohol at a very early age. Many individuals also present with multiple health problems. The directly operated program included in this service area is the *Crossroads Adult Program*. Contractual services with *Second Genesis* provide additional long-term treatment beds. Both programs provide similar services.

Treatment Services provide therapy, treatment and support in a residential environment 24 hours per day, seven days per week and 365 days per year. Generally there are two staff on duty during waking hours and one staff on duty during sleeping hours. Through the provision of treatment activities and a therapeutic environment, the program assists clients in developing a sober, drug-free lifestyle, increasing employability, eliminating antisocial and criminal activity and developing pro-social values. The client length of stay is generally nine to 12 months.

Crossroads Adult is a 50-bed, long-term therapeutic community with an additional nine apartment beds for clients transitioning back into the community. Clients complete the residential phase of the program then enter a continuing care phase to allow them to make a smooth transition into the community. A special program track is provided for individuals with co-occurring mental illness and substance abuse disorders. During this phase, there are comprehensive services available to clients providing the support needed to complete recovery.

Specialized Co-Occurring Treatment Services
Cornerstones, a 16-bed residential treatment program for clients with co-occurring mental health and substance abuse disorders, provides comprehensive substance abuse, mental health and psychiatric services on-site. Prior to the opening of the program in 1999, there were no residential treatment options for individuals with dual disorders. This innovative program has been the subject of regional acclaim and is considered one of the premiere co-occurring disorder programs in the area.

Specialized Women and Babies Program
The *New Generations* program serves pregnant and post-partum women and their children. Most women in the program are involved with Child Protective Services and Foster Care. The goal of the program is to intervene in the multigenerational aspects of addiction and co-occurring disorders to promote healthy families on a long term basis. The program involves three phases. Phase I of the program enables clients to focus on issues related to recovery and essential child care and parenting skills while living in a structured primary residential treatment facility. During Phase II, clients move to a supervised residence and find employment and child-care services while continuing treatment. Phase III completes the residential portion of the program, allowing clients to find housing for post programming while receiving counseling and support for life-long recovery.

Supported Living Treatment Services
This service includes two components: the Residential Admissions Unit and the Steps to Recovery Program.

The Residential Admissions Unit (RAU) provides crisis intervention and case management services to individuals who have been assessed to need residential treatment but who are unable to access the required level of service due to waiting lists. The RAU orients, prepares and case manages clients waiting for residential services, ensuing that regulatory and licensure admission requirements are met. Last fiscal year, the Residential Admissions Unit placed 422 individuals in treatment, reflecting a placement rate of 80 percent.

The Steps to Recovery program offers an eight-bed supervised transitional treatment program for adult males as well as transitional apartments for both males and females. These clients are frequently on active probation or parole and have previously participated in a substance abuse treatment program. Clients work during the day and return to a house or apartment within the community in the evening. Treatment services are provided on-site.

The Apartment component of the Steps to Recovery Program includes eight units with a total of 24 beds and provides transitional living services for clients who have completed other treatment programs or need supported living in the community in order to maintain their recovery. Supported Living Treatment Services provide treatment, structure, support and comprehensive case management in a residential environment less than 24 hours per day. Services include assessments, group counseling, individual counseling, crisis intervention and support. The goal of the program is to assist the clients in attaining the skills necessary to live a productive, sober life in the community. After completing intensive treatment services, clients often transition to less intensive supported living treatment services.

Contract Management oversight is provided by Adult Residential Services for all contract programs through on-site observations, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

Initiatives and Accomplishments:

- Increased the capacity of the *Crossroads* Adult and *Cornerstones* programs to serve clients with co-occurring disorders by adding a psychiatric nurse practitioner to the treatment team. This cost effective approach decreases the number of expensive psychiatric hours needed while allowing the program to quickly and effectively respond to client needs.

- Enhanced addiction medication services for individuals suffering from opiate dependency by expanding the use of the medication, Buprenorphine, to all ADS residential programs to assist opiate dependent individuals toward recovery.

- Implemented the evidence-based practice of motivational interviewing at *A New Beginning* residential treatment program. Evaluated the effectiveness of the programming by assessing client outcomes/improvements and made enhancements where appropriate.

- Redesigned the *New Generations* residential treatment program for women who are pregnant or postpartum and their children to allow for an intermediate length of stay to address the needs of the population.

- The *Crossroads* Adult program achieved accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF standards are best practices and could increase funding reimbursement from Medicaid and third-party payers.

- Of the clients participating in 90 days of service at *Crossroads*, 92 percent demonstrated improvement in employment/school status, and 97 percent of clients in the *Crossroads* program were satisfied with services.

- Of the clients that participated in 30 days of service in Intermediate Rehabilitation, 100 percent demonstrated improvement in employment/school status, and 85 percent of clients indicated that they were satisfied with the services.

Funding Sources:

Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; Substance Abuse Residential Purchase of Service (SARPOS), the Federal Housing and Urban Development supportive housing program; Medicaid State Plan Option, and fees from clients.

Participant Characteristics:

Intermediate Residential Treatment

Intermediate Residential treatment is designed for clients in need of rehabilitation, with a primary focus placed upon self diagnosis, problem awareness and problem management. Treatment services include family, individual, and group counseling, and intensive involvement in self help support groups. This level of care provides 24 hours per day, seven days per week supervision and treatment. The program length is generally 60 to 90 days plus aftercare services.

- Clients placed in this level of treatment generally can be characterized as having chaotic and often abusive interpersonal relationships, and extensive treatment and criminal justice histories. These clients have a high risk for continued criminal behavior; have little or no

work history or educational experience, and an overall anti-social value system. Physical or psychiatric conditions may require stabilization prior to or while in care.

Long Term Residential Treatment
Long Term Residential treatment is designed for clients in need of habilitation treatment services to address significant problems of alcohol and/or drug use or co-occurring substance abuse and mental health problems, living skills, life disruptions, and a lack of social supports. Treatment services include behavior management and modification, vocational services, family, individual, and group counseling, and intensive involvement in self help support groups. This level of care provides 24 hours per day, seven days per week supervision and treatment. The program length is generally nine to 15 months plus aftercare services.

- Clients placed in this level of treatment generally can be characterized as having chaotic and often abusive interpersonal relationships, and extensive treatment and criminal justice histories. These clients have a high risk for continued criminal behavior; have little or no work history or educational experience and an overall anti-social value system. Physical or psychiatric conditions may require stabilization prior to or while in care.

Supported Living Services
Programs are designed for clients who are in need of more structure than an outpatient or day treatment setting, but have shown some ability to remain abstinent without 24 hour supervision. Participants live in program facilities and receive counseling, support, and supervision to help sustain recovery. The most intensive program provides staff supervision 12 to 14 hours per day, while the less intensive provides counseling in a nearby office with drop in supervision only.

- Clients placed in these programs have generally successfully completed a substance abuse treatment program and/or have a history of positive life functioning, but have shown an inability to maintain abstinence. Due to significant life disruptions and/or lack or social supports, clients require continued treatment structure and a supported living environment to focus on recovery and implement lifestyle changes.

Trends and Future Issues:
The waiting list throughout the continuum of residential care averages 300 individuals monthly with variable wait times depending on the level of care required.

Co-morbidity of substance use and mental health disorders is prominent in the individuals requiring residential care. The population served in residential care generally present with more complexity which requires longer episodes of care for co-occurring disorders.

- Residential Services lack adequate psychiatric services throughout the continuum of care to address the complex needs of those with co-occurring disorders.

- Individuals with co-occurring disorders have significant case management needs. Residential Services currently provides case management services as an embedded component of treatment and lacks the ability to provide this as a needed stand-alone service.

- Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.

- More individuals are presenting for detoxification services with physical health complications requiring medical detoxification services. Currently, there are limited resources and significant waiting times for this level of care. This impacts placement in other services.

► Method of Service Provision

Adult Residential Services is provided through a combination of directly operated and contract services. Contracts include detoxification services provided by the Alexandria Regional Detoxification Center, Intermediate length treatment provided by Vanguard Services (Phoenix and Demeter Programs), and long-term treatment provided by Second Genesis. Nuevo Dia, an intermediate length program for Spanish-speaking clients, is operated by Vanguard Services as a result of a grant from the Center for Substance Abuse Treatment as well as purchase of service contract funds. All other services are directly operated.

Hours of Operation: Hours of operation for the highly intensive and intensive residential programs are 24 hours per day, 365 days per year. Hours of operation vary for supported living programs Hours of operation vary for supported living programs, but are generally Monday through Friday from 8:00 a.m. to 10:00 p.m. and Saturday, Sunday and holidays, 10 a.m. to 10 p.m., based on client need. Staff is on call 24 hours per day.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 12%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 25%
- Code of Virginia 32.1-127 7%
- Code of Virginia 18.2 2-254 6%
- Code of Virginia 37.1 – 194 10%
- Code of Virginia 37.1220 7%
- Code of Virginia 18.2 – 251 25%
- Code of Virginia 18.2 – 252 8%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-09: Alcohol and Drug Youth Outpatient Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-09	*Alcohol and Drug Youth Outpatient Treatment Services*
Personnel Services	$3,763,755
Operating Expenses	$1,028,552
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,792,307
Federal Revenue	$270,617
State Revenue	$161,383
User Fee Revenue	$95,597
Other Revenue	$158,945
Total Revenue:	$686,542
Net LOB Cost:	$4,105,765
Positions/SYE involved in the delivery of this LOB	44 / 44.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

Alcohol and Drug Youth Outpatient Treatment Services provides assistance to youth and their families through outpatient, court, and school-based programs. The purpose of Youth Outpatient Treatment Services is to intervene and treat those youth that are in the early stages of alcohol and drug use, or addiction.

The Youth Outpatient Treatment programs located at Chantilly, Falls Church, Reston, and South County provide a continuum of outpatient treatment services to the entire service area. ADS Youth Outpatient Sites, Forensics and School Student Assistance Program staff provides screening, assessment and evaluation services for youth and their families to determine the existence of a substance abuse or mental health problem and the level of services needed. Substance and mental health treatment services, using an adolescent developmental approach, consist of education, early intervention, outpatient, day and residential treatment. Outpatient services consist of primary care twice a week, including relapse prevention for three to six months. The programming occurs in three phases. Family counseling occurs weekly in multifamily groups and individual family sessions are held at least monthly. Continuing Care is provided once a week thereafter for those youth and families who are interested. The mix and intensity of these services are based on the client's individual needs. "Stages of Change" has been utilized in the treatment approach since 1999 to address families' motivation for change. Cognitive-behavioral therapy is also used. Participation in 12-step Alcoholics Anonymous and Narcotics Anonymous is also part of the program. Case management services are provided as a part of all of the above-mentioned components. Psychiatric

consultation is available. Services for Spanish-speaking persons are available in Falls Church and Reston.

Youth Outpatient Services

Outpatient Services for youth consist of screening, assessment, evaluation, group counseling two or three times per week, individual and family substance abuse treatment, relapse prevention, and continuing care. Case management services are provided for all clients entering outpatient services.

- Outpatient Services for youth consist of screening, assessment, evaluation, group counseling two or three times per week, individual and family substance abuse treatment, relapse prevention and continuing care. Case management services are provided for all clients entering outpatient services.

- Outpatient Services are available for adolescents ages 13 to 18 and their families. Cases are referred from the Juvenile Court, Fairfax County Public Schools (FCPS), Mental Health Services and the Department of Family Services.

- Outpatient Sites are located in Chantilly, Falls Church, Reston and South County. All sites provide assessment and counseling services.

- Referrals are made by ADS to private service providers, depending upon the family's choice, their ability to pay and insurance coverage.

- In addition, staff serves on all Comprehensive Services Act (CSA) Family Assessment and Planning Team (FAPT) meetings and Interdisciplinary Team (IDT) staffing.

Juvenile Court Services

- Assessment and evaluation services are provided in the CSB Forensics Office, Juvenile Detention Center, Less Secure Shelter and Boys and Girls Probation Houses through Juvenile Court Forensics staff.

- Educational services are also provided in the Secure Detention Center and Less Secure Shelter, as well as the Boys and Girls Probation Houses on a weekly basis.

- Treatment services are provided at the Juvenile Detention Center Post-Dispositional Unit.

- Juvenile Court Judges and staff refer the youth and families.

- Drug Court services are an intensive therapeutic partnership between the adolescent, family, treatment services, and probation, providing weekly acknowledgement of successes or sanctions for behaviors outside of the treatment plan.

School Services

- ADS provides a three-day Substance Abuse Awareness Seminar at the Devonshire Center in conjunction with FCPS for students suspended or referred for substance abuse related issues by FCPS. Parents of students referred also are required to attend an evening substance abuse education group.

- Additionally, assessment and consultation services are provided to high schools and middle schools throughout the County. ADS School Resource Counselors are assigned to high schools to work with school administrators, social workers, and guidance counselors to identify and intervene with youth who are exhibiting substance-related problems.

- Parent education seminars are provided at various high schools throughout the school year.

- Liaison, consultation and screening services are also provided to schools in the cities of Fairfax and Falls Church.

- Student Assistance Programs (SAP), which are intensive, school-based programs, are currently in place at eight Fairfax County public high schools.

Initiatives and Accomplishments:

- Expanded the Student Assistance Program (SAP), which are intensive, school-based programs, to a total of 12 Fairfax County public high schools. SAP includes alcohol and drug screening, assessment and early intervention services for adolescents and their families.

- Continue ADS Youth Drug Court, a collaborative effort between the Fairfax County Juvenile and Domestic Relations Court and Alcohol and Drug Services. Programming provides adolescent care for substance abuse disorder issues, with support and immediate sanctions for individual accomplishments and difficulties in treatment. The Youth Drug Court program averages ten youth in programming throughout the year.

- Continue Youth Outpatient Services best practice incorporation of Solution Focused Therapy throughout the continuum of services. This approach focuses on strengths and abilities of youth and supports and encourages them in these areas to help identify a healthy lifestyle.

- Continue to assist Crossroads Adult and Youth Residential programs to meet accreditation standards outlined by the commission on Accreditation of Rehabilitation Facilities (CARF). CARF standards are best practices and could increase funding reimbursement from Medicaid and third-party payers. Sunrise Youth Residential program maintained CARF accreditation throughout FY 2008.

- ADS Youth Outpatient Services are being redesigned to meet the treatment, scheduling, and financial needs of youth and their parents. Quicker access to services, a shortened screening and assessment process, and variable lengths of treatment intervention have been arranged to accommodate the varying needs of the youth and families who were referred. As a result, more families are entering quickly and staying in service. Solution Focused Therapy was implemented to provide a more positive approach.

- For Student Assistance Services, County funds were recently allocated to expand services to more high schools. This service has resulted in the identification of additional youth being screened and assessed through the school system. The work in individual high schools has been successful as more administrators are requesting services.

- Ninety-two percent of youth clients were satisfied with services. This can be attributed to quality improvement initiatives within the agency that incorporated feedback from narrative portions of previous client satisfaction surveys. Ninety-seven percent of youth achieved improvement in their school and/or employment status after 30 days of treatment.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; Fairfax County Public Schools; and fees from clients and client insurance.

► Method of Service Provision

Alcohol and Drug Youth Outpatient Treatment Services provides assistance to youth and their families through outpatient, court, and school-based programs. The purpose of Youth Outpatient Treatment Services is to intervene and treat those youth that are in the early stages of alcohol and drug use, or addiction. All four outpatient programs are directly operated.

Hours of Operation: The four primary outpatient sites are operational Monday through Thursday from 9:00 a.m. to 9:00 p.m., and Friday from 9:00 a.m. to 6:00 p.m. Juvenile Court and school services are operational from 8:00 a.m. to 4:30 p.m.

Locations: All four outpatient programs are directly operated. Services are diversified and provided at four locations throughout the Fairfax County and the Cities of Fairfax and Falls Church (Reston, Falls Church, Fairfax, South County). Services are provided in the different locations due to the size of the jurisdiction and population characteristics and demands. The four sites provide specialized services for individuals with co-occurring disorders. Services are also provided in the Fairfax County Juvenile Detention Center and various high schools throughout the jurisdiction.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 5%
- Code of Virginia 32.1-127 5%
- Code of Virginia 37.1 – 194 25%
- Code of Virginia 37.1220 30%
- Code of Virginia 18.2 – 251 5%
- Code of Virginia 18.2 -252 25%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-10: Alcohol and Drug Youth Day Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-10	*Alcohol and Drug Youth Day Treatment Services*
Personnel Services	$1,049,825
Operating Expenses	$144,800
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,194,625
Federal Revenue	$0
State Revenue	$217,471
User Fee Revenue	$49,308
Other Revenue	$12,031
Total Revenue:	$278,810
Net LOB Cost:	$915,815
Positions/SYE involved in the delivery of this LOB	16 / 16.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Alcohol and Drug Youth Day Treatment Services Alcohol and Drug Youth Day Treatment Services provides day treatment services for youth with serious alcohol, drug and mental health problems. The youth have used marijuana, alcohol and other drugs. Their mental health issues include Attention Deficit Disorder, Depression, conduct disorders and Post-Traumatic Stress Disorder. Many are victims of physical, emotional and sexual abuse. Some have been hospitalized for suicidal behavior, while some have gang involvement. These youth cannot function in a regular school setting and need the structure of an integrated treatment and school environment during the day. Day treatment is a more intense level of service than outpatient services, though less intense than a residential program. Including school, youth are at the program a minimum of seven hours a day. The length of stay varies from six to 12 months. The availability of day treatment frequently averts the need for more costly residential care.

Day Treatment Services promotes abstinence from drugs and alcohol as well as stabilization and management of mental health disorders through education, individual, group and family counseling, breath/urine screening and medication management. Programs are designed to achieve permanent changes in the related problem areas of school, family relations, criminal behavior or activity and other legal difficulties.

Program Characteristics include:

- Services for adolescent's ages 13 to 18;
- An on-site alternative school program, staffed by FCPS teachers;
- Self-help support groups and/or other support activities in the community to develop an abstinence-based lifestyle;
- Linkage to appropriate resources, adjunctive treatment and case collaboration; and
- Programming focused on strengthening socialization skills and pro-social values, cognitive behavioral development and management of co-occurring substance use and mental health disorders.

Initiatives and Accomplishments:

- Day Treatment youth are served through ADS Youth Drug Court, a collaborative effort between the Fairfax County Juvenile and Domestic Relations Court and Alcohol and Drug Services. Programming provides adolescent care for substance abuse disorder issues, with support and immediate sanctions for individual accomplishments and difficulties in treatment. The Youth Drug Court program averages ten youth in programming throughout the year.
- Continue best practice incorporation of Solution Focused Therapy. This approach focuses on strengths and abilities of youth and supports and encourages them in these areas to help identify a healthy lifestyle.
- Over the past several years, programming in day treatment has changed due to the vast array of drugs youth are using, the serious mental health problems that youth are exhibiting and cultural changes in the community. As a result, day treatment staff continuously reviews the program and a number of changes have been made. The program continues to evolve as the needs of the population change. The mental health, family treatment and psychiatric medication components of the program have been enhanced. Youth can now be medicated through a staff psychiatrist when necessary. The psychiatrist also attends weekly staff meetings. The family component of the program was also strengthened because family progress is closely tied to client progress in treatment. Current services are being reviewed again to determine efficiency and effectiveness within the ADS youth continuum of services. Youth staff continues to work closely with school personnel to meet the needs of the youth referred from the school system.
- Ninety-two percent of youth clients were satisfied with services. This can be attributed to quality improvement initiatives within the agency that incorporated feedback from narrative portions of previous client satisfaction surveys. Ninety-nine percent of youth clients showed improvement in school status and/or employment.

Participant Characteristics:
Day Treatment Services

Day Treatment provides a structured environment for clients in need of intensive treatment, who are able to stabilize without the structure of residential treatment. Day Treatment provides essential education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments. Day Treatment is an intensive eight hour per day, five day per week program. Youth generally receive services for six to 12 months. Youth programming includes an educational component.

- Psychiatric conditions may require stabilization prior to or while in care. The client requires intensive treatment due to significant life disruptions and/or lack of positive social supports. Clients have exhibited behaviors that indicate the inability to be successful in an outpatient setting or not appropriate for residential settings based on exclusionary criteria, i.e., history of fire setting, violence, etc.

Trends and Future Issues:

- Co-morbidity of substance use and mental health disorders is prominent in the individuals requiring day treatment care. The population served in day treatment care generally present with more complexity which requires longer episodes of care for co-occurring disorders.
    - Day Treatment Services lack adequate psychiatric services to address the complex needs of those with co-occurring disorders.
    - Individuals with co-occurring disorders have significant case management needs. Day Treatment Services currently provide case management services as an embedded component of treatment and lacks the ability to provide this as a needed stand-alone service.
    - Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; and fees from clients and client insurance.

► Method of Service Provision

Youth Day Treatment Services uses an adolescent developmental approach. Individual, group and multifamily counseling is provided for youth and families involved in day treatment. Weekly recreational activities are provided, as well as community service projects. Community meetings, treatment planning, life skills training, and education groups are held weekly. Relapse prevention and continuing care groups also are offered. The program also has a strong family focus. Multifamily and parent groups are available for families and individual family counseling is held biweekly or more often, if needed.

Continuing Care services are available for youth that complete the program. A "Stages of Change" approach has been utilized since 1999, utilized to help assess a family's motivation for change. Solution-focused and cognitive-behavioral therapy has also been implemented. Alcoholics Anonymous and Narcotics Anonymous participation is also part of the program. Day Treatment services are provided five days per week with a minimum of three hours of treatment services per day accompanied by an additional three to five hours of education provided by the Fairfax County Public Schools (FCPS).

Hours of Operation: The three day treatment programs are directly operated. The sites are located in Falls Church, Chantilly, and at the South County Human Services site. Hours of operation are Monday through Thursday from 8:30 a.m. to 8:30 p.m., and Friday from 8:30 a.m. to 5:30 p.m. Staff are available as needed for after hour emergencies.

Locations: The three day treatment programs are directly operated. The sites are located in Falls Church, Chantilly, and at the South County Human Services site.

► Mandate Information

This LOB is both federally and state mandated.

The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 15%
- Code of Virginia 32.1-127 10%
- Code of Virginia 37.1 – 194 25%
- Code of Virginia 37.1220 20%
- Code of Virginia 18.2 – 252 25%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-11: Alcohol and Drug Youth Residential Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-11	*Alcohol and Drug Youth Residential Services*
Personnel Services	$2,255,526
Operating Expenses	$525,722
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,781,248
Federal Revenue	$110,000
State Revenue	$0
User Fee Revenue	$76,228
Other Revenue	$11,821
Total Revenue:	$198,049
Net LOB Cost:	$2,583,199
Positions/SYE involved in the delivery of this LOB	35 / 35.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Alcohol and Drug Youth Residential Services provides comprehensive services to include individual, group and family therapy; medication management and case management. Residential treatment settings are matched to the level of care needed by adolescent clients. Treatment services include intermediate and long term treatment with aftercare services. Specialized care is provided for clients with co-occurring substance use disorders and mental illness.

Alcohol and Drug Youth Residential Services provides intensive residential treatment services for youth with serious alcohol and/or substance abuse problems. The youth needing these services are seriously impaired and often present with serious educational and court problems as a result of their substance abuse issues. Many of the youth treated in Youth Residential Services also present with school and mental health problems. They frequently have been the victims of physical, sexual and/or emotional abuse. In order to be considered appropriate for residential services, these youth have progressed to the point of not being able to function appropriately at home, in school or in the community. Most of the youth needing residential treatment services have become court-involved, are facing serious problems or multiple suspensions from school, and their behavior has become extremely problematic for their family. Their mental health disorders have often resulted in hospitalization due to suicidal intent or attempts. Typically, youth in residential have received outpatient or day treatment services but were not able to discontinue their alcohol and drug use or improve their mental health with those levels of care.

Residential treatment services are designed to provide a more intense level of service than outpatient or day treatment services, and include an intensive residential treatment experience accompanied by

a school component provided by Fairfax County Public Schools. Residential services are available for adolescents, ages 13 to 18 and their families. ADS Youth Residential Services are directly provided at Crossroads and Sunrise and/or purchased through contracts with the private sector.

- Crossroads is a 20-bed program which provides both levels of services for boys.

- Sunrise is an 11-bed program, that provides an intermediate (four to six months) level of services for both boys and girls.

Besides living in a residential treatment environment 24 hours a day, seven days per week, individuals also receive group and individual counseling sessions daily, individual family counseling biweekly and multifamily group counseling weekly. For families, parent support groups are provided and parenting skills development groups are offered. Al-Anon participation is strongly encouraged for parents and siblings. The family focus is very important because of the correlation between family and youth progress. Various groups occur to help youth and families address mental health disorders.

An adolescent developmental approach is utilized which includes peer assimilation and relationship building with peers and parents. The program includes a "Stages of Change" focus to address client and family motivation for change. Cognitive-behavioral therapy is also used. Alcoholics Anonymous and Narcotics Anonymous twelve-step programs using adult and adolescent mentors are included to help build and solidify recovery. Ancillary therapeutic approaches include art therapy and yoga, as well as an emphasis on stress reduction activities. Gender groups occur weekly to address a variety of issues that are important at this stage of adolescence. Community service projects are held with groups such as senior citizens or at food shelters. Recreational activities include various team-building exercises designed to increase self-esteem and confidence. The Independent Living Apartment program provides an opportunity for independent living skills and vocational counseling for youth that have completed residential treatment and are not able to return home. The Tattoo Removal Program is also utilized by some youth.

Contract management oversight is provided by Youth Residential Services for all contract programs through onsite observation, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

The continuum of residential services includes:

- intermediate length treatment;

- long term treatment;

- incorporated co-occurring disorders treatment; and

- comprehensive case management.

Services provided by programs include:

- 24 hours per day, seven days per week supervised residential living;
- individual and group counseling;
- family therapy;
- substance abuse education;
- vocational counseling;
- psychiatric assessment, as well as medication management and treatment;
- life skills training;
- individualized treatment planning ;
- urinalysis surveillance;
- behavior monitoring; and
- aftercare services.

Initiatives and Accomplishments:

- Residential programs have specific admission criteria to ensure that only youth needing an intensive level of service are admitted. The length of stay is variable for the different programs to allow for treatment based on one's individual needs. Treatment plans for each individual are constantly updated to ensure that the services are tailored to each individual's needs.

- Over the years, Sunrise has had a long waiting list which has been alleviated with the availability of additional SAPT Block Grant and County funds. This program, which is directly operated, continues to run at full capacity, but a waiting list remains. The Crossroads Youth program for adolescent boys recently implemented a more variable length of stay. The number of youth needing or willing to stay in long-term treatment has declined. These programmatic changes have minimized waiting periods and ensure an acceptable rate of program utilization. Because of the limited amount of residential services available it has been important to constantly review and revise programming to stay current with the needs of youth and their families, as well as with the needs of referring agents and programs.

- Both programs have improved their ability to serve youth with substance abuse and mental health disorders. However, youth with this profile need additional staffing coverage which is not available. Also, these youth require consistent psychiatric care.

- Both Sunrise and Crossroads have been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

- Of the clients participating in service at Crossroads, 92 percent demonstrated improvement in employment/school status. 97 percent of clients in the Crossroads program were satisfied with services

- Of the clients that participated in Sunrise, 100 percent demonstrated improvement in employment/school status. 85 percent of clients indicated that they were satisfied services in Sunrise.

Participant Characteristics:
Intermediate Residential Treatment

Intermediate Residential treatment is designed for youth in need of rehabilitation, with a primary focus placed upon self diagnosis, problem awareness and problem management. Treatment services include family, individual and group counseling and intensive involvement in self help support groups. This level of care provides 24 hours per day, seven days per week supervision and treatment. The program length is generally four to six months plus aftercare services.

- Clients placed in this level of treatment generally can be characterized as having chaotic and often abusive interpersonal relationships, with prior treatment and criminal justice histories. These clients have a high risk for continued school failure and criminal behavior. Psychiatric conditions may require stabilization prior to or while in care.

Long Term Residential Treatment:
Long Term Residential treatment is designed for clients in need of habilitation treatment services to address significant problems of alcohol and/or drug use or co-occurring substance abuse and mental health problems, school failure, living skills, life disruptions and a lack of social supports. Treatment services include behavior management and modification, school, family, individual and group counseling and intensive involvement in self help support groups. This level of care provides 24 hours per day, seven days per week supervision and treatment. The program length is generally six to 12 months, plus aftercare services.

- Clients placed in this level of treatment generally can be characterized as having chaotic and often abusive interpersonal relationships, and prior treatment and criminal justice histories. These clients have a high risk for continued criminal behavior; have school failure, and may have an overall anti-social value system. Psychiatric conditions may require stabilization prior to or while in care.

Trends and Future Issues:

- Co-morbidity of substance use and mental health disorders is prominent in the individuals requiring residential care. The population served in residential care generally present with more complexity which requires longer episodes of care for co-occurring disorders.
    - Residential Services lack adequate psychiatric services throughout the continuum of care to address the complex needs of those with co-occurring disorders.
    - Individuals with co-occurring disorders have significant case management needs. Residential Services currently provides case management services as an embedded

component of treatment and lacks the ability to provide this as a needed stand-alone service.

- Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; purchase of service from other jurisdictions through the Comprehensive Services Act; and fees from clients and client insurance.

► Method of Service Provision

Youth Residential Services is provided through a combination of directly operated and contract services. Directly operated services include Sunrise I and Crossroads Youth. Limited contractual services are utilized when alternative programming is required to meet the clinical needs of a youth or when directly operated program space is unavailable.

Youth residential services are provided 24 hours per day, seven days per week. Individual, group and family counseling are provided.

Hours of Operation: All programs are open 24 hours per day, seven days per week, 365 days per year, and are staffed at all times.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 25%
- Code of Virginia 32.1-127 5%
- Code of Virginia Section 18.2-254 10%
- Code of Virginia 37.1 – 194 5%
- Code of Virginia 37.1220 10%
- Code of Virginia 18.2 – 251 30%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-12: Mental Retardation Case Management Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-12	*Mental Retardation Case Management Services*
Personnel Services	$3,817,996
Operating Expenses	$229,824
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,047,820
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$2,830,846
Other Revenue	$28,293
Total Revenue:	$2,859,139
Net LOB Cost:	$1,188,681
Positions/SYE involved in the delivery of this LOB	12 / 12.0
Grant Positions/SYE involved in the delivery of this LOB	40 / 40.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Case Management is the intervention which assures that service systems and community supports are responsive to the specific, multiple, and changing needs of individuals and families. Case Management Services ensure that individuals are properly connected to, and involved in, the appropriate services and supports in order to maximize opportunities for successful community living. Case Managers assist in gaining access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources and other supports essential to meeting basic needs. Through face to face contacts, phone contacts and review of various reports, the Case Manager assesses the needs of the individual and develops a service plan, links the individual to services and supports, coordinates and monitors services and provides technical assistance and advocates for the individual.

The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) regulations require that case management services must be provided to all individuals who are enrolled in Medicaid and who request Case Management. These individuals who are recipients of Medicaid benefits receive a full cadre of case management support such as interdisciplinary team planning, coordination of services, intake and assessments, advocacy and resource planning. Those individuals who do not have Medicaid may also receive the same or similar service coordination based on need. In addition, the state mandates case management services to those who are in need of emergency assistance pursuant to §37.2-500 of the Code of Virginia. Pre-admission screening and pre-discharge planning from state training centers or hospitals is also required under the Community Services Performance Contract 5.3.1 and 5.3.3 pursuant to the Code of Virginia.

Fund 106
Community Services Board (CSB)

Initiatives and Accomplishments:
Case management services were provided to 1,834 persons with mental retardation in FY 2007. Of that total, 1,202 individuals received targeted case management services, and 632 people received consumer monitoring services.

Case management staff continues to coordinate not only County-funded services, but also approximately $31 million in Medicaid-funded services paid directly to private providers providing covered services to residents of Fairfax County, Fairfax City, and the City of Falls Church. For all case management services, Medicaid reimbursed the CSB over $2.8 million in FY 2007 — a 7.7 percent increase over the FY 2006 total of $2.6 million, and a 45.1 percent increase over the FY 2005 total of $1.9 million.

Mental Retardation Services' (MRS) Strategic Plan Initiatives that impact case management services include, but are not limited to:

Strategic Initiative	Impact
Staff Retention	Retaining staff maximizes continuity and consumes fewer resources (time and money) as compared to hiring and training new staff
Individual Staff Development	Professional staff development enhances an employee's ability to do his/her job
Documentation	Less time spent documenting services results in more time available for direct service
Licensing, Certifications, Other	Licenses and certifications issued from accredited outside sources validate quality of services and opportunities to improve service delivery
Maximize Funding	Maximized funding from all possible sources enables more service needs to be met
Placement onto Waiting Lists	Prompt intake makes people known to the service system and hastens their receipt of services
Timely Receipt of Services	Prompt receipt of services positively impacts an individual's quality of life
Responsiveness to Individual Needs	Prompt attention to needs prevents situations from escalating
Satisfaction with Services (Responsiveness, Effectiveness, and Reliability)	Satisfaction with services is necessary to achieve a preferred and valued quality of life

Measures to gauge performance in Case Management Services include:

- **Output** - Number of Individuals Served
- **Efficiency** - Cost per Individual Served
- **Service Quality** - Percent of individuals satisfied with Services
- **Outcome** - Percent of Individual Service Plan Objectives Met

Trends and Future Issues:
People with mental retardation are now living longer and as a result, many MRS consumers experience the same health and aging related issues as the general population. As a result, individuals served can be more medically fragile and need specialized support and increased levels of supervision by case managers including monitoring medication for effectiveness and possible side effects.

As the Fairfax County community has become increasingly multi-cultural and multi-linguistic, specialized training for MRS case managers is required.

Transition of youth from public and private school systems in Fairfax County continues to be a high priority activity for case management. The CSB also recognizes a continuing trend of the increasing number of students who are medically fragile or require extensive physical or personal care.
There is an extensive case management intake demand from people moving into the County requiring case management services. Since case management is the "gate-keeper" for all other Mental Retardation Services, this intake process is a very significant activity.

There is a trend toward increasing external documentation requirements imposed by DMHMRSAS licensure, DMHRMSAS State Performance Contract, DMHMRSAS Performance and Outcome Measurement System and Medicaid. This results in increased documentation monitoring and utilization review, quality assurance, training and specialized administrative and managerial supports. Additionally, some requirements involving assessment activities must be performed in person by the case manager.

Participant Characteristics:
Individuals age six or older must have a confirmed diagnosis of mental retardation to be determined eligible for case management services. For a child three to six years of age, there must be confirmation of a cognitive developmental delay. Individuals served may be as young as three years of age and range through consumers over age 70.

Fund 106
Community Services Board (CSB)

HISTORICAL FRAMEWORK

	FY 2007	FY 2003
Output		
Individuals Served	1,202	1,063
Efficiency		
Cost per Individual Served	$2,698	$ 2,282
Service Quality		
Percent of individuals satisfied with Services	97%	76%
Outcome		
Percent of Individual Service Plan Objectives Met	98%	98%

Funding Sources:

Funding sources for case management services include: Fairfax County; the Virginia Department of Medical Assistance Services, and Medicaid State Plan Option.

► Method of Service Provision

Case Management services are directly operated by CSB staff, which is the norm among the 40 CSBs in Virginia.

Hours of Operation: Although office hours are generally Monday through Friday from 8:00 a.m. to 4:30 p.m. Case Managers maintain flexible hours to meet the needs of families and individuals served. In addition, there is 24-hour emergency coverage available.

► Mandate Information

This LOB is state mandated. Item 341, Chapter 1, Special Session I, 1998.

Virginia Acts of Assembly specifies a requirement that CSBs must participate in Medicaid covered services and meet all requirements for provider participation. The percentage of this LOB's resources utilized to satisfy the mandate is 69 percent. See the January 2007 Mandate Study, page 55.

106-13: Mental Retardation Day Support and Vocational Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-13	*Mental Retardation Day Support and Vocational Services*
Personnel Services	$1,066,692
Operating Expenses	$19,890,234
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$20,956,926
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$883,788
Other Revenue	$598,103
Total Revenue:	$1,481,891
Net LOB Cost:	$19,475,035
Positions/SYE involved in the delivery of this LOB	12 / 11.5
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Day Support services provide assistance and training to improve individual independence and self-sufficiency, and/or to obtain vocational training and support to enter and remain in the workforce. Vocational and day support services for individuals with mental retardation are provided primarily through contracts with private, non-profit agencies.

- Developmental Services provide self-maintenance training and nursing care for individuals who are the most severely disabled in areas such as: intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily living and community living skills and possibly limited remunerative employment.

- Sheltered Employment provides individuals full-time, remunerative employment in a supervised setting with support services for habilitative development.

- Group Supported Employment provides individuals intensive job placement assistance for off-site, supervised contract work and competitive employment in the community. Job retention services are also provided.

- Individualized Supported Employment provides remunerative employment with necessary support services. This service primarily serves persons with less severe disabilities and stresses social integration with non-disabled workers.

- The Cooperative Employment Program (CEP) provides supported competitive employment services to eligible individuals with developmental disabilities. The CEP is jointly funded and operated by the Virginia Department of Rehabilitative Services (DRS) and the CSB. Using an individualized approach, program staff assesses skills, analyze job requirements and provide on-the-job training for disabled individuals, and provides disability awareness training for employers. Extensive follow-up services are provided to ensure the success of the job placement. In addition to the job-training component, the CEP offers mobility training to enhance individuals' abilities in the use of public transportation.

- Transportation for day support services is contracted by the CSB through FASTRAN, providing morning and evening transportation for consumers to and from employment and vocational training sites throughout the Fairfax-Falls Church service area. Alternative transportation services may be available from other qualified providers, including providers who have been approved by the Virginia Department of Medical Assistance Services as eligible for Medicaid reimbursement. The CSB has a flat fee policy in effect requiring a monthly fee collection for non-Medicaid-funded transportation services.

Initiatives and Accomplishments:
In FY 2007, day support and employment services were provided to 1,132 individuals with mental retardation. The average annual earnings for the 565 people surveyed in FY 2007 that received community-based group and individual employment services were $8,731, a 5 percent increase above their prior year average annual earnings of $8,301. The total gross earnings for these 565 people totaled $4,933,289.

In the directly-operated Cooperative Employment Program (CEP), a total of 130 persons were served and 20 new job placements or replacements occurred during FY 2007. Average hourly wages for 105 of these individuals increased 2 percent above the FY 2006 average hourly wage level to $10.92/hour, and total wages earned increased to over $1.89 million. The average number of hours worked by these individuals was 32 hours per week, and over 26 percent of them earned over $25,000 during FY 2007. In addition, over 70 percent of the employed individuals served by CEP received full or partial benefits as part of the compensation package offered by their employers.

As directed by the Board of Supervisors in FY 2006, CSB staff (along with representatives from the Office of the County Executive, Office of the County Attorney, Department of Management and Budget, and Department of Administration for Human Services) recommended implementation of Self-Directed (SD) Services as an alternative model to traditional day support and employment services. SD services will provide adults with mental retardation and their families (including recent graduates from local public and private school special education programs) the opportunity to self-direct day support or employment services to maximize self-determination, enhance personalized service delivery, promote greater community involvement, and reduce service costs. Initiation of SD Services began in FY 2008 via use of Individualized Purchase of Service contracts for two consumers, and is currently being evaluated. Its continuation beyond FY 2009 is contingent upon completion of an evaluation of the program's strengths and weaknesses.

Mental Retardation Services' (MRS) Strategic Plan Initiatives that impact day support services include, but are not limited to:

Strategic Initiative	Impact
Staff Retention	Retaining staff maximizes continuity and consumes fewer resources (time and money) as compared to hiring and training new staff
Individual Staff Development	Professional staff development enhances an employee's ability to do his/her job
Documentation	Less time spent documenting services results in more time available for direct service
Licensing, Certifications, Other	Licenses and certifications issued from accredited outside sources validate quality of services and opportunities to improve service delivery
Build Community Capacity	Increased community capacity results in a greater selection of services and reduces dependence on any on resource
Maximize Funding	Maximized funding from all possible sources enables more service needs to be met
New Service Alternatives	New service alternatives increase individual choice to meet existing and changing service needs and preferences
Timely Receipt of Services	Prompt receipt of services positively impacts an individual's quality of life
Responsiveness to Individual Needs	Prompt attention to needs prevents situations from escalating
Satisfaction with Services (Responsiveness, Effectiveness, and Reliability)	Satisfaction with services is necessary to achieve a preferred and valued quality of life

Measures to gauge performance in Day Support Services include:

Output

- Day Support – Total Number of Individuals Served
- Day Support – Number of Non-Medicaid Eligible Consumers Served
- Supported Employment - Number of Individuals Served

Efficiency

- Day Support – Cost per individuals served with local funds
- Supported Employment – Cost per individuals served with local funds

Service Quality

- Percent of individuals satisfied with Services

Outcome

- Supported Employment – Average wages reported by individuals in group-based programs
- Supported Employment – Average wages reported by individuals in individuals-based programs

Trends and Future Issues:
As people with mental retardation live longer, individuals served can be more medically fragile and need specialized support and increased levels of supervision. New day support models, with less emphasis on work related activities and more focus on health related support, will need to be developed.

A low level of unemployment in the Northern Virginia area, coupled with competition for limited available staff to support individuals with mental retardation and the high cost of living in Northern Virginia, results in the hiring of a workforce that may not be best situated to provide services to this population.

Reduced availability of public funds must stimulate community capacity building and collaboration to address the resource needs of organizations providing services to people with mental retardation.

An increasing number of students with mental retardation who are no longer eligible for services through public and private school systems and people from the community at large who seek day support services necessitate an understanding of the day support service system's ability to accommodate these people and the county's ability to fund these services. As a result, new cost effective service models must be explored.

Participant Characteristics:
Recipients of local funding for Day Support services must:

- Be age 22 or older;
- Have a confirmed diagnosis of mental retardation;
- Be determined eligible for services by case management services; and
- No longer have eligibility for services in a public or private school system in Fairfax County.

HISTORICAL FRAMEWORK

	FY 2007	FY 2003
Output		
Day Support – Total Individuals Served	1,188*	1213
Day Support – Non-Medicaid Eligible Served	677**	847
Supported Employment - Individuals Served	607	474

Efficiency		
Day Support – Cost per individuals served with local funds	$ 16,815	$ 14,783
Supported Employment – Cost per individuals served with local funds	$ 11,661	$ 11,416
Service Quality		
% of individuals satisfied with Services	95%	96%
Outcome		
Supported Employment – Average wages reported by individuals in group-based programs	$ 5,160***	$ 6,837
Supported Employment – Average wages reported by individuals in individuals-based programs	$ 15,952	$ 13,582

* The decrease in the number of people served reflects consumers aging (and being unable to be served in traditional day support services), leaving the area and passing away.

** An increased number of people being funded by the Home and Community Based Medicaid Waiver results in fewer people receiving local funding.

*** Reduction in Supported Employment Wages Earned from FY 2003 to FY 2007 reflects individuals with more severe disabilities (which affects productivity and compensation) working in the community.

Funding Sources:
Funding sources for day support services include: Fairfax County; the Cities of Fairfax and Falls Church; the Virginia Department of Rehabilitation Services; and the Virginia Department of Medical Assistance Services.

► Method of Service Provision

Day Support services are both directly and contractually provided, with 90 percent of individuals served through provider contracts.

Hours of Operation: Day support services are generally available Monday through Friday from approximately 8:30 a.m. to 4:00 p.m. Since transportation supports precede and follow these hours, transportation supports generally operate from 6:00 a.m. to 6:00 p.m.

▶ Mandate Information

There is no federal or state mandate for this LOB.

106-14: Mental Retardation Residential Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-14	*Mental Retardation Residential Services*
Personnel Services	$6,501,528
Operating Expenses	$9,151,435
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$15,652,963
Federal Revenue	$45,000
State Revenue	$0
User Fee Revenue	$1,907,970
Other Revenue	$121,837
Total Revenue:	$2,074,807
Net LOB Cost:	$13,578,156
Positions/SYE involved in the delivery of this LOB	76 / 76.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

Residential Services provide housing and residential support services in the community for individuals with mental retardation. These services provide an array of residential supports designed around individual needs and desires, with an emphasis on providing opportunities for full inclusion in community life. The majority of residential services are provided through CSB partnerships with approved private providers. Contract management oversight is provided by the CSB for all of the residential programs (public or private) through onsite observations, clinical consultations with case managers and other professionals in the community, review of outcome measures and coordination with quality assurance activities.

- Group Homes provide small-group living arrangements for three to six individuals located in homes that are integrated in surrounding neighborhoods. These programs may be directly operated by the CSB, operated by private providers under contract with the CSB or by private providers not under contract with the CSB, but funded through Medicaid. Approximately 75 percent of group home services are privatized. Staff support services are available on a 24 hour basis and concentrate on developing supportive relationships, independent living skills and a network of friends and opportunities in the community.

- Intermediate Care Facilities (ICF-MR) provide group living arrangements for four to 12 individuals located in homes that are integrated in surrounding neighborhoods. ICF-MRs are operated by private providers and are funded by Medicaid. Staff support services are available on a 24 hour basis and concentrate on developing supportive relationships, independent living skills and a network of friends and opportunities in the community. Due to the active treatment required in these programs, support services such as doctors, nurses, pharmacists and social workers are required.

- Residential Supported Living provides services to individuals living in their own homes or in shared living arrangements (i.e., apartments and town homes, etc.). These services may be provided by the CSB or by private providers. The extent of support provided ranges from daily to drop-in, is based on individual needs and takes into account individual preference, choice and independence. Staff supports include individual and group counseling, training and assistance in community living and personal skills, and linkage with other more natural support networks in the community. Support services to individuals living in their own homes are all privatized, and over 90 percent of the drop-in support services for people living in program-leased apartments and town homes are privatized.

- Respite Services provide trained respite care providers (short-term relief), available by telephone referral, who are scheduled for hourly or overnight assistance to families needing time away from caring for their family members with mental retardation. Services are also available at a licensed 24 hour home for longer-term respite and emergency services. Respite services are provided through private providers.

- Domiciliary Care provides individualized residential placements for individuals with highly specialized needs that may not be available otherwise in the local community. The CSB contracts with private providers and individuals for these services.

- Family Support Services ease care-giving demands and assist in providing needed community supports or services for infants with developmental disabilities, and children and adults with mental retardation. Eligible individuals and families may apply for limited financial assistance for needed services or supplies.

Initiatives and Accomplishments:
In FY 2007, Residential Services provided housing and residential support to 615 individuals, with 305 of those individuals being served through directly-operated and contracted group homes.

In FY 2007, one directly-operated group home relocated to a site with fewer stairs to accommodate mobility needs and to provide essential health and safety. Two additional directly-operated group homes will be relocating to new sites in FY 2008. Residential Services continues to explore opportunities for the creation of barrier-free group homes and/or more accessible apartments, which provide better residential options for individuals requiring such living arrangements.

Mental Retardation Services' (MRS) Strategic Plan Initiatives that impact residential services include, but are not limited to:

Strategic Initiative	Impact
Staff Retention	Retaining staff maximizes continuity and consumes fewer resources (time and money) as compared to hiring and training new staff
Individual Staff Development	Professional staff development enhances an employee's ability to do his/her job
Documentation	Less time spent documenting services results in more time available for direct service
Licensing, Certifications, Other	Licenses and certifications issued from accredited outside sources validate quality of services and opportunities to improve service delivery
Build Community Capacity	Increased community capacity results in a greater selection of services and reduces dependence on any one resource
Maximize Funding	Maximized funding from all possible sources enables more service needs to be met
New Service Alternatives	New service alternatives increase individual choice to meet existing and changing service needs and preferences
Timely Receipt of Services	Prompt receipt of services positively impacts an individual's quality of life
Responsiveness to Individual Needs	Prompt attention to needs prevents situations from escalating
Satisfaction with Services (Responsiveness, Effectiveness, and Reliability)	Satisfaction with services is necessary to achieve a preferred and valued quality of life

Measures to gauge performance in Residential Services include:

- **Output** - Group homes – individuals served
- **Efficiency** - Group homes – cost per individual served
- **Service Quality** - Group homes – percentage of individuals who are satisfied with services
- **Outcome** - Group homes – percentage of individuals living in Group homes who maintain their current level of service

Trends and Future Issues:
A serious challenge confronting Residential Services is the number of individuals who are aging in place and require more physically-accessible, barrier-free living environments. In addition, specialized health related support services would enable people who do not need skilled nursing care to remain in the community.

This same need exists for many individuals residing in other residential settings, but there is a notable shortage of available, affordable, and accessible housing in Fairfax County.

A low level of unemployment in the Northern Virginia area, coupled with competition for limited available staff to support individuals with mental retardation and the high cost of living in Northern Virginia, results in the hiring of a workforce that may not be best situated to provide services to this population.

Reduced availability of public funds must stimulate community capacity building and collaboration to address the resource needs of organizations providing services to people with mental retardation.

Additional in-home support services will be needed for adults with mental retardation as their primary caregivers are also living longer and become unable to completely care for the needs of their family members.

Participant Characteristics:
Recipients of local funding for Residential Services must:

- Be age 22 or older;
- Have a confirmed diagnosis of mental retardation; and
- Be determined eligible for services by case management services.

HISTORICAL FRAMEWORK

	FY 2007	FY 2003
Output		
Group homes – individuals served	314	308
Efficiency		
Group homes – cost per individual served	$ 35,281	$ 28,491
Service Quality		
Group homes – percentage of individuals who are Satisfied with services	91%	92%
Outcome		
Group homes – percentage of individuals living in Group homes who maintain their current level of service	99%	not measured

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Medicaid Waiver; and fees from individuals receiving services.

► Method of Service Provision

Residential Services programs are directly operated residential programs, private residential programs under contract to the CSB, and private residential programs that are licensed by DMHMRSAS and funded through Medicaid.

Hours of Operation: Residential group homes and Intermediate Care Facilities are operated 24 hours per day, seven days per week. For supported living and respite, services are individually arranged by the family or individual. Family support assistance is available during normal business hours Monday through Friday from 8:00 a.m. to 4:30 p.m.

► Mandate Information

This LOB is state mandated (Item 341, Chapter 1 Special Session I, 1998).

Virginia Acts of Assembly specifies a requirement that CSBs must participate in Medicaid covered services and meet all requirements for provider participation. The percentage of this LOB resources utilized to satisfy the mandate is 23 percent. See the January 2007 Mandate Study, page 55.

106-15: Early Intervention for Infants and Toddlers (Part C)

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-15	*Early Intervention for Infants and Toddlers (Part C)*
Personnel Services	$3,706,072
Operating Expenses	$1,754,463
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$5,460,535
Federal Revenue	$708,697
State Revenue	$850,664
User Fee Revenue	$1,121,906
Other Revenue	$65,687
Total Revenue:	$2,746,954
Net LOB Cost:	$2,713,581
Positions/SYE involved in the delivery of this LOB	20 / 20.0
Grant Positions/SYE involved in the delivery of this LOB	21 / 21.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

Fund 106
Community Services Board (CSB)

▶ LOB Summary

Early Intervention Services is provided by the Community Services Board, as mandated by Part C of the Individuals with Disabilities Education Act (IDEA).

- Infants and toddlers are eligible for Part C services due to the following: a diagnosed disabling condition that will result in developmental delays, a delay of 25 percent or more in at least one area of development or atypical development.

- The purpose of early intervention services for infants and toddlers with developmental delays and their families is to facilitate child development and enhance families' abilities to meet their children's developmental needs.

- Part C requirements include: free multidisciplinary evaluation to families who are concerned about their children's development; the development of an Individualized Family Service Plan (IFSP) for each child found eligible for services; service coordination; provision of services listed on the IFSP; and transition planning for when a child is either no longer eligible for services or reaches his or her third birthday.

- Part C also requires that children be served in "natural environments," that is where children would be if they didn't have developmental disabilities. Therefore, almost all services are provided in the home and daycare centers.

Services listed on each family's IFSP plan are provided through Early Intervention Services (EIS), the Daytime Development Center (DDC) or a contract with a private provider group.

- EIS provides intake, service coordination, family support and transition planning. Among the services provided are coordination of the evaluation, development of the IFSP, provision of identified services, and transition planning to public preschool services and/or other community resources.

- The types of services provided are occupational therapy, speech therapy, physical therapy, social work, nutrition services, assistive technology; and other services listed under Part C in federal and state law. Services are provided directly to families or in consultation with service providers.

- Translation services for individual sessions and documents are also provided to families whose primary language is not English.

- Services are provided to children based on the needs identified in an IFSP. Individualized services are provided to the infants and toddlers in individual sessions and through professional consultation.

- Instruction for parents and/or other caregivers is an important component of each individual session.

Services must be provided in natural environments unless there is justification for not doing as documented in the IFSP.

- A local coordinating council known as the Fairfax-Falls Church Interagency Coordinating Council (FFICC) serves to advise and assist the lead agency while the Fairfax-Falls Church Community Services Board (CSB) serves as the local fiscal agent and lead agency. Private providers, community representatives and representatives from the CSB, Health Department, Department of Family Services and the schools participate on the FFICC.

- EIS is also responsible for the following: data management; quality assurance; staff training; information and referral; community education and outreach; management of contracts with private providers; management of contract with the state for continuing participation in Part C; and collaborative interagency planning and implementation.

- EIS works closely with the schools to ensure timely and smooth transitions for children older than two found eligible for preschool special education services under Part B of the IDEA.

Accomplishments:

- Infant and Toddler Connection (ITC) of Fairfax-Falls Church served 1,850 infants and toddlers in FY 2007. This represents a 6 percent increase in the number of children over the previous fiscal year. The increase of children served is reflective of the large and rapid growth in demand for early intervention services consistently seen over the past several years.

- To better support families, the *Welcome Book* is being revamped. This book serves as an orientation and resource guides for new families joining the program.

- Over the past two fiscal years (FY 2007 and FY 2008), eight new Medicaid grant positions were obtained at no cost to the County. This increase in the number of positions reduced caseload sizes among service coordinators, which subsequently allowed for better quality assurance and mandate compliance.

- ITC is working very closely and sharing resources with Fairfax County Public Schools. A priority from the Federal Office of Special Education Programs is to have a seamless system of transition between Part C and Part B in the schools. Staff from the schools and the county are meeting to streamline this transition process, and to develop systems of information sharing to ensure children get into Part B in a timely simplified manner.

- FCPS and EIS are jointly funding a vision specialist to focus on transitioning visually impaired children into the school programs.

- EIS offers many support groups and provides babysitting services so more families can attend program activities. We also offer family support activities where families can get together and share experiences. Over 483 families attended these support activities in FY 2007.

- In FY 2007, EIS brought in a national consultant to train staff to work with families whose children are experiencing severe feeding problems. Trained staff are currently replicating the Feeding Program for families receiving CSB services.

Fund 106
Community Services Board (CSB)

Funding Sources:
Funding sources include: Fairfax County; the Federal Early Intervention Part C grant; a state match to the Federal grant from DMHMRSAS; and fees from clients and insurance companies.

► Method of Service Provision

The County directly provides all mandated evaluation services. Approximately one-third of all therapy services are provided directly by County staff, and about two-thirds are provided through contracts with private provider groups.

Hours of Operation: Although the office hours for Early Intervention Services are Monday through Friday from 8:00 a.m. to 4:30 p.m., the actual schedule is flexible to be responsive to the needs of families. Families and service providers make individual arrangements for services.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 100 percent. See the January 2007 Mandate Study, page 59.

106-16: CSB Homeless Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-16	*CSB Homeless Services*
Personnel Services	$2,249,221
Operating Expenses	$326,466
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,575,687
Federal Revenue	$409,147
State Revenue	$89,000
User Fee Revenue	$218,603
Other Revenue	$33,546
Total Revenue:	$750,296
Net LOB Cost:	$1,825,391
Positions/SYE involved in the delivery of this LOB	32 / 32.0
Grant Positions/SYE involved in the delivery of this LOB	4 / 4.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

Fund 106
Community Services Board (CSB)

► LOB Summary

The Community Services Board has performed an annual point-in-time count of the number of homeless individuals and family members in this community for numerous years. This count has consistently indicated that more than 80 percent of single homeless individuals have a mental health, substance use or co-occurring disorder. These individuals are among the County's most vulnerable citizens. Recently, the community has taken on the challenge of ending homelessness in Fairfax County within ten years. The CSB Homeless Unit is participating in this effort by providing life-saving services across the community to the homeless population.

CSB Homeless Services operates as an integrated team providing Mental Health, Substance Abuse, and Co-occurring disorder services to homeless individuals throughout Fairfax County and the cities of Fairfax and Falls Church. The CSB Homeless Services Unit is comprised of teams at the Embry Rucker, Baileys, Eleanor Kennedy, Mondloch I and II and Shelter House Shelters. The unit has a Community Treatment Team North and South and a Housing First Community Treatment Team that provides residential services to homeless individuals. In addition, the unit provides an array of outreach and engagement services with its Project to Assist Transition from Homelessness (PATH) Team, the Homeless Hypothermia Team and the Homeless Healthcare Team. These teams provide outreach, engagement, assessment, counseling/therapy, case management, crisis intervention, medication services, support services, daily living skills training, co-occurring disorder treatment, group counseling, recreation and social activities and linkages to needed resources.

Services are provided by both County staff and contract agencies licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) at multiple sites across the County. Services providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses, nurse practitioners, and professional counselors. All of these professionals are cross-trained for mental health, alcohol and drug, and co-occurring disorder services.

- **Emergency Services:** The Emergency services branch of CSB Homeless Services focuses on medication services for the homeless population. These services are provided by medication clinics staged at various homeless shelters and with the Healthcare for the Homeless program, which provides medication services to the street homeless population at a variety of non-traditional locations throughout the county. Details of both programs follow:

    - **Shelter Based Medication Clinics**: Presently, five different medication clinics are operated at four different homeless shelters, with the fifth medication clinic occurring at one of the mental health centers. These clinics provide needed psychiatric medication services to high risk CSB homeless consumers who have historically had extreme difficulties accessing such services. These clinics operate one day a week at each of the shelters throughout the county. Plans are in place to expand this service to one of the homeless community treatment teams as well.

    - **Homeless Healthcare Program**: This program provides emergency medication services to the street homeless population wherever people are to be found. It provides services at established drop-in centers that are operated by the PATH outreach workers. These medications are dispensed at a church, a faith based drop-in center, a shelter, a multipurpose room at a mental health center and on the street, if needed. This program has shown

success providing medication services to a sector of the street homeless population which historically has neither trusted nor connected with mainstream CSB services. These programs operate five days a week at various sites throughout the county.

- **Supportive Services:** The supportive services branch of CSB Homeless Services provides residential services to formerly homeless individuals. This is accomplished by housing that is leased by the CSB, cooperative relationships with the Department of Housing and Community Development, a collaborative relationship with Pathway Homes and a collaborative relationship with Christian Relief Services Charities. Whenever possible, this housing is implemented using the "housing first" service approach where obtaining housing is not contingent upon the client/consumer accepting services. This housing is a mix of transitional and permanent supportive housing. Three to six contacts a week are provided on site to formerly homeless individuals who now reside in this housing.

- **Community Treatment Team North and South:** Provides onsite services to adults 18 years of age and older with co-occurring disorders, mental health and substance use issues. These individuals can reside at Greymont House, Russell Road House and Pembroke Village for up to two years. Individuals residing in the Shelter Plus Care beds, Crescent Apartment beds or at Valencia Way can remain there for as long as they continue to require that level of care. Contacts are provided three to six times a week as needed and agreed upon by the client/consumer and worker.

- **Housing First Community Treatment Team:** Provides onsite services to adults 18 years of age and older with co-occurring disorders. Consumers/clients can remain there for as long as they continue to require that level of care. Contacts are provided three to six times a week as needed and agreed upon by the client/consumer and worker.

- **Alcohol and Drug Services Housing First:** Provides onsite services to adults 18 years of age and older with substance use and co-occurring disorders. Consumers/clients can remain there for up to two years. Contacts are provided one to four times a week as needed and agreed upon by the client/consumer and worker.

- **Limited Services:** The Limited Services Branch of CSB Homeless Services provide services in a variety of settings that include the shelter, the streets, churches, campsites, and any other non-traditional setting where a homeless individual is located. These services are provided with an emphasis on outreach, engagement, and meeting the homeless individual where they are at in the relationship. The long term goal is to build self sufficiency, engage the individual with mainstream resources and move the individual out of homelessness.

- **Shelter Based Services:** Is operated by the integrated CSB Homeless services team. The physical plant of the homeless shelters is operated by various private non-profit agencies via a contract with the Department of Family Services. CSB Homeless staff provides outreach, engagement, assessments, case management, counseling/therapy and medication services to individual's onsite at the shelters. CSB staff is onsite Monday through Friday until 8 pm at most shelters.

- **PATH:** The PATH team is comprised of CSB clinicians that travel to various areas of the county providing outreach, engagement, basic needs assistance, assessments, case management and counseling/therapy to street homeless individuals. Their work is performed in non-traditional locations that include campsites, the streets and cars.

- **Homeless Healthcare:** The Homeless Healthcare team works closely with the PATH team. This team provides outreach, engagement, assessments, crisis intervention, counseling/therapy and medication services to the street homeless population. This is accomplished by providing services at established drop-in centers that are operated by the PATH outreach workers. The medication services are provided at a church, faith based drop-in center, shelter, multipurpose room of a mental health center, or on the street if needed. This program has shown success providing medication services to the street CSB homeless population that has had a very poor history of accessing mainstream CSB services. These services operate five days a week at various sites throughout the county.

- **Homeless Hypothermia:** The Homeless Hypothermia Team works collaboratively with the PATH team, Homeless Healthcare team, multiple churches and multiple private non-profit agencies. This team provides outreach, engagement, basic needs assistance, assessments, case management and counseling/therapy to street homeless individuals. This service is done in various identified homeless hypothermia sites during the winter months. This team typically works from 1pm-9pm seven days a week during the winter season. When the weather is warmer they provide these same services to street homeless individuals that they established relationships with during the hypothermia season.

Community Outreach:
Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings and settings.

Initiatives and Accomplishments:
The following programs have been initiated over the last four years: Integration of Mental Health and Alcohol and Drug Services Homeless Services into a blended CSB Homeless Services unit; reallocation of 10 transitional residential beds for the homeless to the CSB Homeless unit through a cooperative relationship with Christian Relief Services; opened 14 new housing first permanent supportive housing beds for the homeless via two Shelter Plus Care grants with Pathway Homes and the Department of Housing; opened 11 new permanent supportive housing beds for the homeless in the Reston area of the County; established a CSB Hypothermia team to assist in Fairfax County's efforts to eliminate any deaths of homeless individuals due to hypothermia; established a CSB Homeless Hypothermia team to provide medication services to the street homeless across the county; and converted two Alcohol and Drug *Steps to Recovery* apartment beds to "housing first" beds, which serve homeless individuals with substance use disorders using a "housing first" service model.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Project for Assistance in Transitioning from Homelessness (PATH) Federal Block Grant; HUD SHP grant for the two ADS Housing First Beds, Pathway Homes receives funding from HUD via two Shelter Plus Care pass-through grants with the Department of Housing.

Fund 106
Community Services Board (CSB)

► Method of Service Provision

Services are provided by directly operated and contracted programs licensed by DMHMRSAS.

A designated staff person is assigned to on-call duty after normal work hours to address emergencies in programs that do not have staff onsite 24 hours per day, seven days per week, 365 days per year. Emergency Services are also available to consumers in these programs 24 hours per day, seven days per week, 365 days per year.

- Community Treatment and Housing First programs are designed to provide flexible services to consumers with serious mental illness. The frequency of onsite contacts and weekly contacts are based upon individual functioning and needs. Contacts vary from three contacts per week to 40 hours of contact per week.

- Homeless Services at Shelters are designed for homeless consumers. Adult Residential Services staff is onsite at the shelters Monday through Friday from 9:00 a.m. to 5:00 p.m., and several evenings a week.

- Homeless Outreach Services and the Homeless Healthcare Services are designed to seek out homeless individuals living in the street, cars, woods and other areas not suitable for dwelling. Staff frequently visits locations where these individuals tend to hang out. Services are provided daily between 9:00 a.m. and 9:00 p.m.

► Mandate Information

There is no federal or state mandate for this LOB.

106-17: CSB Emergency, Crisis and Detoxification Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-17	*CSB Emergency, Crisis and Detoxification Services*
Personnel Services	$11,869,566
Operating Expenses	$2,401,696
Recovered Costs	($739,570)
Capital Equipment	$0
Total LOB Cost:	$13,531,692
Federal Revenue	$598,803
State Revenue	$4,495,789
User Fee Revenue	$752,958
Other Revenue	$272,699
Total Revenue:	$6,120,249
Net LOB Cost:	$7,411,443
Positions/SYE involved in the delivery of this LOB	125 / 124.0
Grant Positions/SYE involved in the delivery of this LOB	4 / 4.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

A continuum of rapid mental health and substance abuse care is available to the citizens of Fairfax County and the Cities of Falls Church and Fairfax. These services are used to prevent or contain behavioral crises in the target population which may exhibit characteristics such as psychosis, intoxication, suicidality, aggression and illness impact to the point of persons being substantially unable to care for themselves. Depending upon the immediacy of need, Emergency Services, Crisis Stabilization, Detoxification Services and Assessment Services are available to provide short-term safety for both the individual and the community; to assess and stabilize the situation and to link the individual to services that address his long-term needs.

Mental Health (MH) Services: Emergency Services - The priority treatment population for Mental Health Emergency and Crisis Services are adults, adolescents and children who are at risk for being a danger to self or others due to mental illness or, because of mental illness, are so unable to care for themselves that their lives are in imminent jeopardy. Prompt and expert intervention can literally be a matter of life and death. The mission and focus of Emergency and Crisis Services is to "save lives, stabilize the crisis, and connect patients with outpatient care once it is safe to do so."

Depending upon a patient's needs and willingness to accept treatment, services may be delivered in a walk-in psychiatric emergency room at three locations, in the community by the Mobile Crisis Unit at Woodburn Place (a crisis stabilization therapeutic residential facility) or through voluntary or involuntary psychiatric hospitalization. Services provided include: risk assessment; crisis intervention and crisis stabilization; psychiatric evaluation; emergency, medications dispensed or prescribed; admission to a crisis stabilization residential facility and facilitating voluntary and involuntary

psychiatric hospitalizations. In addition to walk-in services, inpatient services and crisis residential services, Emergency and Crisis Services also fields rapid response teams with specialized training in hostage or barricade situations, mass casualty or disaster situations and to acutely traumatized public safety personnel. The Division is also responsible for staffing every commitment hearing held in the County with psychologists who act as "Independent Evaluators" for the Court.

The psychiatrists, clinical psychologists, and clinical social workers who work in Emergency and Crisis Services are seasoned, senior clinicians with specialized clinical training and skills. However, they also must be thoroughly grounded in the mobilization of community resources. It is impossible to successfully treat depression or lower the risk of suicide when the patient has no food or a place to stay.

- **MH Emergency Services** - CSB provides 24 hours a day, comprehensive walk-in psychiatric emergency services to persons critically at risk. Consumers (patients) may come in by themselves, be accompanied by a friend or relative, be referred by various County or private agencies, or be brought in by the police - voluntarily or involuntarily. In addition to crisis intervention and crisis stabilization, "walk-in" services include: hospital pre-admission screenings; pre-detention evaluations; psychiatric hospitalizations; evaluations for, and admissions to, the Crisis Care Program or the Fairfax County Detoxification Center; psychiatric evaluations to rule out medical etiologies of psychological symptoms; medication evaluations, prescriptions or dispensation of medications. MH Emergency Services also provides consultation and assistance to Police (for the Jail Diversion Drop-Off Center or other needed services), Fire and Rescue, Magistrates, Adult and Juvenile Detention Centers, schools, hospitals (Fairfax, Mt. Vernon, Fair Oaks, Reston, and Dominion), Department of Family Services (Child Protective Services and Adult Protective Services) and other human services agencies and families of patients. This program also serves as the off-hour emergency service for Mental Retardation Services, Alcohol and Drug Services, the Northern Virginia Regional Deaf Services Program and Crisis Link (formerly Northern Virginia Hotline).

- **MH Mobile Crisis Unit (MCU)** is a rapid response team that provides expert emergency mental health evaluation and intervention within the community to individuals who are unwilling to seek assistance. MCU routinely responds to high-risk cases of individuals who are dangerous to themselves or others, or who are unable to care for themselves, because of mental illness. The MCU accepts referrals from numerous sources including: Police, family members and significant others, Courts, Fire and Rescue, Child Protective Services, Adult Protective Services, mental health professionals, hospital emergency rooms and community organizations and agencies.

  The MCU prioritizes its cases by level of risk, with the highest risk cases at any given moment responded to first. Examples of the kinds of patients seen by the MCU in the community include those with psychotic disorders, people who are at risk for being a danger to self or others, people with mania or depression and people who are dually diagnosed (both serious mental illness and substance dependent or abusing). Services provided include: crisis intervention; hospital pre-admission screenings; pre-detention evaluations; evaluations for and admissions to the Crisis Care Program and Fairfax County Detoxification Center; back-up clinical services to the Adult Detention Center and Juvenile Detention Center and on-scene consultation to Police and Fire and Rescue. In multi-agency cases, one of the

MCU's objectives is to free others (such as police officers or paramedics) from a scene so that they may respond to other, non-psychiatric emergencies.

- **MH Hostage/Barricade Team** is a rapid response team that is on-call 24 hours per day, seven days per week, to respond to hostage/barricade incidents to serve as consultants to the Fairfax County Police Department's Special Operations Team and Crisis Negotiation Team. On scene, the team develops a psychological profile of the hostage-taker, gathers critical clinical information, monitors negotiations and recommends negotiating strategies and tactics, acts as a resource to the incident commander on decisions that a situation is no longer negotiable and tactical assault is warranted, facilitates involuntary psychiatric hospitalization when needed, treats released hostages, works with families of victims, recommends crowd control strategies when needed and works with families of hostage taker/barricader, particularly if the incident ends in his or her death. The team also provides regular clinical training for police members of the team and participates in training "first responder" police officers, including participating in training simulations.

- **MH Critical Incident Stress Management (CISM)/Disaster Response Team** is a rapid response team that is on-call 24 hours per day, seven days per week to assist police officers, fire fighters, paramedics and any other County employees who have been exposed to a psychologically traumatic event (i.e., line of duty deaths, death of a child, mass or multiple casualty events, workplace violence or the traumatic death of a co-worker). The Team is able to provide various types of expert crisis intervention ranging from on-scene work for long duration public safety events (such as the Oklahoma City tragedy) to brief debriefings immediately after an event, to full scale formal Critical Incident Stress Debriefings. Examples of CISM services include working with Fairfax County public safety personnel after the Oklahoma City disaster, the embassy bombing in Nairobi and earthquakes in Armenia, the Philippines, Turkey and elsewhere. Examples of more local clinical services include debriefings after a fatal elevator accident, after an employee suicide and after a violent death in a County park. In addition to the kinds of clinical services just described, the Disaster Response Team is also able to work on-scene with victims, survivors and families in disaster situations such as plane crashes, weather emergencies or other mass casualty incidents, and to provide emergency psychological services at emergency evacuation shelters set up by the American Red Cross and the Department of Family Services.

- **MH Civil Commitment Program** provides independent evaluators to the General District Court prior to and at every psychiatric commitment hearing conducted in Fairfax County, as required by the Code of Virginia. Independent Evaluators are licensed clinical psychologists or psychiatrists. After a psychiatric temporary detention, but before the commitment hearing (which occurs two days later), they are required to conduct a clinical evaluation of the detainee independent of the evaluation done by the clinicians who initiated the Temporary Detention Order. In the language of the law, they must determine if: (i) the patient is an imminent danger to self or others; or (ii) is so seriously mentally ill as to be substantially unable to care for self; and (iii) that there is no less restrictive alternative to commitment in a psychiatric hospital. The Independent Evaluator provides a clinical report to the Special Justice who conducts the commitment hearing, as well as expert testimony during the hearing itself. The Independent Evaluator is a code-specified gatekeeper; if the Independent Evaluator testifies that there is no further risk of imminent dangerousness, the patient is released and no commitment hearing may be held.

- **MH Crisis Care Program (Woodburn Place)** is a crisis stabilization residential program developed specifically to provide a community-based alternative to psychiatric hospitalization. This intensive, short-term 16-bed residential treatment program provides psychiatric crisis stabilization services to adults with severe and persistent mental illness (including those with co-occurring substance abuse issues), who are experiencing acute psychiatric crises. Services include: comprehensive risk assessment, crisis intervention and crisis stabilization, individual counseling, group-based wellness and recovery activities, including classes in Wellness Recovery Action planning and Wellness Management and Recovery, consultation and coordination with service providers, families, or other social service agencies, psychiatric evaluation, medication evaluations and medication management, substance abuse counseling, psychosocial education and assistance with skills of daily living and short-term case management.

- **MH Entry and Referral Program** is the primary point of contact for new requests for services. Entry and Referral assesses a caller's mental health needs, conducts a risk assessment and assesses the need for emergency intervention and, if needed, makes the referral. Following the assessment, Entry and Referral schedules the initial face-to-face evaluation and/or makes referrals to other appropriate community resources or private providers.

- **MH Women's Crisis Shelter** is a 17-bed crisis residential program for women and children who are fleeing imminent physical domestic abuse and is part of the state-certified County Domestic Abuse Program. Specialized services offered include: crisis intervention, individual and group counseling, children's counseling, assistance with court and in obtaining legal services, assistance in obtaining employment, housing, health care, and meeting other needs and community education to other professionals. Interpreter services and culturally sensitive counseling and materials are available for language minority clients.

Alcohol and Drug (ADS) Services: Emergency Services

Detoxification is an emergency service similar to a hospital. When individuals are in need of detoxification, they are unable to wait safely in the community. Without immediate services, tragedy often results, including death. Furthermore, the lack of immediate, appropriate detoxification services results in citizens using other more expensive yet inappropriate services in the community. The inappropriate use of services includes hospitals, psychiatric facilities, jails and law enforcement interventions. Unsheltered homeless individuals are at especially high risk for death by hypothermia due to having alcohol in their system.

Crisis Intervention and Assessment Services provide comprehensive emergency, stabilization, crisis intervention, assessment and contracted Methadone and Buprenorphine treatment services to individuals requiring treatment for substance use disorders and co-occurring substance use and mental health disorders. Without rapid response and prompt intervention, individuals present a risk to themselves, their family members and/or the public. The goal of Crisis Intervention and Assessment Services is to deliver prompt services to address emergency, stabilization and crisis intervention needs of the clients and the referring agencies. Referring agencies use assessment findings for Court sentencing, resolution of child abuse and neglect cases, child removal and custody resolution and probation monitoring and sanctions. Individuals are most often referred to services by the following agencies: Virginia Department of Probation and Parole, Circuit Court, General District Court, the Alcohol Safety Action Program (ASAP), Juvenile and Domestic Relations Court

(JDRC), the Health Department and the Department of Family Services (including Child Protective Services, Foster Care, and Adult Protective Services). Additional services provided include case management for individuals requiring hospitalization for severe withdrawal symptoms and individuals participating in Methadone and Buprenorphine treatment.

- **Fairfax Detoxification Center** provides medical and non-medical (social) detoxification services to citizens who otherwise would remain intoxicated in the community. ADS also contracts for additional social detoxification services for individuals in the southern part of the services area with the Alexandria Community Services Board's Regional Social Detoxification Center. Detoxification services provide a cost-effective alternative to hospital based service delivery. Some individuals have complicated medical problems which require hospitalization and cannot be addressed in a community based setting. In emergency situations, Hospital Based Medical Detoxification Services are provided through a contract with Prince William Hospital to a small number of clients each year.

  The Fairfax Detoxification Center is considered state-of-the-art innovative programming that includes acupuncture, Buprenorphine detoxification and Diversion/Outreach services. Generally, there are three or more clinical and medical staff on duty during waking hours and two or more staff on duty during client sleeping hours. Clients are admitted to services seven days a week, including day, afternoon, evening and nighttime admissions. The staffing pattern has a wide range of professionals including substance abuse counselors, nurses, psychiatrists, and physicians. Clients of the Detoxification Program receive crisis stabilization, medical and clinical assessments, comprehensive referral services, psychiatric assessment and detoxification monitoring. The Detoxification Program regularly collaborates with and receives community referrals from:

  - Homeless Shelters;
  - Department of Family Services;
  - Fairfax County Police;
  - Community Centers;
  - Probation and Parole;
  - Mental Health Services;
  - Health Department;
  - Area Hospitals;
  - Homeless Outreach Workers; and
  - Community Based Organizations.

- **Diversion Outreach Services** offer an alternative to arrest for individuals who are drunk in public for individuals that have committed no other crime. Individuals are diverted from arrest to detoxification services, thus saving Police, Sherriff and Magistrate time. This program is offered through the Fairfax Detoxification Center and is the result of a successful two year collaborative effort among agencies and stakeholders within the community. Stakeholders include: area Police Departments, Sheriff's Office, Homeless advocates, the CSB, Criminal Justice Agencies, non-profit organizations and consumer groups such as the National Alliance for the Mentally Ill (NAMI).

- **Crisis Intervention and Assessment Services** provides the following mandated services: Services are provided in an outpatient setting. Individuals participate in a structured assessment with a trained clinician. The assessment is a clinical evaluation that includes: alcohol/drug use and history; potential for withdrawal, ability to maintain abstinence, physical and psychiatric conditions, life area functioning, support for recovery and willingness to participate in treatment. A team of professionals reviews the client information and places the client in the appropriate level of care (e.g. detoxification, outpatient, Methadone/Buprenorphine treatment, day treatment or residential services).

- **Contract Management oversight for purchase of Methadone and Buprenorphine treatment** services from the Alexandria Methadone Clinic operated by the Alexandria Community Services Board. ADS Intervention and Assessment Services contracts with the Clinic and in collaboration, case manage the patients receiving Methadone and Buprenorphine services. Oversight includes on-site observations, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

- **Emergency appointments** for assessment and crisis stabilization.

- **48-hour rapid response** care to pregnant substance abusing/addicted women to intervene and interrupt the associated health risks for the women and their unborn children.

- **Emergency, crisis intervention, assessment and referral services** through the LINK grant to pregnant/post-partum women to intervene and interrupt the cycle of addiction and the resulting serious health issues. This service addresses the mandate for hospitals, physicians, the Department of Family Services and the CSB to collaborate and intervene in prenatal and infant substance exposure.

- **Methadone maintenance** throughout pregnancy to pregnant women who are addicted to heroin to avoid the severe risks to the fetus that is associated with maternal withdrawal.

- **Prioritized services** for individuals that engage in Intravenous Drug use to intervene and interrupt the associated individual and community health risks of HIV/AIDS and Hepatitis.

- **Vital Court information** related to parental substance use associated with child abuse, neglect cases and emergency child removals.

- **A centralized point of entry** to programs and referrals out to private treatment providers in the community.

Community Outreach:
CSB Emergency, Crisis and Detoxification Services provide community outreach primarily through the MCU, the CISM/Disaster Response Team and the Detoxification Diversion/Outreach Team

Initiatives and Accomplishments:

- **Emergency/Mobile Crisis Unit:**
  - Provides Mental Health, crisis intervention and crisis negotiation training to officers in two formal training classes; one in Crisis Intervention and one in Crisis (hostage/barricade) Negotiations. Each class is 40 hours in duration and is offered twice a year at the Criminal Justice Academy. MCU also provides yearly roll-call training in Mental Health issues to police officers at each individual sub-station.

  - The Woodburn Center Emergency Services is the hub of the County's Jail Diversion Program. Woodburn is a "no refusal" drop-off site. Police bring consumers identified with potential misdemeanor charges for assessment, intervention and mental health placement as alternative to jail.

  - Following the tragic events at Columbine High School in Colorado, a project was initiated to gather state-of-the-art information about the assessment and treatment of young people at risk for violence. Using information from the FBI, research projects (both published and unpublished) and the considerable risk assessment experience of Emergency and MCU clinicians, a screening tool was developed and a consultation model was put into place. This has been of substantial value, particularly for FCPS.

  - In the aftermath of Virginia Tech, responded to the media and various groups closely related to the incident offering counseling, direction and support.

  - Developed Outpatient Commitment Procedures to clearly articulate management of these cases within the community.

  - Developed a 25-page manual specifically for police officers that serves as a practical reference for handling situations on the street involving mentally ill citizens and includes ways to access immediate, as well as longer term, psychiatric interventions for these citizens. The manual includes triage charts, Code of Virginia citations, resource telephone numbers and programs, hours of operation and names of contacts. It was distributed, via Roll Call trainings, to every "street" police officer in the five Police Departments within the service area (Fairfax County, the Cities of Fairfax and Falls Church and the Towns of Herndon and Vienna) and has been very well received.

  - Completed a second revision of the "Involuntary Psychiatric Hospitalization" pamphlet created to provide information to "petitioners" and family members about the Temporary Detention and Commitment process**.**

  - Annually provides more than:

    - 500 residential assessments;
    - 1,200 prescreening for hospital placement;
    - 15,000 phone consultations to assist in the coordination of consumer treatment
    - 4,000 consumers contacts for crisis stabilization and crisis intervention; and
    - 6,500 psychiatric medication assessments.

- **Woodburn Place:**
  - In FY 2007, the utilization rate was 100 percent, with an average of 40.3 consumers admitted per month. The availability of this short-term, high-acuity crisis stabilization program in the Northern Virginia area has provided some relief to the growing scarcity of inpatient psychiatric beds in the region.

  - Solidified its role as a state-wide demonstration model of a successful crisis stabilization facility, with similar, newer programs in other parts of Virginia routinely seeking advice and assistance in program design and operations.

  - Admitted a 484 County consumers, 65 percent of whom were diversions from psychiatric hospitalization and an additional 29percent were hospital "step downs," consumers who are still to high risk to be discharged back to their group home or residence, but can be managed in a non-hospitable based crisis stabilization program. These admissions to Woodburn Place resulted in a savings of 5,490 hospital bed days reflecting the philosophy of treating consumers in the least restrictive environment.

- **Fairfax Detoxification/Diversion Programs:**
  - In FY 2007, provided social detoxification services to 585 individuals and medical detoxification services to 232 individuals. 91 percent of the clients admitted for service completed the detoxification process with 57 percent accessing other services to further address their needs.

  - Incorporated psychiatric assessment and monitoring into the services provided for clients. The program regularly provides emergency detoxification services to individuals with co-occurring mental health disorders.

  - In FY 2007, in conjunction with the Police and the County community, diverted 341 individuals from arrest for drunk in public and provided detoxification services thus saving Police, Sherriff and Magistrate time. Without adding new resources, the number of individuals diverted was nearly doubled as compared with FY 2006 admissions. This is a result of additional outreach to police as well as altering operational hours to include services seven days per week.

  - Admitted 234 Spanish speaking individuals. Although Spanish speaking individuals were admitted, there were not adequate resources to serve them. Through collaborative efforts and with existing resources, the program created Spanish speaking services to include counseling, engagement and treatment readiness groups.

  - In January 2008, ADS and MHS will institute the use of an integrated assessment tool assessing both substance use and mental health disorders, completing the "No Wrong Door" goal for CSB services.

  - Effective July 1, 2007, the state provides Medicaid coverage of substance abuse treatment services for children and adults including emergency services, evaluation and assessments, outpatient services including intensive outpatient services, case management, opioid treatment and day treatment.

- **Interagency Relationships in Mental Health Services:**
  - The Emergency Services/MCU is utilized by virtually all County agencies as well as local, state and federal agencies. Emergency clinicians assist in offering everything from general information to direct assessment and intervention. If a consumer is unable to come to one of the emergency sites, the MCU will respond to the scene for the unwilling or unable.

  - Regional Emergency Managers meet with both state and private hospitals to review psychiatric bed utilization and plan for future general County psychiatric bed management.

  - Post commitment hearing, Emergency Services clinicians are responsible for coordinating hospital placement of over 500 insured/uninsured consumers a year to the private and state hospital systems.

  - Training of police in Crisis Intervention.

- **Interagency Relationships in Alcohol and Drug Services:**
  - Offered services in Fairfax, Falls Church and the southern region of the County to accommodate citizens.

  - Worked collaboratively with the Courts, Virginia Department of Probation and Parole, the Alcohol Safety Action Program (ASAP), the Department of Family Services, other County agencies and private providers to ensure rapid and effective delivery of quality services.

  - Worked collaboratively with community stakeholders to provide services to the Homeless Hypothermia Project. Homeless individuals in need of detoxification services are at high risk for death due to hypothermia. Staff worked to in conjunction with the Department of Family Services and Community Based Organizations to ensure that individuals could receive services and would not be at risk of death due to hypothermia.

Participant Characteristics:
Individuals who are served by Emergency, Crisis and Detoxification Services carry a range of diagnoses and problems including:

- Schizophrenia;
- Acute Psychoses;
- Severe Depression;
- Intoxication;
- Homelessness;
- Medical issues;
- Co-occurring disorders (Mental Illness/Substance Abuse; Mental Illness/Mental Retardation);
- Mania;
- Criminal behavior;
- Severe Personality Disorders;
- Eating Disorders;

- Substance Abuse/Dependence Disorders;
- Imminent Danger to Self;
- Imminent Danger to Others;
- Self-mutilating Behaviors;
- Domestic Violence;
- Child or Elder Abuse;
- Involvement with the Criminal Justice System;
- Mental Retardation;
- Homelessness; and
- Any other acute psychological and psychiatric disorder that involves extraordinary crisis and distress.

Trends and Future Issues:

- **Increasing Multicultural Population**: The percentage of men, women and children in the service area from other cultures is growing dramatically. To meet the clinical needs of these growing populations, programs must hire front-line clinicians who are culturally competent and multilingual. Such clinicians are in high demand and, as a County agency with salary constraints; it is extremely difficult to successfully compete in the hiring market for these critically needed clinicians.

- **Increasing numbers of individuals with acute and severe medical problems:** The past several years have shown an increase in the percentage of individuals in need of medical detoxification services. In additional, more individuals are presenting with serious medical complications such as diabetes, hypertension, Hepatitis C and cancer which must be addressed when working with the individuals.

- **Increasing Documentation Requirements**: To comply with new requirements imposed by state licensure, DMHMRSAS State Performance Contract and Medicaid, the amount of documentation has increased dramatically. The time required for clinicians and psychiatrists to complete this documentation is time formerly dedicated to serving high-risk clients. The CSB has also made the transition to electronic files. This has further increased the time required to complete documentation by two-thirds.

- **Increasing Severity of Diagnosis**: As a result of the shift from hospitalization in state psychiatric facilities to community-based care and the lack of insurance to pursue treatment within the private sector, the severity of disorders of those being served has increased significantly

- **Increasing Costs of Psychotropic Medications:** The past ten to fifteen years have seen a revolution in new and far more effective psychotropic medications that are available for the treatment of depression and psychosis. In the case of depression, a family of medications called Selective Serotonin Reuptake Inhibitors (SSRIs) has become the "first line" prescription. SSRIs are not only far more effective than the older tricyclic and Monoamine Oxidase Inhibitors (MAOIs) antidepressants, but they have none of their lethal overdose potential. In the case of psychosis, a class of drugs called atypical antipsychotic (ATPs) has had a dramatic impact on the successful treatment of schizophrenia and, as with the SSRIs, have far fewer side effects than the antipsychotic medications used in the past. However, in

addition to their unquestioned effectiveness, SSRIs and ATPs share another characteristic, which is considerable cost.

- **Increasing Volume of Emergency/MCU Patients**: There is an increasing number of people in the service area, as in virtually every other jurisdiction in the United States, who are underinsured or uninsured. These individuals tend to postpone seeking help until a treatable illness becomes a life-threatening emergency.

- **Waiting List for Services:** The waiting list for assessment services is generally 50 individuals per month waiting for up to weeks for services. Appointments are available for pregnant, IV drugs users or other consumers with urgent needs.

- **Co-morbidity of Substance Use and Mental Health Disorders**: This is prominent in the individuals requiring substance abuse care. Assessment Services lack adequate psychiatric services to address the complex needs of those with co-occurring disorders. Individuals with co-occurring disorders have significant case management needs. Assessment Services currently provides case management services as an embedded component and lacks the ability to provide this as a needed stand-alone service.

- **Increased Need for Medical Detoxification Services:** More individuals are presenting for detoxification services with physical health complications requiring medical detoxification services. Currently, there are limited resources and significant waiting times for this level of care. Additionally, more individuals are presenting for Methadone and Buprenorphine services. Currently, there are also limited resources and significant waiting times for this level of care.

Funding Sources:
Funding sources include: Fairfax County; DMHMRSAS; Medicaid; Medicare; Insurance; Direct Client Payments; and the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant

► Method of Service Provision

Services are provided in both directly operated and contracted programs licensed by DMHMRSAS with each program designed to serve a specific population or meet a specific emergency need.

Emergency
- **Woodburn Center** (Central County): 24 hours per day, seven days per week (including holidays)
- **Northwest Center**: Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)
- **Mt. Vernon Center**: Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)

Mobile Crisis Services
- **MCU:** Sunday through Saturday, 8:00 a.m. to 12:00 a.m. (including holidays)
- **Hostage/Barricade Team**: On-call response 24 hours per day, seven days per week
- **CISM/Disaster Response Team**: On-call response 24 hours per day, seven days per week

Crisis Care Woodburn Place: 24 hours per day, seven days a week (including holidays)

Civil Commitment Program Evaluations:
- On-call Sunday through Saturday, 6:30 a.m. to 11:00 p.m. (including holidays)
- Hearings: Monday through Friday, 6:45 a.m. to 12:00 p.m. (excluding holidays)

Entry and Referral: Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)

Women's Crisis Shelter: Undisclosed location, 24 hours per day, and seven days per week.

ADS Detoxification Services: 24 hours per day, seven days per week, 365 days per year

ADS Crisis Intervention and Assessment Services: Monday through Thursday, 8:00 a.m. to 8 p.m.; Friday 8:00 a.m. to 5:00 p.m. Emergency Services are provided 24 hours per day.

► Mandate Information

This LOB is state mandated. The percentage of this LOB resources utilized to satisfy these mandates is 76-100 percent. See the January 2007 Mandate Study, pages 49-59 for the specific state code and a brief description.

106-18: CSB Forensic, Diagnostic, Crisis and Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-18	*CSB Forensic, Diagnostic, Crisis and Treatment Services*
Personnel Services	$2,212,465
Operating Expenses	$297,162
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,509,627
Federal Revenue	$159,802
State Revenue	$653,216
User Fee Revenue	$1,112
Other Revenue	$32,507
Total Revenue:	$846,637
Net LOB Cost:	$1,662,990
Positions/SYE involved in the delivery of this LOB	22 / 22.0
Grant Positions/SYE involved in the delivery of this LOB	6 / 6.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

Fund 106
Community Services Board (CSB)

► LOB Summary

The CSB provides both mental health and alcohol and drug related services to inmates at the Fairfax Adult Detention Center and to the criminal justice system. While surveys show some jail inmates suffer solely from serious mental illnesses and others solely from substance abuse disorders, 36 percent of all inmates suffer from co-occurring mental health and substance abuse disorders. There is active collaboration and consultation in service delivery across the mental health and alcohol and drug programs at the Adult Detention Center and both programs answer to a single manager, who coordinates all services. A Jail Services Initiative Grant has been obtained to fund implementation of innovative jail-based treatment programs for offenders with co-occurring disorders. The CSB's Mental Health and Alcohol and Drug Services have been working jointly and expeditiously on integrated, best practices approaches to providing coordinated care not only in the jail, but in all diagnostic and treatment venues across the county and in the towns and cities served by the CSB.

Forensic, Diagnostic, Crisis, and Treatment Services was created 25 years ago to address the clinical needs of persons incarcerated at the Fairfax Adult Detention Center who suffer from serious mental illnesses. The service was also created to assist the Circuit, General District and Juvenile and Domestic Relations Courts with clinical assessments, addressing such important issues as competence to stand trial and sanity at the time of the offense. In recent years, the needs of persons with serious mental illness at the jail have become increasingly more complex. Large numbers of inmates are medically fragile, culturally diverse and presenting with increasingly more challenging mental illnesses. Many are less connected or not connected to community services, as demonstrated by increasingly larger numbers of homeless individuals. According to Bureau of Justice Statistics research, "offenders with mental illnesses reported high rates of homelessness, unemployment, alcohol and drug use and physical and sexual abuse prior to their current incarceration." The needs of these individuals have been highlighted by Court decisions and changes in the law, including direction on the custodial obligations of correctional environments, human rights issues and due process for defendants in court.

The CSB's Forensic Diagnostic, Crisis, and Treatment Service was established at a time when jail staffs around the country struggled with the extremely high rate of suicide within jails, estimated to be nine times greater than the general population. Inmates attempted suicide in alarming numbers, often due to depressive symptoms, substance abuse, medical fragility, fear of incarceration, or just plain shame regarding their charges. Courts ruled that correctional environments could not be "deliberately indifferent" to the needs of the persons they housed (*Farmer v. Brennan*, 1994). This fed the mandate to have mental health professionals who could assess risk level and intervene accordingly. Such interventions may even include secure, temporary transfers to psychiatric hospitals under the Code of Virginia for risk and illness stabilization, with the individual being returned to the jail when no longer at risk.

Citing the obligation to protect the rights of defendants, case law and subsequent code law established the lawful requirement of mental health evaluation and testimony in the courts. In *Dusky v. United States* (1963), the Court mandated that a person could not proceed to trial unless he or she had a rational and factual understanding of their charges and was able to assist an attorney in a defense. In *Chatman v. Commonwealth* (1999) and *Ake v. Oklahoma* (1985) respectively, the Court asserted that an insanity defense and expert testimony were essential elements of due process and fair treatment. The Code of Virginia outlines the procedures for mental health evaluations and mandates that indigent defendants must have access to these evaluations. Likewise, Virginia Code

gave defendants access to pre-sentence evaluations, in which positive findings could result in hospitalization (restoration to competency, or hospitalization of insanity acquittees). The Code also addressed the assessment of sex offenders. These developments again emphasized the need for mental health professionals to participate in the criminal justice system.

In more recent years, yet another mandate is emerging from Court decisions. Prior to release from correctional facilities, courts have ruled that persons with serious mental illnesses need to be connected and referred to mental health treatment in the community (*Brad H. v. City of New York*, 1999). This pre-release planning requires a close working relationship with community mental health treatment providers and the availability of liaison staff within the jail to ensure that these offenders make these needed connections.

Although it is apparent that these services must be provided in a correctional environment, it is less obvious that the provision of mental services in a correctional environment requires staff from both agencies to integrate often mutually-exclusive goals. This unique blending of two agencies, Community Services Board (CSB) and Office of the Sheriff, allows the expertise of each agency to serve this complex population. Services that are sensitive to the security needs of the environment as well as the clinical needs of the incarcerated are provided within one of three programs:

The **Crisis Intervention Program** provides the assessment, diagnosis, risk management and mental health care coordination for individuals with serious mental illnesses who are incarcerated at the Adult Detention Center (ADC) or the Work Release Program. Services include:

- Crisis intervention and crisis stabilization;
- Risk assessment, including risk of suicide and danger to others;
- Emergency psychiatric hospitalization;
- Psychiatric medication evaluation, prescription, and monitoring;
- Behavior management consultation;
- Daily consultation to the Sheriff's staff regarding the safe housing and management of persons with mental illnesses; and
- Suicide prevention screenings and staff training for suicide prevention.

The **Forensic Evaluation Program** provides court-ordered forensic evaluations to indigent clients who are either incarcerated or on bond in the community. It is staffed by professionals who have received Forensic Evaluation Training from the Institute of Law, Psychiatry and Public Policy at the University of Virginia. Types of services include:

- Evaluation regarding Competency to Stand Trial or Plead;
- Evaluation of Sanity at the Time of the Offense;
- Emergency Treatment;

- Presentencing Evaluations; and

- Development of Conditional Release Plans for NGRI's (Not Guilty by Reason of Insanity).

The **Forensic Treatment Program** provides specialized housing and treatment programming to a maximum of 48 men and 24 women with significant mental health needs. In addition to the crisis intervention, medication, and ongoing risk assessments that all identified inmates receive, the inmates in the Forensic Treatment Program have an assigned primary therapist. This therapist is responsible for accessing services for the inmate within the jail, as well as developing an appropriate community treatment package. With these additional services, it is expected that the inmate will make a stronger connection with the community upon release, will be less likely to present a risk to public safety, and will be less likely to return to jail.

As noted in the discussion of contextual factors, the following court decisions and laws, among others, mandate forensic services.

- *Estelle v. Gamble* (1976), *Bowring v. Godwin* (1977) - inmates have a constitutional right to psychiatric care based on the Eighth Amendment's prohibition of cruel and unusual punishment.

- *Farmer v. Brennan* (1994) - correctional environments may not be "deliberately indifferent" to the needs of inmates, especially around risk of suicide.

- *Dusky v. United States* (1963) – defendants must be "competent" to stand trial and trial judges are responsible for ensuring this via expert mental health evaluation and, where needed, restoration to competency.

- *Chatman v. Commonwealth* (1999) and *Ake v. Oklahoma* (1985) - an insanity defense and expert testimony are essential elements of due process and fair treatment.

Virginia laws have more clearly articulated requirements surrounding a variety of court-ordered evaluations including issues of competence, pre-sentence mental status, sanity at the time of the offense, sexual offender status, competence to be executed and others.

The Code of Virginia also outlines the procedures for admission and pre-discharge planning of patients to and from state hospitals when such transfers are required for individuals in legal custody of a jail or prison. As forensic staff members are employees of the CSB, and CSB employees have mandated pivotal activities regarding state hospital admissions and discharges, services are provided in a smooth, continuous manner.

Mental Health staff members are required to have additional specialized skills and training over and above general clinical knowledge. Only seasoned, skilled clinicians who are also comfortable operating in a high-risk, locked-down, complex setting such as a jail are assigned to this demanding environment to meet the needs of offenders who have mental illnesses and who may also present the risk of harm to self or others. **Criminal Justice Diagnostic, Evaluation, and Treatment Services** uses a multidisciplinary team of mental health professionals hired by CSB Mental Health Services and funded by the Office of the Sheriff.

Forensic staff must be able to independently conduct rapid risk assessments and interventions with high-risk inmates, and they must have the appropriate education, training, knowledge and skills to perform these tasks so inmates are not placed at risk of harm to themselves or others. If they do not have advanced skills in this area, they are required to first attend specialized training in Risk Assessments at the Institute of Law, Psychiatry and Public Policy.

According to the Code of Virginia, forensic evaluators must have specialized forensic training approved by the Commissioner of Mental Health, Mental Retardation, and Substance Abuse Services. All forensic staff must receive this training within their first three months of employment.

In 1998, Virginia developed certification for Sex Offender Treatment Providers, and mental health professionals working with sex offenders must have this additional certification.

Given the complexity of the inmates' legal status and high rate of medical complications, staff are required to attend mandatory training in confidentiality, human rights, and exposure to blood-borne and airborne pathogens.

Accreditation standards from the National Commission on Correctional Health Care require that all health care providers have a minimum of twelve hours of continuing education training annually and have current CPR certification. All forensic staff must comply with this standard (Standard J-18).

Office of the Sheriff has monthly training requirements that include review of Standard Operating Procedures and training videotapes. All forensic staff must comply with this requirement.

Alcohol and Drug Criminal Justice and Diagnostic Services (hereafter referred to as "Court Services") provide a continuum of services for offenders with substance abuse or dependence incarcerated in the Fairfax Adult Detention and Pre-Release Centers. As mandated by state code, Court Services operates with an inter-agency agreement between the CSB and the Office of the Sheriff.

The mission of **Court Services** is to work collaboratively with the criminal justice system to divert eligible offenders to community-based services in lieu of incarceration and provide intensive treatment to the incarcerated population that focuses concurrently on substance abuse, criminality, mental health disorders, and intensive release planning.

The range of services includes:

- Court-ordered assessments;
- Diversion of eligible inmates to community-based treatment;
- General population education;
- Cell-block based therapeutic communities for men and women;
- Specialized treatment for offenders with co-occurring mental health and substance abuse disorders;
- Day treatment; and
- Intensive release planning.

Court Services promotes abstinence from alcohol and drugs upon release through education, and individual and group counseling. Programs are designed to achieve permanent changes in the related

problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior and other legal difficulties. Services include: substance abuse education, individual, group, and relapse prevention counseling, case management and discharge planning to ensure linkage to community-based substance abuse treatment and other required services.

Individuals are most often referred to services by the following agencies:

- Virginia Department of Probation and Parole;
- Circuit Court;
- General District Court;
- Alcohol Safety Action Program (ASAP);
- Juvenile and Domestic Relations Court (JDRC); and
- Virginia Department of Corrections.

Individuals requiring community services upon release are often indigent or are of low-income status. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. The incarcerated population is at high-risk for relapse and return to criminal activity without jail-based treatment and case management services. In fact, Bureau of Justice Statistics Research indicates that 63 percent of all offenders will re-offend and relapse within the first 90 days if untreated while incarcerated.

Demographic data obtained through jail-based surveys and the inmate data-base indicates that of this offender population, 87 percent are substance abusers, 16 percent have serious mental illnesses, approximately 36 percent have co-occurring mental health and substance abuse disorders, and 24.5 percent are primary language Spanish-speaking. The clinical complexity and challenge of the inmate population has continued to intensify, requiring more intensive multi-disciplinary approaches to address the complexity of interacting disorders.

Community Outreach:
Public forums for community members and interested citizens featuring staff presentations on mental health issues are offered at open luncheons and other meetings. Forensic staff are also represented on important interagency work groups such as jail diversion and others.

For Alcohol and Drug Services-related programs, outreach is coordinated by Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Initiatives and Accomplishments:
The Forensic staff has provided a comprehensive service to offenders with serious mental illnesses for twenty-five years. During that time, the staff has developed a close working relationship with the staff of the Office of the Sheriff, as well as maintained close working relationships with state hospitals, mental health centers and Alcohol and Drug Court Services.

More recently, forensic staff members have developed and are implementing the more intensive Forensic Treatment Program. For the first time in the history of the Fairfax ADC, forensic inmates are co-located in two cell blocks (one male and one female) where services and security are provided through a Direct Supervision model. Staff and correctional staff are actually inside the cell block with the forensic clients and provide immediate and more comprehensive services to these inmates. Forensic staff members have been developing this new programming for the past five years. The planning has included specialized training for deputies assigned to work in these cell blocks, development of treatment planning, and selection of outcome measures.

A Jail Services Initiative Grant was obtained to fund the implementation of an innovative jail-based treatment program for offenders with co-occurring mental health and substance abuse disorders. Some services to Spanish speaking persons have been initiated in the jail. In the recent past, no services in Spanish were available to the growing number of Spanish-speaking persons.

Funding Sources:
Funding sources include Fairfax County; DMHMRSAS; and fees from clients and insurance companies.

► Method of Service Provision – All Programs

Hours of Operation: Staff are on duty at the ADC Monday through Friday from 7:00 a.m. to 7:00 p.m., Saturdays and holidays from 8:00 a.m. to 4:00 p.m., and Sunday from 8:00 a.m. to 12:00 p.m. When Forensic staff is not on site, Fairfax County's Mobile Crisis Unit provides emergency backup services.

► Mandate Information

This LOB is state mandated. The percentage of this LOB resources utilized to satisfy the mandate is 23 percent. See the January 2007 Mandate Study, pages 46-59 for the specific state code and a brief description.

106-19: Northern Virginia Regional Projects

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-19	***Northern Virginia Regional Projects***
Personnel Services	$49,489
Operating Expenses	$6,607,448
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$6,656,937
Federal Revenue	$0
State Revenue	$6,657,448
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$6,657,448
Net LOB Cost:	($511)
Positions/SYE involved in the delivery of this LOB	0 / 0.0
Grant Positions/SYE involved in the delivery of this LOB	2 / 2.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Historically, regional initiatives have been implemented by the CSBs that serve Northern Virginia. Because this structure limits coordination of service delivery and adds complicated fiscal reconciliation processes, several regional initiatives have been coordinated through a separate, single organizational entity, the Northern Virginia Regional Projects Office.

Virginia has been divided into forty Community Services Boards or Behavioral Health Authorities since 1969. As early as the 1990's, DMHMRSAS started funding projects on a regional level. Since that time, funding has grown from less than $100,000 to over $9 million for our region. DMHMRSAS has gradually expanded the expectation for regional planning, service coordination, and service delivery. As indicated in the 2007 Community Services Performance Contract, Exhibit J, DMHMRSAS endorses a management approach that is regional in nature. "The regional approach is a highly effective tool for allocating and managing resources and for coordinating the delivery and managing the utilization of services." New state funds for mental health services are more likely to come to the regions rather than to individual CSBs.

In Virginia, seven Health Planning Regions (HPRs) serve the citizens. Fairfax County's region, HPR II, consists of five CSBs: Alexandria; Arlington; Fairfax-Falls Church; Loudoun; and Prince William. The region also includes two state facilities: the Northern Virginia Mental Health Institute (127 bed state psychiatric hospital) and the Northern Virginia Training Center (200 bed facility for persons with MR).

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The Northern Virginia Regional Projects Office was created to manage and have oversight of regional initiatives that serve consumers of the five CSBs and two state facilities. Since the Regional Projects Office is not a stand-alone entity, these projects, including the Regional Projects Office, are attached to one of the five CSBs or one of the two state facilities.

Initiatives and Accomplishments:

- **Local Inpatient Purchase of Services (LIPOS):** HPR II utilizes six local hospitals for LIPOS funding: Dominion Hospital, INOVA Fairfax Hospital, INOVA Mt. Vernon Hospital, Prince William Hospital, Snowden Hospital and Virginia Hospital Center. Staff from Emergency Services of the five CSBs place at-risk consumers with no financial resources into these beds when no available beds exist at NVMHI. Discharge planners from the five CSBs monitor their stay and provide discharge planning and transfer to NVMHI as needed.

- **Regional Discharge Assistance Plans (RDAP)**: Creative plans using RDAP funding are jointly authorized by Aftercare Managers from the five CSBs, and these plans have been pivotal in transitioning multiple consumers from NVMHI into the community. Funds pay for appropriate treatment settings and living expenses as needed.

- **Crisis Stabilization Units (CSU):** During the FY 2007, a new Crisis Stabilization Unit (CSU) was added to the community so there are currently three CSU's in three different counties with a total capacity of 26 beds. Staff from Emergency Services of the five CSBs place at-risk voluntary consumers with no financial resources into these beds when these consumers do not need the additional structure of a hospital setting. Discharge planners from the five CSBs place consumers into these beds when a consumer no longer needs a hospital bed but does need more structure than home or when an NGRI consumer needs a community setting for their 48 hour community stay. Admissions are broken down as follows:

    - 66 percent are hospital diversion;
    - 25 percent are step-down from a hospital; and
    - 6 percent are a community stay for consumers who are NGRI (Not Guilty by Reason of Insanity).

  One of these CSUs, Woodburn Place Adult Crisis Care, is operated by the Fairfax-Falls Church CSB.

- **Regional Recovery:** A regional recovery workgroup with membership that includes all stakeholders has met for the past five years and has identified several recovery-oriented projects for our region. Funding management has been provided via a contract with Pathways, a nonprofit organization (except for Regional Community Support Center described below). These projects include:

    - Regional Recovery Program Director who supports the recovery workgroup;
    - Consultative services and technical assistance;
    - Consumer funds and stipends;

- Creation of the Regional Community Support Center (RCSC) to reduce coercive treatment and promote trauma-informed services at NVMHI; and
- Recovery-based educational opportunities, such as WRAP (Wellness Recovery Action Plan) and CELT (Consumer Education and Leadership Training).

Projects in the process of implementation include:

- Assistive technology for consumers;
- Interactive consumer website; and
- Staff to serve as 1) community organizer to coordinate training and develop services and programs, 2) web site and assistive technology coordinator, and 3) regional consumer ombudsman for consumer and family advocacy.

- **Clinical Response Team (CRT)**: Beginning in December 2006, a team of multidisciplinary professionals with expertise in dual diagnosis (mental retardation/mental illness) responded in the community within 48 hours to:
  - support individuals who are in crisis and are at risk for hospitalization;
  - work collaboratively with existing health care providers to help stabilize clients and avert hospitalization; and
  - work collaboratively with facility staff to facilitate community reintegration after admission to a crisis stabilization unit or hospital.
- **Forensic discharge planners:** Each CSB received funding for a forensic case manager/discharge planner who would provide assessments and discharge planning services to:
  - incarcerated adults with serious mental illness;
  - consumers transferred from local jails to WSH (Western State Hospital) forensic services; and
  - consumers in the community who had a history of extensive criminal justice involvement and poor engagement with mental health services.
- **Geriatric Mental Health Services Program:** Effective July 2007, the region received funding for a team of multidisciplinary professionals with expertise in geriatric issues who will provide services to a small number of nursing homes and Assisted Living Facilities so these facilities will have increased capacity for persons with psychiatric symptoms. Funding is also available to supplement the Auxiliary Grant. It is expected that this program will divert and discharge older adults from state geriatric psychiatric facilities and will offer options for housing and treatment in our region. This fiscal agent for this program is the Arlington CSB.

- **Training/consultation:** Funding was provided to our region for staff training related to recovery principles, crisis stabilization, and service integration (MH/SA). Regional trainings included: Comprehensive Continuous Systems of Care for Individuals with Co-occurring Disorders; Emergency Department Visits by People with Psychiatric Disabilities: Diversion and Discharge. Staff from the five CSBs, NVMHI and NVTC are meeting and developing a website for regional training.

- **Regional Projects Office**: The Regional Projects Manager was hired in January 2007, and the Management Analyst, Senior Clinician and Administrative Assistant were hired in October 2007. An office location was found and set up in October 2007. Coordination among the five CSBs and data collection and analysis had been occurring for the past five years but infrastructure and organizational issues were further refined as this office has evolved.

- **Recovery:** The Regional Recovery Program Director and the Regional Community Support Center Director were hired. Funding was available to set up several consumer drop-in centers and other consumer-run projects, and funding was available for several recovery-oriented educational opportunities.

- **Geriatric Mental Health Services:** Funding was awarded to our region to set up a program, with the Arlington CSB designated as the fiscal agent.

- For regional planning purposes, the Northern Virginia Strategic Planning Partnership was established in 2002. It is a coalition of stakeholders devoted to serving persons with mental illness, mental retardation, and substance addiction, and this body includes representatives from all major stakeholder groups, including CSBs, private non-profit organizations, advocacy groups, family members, and consumers. Their initial goals included the creation of plans related to the use of state psychiatric facilities and provision of input into the DMHMRSAS Integrated Strategic Plan. This regional planning resulted in the initiatives that have become part of the Regional Projects Office and Regional Recovery Office.

Trends and Future Issues:
As other programs are created, additional staff positions will be needed to oversee, or in some cases, directly run regional programs.

Participant characteristics:
Consumers served by these regional programs include:

- Consumers with risk issues who need inpatient treatment;

- Consumers with serious mental illness who have not been able to leave a state hospital without funding for a specialized treatment program;

- Consumers in crisis who need the structure of a crisis stabilization unit;

- Dually diagnosed consumers with mental retardation and mental illness who are at risk of hospitalization;

- Incarcerated consumers with serious mental illness who need case management services to increase their opportunities for successful community re-integration; and

- Older consumers with serious mental illness who need intensive services in order to be accepted by a nursing home or Assisted Living Facility.

In addition, both staff and consumers have been provided a range of opportunities that promote a recovery-oriented environment.

Funding Sources:
Funding source is DMHMRSAS. In the FY 2008 budget, the Fairfax-Falls Church CSB has established state regional grants the following programs: LIPOS, RDAP, CSU, Regional Recovery, and CRT. The forensic discharge planner funds are budgeted as non-regional state grant to the CSB. The geriatric mental health program budget is the responsibility of the Arlington CSB. A large share of the training and consultation funds are budgeted within Alcohol and Drug Services as a federal pass-through from DMHMRSAS with the remainder budgeted as part of a state regional grant.

► Method of Service Provision

Services are provided by regional staff. Normal business hours are Monday through Friday, from 8:00 a.m. to 4:30 p.m. and may include evening and weekend hours for meetings.

► Mandate Information

There is no federal or state mandate for this LOB.

AGENCY PERFORMANCE MEASURES

Objectives

- To provide direction and management support to CSB programs so that 80 percent of service quality and outcome goals are achieved.

- To provide stabilization services outside of the hospital to 95 percent of clients seen in General Emergency Services.

- To conduct 80 percent of evaluations within 24 hours after initial contact.

- To enable 80 percent of consumers in adult day treatment services for more than 30 days to avoid hospitalization for at least 6 months.

- To improve functioning of 70 percent of consumers served by the Adolescent Day Treatment Program.

- To enable 55 percent of consumers served in the Supervised Apartment program to move to a more independent residential setting within one year.

- To enable 90 percent of consumers served by Supportive Services to maintain stable housing for at least one year.

- To schedule 100 percent of consumers referred for an assessment within 7 days of discharge from the hospital.

- To enable 70 percent of participants in the Men's Program (ADAPT) to successfully complete the program.

- To enable 98 percent of individuals completing the Men's Program (ADAPT) to avoid being returned to the program by the Courts.

- To improve community tenure for PACT consumers so that 90 percent reside outside of the jail or hospital for at least 330 days in a year.

- To support individuals' self-sufficiency in the community by ensuring that clients receiving Targeted Case Management services meet at least 95 percent of their individual service plan objectives.

- To achieve a level of at least 90 percent of individuals who are able to remain living in group homes rather than more restrictive settings.

- To achieve an annual increase of at least 1 percent in average wage earnings reported for individuals in Supported Employment services (both individual and group-based programs).

- To provide substance abuse treatment to clients in the Crossroads program so that 80 percent of clients receiving at least 90 days of treatment are either employed or in school upon leaving the program. *

- To provide substance abuse treatment to clients in the Intermediate Rehabilitation Services (Phoenix) program so that 80 percent of clients receiving at least 30 days of treatment are either employed or are in school upon leaving the program.

- To improve the employment and/or school status for 80 percent of adults who participate in at least 30 days of outpatient treatment.

- To improve the employment and/or school status for 80 percent of youth who participate in at least 30 days of outpatient treatment.

- To increase knowledge of healthy lifestyles, substance abuse warning signs and available alcohol and drug abuse resources among 85 percent of participants in prevention education programs.

- To improve the employment and/or school status for 80 percent of adults who participate in at least 90 days of day treatment services.

- To improve the employment and/or school status for 85 percent of youth who participate in at least 90 days of day treatment services.

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- To improve emergency crisis intervention and assessment services so that 85 percent of assessed clients receive the appropriate level of care based on American Society of Addiction Medicines (ASAM) criteria.

- To complete evaluations and develop an Individualized Family Service Plan (IFSP) for 100 percent of families within 45 days from intake call.

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Output:					
General Emergency - Service hours provided	26,164	22,000 / 28,479	22,000	26,000	106-17
General Emergency - Persons seen	5,096	5,000 / 5,086	5,100	5,300	106-17
Independent Evaluators - Persons seen	598	464 / 540	464	500	106-17
Independent Evaluators - Service hours provided	1,738	1,294 / 1,594	1,294	1,500	106-17
Adult Day Treatment - Consumers served	203	172 / 193	172	190	106-03
Adult Day Treatment - Service hours provided	36,726	33,000 / 31,553	33,000	33,000	106-03
Adolescent Day Treatment - Consumers served	34	38 / 27	38	38	106-05
Adolescent Day Treatment - Service hours provided	12,380	15,000 / 15,168	15,000	15,000	106-05
Supervised Apartments - Consumers served	631	475 / 642	475	600	106-04
Supervised Apartments - Service days provided	97,154	75,000 / 100,317	75,000	95,000	106-04
Supportive Living - Consumers served	520	525 / 516	525	525	106-04
Supportive Living - Service hours provided	22,276	23,000 / 23,194	23,000	23,000	106-04
Mental Health Adult and Family Services – Consumers served	3,161	3,000 / 3,174	3,000	3,100	106-03
Mental Health Adult and Family Services – Service hours provided	32,788	36,000 / 34,250	36,000	36,000	106-03
Mental Health Adult and Family Services – Persons served	326	250 / 356	250	250	106-03
Mental Health Adult and Family Services – Service hours provided	4,416	2,596 / 4,761	2,596	2,596	106-03
Mental Health Adult and Family Services – Consumers served	101	100 / 108	100	100	106-03
Mental Health Adult and Family Services – Service hours provided	16,029	15,779 / 15,574	15,779	15,779	106-03
Targeted Case Management - Individuals served	1,156	1,254 / 1,202	1,200	1,200	106-12
Group Homes - Individuals served	311	305 / 314	305	305	106-14

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Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Day Support - Total individuals served	1,174	1,231 / 1,188	1,293	1,293	106-13
Day Support - Non-Medicaid eligible individuals served	711	727 / 677	735	735	106-13
Supported Employment - Non-Medicaid eligible individuals served	NA	539 / NA	570	570	106-13
Crossroads - Clients served	155	155 / 128	130	130	106-08
Intermediate Rehabilitation - Clients served	38	24 / 12	18	18	106-08
Adult Outpatient - Clients served	1,598	2,000 / 1,450	1,500	1,500	106-06
Youth Outpatient - Clients served	1,066	1,000 / 1,004	1,000	1,000	106-09
Units of service for prevention education services	3,541	2,800 / 3,598	3,500	3,500	106-02
Adult Day Treatment - Clients served	132	140 / 147	140	140	106-07
Youth Day Treatment - Clients served	200	180 / 119	130	130	106-10
CSB Emergency – Clients served	2,208	2,000 / 2,027	2,100	2,100	106-17
CSB Emergency – Individuals served	1,739	1,916 / 1,850	2,110	2,223	106-17
Efficiency:					
General Emergency - Annual cost per client	$619	$587 / $708	$610	$579	106-17
Independent Evaluators - Annual cost per client	$335	$447 / $673	$447	$727	106-17
Adult Day Treatment - Annual cost per consumer	$4,509	$7,420 / $4,908	$7,752	$7,088	106-03
Adolescent Day Treatment - Annual cost per consumer	$16,160	$18,895 / $19,634	$19,713	$19,898	106-05
Supervised Apartments - Annual cost per consumer	$2,271	$3,371 / $2,391	$3,485	NA	106-04
Supportive Living - Annual cost per consumer	$2,098	$2,272 / $2,381	$2,301	NA	106-04
Mental Health Adult and Family Services – Annual cost per consumer	$3,959	$4,213 / $4,081	$4,489	$4,728	106-03
Mental Health Adult and Family Services – Annual cost per client	$320	$912 / $640	$948	$640	106-03
Mental Health Adult and Family Services – Annual cost per consumer	$9,812	$8,910 / $10,177	$8,968	$10,991	106-03
Targeted Case Management - Cost per individual served	$2,611	$2,690 / $2,698	$2,716	$2,756	106-12
Group Homes - Cost per client served	$33,230	$34,228 / $35,281	$35,798	$40,604	106-14

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009		LOB Reference Number
Efficiency:						
Day Support - Cost per individual served with local funds	$17,302	$18,750 / $16,815	$18,481	$18,982		106-13
Supported Employment - Cost per individual served with local funds	$10,871	$11,709 / $11,661	$11,113	$12,296		106-13
Crossroads - Cost per client	$8,811	$10,015 / $11,834	$12,482	$12,695	*	106-08
Intermediate Rehabilitation - Cost per client	$3,859	$8,067 / $3,744	$5,342	$9,492		106-08
Adult Outpatient - Cost per client	$1,637	$1,401 / $1,910	$1,957	$1,910		106-06
Youth Outpatient - Cost per client	$1,066	$2,236 / $1,856	$1,888	$1,923		106-09
Adult Day Treatment - Cost per client	$3,401	$4,310 / $3,121	$4,506	$3,816		106-07
Youth Day Treatment - Cost per client	$3,407	$4,309 / $5,890	$4,560	$6,282		106-10
CSB Emergency – Cost per client	$607	$423 / $314	$428	$404		106-17
Early Intervention for Infants and Toddlers – Annual cost per individual served	$1,635	$1,403 / $1,467	$1,466	$1,840		106-15
Service Quality:						
Adolescent Day Treatment - Percent of clients and family members satisfied with services	76%	90% / 86%	90%	90%		106-05
Supervised Apartments - Number of new consumers receiving services	76	50 / 61	50	50		106-04
Supportive Living - Number of new consumers receiving services	57	45 / 33	45	45		106-04
Mental Health Adult and Family Services – Percent of consumers satisfied with services	85%	85% /85%	85%	85%		106-03
Mental Health Adult and Family Services – Percent of consumers satisfied with services	98%	90% / 98%	90%	90%		106-03
Targeted Case Management - Percent of individuals satisfied with services	95%	90% / 97%	90%	90%		106-12
Group Homes - Percent of individuals who are satisfied with support services	90%	88% / 90%	88%	88%		106-14
Day Support - Percent of individuals satisfied with services	92%	90% / 95%	90%	90%		106-13
Crossroads - Percent of clients satisfied with services	97%	90% / 97%	90%	90%	*	106-08
Intermediate Rehabilitation - Percent of clients satisfied with services	84%	85% / 85%	90%	90%		106-08
Adult Outpatient - Percent of clients satisfied with services	95%	90% / 95%	90%	90%		106-06
Youth Outpatient - Percent of clients satisfied with services	91%	90% / 92%	90%	90%		106-09

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Service Quality:					
CSB Prevention Services – Percent of clients satisfied with services	90%	90% / 89%	90%	90%	106-02
Adult Day Treatment - Percent of clients satisfied with services	95%	80% / 95%	80%	80%	106-07
Youth Day Treatment - Percent of clients satisfied with services	91%	80% / 92%	80%	80%	106-10
CSB Emergency – Percent of clients satisfied with services	98%	95% / 96%	95%	95%	106-17
Percent of families who agreed that early intervention services made them feel more confident in meeting their child's needs	96%	95% / 96%	95%	95%	106-15
Outcome:					
Percent of CSB service quality and outcome goals achieved	81%	80% / 77%	80%	80%	106-01
General Emergency - Percent of consumers who receive stabilization services without admission to a psychiatric hospital	97%	95% / 97%	95%	95%	106-17
Independent Evaluators - Percent of evaluations conducted within 24 hours of contact	96%	80% / 82%	80%	80%	106-17
Adult Day Treatment - Percent of consumers not hospitalized within 6 months of receiving more than 30 days of treatment.	85%	75% / 92%	75%	80%	106-03
Adolescent Day Treatment - Percent of consumers that demonstrate improvements in school, family and community behaviors.	86%	70% / 53%	70%	70%	106-05
Supervised Apartments - Percent of consumers able to move to a more independent residential setting within one year	17%	55% / 35%	55%	55%	106-04
Supportive Living - Percent of consumers that maintain stable housing for one year or more	95%	90% / 95%	90%	90%	106-04
Percent of consumers scheduled for an assessment within 7 days of discharge	64%	100% / 77%	100%	100%	106-03
Percent of participants who complete program	78%	70% / 75%	70%	70%	106-03
Percent of clients not returned to program by the Courts	100%	98% / 100%	98%	98%	106-03
Percent of consumers who remain out of jail or the hospital for at least 330 days in a year	92%	90% / 90%	90%	90%	106-03

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009		LOB Reference Number
Outcome:						
Targeted Case Management - Percent of individual case management service plan objectives met	98%	95% / 98%	95%	95%		106-12
Group Homes - Percent of individuals living in group homes who maintain their current level of service	97%	85% / 99%	90%	90%		106-14
Supported Employment - Average wages reported by individuals in group-based programs	$4,957	$5,007 / $5,160	$5,057	$5,263		106-13
Supported Employment - Average wages reported by individuals in individual-based programs	$15,113	$15,264 / $15,952	$15,417	$16,273		106-13
Supported Employment - Percent change in average wages reported by individuals in all programs	NA	1.00% / NA	1.00%	1.00%		106-13
Crossroads - Percent of clients participating in at least 90 days of treatment who are either employed or in school upon leaving the program	93%	80% / 92%	80%	80%	*	106-08
Intermediate Rehabilitation - Percent of clients receiving at least 30 days of treatment who are either employed or in school upon leaving the program	92%	80% / 100%	80%	80%		106-08
Adult Outpatient - Percent of clients showing improvement in their employment and/or school status after 30 days of treatment	84%	80% / 81%	80%	80%		106-06
Youth Outpatient - Percent of clients showing improvement in their employment and/or school status after 30 days of treatment	97%	80% / 97%	85%	85%		106-09
Percent of participants with higher post-test scores after completion of prevention education programs	87%	85% / 89%	85%	85%		106-02
Adult Day Treatment - Percent of adults showing improvement in employment and/or school status after 90 days of treatment	84%	80% / 81%	80%	80%		106-07
Youth Day Treatment - Percent of youth showing improvement in employment and/or school status after 90 days of treatment	97%	85% / 99%	85%	85%		106-10

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Percent of clients who access the appropriate level of care based on ASAM criteria	82%	85% / 91%	85%	85%	106-17
Percent of families who received completed IFSP within 45 days of intake call	86%	100% / 94%	100%	100%	106-15
Average number of days from referral to completion of IFSP	35	32 / 38	32	32	106-15

* Indicates that the family of measures was for both 106-08 and 106-11; reflect as 106-08.

Fund 117
Alcohol Safety Action Program

Alcohol Safety Action Program

Mission

To reduce the incidence of driving under the influence of alcohol (DUI) in Fairfax County through completion of a rehabilitative alcohol/drug education program, case management, public education, and referral to alcohol/drug treatment programs when necessary.

Focus

The Fairfax County Alcohol Safety Action Program (ASAP) serves a probationary function for the Circuit and General District Courts under the supervision of the ASAP Policy Board. The Fairfax ASAP is one of 24 ASAPs in Virginia and clients are court ordered, DMV referred, or participate voluntarily. The core programs are state mandated and address essential needs of clients including: intake, assessment, rehabilitative alcohol/drug education, referral to treatment, and case management to individuals charged with, or convicted of, driving under the influence of alcohol (DUI). In addition, ASAP provides alcohol/drug education programs for habitual offenders, a drug education program for first-time drug possession offenders, and programs for adolescent substance abusers. ASAP also participates in outreach activities that educate the community about its mission. Programs are available in English, Spanish and Korean. ASAP's continual focus will be the supervision of DUI offenders as well as the enforcement of the Code of Virginia. The agency will also continue to rely on partnerships with the courts, Commonwealth Attorney's office, and treatment providers.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Providing educational programs to reduce the incidents of driving under the influence of alcohol or drugs; and
- Continuing efforts to maintain a fund balance sufficient to avoid deficit status during periods where referrals, and therefore client fee revenues to ASAP, decline.

The County is the fiscal agent for the Fairfax ASAP which is administered through the Department of Administration for Human Services. ASAP is expected to be a self-supporting agency, funded entirely by client fees with the County providing indirect support through office space and utilities. The state imposes a $400 fee ceiling on per client costs for the state mandated core program. The agreement between the ASAP Policy Board and the Board of Supervisors provides that ASAP will endeavor to develop a reserve fund balance sufficient to avoid deficit status during periods where referrals, and therefore client fee revenues to ASAP, decline. Should surplus client fees above and beyond the balance required for a sufficient reserve fund become available in any fiscal year, the ASAP Policy Board will reimburse the County for the indirect costs noted above, or may request permission from the Board of Supervisors to expend such funds on the program. It should be noted that the number of clients has declined since peaking in FY 2004 due to decreased referrals to ASAP coming from the courts, although a slight increase is projected for FY 2008. The lower referrals (and resulting lower client fee revenues) combined with ongoing expenditure requirements will challenge the agency to maintain a positive balance in FY 2007 and beyond.

Fund 117
Alcohol Safety Action Program

Budget and Staff Resources

Agency Summary		
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	16/ 16	16/ 16
Expenditures:		
Personnel Services	$1,362,316	$1,511,773
Operating Expenses	207,872	226,351
Capital Equipment	0	0
Total Expenditures	**$1,570,188**	**$1,738,124**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
117-01	Alcohol Safety Action Program	$0	16	16.0
TOTAL		**$0**	**16**	**16.0**

LOBS SUMMARY

117-01: Alcohol Safety Action Program

Fund/Agency: 117	*Alcohol Safety Action Program*
LOB #: 117-01	*Alcohol Safety Action Program*
Personnel Services	$1,511,773
Operating Expenses	$226,351
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,738,124
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$1,713,124
Other Revenue	$25,000
Total Revenue:	$1,738,124
Net LOB Cost:	$0
Positions/SYE involved in the delivery of this LOB	16 / 16.0

Fund 117
Alcohol Safety Action Program

► LOB Summary

The Fairfax County Alcohol Safety Action Program (ASAP) serves a probationary function for the Circuit and General District Courts and a supervisory function for the Juvenile and Domestic Relations District Court, under the supervision of the ASAP Policy Board, the Department of Administration for Human Services and Virginia Alcohol Safety Action Program (VASAP). The core program provides intake, classification, rehabilitative alcohol/drug education, referral to treatment, and probation supervision to individuals charged with, or convicted of, driving under the influence of alcohol (DUI). In addition, ASAP provides evaluation and alcohol/drug education programs for habitual offenders, a drug education program for first-time drug possession offenders and programs for adolescent substance abusers. Programs are available in English, Spanish, and Korean. ASAP also provides ancillary programs including Driver Improvement, Aggressive Driver Improvement, Suspended Operator's License Programs as well as Court Services for first time offenders who are eligible for early start of the program. The funding source is 98.5 percent user fees which are controlled or mandated by the state agency VASAP except for the SAFE and Drug Programs. The majority of the remaining 1.5 percent of funding is from the commission ASAP receives from Draeger Interlock. Per client costs between $400-$420 during the current two year's proposals.

► Method of Service Provision

Administration
The agency Executive Director oversees all program functions including classification, probation, public information and special programs. The Director of Administration (Administrative Associate I) supervises a staff of 9 administrative employees including exempt part-time employees. The administrative staff is responsible for controlling the intake schedule, assigning intake appointments within the court-required timeframe, ensuring that client files are accurately established in the agency database and required Department of Motor Vehicles (DMV) and criminal record checks are run, and screening and processing clients through intake orientation in a courteous and efficient manner including showing an orientation video. ASAP schedules 20 to 25 offenders per intake group, and conducts two intake groups each morning, four days a week. In addition the administrative staff serves all walk-in clients who require transfer to another ASAP, immediate enrollment due to non-Virginia residency, validating of Restricted Operator's License, payment of fees, and referral to appropriate probation staff when required. As a new responsibility the administrative staff is also processing the information for the clients for Draeger Interlock System (breathalyzers installed to monitor client's alcohol levels in their vehicles) into DMV, ASAP's database and working with the clients to assist the Probation Counselor.

Intake
Intake assessments are conducted by the 9-person probation staff with the assistance of exempt part-time employees. The staff administers alcohol breath tests, orients the clients to ASAP participation requirements, describes probation conditions and restricted operator's license provisions, and conducts a personal assessment interview with each offender. The offender is questioned regarding the referring offense, his/her prior mental health, substance abuse and treatment history, personal and family history, and an objective screening instrument is administered. On the basis of this assessment, each offender is placed into the appropriate education program and/or referred to a substance abuse treatment program for an evaluation.

Probationary/Supervision Services
Probationary services are provided by the 9 probation counselors, each of who have 350 or more active clients on their caseload. The primary objective of ASAP probation counselors is public safety, and the appropriate rehabilitative education and/or treatment placement. Probation supervision includes monitoring the client's activities from date of intake and assessment to successful completion of the assigned education or treatment program, a period that may range from 6 months to three years, reporting to and appearing at court on any incidents of non-compliance, and conducting case review meetings as required by the state in the second and third year of supervision. The program utilizes interns from local colleges and universities when available to assist with the intake and case review processes. The probation staff also monitors ignition interlock installation and the use of offenders' vehicles through monthly reports, and reports violations to the Court.

S.A.F.E. is ASAP's program for youth offending alcohol or drugs before the age of 18. SAFE probation counselors do program intakes, counselor-guided hospital visits, and probationary services mandated by the Juvenile and Domestic Relations Court. This has proven to require extraordinary time commitments. Though the caseload is approximately 220 per year, probation counselors are required to appear in court to issues related to their cases for each non-compliance, parents must be interviewed as well with the referred juveniles, and juveniles are escorted on a one-on-one basis during a 3-hour visit to the hospital. ASAP staff supervises the visit to the hospital in which the adolescents are required to tour the trauma center and participate in a presentation with the hospital medical examiner. Limited term staff are hired to assist with all aspects of the SAFE program.

Part of Drug Education Program the Court has mandated that one probation counselor be available to remain in the courtroom each morning to assist with the screening of first-offender drug possession cases. Due to this requirement, two limited-term probation counselors are currently employed to handle the workload associated with this program.

Education Services
ASAP provides several distinct 24-hour educational programs including Basic, Intensive, Treatment, Drug, and Relapse Prevention. The program conducts separate education classes for women, Hispanics, Korean and young adult clients. The education classes are conducted primarily in the evening and on weekends by exempt part-time employees who are skilled at working with substance abusers and providing education. Classes are offered in Fairfax City at the ASAP office, as well as South County, in order to better serve the clients.

In addition, this ASAP offers a Driver Improvement Program, Aggressive Driver Education Program, and Suspended Operator's License Program to assist in its goal of protecting the public safety. ASAP also provides a monthly educational program for Offender Aid and Restoration of Fairfax County, Inc. (OAR), a private program that serves certain minor offenders.

► Mandate Information

This LOB is state mandated. The percentage of this LOB resources utilized to satisfy the mandate is 98.5 percent. See the January 2007 Mandate Study, reference page 19 for the specific federal or state code and brief description.

Fund 117
Alcohol Safety Action Program

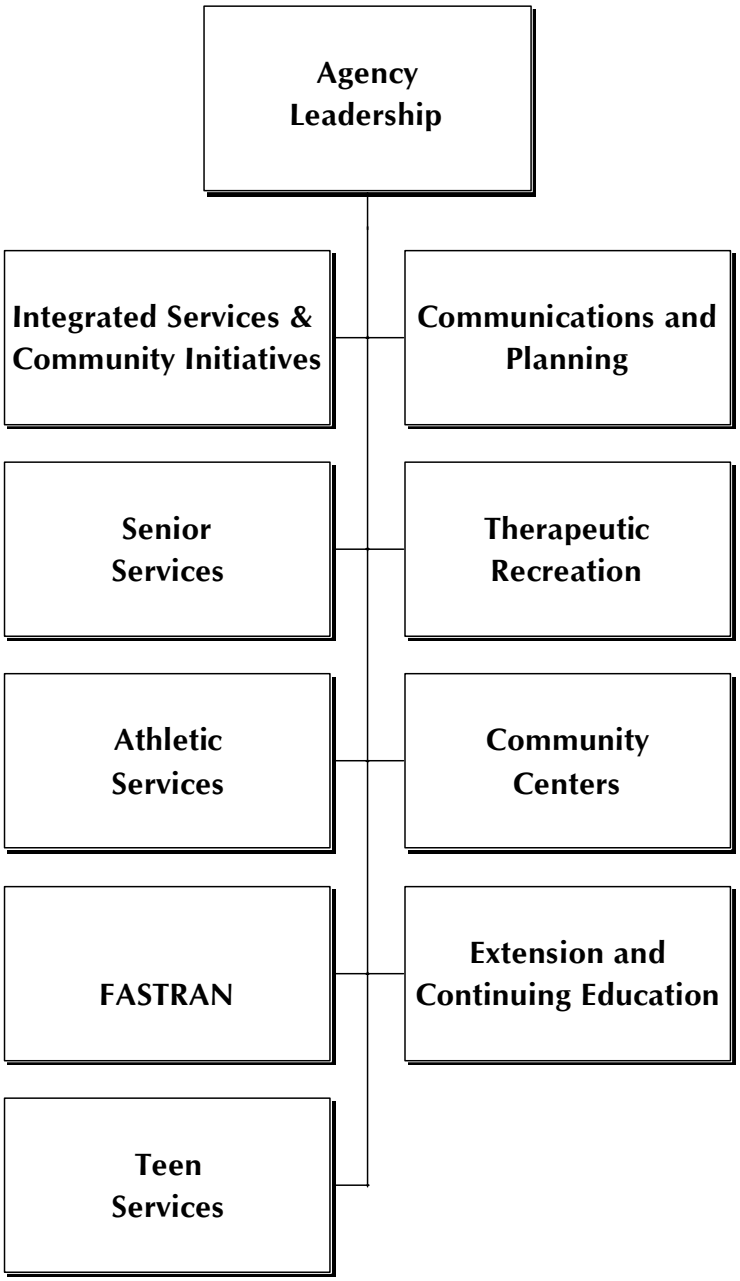
AGENCY PERFORMANCE MEASURES

Objectives

- To provide a comprehensive alcohol/drug education program to individuals charged with driving under the influence of alcohol (DUI) that results in 92 percent of clients who have successfully completed the probationary period two years prior and have not recidivated.

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Individuals served in ASAP education program	3,466	2,868 / 3,575	3,575	3,575	117-01
Efficiency:					
Cost per individual served	$411	$487 / $365	$400	$414	117-01
Service Quality:					
Percent of individuals satisfied	97%	97% / 97%	97%	97%	117-01
Outcome:					
Percent of individuals completing the program two years prior who have not recidivated based on Department of Motor Vehicles (DMV) records	92%	92% / 92%	92%	92%	117-01

Department of Community and Recreation Services



Mission

To enhance the quality of life for Fairfax County citizens by strengthening communities, responding to community challenges, enabling all citizens to participate in life-long learning and recreation opportunities, and providing methods to assist in sustaining a healthy and positive lifestyle.

Focus

As a Human Services agency and a community service provider, the Department of Community and Recreation Services (CRS) incorporates the traditional recreation role with providing programs for seniors, people with disabilities, and at-risk youth and families; developing community leaders; and providing transportation for Human Services clients. CRS offers programs and services that support Fairfax County's vision, the community challenges adopted by the Human Services Council,

and the mission of the agency. In expanding its role in the community, CRS has adopted a theme of "Connecting People and Communities."

CRS connects people with services and activities that improve lives and strengthen communities. This connection occurs through programs, technology and transportation to solve community problems, to facilitate involvement, and to access places and services. It is this person-to-person contact that reduces the isolation of seniors, enables citizens to relieve stress and maintain healthy lifestyles, and teaches youth to become productive community members.

In the past five years, many key trends, challenges, and issues have emerged that impact the agency's capacity to respond to community needs, including issues that cut across service areas programs, regions, and centers. These trends, challenges, and issues include:

Meeting diverse needs and interests of citizens: CRS has experienced an overall increase in the number of people seeking services or participating in activities. Trends currently affecting the selection of programs and services include increasing diversity among the demographics (age, culture/ethnic origin, economics and education) of neighborhoods within a three-mile radius of all community centers, a greater number of senior adults seeking services through senior centers (many of these seniors require additional support to safely participate), and decreasing average median family income of participants in CRS programs. Overall, results from the most recently completed participant survey indicates that CRS is successfully meeting the community's needs as 89 percent of participants indicate satisfaction with the programs and services provided by CRS. Community-based outreach efforts have contributed to a 19 percent increase the number of participants attending CRS senior centers, teen centers, and community centers.

Creating and supporting community involvement and leadership: CRS places great emphasis on involving communities in the identification and delivery of services and on building community leaders. Currently, the agency works with 33 advisory councils, all of which have a role in identifying and securing services to meet the needs of various constituencies. In order to support this community involvement, CRS staff must assist in building community leaders to continue the activities of these volunteer organizations. CRS works with community volunteers, civic groups, businesses, and non-profit organizations to help build community consensus and ensure that all community voices are heard.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Developing comprehensive recreational programs for citizens of all ages and abilities;
- Promoting community cohesiveness, leadership, and involvement;
- Promoting healthy lifestyles through offering educational programs and physical activities;
- Supporting community access to services and programs ; and
- Cultivating and leveraging resources and alternative funding sources.

Balancing programming needs with available resources: Waiting lists for services continue to be present in all programs. Individuals and families currently wait up to two months for therapeutic recreation services. Many senior adults wait up to three months for transportation to senior centers. Fee waiver requests, while stabilizing from a large growth period the last four years, continue to increase. Meeting this growing demand for services continues to challenge CRS to identify alternative service delivery methods and resources.

Fostering healthy lifestyles: CRS supports Healthy People 2010 national goals of reducing health-related problems of childhood obesity, diabetes, and high blood pressure through increasing health and fitness programs at all centers and partnering with Virginia Cooperative Extension Services to offer nutrition education and training. Through a wide variety of CRS programs and activities, participants learn life skills that contribute to their fitness and health, independence, leadership capacities, and sense of community belonging.

Accessing services: Citizens consistently report the primary barriers to participation in CRS programs are the times that activities are scheduled and lack of transportation. As the elderly population grows and the disabled population becomes more mobile, the number of persons requesting specialized transportation will increase. Increasing demand, rising costs, and the need for alternative providers are emerging issues that will need to be addressed in the coming years. Working in partnership with the Fairfax-Falls Church Community Services Board, CRS continues to address these issues by establishing transportation zones that reduce the actual cost of transporting FASTRAN clients and reduce the amount of time clients spend on buses.

Supporting human service initiatives: As part of the County's human services system, CRS will be challenged to support strategic human service initiatives in long-term care, affordable housing, children and youth services, and access to health care. CRS will coordinate community education programs with related CRS programs, create new approaches and services such as the Senior+ program, and maximize revenue possibilities through federal and grant funded programs.

Reaching target populations through changes in service delivery: To meet increased service demands and provide direct support in underserved communities and to individuals with the most need, CRS has established regional service areas. Services and support staff will be organized regionally to stimulate communication, cooperation, and collaboration in the planning and delivery of community and recreation services. The regional service model was the basis for the staffing of the James Lee Community Center (first regional "hub" site) and the Teen Services Redesign. The regional concept enables all CRS programs (community activities, senior services, programs for people with disabilities, teen services, and Virginia Cooperative Extension programs) to work together to provide services directly at the center and in satellite centers or programs throughout the region. The Teen Services Division has clearly benefited from the regional structure as attendance at teen center programs and activities has increased 87 percent since FY 2004.

Utilizing alternative funding resources: Many CRS programs and services are supported with resources (volunteers and/or funding) obtained through community organizations and businesses. However, increased demand and limited resources dictate that CRS must utilize such resources to an even greater extent. Increasingly, community alternative resources are asked to provide funding, and be actively involved in programs and services in partnership with CRS to meet the needs and challenges of our communities. Approximately 15 percent of the resources utilized for CRS programs and activities are generated through alternative resource development initiatives.

Bridging the digital divide: The availability of computers and access to the Internet continue to be top priorities for those utilizing CRS facilities. While CRS has made tremendous progress in making these available as evidenced by the presence of public Internet capacity at all senior centers, teen centers, and community centers, many residents still are excluded from readily accessing technology. CRS will continue to seek ways to integrate technology into services provided.

Based on these trends and related challenges, CRS will continue to broaden the definition of community services, exceeding traditional recreation functions. CRS will seek to deliver services focused on five distinct outcomes, including health and wellness, community involvement and connectivity, community and service areas, child and youth development, and lifelong learning. Focusing on these outcomes will enable CRS to address the challenges identified in its strategic planning process while adapting the method of service provision to a more community-based approach.

Budget and Staff Resources

Agency Summary

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	119/ 118.25	119/ 118.25
Expenditures:		
Personnel Services	$9,135,010	$10,043,116
Operating Expenses	20,313,340	23,251,731
Capital Equipment	21,291	0
Subtotal	**$29,469,641**	**$33,294,847**
Less:		
Recovered Costs	($11,016,049)	($11,430,841)
Total Expenditures	**$18,453,592**	**$21,864,006**
Income:		
Fees	$587,860	$598,568
FASTRAN-Medicaid Reimbursement	518,000	432,000
FASTRAN Rider Fees	40,253	39,435
Fairfax City Contract	36,983	38,785
Total Income	**$1,183,096**	**$1,108,788**
Net Cost to the County	**$17,270,496**	**$20,755,218**

SUMMARY OF ALL AGENCY LOBS
(FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
50-01	Youth, Seniors, and Families Activities	$3,099,399	27	27.00
50-02	Teen Prevention, Recreation, and Community Service Activities	$5,833,159	25	24.25
50-03	Recreation Therapy and Leisure/Social Skill Development	$3,449,999	7	7.00
50-04	Senior Activities: Health, Wellness, Recreation Enrichment, and Congregate Meal Activities	$1,650,411	24	24.00
50-05	Scheduling and Monitoring Community Use of County Athletic Facilities	$2,185,314	7	7.00
50-06	Youth Sports Subsidy and Scholarship	$270,000	0	0.00
50-07	4-H, Children, Youth, and Family Programs	$104,223	0	0.00
50-08	Human Services Transportation Support	$1,931,921	13	13.00
50-09	Marketing, Planning, Information, and Resource Development	$1,191,816	5	5.00
50-10	Community & Neighborhood Initiatives	$584,991	6	6.00
50-11	Agency Leadership	$453,985	5	5.00
TOTAL		**$20,755,218**	**119**	**118.25**

LOBS SUMMARY

50-01: Youth, Seniors, and Families Activities

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-01	***Youth, Seniors, and Families Activities***
Personnel Services	$2,617,654
Operating Expenses	$572,145
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$3,189,799
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$90,400
Other Revenue	$0
Total Revenue:	$90,400
Net LOB Cost:	$3,099,399
Positions/SYE involved in the delivery of this LOB	27 / 27.0

▶ LOB Summary

The Department of Community and Recreation Services (DCRS) operates 7 community centers, 1 multicultural center and 1 neighborhood center. The community centers were developed expressly to meet the needs and interests of targeted communities. Needs are identified by DCRS staff who work with advisory councils and other community groups to solicit information from members of the immediate community regarding their priorities for programs and services at their local center. DCRS staff members also use demographic data from County surveys, the Police Department, and other County agencies to pinpoint factors that may affect the communities around each center. This information is used to design programs and services for each community center that address these issues.

The vision of the community centers is to establish a united community of self-reliant citizens who are involved in the development of activities and resources for their community. By focusing on the strengths, abilities and interests of the community and by promoting community ownership and responsibility, community center staff helps: 1) individuals develop and maintain healthy and positive lives; 2) increase community unity and pride; and 3) build self-reliant and strong communities.

Center programs include diverse recreational, cultural, and educational activities, community service opportunities and character-building programs designed to develop personal assets and community leadership in children, youth and adults. The activities selected provide opportunities to meet the unique needs and interests of the communities and include after school programs, homework help, competitive and recreational sports, drama and music clubs, social senior clubs, games, crafts, family events, teen clubs, and computer clubhouse and labs. Centers also provide a nutritional component for many of their participants through federal grant supported programs, including hot noon meals for senior adults year-round and breakfast and lunch for children during the summer.

Each community center serves a distinct and diverse population. Services and service delivery need to be adapted for each of those communities. As the community centers serve the full range of population profiles from children to senior adults, they are affected by the same trends that are occurring in other more population-specific services offered through DCRS. Perhaps the issue most affecting community centers are the population profile and the need to encourage and support interaction and unity among the culturally and economically diverse populations.

Community Centers continue to meet/exceed key yearly performance measures. Attendance at Community Centers increases each year primarily due to extensive community outreach efforts as part of the regional model of service delivery. CRS staff focuses on community input and ownership of programs and services offered. As a result, the total number of volunteers increases yearly as well as the total number of service hours provided. Providing exceptional customer services is critical to the success of our program. Community Centers customer satisfaction survey percentages continue to increase yearly.

▶ Method of Service Provision

The community center programs are directly operated by Fairfax County and are located in nine facilities throughout the County. Additionally, each community center relies on a significant number of volunteers to support the program needs of the community. The operation and management of the Sacramento Neighborhood Center is contracted to a non-profit organization. Hours of operation are weekday and weekend days and evenings, based upon community needs.

▶ Mandate Information

There is no federal or state mandate for this LOB.

50-02: Teen Prevention, Recreation, and Community Service Activities

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-02	*Teen Prevention, Recreation, and Community Service Activities*
Personnel Services	$1,885,134
Operating Expenses	$3,950,057
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$5,835,191
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$2,032
Other Revenue	$0
Total Revenue:	$2,032
Net LOB Cost:	$5,833,159
Positions/SYE involved in the delivery of this LOB	25 / 24.3

▶ LOB Summary

The Department of Community and Recreation Services (DCRS) through its Teen Services Division offers prevention focused and youth led activities, programs, and services that meet the diverse needs of the community. The Teen Services Division relies heavily on community data and youth input to drive the types of services and programs offered. For example, DCRS uses information obtained from the County Youth Survey to guide prevention activities that will be offered by Teen Services. Another factor affecting the growth of Teen Services is that other Human Service agencies are increasing the volume of referrals to recreation programs, as well as requesting DCRS to collaborate on projects. While the Teen Services Division strives to provide activities for all Fairfax County teens, outreach is conducted to serve teens that are particularly at-risk. These teens are at risk of not completing school; becoming involved with the juvenile court systems; using drugs and/or alcohol; becoming sexually active at an early age; and becoming a member of a gang with resulting involvement in delinquent behavior. The Teen Centers Branch and the After-School Branch are the two branches that fall under the Teen Services Division.

The Fairfax County Teen Services model focuses on four major programming categories: academic support and enrichment, social skills and youth development, physical health and recreation, and family and community involvement.

Teen-Centers Branch

The Teen Services Branch delivers its program through a regional model. Each region delivers three tiers of service (regional centers, neighborhood drop-in centers, and community response programs). The **regional center** facilities operate six days a week and provide after-school programming and evening programming. These centers offer specific programming in personal and social competence skill building, exploration of recreation interests, prevention activities, education services, and career and service learning. DCRS also does joint programming with a variety of community-based organizations. Transportation is provided from targeted communities and area

schools via 14-passenger vehicles for each region. The second tier of programming is **neighborhood drop-in centers**. Each region has two drop-in locations located in concentrated areas that have a higher reported level of youth participating in at-risk behaviors. The police, community, and other human service agencies provide input on the specific placement of the neighborhood drop-in centers. The final tier of the program **(community response programs)** enables DCRS to respond to needs in specific communities. DCRS staff members provide services directly in the community to mitigate specific youth issues The community response programs are designed as a short-term (eight-week) intervention, with the intention of persuading the youth to access programs and services available at the teen centers, community centers, or the middle school after-school program.

After-School Branch
In FY 2006, the Fairfax County Board of Supervisors in collaboration with the Fairfax County School Board approved the expansion of Middle School After-School Programs (MSAS) in all 26 county middle schools. The Department of Community and Recreation Services (DCRS) and the FCPS Office of Student Activities (OSA) were designated as the lead agencies to oversee this initiative. There are after-school specialists at all 26 county middle schools. These specialist, plan develop, coordinate, and implement after-school activities and schedule all of the community use of the school building and grounds. Every middle school now has an after-school program that operates five days per week until 5:45 p.m. Organizational structure began with program development that identified four program elements. These elements include: academic support and enrichment, social skills and youth development, physical, health and recreation, and family and community involvement. All programs support these elements in addition to being aligned with FCPS' Achievement Goals: Academics, Essential Life Skills, and Responsibility to the Community. All MSAS programs reflect the individual demographics of their specific school and encompass student needs and interests of their particular school and community. As part of the planning process, staff also developed an accountability structure to measure program effectiveness.

The after-school initiative was funded in part to provide a safe haven for young people and to reduce risk taking behaviors and knowing that one of the leading risk factors for joining gangs is unsupervised time. As a part of this effort, the Road Camp was enhanced to provide yearlong follow up and activities through the middle school after-school program. Road DAWG is a program designed to increase refusal skills for students who have been identified as high risk for gang recruitment and other high-risk behavior. Recognizing unsupervised time as a major contributor to juvenile crime and gang related crime, regional summer camps were held at six of the middle schools in collaboration with DCRS and OSA. This response was another result of the strong partnership created by the MSAS initiative that allowed leveraging and maximizing resources in a timely manner.

▶ Method of Service Provision

Teen Services are directly operated by Fairfax County on schedules that meet the needs of the service population, which includes afternoon, evening, and weekend operations

▶ Mandate Information

There is no federal or state mandate for this LOB.

50-03: Recreation Therapy and Leisure/Social Skill Development

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-03	*Recreation Therapy and Leisure/Social Skill Development*
Personnel Services	$1,114,531
Operating Expenses	$2,490,947
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$3,605,478
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$155,479
Other Revenue	$0
Total Revenue:	$155,479
Net LOB Cost:	$3,449,999
Positions/SYE involved in the delivery of this LOB	7 / 7.0

▶ LOB Summary

Recreation Therapy and Leisure/Social Skill Development offer an avenue for individuals with disabilities or potentially limiting conditions including physical, mental, social, and emotional functioning to achieve their highest level of self-sufficiency in leisure and maximize their ability to be contributing members of the community. Program participants gain skills that make participation in recreation possible in the least restrictive environment and promote inclusion in community activities. Individuals with disabilities learn to: plan their leisure, acquire or enhance specific recreation skills, make personal choices, manage money, develop social networks, identify and remove barriers that prevent participation in recreation, access public transportation, identify resources in the community that are available, and improve or enhance functional capabilities.

All services are structured to provide for continued growth of the participant's leisure related skills. Services are designed to meet the needs of the individuals by using a continuum service model and a therapeutic service approach. Participants may enter the service system either at the level most beneficial or at the level of personal choice. Therapeutic Recreation Specialists work with individuals, families, and other human service agencies to develop a comprehensive service plan to improve leisure related skills.

The continuum model has three levels: foundational, transitional, and integrational. Foundational programs provide opportunities for individuals to improve functional abilities and develop a variety of recreation skills. Transitional programs promote the involvement of participants in planning, coordination, and leading of selected activities and provide community-based recreation opportunities, supported integration with non-disabled peers, and the skills necessary for movement into general community programs. Integrational programs provide inclusion opportunities for individuals in specific leisure and recreation activities that are available to all citizens. A wide variety of recreation therapy and leisure/social skill development services are provided for ages ranging from three years through adults, such as the social clubs, wheelchair sports and fitness program, summer and Saturday leisure programs, hobby enrichment classes, and a dance club.

Trends affecting these services include an increasing number of individuals with a diagnosis of Autism Spectrum Disorder resulting in an increased need for various recreational services that focus on social skills with a strong behavior management component. Due to the characteristics of the autism spectrum disorder, programs will need to be specifically modified to meet each individual's unique characteristics. Implementation of the Americans with Disabilities Act also has resulted in an increasing volume of accommodations for participation in an integrated leisure environment. As a result of improvements in health care, individuals with disabilities are living longer in their communities thus challenging therapeutic recreation staff to provide support for individuals of all ages in an inclusive setting. To meet this challenge, therapeutic recreation staff in conjunction with general recreation staff will provide more inclusive recreation programs to serve individuals with disabilities in the least restrictive environment.

Long-term population forecasts project an increase in the number of senior adults, including the number of senior adults with disabilities, and staff will be challenged to develop appropriate programs, services and resources to address their needs. To meet needs of this growing population the Senior+ program was piloted at one Senior Center in 2000. The Senior+ program now operates at seven Senior Centers to assist senior adults ages 55 and older in sustaining involvement in social and recreation activities in the least restrictive environment, and to improve the participants' ability to develop friendships and social relationships. Senior+ is a collaborative effort amongst Easter Seals of the Greater Washington-Baltimore Region, Fairfax County Departments of Community and Recreation Services, Health Department, Family Services, Housing and Community Development, the Fairfax-Falls Church Community Services Board, and the Area Agency on Aging.

▶ Method of Service Provision

The Senior+ program is operated through a contract vendor. This contract was awarded using the County's competitive Request for Proposal (RFP) process. The remaining Therapeutic Recreation services are directly operated by Fairfax County. Programs and services are delivered during regular workday, Mondays – Fridays, as well as evenings and weekends. Dates and hours of operation vary according to specific programs and activities scheduled.

▶ Mandate Information

There is no federal or state mandate for this LOB.

50-04: Senior Activities: Health, Wellness, Recreation Enrichment, and Congregate Meal Activities

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-04	*Senior Activities: Health, Wellness, Recreation Enrichment, and Congregate Meal Activities*
Personnel Services	$1,436,312
Operating Expenses	$263,938
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,700,250
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$49,839
Other Revenue	$0
Total Revenue:	$49,839
Net LOB Cost:	$1,650,411
Positions/SYE involved in the delivery of this LOB	24 / 24.0

► LOB Summary

The Senior Services Division of the Department of Community and Recreation Services (DCRS) operates 13 senior centers throughout Fairfax County for residents aged 55 years and older. DCRS is able to identify current and future needs of senior adults in Fairfax County, through collaboration with Area Agency on Aging, Department of Family Services and the Department of Health.

Senior centers provide opportunities for recreation participation, skill development, health and wellness programs, and leisure and educational enrichment through a variety of programs and activities. These programs and activities serve as a vehicle for helping senior adults maintain their self-sufficiency and for reducing the isolation of senior adults in the community who lack mobility or interaction with others. Centers also act as an information and referral resource for senior adult services.

The program includes a meal component serving a hot lunch daily that meets one-third of the current federal dietary guidelines for senior adults. Meals are funded under Title III-C of the Older Americans Act through the County's Area Agency on Aging. Senior Services provides administrative support to five additional meal sites in the County. Transportation is available through FASTRAN to the senior center participants, and is coordinated and monitored by center staff.

The Senior Services Division organizes and offers administrative and program support to senior adult organizations throughout the County. In addition, the division organizes monthly meetings of the Countywide Senior Citizen's Council with representatives from all the senior organizations. The division also plans and coordinates a variety of countywide special events.

The greatest issue that will affect service demand and delivery is the increasing number of "baby boomers' who are the active younger older adults born between the years of 1946 – 1964. The Senior Services Division needs to anticipate and adapt service delivery to meet the needs adults, including the implementation of extended hours of operation at senior centers, increased health and fitness programs and classes, expanded leisure offerings to include continuous learning opportunities, and increased offering of community leadership opportunities.

As previously mentioned, long-term population forecasts project an increase in the number of senior adults, including the number of senior adults with disabilities, and staff will be challenged to develop appropriate programs, services and resources to address their needs. There is an identified gap in the continuum of care for seniors who require additional assistance at the senior centers. These individuals neither meet the eligibility criteria for the Adult Day Health Care nor have the necessary skills to participate in the current senior center environment. In order to address this need, a coordinated service approach has been implemented among DCRS, the Department of Health, the Community Services Board, the Department of Family Services, the Department of Systems Management for Human Services, and the Department of Housing. Senior+ is a collaborative effort amongst Easter Seals of the Greater Washington-Baltimore Region, Fairfax County Departments of Community and Recreation Services, Health Department, Family Services, Housing and Community Development, the Fairfax-Falls Church Community Services Board, and the Area Agency on Aging. Due to the therapeutic nature of the services provided, the Senior + program is directly managed by the Therapeutic Recreation Division and is supported by the Senior Services Division.

Senior Centers celebrate the cultural diversity of the population with 49 different languages spoken within our service population. This is an increase of over 300 percent in the last seven years, a result of outreach efforts by the Senior Services Division. Many culturally diverse senior adults are being relocated to this area from other areas of the world to be closer to their family members, who often become primary care givers. The Senior Services Division continuously and successfully recruits and maintains a diverse staff with varied language competencies, and seeks opportunities to schedule programs and special events that incorporate culturally diverse themes to encourage all populations to attend and participate in Senior Centers.

▶ Method of Service Provision

Senior Center services are directly operated by Fairfax County. Some positions are partially or totally funded by the federal government through the Area Agency on Aging. Centers operate Monday through Friday between the hours of 9 a.m. and 4 p.m. depending upon location.

▶ Mandate Information

There is no federal or state mandate for this LOB.

50-05: Scheduling and Monitoring Community Use of County Athletic Facilities

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-05	*Scheduling and Monitoring Community Use of County Athletic Facilities*
Personnel Services	$1,054,154
Operating Expenses	$1,431,978
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,486,132
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$300,818
Other Revenue	$0
Total Revenue:	$300,818
Net LOB Cost:	$2,185,314
Positions/SYE involved in the delivery of this LOB	7 / 7.0

▶ LOB Summary

The scheduling of 852 athletic fields and 242 gymnasiums is a primary function of Athletic Services Division. Annually, there are more than 175,000 participants using fields and more than 60,000 participants using gyms. There are 3 scheduling seasons for fields, spring/summer, fall, and winter (for synthetic turf fields). Gyms have 4 scheduling seasons: spring, summer, fall and winter. The Department of Community and Recreation Services (DCRS) allocates blocks of time to organizations that then schedule their team practice and game times. A variety of sports for both youth and adults are served by these organizations, including: basketball, volleyball, badminton, wrestling, cheerleading, football, flag football, lacrosse, baseball, girl's fast pitch softball, slow pitch softball, soccer, and cricket.

Two programs have been established to monitor community use of public athletic facilities. Staff of the Building Director Program monitors community use of indoor facilities. Organizations using Fairfax County Public School (FCPS) gymnasiums are required to have either a DCRS certified volunteer building director or a paid building director onsite during assigned community use hours. This program is critical to ensure the community's use of FCPS gymnasium facilities is adequately monitored to reduce the amount of facility damage and handle injuries or participant problems that occur. Well over 4,000 volunteers are certified as Volunteer Building Directors and CRS employs approximately 25 paid staff as Building Directors for organizations that prefer not to utilize volunteers.

The staff of the Area Supervisor Program conducts random patrols and site visits at fields throughout the county in response to citizen and user complaints regarding non-compliance with facility use guidelines. Complaints include conflicts over field usage, permit enforcement, and citizen complaints about inappropriate behavior at the athletic fields. This program was expanded from 9 to 27 staff in FY 2006 as a part of a comprehensive program to prevent and minimize the impact of unauthorized (walk-on) use of athletic fields. Other components of this program include FCPS and

Park Authority policy changes, new signage, police and school security overtime to provide officers dedicated to field use issues, trash can and portable toilet placement and service, and outreach and education geared towards walk-on users, permitted users, and the community in general. The program has resulted in improved field quality as reported by user groups and an over 100 percent increase in the number of groups submitting field use applications after the beginning of the season, a key indicator of the effectiveness of the outreach campaign in bringing walk-on groups into the field allocation process.

DCRS supports and attends meetings of the Fairfax County Athletic Council (FCAC), as well as various sport-specific councils, which often requires weekend and evening meeting attendance. The FCAC is a Board appointed advisory council, offering guidance to DCRS on how to improve service and address community sports issues. The FCAC and the various sports councils address issues that are directly related to their sport or their district and recommend or implement solutions to problems affecting sports participation in Fairfax. One of the most critical tasks performed by members of the FCAC is providing a fair venue for sports organizations to express grievances with the allocation policy and to provide an appeals process and appeals hearings to resolve usage conflicts. FCAC also assists with the planning and implementation of the annual Champions of Character Awards, which recognize athletes, coaches, and parents for their positive contributions to youth sports through sportsmanship and exemplary character.

In response to issues raised by Fairfax County citizens regarding Title IX and equity in athletic facilities for baseball and girl's fast pitch softball, the Board of Supervisors set aside money and established an Action Plan Review Team (APRT) to recommend and monitor field improvements and equity issues. With the support of DCRS, the APRT developed a 5-year plan for achieving equity. The team reviews and assesses the number of 60' softball fields, the quality of the fields, and participation levels of both girls' softball and boys' baseball. Their primary focus is to reach parity in the quality of the girls' softball fields and boys' baseball fields. The APRT is preparing its final report (to be presented to the Board of Supervisors) detailing the county's advancements in facility and scheduling equity.

There are several trends in community-based sports programs that affect how DCRS provides access for the community to public facilities and supports the many volunteer sports organizations serving the Fairfax County community. The County is facing increasing demands for quality playing fields with a finite pool of resources and little potential for expansion. In response to this need, the Board of Supervisors approved the redirection of the Athletic Services Application Fee revenues into three specific projects, including synthetic turf field development. Revenues from this fee has provided funding for the development of four new synthetic turf fields, including three through partnership with local sports organizations. The Application Fee, which collects $5.50 per participant per sport per season, also provides funding to offset diamond field maintenance costs as well as custodial support to ensure school gymnasiums are available on the weekends for community sports use.

▶ Method of Service Provision

Athletic facilities scheduling services for community use are directly operated by Fairfax County. The hours of operation are Monday – Friday, 8:00 AM to 4:30 PM. Additional evening and weekend hours are required to monitor programs and meet with community groups.

▶ Mandate Information

There is no federal or state mandate for this LOB.

50-06: Youth Sports Subsidy and Scholarship

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-06	***Youth Sports Subsidy and Scholarship***
Personnel Services	$0
Operating Expenses	$270,000
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$270,000
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$270,000
Positions/SYE involved in the delivery of this LOB	0 / 0.0

▶ LOB Summary

Athletic Services Division manages two major programs that support youth participation in community based sports programs. The Youth Sports Subsidy assists youth sports organizations with expenses associated with referees and umpires. The following sports are included in the sports subsidy program: football, softball, baseball, basketball, soccer, volleyball, wrestling, and lacrosse. Each of these sports receives a percentage of the subsidy based on their levels of participation. Although most sports are active year-round, the subsidy is allocated one season per sport.

The increasing cost of referees and game officials creates a financial burden for many of the sports organizations. Increased costs are passed on to families thus creating a situation where the cost of participation is prohibitive for many families. The Youth Sports Subsidy helps offset some of these costs.

The Youth Sports Scholarship program is open to youth from low-income families that meet certain eligibility criteria. This program provides registration fee scholarships or equipment vouchers to facilitate youth participating in organized sports programs offered through Fairfax County community sports organizations.

Sports participation is a vehicle for developing resiliency by improving self-esteem, developing leadership skills, social development, and development of positive relationships with adults. Realizing that this concept is understood in the vast volunteer sports organizations within Fairfax County, DCRS works with individual organizations to combine resources where possible to ensure every child who wants a chance to play receives an opportunity. To that end, it is estimated that

approximately 90 percent of youth sports organizations serving county residents provide some level of scholarship assistance in addition to the county's Youth Sports Scholarship program.

▶ Method of Service Provision

The Youth Athletic Scholarship programs are directly operated by Fairfax County. The hours of operation are Monday – Friday, 8:00 a.m. to 4:30 p.m.

▶ Mandate Information

There is no federal or state mandate for this LOB.

50-07: 4-H, Children, Youth, and Family Programs

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-07	*4-H, Children, Youth, and Family Programs*
Personnel Services	$18,948
Operating Expenses	$85,275
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$104,223
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$104,223
Positions/SYE involved in the delivery of this LOB	0 / 0.0

▶ LOB Summary

Virginia Cooperative Extension (VCE) is a joint program of Virginia Tech, Virginia State University, United States Department of Agriculture, State government and Fairfax County. Extension helps people in communities improve their lives by providing research-based educational resources. The Fairfax Extension staff and Extension Leadership Council, a citizen advisory group, identify local issues and needs compatible with Extension's mission and resources. Supported by the work of hundreds of volunteers, the Extension staff develops and leads educational programs to address the identified community needs. Many Extension programs are conducted in collaboration with other county and community agencies and organizations, enabling increased resources, support and success.

Fairfax Extension educational program areas include 4-H Youth Development, Children, Youth and Families at Risk (CYFAR), Horticulture, Family and Consumer Science, Smart Choices Nutrition Education Program (SCNEP) for limited resource youth and families, Nutrition/Diabetes Education/Food Safety, and Financial Education.

A continuing challenge facing the VCE programs is the increasing difficulty in identifying and securing sustained funding streams, as many programs are grant supported. This is particularly challenging in an increasingly competitive market for non-profit, grant and private resources.

▶ Method of Service Provision

Services for Virginia Cooperative Extension programs are jointly provided by the state and Fairfax County, through the efforts of salaried staff and volunteers. Hours of operation include regular office hours of 8:00 a.m. - 5:00 p.m., as well as evenings and weekends when most programs are conducted.

▶ Mandate Information

There is no federal or state mandate for this LOB.

50-08: Human Services Transportation Support

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-08	*Human Services Transportation Support*
Personnel Services	$786,230
Operating Expenses	$13,086,752
Recovered Costs	($11,430,841)
Capital Equipment	$0
Total LOB Cost:	$2,442,141
Federal Revenue	$432,000
State Revenue	$0
User Fee Revenue	$39,435
Other Revenue	$38,785
Total Revenue:	$510,220
Net LOB Cost:	$1,931,921
Positions/SYE involved in the delivery of this LOB	13 / 13.0

▶ LOB Summary

FASTRAN transports clients of human service agencies who cannot drive, find a ride, use Metro or Connector buses, or afford taxi fares to reach services and programs sponsored by County human service agencies. FASTRAN also provides bus attendants for those clients who require additional care and attention beyond that of the bus driver. All FASTRAN riders must be clients of sponsoring human service agencies. These clients currently include:

(1) Fairfax-Falls Church Community Services Board (CSB) clients with mental retardation traveling to day support services and work sites;

(2) CSB Mental Health Services clients riding to evaluation and treatment services and vocational programs;

(3) Residents of the Recovery Women's Center using CSB Alcohol & Drug Services treatment programs;

(4) Fairfax Area Agency on Aging (AAA) sponsors rides for participants of 13 area senior centers and four meal sites;

(5) Residents of income-eligible senior high-rise developments riding on AAA-sponsored group shopping trips;

(6) AAA-sponsored participants at four Health Department adult day health care programs, as well as the adult day care program at Leewood and the Alzheimer Family Day Center (formerly the Family Respite Center);

(7) Human Services clients who must undergo continuing dialysis, cancer treatments or rehabilitative services (Critical Medical Care Program) and low-income clients who need to be transported to medical appointments and essential shopping destinations (Dial-a-Ride Program); and

(8) Head Injury Partnership clients attending the ADAPT day treatment program.

The sponsoring human service agencies are charged through the Work Performed For Others (WPFO) process for expenses associated with this service, including driver salaries, bus maintenance, and insurance.

There are several population trends affecting services provided by FASTRAN. The volume of service is affected by changing demographics in Fairfax County. This includes an increasing need for transportation to job sites as the CSB client base expands due to graduation from Fairfax County Public Schools. As the senior adult population increases with the aging of the baby boomers, this also increases the need for FASTRAN services to and from adult day health centers, senior centers, medical appointments, and other essential destinations. To help address increasing demand, FASTRAN currently operates in a zoned model that facilitates the concept of ridesharing. This allows for the most efficient use of resources, possibly providing additional opportunities to enhance service provision to more customers without requiring additional funds.

► Method of Service Provision

FASTRAN service planning & budget, scheduling, and monitoring services are directly operated by Fairfax County. FASTRAN transportation services are contracted to provide personnel who drive, maintain, and dispatch County-owned vehicles. FASTRAN contracts are awarded using the County's competitive Request for Proposal process.

► Mandate Information

There is no federal or state mandate for this LOB.

50-09: Marketing, Planning, Information, and Resource Development

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-09	*Marketing, Planning, Information, and Resource Development*
Personnel Services	$387,787
Operating Expenses	$804,029
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,191,816
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$1,191,816
Positions/SYE involved in the delivery of this LOB	5 / 5.0

▶ LOB Summary

The Communications and Community Outreach Branch (CCOB) and the Planning and Project Management (P&PM) division of the Department of Community and Recreation Services (DCRS) serve four primary functions: marketing and public information, resource development, and strategic planning and information technology management.

Marketing and public information are critical components for ensuring that the citizens of Fairfax County and the stakeholders of DCRS are aware of the many services that are available to them, resulting in increased participation in programs and services. This is accomplished through a variety of efforts including high profile marketing campaigns for current agency-critical initiatives, media relations, publication development and dissemination, community event participation and feedback, special event support and partner's collaboration. An additional strategy is to identify opportunities to create common messaging related to agency-wide initiatives

Resource development and management are critical for the development, continuation and growth of many agency initiatives. The agency seeks alternative funding sources and community partners to support continuous improvement and adaptation of services to meet the changing needs of the citizens of Fairfax County. Support may come in the form of private or public grants, in-kind services, partnerships and collaborations, or volunteers, all of which allow DCRS to increase services without requiring an increase in the County budget.

Strategic planning is critical to the long-term success of DCRS. An agency-wide strategic plan has been developed and is completely updated every three to five years. There are minor revisions to the agency-wide strategic plan made annually, based on county initiatives and trend data. The strategic plan provides a blueprint of agency activities and guides the direction of the work over the course of the plan. Complementing the strategic plan, DCRS has developed an agency-wide Strategy Map. This map is a one page summary of agency objectives and their cause and effect relationships.

Finally, DCRS has also developed an agency-wide Balanced Scorecard. This is a comprehensive set of measures and targets that are used to gauge the progress on the strategic objectives. All of DCRS's strategic planning and balanced scorecard reporting efforts are managed centrally which allows for effective long-range planning, staff education, data collection and evaluation activities.

Information technology projects and daily operations of the agency's information systems are also managed centrally in DCRS. A variety of information systems are used to provide critical support for tracking, monitoring and providing effective service delivery. DCRS's information systems capture client and participant information; schedule community use of facilities, transportation rides and routes; and register participants for programs. P&PM staff members have the lead role in developing, reviewing, awarding, and managing major technology projects and information systems for the agency. P&PM staff is also responsible for the daily support of 264 staff pc's/terminals. In addition, P&PM has the responsibility for day-to-day maintenance and management of 22 public access labs at community, senior and teen centers with a combined total of 204 devices available for use by program participants.

There are a variety of trends affecting the agency and program support provided by CCOB and P&PM. An increasing public demand and need for services requires that DCRS expand marketing efforts to ensure that people are aware of the services that are available. One of the most requested services at community, senior, and teen centers continues to be computer access both for communication across the Internet and individual skill development. As this demand is met at more locations, there also is a need to identify cost-effective ways to provide this service without compromising the County's enterprise network. A continuing challenge facing DCRS is the increasing difficulty in identifying and securing sustained funding streams. This is particularly challenging in an increasingly competitive market for non-profit, grant, and private resources.

► Method of Service Provision

All CCOB and P&PM services are directly operated by Fairfax County. CCOB and P&PM are staffed during regular business hours; however, staff frequently work evening and weekends to attend community meetings, departmental functions, and public information events.

► Mandate Information

There is no federal or state mandate for this LOB.

50-10: Community & Neighborhood Initiatives

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-10	***Community & Neighborhood Initiatives***
Personnel Services	$361,543
Operating Expenses	$223,448
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$584,991
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$584,991
Positions/SYE involved in the delivery of this LOB	6 / 6.0

▶ LOB Summary

Integrated Services and Community Initiatives (ISCI) is made up of two complementary branches, Coordinated Services and Community Planning. As Department of Community and Recreation Services (DCRS) moves to an increasingly customer-centered and outcome-focused approach to service delivery, there is a need to build the capacity of staff and the communities to communicate, cooperate, coordinate, and collaborate in the identification of community assets and challenges and in the planning and delivery of programs and services that address those interests. ISCI supports this need by facilitating a dynamic interchange and sharing of information, knowledge, skills and resources between DCRS, other county agencies, non-profit, faith and business partners, and residents, resulting in a system of strategically integrated programs and services.

The work of ISCI is uniquely oriented to focus on maintaining and enhancing the livability of Fairfax County communities. Using prevention and intervention oriented approaches, ISCI draws upon the physical, human and fiscal resources and assets available in neighborhoods, and through the broader network of stakeholders including county, school and community (non-profits, business, faith, etc.), emphasizing community engagement and leadership development, community-based programming, and coordination among service providers. The programs and services delivered through this strategy, as well as the relationships created, lead to the development of a comprehensive community network, coordinated to provide a tool for the human services system to respond to the needs of communities. In addition, the network enables a strategic direction and response for the creation of new programs and the possible modification or elimination of existing programs and interventions to ensure the effective and efficient use of county and community resources.

ISCI coordinates the efforts of the DCRS and the human service system to:

- Foster community engagement through leadership development programs and creating opportunities for community involvement in support of neighborhood initiatives;
- Promote access to services by linking, enhancing and filling gaps in existing ongoing human service, recreational and educational activities in the community;
- Obtain information about family and community assets and challenges which can be used to guide organizational and system changes and responses;
- Utilize creative approaches to leverage existing resources and develop partnerships with other service providers to build a continuum of supports available to the community; and
- Reduce risk factors and strengthening protective factors for youth, families and community

Much of ISCI's work is project-based, with project durations ranging from several hours to several months depending on the nature of the work. Due to the variety of the work performed by ISCI staff, the examples below are not an exhaustive list, but rather illustrate the range of work performed. ISCI manages its projects and processes through facilitation, team building, conflict resolution, mediation, consensus building and leadership development.

- **Promoting Communication, Coordination, and Collaboration** – Programs and services within DCRS are organized into four regions, roughly defined geographic boundaries established to encourage resource sharing and coordinated planning and service delivery. ISCI supports this process by facilitating communication across divisions and agencies, developing a regional communication network to share and exchange information on regional issues and trends, building collaborative relationships across divisions and with other county agencies, non-profits, community based organizations, the faith community and the business community, and most importantly by identifying and addressing barriers that thwart integrated service delivery efforts. Further, ISCI supports regional staff by providing technical assistance and resources to assist in numerous areas including program development, resource development, outreach, board development, staff management, goal setting.

  Training and Technical Assistance for Staff and Volunteers – ISCI provides training and technical assistance for staff and volunteers to ensure that they possess the skills and competencies necessary to accomplish the work of the agency. These areas include cultural competence, communication, interpersonal relations, partnering and collaboration and teamwork. For our advisory councils, this involves training and technical assistance around achieving consensus and resolving conflict, managing group interactions, using strategic thinking and planning to achieve goals or specific community outcomes, analyzing group needs and supporting the recruitment of new membership to ensure that advisory council representation reflects community composition and various constituent groups. ISCI is also responsible for coordinating the agency's succession planning strategy to mitigate the loss of experience and institutional knowledge resulting from retirement and high turnover rates.

- **Community Engagement and Leadership Development** – ISCI conducts community engagement activities designed to build community leadership and foster resident involvement in the process of addressing challenges and opportunities present in communities. ISCI facilitates forums for gathering information on trends and the needs, concerns and ideas of residents regarding services and programming. ISCI staff conducts community planning processes to promote community involvement in the planning and delivery of programs and services. They also attend monthly Advisory Board meetings providing facilitation and technical assistance as needed. When the need arises to create new advisory groups or re-constitute existing ones, ISCI supports by managing recruitment efforts and facilitating the process of strategic planning and creating by-laws or other governing principles.

- **Monitoring and Addressing Service Needs**– To ensure that DCRS programs and services are suited to address community needs and interests, ISCI conducts formal and informal community assessments to identify underserved populations and communities and their trends, assets, and challenges. ISCI examines the demographic characteristics of neighborhoods within each region and collects and evaluates data necessary to project service needs in a defined region or community. With this information, ISCI facilitates the development of programming to enhance existing offerings and address gaps in services. ISCI also uses a wide range of outreach efforts to reach under-served populations and inform communities of DCRS programs and services.

In addition to the functions described above, ISCI also represents the agency on various county-wide initiatives including: Prevention, *Together We're the Answer* Community Collaborative on Disproportionality, Hypothermia Prevention, and the Consolidated Community Funding Pool Process. In terms of the internal operations of the agency, Community Planning oversees the USDA Summer Meals program and is responsible for managing and mitigating agency risk as it relates to staff, volunteers, and assets including facilities, vehicles, and equipment.

▶ Method of Service Provision

All ISCI services are directly operated by Fairfax County. Coordinated Services and Community Planning are staffed during regular business hours; however, staff frequently work evening and weekends to attend community meetings, departmental functions, and public information events.

▶ Mandate Information

There is no federal or state mandate for this LOB.

50-11: Agency Leadership

Fund/Agency: 001/50	*Department of Community and Recreation Services*
LOB #: 50-11	***Agency Leadership***
Personnel Services	$380,823
Operating Expenses	$73,162
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$453,985
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$453,985
Positions/SYE involved in the delivery of this LOB	5 / 5.0

▶ LOB Summary

Staff of the Director's Office provide direction and guidance for all department programs and services by developing strategies, setting policies, tracking and responding to legislative issues, advocating for the development of Countywide leisure activities and community services, and analyzing community needs. DCRS leadership believes in total staff involvement in the management of the agency. To this end, every merit staff member participates on at least one of several strategic initiative teams that serve to advance the department toward the achievement of its strategic vision. Staff prioritizes the agency and human services initiatives, support over 33 councils and task forces, including the Fairfax Partnership for Youth, coordinate service delivery with other human services partners, collaborate with citizens to strengthen a community's investment in its community center, and facilitate agency-wide project teams. The Department of Community and Recreation Services (DCRS) employs 116 merit staff and 1,000 exempt-limited term staff. To promote growth of its employees, Director's office staff promotes participation in an in-house training program, involve all employees in the development and execution of an agency strategic plan, conduct pay for performance training, monitor equity in performance ratings throughout the department, and emphasize diversity hiring. In order to resolve issues and address citizen concerns, staff members work with community leaders and residents through community planning meetings and soliciting survey responses.

▶ Method of Service Provision

These programs are directly operated by Fairfax County staff. The operating hours are from 8:00 a.m. to 4:30 p.m., Monday through Friday; however, staff in this office attends numerous night and weekend community meetings and events.

▶ Mandate Information

There is no federal or state mandate for this LOB.

AGENCY PERFORMANCE MEASURES

Objectives

- To increase by 5 percent, the number of people participating in community planning sessions in order to maximize recreational opportunities for citizens in line with community interests.

- To provide the support necessary to ensure that at least 85 percent of merit staff attend two or more training programs in order to improve the skill levels of employees and the quality of service to our customers.

- To increase by 5 percent, the number of community leaders and volunteers that provide support for the provision of programs, services and activities.

- To increase by 5 percent the number of meetings, public service announcements, publications, and presentations, thereby improving citizen participation and involvement in agency programs, services, and activities, as well as improving communication with stakeholders.

- To maintain the number of public access computers available to CRS participants at the same level in order to overcome the digital divide by providing access and training on use of computers and related software.

- To increase by 2 percent the number of senior adults participating in health, wellness, recreational, educational, and social activities in seniors centers in order to reduce the isolation of senior adults in the community who lack mobility or interaction with others.

- To increase by 1 percent the number of daily lunches provided to eligible County residents who participate in the senior lunch program in order to ensure that participating senior adults have at least one meal each weekday that meets one-third of the current federal dietary guidelines for senior adults.

- To increase by 2 percent the number of participants registered in Therapeutic Recreation programs in order to maximize their independent leisure functioning.

- To increase by 2 percent the number of client sessions with integration support.

- To increase by 10 percent the weekly attendance in the Middle School After-School Program.

- To increase by 2 percent the number of youth participating in teen centers in order to assist them in developing positive leisure lifestyles.

- To increase by 2 percent the number of people participating in community-based sports in Fairfax County by more efficiently allocating facility space.

- To increase by 2 percent the number of at-risk youth and children from low-income families participating in organized sport programs to the limit of available funding.
- To increase by 5 percent the number of hours provided by both adult and teen volunteers who supply activity and program support to instill community ownership and pride in programs and services provided by community centers.
- To increase by 5 percent the attendance at all community centers to ensure that residents have access to programs and services that reinforce healthy and positive choices for leisure and recreation.
- To maintain the number of rides provided to and from medical appointments, essential shopping, continuing dialysis, cancer treatment, and rehabilitative treatments.
- To increase by 3 percent the number of trips by ridesharing the clients of different agencies and utilizing taxis when appropriate and cost-effective.
- To increase by 2 percent the number of participants in all Extension programs in order to provide opportunities for community involvement and personal development.
- To increase by 2 percent the number of volunteers recruited to support programs and services.

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Output:					
Attendance at CRS community planning sessions	3,540	3,714 / 3,833	4,025	4,226	50-11
Merit staff attending two or more training programs	102	100 / 117	101	101	50-11
Community leaders and volunteers supporting the provision of programs, services and activities	2,815	2,956 / 3,334	3,501	3,676	50-10
Communication activities (meetings, events, Public Service Announcements, presentations, publications)	1,668	1,751 / 2,530	2,657	2,790	50-09
Public access computers installed	204	204 / 204	204	204	50-09
Senior Center attendance	249,966	254,965 / 246,946	251,885	256,923	50-04
Lunches served at senior centers	111,638	112,754 / 108,365	109,449	110,543	50-04
Therapeutic Recreation program attendance	16,108	16,430 / 20,589	21,001	21,421	50-03
Client sessions with integration support	14,989	15,289 / 15,649	15,962	16,281	50-03
Teen Services Attendance	116,033	118,354 / 99,445	101,434	103,463	50-02
Weekly attendance in the Middle School After-School Program.	NA	NA/11,654	13,402	14,742	50-02

Department of Community and Recreation Services

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Sports participants	222,653	227,106 / 240,587	245,399	250,307	50-05
Youth receiving Youth Sports Scholarship funds	1,374	1,401 / 1,459	1,488	1,518	50-06
Volunteers hours provided	16,118	16,924 / 23,443	24,615	25,946	50-01
Community center attendance	157,512	173,263 / 175,908	184,703	193,938	50-01
Dial-A-Ride/Critical Medical Care Rides	47,127	47,127 / 49,376	49,376	49,376	50-08
Human Service Agency client rides on rideshare buses	531,311	531,311 / 535,848	551,923	568,481	50-08
Participants in all Extension programs	38,813	39,589 / 47,698	48,652	49,625	50-07
Total volunteers	960	979 / 1,367	1,394	1,422	50-07
Efficiency:					
Cost per community planning session	$132	$166 / $144	$179	$186	50-11
Cost for training per employee	$268	$280 / $305	$303	$308	50-11
Return of total service hours on investment	86,827	91,176 / 119,606	125,686	131,968	50-10
Cost per communication activity	$185	$190 / $152	$149	$140	50-09
Maintenance cost per public access computer	$47	$49 / $35	$51	$51	50-09
Cost per attendee	$5.42	$5.46 / $6.32	$6.18	$6.74	50-04
Cost per lunch served	$3.59	$3.70 / $4.16	$4.16	$4.39	50-04
Cost per session for Therapeutic Recreation participant	$81.67	$84.38 / $73.48	$69.71	$72.04	50-03
Cost per client session integrated into community activities	$17.00	$17.13 / $18.34	$17.90	$18.52	50-03
Cost per teen attendee	$15.33	$15.19 / $19.98	$20.31	$20.83	50-02
Cost per attendee in the Middle School After-School Program.	NA	NA/$5.05	$5.87	$5.92	50-02
Cost per sports participant	$9.40	$12.37 / $11.64	$11.68	$11.79	50-05
Cost per outreach per awarded scholarship	$3.57	$3.69 / $3.66	$4.35	$4.38	50-06
Average hours of service per volunteer	52.0	55.0 / 62.2	60.0	60.0	50-01
Community center cost per attendee	$9.04	$10.35 / $9.75	$9.75	$9.34	50-01
Cost per Dial-A-Ride/Critical Medical Care Ride	$21.26	$22.24 / $21.46	$22.47	$23.46	50-08
Cost Human Services Agency client rides on rideshare buses	$20.91	$22.49 / $21.77	$22.73	$23.07	50-08
Total cost per ride	$20.94	$22.47 / $21.75	$22.71	$23.10	50-08
Cost per participant	$1.89	$2.01 / $2.31	$2.17	$2.34	50-07
Cost savings due to volunteer support	$230,400	$234,960 / $513,172	$523,308	$533,819	50-07

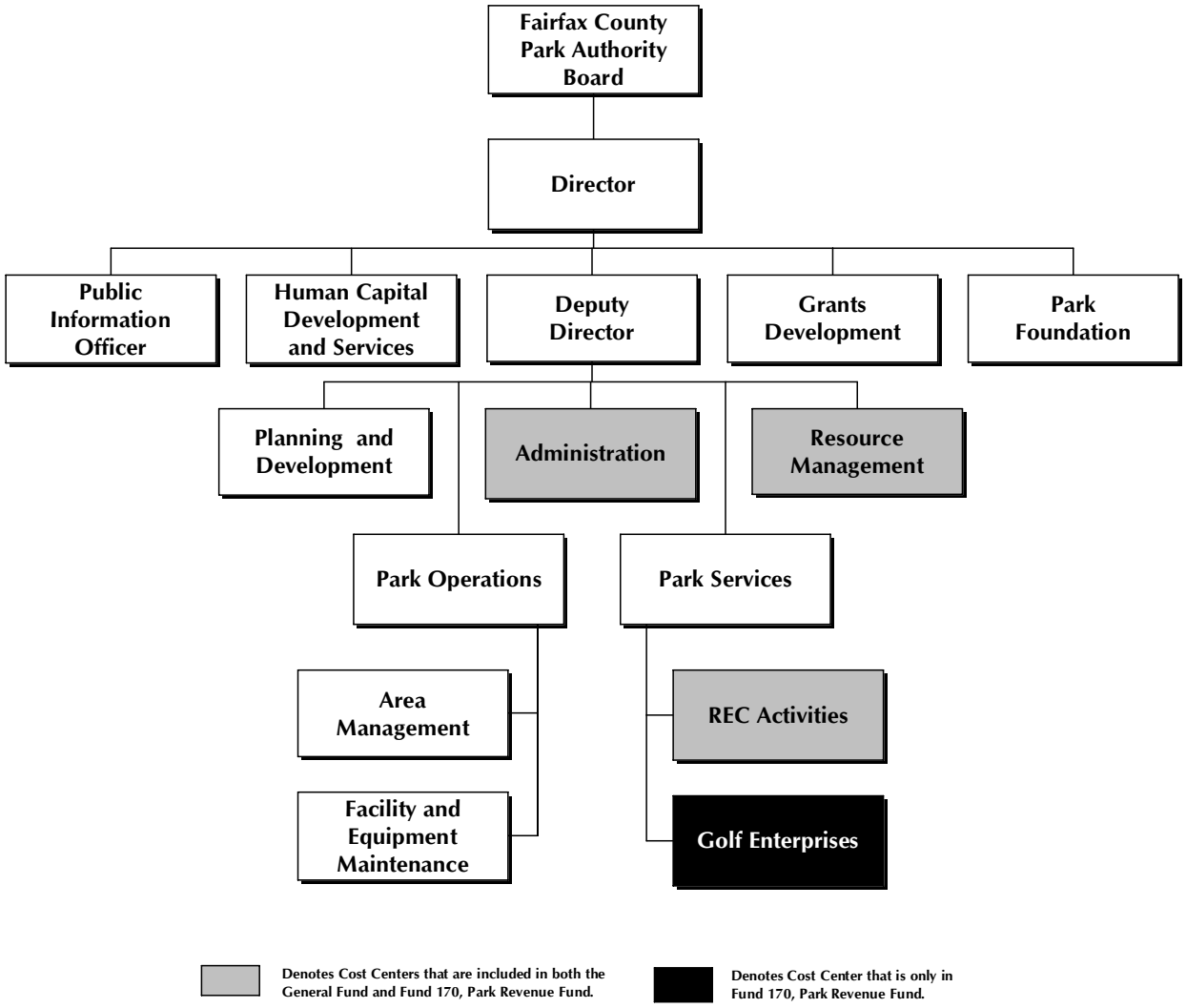
Department of Community and Recreation Services

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Service Quality:					
Percent of participants satisfied with available selection of CRS programs and services	80%	85% / 83%	85%	90%	50-11
Percent of merit staff satisfied with training programs attended	96%	95% / 96%	95%	95%	50-11
Percent of community leaders and volunteers satisfied with service experience	81%	85% / 77%	80%	90%	50-10
Percent of internal customers satisfied with communication activities	90%	90% / 85%	85%	90%	50-09
Percent of participants satisfied with computer experience	70.4%	90.0% / 67.1%	80.0%	90.0%	50-09
Percent of seniors satisfied with programs and services	85%	90% / 87%	85%	90%	50-04
Percent of seniors satisfied with lunches/meals	82%	90% / 87%	85%	90%	50-04
Percent of satisfied Therapeutic Recreation customers	96%	90% / 93%	90%	90%	50-03
Percent of Americans with Disabilities Act requests processed within 10 days	98%	98% / 95%	98%	98%	50-03
Percent of satisfied Teen Services participants	85%	90% / 85%	85%	90%	50-02
Percent of parents satisfied with the activities and programs offered by the Middle School After School Program.	NA	NA/87%	85%	90%	50-02
Percent of satisfied sports participants	94%	90% / 88%	90%	90%	50-05
Percent of youth/families applying for scholarship assistance that qualified for, and received, assistance	94%	90% / 95%	90%	90%	50-06
Percent of satisfied volunteers	76%	85% / 81%	80%	90%	50-01
Percent of satisfied participants	91%	90% / 90%	90%	90%	50-01
Percent of on-time rides	96%	96% / 95%	95%	95%	50-08
Ratio of rides per complaint	15,631:1	15,631:1 / 15,817:1	15,000:1	15,000:1	50-08
Percent of satisfied participants	91%	90% / 70%	85%	90%	50-07
Percent of satisfied volunteers	90%	90% / 69%	85%	90%	50-07

Department of Community and Recreation Services

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Percent change in individuals participating in the community planning sessions	3%	5% / 8%	5%	5%	50-11
Percent of merit staff attending two or more training programs	86.4%	85.0% / 89.3%	85.0%	85.0%	50-11
Percent change in the number of community leaders and volunteers that support the provision of programs, services and activities	47%	5% / 18%	5%	5%	50-10
Percent change in communication activities	6%	5% / 52%	5%	5%	50-09
Percent change in number of computers available for public use	0.0%	0.0% / 0.0%	0.0%	0.0%	50-09
Percent change in attendance at Senior Centers	19.1%	2.0% / (1.2%)	2.0%	2.0%	50-04
Percent change in lunches served	24.0%	1.0% / (2.9%)	1.0%	1.0%	50-04
Percent change in participants registered in Therapeutic Recreation programs	8.1%	2.0% / 27.8%	2.0%	2.0%	50-03
Percent change in client sessions with integration support.	8.2%	2.0% / 4.4%	2.0%	2.0%	50-03
Percent change of Teen Services participants	35.5%	2.0% / (14.3%)	2.0%	2.0%	50-02
Percent change in weekly attendance in the Middle School After-School Program.	NA	NA/NA	15.0%	10.0%	50-02
Percent change in sports participation	6.1%	2.0% / 8.1%	2.0%	2.0%	50-05
Percent change in number of eligible scholarship youth participating in sports activities	23.5%	2.0% / 6.2%	2.0%	2.0%	50-06
Percent change in volunteer hours provided in community center programs	3%	5% / 45%	5%	5%	50-01
Percent change in citizens attending activities at community centers	10%	10% / 12%	5%	5%	50-01
Percent change in Dial-A-Ride/Critical Medical Care rides	(4.2%)	0.0% / 4.8%	0.0%	0.0%	50-08
Percent change in Human Services Agency client rides on rideshare buses	4.1%	0.0% / 0.9%	3.0%	3.0%	50-08
Percent change in participant enrollment	3.0%	2.0% / 22.9%	2.0%	2.0%	50-07
Percent change in the number of volunteers recruited to support programs and services	3.7%	2.0% / 42.4%	2.0%	2.0%	50-07

Fairfax County Park Authority



Mission

To set aside public spaces for, and assist citizens in, the protection and enhancement of environmental values, diversity of natural habitats and cultural heritage to guarantee that these resources will be available to both present and future generations; to create and sustain quality facilities and services that offer citizens opportunities for recreation, improvement of their physical and mental well-being, and enhancement of their quality of life.

Fairfax County Park Authority

Focus

The Fairfax County Park Authority (Authority) provides leisure and recreational opportunities through a rich variety of facilities and services that provide a valued enhancement to the quality of life for County citizens. Optimizing the quality of life in Fairfax County is the ultimate goal and mission of the Authority through preservation of open space and natural areas, and by providing nature centers, recreation centers, historic sites, programs, golf courses, athletic fields, public gardens, and neighborhood, community, district and countywide parks. Based on a recent annual survey of 1,025 Fairfax County households, conducted in coordination with George Mason University, 80 percent of the County households considered the park system to be 'extremely' or 'very' important to their quality of life. Delivering high quality service in parks is an important focus for the Park Authority as demand and usage continue to grow. Citizens continue to reflect strong demand and support of the park system. Survey results consistently show that more than 80 percent of County households use County parks.

THINKING STRATEGICALLY

Strategic issues for the department include:

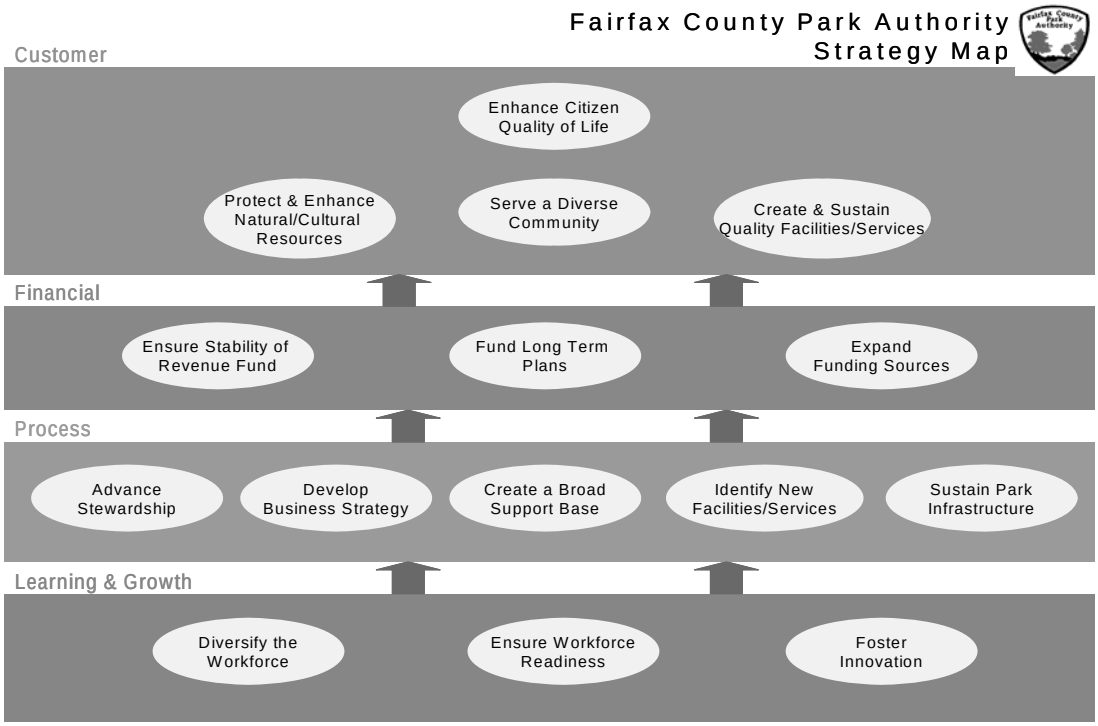
- Enhancing citizen quality of life;
- Protecting and enhancing natural and cultural resources;
- Creating and sustaining quality facilities and services; and
- Serving a diverse community.

The Authority strives to improve the quality of life of citizens by keeping pace with demand by continually enhancing the park system. The Authority currently owns, maintains and operates 420 parks on approximately 24,000 acres of land. Notable enhancements include increased open space, expanded trails, new inclusive features, and upgrading the playability of outdoor facilities. In FY 2006, the Authority acquired 41 acres of open space in McLean, Virginia under a long-term conservation easement agreement which will permanently preserve this open space for current and future generations. Also in FY 2006, with the assistance of the Friends group, Turner Farm opened in Great Falls, offering a cross country equestrian course and opportunities for the public to enjoy an astronomy observatory. FY 2006 marked the celebrated opening of the 41 mile long Cross County Trail which provides a continuous trail through every district across the County for all citizens to enjoy. CLEMYJONTRI, the first and only fully American with Disabilities Act (ADA) accessible park opened serving able and disabled children side by side. Also, Laurel Hill Golf Club was completed and received extremely positive reviews by industry professionals and users alike. The course has been named by Golf Styles magazine as one of the 100 must play courses in the mid-Atlantic region. This premier public golf facility rivals other high end daily fee courses in the region and across the country. Additionally, a $25 million park bond was authorized in 2006. This bond includes $10 million to acquire new parkland, $10 million to convert up to 12 existing natural turf rectangular fields to synthetic turf, and $5 million to further develop a countywide comprehensive trail network. This bond issue will allow the Park Authority to continue to meet citizen expectations identified in the Needs Assessment for the dual requirement to maintain Park Authority facilities and acquire land to build needed park facilities and preserve significant resources and open space.

The Authority operates under the policy oversight of a 12-member Park Authority Board, in accordance with a Memorandum of Understanding with the Board of Supervisors. The Authority manages acquisition, preservation, development, maintenance and operation of these assets and activities through five funds: the General Fund, Park Revenue Fund, General County Construction Fund, Park Authority Bond Construction Fund and Park Capital Improvement Fund. The Park

Authority Board has direct fiduciary responsibility for the Park Revenue Fund and the Park Capital Improvement Fund, while the County has fiduciary responsibility for the three other funds. The Authority also aggressively seeks management initiatives and alternate funding sources to sustain the delivery of quality services and facilities. The Park Foundation, established in 2001, serves to coordinate and seek the generous gifts of individuals, foundations, and corporations who wish to contribute to delighting current and future generations of park visitors. Grants, donations, the Adopt-A-Field and Adopt-A-Park programs, as well as many "friends groups" and other partnerships have provided over $1 million in cash and in-kind contributions.

The following Strategy Map serves as a model of how the Park Authority creates value for County citizens. It contains the agency's 2006-2010 strategic objectives, identified within the learning and growth, process, financial, and customer perspectives. Collectively, these objectives help to meet the Park Authority's overarching goal of improving citizen quality of life.



The customer perspective contains the overarching objectives of the Park Authority's 2006-2010 Strategic Plan, which is to "Enhance Citizen Quality of Life". This is accomplished through a two-dimensioned mission statement ("Protect and Enhance Natural and Cultural Resources" and "Create and Sustain Quality Facilities and Services"). In addition, the Park Authority aims to provide programs, facilities and services that engage and meet the needs to "Serve a Diverse Community".

The strategic objectives contained in the other three perspectives of the Map (Learning and Growth, Process, and Financial) position the Park Authority to successfully meet the overarching objectives contained in the Customer Perspective.

The Park Authority 2006-2010 Balanced Scorecard Strategic Plan can be accessed at the Fairfax County Park Authority Web site at http://www.fairfaxcounty.gov/parks/.

Current Trends

Parks give all citizens and visitors, regardless of age, background or economic conditions, the opportunity to seek natural and cultural enrichment. The Authority is continually challenged with the increasing demands, changing needs, and the growing diversity of citizens and volunteers.

Urbanization has increased the need for public services and involvement with communities throughout Fairfax County. In many areas, the once rural placement of a park has been transformed to that of an urban setting with changing demands and uses. Coupled with increasing cultural diversity and associated demands and uses for recreational services and facilities, the Authority is facing unprecedented community expectations and increased visitation at non-staffed facilities. This rapid evolution has already placed strains on the Authority's ability to appropriately serve our park users and community neighbors. To help address these issues, the Park Authority initiated the Community Connections program. Community Connections is an outreach program created to work with diverse populations and large groups within the County's parks to determine their recreational needs, and ensure that outreach relationships are nurtured and solidly established within the community. Significant work has been completed in developing a foundation for interacting with ethnic communities and positioning the Authority to become an active partner with other County agencies working to understand and provide services. Recently, the agency brought aboard two bi-lingual members to implement initiatives within targeted communities to determine recreational needs, educate about existing services, and develop engagement and partnerships with these communities. The Authority also rescheduled park grounds maintenance from the traditional five-day work week to a seven-day operation. This effort increases staff presence in County parks on weekends when citizen use is highest and also addresses increased trash and minor maintenance needs.

To address the growing and changing park and recreation desires of citizens, the Authority uses a comprehensive Needs Assessment process that resulted in a 10-Year Action Plan including a phased-in 10-year $376 million Capital Improvement Plan. This process was a significant part of the justification for the 2004 and 2006 voter approved park bond programs totaling $90 million.

There are a number of Authority program offerings that are intended to fully recover costs from participant fees. These include fitness, recreation, leisure classes and camps, trips and tours, and the Rec-PAC program. Costs for these programs have increased due to rising charges for goods and supplies and market increases in staff costs. In order to fully cover program expenditures, costs to provide services are evaluated on an ongoing basis. Cost controls are implemented first in efforts to minimize fee adjustments and to assure effective use of allocated funding, while price adjustments are implemented as a secondary alternative. In FY 2006, fees for classes and camps increased an average of 5 percent and Rec-PAC sliding scale fees were restructured to protect and retain affordability for lower income participants. For FY 2008, costs will continue to be evaluated and fees adjusted when cost containment initiatives cannot compensate for increasing expenses for programs.

Fairfax County Park Authority

Budget and Staff Resources

Agency Summary		
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	384/ 381.5	384/ 381.5
Expenditures:		
Personnel Services	$21,029,923	$22,577,437
Operating Expenses	6,746,150	5,901,941
Capital Equipment	299,486	300,000
Subtotal	**$28,075,559**	**$28,779,378**
Less:		
Recovered Costs	($2,294,745)	($2,668,729)
Total Expenditures	**$25,780,814**	**$26,110,649**
Income/Revenue:		
Recreation Class Fees	$2,227,224	$2,405,749
Employee Fitness Center Fees	50,529	55,256
Total Income	**$2,277,753**	**$2,461,005**
Net Cost to the County	**$23,503,061**	**$23,649,644**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
51-01	Administration	$4,332,922	48	47.0
51-02	Acquisition, Planning and Development of Parks	$1,549,744	34	34.0
51-03	Natural, Cultural and Horticultural Resources	$5,046,392	87	85.5
51-04	Park Maintenance	$10,240,209	183	183.0
51-05	Park Authority Recreational Programs, Visitor Services and Park Management	$2,480,377	32	32.0
TOTAL		**$23,649,644**	**384**	**381.5**

LOBS SUMMARY

51-01: Administration

Fund/Agency: 001/51	*Fairfax County Park Authority*
LOB #: 51-01	***Administration***
Personnel Services	$3,026,205
Operating Expenses	$1,306,717
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,332,922
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$4,332,922
Positions/SYE involved in the delivery of this LOB	48 / 47.0

▶ LOB Summary

The Administration program area is comprised of two functions. The Director's Office provides overall agency management and guidance on policy, strategy, human capital, operations, and program issues. The Administrative Division provides centralized business management to the Park Authority in the areas of financial management, purchasing, information technology, and support services.

The Primary functions of the Director's Office are as follows:

- Management includes 1) day-to-day support and guidance of staff; 2) analysis of programs, finances, and staffing; 3) developing and providing oversight to implementation of agency's strategic priorities and strategic plan; 4) working with Park Authority Board to establish new policies and providing oversight of existing policies; 5) Board Governance support, including identifying issues, formulating recommendations to the Board, preparing Board packages, and keeping minutes and records of Board meetings; 6) presentation of Park Authority interests to citizens, the Board of Supervisors, the School Board, Planning Commission, and others, and 7) coordination with the Office of the County Executive and other County and non-County agencies.

- The Public Information Office is responsible for media relations, agency switchboard, setting up public hearings and park ceremonies, creation and maintenance of the Park Authority web site, and the annual report.

- The Foundation is responsible for managing a staff operated comprehensive fundraising program within the Park Authority. It also manages the Grant Program administration for

the agency which includes researching for new grant opportunities, applying for grants, and monitoring grants that have been received.

- The Human Capital Development and Services Branch is responsible for training, safety, health, workers compensation, and all payroll administration, employee benefits, position classification, position management, employee relations, and performance management for the agency. This section provides support in the area of general and in-service training and management of the intern program. This Office identifies training needs and manages all training and travel funds. Intra-agency workshops and specialized training courses and seminars are developed and provided to meet agency needs. The Safety Office is responsible for both safety and loss management. Safety analyses, employee and citizen injury reports, as well as property loss and damage reports are reviewed, analyzed, and coordinated with appropriate County staff. In addition, this section provides central services support which includes mail sorting and distribution, along with administrative support.

The Primary functions of Administrative Division are divided as follows:

- The Financial Management Branch is responsible for agency-wide accounting and budgeting support. This Section is responsible for all financial reporting, accounts payable, revenue collections, debt management and the maintenance and recording and reporting of all financial records for five funds, two of which are operating funds and three of which are capital funds. Revenue and expenditures are reconciled monthly. Audits are conducted on revenue producing sites for cash compliance audits as well as petty cash audits and procedural review. Capital development contracts are maintained and capital projects are tracked, monitored and reported. The Financial Management Section also prepares the annual financial statements, reports, quarterly updates to the Park Authority Board and also oversees the annual audit by the County external auditors. In addition this section is responsible for budget year schedules, annual budget preparation, quarterly reviews, and preparation of monthly analyses, projections and reporting. Grant review, Foundation expenditure review, and Debt payment reporting and tracking are also part of this sections responsibility.

- The Purchasing Branch provides centralized purchasing activity for the agency and is responsible for all Park Authority operating procurement actions and related contracts (except for capital construction projects). The primary duty of the Purchasing Section is to ensure that all procurement transactions are in compliance with applicable laws and regulations in such a manner as to maintain maximum efficiency of Park Authority operations. Purchasing also manages the Park Authority procurement card program, oversees audits of purchasing processes, and tracks and manages the inventory of capital assets.

- The Automation Services Branch provides centralized information technology planning and daily operation of the agency's computer systems. Support includes personal computers, minicomputers, thin client terminals, software applications, and custom programming for headquarters and over 31 sites. This section also manages a help desk, the agency network, and associated infrastructure equipment.

Issues/Trends/Challenges impacting the Director's Office and Administrative Division are:

- Balancing dual mission of preservation and protection of land and also building to meet recreational needs of citizens;
- Providing quality service and meeting increased demands of County residents with limited budget dollars;
- Across the board General Fund budget reductions and management of personnel and expenditure costs to meet County-wide reductions for FY 2008 and FY 2009;
- Meet growing needs for services for the diverse population of Fairfax County;
- Succession Planning;
- Employee Workforce Survey;
- Implementation of a new employee orientation program to include Stewardship and Ethics;
- Emergency Management Program for the Agency;
- Implementation of the FY 2006 – FY 2010 Balanced Scorecard Strategic Plan;
- Obtain agency accreditation through the National Recreation and Park Association to become a CAPRA (Commission for Accreditation of Park and Recreation Agencies) accredited agency;
- GFOA (Government Finance Officers Association) Submission of an Agency Comprehensive Annual Financial Report (CAFR);
- Coordination of Park bond programs

► Method of Service Provision

Services in all business functions are provided directly by a professional staff of merit County employees. This staff is augmented by limited term positions that are used on a part-time/as needed basis.

The Director's Office works directly with the Board of Supervisors, Park Authority Board, County residents, other county agencies, and task forces, in providing information and expertise, often leading or participating in evening and weekend meetings and events.

▶ Mandate Information

There are three state mandated items supported within this LOB. Criminal Background Check, Freedom of Information Act, and the Boiler and Pressure Vessel Rules & Regulations. In FY 2008, funding of $25,000, $20,000, $400 respectively are required for the above. See the January 2007 Mandate Study, reference pages 36 and 37 for the specific federal or state code and a brief description.

51-02: Acquisition, Planning and Development of Parks

Fund/Agency: 001/51	*Fairfax County Park Authority*
LOB #: 51-02	*Acquisition, Planning and Development of Parks*
Personnel Services	$2,730,775
Operating Expenses	$42,431
Recovered Costs	($1,223,462)
Capital Equipment	$0
Total LOB Cost:	$1,549,744
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$1,549,744
Positions/SYE involved in the delivery of this LOB	34 / 34.0

▶ LOB Summary

The Planning and Development Division exists to acquire, protect, and develop the County's parkland and open space by developing park facilities from concept to concrete. Parkland acquisition, open space preservation and park development projects are generally funded by voter approved general obligation bonds and supplemented by alternative funding sources, such as the Open Space Land Preservation Fund, partnerships, grants, and proffers. The Division employs professional and technical staff including Planners, Landscape Architects, Engineers, Right of Way Agents, Surveyors, and Administrative Technicians collectively capable of complete lifecycle project management (i.e. from land acquisition to park completion). Staff salaries are funded through the General Fund (Fund 001) and the Park Authority Operations Trust Fund (Fund 170). These salaries are partially offset by recovered costs from the following development funding sources: the Park Authority Bond Construction Fund (Fund 370), the Park Capital Improvement Fund (Fund 371), and the County Construction Fund (Fund 303).

The Division is divided into four functional areas: Land Acquisition and Management, Park Planning, Project Management and Special Projects

The primary functions of the Planning and Development Division are as follows:

- *Land Acquisition and Management Branch* – acquires new parkland and manages all land rights issues for the Park Authority's holdings (approximately 24,000 acres). Responsible for parkland acquisition including new parks, conservation easements, leases and license agreements, and development land rights on property owned by others. Oversees multiple land management programs for the Park Authority, including easement and encroachment administration, management of rental properties, telecommunication sites and other requests for use of parkland.

- *Park Planning* – responsible for site specific park master plans to determine future park improvements and resource protection areas, long range planning including incorporation of the Park Authority mission into Countywide planning policies, conducting park needs assessment and system-wide park planning; review development proposals and site plans for park resource impacts and request resource protection and impact mitigation, capital improvement and bond planning, GIS and CAD assistance.

- *Project Management Branch* - responsible for developing project scopes within the guidelines established by the Park Authority Board and management of design and construction contracts for the renovation, expansion, or development of park facilities. Branch includes a program specializing in synthetic turf athletic field development applying innovative technologies to expand capacity of existing athletic fields; includes initiatives to partner with government agencies or government service agencies to increase delivery efficiencies of park facilities.

- *Special Projects* – creates, evaluates, develops and implements non-conventional complex capital projects in accordance with approval by the Park Authority Board often utilizing non-bond funding sources. The Branch performs many of the functions of the other Division Branches but does so specifically for unique projects.

Issues/Trends/Challenges impacting the Planning and Development Division are:

- Funding is inadequate to fully implement the $435 million Capital Improvement Plan that resulted from the 2004 Needs Assessment to acquire developable parkland, add needed new recreation facilities, protect natural and cultural resources and renovate aging facilities and infrastructure. The $435 million estimate represents an inflationary adjustment of $59 million on the $376 million originally in the 2004 Needs Assessment, based on current cost estimates.

- Diminishing land availability and rising land costs reduce the land acquisition program effectiveness.

- Balancing the demand for recreation facilities with resource protection on approximately 24,000 acres of parkland.

- Leveraging special funding and partnerships to gain new and specialty facilities within the public procurement requirements and framework.

- Seeking alternative capital funding sources, such as park dedications, proffers, grants and partnerships requires specialty skills and adequate support.

- Obtaining adequate resources to implement "green" park development to support the "Cool Counties" initiative and achieve environmentally responsible objectives.

- Urbanization results in development of smaller sites, constrains development potential and results in increased development costs.

- Rising construction costs require scaled back project scopes or project deferrals.

- Public infrastructure associated with park development projects increases costs to provide park facilities significantly.

- Increased community outreach and facilitation of the public input process. While desirable, this effort has greatly impacted staff workload demands and project schedules.

- Maintenance and enhancement of automated information storage and retrieval systems (virtual filing) that integrates the various components of the Division.

- Provision of quality services and meeting increased demands of County residents with limited staff resources and limited budget dollars.

- Implementation of a four-year land acquisition and capital improvement program utilizing the 2004 and 2006 Park Bond Referendums funding and planning for a new bond referendum in the fall of 2008.

- Implementation of systematic and district park plans that align with County Comprehensive Plan policies, changing demographics, resource protection and leisure trends.

► Method of Service Provision

This Division works directly with the Board of Supervisors, Park Authority Board, County residents, other county agencies, and task forces, in providing information and expertise, often leading or participating in evening and weekend meetings and events.

► Mandate Information

There is no federal or state mandate for this LOB.

51-03: Natural, Cultural and Horticultural Resources

Fund/Agency: 001/51	*Fairfax County Park Authority*
LOB #: 51-03	*Natural, Cultural and Horticultural Resources*
Personnel Services	$4,708,831
Operating Expenses	$312,561
Recovered Costs	$0
Capital Equipment	$25,000
Total LOB Cost:	$5,046,392
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$5,046,392
Positions/SYE involved in the delivery of this LOB	87 / 85.5

▶ LOB Summary

The Resource Management Division (RMD) exists to identify, preserve, and interpret the cultural, natural, and horticultural resources of the Fairfax County Park Authority and Fairfax County. It seeks to encourage the enjoyment, understanding, and appreciation of these resources by citizens and visitors and to provide leadership, both within the Park Authority and in the community, in protecting and maintaining the County's heritage.

The Primary functions of the Resource Management Division are as follows:

- Manage programs and facilities at 26 historic sites, nature centers and nature preserves, horticultural gardens, a working farm, and historic properties managed for free and for fee community use. Several sites are accredited by the American Association of Museums.

- Manage eight historic sites that are listed with the National Register of Historic Places. The sites are: Colvin Run Mill, Dranesville Tavern, Frying Pan Meeting House, Great Falls Grange, Forestville Schoolhouse, Green Spring Manor House, Huntley Mansion, and Sully Historic Site. Colvin Run Mill, the County's only operating water-powered grist mill, has been designated a National Engineering Landmark by the American Society of Mechanical Engineers (ASME).

- Maintain historic collections of over 10,000 artifacts from the 18th, 19th and early 20th century historic artifacts associated with the history and material culture of Fairfax County, as well as approximately 3 million County archaeological items.

- Provide technical services to meet the Park Authority's stewardship obligations for significant cultural and/or natural resources on approximately 24,000 acres of Park Authority land. This includes coordinating agency-wide efforts to protect, manage and interpret natural and cultural resources and implementation of the agency's Natural Resource

Management Plan (NRMP) and Cultural Resource Management Plan (CRMP). In addition, work with the public in answering questions and coordinating volunteer activities related to natural and cultural resource management and review development plans in the county for natural and cultural resource impacts.

- Provide direct services to more than 500,000 site visitors annually, as well as provide nearly 11,000 educational programs at FCPA sites and through outreach programs. Visitors are also served through exhibits, publications, and Internet services. Educational programs for school children are often tied to the Virginia Standards of Learning (SOL) curricula. Many programs are also provided to meet scouting badge requirements.

- Administer a volunteer program of more than 800 volunteers working in nearly every aspect of division operations, including research, education programs, and facility operations. Volunteer staff outnumbers paid staff by a five-to-one ratio in many division locations.

- Maintain partnerships with seven "Friends" groups and one foundation which collectively provide more than $300,000 per year to support RMD operations.

- Manage three countywide programs including the Master Gardener Program, Garden Plot Rental Program, and Home Grown Farmers Markets.

- Cultural Resources reviews archaeological and other cultural resource reports generated by the recommendations made on development plan review; conducts archaeological studies on threatened sites; reviews Section 106 reports for the county and develops memoranda of agreement; and coordinates with private, local, state and federal agencies regarding cultural resources in the county.

Issues/Trends/Challenges impacting the Resource Management Division are:

- Flat operating budgets for general maintenance, maintenance equipment, utility, and telecommunication cost increases for growth and inflation have left RMD without sufficient funds to operate facilities and services without incurring deficits. Within the RMD program area, operating funds dedicated to utilities account for about 50 percent of the annual Operating Expenses budget;

- The Natural Resource Management Plan and Cultural Resource Management Plan can only be minimally implemented without significant staff and recurring budgetary resources. RMD lacks the capacity to inventory natural, cultural, and horticultural resources and to properly manage these resources. Staffing levels and operating budgets have not increased in response to identified needs for natural and cultural resource protection and these resources continue to degrade without active management;

- Responsibilities are expanding rapidly to participate in more comprehensive countywide programs to coordinate actions on natural, cultural, and horticultural resources, placing strain on existing staffing;

- Lack of ability to continue to fund projects/ programs currently provided by other limited term funding sources (i.e. grants, carryover).

▶ Method of Service Provision

RMD provides its services with County merit and Exempt Limited Term staff augmented by a roster of 800 volunteers (donating approximately 60,000 hours annually) and contracted personnel for specialized work such as invasive plant removal, archaeological excavations, resource inventories, and historic artifact conservation.

RMD sites are available for public visitation and are typically open from dawn to dusk. For facilities within the parks, operating hours vary within the range of 9:00 a.m. to 6:00 p.m., six to seven days per week. Facilities are available for rental on evenings and weekends.

The Division works directly with County residents, friends groups, advocacy groups, other agencies, the Board of Supervisors, and the Park Authority Board in providing information and expertise, often leading or participating in evening and weekend meetings and events.

▶ Mandate Information

There is no federal or state mandate for this LOB.

51-04: Park Maintenance

Fund/Agency: 001/51	*Fairfax County Park Authority*
LOB #: 51-04	***Park Maintenance***
Personnel Services	$8,780,286
Operating Expenses	$2,645,190
Recovered Costs	($1,445,267)
Capital Equipment	$260,000
Total LOB Cost:	$10,240,209
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$10,240,209
Positions/SYE involved in the delivery of this LOB	183 / 183.0

▶ LOB Summary

The primary functions of the Park Maintenance operation are as follows:

- Maintenance, operation, and management at some staffed and all non-staffed County parks and facilities is included for approximately a 24,000 acre park system.

- Maintenance of all park grounds and recreational facilities to include open play areas, athletic fields, playgrounds, tennis courts, multipurpose courts, basketball courts, trails, park roads and parking lots and other publicly provided park facilities through interim use agreement or lease between our agency and the County, FCPS, Town of Herndon and Vienna and City of Falls Church.

- Maintenance of all park grounds, recreational facilities and other publicly provided facilities to include open play areas, playgrounds, and tennis courts.

- Response and assistance to community concerns regarding Park-related maintenance issues, including encroachments, forestry issues, stream blockages, safety issues, and volunteer programs such as Park Watch, Adopt-A-Field, and Adopt-A-Park.

- Provision of preventive and corrective maintenance on park buildings, structures, and support systems such as HVAC, electrical, mechanical, and plumbing through a combination of in-house and contracted services.

- Management of fleet and equipment maintenance through a combination of contracted services, in-house preventive maintenance, and Department of Vehicle Services provided maintenance.

Issues/Trend/Challenges impacting the Park Maintenance operation are:

- The maintenance of additional facilities, facility expansions, and grounds maintenance occurring in parks, newly acquired park land, in addition to maintenance where there are active interim use agreements/leases between the Park Authority and the BOS, FCPS, the towns of Herndon and Vienna, and the City of Falls Church;
- The maintenance and management of a rapidly growing inventory and infrastructure of park land;
- Development of Energy Management Program;
- Automation of inventory management for lifecycle analysis through the implementation of the agency's new Computer Integrated Facilities Management system (CIFM) ;
- Implementation of 7 day operations without additional staff;
- Rising fuel and utility costs including water, electric, for park maintenance;
- Impacts on parkland resulting from the increasing urbanization of Fairfax County;
- The need for a comprehensive replacement program for the Agency's aging fleet of capital maintenance equipment;
- Increasing repair costs for the capital equipment due to deferred replacement of units that have exceeded their useful life span;
- Insufficient funds to perform maintenance and repair of existing aging buildings and infrastructures as well as maintain the increasing number of newly acquired buildings;
- The General Fund provides personnel support for the Fund 303 Athletic Field Maintenance Project and charges back salaries to this project using a work-performed-for-others charge. General Fund impacts such as reductions directly impact this Fund 303 project.

▶ Method of Service Provision

Services are provided by in-house staff and supplemented through contracts. Contracts are administered for mowing, equipment rental, specialized services, electrical repair, turf services, and other miscellaneous services. In addition, both Adopt-A-Field and Adopt-A-Park partners perform various maintenance duties.

A significant portion of this budget is required for the fleet of 250 vehicles maintained by the Department of Vehicle Services (DVS) since 1998. Facilities and Equipment Support provides the maintenance functions for non-licensed equipment, a service not provided by DVS, through a combination of service contracts and in-house staff.

This division works directly with the Board of Supervisors, Park Authority Board, County residents, other county agencies, and task forces, in providing information and expertise, often leading or participating in evening and weekend meetings and events.

▶ Mandate Information

There is no federal or state mandate for this LOB.

51-05: Park Authority Recreational Programs, Visitor Services and Park Management

Fund/Agency: 001/51	*Fairfax County Park Authority*
LOB #: 51-06	*Park Authority Recreational Programs, Visitor Services and Park Management*
Personnel Services	$3,331,340
Operating Expenses	$1,595,042
Recovered Costs	$0
Capital Equipment	$15,000
Total LOB Cost:	$4,941,382
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$2,461,005
Other Revenue	$0
Total Revenue:	$2,461,005
Net LOB Cost:	$2,480,377
Positions/SYE involved in the delivery of this LOB	32 / 32.0

▶ LOB Summary

The REC Activities program of the Park Services Division provides recreational park facilities and services to meet the leisure needs of the citizens of Fairfax County.

The primary functions of the Rec Activities program are as follows:

- Development, scheduling, and management of Countywide recreational and RecPAC programs at schools and other non-FCPA facilities. In FY 2007, there were 13,785 class/trip registrations and 22,073 one-week RecPAC registrations.

- Coordination and management of accessibility program and design issues and compliance with provisions of the American Disabilities Act (ADA).

- Coordination and management of free community concerts and events. In FY 2007, offered more than 170 free summer concerts and shows at 30 park sites with an estimated audience of 70,000. The program is enabled by contributions of over $225,278 from major corporations, small businesses and individual donors.

- Management and operation of the Employee Fitness and Wellness Center at the Government Center.

- Management support for three lakefront parks and the operation of Martin Luther King swimming pool. Attendance at the lakefront parks was over 2.6 million visitors in FY 2007.

- Management support for agency-wide park permit coordination and issuance.

- Through the Community Connections program, implement agency strategic initiatives to deliver programs and services to the increasingly diverse ethnic communities in the county. In FY 2007, conducted efforts to outreach into targeted, diverse communities through "cul-de-sac" fairs, youth soccer programs, job fairs, and partnerships. Began to identify recreational needs of diverse communities through recreational surveys conducted in five languages.

Issues/Trends/Challenges impacting the REC Activities Program are:

- Meeting the growing demand for services and facility upkeep within existing budget parameters;

- Addressing needs of the increasingly diverse ethnic population in support of agency and County initiatives;

- Addressing needs of the growing senior citizen population in support of Board of Supervisor initiatives.

▶ Method of Service Provision

The majority of services are directly provided by regular and Exempt Limited Term staff, augmented by a large volunteer force. Some services and facilities are provided via professional consultant or other PSI-approved contractual services.

This Section works directly with the Board of Supervisors, Park Authority Board, County residents, other County agencies, and task forces, in providing information and expertise, often leading or participating in evening and weekend meetings and events.

Some programs are provided from school and other non-park locations.

▶ Mandate Information

A portion of this LOB is federally mandated. The percentage of LOB's resources utilized to satisfy the mandate is approximately 6.7 percent.

Mandated training for Licensed Camp Staff (22 VAC-15-30-310-C) requires an annual expenditure of approximately $11,200. See the January 2007 Mandate Study, reference page 36.

The Federal Americans with Disabilities Act (Public Law 101-336) mandate required funding of approximately $320,000 for FY 2007, with an additional $435,000 in funding needed to meet the minimum requirements of the mandate. See the January 2007 Mandate Study, reference page 37.

AGENCY PERFORMANCE MEASURES

Objectives

- To maintain 1,485,399 linear feet (260 miles) of Park Authority trails. To maintain at least 42 percent of those trails at the Park Authority standard of $0.50 per linear foot.

- To maintain 289 safe and playable Park Authority athletic fields while achieving at least 98 percent field availability.

- To ensure 83 percent park maintenance equipment availability through preventive and corrective maintenance for 458 equipment equivalencies while maintaining a customer satisfaction rating of at least 80 percent.

- To maintain 537,086 square feet of space within 10 percent of the FCPA Standard, while maintaining a customer satisfaction rating of 75 percent in order to provide preventive maintenance for Park Authority buildings and facilities.

- To acquire 200 additional acres of parkland, reflecting an increase of 0.8 percent, as approved by the Park Authority Board in the approved Work Plan.

- To complete 85 percent of the Park Authority Board approved Master Plan Milestone Tasks, toward a target of 90 percent, in order to increase outreach initiatives and involvement with the County's diverse population.

- To complete at least 80 percent of the total Capital Improvement Plan projects on the Work Plan, as directed by the Park Authority Board, in order to plan, acquire, protect, and develop the Fairfax County Park System.

- To demonstrate that parks and recreation services are enhancing the quality of life of the residents of Fairfax County by receiving a positive response on the importance of these services from 78 percent of surveyed households.

- To complete 783 resource stewardship projects to professional standards supporting the requirements of the Fairfax County Park Authority (FCPA) strategic plan, FCPA Capital Improvement Program, Collections Conservation Plan, and development reviews, at a rate of 27 staff hours per project

- To increase Resource Management Division visitor contacts by 2.5 percent, and to demonstrate that natural, cultural and horticultural resources facilities and services are important to the quality of life for residents of Fairfax County by achieving a positive response from 72 percent of surveyed households.

Fairfax County Park Authority

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Annual expenditures in budgets administered	$25,439,419	$28,473,669 / $30,178,066	$32,529,373	$30,333,006	51-01
Employees (regular merit and limited term)	3,082	2,800 / 3,326	3,500	3,602	51-01
PCs, servers, and printers	681	681 / 695	708	716	51-01
Maintainable linear feet of trail	1,134,746	1,155,866 / 1,414,119	1,449,759	1,485,399	51-04
Athletic fields (1)	288	288 / 285	287	289	51-04
Maintainable equipment equivalents	458	458 / 458	458	458	51-04
Building and facility square feet maintained (2)	418,626	418,626 / 537,086	537,086	537,086	51-04
Cumulative acres of park land acquired, dedicated, or proffered	23,687	23,877 / 23,976	24,077	24,277	51-02
Master plans identified in Work Plan	10	14 / 14	23	12	51-02
Capital Improvement projects undertaken	85	95 / 114	90	90	51-02
REC Activities service contacts	2,688,584	2,738,120 / 2,906,613	2,785,580	2,833,040	51-05
Resource Management Division visitor contacts	354,225	502,070 / 323,114	331,192	339,472	51-03
Resource stewardship projects identified	1,102	1,102 / 1,176	1,102	1,005	51-03
Efficiency:					
Expenditures per Purchasing/ Finance SYE	$1,130,641	$1,265,496 / $1,341,247	$1445,750	$1,348,134	51-01
Agency employees served per HR SYE	342	350 / 391	412	424	51-01
IT Components per IT SYE	100.00	113.50 / 115.83	118.00	119.33	51-01
Expenditure per linear foot of trail	$0.19	$0.20 / $0.20	$0.22	$0.21	51-04
Cost per Park Authority athletic field for maintenance	$8,071	$7,918 / $7,723	$7,946	$7,891	51-04
Maintenance cost per equipment equivalent	$1,177.00	$1,367.00 / $1,233.00	$1,181.00	$1,181.00	51-04
Cost per building/facility square foot	$3.11	$4.02 / $3.81	$3.95	$3.95	51-04
Average staff days per acre acquired (3)	4.03	3.25 / 2.15	3.50	3.50	51-02
Average staff days per completed Master Plan project	80	80 / 75	80	80	51-02
Average staff days per completed Capital Improvement plan or project	61	55 / 46	57	57	51-02
REC Activities service contacts per household	6.99	7.00 / 7.43	7.00	7.00	51-05

Fairfax County Park Authority

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Efficiency:					
Resource Management visitor contacts per household	0.92	1.28 / 0.83	0.83	0.84	51-03
Average staff hours per resource stewardship project (4)	29	29 / 27	29	27	51-03
Service Quality:					
Percent of Master Plan Milestones met within time frame	80%	80% / 80%	80%	80%	51-02
Percent of Capital Improvement projects completed on time and within budget	92%	90% / 89%	90%	90%	51-02
Percent of REC Activities service contacts "Very" Satisfied	72%	75% / 76%	75%	75%	51-05
Percent of Visitors “Very” Satisfied with Natural, Cultural and Horticultural Programs and Services	75%	75% / 78%	75%	75%	51-03
Outcome:					
Percent of trails maintained to standard	40%	40% / 44%	44%	42%	51-04
Percent of Park Authority athletic fields available for use (1)	97%	97% / 96%	97%	98%	51-04
Percent of maintenance equipment available for use	80%	80% / 83%	83%	83%	51-04
Percent difference in building and facility maintenance cost per sq. ft. as compared to agency standard (within 10 percent)	3%	1% / 5%	1%	1%	51-04
Percent change in new parkland acquired, dedicated, or proffered	0.7%	0.8% / 1.1%	0.4%	0.8%	51-02
Percent of total Master Plan completed from Work Plan Milestones	85%	85% / 85%	85%	85%	51-02
Percent of total Capital Improvement Plan projects completed from Work Plan	81%	80% / 90%	80%	80%	51-02
Percent of households indicating parks/recreation services are "very" important or "extremely" important to their quality of life	80%	75% / 77%	78%	78%	51-05

Fairfax County Park Authority

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Percent of households indicating that natural, cultural and horticultural resources facilities and services are "extremely" or "very" important to quality of life	72%	72% / 70%	72%	72%	51-03
Resource stewardship projects completed to professional standards	735	735 / 798	735	783	51-03
Percent change in visitor contacts (3)	(27.3%)	NA / (8.8%)	2.5%	2.5%	51-03

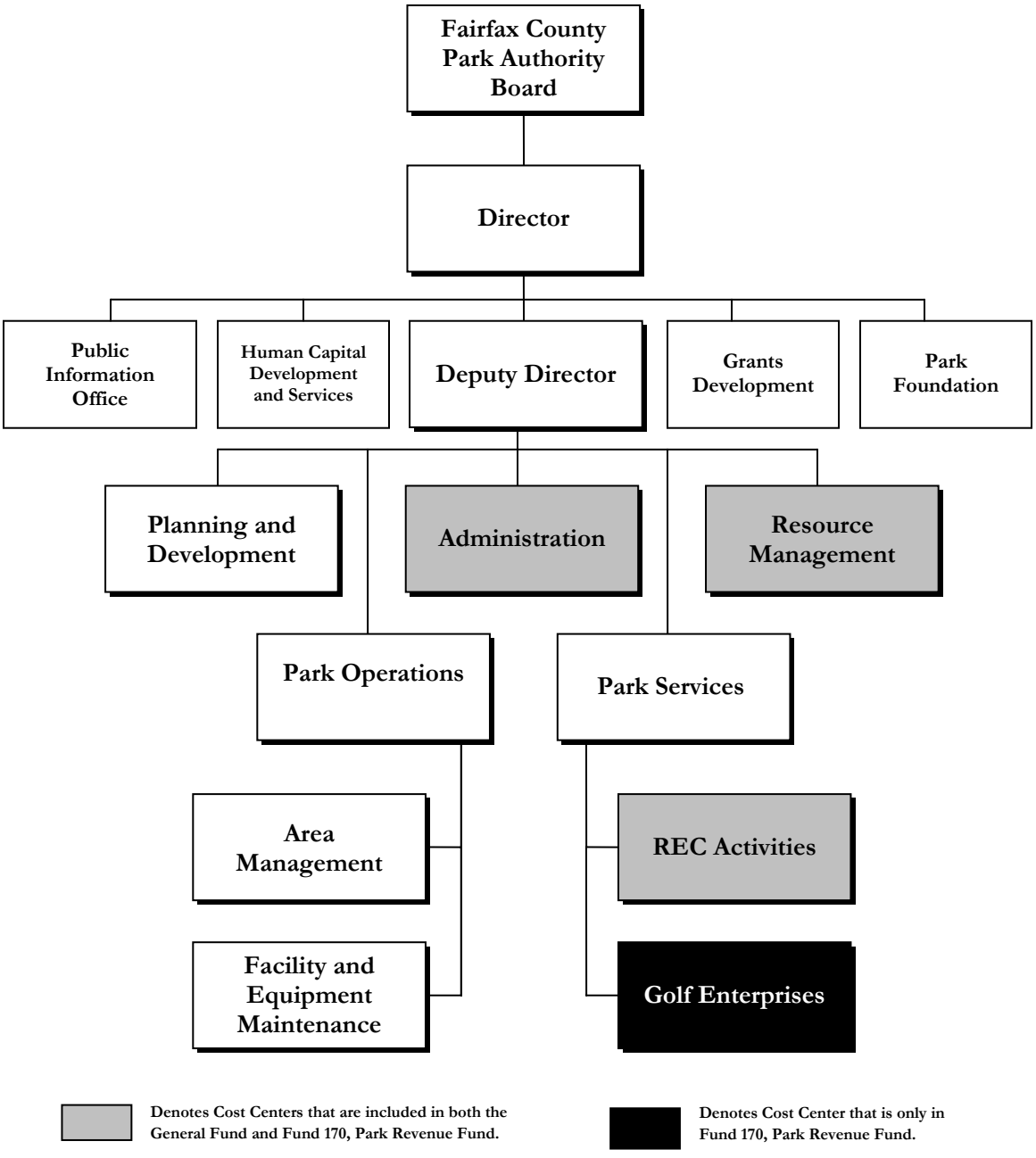
(1) The number and percent of available athletic fields declined in FY 2007 due to fields at Wakefield taken offline for synthetic turf conversion.

(2) In FY 2007 square footage has been adjusted and increased by 118,460 based on a revised method of capturing data through use of a new Computer Integrated Facilities Management (CIFM) tool. Of this increase, 108,254 square feet is from previously under reported square feet and 10,206 is for new square feet added in FY 2007. A restatement of FY 2006 square feet would reflect 526,880 square feet.

(3) Average staff days per acre acquired can vary greatly, since staff numbers remain relatively stable while the actual number of acquired acres varies from year to year. In FY 2007, approximately 100 more acres were acquired than anticipated, reducing the number of available staff days per acre acquired.

(4) The average staff hours per resource stewardship project fluctuates depending on the amount of proffer funding available to pay staff costs.

Fund 170
Park Revenue Fund



Mission

To set aside public spaces for, and assist citizens in, the protection and enhancement of environmental values, diversity of natural habitats and cultural heritage; to guarantee that these resources will be available to both present and future generations; to create and sustain quality facilities and services that offer citizens opportunities for recreation, improvement of their physical and mental well-being and enhancement of their quality of life.

Fund 170
Park Revenue Fund

Focus

The Fairfax County Park Authority (The Authority) provides leisure and recreational opportunities through a rich variety of facilities and services that provide a valued enhancement to the quality of life for County citizens. Optimizing the quality of life in Fairfax County is the ultimate goal and mission of the Authority through preservation of open space and natural areas, and by providing nature centers, recreation centers, historic sites, programs, golf courses, athletic fields, public gardens and neighborhood, community, district and countywide parks. Based on a recent annual survey of 1,025 Fairfax County households, conducted in coordination with George Mason University, 80 percent of the County households considered the park system to be 'extremely' or 'very' important to their quality of life. Delivering high quality service in parks is an important focus for the Park Authority as demand and usage continue to grow. Citizens continue to reflect strong demand and support of the park system. Survey results consistently show that more than 80 percent of County households use County parks.

THINKING STRATEGICALLY

Strategic issues for the Department include:

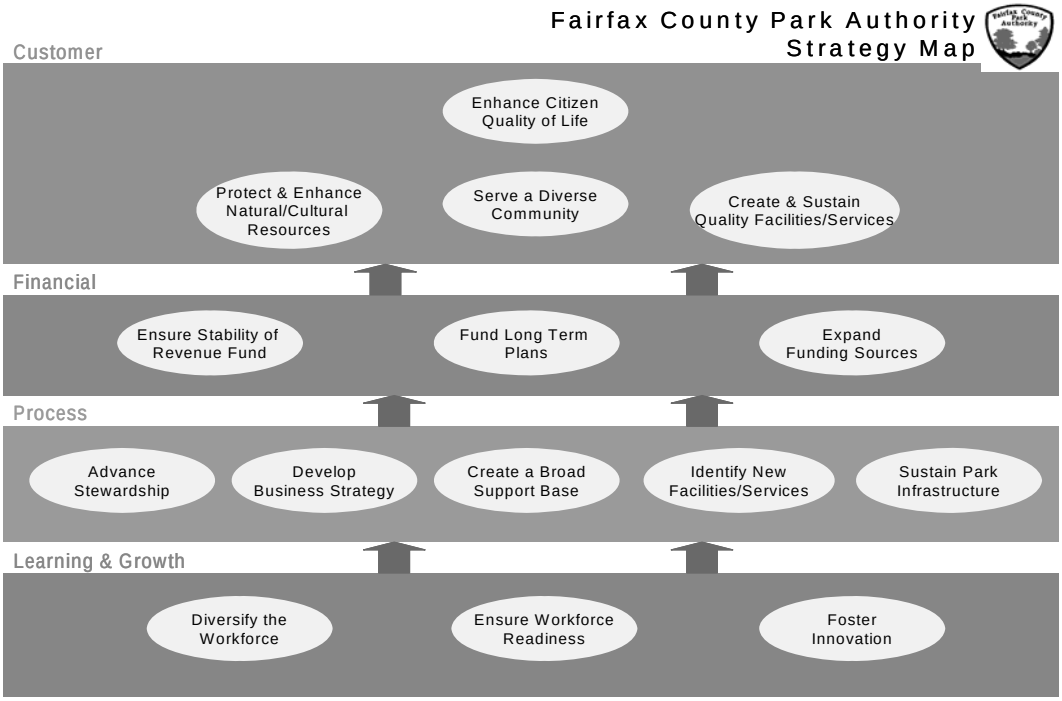
- Enhance citizen quality of life;
- Protect and enhance natural and cultural resources;
- Create and sustain quality facilities and services; and
- Serve a diverse community.

The Authority strives to improve the quality of life of citizens by keeping pace with demand by continually enhancing the park system. The Authority currently owns, maintains and operates 420 parks on approximately 24,000 acres of land. Notable enhancements include increased open space, expanded trails, new inclusive features and upgrading the playability of outdoor facilities. In FY 2006, the Authority acquired 41 acres of open space in McLean, Virginia under a long-term conservation easement agreement which will permanently preserve this open space for current and future generations. Also in FY 2006, with the assistance of the "Friends Group," Turner Farm opened in Great Falls, offering a cross country equestrian course and opportunities for the public to enjoy an astronomy observatory. FY 2006 marked the celebrated opening of the 41 mile long Cross County Trail which provides a continuous trail through every district across the County for all citizens to enjoy. CLEMYJONTRI, the first and only fully American with Disabilities Act (ADA) accessible park, opened, serving able and disabled children side by side. Also, Laurel Hill Golf Club was completed and received extremely positive reviews by industry professionals and users alike. The course has been named by Golf Styles magazine as one of the 100 must play courses in the mid-Atlantic region. This premier public golf facility rivals other high end daily fee courses in the region and across the country. Additionally, a $25 million park bond was authorized in 2006. This bond includes $10 million to acquire new parkland, $10 million to convert up to 12 existing natural turf rectangular fields to synthetic turf and $5 million to further develop a countywide comprehensive trail network. This bond will allow the Park Authority to continue to meet resident expectations identified in the Needs Assessment for the dual requirement to maintain Park Authority facilities and to acquire land to build needed park facilities and preserve significant resources and open space.

The Authority operates under the policy oversight of a 12-member Park Authority Board, in accordance with a Memorandum of Understanding with the Board of Supervisors. The Authority manages acquisition, preservation, development, maintenance and operation of these assets and activities through five funds: the General Fund, Park Revenue Fund, General County Construction Fund, Park Authority Bond Construction Fund and Park Capital Improvement Fund. The Park Authority Board has direct fiduciary responsibility for the Park Revenue Fund and the Park Capital

Improvement Fund, while the County has fiduciary responsibility for the three other funds. The Authority also aggressively seeks management initiatives and alternate funding sources to sustain the delivery of quality services and facilities. The Park Foundation, established in 2001, serves to coordinate and seek the generous gifts of individuals, foundations and corporations who wish to contribute to delighting current and future generations of park visitors. Grants, donations, the Adopt-A-Field and Adopt-A-Park programs, as well as many "friends groups" and other partnerships, have provided over $1 million in cash and in-kind contributions.

The following Strategy Map serves as a model of how the Park Authority creates value for County citizens. It contains the agency's 2006-2010 strategic objectives, identified within the learning and growth, process, financial and customer perspectives. Collectively, these objectives help to meet the Park Authority's overarching goal of improving citizen quality of life.



The customer perspective contains the overarching objectives of the Park Authority's 2006-2010 Strategic Plan, which is to "Enhance Citizen Quality of Life". We accomplish this through our two-dimensioned mission statement ("Protect and Enhance Natural and Cultural Resources" and "Create and Sustain Quality Facilities and Services"). In addition, the Park Authority aims to provide programs, facilities and services that engage and meet the needs to "Serve a Diverse Community."

The strategic objectives contained in the other three perspectives of the Map (Learning and Growth, Process and Financial) position the Park Authority to successfully meet the overarching objectives contained in the Customer Perspective.

The Park Authority 2006-2010 Balanced Scorecard Strategic Plan can be accessed at the Fairfax County Park Authority Web site at http://www.fairfaxcounty.gov/parks/.

Fund 170
Park Revenue Fund

Current Trends

The Park Revenue Fund is primarily supported from user fees and charges generated at the agency's revenue supported facilities which include recreation centers, golf courses, lake parks, nature centers, historic sites and various other major parks. The Authority's enabling legislation states that revenues must be spent exclusively for park purposes. Revenue received from recreation centers and golf courses are designed to fully recover the annual operating and maintenance costs of these facilities, while the revenue received from the lake parks, nature centers, historic sites and various other major parks only cover a portion of the annual costs.

Some park operations are funded from both the General Fund and Park Revenue Fund. The General Fund pays for the administrative salaries and some operating costs such as utility and general maintenance costs. The General Fund also pays for activities associated with the policy, communication and leadership activities of the Director's Office, as well as funding administrative costs for purchasing, accounting and payroll and risk management procedural compliance.

Management of Revenue Fund facilities must quickly respond to changing expectations in order to maintain customer loyalty. Changing customer expectations have resulted in continued fitness service expansions at recreation centers, improved practice and teaching facilities at golf courses, and greater emphasis on themed entertainment experiences such as the recently completed mini golf course at Burke Lake Park. The Authority opened Cub Run Recreation Center in FY 2005 and Laurel Hill Golf Course in FY 2006. The new facilities and service refinements come as a result of customer survey feedback and nationwide recreational trends.

A Facility Condition Assessment of existing facilities and infrastructure also has been completed as part of the overall Needs Assessment. This facilities study indicates that requirements may cost up to $100 million (for the General Fund and Park Revenue Fund combined) over the next 10 years for repairs and renovations to existing facilities and infrastructure. The decline of these facilities and infrastructure is largely attributable to age, usage and limited resources to perform required life-cycle maintenance. The desire of the community to preserve and maintain existing parks was evident in the qualitative and quantitative data gleaned from the Needs Assessment process.

Budget and Staff Resources

Agency Summary		
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	234/ 233.75	234/ 233.75
Expenditures:		
Personnel Services	$22,418,134	$23,225,600
Operating Expenses	11,846,774	13,263,743
Recovered Costs	(1,132,440)	(1,192,373)
Capital Equipment	187,895	187,500
Bond Debt Payment	1,068,825	1,066,048
Laurel Hill Note Payable	762,363	765,863
Total Expenditures	**$35,151,551**	**$37,316,381**

Fund 170
Park Revenue Fund

SUMMARY OF ALL AGENCY LOBS
(FY 2008 Adopted Budget Data)

Number	LOB Title	Net LOB Cost	Number of Positions	LOB SYE
170-01	Park Authority Revenue Fund Operations	($431,761)	234	233.75
TOTAL*		**($431,761)**	**234**	**233.75**

* FY 2008 revenues are expected to be $431,761 higher than expenditures for Fund 170, resulting in no net cost to the County.

LOBS SUMMARY

170-01: Park Authority Revenue Fund Operations

Fund/Agency: 170	Park Revenue Fund
LOB #: 170-01	**Park Authority Revenue Fund Operations**
Personnel Services	$23,225,600
Operating Expenses	$13,263,743
Recovered Costs	($1,192,373)
Capital Equipment	$187,500
Bond Debt Cost	$1,066,048
Laurel Hill Note Payment	$765,863
Total LOB Cost:	$37,316,381
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$37,345,992
Other Revenue	$402,150
Total Revenue:	$37,748,142
Net LOB Cost:	($431,761)
Positions/SYE involved in the delivery of this LOB	234 / 233.75

▶ LOB Summary

Fund 170, the Park Authority Park Revenue Fund is one of two trust funds operated and approved by the Park Authority Board, as authorized under the Commonwealth's Park Authorities Act. Fund 170 exists to serve the leisure needs of county residents, guests and visitors on a financially self-sustaining basis by managing and operating top quality recreational facilities, services, programs, special events and parks while minimizing general fund support requirements.

Fund 170
Park Revenue Fund

The primary functions of the Park Revenue Fund are as follows:

- Operation and management of nine RECenters, eight golf courses, three lakefront parks and various rental facilities. There were over 2.2 million paid visits to these facilities in FY 2007.

- Development, scheduling and management of a wide variety of recreational programs. In FY 2007, there were 106,696 class registrations in programs supported by this fund.

- Operation of eight historic property rentals and Resource Management Division visitor services, store sales, interpretive programs and classes at nature centers, historic sites, a horticultural park and a farm/equestrian park.

The fund also supports a number of agency-wide functions, including:

- Revenue-facility administrative support (facility and operational planning, budget/financial analysis, market research, publications) of the above.

- Management of ParkNet, the Park Authority's automated information system.

- Centralized program registration and picnic/shelter rentals.

- Production of ParkTakes magazine, a quarterly guide to parks and recreation offerings.

- Print, graphic, photographic, advertising and video support of all agency functions; production of agency newsletter.

- Market research and planning; customer satisfaction surveys.

- Technical assistance in the areas of integrated pest management, irrigation and turf grass management programs.

Issues/Trends/Challenges impacting the Park Revenue Fund are:

- The Revenue Fund continues to finance the annual operation of designated park facilities and services. Strategic business planning measures are being developed to manage the fund's rising expenditures and utility costs. This issue is a strategic priority for the agency.

- Energy costs are significant, representing 28.4 percent of the Revenue Funds operating budget. It is critical to secure capital funding to begin implementing systems adaptations for improving utility efficiency of heating/cooling/lighting and watering systems through support of the Energy Management Program.

- The opening of the new Laurel Hill Golf Course has also added substantial additional debt service requirements to the Revenue Fund, nearly $800k more annually. This additional financial responsibility, coupled with the unanticipated dramatic increase in cost of utilities (electricity, natural gas, fuel), and a trend of expenses rising faster than new revenue, will place challenges on the long-term stability of the Revenue Fund.

- Meet changing and growing diverse population needs, including seniors.

- As mentioned in the Focus/Current trends section above, the need to fund identified maintenance needs of an aging inventory of facilities is a critical issue affecting the long-term sustainability and stability of the Revenue Fund.

► Method of Service Provision

The Revenue Fund provides the majority of its services with 234 County merit and over 2,500 Exempt Limited Term staff augmented by a roster of hundreds of volunteers (donating approximately 124,000 hours annually).

Services are delivered at parks, recreation centers and golf courses throughout the County operating all days of the week year round, including most holidays, weekends and evenings.

The Revenue Fund works with the Board of Supervisors, Park Authority Board, County residents, other county agencies and task forces in providing information and expertise, often leading or participating in evening and weekend meetings and events.

► Mandate Information

This LOB is state mandated. There are three state mandated items supported within this LOB. Dam Safety Act, Licensed Camp Staff Training (22 VAC-15-3-310-C) and Boiler and Pressure Vessel Rules & Regulations. In FY 2008, funding of $15,000, $11,200 and $1,140 respectively are required for above mentioned mandates. See the January 2007 Mandate Study, reference pages 36 and 66 for the specific federal or state codes and brief descriptions.

AGENCY PERFORMANCE MEASURES

Objectives

- To increase the number of golf rounds played to nearly 325,000, an increase of 1.6 percent, while maintaining the overall satisfaction rating for golfers at 64 percent.

- To achieve and maintain a rate of 5.60 service contacts per household, and a customer satisfaction rating of 75 percent in order to provide opportunities for Fairfax County citizens to enhance their recreational, fitness, health and leisure activities while learning about linkages between these resources and a healthy community and personal life.

- To increase visitor contacts by 3.5 percent, while maintaining a customer satisfaction rating of 75 percent in response to citizens' requests for information and education regarding Fairfax County's natural, cultural, and horticultural resources and heritage.

Fund 170
Park Revenue Fund

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Annual budget expenditures administered	$25,439,419	$28,473,669 / $30,178,066	$32,529,373	$30,333,006	170-01
Agency employees served	3,082	2,800 / 3,326	3,500	3,602	170-01
PC's, servers, and printers	681	681 / 695	708	716	170-01
Golf rounds played	319,595	332,677 / 318,117	320,000	325,000	170-01
Fund gross revenue	$33,543,600	$35,929,653 / $36,634,841	$37,748,142	$39,922,135	170-01
REC Activities service contacts	2,224,733	2,206,142 / 2,213,913	2,228,464	2,266,432	170-01
Resource Management Division visitor contacts (1)	219,902	227,909 / 203,861	210,996	218,381	170-01
Efficiency:					
Golf expense/rounds played	$25.88	$25.83 / $28.07	$29.34	$31.28	170-01
Golf revenue per round	$31.10	$31.79 / $33.94	$35.89	$36.79	170-01
REC Activities service contacts per household	5.79	5.64 / 5.66	5.60	5.60	170-01
Resource Management Division visitors contacts per household	0.57	0.58 / 0.52	0.53	0.54	170-01
Service Quality:					
Golf enterprises - percent "very" satisfied	64%	64% / 59%	64%	64%	170-01
REC Activities - percent "very" satisfied	72%	75% / 76%	75%	75%	170-01
Resource management - percent of visitors “very” satisfied with programs and services	75%	75% / 78%	75%	75%	170-01
Outcome:					
Golf percent change in rounds played	7.9%	3.1% / (0.5%)	0.6%	1.6%	170-01
Golf cost recovery percentage	120.16%	123.04% / 120.90%	122.30%	117.60%	170-01
Percent of households indicating parks/recreation services are "very" important or "extremely" important to their quality of life	80%	78% / 77%	78%	78%	170-01
Percent of households indicating that natural, cultural and horticultural resources, facilities and services are “extremely” or “very” important to quality of life	72%	72% / 70%	72%	72%	170-01

(1) In FY 2006 the Visitors Center at Frying Pan Farm Park opened and drew in more visitors.

Fund 306
Northern Virginia Regional Park Authority

FY 2008 Adopted Budget Plan	
Fund 306, Northern Virginia Regional Park Authority	
Total Expenditures:	$2,500,000
Revenue:	
General Fund Support	$0
Bond Revenue	$2,500,000
Other Revenue	$0
Total Revenue	$2,500,000

▶ Summary of Program

This fund supports Fairfax County's annual capital contribution to the Northern Virginia Regional Park Authority (NVRPA). The NVRPA was created in 1959 under the Virginia Park Authorities Act to provide a system of regional parks in the Northern Virginia area. The NVRPA currently operates 21 regional parks and owns more than 10,000 acres of land, of which more than 7,700 acres are in Fairfax County. Parklands within the system include: Bull Run, Bull Run Marina, Fountainhead, Sandy Run, Pohick Bay, Carlyle House Historic Park, Potomac Overlook, Upton Hill, Algonkian, Red Rock, the W&OD Trail, Occoquan, Hemlock Overlook, Cameron Run, Gateway, Meadowlark Gardens, Ball's Bluff, Temple Hall, Brambleton, Blue Ridge, and Aldie Mill. In addition, the NVRPA administers extensive regional historic and conservation properties throughout Northern Virginia. These community resources are supported primarily from the annual contributions of its six member jurisdictions: the counties of Fairfax, Loudoun and Arlington, and the cities of Fairfax, Alexandria and Falls Church. Each member jurisdiction's contribution is in proportion to its share of the region's population of approximately 1.6 million residents.

The primary focus of NVRPA's capital program is to continue the restoration, renovation and modernization of existing park facilities, many of which were developed or constructed more than 20 years ago. Additional elements of the capital program include land acquisition, the development of interpretive and educational displays, and the adaptation of park features to meet the needs of the disabled. In its conservation efforts, NVRPA is also involved in implementing portions of the Environmental Quality Corridors concept, which defines an open space land system designated for long-term protection in the County. In this role, NVRPA continues to place emphasis on the acquisition of shoreline properties along the Potomac, Bull Run and Occoquan Rivers, while the Fairfax County Park Authority concentrates on acquiring land along the County's interior stream valleys.

Significant 2007 capital improvements that expanded service to the public include a redesigned water park at Upton Hill Regional Park, a remodeled meeting center at Algonkian Regional Park, campground improvements at Bull Run and Pohick Bay Regional Parks, improved boat ramps and/or docks at Pohick Bay, Sandy Run and Bull Run Marina, and historic preservation work at Pohick Bay, Carlyle House and Red Rock. Other accomplishments in recent years have included mini-golf and shelters/picnic area renovations at Algonkian Regional Park, a light show at Bull Run Special Event Center, and pool renovations at Cameron Run Regional Park. Work in progress includes the expansion of the Algonkian Meeting and Event Center Parking lot, additional campground renovations at Fountainhead Park, and garden development and expansion at Meadowlark Botanical Gardens. Needed maintenance and safety improvements include renovations

to the entrance area of the Potomac Overlook, an irrigation system at Meadowland Botanical Gardens, HVAC and roof renovations at the historic Carlyle House, and continuing W&OD trail improvements.

▶ Funding Availability and Future Considerations

In the fall of 2004, the voters approved a $10 million Park Bond Referendum for Fairfax County's capital contribution to the NVRPA. This referendum supported a level of $2.5 million per year for four years through FY 2008. In FY 2008, General Obligation Bond funding in the amount of $2,500,000 was included for several capital project initiatives, including: mini-golf renovations at Bull Run Regional; HVAC, fire suppression and roof renovations at the historic Carlyle House; expansion of the Algonkian Meeting and Event Center Parking lot; additional campground renovations at Fountainhead Park; garden development and expansion at Meadowlark Botanical Gardens; expansion of Boat/RV Storage at Occoquan Park; replacement of the miniature golf course at Bull Run Park; and continued trail improvements on the W&OD.

The next Park Bond referendum with a NVRPA component is scheduled for fall 2008.

▶ Status of Program

This program is managed by the NVRPA. Payments are made to the NVRPA on a quarterly basis.

▶ Mandate Information

There is no federal or state mandate for this LOB.

Fund 370
Park Authority Bond Construction

FY 2008 Adopted Budget Plan Fund 370, Park Authority Bond Construction	
Total Expenditures:	$0
Revenue:	
General Fund Support	$0
Bond Revenue	$0
Other Revenue	$0
Total Revenue	$0

▶ Summary of Program

This fund provides for the continued design, construction and renovation of Fairfax County parks, and is supported by General Obligation bonds. Bond support is allocated to specific projects by the Park Authority Board and approved by the Board of Supervisors. Funds are used for land acquisition, design and construction of new facilities, expansion of existing facilities, and major repairs or improvements to existing facilities.

The Fairfax County Park Authority currently administers approximately 24,000 acres of parkland and over 420 individual parks. These include county parks that provide countywide services including golf, camping, skating, boating; stream valley trails, natural resource areas and historic sites; district parks that provide area-wide services, such as ball fields complexes, RECenters, dog parks and athletic courts; and neighborhood facilities, such as playgrounds, multi-use courts, picnic areas and open space.

No funding is included for Fund 370, Park Authority Bond Construction, in the FY 2008 Adopted Budget Plan. The *FY 2008 Revised Budget Plan* is $50.86 million based on the carryover of unexpended balances from FY 2007 to FY 2008. As of October 2007 expenditures totaled $5.9 million and encumbrances totaled $11.5 million. Funding will be expended as prioritized in the Work Plan, and subject to change as requested by the Park Authority Board.

▶ Funding Availability and Future Considerations

The voters approved $65 million for parks as part of the fall 2004 Bond Referendum, and this amount has been fully appropriated. In addition, the voters approved $25 million for parks in the fall 2006 Bond Referendum; this amount was fully appropriated in the *FY 2007 Third Quarter Review*.

As part of the 2004 Park and Recreation Needs Assessment process, the Park Authority Board adopted a needs-based 10-Year Capital Improvement Program (CIP) that identified capital improvement needs valued at $376,000,000 through 2013. Indexed for inflation, this value has increased to $435,000,000 and reflects adjusted land values and escalating construction cost. Funding to implement the plan has primarily been in the amount of $65,000,000 from the fall 2004 Bond Program, and $25,000,000 from the fall 2006 Bond Program. Future planned bond referendums for fall 2008 and fall 2012 will include additional parks projects identified within the CIP.

Fund 370
Park Authority Bond Construction

The Park Authority has also been challenged to ensure that 10 percent of the total County landmass, or a total of 25,283 acres, is held as County parks.

The Park Authority has also completed a Facility Assessment of selected park buildings that is being utilized to develop a long range maintenance and repair plan as well as aid in the forecasting of future major expenses.

▶ Status of Program

- A Work Plan is approved by the Park Authority Board which identifies funding and prioritization for projects in this fund. The Work Plan lists all projects to be accomplished by the Planning and Development division, and it is reviewed annually and revised by the Park Authority Board prior to the beginning of each fiscal year. Priorities are established by the Park Authority Board, and projects and associated funding are tracked by project category and park site.

- A total of 69 projects are currently active in this program area. These projects include 113 separate tasks pertaining to the planning, design, or construction phase. Current projects include: Hidden Oaks parking lot which will embrace Low Impact Development (LID), South Run Fitness Room, Lake Accotink environmental improvements, design and construction of HVAC improvements at Spring Hill and Oak Marr RECenter, and Phase 1 improvements at Frying Pan that includes design and construction of a new horse stable building, sheds, two warm-up areas, and demolishing existing stables. Recently completed projects include: Patriot Park Phase 1 development, including a complete soccer field complex, 120 space parking lot, three (3) lighted synthetic turf micro soccer fields, trails, site lighting, and landscaping; Ossian Hall Park Phase 1 with construction of a visible accessible trail network connected to three (3) new park entrance nodes with enhanced signage; and completion of seven (7) synthetic turf fields (2 - Poplar tree, 2 - South Run, 2 - Lake Fairfax, and 1 – Carl Sandburg) that will help reduce the deficiency in rectangular fields.

- The 2004 and 2006 Bond Programs are 100 percent committed and/or underway. Cash flow projections show all remaining 2004 and 2006 bonds being expended by FY 2010.

- This section works directly with the Board of Supervisors, Park Authority Board, County residents, other county agencies, and task forces, in providing information and expertise, often leading or participating in evening and weekend meetings and events.

▶ Mandate Information

There is no federal or state mandate for this LOB.

Fund 371
Park Authority Capital Improvements

FY 2008 Adopted Budget Plan Fund 371, Park Authority Capital Improvements	
Total Expenditures:	$0
Revenue:	
General Fund Support	$0
Bond Revenue	$0
Other Revenue	$0
Total Revenue	$0

▶ Summary of Program

Fund 371, Park Authority Capital Improvements is one of two trust funds operated and approved by the Park Authority Board, as authorized under the Commonwealth's Park Authorities Act. This fund was established in 1966 under the provisions of that Act to provide for capital improvements to the agency's revenue facilities and parks, as well as various park sites where grants, proffers, easements, and donations have been received for specific park improvements. Funding is also derived from telecommunications payments, interest, leases, and transfers from Fund 170, Park Revenue Fund. These funds are used to fund maintenance, renovation, cover dedicated staff cost, and enhancements at revenue producing facilities. All revenue received is project specific and expenditures are limited by the appropriation that is established for each project.

No funding is included for Fund 371, Park Authority Capital Improvements, in the FY 2008 Adopted Budget Plan. The *FY 2008 Revised Budget* Plan is $17.19 million based on the carryover of unexpended balances from FY 2007 to FY 2008. As of October 2007, expenditures totaled $318,000 and encumbrances totaled $326,000. The revised budget of $17.2 million is anticipated to be expended or encumbered as prioritized in the Work Plan, and subject to change as requested by the Park Authority Board.

▶ Funding Availability and Future Considerations

- A Work Plan is approved by the Park Authority Board which identifies funding and prioritization for projects in this fund. The Work Plan list all projects to be accomplished by the Planning and Development division and it is reviewed annually and revised by the Park Authority Board prior to the beginning of each fiscal year. Priorities are established by the Park Authority Board, and projects and associated funding are tracked by project category and park site.

- Staff cost to administer the Park Rental Program and Easement/Encroachment are recovered from the project revenues from these programs. The charging of staff time results in a reduction in the amount of funds available for operating cost within these two projects.

Fund 371
Park Authority Capital Improvements

- Factors that impact this fund include increasing design and construction cost due to inflation of construction materials; and keeping up with the significant increase in park facilities while providing for the necessary renovation/replacement of these aging facilities. Significant investment will be needed to modernize these older facilities to offset normal wear and tear, and to replace inefficient and outdated systems with more energy efficient, environmentally friendly systems.

- This fund includes three reserves, the Repair and Replacements Reserve which is required as part of the 1995 revenue bonds for golf course construction; the Facilities and Services Reserve established in FY 2001 by the Park Authority Board to serve as a source of funding for emergency repairs and revenue enhancements at revenue producing facilities; and the Lawrence Trust Reserve, interest earned is used solely for park purposes within Eleanor C. Lawrence Park.

- The ParkNet Project (Site Information Management) provides funds to replace components of the agency's ParkNet information system, including the server and server-related software; point-of-sale workstations and equipment; and to enhance and improve the application and its utility.

▶ Status of Program

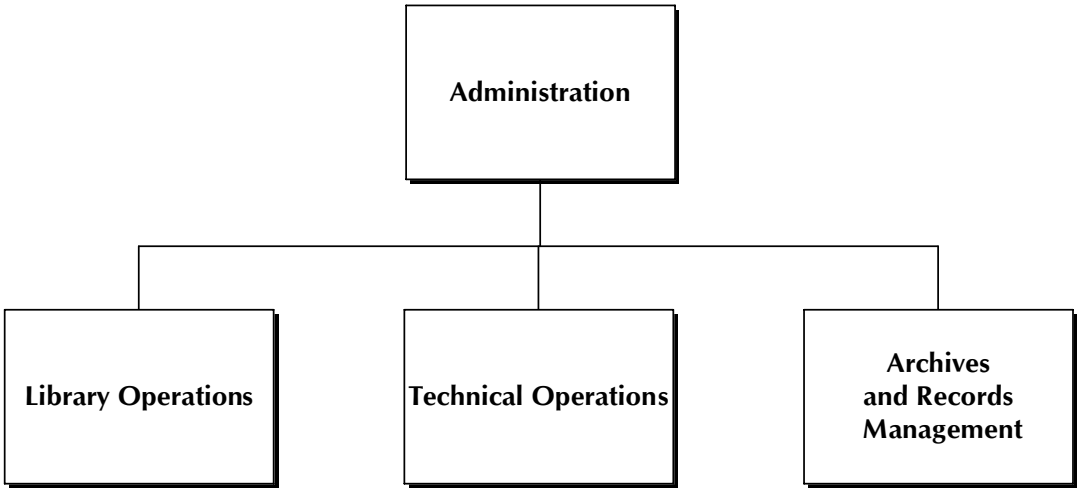
- There are more than 77 separate tasks in various stages of planning, design, or construction for the active projects within this Fund.

- This Section works directly with the Board of Supervisors, Park Authority Board, County residents, other county agencies, and task forces, in providing information and expertise, often leading or participating in evening and weekend meetings and events.

▶ Mandate Information

There is no federal or state mandate for this LOB.

Fairfax County Public Library



Mission

The mission of the Fairfax County Public Library is to enrich individual and community life by providing and encouraging the use of library resources and services to meet evolving educational, recreational and informational needs of the residents of Fairfax County and Fairfax City.

Focus

The Fairfax County Public Library (FCPL) operates eight regional libraries and by the end of FY 2008 will operate 14 community libraries conveniently located to serve all the residents of Fairfax County and Fairfax City. Located at the Fairfax County Government Center, the Library's Access Services provides unique services for residents with visual and physical disabilities, while Information Central conducts research to support County government initiatives. In addition to operating these 24 public service sites, the Library has developed an impressive and expanding array of library services for remote users through the Library's Web pages on the County's Web site.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Improving customer service and increasing efficiency by expanding the use of technology;
- Expanding marketing, community relations and advocacy;
- Encouraging lifelong learning and sharing the joy of reading by promoting early literacy and reading readiness skills for preschoolers; and
- Responding to the needs of a growing community by planning for the construction of new libraries and the renovation of older libraries.

Over five million visits to Fairfax County libraries were made in FY 2007. A full range of library services is available to customers who visit libraries including: access to over 2.5 million items for borrowing or onsite use; professional research assistance; programs for adults and children of all ages; student homework support; electronic information resources; and public Internet access. FCPL customers borrowed nearly 12 million items during FY 2007. Remote use of FCPL resources continues to double annually as more interactive services are enabled and access to information databases is increased.

Fairfax County Public Library

To better reach residents of high-growth areas, the County has opened a new library in Oakton and has a new library under construction in Burke. The Oakton library opened September 2007 while the Burke library is scheduled to open in spring 2008. In addition, the renovation of older libraries will allow buildings to meet the technological requirements of 21st century library service, such as self check-out and wireless access. A November 2004 bond referendum was approved by voters to fund the construction of two new libraries and the renovation of the four oldest branches including Dolley Madison in the Dranesville District, Thomas Jefferson in the Mason District, Richard Byrd in the Lee District and Martha Washington in the Mount Vernon District. The Library is also relocating the Fairfax City Regional Library through a partnership between Fairfax City and Fairfax County.

The Fairfax County Public Library is one of the dynamic links that connects residents to local and global resources for lifelong learning and self-enrichment. The Library's Strategic Plan provides direction for achieving this vision and the Library works to be integral to the life of every Fairfax County and City resident. The Library anticipates and monitors changes in the community, such as demographic shifts or different school curriculum requirements, and responds to these community needs by prioritizing the use of resources and realigning programs, collections and services. The Library is a leader in the information business, maximizing staff expertise to create value-added products that enhance traditional and Web-based services. The Library connects people and information by making local and global resources available at safe and convenient public places and through 24/7 virtual access.

Through Archives and Records Management, the Library is responsible for accurately and efficiently managing the storage and retrieval of the County's temporary and historical records. Archives and Records Management will continue to identify and implement opportunities to improve employee safety, security, productivity and customer service in FY 2008.

In accordance with the Code of Virginia, the Library Board of Trustees determines policy and sets direction for the Fairfax County Public Library's collection, programs and services. The Library is dependent upon County funds to support operations and the building program identified in the FY 2009-2013 Capital Improvement Program. The Library Board and staff understand the impact of reduced funding from federal, state and local sources on expansion and continuation of County services. Since FY 2002, the Library's funding for new materials has been reduced by 37 percent. Continued fiscal constraints will require that the Library continue to carefully manage its existing resources to move forward strategic initiatives during FY 2008.

Fairfax County Public Library

Budget and Staff Resources

Agency Summary		
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	465/ 425.5	499/ 452.5
Expenditures:		
Personnel Services	$22,585,271	$24,957,659
Operating Expenses	11,100,735	8,400,446
Capital Equipment	131,921	178,620
Total Expenditures	**$33,817,927**	**$33,536,725**
Income:		
Coin-Operated Microform Readers	$170,508	$182,539
Library Database Fees	4,216	4,132
Library Overdue Penalties	1,759,491	1,665,088
City of Fairfax Contract	103,126	108,152
Library State Aid	671,996	581,586
Total Income	**$2,709,337**	**$2,541,497**
Net Cost to the County	**$31,108,590**	**$30,995,228**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
52-01	Administration of Libraries	$4,084,927	49	48.5
52-02	Operation of Libraries	$20,587,119	403	357.5
52-03	Technical Support of Libraries	$5,955,988	40	39.5
52-04	Archives	$367,194	7	7.0
TOTAL	**NET COST SUBTOTAL**	**$30,995,228**	**499**	**452.5**

The library is historically a high performing agency. Since the County began scoring performance measures in FY 2000, the library has met an average of more than 67 percent of its performance estimates and an agency record 89 percent in FY 2007.

LOBS SUMMARY

52-01: Administration of Libraries

Fund/Agency: 001/52	*Fairfax County Public Library*
LOB #: 52-01	***Administration of Libraries***
Personnel Services	$2,592,230
Operating Expenses	$1,600,849
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,193,079
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$108,152
Total Revenue:	$108,152
Net LOB Cost:	$4,084,927
Positions/SYE involved in the delivery of this LOB	49 / 48.5

► LOB Summary

Fairfax County Public Library Administration provides leadership, policy making, coordination and administrative support in the areas of personnel, volunteer development, training, budget development, financial management, procurement, public information, support services, and facilities development and maintenance for eight regional and fourteen community libraries.

Since FY 2000, the number of customers visiting the library has increased 11 percent, equal to the percentage increase in the population of the area served by the library. The number of library visits is expected to remain high as customers continue to take advantage not only of the Library's extensive electronic and print resources, but also of the safe and comfortable atmosphere the library provides.

The library has added an average of more than 74,000 registered borrowers annually since FY 2000. For the past three years new and more efficient procedures for maintaining the accuracy of customer registrations have been put into place. The increased accuracy has enhanced the library's ability to benchmark and compare its performance to other jurisdictions.

The library is a leader in providing its customers with a variety of electronic resources and services, establishing its web presence in May 1996. Since FY 2000 the number of pages viewed on the library's web site has increased more than 1000 percent while the number of user visits to the site has increased 114 percent (since FY 2002). Several electronic databases are available via the web site. Use of these databases has increased 207 percent since FY 2003. A web site user survey conducted in FY 2007 indicated that 91 percent of respondents were satisfied with the information they found on the site. The web site is the portal to a variety of resources and services including downloadable and e-audio books which recorded more than 53,000 uses in FY 2007.

Public Internet access has been offered since October 1999. Since FY 2000 the number of Internet users has increased 225 percent with the library now offering 205 public Internet workstations throughout the library system. The library tracks this computer utilization thus ensuring that resources are properly distributed throughout the system to meet demand. In addition, the library offers Wi-Fi access which will soon include all branches.

Since FY 2002 the library has maintained and utilized a community assessment for each library branch. The information provided by this assessment allows individual libraries to tailor services and resources to better meet the needs of the specific communities they serve. In addition, the library conducts at least two customer surveys annually. A "quick" survey conducted in FY 2007 showed that 88 percent of respondents were "very" satisfied with library services; 99 percent were at least "somewhat" satisfied. This survey also solicited volunteers interested in providing the library with input and feedback through their participation in electronic surveys. This group of volunteers includes more than 325 individuals which the library intends to use as a focus group to assist in evaluating library resources and services.

The Administration of Libraries LOB met approximately 70 percent of its performance estimates in FY 2007.

New Initiatives and recent accomplishments in support of the Fairfax County Vision include:

Maintaining Safe and Caring Communities
With county agencies and other organizations, co-sponsored volunteer fairs for teens and older adults.

Building Livable Spaces
Opened Oakton Library in fall 2007 with 17,304 square feet of space including over 60,000 items in the collection, meeting rooms, quiet study room, wireless access to the Internet and twenty-four public access PCs. Following the voter approved Bond Referendum in 2004, the Library continues to respond to a growing community by the construction of two new libraries, renovation of four libraries and relocation of the City of Fairfax library to a new building.

Connecting People and Places
Expand marketing, community relations and advocacy to increase awareness and use of FCPL services by both current and potential library customers. Possible activities include: targeting programs to particular populations such as seniors, staffing a library information booth at local festivals, and celebrating branch library anniversaries with special events.

Maintaining Healthy Economies
With the Department of Purchasing and Supply Management, purchased additional delivery vehicle for Library and County deliveries.

Creating a Culture of Engagement
Continue to recruit and retain volunteers. In FY 2007, more than 3,000 volunteers contributed more than 133,000 hours to libraries. Continue to partner with Inova Hospital System to provide high-demand health-related books to the public in all 22 Library branches and to present a Literature and Medicine discussion series for health care providers at Inova facilities. Continue to create community-building events by planning programs surrounding "All Fairfax Reads" book selections, which included *His Excellency: George Washington* for FY 2008. Continue to partner with George

Mason University, the Washington Post, the City of Fairfax to hold the Fall for the Book Literary Festival. This event includes author visits, writing workshops, children's programs and book sales.

▶ Method of Service Provision

Library Administration is located in Suite 324 in the Government Center in Fairfax. Regional and community library services are provided directly by County employees. There are eight regional libraries located in Fairfax County: Centreville, Chantilly, Fairfax City, George Mason in Annandale, Pohick in Burke, Reston, Sherwood in Mt. Vernon, and Tysons-Pimmit. There are fourteen community libraries located in Fairfax County: Dolley Madison in McLean, Great Falls, Herndon, John Marshall in Franconia, Kings Park, Kingstowne in Alexandria, Lorton, Martha Washington in Alexandria, Oakton, Patrick Henry in Vienna, Richard Byrd in Springfield, Thomas Jefferson, Woodrow Wilson in Falls Church, and Access Services in the Government Center.

Hours of Operation:

The hours of operation for Library Administration are: Monday–Friday, 8 a.m.–4:30 p.m.; Grants and Funding Research Center Monday-Friday, 8:30 a.m.–5 p.m.

▶ Mandate Information

There is no federal or state mandate for this LOB.

52-02: Operation of Libraries

Fund/Agency: 001/52	*Fairfax County Public Library*
LOB #: 52-02	*Operation of Libraries*
Personnel Services	$20,001,110
Operating Expenses	$2,329,148
Recovered Costs	$0
Capital Equipment	$108,620
Total LOB Cost:	$22,438,878
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$1,851,759
Other Revenue	$0
Total Revenue:	$1,851,759
Net LOB Cost:	$20,587,119
Positions/SYE involved in the delivery of this LOB	403 / 357.5

Fairfax County Public Library

▶ LOB Summary

The Fairfax County Public Library provides library services and materials to meet the educational, recreational, and informational needs of the citizens of Fairfax County and Fairfax City. Incorporated in this delivery of service are eight regional and fourteen community libraries located throughout Fairfax County. These services include materials circulation, information services, programming and remote delivery services.

The library continues to enjoy a high rate of contact with Fairfax County and Fairfax City residents. Since FY 2000 the volume of citizen contacts with the library has increased 57 percent averaging nearly 36 million contacts annually and more than 42 million in FY 2007. During the same time period the number of contacts per capita has increased 43 percent, with every resident having 40 contacts with the library in FY 2007. With the addition of the Oakton library in FY 2007 and the Burke Centre library in FY 2008, the volume of contacts with the public is projected to increase. Circulation of items from the library's collection has increased 10 percent since FY 2000, averaging nearly 11.5 million items annually. In FY 2007 more than 11.9 million items were circulated, the second largest number ever recorded by the library.

One of the ways customers enjoy the library is by attending library sponsored programs. In FY 2007 the library offered 6,316 programs attended by more than 177,000 customers, an increase of 26 percent since FY 2000.

Staff strives to address customer questions in a timely manner, answering within 24 hours an average of 75 percent of information questions since FY 2000. The volume of information questions addressed by staff in FY 2007 was more than 2.3 million.

A library "quick" survey conducted in FY 2007 showed that 88 percent of respondents were "very" satisfied with library services; 99 percent at least "somewhat" satisfied. This survey also solicited volunteers interested in providing the library input and feedback through their participation in electronic surveys. This group of volunteers includes more than 325 individuals which the library intends to use as a focus group to assist in evaluating library resources and services.

The Operation of Libraries LOB met 100 percent of its performance estimates in FY 2007.

New Initiatives and recent accomplishments in support of the Fairfax County Vision include:

Maintaining Safe and Caring Communities
Recruited over 50,000 children (preschool through teens) for the 2007 Summer Reading Program. Will continue to design materials, programs and school visits to encourage young readers to maintain their skills during summer vacation.

Connecting People and Places
Offered free wireless access to the Internet at six branches with more planned. Customers may use their own Wi-Fi enabled, Windows-based or Mac laptops to access the Internet for an unlimited amount of time from any public area of the branch. The Library will continue to offer Internet access to the public at all branches.

▶ Method of Service Provision

Regional and community library services are provided directly by County employees. There are eight regional libraries located in Fairfax County: Centreville, Chantilly, Fairfax City, George Mason in Annandale, Pohick in Burke, Reston, Sherwood in Mt. Vernon, and Tysons-Pimmit. There are fourteen community libraries located in Fairfax County: Dolley Madison in McLean, Great Falls, Herndon, John Marshall in Franconia, Kings Park, Kingstowne in Alexandria, Lorton, Martha Washington in Alexandria, Oakton, Patrick Henry in Vienna, Richard Byrd in Springfield, Thomas Jefferson, Woodrow Wilson in Falls Church, and Access Services in the Government Center.

Hours of Operation:

The hours of operation for the County's regional libraries are: Sunday, noon–6 p.m.; Monday–Thursday, 10 a.m.–9 p.m.; Friday, 10 a.m.–6 p.m.; Saturday, 10 a.m.–5 p.m.

The hours of operation for the County's community libraries are: Monday–Thursday, 10 a.m.–9 p.m.; Friday, 10 a.m.–6 p.m.; Saturday, 10 a.m.–5 p.m. For Access Services: Monday-Friday, 8 a.m.-5 p.m.

▶ Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 100 percent. See the January 2007 Mandate Study, reference page 37 for the specific state code and a brief description.

Effective July 2007, Virginia Law requires filters on all public library computers. This is state mandated by the Code of Virginia 42.1 – 36.1.

At a minimum, the policy shall contain provisions that (i) are designed to prohibit use by library employees and patrons of the library's computer equipment and communications services for sending, receiving, viewing, or downloading illegal material via the Internet, (ii) seek to prevent access by library patrons under the age of 18 to material that is harmful to juveniles, and (iii) establish appropriate measures to be taken against persons who violate the policy. For libraries established under § 42.1-33, the policy shall also require the selection, installation and activation of, on those computers that are accessible to the public and have Internet access, a technology protection measure to filter or block Internet access through such computers to child pornography as defined in § 18.2-374.1:1, obscenity as defined in § 18.2-372, and, with respect to minors, materials deemed harmful to juveniles as defined in § 18.2-390. Such policy shall provide that a person authorized by the library board shall disable or otherwise bypass the technology protection measure required by this section at the request of a patron to enable access for bona fide research or other lawful purposes. The library board or the governing body may include such other terms, conditions, and requirements in the library's policy as it deems appropriate, such as requiring written parental authorization for Internet use by juveniles or differentiating acceptable uses between elementary, middle, and high school students.

The library board or the governing body shall take such steps as it deems appropriate to implement and enforce the library's policy which may include, but are not limited to, (i) the use of software programs designed to block access by (a) library employees and patrons to illegal material or (b) library patrons under the age of 18 to material that is harmful to juveniles or (c) both; (ii) charging

library employees to casually monitor patrons' Internet use; or (iii) installing privacy screens on computers that access the Internet. For libraries established under § 42.1-33, the library board or governing body shall direct such libraries to select and install on those computers that are accessible to the public and have Internet access a technology protection measure as required by the policy established pursuant to subsection A. No state funding shall be withheld and no other adverse action taken against a library by the Librarian of Virginia or any other official of state government when the technology protection measure fails, provided that such library promptly has taken reasonable steps to rectify and prevent such failures in the future.

52-03: Technical Support of Libraries

Fund/Agency: 001/52	*Fairfax County Public Library*
LOB #: 52-03	***Technical Support of Libraries***
Personnel Services	$2,040,814
Operating Expenses	$4,426,760
Recovered Costs	$0
Capital Equipment	$70,000
Total LOB Cost:	$6,537,574
Federal Revenue	$0
State Revenue	$581,586
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$581,586
Net LOB Cost:	$5,955,988
Positions/SYE involved in the delivery of this LOB	40 / 39.5

► LOB Summary

The Technical Operations cost center provides research, planning, evaluation and information technology to support the FCPL system. Within this framework, it selects, obtains, organizes, and provides materials and information service to support the public service in the 24 regional and community libraries located throughout Fairfax County. Access is provided through integrated systems, resource selection, acquisition, inter-library loans, cataloging and processing.

Since FY 2000 an average of more than 300,000 items have been ordered and processed annually. The turnover rate for materials which represents the level of use for items in the collection as well as a measure of the success staff has had in choosing items for the collection has increased 9 percent since FY 2000 to nearly 5 uses per item. Circulation per capita has remained steady since FY 2000 at approximately 11 items used by every resident despite an 11 percent increase in the population served by the library.

The Technical Support of Libraries LOB met 100 percent of its performance estimates in FY 2007.

New Initiatives and recent accomplishments in support of the Fairfax County Vision include:

Exercising Corporate Stewardship
Implemented self check-out of library materials by customers at 22 branches in FY 2007 and will continue to market the service in FY 2009. Continue to take advantage of the Unicorn application and current technology by enhancing public and staff access to the Library's catalog and other online databases and other Library services.

► Method of Service Provision

Technical Operations is located in the Chantilly Regional Library Complex. Regional and community library services are provided directly by County employees. There are eight regional libraries located in Fairfax County: Centreville, Chantilly, Fairfax City, George Mason in Annandale, Pohick in Burke, Reston, Sherwood in Mt. Vernon, and Tysons-Pimmit. There are fourteen community libraries located in Fairfax County: Dolley Madison in McLean, Great Falls, Herndon, John Marshall in Franconia, Kings Park, Kingstowne in Alexandria, Lorton, Martha Washington in Alexandria, Oakton, Patrick Henry in Vienna, Richard Byrd in Springfield, Thomas Jefferson, Woodrow Wilson in Falls Church, and Access Services in the Government Center.

Hours of Operation:

Technical Operations is staffed from 6:00 a.m.-9:30 p.m. Monday through Friday, Saturdays from 10:00 a.m.-6:00 p.m. and on Sundays from 12:00 noon-6:00 p.m.

► Mandate Information

There is no federal or state mandate for this LOB.

52-04: Archives

Fund/Agency: 001/52	*Fairfax County Public Library*
LOB #: 52-04	***Archives***
Personnel Services	$323,505
Operating Expenses	$43,689
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$367,194
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$0
Net LOB Cost:	$367,194
Positions/SYE involved in the delivery of this LOB	7 / 7.0

▶ LOB Summary

Archives is responsible for the development and implementation of records retention schedules as legally mandated by the Code of Virginia. Under this mandate, the Archives and Records Center is responsible for retention of historical or permanent records and the provision of direct access to these records by the general public and by County agencies. Archives is also responsible for ensuring the maintenance of inactive County records of a non-permanent nature until the expiration of their retention schedule and for the proper destruction of these records at the appropriate time. In addition, Archives is responsible for providing professional assistance to County agencies in records and forms management and for maintaining County records through the most efficient and effective storage methods available.

Archives uses a state-of-the-art, off-the-shelf computer system for records management workflow including storage, retrieval, maintenance, retention and disposal functions. Since FY 2000 Archives has averaged more than 9,500 requests for documents retrieved and refiled. In FY 2007 9,113 requests were shipped within 24 hours representing 97 percent of requests. Since FY 2000 the volume of these document requests shipped with 24 hours has averaged more than 8,800 annually. Since FY 2002 the number of refiles completed has increased 264 percent, averaging more than 10,000 annually. In FY 2007 this number was more than 11,700. Since FY 2002 the volume of records destroyed has increased 66 percent, averaging more than 6,700 cubic feet (boxes) annually. In FY 2007 this number was more than 7,000 cubic feet (boxes) of eligible public records authorized through the state-mandated retention instructions. In terms of customer satisfaction, since FY 2000 the percentage of clients rating timeliness and dependability of services as satisfactory has averaged 93 percent. The Archives is open to the public and was visited by more than 1,200 customers in FY 2007.

Archives will continue to identify and implement opportunities to improve employee safety, security, productivity and customer service in FY 2009.

The Archives LOB met 100 percent of its performance estimates in FY 2007.

New Initiatives and recent accomplishments in support of the Fairfax County Vision include:

Maintaining Healthy Economies
Negotiated a contract for records management "workflow" software. This contract provides a state-of-the-art off-the-shelf computer system for records management workflow including storage, retrieval, maintenance, retention, and disposal functions for the Archives and Records Center. Increased overall storage capacity by installing 29 new units of pallet rack shelves and acquiring additional shelving from the closing of Central Stores. Purchased high compact shelving increasing the number of boxes allowed for storage per square foot and provided improved access to the records.

► Method of Service Provision

Service is provided by County staff. Staff conducts training seminars regarding records storage; inventories and surveys agencies' documents in order to determine what types of documents are currently being stored by the agency onsite; provides a record retention and disposition schedule to the agency; and performs record disposal activities based on agencies' retention and disposal schedules.

Hours of Operation:

Archives is staffed Monday-Friday, 6:30 a.m.-6:00 p.m., and is open to the public Monday-Friday, 8 a.m.-4 p.m.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 100 percent. See the January 2007 Mandate Study, reference page 37 for the specific state code and a brief description.

AGENCY PERFORMANCE MEASURES

Objectives

- To ensure Fairfax County Public Library user satisfaction with existing Library services by documenting a customer satisfaction rating of 93 percent toward a goal of 95 percent.
- To document the use of the Library by Fairfax County and Fairfax City residents by achieving a 40 percent total of registered users as a percentage of the population.
- To ensure Fairfax County Public Library user satisfaction with the information found on the Library's Web site, by maintaining a customer satisfaction rating of 90 percent.
- To maintain the circulation of all materials at current levels and circulate at least 10 items per capita per year.
- To achieve a resident contact rate with the Fairfax County Public Library of at least 39 contacts per capita in FY 2008.
- To respond to Library users' information and reference questions accurately and in a timely manner by answering 71 percent of questions within 24 hours.
- To maintain the percentage of documents retrieved within 24 hours of agency requests at 94 percent, while achieving a satisfaction rating of 92 percent toward a goal of 95 percent.

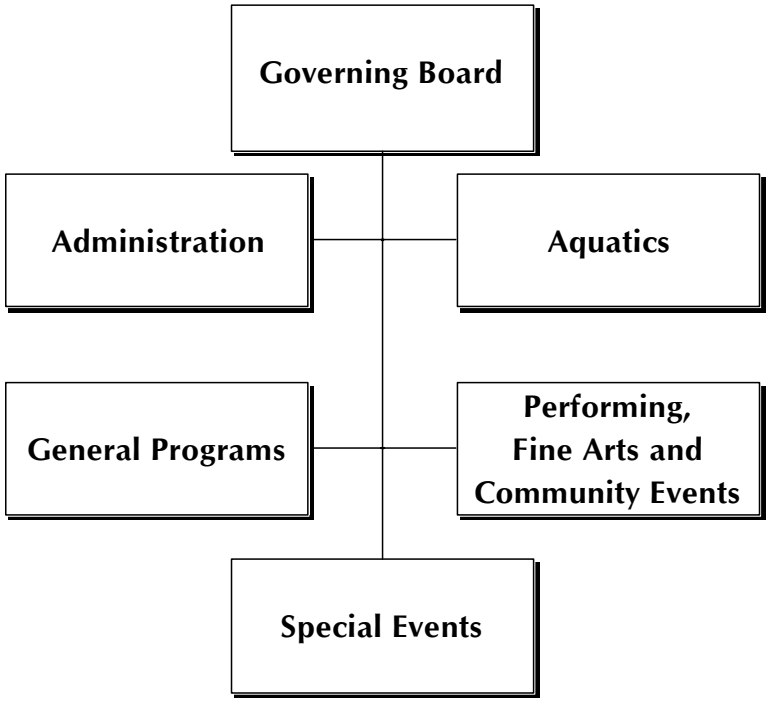
Fairfax County Public Library

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Output:					
Library visits	5,225,404	5,150,000 / 5,334,827	5,350,000	5,375,000	52-01
Registered cardholders	505,700	500,000 / 484,282	450,000	450,000	52-01
Library Internet website page views	12,563,709	12,400,000 / 13,168,946	12,600,000	12,600,000	52-01
Library Internet website user visits	3,557,559	3,500,000 / 3,777,522	3,560,000	3,565,000	52-01
Circulation of all materials	11,279,972	11,100,000 / 11,942,788	11,950,000	11,975,000	52-02
Items ordered	401,468	401,468 / 447,599	328,470	265,790	52-02
Items processed	320,876	329,373 / 394,193	330,270	267,590	52-02
Holds placed	1,032,599	1,000,000 / 1,082,633	1,040,000	1,045,000	52-03
Circulation of all materials	11,279,972	11,100,000 / 11,942,788	11,950,000	11,975,000	52-03
Library visits	5,225,404	5,150,000 / 5,334,827	5,350,000	5,375,000	52-03
Program attendees	185,782	177,000 / 177,814	178,000	178,000	52-03
Total contacts	40,359,011	39,176,000 / 42,283,816	41,159,000	41,286,250	52-03
Hours open	63,496	62,850 / 62,960	65,000	67,900	52-03
Information questions addressed	2,288,364	2,230,000 / 2,336,284	2,175,000	2,180,000	52-03
In-house print use	6,148,713	6,050,610 / 6,510,014	6,214,140	6,227,767	52-03
In-house electronic use	1,634,468	1,068,390 / 1,730,510	1,651,860	1,655,483	52-03
Library Internet Web site page views	12,563,709	12,400,000 / 13,168,946	12,600,000	12,650,000	52-03
Requests for document retrievals	9,035	9,000 / 9,350	9,100	9,100	52-04
Document requests shipped within 24 hours	8,712	8,400 / 9,113	8,750	8,750	52-04
Refiles completed	15,220	11,500 / 11,770	11,500	11,500	52-04
Cubic feet of records destroyed	8,064	7,800 / 7,350	7,250	7,250	52-04

Fairfax County Public Library

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Efficiency:					
Cost per capita	$30.24	$27.80 / $30.38	$27.96	$30.09	52-01
Cost per visit	$6.20	$6.94 / $6.21	$5.79	$6.31	52-01
Cost per registered cardholder	$64.11	$71.49 / $68.39	$68.88	$75.38	52-01
Items ordered per staff hour	82	82 / 82	82	82	52-02
Items processed per staff hour	70	70 / 70	70	70	52-02
Cost per citizen contact	$0.80	$0.91 / $0.85	$0.76	$0.82	52-03
Contacts per hour of service	636	623 / 672	633	608	52-03
Contacts per staff hour	39	38 / 40	39	39	52-03
Questions asked per staff hour	14	12 / 13	12	12	52-03
Questions asked per hour of service	36	35 / 37	33	32	52-04
Cost per retrieval/refile action	$2.92	$2.98 / $2.97	$3.05	$3.13	52-04
Service Quality:					
Library visits per capita	4.87	4.72 / 4.89	4.83	4.77	52-01
New registrations added annually	76,624	70,000 / 80,077	76,700	76,700	52-01
Percent change in registrations as percent of population	(10.8%)	(1.3%) / (2.6%)	(5.4%)	(0.7%)	52-01
Percent of customers (visitors) to the Library's website who are satisfied with the information found	93%	90% / 91%	90%	90%	52-01
Turnover rate for all materials	4.9	4.9 / 4.9	5.0	5.0	52-02
Customer satisfaction	97%	92% / 99%	93%	93%	52-03
Questions asked per capita	2.10	2.05 / 2.11	1.96	1.93	52-03
Percent of clients rating timeliness and dependability of services as satisfactory	93%	92% / 92%	92%	92%	52-04
Outcome:					
Customer Satisfaction	97%	92% / 99%	93%	93%	52-01
Registered users as percent of population	47%	46% / 44%	41%	40%	52-01
Percent change in Library website page views	1%	(1%) / 6%	(6%)	0%	52-01
Circulation per capita	10.5	10.2 / 11.0	10.8	10.6	52-02
Percent change in circulation per capita	(1.0%)	(2.9%) / 7.6%	(1.6%)	(1.5%)	52-02
Contacts per capita	37.6	35.9 / 38.8	37.1	37.0	52-03
Reference completion rate within 24 hours	72%	70% / 73%	71%	71%	52-03
Percent of documents retrieved and shipped within 24 hours	96%	93% / 97%	94%	94%	52-04

Fund 111
Reston Community Center



Mission

To create positive leisure experiences which enhance the quality of life for all people living and working in Greater Reston by providing a broad range of programs in arts, aquatics, enrichment and life-long learning, and creating and sustaining community traditions through special events, outreach activities, and facility rentals.

Focus

Reston Community Center (RCC) is a community leader, bringing the community together through enriching leisure time experiences that reach out to all and contribute to Reston's *sense of place.*

RCC provides four 'lines of programming' to the Reston community: Performing, Fine Arts and Community Events, Aquatics, General Programs (i.e., programming designed by age cohort), Special Events and Facility Rentals. The vast majority of programs and events are presented in RCC's two facilities, RCC Hunters Woods and RCC Lake Anne. Average program participation rates for both programming and rentals are well over 80 percent and facility utilization is near capacity.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Continuing a broad range of programs in arts, aquatics, enrichment and life-long learning;
- Increasing participation in offered programs and activities;
- Creating and sustaining community traditions through special events, outreach activities and facility rentals;
- Enhancing programming efforts by forming partnerships with non-profit organizations and businesses; and
- Increasing awareness of offered programs through community outreach.

Fund 111
Reston Community Center

RCC has continued to improve the processes that deliver programs and services to the community; in particular, program registration, booking of facility rentals and program planning. The result has been more informed and timely handling of patron queries, improved accuracy in program registration and significant improvements in the facility rental process.

RCC operations are supported by revenues from a special property tax collected on all residential and commercial properties within Small District 5. As part of their deliberations on the FY 2007 Advertised Budget Plan, the Board of Supervisors reduced the Small District 5 tax rate for FY 2007 to $0.047 per $100 of assessed property value, a decrease of $0.005 from the FY 2006 rate of $0.052 per $100 of assessed value. In addition, the Board passed a resolution in March 2006 that changed the boundaries of Small District 5, resulting in a reduction of 274 parcels. It should be noted that in FY 2006, total property assessments in Small District 5 rose 22 percent over FY 2005 reflecting an assessment base that is 65 percent residential and 35 percent non-residential.

RCC also collects internal revenues generated by program registration fees, theatre box office receipts, gate admissions and facility rental fees. These activity fees are set at a level substantially below the actual cost of programming since Small District 5 property owners have already contributed tax revenues to fund RCC operations. Consequently, Small District 5 residents and employees enjoy RCC programs at a subsidized rate. RCC patrons residing outside Small District 5 pay a higher, non-resident activity fee. In 1986, the RCC Board of Governors adopted a policy that internally generated revenues will not recover more than 25 percent of RCC operating costs. In FY 2006, internally generated revenues recovered 11.2 percent of operating costs – well below the Governing Board's established limit.

Beginning in 2002, the RCC Board of Governors adopted a managed reserve structure to provide long-term fiscal security and stability for the fund. Available fund balance is divided into three reserve accounts designated to provide funds for unforeseen catastrophic facility repairs, feasibility studies for future programming and future capital projects.

Budget and Staff Resources

Agency Summary		
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	37/ 37	37/ 37
Exempt	1/ 1	1/ 1
Expenditures:		
Personnel Services	$3,311,168	$3,884,533
Operating Expenses	2,273,006	2,618,755
Subtotal	**$5,584,174**	**$6,503,288**
Capital Projects	$427,693	$2,948,797
Total Expenditures	**$6,011,867**	**$9,452,085**

Fund 111
Reston Community Center

SUMMARY OF ALL AGENCY LOBS
(FY 2008 Adopted Budget Data)

Number	LOB Title	Net LOB Cost	Number of Positions	LOB SYE
111-01	Administration	($119,401)	21	21.0
111-02	Performing, Fine Arts and Community Events	$1,148,700	7	7.0
111-03	Aquatics	$430,201	5	5.0
111-04	General Programs	$844,702	5	5.0
111-05	Capital Projects	($605,336)	0	0.0
TOTAL		**$1,698,866**	**38**	**38.0**

111-01: Administration

Fund/Agency: 111/14	Reston Community Center
LOB #: 111-01	**Administration**
Personnel Services	$1,728,221
Operating Expenses	$1,561,081
Recovered Costs	$0
Capital Equipment	$0
Capital Projects	$0
Total LOB Cost:	$3,289,302
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$75,000
Other Revenue	$3,333,703
Total Revenue:	$3,408,703
Net LOB Cost[1]:	($119,401)
Positions/SYE involved in the delivery of this LOB	21 / 21.0

[1]Net cost is supported by revenue to the fund as well as fund balance.

▶ LOB Summary

The Reston Community Center (RCC) provides leisure experiences that enhance the quality of life for all people living and working in Reston by:

- Providing a broad range of programs in arts, aquatics, enrichment and life-long learning
- Creating and sustaining community traditions through special events, outreach activities and facility rentals.

Each year, RCC offers more than 1,800 programs, trips, events and services to the residents and employees of Small District 5 at greatly subsidized rates. The Administration department provides oversight of the day-to-day operations of the Reston Community Center and monitors agency-wide

expenditures for the Performing, Fine Arts and Community Relations, Aquatics, and General Programs' lines of business and their related functions.

RCC operations are supported by the payment of a special property tax assessment on residential and commercial properties at the rate of $.047 per $100 of assessed value. RCC continues to serve as the primary community institution that provides community building through shared event experiences, cultural amenities, recreation activities, learning environments for skill building and spaces for personal celebrations and gatherings.

Administrative Strategic Plan initiatives are as follows:

- Improve public awareness and patron satisfaction with RCC programs and facilities
- Achieve cost –effective utilization of RCC resources

Based on the results of the 2003 bi-annual Citizen Survey, RCC staff and the Board of Governors have concrete data that details and assesses the community's needs. Since 2003 the Center has maintained ongoing contact with the community, and has spent considerable time and effort to educate the community about its processes for onsite and offsite program development, facility growth/expansion, and management of its core functions which are protected to a large extent by the managed reserve.

Impacts to the tax revenue base, programming needs as identified by Reston residents and RCC patrons who participate in the center's bi-annual Citizen Survey, recreational programming trends, the vision of the Board of Governors will also have an impact on Administration.

► Method of Service Provision

Rental and Information Services are provided directly to patrons, by County staff. Walk-up, telephone, and mail orders are taken for Center registrations, information, rental of buildings spaces, fee payments, and some ticket sales. Media, Maintenance and Administration services provide all publicity, publications, displays, building preparation, building maintenance, security, computer, personnel, purchasing, petty cash, budget, scholarship, some planning support for large co-sponsored events, and Board of Governors' support for all Agency operations.

The Center is open 364 days per year for an average of 113 hours per week. General hours of operation are Monday-Saturday, 6:00 a.m. – 11:00 p.m. and Sunday, 9:00 a.m. – 8:00 p.m. Specific to this cost center, the Maintenance staff is on site at all times that members of the public are present in the building. The Central Information desk hours are Monday-Saturday, 9:00 a.m. – 10:00 p.m., and Sunday, 9:00 a.m. – 8:00 p.m. The Facility Rental hours are Monday – Thursday, 9:00 a.m. – 11:00 p.m., Friday and Saturday, 9:00 a.m. – 1:00 a.m., and Sunday, 9:00 a.m. – 8:00 p.m. Sunday extensions for building rentals are permitted to 11:00 p.m. for evening performances in the CenterStage Theatre.

Facility Rentals are provided for approximately 76,000 individuals in a typical year. Rental Services also reserves space for ECC programs at the Center and for fee-waived use, which is not included in the figure above.

Central Information answers requests for numerous walk-up and telephone inquiries on Center activities, community information, and County information. The desk also accepts registrations, rental and drop-in fees for all programs excluding the pool; and sells tickets for performing arts events during non Box Office hours.

Media Services provides publicity, program flyers, Center publications and mailings, displays and photography for all Center programs. This includes 185 press releases, ads, displays and programs per year, and preparation and distribution of a Program Guide to all Small District Five homes three times a year.

Maintenance Services provides set ups for all Center use, small building and equipment repair and maintenance, building security, daytime spot cleaning, and oversees seven contractual agreements for overnight cleaning and building HVAC, electrical, plumbing services; writes technical specifications for upgrade or replacement of major support equipment and building structural components, including new construction. Set ups/break downs range from 15 to 17 per day and between approximately 5500 - 6000 per year.

Administration provides all purchasing, budget, personnel, computer and Board of Governors support for the agency. Administration also provides the scholarship and fee waiver program, community coffee program, and oversight of co-sponsored programs.

▶ Mandate Information

There is no federal or state mandate for this LOB.

111-02: Performing, Fine Arts and Community Events

Fund/Agency: 111/14	*Reston Community Center*
LOB #: 111-02	*Performing, Fine Arts and Community Events*
Personnel Services	$804,040
Operating Expenses	$520,963
Recovered Costs	$0
Capital Equipment	$0
Capital Projects	$0
Total LOB Cost:	$1,325,003
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$176,303
Other Revenue	$0
Total Revenue:	$176,303
Net LOB Cost[1]:	$1,148,700
Positions/SYE involved in the delivery of this LOB	7 / 7.0

[1]Net cost is supported by revenue to the fund as well as fund balance.

Fund 111
Reston Community Center

▶ LOB Summary

The Performing, Fine Arts and Community Events Cost Center provides presentations to the residents of Small District 5 in order to increase awareness of the community of disciplines of dance, theatre, music, visual, and related arts as well as to create and sustain community traditions through special events. In FY 2008, the RCC Cost Centers were realigned to house Community Events within this Cost Center, in addition to the Arts Education, Professional Touring Artist Series, and Community Arts Organization Facility Rentals. Funding for the Cost Center is obtained from the Small District 5 tax revenues and associated user fees for programs.

RCC Strategic Plan initiatives are specific to different programs:

- Professional Touring Artist Series: To achieve 60 percent or better of overall capacity attendance
- Arts Education Offerings: To achieve 85 percent or better enrollment in programs
- Community Arts Organization Facility Rentals: To update rental rates to better reflect appropriate subsidy levels
- Community Events: To achieve 85 percent participation and/or utilization of events and their various components.

Of note in the near-term future, is the pending renovation schedule for the main RCC HW facility. This will have a significant impact on the methods of delivery for programs and services as well as changes to the capacities that determine the target participation rates. There will be outreach efforts and public relations efforts to provide the Reston (Small District 5) community with confidence that popular programs will continue to be offered. Additionally, the hiatus of operations in the Hunters Woods facility that houses theatrical and performing arts events presents an opportunity to present performances elsewhere in Small District 5 at albeit distinctly non-professional venues. For the support of the Community Arts Organizations Facility Rentals, significant planning will occur in FY 2008 to adjust the September through December CenterStage schedule to permit groups to plan on intended levels of use even if at different times and with different patterns than are typical. It will be critical to enhance Community Event offerings while preserving the scope of them so that expectations for those offerings are not too drastically altered with attendant budgetary implications. Some possibilities for this program area include revitalization, and/or complete redesign of the programming offered to reflect new locales and community input from the University of Virginia Survey conducted in the fall of 2007. All layers of the Cost Center should show benefits from the agency's enhanced Communications Plan, and feedback mechanisms from the Communications Plan and the enhanced web site capabilities will permit program adjustments to better address community identified needs and desires for arts and events programs.

The Cost Center addresses aspirations, learning environments and cultural expression opportunities for an increasingly diverse population. As the Reston community matures, the characteristics of the community demographics reflect increasing ethnic diversity, growing numbers of soon-to-be or retired adults, and an expanding employee base. The RCC and this Cost Center in particular will seek ways to address these changing features of our community by targeting programming to various communities of interest, age cohorts, and ethnic/cultural backgrounds. These trends were evident

in 2001 and have accelerated since then. Of note is the RCC Strategic Plan development and the Board of Governors emphasis on developing more and more effective ways to serve the diverse needs and interests of the residential and business communities. Innovative programming in arts and events, such as extended school artist residency offerings, international touring artist performances, week night offerings for employees that provide an alternative to rush hour driving, and enhanced community volunteer participation in event planning and participation will support these goals.

▶ Method of Service Provision

Programming is offered within the two primary RCC facilities and the community spaces available for arts activities and events. The main performing arts venue is the CenterStage facility, a professionally-equipped and managed proscenium theatre seating 290. Arts Education offerings are provided in the CenterStage, a sprung-wood floored dance studio, art classroom, ceramics studio, and a variety of other general classroom spaces. Community event programs occur at a variety of locales throughout Small District 5, including Reston Town Center, Lake Anne Village Center, local public schools, and other similar types of facilities and venues. Businesses participate in various ways in Community Event programs, principally by engaging in volunteer activities, sponsoring event elements, and/or offering employees information about events and performances.

▶ Mandate Information

There is no federal or state mandate for this LOB.

111-03: Aquatics

Fund/Agency: 111/14	*Reston Community Center*
LOB #: 111-03	***Aquatics***
Personnel Services	$623,051
Operating Expenses	$95,150
Recovered Costs	$0
Capital Equipment	$0
Capital Projects	$0
Total LOB Cost:	$718,201
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$288,000
Other Revenue	$0
Total Revenue:	$288,000
Net LOB Cost[1]:	$430,201
Positions/SYE involved in the delivery of this LOB	5 / 5.0

[1]Net cost is supported by revenue to the fund as well as fund balance.

▶ LOB Summary

The Aquatics department consists of an indoor pool with attached dive well and a sixteen seat hot tub. During the summer season, an outdoor pool is rented for weekday morning classes and recreational swim for the Centers' child camp.

Offering a complete line of swim lessons from 6 months of age to senior citizens, as well as specialized instruction in water safety certification, lifeguard training, adapted aquatics and a diverse spectrum of water based exercise programs, the Aquatics school is the facility's primary focus of operations. In FY 2007, there were 902 classes completed with enrollment of 4,141 students. Additionally, the department accommodated 47,073 daily visits, 6,700 drop-in water aerobics participants and 19,460 rental guests.

Aquatics' collects internal revenues generated by program registration fees, gate admissions and facility rental fees. These revenue fees are set at a level substantially below the actual cost of operations since Small District 5 property owners have already contributed tax revenues to fund the RCC. Consequently, Small District 5 residents and employees enjoy RCC Aquatics programs at a subsidized rate. RCC patrons' residing/employed outside Small District 5 pays a higher, non-resident activity fee.

The performance measurement goal for this LOB is to provide a safe and healthy professionally managed pool environment with balanced Aquatic programming year round for all age groups in Small Tax District 5. The FY 2006 decrease in participation is attributed to an extended closure for renovation that dramatically impacted attendance across all lines of operations. The FY 2007 increase in participation of 4.6 percent contributed to the estimated cost per patron decrease. Additionally, large inventory purchases made at the end of FY 2006 allowed for fewer replenishment

orders being made during FY 2007. The anticipated closure from June to November 2008 will have an impact on the final actual performance indicators for FY 2008 and FY 2009.

It should be noted that while the participation percentage is approaching maximum, it does not relay the fact that the demand on available resources does not address the need for more aquatic offerings in Reston. The maximum participation projections are based on the physical constraints of a single facility with no option for expansion at the current location. Popular programming demand is approximately 25-50 percent above current (physical) capacity. Capacity is set at 77,000.

▶ Method of Service Provision

Services and programming are primarily delivered at the Hunter Woods facility. Historically, supplemental summer programming has also been offered via a rented outdoor venue in north Reston. It is anticipated that during the facility closure for summer 2008, the rented venue will be the only source of RCC Aquatics offerings until early November. Physical and environmental limitations of the rented venue will cause significant decreases in attendance, revenue and expenditures.

▶ Mandate Information

There is no federal or state mandate for this LOB – yet. National trends to fight obesity will undoubtedly create grass-root initiatives to increase physical activity offerings for all public sector entities.

111-04: General Programs

Fund/Agency: 111/14	*Reston Community Center*
LOB #: 111-04	*General Programs*
Personnel Services	$729,221
Operating Expenses	$441,561
Recovered Costs	$0
Capital Equipment	$0
Capital Projects	$0
Total LOB Cost:	$1,170,782
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$326,080
Other Revenue	$0
Total Revenue:	$326,080
Net LOB Cost[1]:	$844,702
Positions/SYE involved in the delivery of this LOB	5 / 5.0

[1]Net cost is supported by revenue to the fund as well as fund balance.

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Reston Community Center

▶ LOB Summary

The General Programs (GP) Department consists of four distinct program areas categorized by age-cohort: Youth (infant to 12 years of age); Teen (12-18 years); Adult (18 years and older); and Senior Adult (55 years and older).

The purpose of the GP Department is to provide recreational, educational, and social activities to all age groups in order to provide positive and meaningful leisure experiences for those living and working in Small Tax District #5. Due to the establishment of the special tax district, programs are substantially subsidized. Program offerings are innovative and varied, ranging from fitness classes to woodworking; computer courses to cooking; Citizenship Preparation to one-day and weekend travel excursions.

In FY 2007, the GP Department facilitated 627 registered classes, workshops and trips and 53 distinct drop-in programs. Registered programs require advanced registration while Drop-In programs are typically free activities that do not require pre-registration and recur weekly or monthly. Occasionally, Drop-In programs include one-time special events that may have a nominal fee associated. Enrollment in registered programs in FY 2007 exceeded the estimate by nearly 600 attendees, serving 7,536 community members. In addition, the breadth and variety of drop-in programs attracted 14,925 visits to the Center. These achievements directly support the Reston Community Center's overall Strategic Plan goal to increase participation in RCC programs within capabilities allowable by facility features and RCC resources.

In support of RCC's overall Strategic Plan, the following objective has been identified for the GP Department:

- To achieve participation rates of 80 percent of maximum enrollment in the Youth, Teen, Adult and Senior registered program offerings.

Departmental strategies incorporated to support the Strategic Plan goals and objectives include:

- Issue regular class, special event and trip evaluation forms to accurately plan future programs based on patron response
- Research and assess needs, determine barriers to participation and alleviate barriers
- Assess enrollment patterns on an ongoing basis to determine which core offerings are meeting required minimum participation rates -- and which are not
- Affiliate with professional associations and attend conferences to become more knowledgeable of popular, successful activities, programs, and special events
- Seek content providers and involvement from different ethnic groups to deliver culturally diverse program content
- Create and foster professional program relationships – internally and externally – to enhance overall program content

- Develop and strengthen recruitment and retention practices for non-merit staff and content providers

Adherence to implementing these strategies directly corresponds to the increase in the number of patrons served. Additionally, it has paved the way for the future of the GP Department as RCC is on the precipice of a major operational change. Due to the pending renovation schedule for the Hunters Woods facility, 90 percent of the department's programming will be relocated to non-traditional settings and venues within Small Tax District 5 for the first half of FY 2009. Due to our regular affiliation and collaboration with external agencies, community outreach through the facilitation of culturally diverse content, and ongoing assessment of enrollment patterns, the GP Department will be able to successfully relocate priority programs (as evidenced by historical data reflecting consistent enrollment) into community neighborhood settings such as the Reston Senior Clubhouse, Reston Association's Glade Room and Southgate Community Center. The ability to take RCC activities outside of its traditional setting and into culturally diverse neighborhoods will provide a unique opportunity to introduce programs to new, and potentially socially-isolated, participants. Small Tax District #5 is comprised of residents and employees from diverse cultural, ethnic, and socio-economic backgrounds. The GP Department strives to serve the Greater Reston community by planning a holistic array of programming designed to enhance the quality of life its participants.

▶ Method of Service Provision

General Programs classes, workshops and events primarily occur within the two Reston Community Center facilities – Hunters Woods and Lake Anne. Activities are generally held in one of the seven meeting rooms at Hunters Woods or four meeting rooms at Lake Anne. Specialized programs occur in the woodshop, photography lab, kitchen, and computer lab. Programs are implemented by merit or exempt County staff, with some contractual service agreements established for entertainment and leisure services. RCC facilitates several enrichment and recreational programs at offsite venues throughout Small Tax District 5 including community churches, public schools, Reston Hospital Center, non-profit agencies and private business locales.

▶ Mandate Information

There is no federal or state mandate for this LOB.

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Reston Community Center

LOBS SUMMARY

111-05: Capital Projects

Fund/Agency: 111/14	*Reston Community Center*
LOB #: 111-05	*Capital Projects*
Personnel Services	$0
Operating Expenses	$0
Recovered Costs	$0
Capital Equipment	$0
Capital Projects	$2,948,797
Total LOB Cost:	$2,948,797
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue/tax	$3,554,133
Total Revenue:	$3,554,133
Net LOB Cost[1]:	($605,336)
Positions/SYE involved in the delivery of this LOB	0 / 0.0

[1]Net cost is supported by revenue to the fund as well as fund balance.

▶ LOB Summary

The mission of the Reston Community Center is to create positive leisure experiences which enhance the quality of life for all people living and working in Greater Reston by:

- Providing a broad range of programs in arts, aquatics, enrichment and life-long learning
- Creating and sustaining community traditions through special events, outreach activities, and facility rentals.

Recognizing that the quality of the program venue is an important aspect of patron satisfaction, the RCC Board of Governors adopted a ten-year capital improvement plan (CIP) in FY 2007 as a blueprint for facility maintenance and enhancement. The CIP includes those projects that the RCC Board of Governors had previously approved and new projects that will be the subject of future Board of Governors' deliberations. It was presented to the public for comment at the agency's June 2007 public hearing on the proposed FY 2009 budget.

The Board of Supervisors has approved funding for three of the CIP projects: (1) RCC Hunters Woods HVAC Replacement; (2) Theatre Lighting Electrics; and the (3) Natatorium Renovation. Of these three projects the RCC Board of Governors has given its final approval to the first two. The Natatorium Renovation is currently under review by the RCC Board and a final decision whether or not to proceed with that project will be made in early 2008 after a review of the architectural and engineering design and the project's cost estimates.

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Reston Community Center

▶ Funding Availability and Future Considerations

The RCC HVAC Replacement project, Theatre Lighting Electrics project, and the Natatorium Renovation project will be funded by the tax payers of Small District 5. Funding is available to support these projects.

▶ Status of Program

HVAC Replacement Project
The HVAC project was approved by the RCC Board of Governors in March 2007. It consists of the replacement of the existing heating and cooling mechanical system and fire alarm system at RCC's Hunter Woods facility. The current system is over 25 years old. It is characterized by a high cost of operation, an inefficient use of energy, and an inability to maintain a consistent temperature throughout the Community Center. The new system will address these deficiencies through the replacement of the mechanical equipment, including the water cooling tower, boilers and air handlers. The hot water and cold water piping throughout the building will also be replaced. The new system will utilize a variable airflow design to deliver a specified volume of air to predefined zones throughout the building. An electronic building automation system will be installed to provide thermostatic control over the heating and cooling of each of those zones, enabling a consistent temperature to be maintained throughout the facility.

The HVAC Replacement Project is a three-phase project that began in FY07. Phase I (replacement of the water cooling tower) and Phase II (replacement of the boilers) were completed during the summer and fall of 2007. The architectural and engineering work for Phase III of the project was completed in October 2007. Price quotes for Phase III will be solicited in November 2007. The work is scheduled to begin in June 2008 and continue through October 2008. During that five-month period, the RCC Hunters Woods facility will be closed to the public.

Initial funding for the HVAC project was approved by the Board of Supervisors for inclusion in the FY 2007 budget upon recommendation of the RCC Board of Governors. Additional funding was approved for FY 2008. A total of $2,623,000 has been budgeted for the HVAC project. As of June 30, 2007 a total of $340,098 had been spent on the project and an additional $339,280 had been encumbered. On September 30, 2007 the account balance was $1,786,000.

Theatre Lighting Electrics Project
The RCC Hunters Woods facility includes a 290 seat CenterStage professional theatre. In FY 2007 the RCC Board of Governors approved the Theatre Lighting Electrics project in order to provide a more efficient and safer means of managing the stage lighting. The lighting line sets, the steel supports to which the overhead stage lights are mounted above the stage, are currently raised and lowered using a manual rope, pulley and counter-weight system. The "electrics" consist of electric motors on the line sets that will enable them to be raised and lowered automatically. They will allow the theatre technicians to quickly and easily respond to artists' requests to modify the illumination of the stage by adding, removing and repositioning light fixtures. The electrics will have the added benefit of reducing the risk of personal injury to the technical staff that is responsible for hanging the stage lights.

The architectural and engineering work on the Theatre Lighting Electrics project was completed during FY 2007. The installation of the electrics is scheduled for July-September 2008.

This project was approved by the Board of Supervisors for inclusion in the FY 2007 budget upon recommendation of the RCC Board of Governors. A total of $139,350 has been budgeted for the Theatre Lighting Electrics project. As of June 30, 2007 a total of $28,260 had been spent on the project and an additional $13,260 had been encumbered. On September 30, 2007 the account balance was $98,000.

Natatorium Renovation Project
A popular feature of the RCC Hunters Woods facility is the Terry L. Smith Aquatics Center. It consists of a 25 meter pool and dive well and a 16-seat hot tub. The RCC Board of Governors is currently considering a proposal to renovate the Aquatics Center. The broad scope of work includes the retiling of the pool deck and spa, the replacement of the aging curtain wall in the pool overlook area, the remediation of the pool deck that is sinking due to poor subsoil conditions, and the redesign of the service desk to bring it into alignment with ADA standards and improve patron flow through the Aquatic Center lobby.

The architectural and engineering work on this project is 80 percent complete. If approved by the RCC Board of Governors, the Aquatic Center Renovation project will be undertaken from June-November, 2008.

Initial funding for the project was approved by the Board of Supervisors for inclusion in the FY07 budget upon recommendation of the RCC Board of Governors. Additional funding has been approved for FY08. To date, a total of $1,092,530 has been budgeted for this project. As of June 30, 2007 a total of $27,089 had been spent and an additional $64,441 had been encumbered. On September 30, 2007 the account balance was $990,544. An additional $800,000 has been requested for FY09 to complete the project bringing the estimated cost of the natatorium renovation to $1,892,530.

▶ Mandate Information

There is no federal or state mandate for this LOB.

AGENCY PERFORMANCE MEASURES

Objectives

- Achieve 95 percent public awareness and 90 percent patron satisfaction with RCC programs and facilities in Small District 5 of the Reston Community Center and its mission.

- To achieve attendance for Professional Touring Artist Series performances that averages 60 percent or better of capacity.

- To achieve enrollment in arts education offerings that averages 85 percent or better of capacity.

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- To achieve 90 percent enrollment/participation for Instructional, Recreational, and Lap Swimming/Competitive lines of programming.

- To achieve participation rates of 80 percent of maximum enrollment in the Youth, Teen, Adult and Senior registered program offerings.

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Output:					
Professional Artist patrons served	4,475	4,872 / 3,930	4,524	4,350	111-02
Arts' patrons served	1,180	1,407 / 1,478	1,411	1,411	111-02
Aquatics: Patrons served	60,104	69,300 / 72,533	69,300	69,300	111-03
Enrollment capacity	8,700	8,700 / 9,956	7,868	8,814	111-04
General Programs: Patrons served	6,936	6,960 / 7,435	6,294	7,051	111-04
Efficiency:					
Cost per Professional Artist patron	$92.41	$68.79 / $95.16	$83.52	$88.29	111-02
Cost per Arts' patron	$138.55	$119.73 / $84.54	$105.76	$108.15	111-02
Professional Artist events capacity	8,120	8,120 / 7,830	7,540	7,250	111-02
Arts' offerings enrollment capacity	1,425	1,422 / 1,700	1,660	1,660	111-02
Cost per patron	$5.24	$5.00 / $4.16	$5.11	$5.09	111-03
Enrollment capacity	77,000	77,000 / 77,000	77,000	77,000	111-04
Cost per participant	$108.88	$108.96 / $73.06	$89.26	$86.05	111-04
Outcome:					
Patron satisfaction with RCC programs and facilities.	NA	90.00% / NA	90.00%	90.00%	111-01
Public awareness of the Reston Community Center	NA	95.00% / NA	95.00%	95.00%	111-01
Professional Artist events Attendance as percent of capacity	55.11%	60.00% / 50.20%	60.00%	60.00%	111-02
Arts' offerings enrollment as percent of capacity	82.8%	85.7% / 87.0%	85.0%	85.0%	111-02
Participation enrollment as percent of capacity	78.06%	90.00% / 94.00%	90.00%	90.00%	111-03
Participation enrollment as percent of capacity	79.72%	80.00% / 74.68%	80.00%	80.00%	111-04

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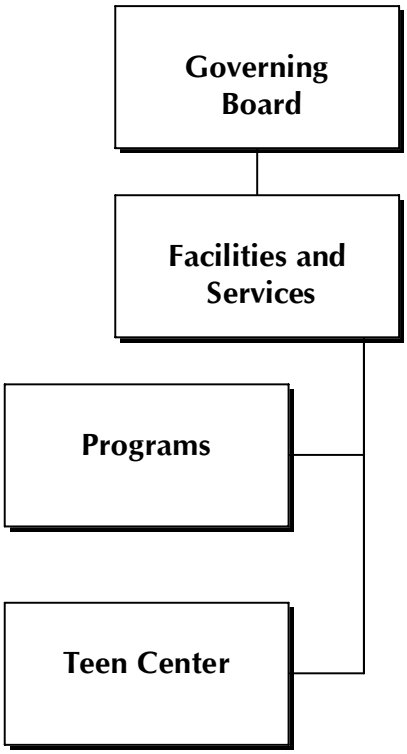

Mission

The mission of the McLean Community Center is to provide a sense of community by undertaking programs; assisting community organizations; and furnishing facilities for civic, cultural, educational, recreational, and social activities apportioned fairly to all residents of Small District 1, Dranesville.

Focus

McLean Community Center (MCC or the Center) fulfills its mission by offering a wide variety of civic, social and cultural activities to its residents including families, local civic organizations, and businesses.

MCC offers classes and activities for all ages at nominal fees such as aerobics, computers, acting and tours. Special events and seasonal activities such as McLean Day, Taste of the Town, Fourth of July, Summer Camp, and a Craft Show are held at MCC, schools and parks. The Alden Theater presents professional shows, travel films and entertainment for children. The Old Firehouse is a popular teenage social and recreation center in downtown McLean, operated by the Center. Drop-in activities sponsored by MCC are available such as open bridge games and children's cooperative play.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Creating a strong central hub for McLean;
- Increasing community involvement of families and seniors;
- Creating greater awareness of community activities;
- Maintaining fiscal integrity and increasing community partnerships; and

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McLean Community Center

Facilities and operations of the MCC are supported primarily by revenues from a special property tax collected from all residential and commercial properties within Small District 1, Dranesville. The Small District 1 real estate tax rate for FY 2008 is $0.028 per $100 of assessed property value, the same rate as in FY 2007. Other revenue sources include program fees and interest on investments. In FY 2006, total property assessments in Small District 1 rose 24.5 percent, reflecting an assessment base that is 95.0 percent residential and 5.0 percent nonresidential.

Financial and operational oversight of the Center is provided by the MCC Governing Board, elected annually. MCC receives its expenditure authority from the Fairfax County Board of Supervisors each fiscal year.

The MCC Governing Board and staff have developed and refined a strategic business plan which directs the expansion of the agency's functions for the next three years. MCC will renovate the theatre as part of the continuing improvements. MCC will train staff to provide information to enhance the Center's capability as a "one-stop shop" for printed and online information on community activities. MCC also seeks to develop programs that increase community involvement of all age groups. Residents and businesses will be included in identifying McLean's community needs and MCC staff will analyze those needs to determine potential areas of expanded programming facilities.

Over the last several years, MCC's Governing Board and staff members have been considering a possible expansion of the main facility, and a relocation or renovation of the Teen Center, a satellite program of MCC that provides after school programs, activities, events and a summer camp program for middle-school-age students. In FY 2007 a survey of Small District 1 residents and users was conducted to provide information concerning their experiences taking classes, attending performances and special events and renting meeting rooms at the Center. The results of the survey will be used to gather residents and users' opinions about the Center's plans to expand its facilities and programs.

Creating greater awareness of and participation in community activities is also a part of MCC's strategic business plan. MCC will continue to support outreach and marketing and community activities.

MCC will maintain fiscal integrity and expand partnerships in support of the strategic plan by obtaining contractual professional support for fundraising and increasing business partnerships and sponsors of MCC activities.

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McLean Community Center

Budget and Staff Resources

Agency Summary		
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	31/27.45	31/ 27.45
Expenditures:		
Personnel Services	$2,306,121	$2,360,943
Operating Expenses	1,867,895	1,443,520
Capital Equipment	7,398	0
Subtotal	**$4,181,414**	**$3,804,463**
Capital Projects	$371,466	$199,800
Total Expenditures	**$4,552,880**	**$4,004,263**

SUMMARY OF ALL AGENCY LOBS (FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
113-01	Facilities and Services	($3,147,338)	17	13.95
113-02	Programs	$915,757	11	10.50
113-03	Teen Center	$294,453	3	3.00
TOTAL		**($1,937,128)**	**31**	**27.45**

Note: The net LOB cost is negative due to the agency receiving more revenue then expenses. This extra revenue fell to fund balance.

Fund 113
McLean Community Center

LOBS SUMMARY

113-01: Facilities and Services

Fund/Agency: 113	*McLean Community Center*
LOB #: 113-01	***Facilities and Services***
Personnel Services	$1,011,065
Operating Expenses	$639,863
Recovered Costs	$0
Capital Equipment	$0
Capital Projects	$199,800
Total LOB Cost:	$1,850,728
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$45,000
Other Revenue	$4,953,066
Total Revenue:	$4,998,066
Net LOB Cost[1]:	($3,147,338)
Positions/SYE involved in the delivery of this LOB	17 / 13.95

[1]Net cost is supported by revenue to the fund as well as fund balance.

► LOB Summary

The Facilities and Services cost center provides all planning, administrative, clerical, and maintenance support for the operation of the Center's facilities, service and programs, as defined by the Center's Governing Board. It directs all interaction with other County agencies and functions under the direction of the Governing Board and the Office of the Deputy County Executive.

► Method of Service Provision

A. Primary service is provided directly by McLean Community Center employees.

B. Contractors provide some services such as custodial, landscape, maintenance, and security system.

Hours of Operation:

Monday – Thursday	9 a.m. – 11 p.m.
Friday – Saturday	9 a.m. – Midnight
Sunday	2 p.m. – 6 p.m.

► Mandate Information

There is no federal or state mandate for this LOB.

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McLean Community Center

113-02: Programs

Fund/Agency: 113	*McLean Community Center*
LOB #: 113-02	***Programs***
Personnel Services	1,107,477
Operating Expenses	622,605
Recovered Costs	$0
Capital Equipment	$0
Capital Projects	$0
Total LOB Cost:	$1,730,082
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	780,825
Other Revenue	33,500
Total Revenue:	$814,325
Net LOB Cost[1]:	$915,757
Positions/SYE involved in the delivery of this LOB	11 / 10.50

[1]Net cost is supported by revenue to the fund as well as fund balance.

► LOB Summary

The Programs cost center includes five (5) activities.

1. The Senior Adult Activities/Instruction program provides the MCC district residents, ages preschool to senior adult, with opportunities for leisure, social, cultural, and educational growth through instruction classes and travel; to provide a diversified youth/adult/senior program designed to enhance an individual's educational, physical, and creative development; to integrate, incorporate, encourage, and provide programs for senior adults.

2. The Special Events program provides the planning and administration for approximately eleven major events or event categories: Fourth of July, Antique Show and Sale, Holiday Crafts Show, McLean Day Festival, Community Garage Sales, Ethnic Cultural Festival, among others. Low cost and free leisure activities are provided for large identifiable populations within the McLean Community Center district in an effort to bring thousands of visitors to the McLean Community Center, and to promote a "sense of community," pride, and to foster citizen and business involvement in the community.

3. The Performing Arts program provides a high quality, comprehensive, diverse, and balanced cultural program for all citizens of Small District One at various locations in and around Small District One of Dranesville. The Alden Theater season runs year-round and offers a full schedule of professional performances in music, dance, theater, and film, a children's performance series, a fully staged production by children for children, an annual holiday show and performances by identified community music, theater, and dance organizations. These organizations are offered administrative, facility, technical, box office, and promotional support for their productions. The program offers opportunities for artistic growth among young artists

with an annual scholarship competition and Summer Theatre Workshops. In addition a full schedule of classes, workshops, training seminars, and other educational and volunteer training programs are offered for participants of all ages.

4. The Visual Arts program provides education and entertainment in the visual arts through exhibitions, art classes for children and adults, tours, lectures, and film.

5. The Youth Activities program provides a broad range of programs and leisure activities (such as a summer day camp) for children and teens, and provides opportunities for parents and children residing in Dranesville Small District One to interact.

► Method of Service Provision

A. Provided directly by McLean Community Center staff.
B. Provided by contractors.
C. Provided by volunteers

Hours of Operation:

Monday – Thursday	9 a.m. – 11 p.m.
Friday – Saturday	9 a.m. – Midnight
Sunday	2 p.m. – 6 p.m.

► Mandate Information

There is no federal or state mandate for this LOB.

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McLean Community Center

113-03: Teen Center

Fund/Agency: 113	*McLean Community Center*
LOB #: 113-03	***Teen Center***
Personnel Services	$242,401
Operating Expenses	$181,052
Recovered Costs	$0
Capital Equipment	$0
Capital Projects	$0
Total LOB Cost:	$423,453
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$124,600
Other Revenue	$4,400
Total Revenue:	$129,000
Net LOB Cost[1]:	$294,453
Positions/SYE involved in the delivery of this LOB	3 / 3.0

[1]Net cost is supported by revenue to the fund as well as fund balance.

► LOB Summary

The Teen Center provides a leisure time facility that focuses on providing the social, cultural, and leadership needs of teens in Dranesville, Small District One, and which is open to teens in Fairfax County. The Teen Center operates as the Old Firehouse (9,000 sq. ft. structure) for 1,652 hours annually, serving approximately 5,000 area youth and open to all teens in Fairfax County in grades 9 through 12, with designated hours allocated for youth in grades 7 and 8.

► Method of Service Provision

A. Primary service is provided directly by McLean Community Center employees.

B. Contractors provide some services such as custodial, grounds maintenance, and entertainment services.

Fund 113
McLean Community Center

Hours of Operation:

SCHOOL YEAR (41 Weeks)

Members in Grades 7 and 8		Members in Grades 9 - 12	
Tuesday – Thursday	2:30 – 6 p.m.	Tuesday & Thursday	2:30 – 6 p.m.
		Wednesday	6 – 9 p.m
Friday	3 – 10:15 p.m.	Friday	3 – 6 p.m.
Saturday	2 – 6 p.m.	Saturday	2 – 11 p.m.

SUMMER (11 Weeks)

Members in Grades 7 and 8		Members in Grades 9 - 12	
Tuesday – Thursday	11 – 6 p.m.	Tuesday - Thursday	11 – 6 p.m.
Friday	3 – 10:15 p.m.	Friday	3 – 6 p.m.
Saturday	Noon – 7 p.m.	Saturday	Noon – 7 p.m.
		Saturday, special events	7 – 11 p.m.

► Mandate Information

There is no federal or state mandate for this LOB.

AGENCY PERFORMANCE MEASURES

Objectives

- To increase the number of patrons attending events, activities and classes by 6.3 percent from 172,942 to 183,887.
- To maintain the number of patrons participating in classes and activities at 38,500.
- To maintain the number of patrons attending major community Special Events, such as July 4th fireworks, while improving the quality of the events.
- To increase the number of patrons served by Performing Arts activities by 1.9 percent from 32,000 to 32,600.
- To increase the number of patrons participating in Youth Activities by 17.5 percent from 13,196 to 15,500.
- To increase the number of weekend patrons by 20.0 percent, from 5,194 to 6,233.
- To increase the number of weekday participants by 30.0 percent from 10,000 to 13,000.

Fund 113
McLean Community Center

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Patrons served	182,140	187,545 / 175,943	172,942	183,887	113-01
Patrons participating in classes and Senior Adult activities (1)	38,506	38,500 / 39,052	38,500	38,500	113-02
Patrons attending Special Events	26,040	28,000 / 27,371	28,000	28,000	113-02
Patrons at Performing Arts activities	30,110	32,000 / 31,511	32,000	32,600	113-02
Youth Activity patrons	12,684	12,938 / 11,434	13,196	15,500	113-02
Weekend patrons at Teen Center	9,577	9,769 / 4,328	5,194	6,233	113-03
Weekday patrons at Teen Center	9,612	9,804 / 9,900	10,000	13,000	113-03
Efficiency:					
Cost per patron	$8.10	$9.50 / $10.24	$9.55	$9.53	113-01
Cost per patron in classes and Senior Adult activities	$4.38	$4.69 / $13.63	$4.80	$15.98	113-02
Cost per patron at Special Events	$8.94	$8.70 / $9.26	$11.20	$12.54	113-02
Cost per patron at Performing Arts activities	$24.87	$25.41 / $20.92	$25.36	$27.40	113-02
Cost per patron at Youth Activities	$23.03	$30.83 / $34.93	$31.07	$26.51	113-02
Cost per patron (including weekend and weekday)	$20.26	$23.52 / $37.50	$27.56	$22.55	113-03
Service Quality:					
Percent satisfied with service	99%	99% / 99%	99%	99%	113-01
Percent satisfied with classes and Senior Adult activities	95%	95% / 95%	95%	95%	113-02
Percent satisfied with Special Events	99%	99% / 99%	99%	99%	113-02
Percent satisfied with Performing Arts activities	99%	99% / 99%	99%	99%	113-02
Percent satisfied with Youth Activities	90%	90% / 85%	90%	85%	113-02
Percent of satisfied weekend patrons	90%	90% / 93%	90%	95%	113-03
Percent of satisfied weekday patrons	90%	90% / 80%	90%	85%	113-03

Fund 113
McLean Community Center

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Percent change in patrons using the Center	(1.6%)	3.0% / (3.4%)	(1.7%)	6.3%	113-01
Percent change in participation in classes and Senior Adult activities	(8.0%)	0.0% / 1.4%	(1.4%)	0.0%	113-02
Percent change in participation at Special Events	2.9%	7.5% / 5.1%	2.3%	0.0%	113-02
Percent change in participation at Performing Arts activities	(4.7%)	6.3% / 4.7%	1.6%	1.9%	113-02
Percent change in participation at Youth Activities	1.0%	2.0% / (9.9%)	15.4%	17.5%	113-02
Percent change in weekend patrons	6.6%	2.0% / (54.8%)	20.0%	20.0%	113-03
Percent change in weekday patrons	13.3%	2.0% / 3.0%	1.0%	30.0%	113-03

(1) The cost per Patron participating in classes and Senior Adult Activities has increased significantly starting with FY 2007. This is primarily due to increased expenditures to cover the Contract Instructor payments. As of FY 2007, instructors are paid through CASPS as expenditures. These payments are covered by identical increases in Instructional Fees revenue. Formerly, these Contract Instructor payments were deducted from Revenue.

Fund 115
Burgundy Village Community Center

Mission
To provide and maintain a facility for the citizens of the Burgundy Village district so they may have an opportunity to plan, organize, and implement recreational, social and civic activities.

Focus
Fund 115, Burgundy Village Community Center, was established in 1970, along with a special tax district, to finance the operations and maintenance of the Burgundy Village Community Center for use by residents of the Burgundy Community. Residents of this district currently pay an additional $0.02 per $100 of assessed value on their real estate taxes to fund the Center. The subdivisions of Burgundy Village, Somerville Hill, and Burgundy Manor are included in the special tax district. Funding for Center operations and maintenance is derived from the tax district receipts, interest on Center funds invested by the County, and facility rentals. Increased revenues in recent years have been primarily due to increases in residential assessments based on current real estate market activity.

The Burgundy Village Community Center is used for meetings, public service affairs, and private parties. Residents of the Burgundy Community rent the facility for $35 per event and non-residents are charged $200 per event. There is no charge for community activities or meetings such as the Burgundy Civic Association, Neighborhood Watch, and community events sponsored by the Operations Board.

The Center is currently governed by a five-member Operations Board elected by the Burgundy Village Community residents.

Budget and Staff Resources

Agency Summary

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	0/0	0/0
Expenditures:		
Personnel Services	$16,963	$19,130
Operating Expenses	12,321	25,646
Capital Equipment	0	0
Total Expenditures	**$29,284**	**$44,776**

Fund 115
Burgundy Village Community Center

SUMMARY OF ALL AGENCY LOBS
(FY 2008 Adopted Budget Data)

Number	LOB Title	Net LOB Cost	Number of Positions	LOB SYE
115-01	Burgundy Village Community Center	($11,313)	0	0.0
TOTAL		**($11,313)**	**0**	**0.0**

Note: The net LOB cost is negative due to the agency receiving more revenue then expenses. This extra revenue fell to fund balance.

LOBS SUMMARY

115-01: Burgundy Village Community Center

Fund/Agency: 115	Burgundy Village Community Center
LOB #: 115-01	**Burgundy Village Community Center**
Personnel Services	$19,130
Operating Expenses	$25,646
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$44,776
Federal Revenue	$0
State Revenue	$27,353
User Fee Revenue	$22,736
Other Revenue	$6,000
Total Revenue:	$56,089
Net LOB Cost:	($11,313)
Positions/SYE involved in the delivery of this LOB	0 / 0.0

► LOB Summary

Fund 115, Burgundy Village Community Center, was established in 1970, along with a special tax district, to finance the operations and maintenance of the Burgundy Village Community Center for use by residents of the Burgundy Community. Residents of this district pay an additional amount on their real estate taxes to fund the Center. The subdivisions of Burgundy Village, Somerville Hill, and Burgundy Manor are included in the special tax district. Funding for center operations and maintenance is derived from the tax district receipts, interest on center funds invested by the County, and rentals.

The Board of Supervisors created the Burgundy Village Community Center Operations Board in 1998. The Burgundy Village Operations Board continues to improve the community center building and surrounding grounds to better meet the needs of their community. The Department of Community and Recreation Services (DCRS) is responsible for providing general oversight of the community center's budget, as well as conducting a preference poll to elect members of the

Fund 115
Burgundy Village Community Center

Operation Board. DCRS works directly with the Operations Board to schedule and maintain the facility for community use and manage the operations of the center including personnel services, operating costs, repairs, capital equipment and improvements.

▶ Method of Service Provision

Burgundy Village Community Center is operated by the residents of the Burgundy Village subdivision. Located at 5516 Norton Road, Alexandria, VA 22041, the Center's hours of operation are based on residents or citizens renting the facility.

▶ Mandate Information

There is no federal or state mandate for this LOB.

AGENCY PERFORMANCE MEASURES

Objectives

- To increase community center rentals by 5.3 percent, from 209 estimated in FY 2008 to 220 in FY 2009, in order to create a focal point in the community.

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Output:					
Rentals	176	220 / 199	209	220	115-01
Efficiency:					
Cost per rental (1)	$27.08	$29.74 / $0.00	$11.68	$13.52	115-01
Service Quality:					
Percent of users satisfied with the use of the facility	96%	92% / 80%	85%	85%	115-01
Outcome:					
Percent change in facility use to create a community focal point	(5.4%)	25.0% / 13.1%	5.0%	5.3%	115-01

(1) The methodology to calculate the cost per rental was revised to include operating costs less one time expenditures offset by rental revenue. Prior to the FY 2006 Actual, the calculation included interest revenue in the determination of the cost per rental. Small variations in revenue and/or operating expenses can have a significant impact on the cost per rental calculation.

Department of Housing and Community Development

Introduction

The Housing Overview section describes the programs and projects operated by the Fairfax County Department of Housing and Community Development (HCD) and the multiple sources of funds that support these activities.

As a County agency, HCD undertakes many programs on behalf of the Board of Supervisors. HCD also serves as the administrative arm of the Fairfax County Redevelopment and Housing Authority (FCRHA), a separate legal entity that was established in 1966 pursuant to Chapter 1, Title 36 of the Code of Virginia. FCRHA's roles include planning, design, production, rehabilitation and maintenance of housing, for low- and moderate-income households, and assisting in the revitalization of neighborhoods in Fairfax County. Eleven Commissioners are appointed to the FCRHA for four-year terms by the Board of Supervisors. A chairman and vice-chairman are then selected by a vote of the commissioners.

The sources supporting HCD's operations include County funds, General Obligation Bonds, federal grants, private capital, revenue from program operations (e.g., developer fees, rent from tenants of housing owned by the FCRHA and income from repayment of loans) and, interest income. As a result of these multiple, complex funding streams, HCD has 20 funds. Some funds are appropriated by the Board of Supervisors, while others are allocated by the FCRHA. All are included in this budget in order to provide a complete financial overview, however, the County funds are highlighted. These 20 funds encompass all of the operations of HCD/FCRHA with the exception of several housing developments that are operated by outside management companies under contract with the FCRHA and/or are owned by the FCHRA in partnership with private investors. Separate financial records are maintained for these developments.

FY 2008 anticipated expenditures supporting the HCD and FCRHA activities total $104,479,966 including $9,485,924 in General Fund support, $36,671,988 in other County appropriated funds, and $58,322,054 in non-County appropriated funds. Total revenue for FY 2008 is anticipated to be $105,148,932 as shown on the Consolidated Fund Statement. Receipts from federal/state sources are anticipated to be $50,655,177, or 48 percent of total funding sources.

Department of Housing and Community Development

Mission

The mission of the Fairfax County Redevelopment and Housing Authority is to initiate and provide opportunities for Fairfax County residents to live in safe, affordable housing and to help develop, preserve, and revitalize communities through fiscally responsible and open processes.

Focus

HCD connects with the residents of Fairfax County at their roots – home, neighborhood and community. All HCD programs, activities and services revolve around this important link and can be grouped in three service areas: **Affordable Housing**, **Neighborhood Preservation and Revitalization**, and **Capital Formation and Capacity Building**. These three service areas can be identified within seven distinct Lines of Business, which are discussed in the attached FY 2008 Agency Lines of Business.

Affordable Housing supports individuals and families in their effort to find homes that are safe, affordable, and stable.

Neighborhood Preservation and Revitalization focuses on preserving and improving neighborhoods to bring new vitality to aging communities.

Capital Formation and Capacity Building focuses on development of partnerships with private investors and other public agencies resulting in capital investment and financial support for the HCD and FCRHA mission.

These service areas encompass all of the activities of the 20 HCD funds. The total FY 2008 Adopted Budget Plan of $104.5 million can be distributed to these service areas and the general costs of running the department. It should be noted that many of the functional areas of HCD cross these service areas, so an exact allocation to the service areas is not possible. The FY 2008 Adopted Budget Plan is $63.6 million less than the *FY 2007 Revised Budget Plan* due to previously allocated balances that have been carried over into FY 2007 to allow for continuation of the capital projects.

Highlighted below are the main functions included in each of the service areas.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Fulfilling its purpose of providing opportunities for affordable housing in thriving diverse communities;
- Generating resources through the identification of new sources, new capital and new partnerships to support and enhance programs that serve the missions of HCD and the FCRHA;
- Producing, retaining, acquiring and restoring quality affordable residences, neighborhoods and communities;
- Ensuring the efficient management and maintenance of affordable housing in FCRHA programs in a manner consistent with or exceeding community standards;
- Providing opportunities to preserve and restore affordable residential neighborhoods; and
- Promoting the planning and implementation of technological innovations in HCD focused on enhancing customer service and achieving greater operational efficiencies.

Affordable Housing:

Affordable Housing Preservation
As of April 20, 2007, a total of 1,364 affordable have been preserved for both homeownership and rental purposes in a variety of large and small projects via FCRHA acquisitions, FCRHA financing of private for-profit and nonprofit acquisitions, and negotiated agreements with owners to extend affordability restrictions. Of that number, 252 units are preserved as affordable housing for periods of five years or less, and 1,112 units are preserved for 20 years or longer. The FCRHA's major affordable housing preservation successes include Janna Lee Village, 319 units (Lee District); Madison Ridge, 216 units (Sully District); Crescent Apartments, 180 units (Hunter Mill District); Sunset Park Apartments, 90 units (Mason District); and, Hollybrooke II, 98 units and Hollybrooke III, 50 units (Mason District). The primary funding source for preserving these units is derived from revenue equivalent to the value of one penny on the Real Estate Tax appropriated by the Board in Fund 319, The Penny for Affordable Housing Fund.

First-Time Homebuyers Program and Moderate Income Direct Sales Program
These programs offer new and resale homes at below market prices. These homes are built by private developers and are located within neighborhoods throughout the County. HCD markets the homes to first-time homebuyers and, in many cases, also provides financing assistance, including deferred second trusts, to keep mortgage payments affordable. First trust mortgages are often provided by the state-managed SPARC program, which provides affordable mortgages to first-time homebuyers. In FY 2006, a total of 92 families purchased homes via the Fairfax County First-Time Homebuyers program. Through FY 2006, 1,649 homes have been sold to first-time homebuyers as a result of these programs.

Below-Market Mortgages and Downpayment and Closing Costs Loans
The Homeownership Division facilitated the administration of $15,391,241 in below market mortgage funds in FY 2006. This included 69 loans to families through the Virginia Housing Development Authority's (VHDA) SPARC first-trust mortgage program, 61 loans through the VHDA HOME STRIDE below-market second trust, and 5 loans totaling $47,700 in federal HOME program American Dream Downpayment Initiative (ADDI) funds.

Homeownership Resource Center
The Homeownership Resource Center, located on the first floor of the FCRHA headquarters building on Pender Drive (Providence District), serves approximately 600 persons per month and provides information on homeownership, homeownership education, one-on-one and group counseling sessions, opportunities to meet with lenders, required applicant briefings, and coordination of resources for current and prospective first-time homebuyers. In FY 2006, the Homeownership Resource Center responded to over 6,000 telephone calls and nearly 2,000 walk-in clients.

Homeownership Education
Through a partnership with VHDA, local lenders and housing professionals, six-hour homeownership education classes were provided to potential Fairfax County homebuyers in FY 2006. Completion of the class qualifies graduates to participate in the First-Time Homebuyers Program and the ability to access below-market financing, downpayment and closing cost assistance. Classes have been offered in English, Spanish, Vietnamese, Korean, and American Sign Language. During FY 2006, the Fairfax County First-Time Homebuyers Program conducted 21 orientation sessions serving 1,968 attendees, and 41 application sessions serving 342 attendees. Thirty VHDA

homebuyer classes were held, serving over 750 participants. In addition, first-time homebuyers learn about maintaining their home and their responsibilities as homeowners living within their community. In FY 2006, post-purchase education and counseling was provided in three developments that housed 116 households and 24 recent Housing Choice Voucher homebuyers.

Foreclosure Prevention
Affordable housing units were preserved by the FCRHA intervention to stop foreclosures, which would have extinguished the affordability covenants.

Compliance Monitoring
Compliance monitoring continues on over 1,400 First-Time Homebuyer properties and Housing Choice Voucher Homeownership voucher participants, as well as the Employee Homeownership Assistance Program and the Down Payment and Closing Cost Assistance program loans. The goal of compliance monitoring is to ensure that participants are utilizing housing programs in accordance with governing local, state, and federal rules and regulations Due to the Board's new Workforce Housing initiative, which will produce a significant number of additional units to be sold through the Homeownership Division, it is anticipated that the current level of compliance monitoring will increase.

FCRHA Rental Housing
This function provides housing with rents commensurate with income and includes properties owned by the FCRHA under the Fairfax County Rental Program (FCRP) for those with modest means, properties owned by limited partnerships affiliated with the FCRHA which serve low and moderate income households, properties owned by the FCRHA under the Fairfax County Public Housing Program, and rental subsidies provided primarily to private landlords who rent their units to very low income households under the Fairfax County Housing Choice Voucher Program. These resources provide housing for nearly 5,800 low-and moderate-income households.

FCRHA Development Activities
HCD, in conjunction with the FCRHA, facilitates the development of affordable housing by non-profit and for-profit developers through incentives and financing. HCD also builds housing for the FCRHA for low-and moderate-income families and individuals, and households with special needs. In addition, FCRHA partners with private investors, through limited partnerships, to develop and operate affordable housing.

Senior Housing and Assisted Living
This activity provides 408 affordable independent living rental apartments in Fairfax, Herndon, Springfield, Lincolnia, in McLean and the Mount Vernon/Gum Springs areas of Fairfax County, and 112 beds of assisted living at Braddock Glen in Fairfax and at The Lincolnian in Alexandria (Fairfax County). Many of the properties have been co-located with senior centers, adult day health facilities and other community programs making them active adult communities.

Relocation Assistance and Monitoring
This program provides technical assistance and monitoring relocation initiatives that develop as a result of affordable housing preservation acquisitions and condominium conversions in Fairfax County. This activity also includes relocation services for all federally-funded activities undertaken by the FCRHA. Staff conducted 128 relocation reviews to support appropriate spending of CDBG and HOME funds in FY 2006. These services include technical assistance to private developers under both the Fairfax County Relocation Guidelines and the Code of the County of Fairfax for

projects where there is redevelopment and condominium conversion. Technical assistance under the federally mandated Uniform Relocation Act is provided if federal funds are involved in the project.

Affordable/Workforce Housing
A key initiative of the Board of Supervisors executed by HCD is the preservation of existing affordable housing. The Board of Supervisors has dedicated revenue equivalent to the value of one penny on the Real Estate Tax rate for this purpose in Fund 319, The Penny for Affordable Housing Fund.

Neighborhood Preservation and Revitalization:

Fairfax County Revitalization Activities
Starting in FY 2008, the majority of the County's Commercial Revitalization activities are provided by the Office of Community Revitalization and Reinvestment (OCRR) in the Office of the County Executive. For the Commercial Revitalization activities that remain in HCD, funding supports the Small and Minority Business Loan program, as well as administrative support for functions related to the Commercial Revitalization program and the various Revitalization Areas, which are addressed in the Lines of Business for the OCRR.

Home Improvement Loan Program (HILP) and Home Repair for the Elderly (HREP)
HILP provides loans to qualified homeowners to fix up their properties, with priority for cases involving health and safety code violations. HREP provides a crew and up to $500 in free materials to assist qualified elderly or disabled homeowners in making minor repairs at no charge. In FY 2006, over $457,000 was lent to homeowners for repairs and improvements to their property and 98 qualified disabled or elderly homeowners received free repairs.

Neighborhood Improvements
This activity is targeted at preservation and improvement in residential neighborhoods designated under the bond-funded Community Improvement Program and in designated Conservation and Redevelopment areas. Following a community planning process and adoption of plans, the program also focuses on improvements to street, sidewalk, storm drainage and other infrastructure designed and constructed in conjunction with the Department of Public Works and Environmental Services (DPWES).

Blight Abatement
This activity addresses resident concerns about specific properties which meet all of the following conditions: vacant or boarded for at least one year; subject of complaints; no longer being maintained for useful occupancy; and in dilapidated condition or lacks normal maintenance or upkeep. Efforts are made to encourage property owners to abate identified blight. If these efforts fail, the County may take direct action to repair or demolish the property. During FY 2006, HCD facilitated the abatement or remediation of 39 properties deemed to be blighted throughout the County.

Capital Formation and Capacity Building:

Funding Opportunities
This activity focuses on identifying and applying for available funding opportunities to leverage and supplement County funds for projects and programs. It includes federal entitlement grants such as Community Development Block Grant (CDBG) and HOME Investment Partnership Grant (HOME), other federal, state and local grants and loans, and private financing.

Partnering
This activity links the FCRHA financing abilities with those of the private sector (non-profit and for-profit) to generate additional financial resources. Non-profit corporations or limited liability corporations (LLC), as well as limited partnerships (LPs) formed by the FCRHA partner with private investors benefit from Federal Low Income Housing Tax Credits to fund FCRHA affordable housing for families and seniors. In addition, FCRHA issues revenue bonds to raise funds from private investors to fund affordable housing and community facilities.

Consolidated Plan/Consolidated Community Funding Advisory Committee (CCFAC)
HCD provides leadership in developing and implementing the County's annual Consolidated Plan in conjunction with the CCFAC, a committee comprised of residents of Fairfax County.

Human Services
This activity provides resources to the County's nonprofit partners through the Consolidated Community Funding Pool (CCFP) for critical human services such as youth programs, housing support services, and services targeted toward the County's immigrant population. A significant portion of the funding comes from CDBG, administered by HCD, which also supports CCFP planning and administers contract awards. CCFP will provide approximately $10.8 million in total funding for these services in FY 2008.

Housing Fund Structure

HCD is a complex agency as reflected in its funding structure. HCD has operating and capital funds that are funded from a variety of sources. County funds make up 31 percent of HCD's total budget. The balance is leveraged from federal and state funds as well as rental and fee revenues. In many cases HCD service areas span multiple elements of the fund structure which follows. For example, staff in the General Fund and the FCRHA Operating support most of the activities of the Department.

County General Fund

- Fund 001, General Operating
  This fund supports positions in Agency 38, HCD, and provides subsidies for the operation of some rental housing programs. Subsidies include support for expenses such as refuse collection, painting, maintenance positions, real estate taxes, and homeowner/condominium fees charged for condominium units owned by the FCRHA and rented to low income households.

FCRHA General Operating

- Fund 940, FCRHA General Operating
  This fund includes all FCRHA revenues generated by financing fees earned from issuance of bonds, monitoring and service fees charged to developers, investment income, project reimbursements, consultant fees, and ground rents on land leased to developers. Revenues support operating expenses for the administration of the private activity bonds, the Home Improvement Loan Program staff, and other administrative costs, which crosscut many of the housing programs.

Local Rental Housing Program

- Fund 941, Fairfax County Rental Program (FCRP)
  Fund 941 covers the operation of housing developments that are owned by the FCRHA and managed by HCD, other than federally-assisted public housing and certain County-supported rental housing. This includes rental income and operating costs for 879 FCRP units, the Woodley-Hills Estate Mobile Home Park, and projects regulated by the Virginia Housing Development Authority, including group homes for the disabled and mentally handicapped. These latter units are owned and maintained by FCRHA; however, programs for the residents are administered by the Fairfax-Falls Church Community Services Board.

- Fund 950, FCRHA Housing Partnerships
  Fund 950 was established in FY 2002 to budget and account for revenue and expenditures related to the housing developments owned by partnerships between FCHRA and private investors. Financial records for these partnerships are maintained separately, outside the County financial systems, in order to meet accounting and reporting requirements. However, HCD provides staff support to some of these developments and procures goods and services on behalf of these partnerships which are reflected in Fund 950. Previously, these items were included in Fund 941.

Federal Section 8 Rental Assistance

- Fund 966, Section 8 Annual Contribution
  The Section 8 program, also called the Housing Choice Voucher Program, is a federal housing rental assistance program for lower income families to assist them in leasing housing in the private marketplace. A portion of rent payments is provided by HUD to the FCRHA and is calculated under various formulas, incorporating family income and the fair market rent for similar types of housing in the Washington Metropolitan Area. The FCRHA administers the program, providing rental vouchers to eligible participants and rental subsidies to certain housing developments. In FY 2007, HCD administered 3,204 vouchers plus 75 "portability" vouchers (voucher holders coming from other housing authorities throughout the United States).

Public Housing Program

- Fund 967, Public Housing, Projects Under Management
- Fund 969, Public Housing, Projects Under Modernization
  These funds represent the Federal Public Housing Program that supports the operation, modernization, or acquisition of rental housing to be owned and operated by local housing authorities such as the FCRHA. The Public Housing Program is divided into two separate components: projects in operation and modernization of existing Public Housing facilities. Under the program qualifications for Public Housing, units are leased to low-income tenants, and tenants pay no more than 30 percent of adjusted income toward dwelling rent

or a minimum rent.

Special Revenue Funds

- Fund 141, Elderly Housing Programs
- Fund 142, Community Development Block Grant (CDBG)
- Fund 143, Homeowner and Business Loan Programs
- Fund 144, Housing Trust Fund
- Fund 145, HOME Investment Partnership Grant (HOME)
- Fund 945, Non-County Appropriated Rehabilitation Loan Program

These funds include housing programs which have a special source of revenue, including rental income, federal/state support, bank funds, or proffered contributions. Elderly Housing Programs in Fund 141 provide for the operation of FCRHA-owned affordable housing for the low- and moderate-income elderly of the County. The CDBG program in Fund 142 is a federal grant that is used to conserve and upgrade neighborhoods through the provision of public facilities, support for community services and development of low- and moderate-income housing. The Homeowner and Business Loan Programs in Fund 143 support homeowner assistance, such as the Moderate Income Direct Sales Program, which aids homeowners in the purchase of homes, as well as a federal grant aimed at providing loans to small and minority businesses. Fund 144, Housing Trust Fund, utilizes proffered contributions from private developers, County contributions, and investment earnings to encourage the preservation, development, and redevelopment of affordable housing by the FCRHA, non-profit sponsors, and the private sector. The HOME program in Fund 145 is a federal grant program that supports provision of affordable housing through acquisition, rehabilitation, new construction, and tenant-based rental assistance. Fund 945, Non-County Appropriated Rehabilitation Loan Fund, represents funds raised from private sources for the rehabilitation and upgrading of housing, and works in conjunction with County-appropriated funds in the CDBG and the Homeowner and Business Loan Program funds.

Capital Projects

- Fund 319, The Penny for Affordable Housing Fund
- Fund 340, Housing Assistance Program
- Fund 341, Housing General Obligation Bond Construction

These funds provide County support for both affordable housing and in the past, community revitalization capital projects. Fund 319, The Penny for Affordable Housing Fund, is designed to provide funds to quickly and significantly impact the availability of affordable housing in the County within established criteria. The fund was established in FY 2005 based on the Board of Supervisor's commitment to dedicate the value of one penny of the real estate tax rate to preserving affordable housing in the County. Fund 340, Housing Assistance Program, supported the Commercial Revitalization Program, including staff resources, marketing, consultant services and capitalized projects, as well as the Blight Abatement Program. Most revitalization related funds have been moved to the new Office of Community Revitalization and Reinvestment. Funds for some outstanding revitalization contracts remain within this fund. In addition, Fund 340 includes funds from federal CDBG Section 108 loan proceeds to be used to preserve and improve five conservation areas and a number of other housing projects. Fund 341, Housing General Obligation Bond Construction, is used to budget and report costs for housing and community development and capital projects that are supported wholly or in part by general obligation bond proceeds.

FCRHA Development Support

- Fund 946, FCRHA Revolving Development
- Fund 948, FCRHA Private Financing
- Fund 946 provides development support for site investigation for proposed new projects and provides temporary advances for architectural and engineering plans, studies, or fees for which federal, state, County, or private funds will reimburse the FCRHA at a later date. Funding capital improvement projects for existing FCRP units is also provided. Fund 948, FCRHA Private Financing, is used to budget and report costs for two types of funds: those borrowed by the FCRHA from private lenders and other sources, and funds for FCRHA projects which are generated through the sale of FCRHA bonds.

FCRHA Internal Service Fund

- Fund 949, FCRHA Internal Service Fund, was established in FY 1998 to charge for goods and services that are shared among several housing funds. These costs include items such as office lease expense, office supplies, telephones, postage, copying, insurance, and audits which are captured in this fund and then disbursed to the appropriate operating fund. This fund also includes costs associated with the maintenance and operation of FCRHA housing development, such as service contracts for extermination, custodial work, elevator maintenance, and grounds maintenance. Expenditures are transferred from Fund 949 to the appropriate projects and funds, which provide a revenue reimbursement to Fund 9494 as this fund helps to expedite payments and processing only.

FCRHA Grant Fund

- Fund 965, Housing Grants, was established in FY 2000 to administer grants awarded to the FCRHA. The grants currently in this fund are awarded by the U.S. Department of Housing and Urban Development (HUD), based on competitive applications for funding, and provide for rent subsidies, counseling services, support services, operating expenses, and property improvements.

Budget and Staff Resources

Housing Summary		
Category	**FY 2007 Actual**	**FY 2008 Adopted Budget Plan**
Authorized Positions/Staff Years		
Regular	230/230	230/230
Grant	9/9	9/9
Total Positions	**239/239**	**239/239**
Expenditures*:		
Personnel Services	$12,308,265	$15,180,543
Operating Expenses	55,862,235	54,182,103
Capital Equipment	0	0
Grant Projects	13,846,931	8,649,703
Capital Projects	38,738,190	26,467,617
Total Expenditures	**$120,755,621**	**$104,479,966**

* Expenditure categories are consistent with the Department of Housing and Community Development Program Overview in the budget.

Department of Housing and Community Development

Housing Summary by Program Area and Fund

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
County Appropriated Funds:		
Operating:		
Department of Housing and Community Development	$6,335,631	$7,014,265
141 Elderly Housing Programs	3,228,949	3,529,961
143 Homeowner and Business Loan Programs	2,804,955	1,388,983
Total Operating Expenditures	**$12,369,535**	**$11,933,209**
Capital:		
144 Housing Trust Fund	5,434,417	1,940,000
319 The Penny for Affordable Housing Fund	22,313,055	22,700,000
340 Housing Assistance Program	1,512,986	935,000
341 Housing General Obligation Bond Construction	13,657	0
Total Capital Expenditures	**$29,274,115**	**$25,575,000**
Total County Appropriated Fund Expenditures	**$41,643,650**	**$37,508,209**
Federal/State Support:		
965 Housing Grants Fund	111,330	0
966 Section 8 Annual Contribution	39,925,162	40,605,690
967 Public Housing, Projects Under Management	5,950,954	6,006,640
969 Public Housing, Projects Under Modernization	1,632,617	0
142 Community Development Block Grant	8,716,776	6,192,316
145 HOME Investment Partnerships Grant	5,018,825	2,457,387
Total Federal/State Support	**$61,355,664**	**$55,262,033**
FCRHA Generated Funds:		
940 FCRHA General Operating	2,564,916	3,210,388
941 Fairfax County Rental Program	3,101,385	3,615,446
945 Non-County Appropriated Rehabilitation Loan	30	15,000
946 FCRHA Revolving Development	881,096	0
948 FCRHA Private Financing	6,950,362	892,617
949 Internal Service Fund	3,452,473	3,022,358
950 Housing Partnerships	806,045	953,915
Subtotal, FCRHA Funds	**$17,756,307**	**$11,709,724**
Less:		
949 Internal Service Fund	$3,452,473	$3,022,358
Total, FCRHA Funds	**$14,303,834**	**$8,687,366**
Total, All Sources	**$120,755,621**	**$104,479,966**
Less:		
949 Internal Service Fund	$3,452,473	$3,022,358
Net Total, All Sources	**$117,303,148**	**$101,457,608**

SUMMARY OF ALL AGENCY LOBS
(FY 2008 Adopted Budget Data)

Number	LOB Title	Net LOB Cost	Number of Positions	LOB SYE
38-01	Affordable Housing Production and Preservation	$0	16	16.0
38-02	Rental Housing and Tenant Subsidies	($664,467)	148	148.0
38-03	Homeownership	$0	3	3.0
38-04*	Commercial Revitalization	$0	8	8.0
38-05	Community and Neighborhood Improvement	($4,499)	24	24.0
38-06	Consolidated Community Funding Pool and Grants Management	$0	0	0.0
38-07	Organizational Management and Development	$0	31	31.0
TOTAL		**($668,966)**	**230**	**230.0**

* Funding for the Commercial Revitalization Program that is part of Fund 340, Housing Assistance Program, FY 2008 Adopted Budget is reported as part of the attached Lines of Business (LOBs). The narrative describing the Commercial Revitalization activities to be supported by this funding will appear in the Office of Community Revitalization and Reinvestment LOBs submission.

Note: Housing Funds are supported by County merit regular positions in addition to also being supported by some grant funded positions and positions supported by non County appropriated funds. The total positions and SYEs shown above are solely the County merit regular positions and positions supported by non County appropriated funds. Grant funded positions are not reflected in the total LOB count shown above. For further details regarding programs supported by grant funded positions please refer to the LOB detail pages.

LOBS SUMMARY

38-01: Affordable Housing Production and Preservation

Fund/Agency: 001/38	*Department of Housing and Community Development*
LOB #: 38-01	*Affordable Housing Production and Preservation*
Personnel Services	$1,490,667
Operating Expenses	$174,124
Recovered Costs	$0
Capital Equipment	$0
Other	$29,546,676
Total LOB Cost:	$31,211,467
Federal Revenue	$4,533,318
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$26,678,149
Total Revenue:	$31,211,467
Net LOB Cost:	$0
Merit Positions/SYE involved in the delivery of this LOB	16 / 16.0
Grant Positions/SYE involved in the delivery of this LOB	5 / 5.0

► LOB Summary

Affordable housing has become an increasingly critical issue in Fairfax County. Based on the "Need for Affordable/Workforce Housing in Fairfax County" report that was prepared by George Mason University (GMU) in 2006, there has been a significant change in the County's housing market which has had a tremendous impact on the County's ability to maintain and provide affordable housing for its citizens. Trends in home sales over the past 15 years have greatly reduced the opportunities for homeownership as salaries earned have not kept pace with the unprecedented rise in home costs. The data provided in this study indicates that the affordability of homeownership is "more severe issue than for the rental market."

A critical factor contributing to the housing crisis is that affordable housing production did not keep pace with the phenomenal job growth. According to the GMU study, between 1990 and 2005, a total of 186,300 jobs were created for a total of 565,200 jobs in Fairfax County. This factor alone has attracted many new households to the area. This growth rate accounts for 28 percent of the total job growth in the Washington Metropolitan area. Further, the healthy economy and the proximity of this County to the nation's capital have drawn immigrants and refugees here. If the job growth rate from 2005 to 2025 reaches its estimated rate of 213,700, there will be a household demand of 142,500.

Based on the 2006 census data, the County poverty rate is 5.3 percent. Although this number is relatively low, the median income of $119,800 has not kept pace with the overall median market value of owned homes which is $538,940. This trend is further supported by the fact that in 2006,

over 51 percent of the workers in Fairfax County commuted to their jobs from surrounding jurisdictions. This creates a special problem in the public service areas as the largest percentage of workers commuting to their jobs work in the emergency services areas, education and health care. The current trend in affordable housing for Fairfax County is predicted to continue along its current path. Based on the jobs and household forecasts provided by the GMU study, job growth will total 213,700 between 2005 and 2025 coupled with a household growth of only 104,800.

HCD's mission, under the leadership of the Board of Supervisors and the Fairfax County Redevelopment and Housing Authority (FCRHA), is "to initiate and provide opportunities for Fairfax County residents to live in safe, affordable housing and to help develop, preserve, and revitalize communities through fiscally responsible and open processes." With the support of local, federal, and private investment, HCD has been able to implement strategies and programs that are aimed at addressing the lack of affordable housing in the County.

HCD also continues to implement strategies to address the loss of affordable/workforce housing in the County, including providing incentives to owners of affordable units and financing projects which preserve affordable housing. As of April 20, 2007, a total of 1,364 affordable units have been preserved for both homeownership and rental purposes in a variety of large and small projects via FCRHA acquisitions and financing, and negotiated agreements. Of that number, 252 units are preserved as affordable housing for periods of five years or less, and 1,112 units are preserved for 20 years or longer. The FCRHA's major affordable housing preservation successes include Janna Lee Village, 319 units (Lee District); Madison Ridge, 216 units (Sully District); Crescent Apartments, 180 units (Hunter Mill District); Sunset Park Apartments, 90 units (Mason District); and, Hollybrooke II, 98 units and Hollybrooke III, 50 units (Mason District). The primary funding source for assisting in preserving these units is derived from revenue equivalent to the value of one penny on the Real Estate Tax rate for this purpose in Fund 319, The Penny for Affordable Housing Fund.

FCRHA's federally funded Home Equity Loan Program (HELP) continues to assist low-income first-time homebuyers by closing the gap between an affordable first mortgage and the sales price of a market-rate home in the County. HELP participants receive up to $91,767 in homebuyer assistance; up to $21,767 in down payment/closing cost assistance, and up to $70,000 in a second mortgage. Another successful program is the First-Time Homebuyers Program, which assisted 92 low-moderate-income families that purchased homes in 2006. Other programs such as the federal Housing Choice Voucher program are encouraging homeownership through the Family Self Sufficiency program, which helps families save escrowed funds for a future home purchase. The Homeownership Resource Center, which is supported by the Community Development Block Grant, has become a key factor in community outreach. In FY 2006, the Center served nearly 2,000 walk-ins and over 6,100 telephone inquiries.

At the leadership and direction of the Board of Supervisors and the FCRHA, HCD provides staff support to the FCRHA and is the primary implementing agency for most housing-related programs in the County. HCD works in conjunction with the FCRHA toward achieving the goals set by the Board. HCD provides development, technical assistance, and financing services to facilitate affordable housing production and preservation by both for-profit and non-profit community partners. HCD also pursues partnerships with investors, the philanthropic community, and state and federal agencies. The objective of these partnerships is the creation of capital investment and non-County financial support for the HCD/FCRHA mission and for strengthening the viability and capacity of development organizations.

Fund 001: General Fund

Fund 001 provides funding for administrative oversight of the Development and Real Estate Finance Divisions, administration of the Affordable Dwelling Unit (ADU) Program, and architectural design support for the neighborhood revitalization program. Staff provides supervision, direction and guidance to the division, and clerical support. For the ADU program, staff supports the Affordable Dwelling Unit Advisory Board (ADUAB), tracks the units produced under the program, and determines cash contributions. Staff prepares site and building schematics, participates in negotiations with developers, makes public presentations, and acts as liaison to County officials and other County departments providing architectural and urban design assistance. Four positions are supported through an allocation of $336,986 in Fund 001 for FY 2008.

Fund 142: Community Development Block Grant

In FY 2008, a total of $2,075,931 in Federal Community Development Block Grant (CDBG) funds has been appropriated for payments on the County's Section 108 loans ($1,062,587), the housing relocation program ($273,520) (2 positions), fair housing initiatives ($57,514) and a contingency fund ($682,310).

Fund 144: Housing Trust Fund

Fund 144, Housing Trust Fund, was created in FY 1990 to reflect the expenditures and revenues of funds earmarked to encourage and support the preservation, development and redevelopment of affordable housing. The Housing Trust Fund is administered by the FCRHA which develops eligibility criteria, accepts and reviews applications, and forwards recommendations for funding to the Board of Supervisors. The Board retains control of the final allocation of funds. In FY 2008, a total of $1.94 million is appropriated as a planning factor based on anticipated proffer and interest income.

To date, this fund has supported the development of senior housing at Morris Glen, Herndon Harbor, Gum Springs, Lewinsville, Braddock Glen (assisted care), Little River Glen I and II, and it is currently providing support to construct a third senior housing facility, Olley Glen, as part of the Little River Glen campus in Fairfax. These funds made possible one of the first mixed income (Public Housing/Fairfax County Rental Program) properties, and have also been used in support of first-time homeownership units. This fund is utilized by the FCRHA, non-profit sponsors, and private developers, and is intended to promote endeavors that will provide affordable housing opportunities for low- and moderate- income individuals and families in Fairfax County. This is achieved through a number of methods including the structuring of low cost debt and/or the infusion of equity capital. The use of this fund was expanded in 1996 to include pre-development funding for the purpose of determining project feasibility and performing preliminary studies necessary to define viable development strategies.

Fund 145: HOME Investment Partnership Grant

Fund 145 is used to support the development and preservation of properties using funds from the Federal HOME Investment Partnership Program (HOME). These funds are allocated on an annual basis to eligible participating jurisdictions based on a formula-based system. The County's FY 2008 grant is $2,457,387 and these funds support this program area, as well as one position. The HOME program has been used to make projects affordable to more lower income families and seniors than would have been possible without the funds. These funds have been used in family housing construction, acquisition of scattered-site units, senior housing and downpayment assistance for first time homebuyers. A local match of 25 percent is required for this program, but the match can come from any housing project that is HOME-eligible, without regard to funding source. Given the

layering of eligible financing mechanisms that is characteristic of FCRHA projects, the use of HOME funding by Fairfax County seldom requires the use of local General Fund dollars.

Fund 319, The Penny for Affordable Housing Fund

FY 2008 funding in the amount of $22,700,000 is provided to continue preservation of affordable housing in the County. This fund accounts for over 73 percent of the funds available to support the Affordable Housing initiative in Fairfax County. As of April 20, 2007, a total of 1,364 affordable units have been preserved for both homeownership and rental purposes in a variety of large and small projects via FCRHA acquisitions. Under the continued leadership of the BOS, HCD has been able to successfully meet and exceed its goal of preserving 1,000 units by the end of FY 2007. In FY 2008, HCD will continue its mission to preserve affordable housing through a mixed funding use approach.

Fund 940: FCRHA General Operating

Fund 940 is used to account for FCRHA real estate holdings that are not reflected in one of the other FCRHA funds or in partnership holdings. This fund includes all FCRHA revenues generated by financing fees earned from issuance of bonds, monitoring and services fees charged to developers, investment income, project reimbursements, consulting fees, and ground rents on land leased to developers. Revenues support operating expenses for agency administrative costs associated with such activities as human resource management, staff development, public affairs, information technology support, program costs related to the implementation of the agency's Lines of Business, and related FCRHA activities.

Fund 940 reflects the revenue-producing capacity of the FCRHA. This capacity provides the County with the opportunity to develop and operate housing and/or service programs that, by the nature of whom they serve, cannot be self-sustaining. The use of FCRHA revenues for this purpose allows the County to broaden its array of services while minimizing the demands placed on the General Fund. In FY 2008, $808,546 in funding through Fund 940 supports nine positions and associated operating costs that are either not covered or only partially covered by other program funding.

Fund 948: FCHRA Private Financing

In addition to federal, state and local government funding sources, the FCRHA also utilizes private financing to implement projects. In addition to both family and senior residential developments, the FCRHA's financing authority has been used to finance County recreation centers, senior centers, adult day care centers, and a Head Start facility. The FCRHA has also used its financing capacity to support the private sectors' development activities in return for a portion of units at reduced rents. FCRHA-developed properties require an extensive layering of both public and private funds. The reputation of the FCRHA has resulted in the successful use of private funds to leverage the public funds. The sale of federal low-income housing tax credits to private investors is a significant source of project equity that is used to leverage public dollars. Funding of $892,617 in Fund 948 for FY 2008 represents a contribution from Fund 142, CDBG for payments on the County's Section 108 loans, plus other loan and financing repayments.

Fund 948, FCRHA Private Financing, was established to budget and report costs for capital projects which are supported in full or in part by funds borrowed by the FCRHA through the issuance of notes and/or bonds, or through the use of equity financing received through the sale of Federal low-income housing tax credits. In the latter form of financing, the FCRHA usually serves as the managing general partner of an investment partnership created specifically for project financing purposes. In these cases, it will hold only a minor ownership position, selling the balance (e.g. 99.9

percent) to private investors who derive the benefit of tax credits in exchange for equity contributions to the project. The FCRHA retains the management and oversight of the projects as well as responsibility for compliance with tax credit regulations. Fund 948 makes it possible to include the accounting for the receipt and disbursement of private funds within the County financial system.

Fund 969: Public Housing Under Modernization

This fund represents the capital improvement activities related to the Federal Public Housing Program which is divided into two separate components: projects in operation and modernization of existing Public Housing facilities. Under the program qualifications for Public Housing, units are leased to low-income tenants, and tenants pay no more than 30 percent of adjusted income toward dwelling rent or a minimum rent. Since this is a federally funded grant and is allocated funding according to the federal fiscal year, the FY 2008 Adopted Budget reflects a zero balance but will be adjusted as part of the annual carryover process. This fund supports five grant positions.

► Method of Service Provision

Services under this program area are provided by regular County employees, as well as through outside architects, engineers, and contractors. HCD staff provides architectural design services, land planning and design support to the revitalization division, construction monitoring, land acquisition, project financing and individual loans for the Home Improvement Loan Program. Capital formation is an important part of the work of the division and includes structuring public/private partnerships in addition to attracting private sector investment in FCHRA projects.

Normal hours of operation extend from 8:00 a.m. to 4:30 p.m. Monday through Friday. However, HCD staff often meet with individual citizens, neighborhood groups, the Board of Supervisors, the FCRHA and other boards, commissions, or organizations before and after regular business hours and on weekends.

► Mandate Information

This LOB is federally mandated (i.e., not mandated to implement the programs, but as a recipient of federal funds, those funds must be used in the prescribed manner). This LOB includes two federally funded programs, Fund 969, Public Housing Under Modernization and Fund 145, HOME, which is also a federally funded grant program. There is no federal mandate for a local funding match. The percentage of this LOB's resources utilized to satisfy the federal requirements is 5-15 percent.

38-02: Rental Housing and Tenant Subsidies

Fund/Agency: 001/38	Department of Housing and Community Development
LOB #: 38-02	**Rental Housing and Tenant Subsidies**
Personnel Services	$10,023,119
Operating Expenses	$10,465,100
Recovered Costs	$0
Capital Equipment	$0
Other	$37,254,078
Total LOB Cost:	$57,742,297
Federal Revenue	$41,231,016
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$17,175,748
Total Revenue:	$58,406,764
Net LOB Cost:	($664,467)
Merit Positions/SYE involved in the delivery of this LOB	148 / 148.0
Grant Positions/SYE involved in the delivery of this LOB	4 / 4.0

► LOB Summary

Affordable housing is an increasingly critical issue in Fairfax County and has been designated as a high priority of the Board of Supervisors.

The lack of affordable homeownership opportunities in the County drives up the demand for rental units. In 2001, average rents were well above $990 per month for all unit types and in 2007 averaged $1,247 per month. Over this six-year period, the average rent increased at a rate of 26 percent. Based on the most current census data, rental housing costs for over 30 percent of the area's residents required 38.6 percent of their monthly income in 1989 compared to 45.4 percent in 2004. The Department of Housing and Community Development's (HCD) waiting list is often used to exemplify the dramatic need for affordable housing in the County. The combined program waiting list has reached its highest level to date. Currently, there are over 9,400 applicants on the Public Housing and Housing Choice Voucher (Section 8) waiting lists. This number has increased over 25 percent from its FY 2001 level of 7,500.

Based on data provided by the George Mason University Center for Regional Analysis, the rental market is expected to change dramatically in the next few years. As the home sale market slows down, the demand for rental units increase, which drives up the cost for rental housing. Based on their data, rental rates are estimated to increase 7 percent per year through 2010. The effect of this increase will be detrimental to the affordability of rental units. By 2010, only 69.5 percent of the units available for rent will be affordable to those at 80 percent of the area's median income, compared to 87.3 percent in 2005.

Key activities, programs and services of HCD and FCRHA are designed to respond to this affordable housing need in a timely and responsive manner. HCD provides a continuum of housing to meet a range of service levels and needs through a variety of programs and types of housing.

Programs offered by HCD/FCHRA include:
All of these programs have three key service goals: (1) provide affordable homes, (2) promote self-sufficiency, and (3) ensure properties and programs are compatible with the community in all respects. Various target populations are served through a mix of federally and locally supported programs. These affordable housing programs include:

- Public Housing (1,064 units; achieved HUD "High Performer" rating in FY 2007)
- Section 8 Housing Choice Voucher Program (3,200+ Housing Choice Vouchers in program; achieved HUD "High Performer" rating in FY 2007)
- Affordable Housing Properties such as Cedar Ridge (198 units), Hopkins Glen (91 units), Murraygate (204 units), Stonegate (234 units), and, Crescent (180 units)
- Senior citizen residences such as Herndon Harbor House (120 units), Lewinsville (22 units), Lincolnia (78 units), Little River Glen (120 units), Morris Glen (60 units), Braddock Glen (60 units) and Gum Springs (60 units)
- Coan Pond Residences (20 units – the only "Working Single Adults" program in Fairfax County)
- Group Homes for persons with disabilities

The types of housing offered by HCD/FCRHA include:

- Senior Residences (408 active adult rental units)
- Assisted living for seniors (112 beds, with 60 beds in the planning stage)
- Multifamily housing (Federal and non-Federal programs supplying units)
- Group Homes for persons with disabilities (7 homes, 69 beds)
- Family shelter (60 beds)
- Working single adult housing (20 units)
- A mobile home park ("pad" rentals for 115 mobile homes)

Service Delivery Approach and Program Highlights
The provision of services to clients that participate in these programs is provided through the Property Management, Rental Services, and Property Maintenance Divisions of HCD. The Property Management and Rental Services Program Areas represent the direct service activities within HCD providing affordable rental housing to households in Fairfax County in FY 2008. This includes the availability of 2,900 residential units that are leased to low and moderate income families and individuals, 11 properties that serve 177 individuals in supportive housing programs, and 115 mobile homes. Additionally, housing assistance is provided to 3,204 households under the Housing Choice Voucher program (Section 8). The citizens served by these programs are typically in households earning about 30 percent of the County's median income. A diverse population is served, including

the elderly, persons with disabilities, and most recently, a growing percentage of immigrants and refugees.

Property Management: The Property Management component provides direct on-site housing management services for various properties, as well as contract administration for private management, maintenance, marketing and leasing services at Cedar Ridge Apartments, Stonegate Apartments, and Hopkins Glen Apartments. This component also provides property management services and contract administration to seven residential communities for senior citizens, including two assisted living facilities, and three adult day care centers. HCD staff frequently provides assistance to citizens who need help making decisions about the housing needs of elderly parents. This branch also provides property management oversight of one homeless shelter and seven scattered site group homes that provide services to disabled adults through the Fairfax-Falls Church Community Services Board and the Virginia Housing Development Authority.

Rental Services: The Rental Services component of HCD manages lease-up activities for Public Housing, Section 8, the locally supported Fairfax County Rental Program, the Senior Housing program, all aspects of the client intake process including management of HCD's extensive housing waiting list system, and management of the Compliance and Community Relations program that combats fraud and abuse by participants in HCD's assisted housing programs. Rental Services staff performs a myriad of activities involved in providing safe and affordable rental units to HCD's clients. This includes: determination of client eligibility for programs, income verification, tenant recertification, management of the marketing and lease-up process, provision of tenant services, assurance of compliance with all funding sources and regulations, enforcement of all lease provisions, property inspection, and assistance to participating landlords.

Maintenance and Property Improvement Services: On-going interior, exterior and grounds maintenance of residential and office properties owned by the FCRHA is the primary function of this component of housing service delivery. More than 2,500 units of housing and two office buildings are supported. Emergency maintenance services are provided 24 hours a day, seven days a week. This area also includes administration of federal funds awarded annually for asset protection and modernization of the FCRHA public housing developments throughout the County. This part of the service assesses the physical needs of buildings and related structure systems, develops a five-year action plan and oversees construction contracts issued to carry out the scope of work required each year. A similar five-year plan is also developed and implemented for the FCRHA's non-Federally assisted housing stock.

Program Initiatives: HCD has responded to the County's affordable housing demands through a variety of programs and approaches. HCD is particularly skilled in leveraging County funds by attracting federal funds and private investment. Recent success and continued initiatives that support these programs include:

- The preservation of affordable rental units through the County's Fund 319, The Penny for Affordable Housing, which has provided an additional 1,364 affordable units at a variety of large and small projects via FCRHA acquisitions and financing, and negotiated agreements. The majority of these units are available for rent through the FCRHA's Fairfax County Rental Program, which provides affordable rents to moderate income residents. The remaining units are made available to residents through the Magnet Housing program, which has had recent success with the construction of the Glenwood Mews Townhouses (15 units)

and predevelopment of the West Ox Road project (30 units). Magnet Housing attempts to match housing within close proximity to public transportation and places of business.

- HCD provides direct ownership and management of 52 housing properties (apartments or townhouses) for families, seniors, and persons with disabilities, which has increased by 10 properties or 24 percent since FY 2001.

- HCD provides direct ownership with private management of seven properties (three multifamily developments and four senior citizen residences). In FY 2001, this category reflected five properties so the current number reflects a 40 percent increase since FY 2001.

- In FY 2007, HCD converted one of its larger multi-family properties, Cedar Ridge Apartments in the Hunter Mill District, to a tax-credit property. This property is managed by a private management firm. Restructuring the financing for this property has improved property cash flow and allowed the agency to implement significant property improvements.

- Through the Federal Housing Choice Voucher rental subsidy program (Section 8), HCD is able to partner with private landlords participating in the program to provide affordable rental units for approximately 3,200 households. Through this program, HCD assists households with their rent payments in which the family pays approximately 30 percent of their income for rent and utilities.

- HCD is able to supply 1,064 affordable housing units to eligible low-income families through participation in the Federal Public Housing Program.

- Scattered site housing (individual units at certain complexes).

Funding in support of this program area is arrayed across nine specific funds in the budget of HCD, as follows:

Fund 001: General Fund

Fund 001 supports the above areas, programs and services by funding 24 positions in the administration of housing services and programs, direct services to families (subsidy payments, housing assistance and placement), maintenance, and clerical/support staff. In addition, it covers expenses for exterior painting contracts as well as condominium fees in private developments where the FCRHA owns scattered site units. Total funding in Fund 001 in FY 2008 for these costs is $2,798,475.

Fund 141: Elderly Housing Programs

Fund 141, Elderly Housing Programs, accounts for personnel (16 positions), operating, and equipment costs related to the County's support of the operation of the three locally funded elderly housing developments owned or leased by the FCRHA. The four elderly housing developments funded in Fund 141, Elderly Housing Programs are: Lewinsville Senior Residences in McLean, Little River Glen in the Braddock District, and Lincolnia Senior Residences in the Mason District. Funding for three facilities, Gum Springs located in the Mount Vernon District, Morris Glen in the Lee District, Braddock Glen in the Braddock District and Herndon Harbor House in the Dranesville District, are not presented in Fund 141, Elderly Housing Programs. Although they are owned by a limited partnership of which the FCRHA is the managing general partner, a private firm manages and maintains these facilities. The Braddock Glen Assisted Living facility in the Braddock

District is owned by the FCRHA and also managed by a private management firm. HCD staff administers the contract between the FCRHA and the private firms hired to manage the facilities. Together, in FY 2008, these seven facilities will provide for 408 congregate housing units, 112 assisted living units, and three Adult Day Care Health Centers.

Total funding in Fund 141 in FY 2008 is $3,529,961, which includes a General Fund transfer of approximately $1.5 million. In addition, in FY 2008, the operation of the Elderly Housing Program will be supported in part with rental income, a state auxiliary grant for indigent care in the Adult Care Residence component at the Lincolnia Senior Center and Residences, County support, and federal funds. The County's General Fund transfer supports approximately 42 percent of this expense. The Gum Springs, Morris Glen and Herndon Harbor facilities are self-supporting and do not require County General Fund support in Fund 141.

Certain expenses reflected in this fund are not directly related to housing operations. The FCRHA, as landlord of these facilities, has interagency agreements, which provide for budgeting by HCD for common area expenses for utilities, telecommunications, maintenance, custodial services, and contracts. The facilities provide space for general community use as well as for services provided by other County agencies.

Other costs related to the County's housing program at these sites, including the operating costs of senior centers, adult day care centers, and a congregate food program, are reflected in the agency budgets for the Department of Community and Recreation Services, the Health Department, the Aging Grants and Programs Fund, and the County Debt Service Fund.

Fund 940: FCRHA General Operating

This fund accounts for the business activities of the FCRHA. Revenue received from monitoring and financing fees, development fees and other sources is reported in this fund and is used to support the programs and activities of the FCRHA.

As related to the affordable housing activity area, this fund, through an allocation of $232,170 in FY 2008, supports four positions, one of which is a lead housing services specialist responsible for a portfolio of Public Housing Program and Fairfax County Rental Program units. This position has supervisory responsibility of a team of housing managers and occupancy specialists within the assigned "cluster" of properties for a specified geographic area of the County.

Fund 941: Fairfax County Rental Program

The Fairfax County Rental Program (FCRP) is a local rental housing program developed and managed by the HCD for the Fairfax County Redevelopment and Housing Authority (FCRHA). The FCRP includes a wide variety of affordable housing for a range of income groups, including low- and moderate-income families, senior citizens and disabled persons. Seven group home properties provide housing for persons with disabilities in conjunction with the Fairfax-Falls Church Community Services Board (CSB) and the Virginia Housing and Development Authority (VHDA).

The FCRP includes projects developed or acquired by the FCRHA. These properties are located throughout Fairfax County, primarily in converted condominium projects.

A private management company manages and maintains three stand-alone properties under contract with the FCRHA, Hopkins Glen (91 units; Providence District), Cedar Ridge (198 units; Hunter Mill District), and the Crescent apartment complex (180 units; Hunter Mill District). In FY 2007, the

ownership of Cedar Ridge apartments was converted to a tax-credit partnership property with the FCRHA as the managing partner.

FCRP is primarily supported by tenant rents and County General Fund support in the amount of $493,293 to pay for condominium fees. In addition, debt service contributions are received from Fund 141, Elderly Housing, to provide support for the debt service costs of Little River Glen, an FCRHA elderly housing development. The total FY 2008 cost is $3,615,446, which supports 15 positions.

Fund 950: Housing Partnerships

This service component reflects several multi-family developments that were purchased or constructed using financing techniques that involved various partnership arrangements. These properties provide affordable housing for 259 families.

The FY 2008 Fund 950 budget totaling $953,915 will support 10 positions, as well as operating and maintenance expenses at Murraygate, Castellani Meadows, West Glade and Tavenner Lane. The operation of this program is primarily supported by tenant rents with County General Fund support for real estate taxes at Castellani Meadows, West Glade, Murraygate, Stonegate and for the Public Housing portion at Tavenner Lane. The Stonegate property is currently managed by a private management firm and the budget is not accounted for in the County system.

Fund 965: Housing Grants

Fund 965 was established as part of the FY 2000 Adopted Budget Plan to separately track grants which are awarded to the FCRHA. This Fund provides accounting for the federally funded ROSS grant. The Resident Opportunities and Self Sufficiency (ROSS) grant program provides funds for job training and supportive services to help residents of public housing transition towards self-sufficiency. No new funds are budgeted for this fund in FY 2008. Funds are carried over from previous fiscal years and additional grant awards will be reflected in this fund subsequent to the FY *2008 Carryover Review* due to the timing of the issuance of federal HUD awards.

Fund 966: Section 8 Annual Contribution

The Housing Choice Voucher Program (HCV), also known as the Section 8 Program, is the largest subsidy program operated by the FCRHA. The program provides financial assistance to help house more than 8,000 persons, constituting approximately 3,200 households throughout the County.

The Housing Choice Voucher Program is a Federal Housing Assistance Program for low income families seeking housing in the private rental market. The basic concept is the same for all components of the program. The U.S. Department of Housing and Urban Development (HUD) provides funds to pay a portion of the family's rent. In most cases, this subsidy is the difference between 30 percent of the eligible family's income and a HUD-approved Fair Market Rent (FMR) for a housing unit. Section 8 subsidy funds are used to issue vouchers to eligible households who may lease any appropriately-sized, standard quality rental unit from a participating landlord.

Under Fund 966, Section 8, Annual Contribution rental subsidies are provided by HUD to cover the difference between a market-established rent and the rent which is determined to be affordable at a given family's income level. In some cases, the Section 8 subsidies are associated with a particular housing development and in other cases they are transferable with the tenant. Total costs for FY 2008 are $40,605,690.

The rent subsidy payments are made through a Housing Assistance Payments (HAP) Contract with the owner of the housing. Housing Authorities administer the contract for these subsidy funds on behalf of HUD. In Fairfax County, the FCRHA is responsible for making the monthly subsidy payments, verifying that those benefiting from the subsidy are eligible and monitoring compliance with federal regulations. This is done by means of an Annual Contribution Contract between the FCRHA and HUD.

The Housing Authority also is responsible for maintaining a waiting list of those seeking a Section 8 voucher. The FCRHA verifies applicant income eligibility before issuing a voucher, inspects the unit the family selects to ensure compliance with Section 8 Housing Quality Standards, computes the portion of the rent the family must pay and the maximum subsidy. The FCRHA then contracts with the landlord to pay the subsidy, recertifies eligibility annually, and maintains required financial records and reports. The owner of the housing (participating landlord) is responsible for selecting those families to whom the owner wishes to rent. The FCRHA does not select the tenant. The landlord is responsible for enforcing, renewing, or terminating the family's lease in accordance with the terms of the lease.

This fund supports 39 positions (35 merit and 4 grant); positions include one related to computer systems management, and 38 that provide the above services to participants and landlords (program eligibility, certifications, contract administration, inspections, financial management, and program compliance monitoring).

In FY 2007, HCD was recognized as a High-Performer with a score of 103 (out of 100 points, earning a special bonus of 3 additional points) under HUD's SEMAP (Section 8 Management Assessment Program) rating system.

Fund 967: Public Housing Program Projects Under Management

The Federal Public Housing Program is funded by HUD. In the past, HUD funds were used by the FCRHA to develop or acquire rental housing, which is owned and operated by the FCRHA. For the past ten years new construction and acquisition have been discontinued due to funding constraints in this program. Federal funds continue to support the operation and maintenance of these properties.

This program is an essential affordable housing program serving low-income working families, disabled persons and the elderly. Participants pay 30 percent of their income toward rent. Program participants are generally in the income category of "30 percent of metropolitan area median income." Working families, who constitute the largest segment of the participant population, are usually employed in service and trades jobs, as well as local government positions, throughout the County and the metropolitan region.

Expenditures in this fund total $6,006,640 in FY 2008 and include the support of personnel, and operating expenses for the operation of 1,064 units within the Public Housing Program. In FY 2008, dwelling rents support 74.9 percent of the operating costs, excluding debt service, which is totally funded by HUD. Other sources of revenue include payment for utilities in excess of allowances established by FCRHA, maintenance charges, late fees, laundry income, and investment income.

There are a total of 44 regular positions federally funded in the Public Housing Program. Under the current HUD Performance Funding System, the FCRHA is eligible for operating subsidies to support the administration of the program. Other maintenance and administrative positions

providing support for this program are funded in the General Fund. In FY 2008, funds totaling $959,658 are provided to support refuse collection costs, painting expenses and townhouse/condominium fees.

In FY 2007, the FCRHA achieved a Public Housing Assessment System score of 91.4 percent and was designated a "High Performer" agency by HUD.

▶ Method of Service Provision

A variety of methods are used to provide service, which may include: County employees, volunteers, interns, community service workers, and private contractors.

Hours of service include 24-hour information via the FCRHA's web site (applications may be downloaded from this site) and access to waiting list information application status may be obtained through an automated telephone response system, which is also available 24 hours each day. Hearings to resolve disputes over maintenance charges are offered by telephone conference calls. Other services are typically available during normal County office hours (8:00 a.m. to 4:30 p.m.), but 24/7 emergency maintenance services and extended office hours for orientations and meetings with residents and new participants are also available. Homeownership workshops are frequently conducted on weekends. In circumstances where a client is unable to travel due to disability, poor health or age, staff will make a home visit.

This service area supports several site offices where on-site services are provided on a scheduled basis. Staff will also schedule evening meetings with residents at property sites and attend evening meetings of the Resident Advisory Council. Property inspections are conducted at various FCRHA sites or at units being considered for rental under the Housing Choice Voucher Program. This service area makes extensive use of contractors. Property management and maintenance services are contracted to private companies at five locations; a sixth site will be added in FY 2008. Additionally, the maintenance function uses outside contractors for special construction projects as well as typical skill areas such as landscaping, grounds care, carpentry, plumbing and electrical services.
Most of the senior residences have on-site staff during usual business hours during the workweek. One site (Little River Glen) has 24/7 coverage using facility attendants to monitor an emergency pull cord system. In special circumstances where a client is unable to travel due to disability, poor health or age, staff will make a home visit. Staff will also schedule evening meetings with residents at property sites. This service area makes extensive use of property management and maintenance contractors. Currently, services are contracted to private companies at six locations.

▶ Mandate Information

This LOB is federally mandated (i.e., not mandated to implement the programs, but as a recipient of federal funds, those funds must be used in the prescribed manner). This LOB includes three federally funded programs, Fund 965, Housing Grants, Fund 966, Section 8 Annual Contribution, and Fund 967, Public Housing Under Management. For each of these funds, there is no federal mandate for a local funding match. The percentage of this LOB's resources utilized to satisfy the federal requirements is 75-85 percent.

38-03: Homeownership

Fund/Agency: 001/38	Department of Housing and Community Development
LOB #: 38-03	**Homeownership**
Personnel Services	$281,468
Operating Expenses	$4,726
Recovered Costs	$0
Capital Equipment	$0
Other	$781,136
Total LOB Cost:	$1,067,330
Federal Revenue	$286,194
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$781,136
Total Revenue:	$1,067,330
Net LOB Cost:	$0
Positions/SYE involved in the delivery of this LOB	3 / 3.0

► LOB Summary

Homeownership is a hallmark of Fairfax County. Homeownership helps stabilize neighborhoods, builds a sense of community, and is the foundation of personal financial independence. The Fairfax County Redevelopment and Housing Authority (FCRHA) has made homeownership one of its top priorities in its Strategic Plan. The FCRHA provides assistance in the form of second trust financing, loans and grants, as well as facilitates homebuyer preparation through workshops and classes, and post-purchase counseling. This service component includes administration of the various components of the First-Time Homebuyers Program, based on provisions of the Affordable Dwelling Unit Ordinance, and the Moderate Income Direct Sales Program. In addition, this area administers the state-funded SPARC mortgage program, the HELP homeownership assistance program, and the Downpayment and Closing Cost Assistance Program. This service area also administers the pilot Section 8 Homeownership Assistance Program which has helped 25 families (who were receiving Section 8 rental assistance) purchase a home. The families are largely minority and headed by women. Many Family Self Sufficiency (FSS) families have the ultimate goal of homeownership. Expansion of this program is currently under review, pending completion of an evaluation of the pilot phase of the program.

The Moderate Income Direct Sales (MIDS) Program was designed to provide affordable homeownership opportunities for low- to moderate- income families who otherwise could not afford to purchase a home. Established in 1978, this program funds second trust loans up to $15,000. These loans are repaid when the home is resold. The second trust allows the sales price to be affordable to families who would not normally qualify for homeownership. The resale price of the unit is controlled through a formula tied to the Consumer Price Index, and the FCRHA has the first right of refusal when the home is resold. Since the MIDS Program was replaced by the ADU First-Time Homebuyers Program, MIDS activity is confined to resales. The Program is self-supporting. Funds from the repayment of loans support operations.

Affordable homeownership opportunities are now provided through the First-Time Homebuyers Program, which has as its source of new housing, units available under the Affordable Dwelling Unit Ordinance (ADU). The First-Time Homebuyers Program has been providing homeownership opportunities to eligible moderate-income households since 1993 and has been enthusiastically embraced by families seeking affordable homeownership opportunities. The current interest list contains 700 families and individuals wishing to participate in the program. The units (condominiums or townhomes) are offered at a price well below those of other homes in a development and are sold directly by the developer or a current owner. The homes in this program are located throughout Fairfax County and most offer amenities typical of new developments in the community. Prospective purchasers must complete an application with financial information and, if qualified, they will be issued a certificate of eligibility good for one year to purchase a home offered through the program. Each time a unit becomes available, qualified purchasers are notified and a lottery system is used to select qualified buyers through this program.

The Downpayment and Closing Cost Assistance Program addresses the needs of many potential homebuyers who have good credit and sufficient monthly income to purchase a home, but lack sufficient funds for the downpayment and closing costs. The total amount of funds provided by HCD to assist the purchaser with downpayment and closing costs cannot exceed $5,000. This assistance is funded through the County's Community Development Block Grant Program.

HCD staff also support the administrative responsibilities delegated to the County Executive and the FCRHA under the ADU Ordinance including reviewing and recommending changes in unit prototypes, sales prices, and income limits; and monitoring compliance with sales prices, eligibility of purchasers, verification of occupancy, and resale requirements. With implementation of the new Workforce Housing program, these administrative responsibilities are expected to expand dramatically. Workforce Housing is a program that will increase the number of rental or for-sale housing units that are affordable to households with maximum income limits up to and including 120 percent of the Area Median Income. The intent of this initiative is to encourage this and other types of affordable housing in the County's planned mixed-use centers.

Funding for the Homeownership Program is budgeted in two funds in the HCD budget:

Fund 142: Community Development Block Grant

Fund 142 provides $286,194 in funding for the Homeownership Assistance Program to support the First-Time Homebuyers and the Moderate Income Direct Sales Programs. Funding supports the tracking and verification of applications, including all data entry, maintaining and updating a participant interest list (currently 700 names), application processing, conducting lotteries, conducting annual occupancy certifications, and counseling applicants. Three positions are funded for this purpose in the Homeownership and Relocation Services Division of HCD. Prior year CDBG funds are available for second trust loans to provide downpayment and closing cost assistance through the Downpayment and Closing Cost Assistance Program.

Fund 143: Homeowner and Business Loan Programs

An amount of $781,136 is included in FY 2008 for the Moderate Income Direct Sales Program (MIDS). This funding is derived from loan repayments and will allow for retention of housing units in the program as turnover occurs during the year. No new MIDS units are funded in FY 2008.

▶ Method of Service Provision

A variety of methods are used to provide services, which may include County employees, volunteers, interns, and private contractors.

Hours of service include: 24-hour information through the FCRHA's website (applications may be downloaded from this site). Services are typically available during normal County office hours (8:00 a.m. to 4:30 p.m.) via telephone, fax, e-mail or office appointments. Extended office hours are provided for program orientations and meetings with new participants. Home ownership workshops are frequently conducted on weekends. In circumstances where a client is unable to travel due to disability, poor health or age, staff will make a home visit.

▶ Mandate Information

This LOB is federally mandated (i.e., not mandated to implement the programs, but as a recipient of federal funds, those funds must be used in the prescribed manner). This LOB includes one federally funded program, Fund 142, Community Development Block Grant. There is no federal mandate for a local funding match. The percentage of this LOB's resources utilized to satisfy the federal requirements is 25-35 percent.

38-04: Commercial Revitalization

Fund/Agency: 001/38	*Department of Housing and Community Development*
LOB #: 38-04	***Commercial Revitalization***
Personnel Services	$293,765
Operating Expenses	$0
Recovered Costs	$0
Capital Equipment	$0
Other	$52,040
Total LOB Cost:	$345,805
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$345,805
Total Revenue:	$345,805
Net LOB Cost:	$0
Positions/SYE involved in the delivery of this LOB	8 / 8.0

▶ LOB Summary

The majority of the County's Commercial Revitalization activities are provided by the Office of Community Revitalization and Reinvestment (OCRR). However, a few Commercial Revitalization activities remain budgeted within funds managed by HCD.

Fund 001: General Fund

In FY 2008, Fund 001 provides funding of $293,765 and Fund 340 provides a reimbursement to the General Fund to support eight full-time positions responsible for the functions relative to the Commercial Revitalization Program and the various Revitalization Areas, which is addressed in the

Lines of Business for the OCRR. The FY 2008 Adopted Budget plus positions were transferred to this office as part of the *FY 2007 Carryover Review*.

Fund 143: Homeowner and Business Loan Program
A total of $52,040 is appropriated in FY 2008 in Fund 143 for the Small and Minority Business Loan program to provide loans to qualified small and minority-owned businesses.

Fund 340: Housing Assistance Program
Funding previously reported in this fund for Commercial Revitalization has been transferred to the Office of Revitalization and Reinvestment (OCRR). Please refer to the OCRR narrative for a complete description of Commercial Revitalization activities.

► Method of Service Provision

This service is provided by regular County employees. Normal hours of operation extend from 8:00 a.m. to 5:00 p.m. Monday through Friday. HCD staff often works outside of these regular hours to provide staff support to the various Revitalization advisory committees, and to meet with the Board of Supervisors, non-profit agencies, and other citizen and/or community groups.

► Mandate Information

There is no federal or state mandate for this LOB.

38-05: Community and Neighborhood Improvement

Fund/Agency: 001/38	*Department of Housing and Community Development*
LOB #: 38-05	*Community and Neighborhood Improvement*
Personnel Services	$2,281,321
Operating Expenses	$299,018
Recovered Costs	$0
Capital Equipment	$0
Other	$1,776,497
Total LOB Cost:	$4,356,836
Federal Revenue	$1,787,899
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$2,573,436
Total Revenue:	$4,361,335
Net LOB Cost:	($4,499)
Positions/SYE involved in the delivery of this LOB	24 / 24.0

Department of Housing and Community Development

► LOB Summary

The Department of Housing and Community Development (HCD) connects with County residents at their roots - home, neighborhood, and community. As Fairfax County developed during the first half of the 20th century, a number of neighborhoods of affordable, modest housing, some suburban in character and others more rural, were developed across the County. As these neighborhoods matured, they began to show evidence of decline and disrepair, both in the housing and the public improvements, most of which were not constructed to contemporary standards. However, these neighborhoods still provide a valuable source of affordable housing, and the Board of Supervisors has made a commitment, through the adoption of numerous neighborhood improvement plans, to preserve and revitalize these communities. HCD promotes residential neighborhood preservation and revitalization through a number of initiatives, involving both the public and the private sectors:

- Home improvement loans and technical assistance for homeowners;
- Abatement of blighted properties; and
- Capital improvements in target neighborhoods.

Both the Home Improvement Loan Program and Home Repair for the Elderly Program provide financial and technical assistance to low- and moderate-income elderly or disabled homeowners for rehabilitation or repair of their property. The Blight Abatement Program addresses citizen concerns about specific properties in their communities which are abandoned, dilapidated, or otherwise kept in an unsafe state. If efforts to encourage property owners to abate identified blight fail, direct action is taken to demolish or repair the property.

Specific neighborhoods are targeted for preservation and revitalization through two County initiatives: the Community Improvement Program and designated Conservation and Redevelopment Areas. Public improvements in these communities, as well as in other low- and moderate-income communities as projects are identified and funded, complement efforts to encourage private investment through individual home improvements. Improvements may include road, storm drainage, and sanitary sewer improvements, sidewalk installation, and renovation and expansion of community centers. Under both programs, HCD prepares, in cooperation with the community, specific plans for adoption by the Board of Supervisors and, in some cases, the Fairfax County Redevelopment and Housing Authority. HCD also coordinates planned improvements with neighborhood residents, ensures that any federal or other program funding requirements are met, and in some cases, bills property owners for their share of the improvements.

The Department of Public Works and Environmental Services carries out actual design and construction of major road and storm drainage improvements, while HCD assumes responsibility through the FCRHA for some small-scale improvements and for renovation and expansion of community centers in designated neighborhoods. In all cases, HCD assists throughout the design and construction process through review and approval of plans, contracts, and payments, development of budgets and applications for project funding, compliance monitoring, and responding to resident complaints and concerns (particularly during the design and construction phases). HCD also provides staff support to the Community Improvement Program citizen advisory committee.

Funding for this program area has historically been budgeted from a variety of sources. The Home Improvement Programs (Home Improvement Loan Program and Home Repair for the Elderly) are funded through County appropriated funds (Fund 143), Community Development Block Grant (CDBG) funds (Fund 142), repayments and interest earned on outstanding loans (Fund 940), other federal, state, and bank funds when available, and homeowner contributions. The Blight Abatement Program is funded through County General Fund appropriations (Fund 340), with loan funds for owners of blighted properties available through CDBG (Fund 142).

Neighborhood improvements in Conservation Areas have been funded largely through the Community Development Block Grant (Fund 142), a Federal Section 108 Loan (Fund 340), and the 1989 Neighborhood Bond Referendum (Fund 341). Improvements in Community Improvement Program Areas are funded primarily through Bond Funds budgeted in the Department of Public Works and Environmental Services.

The level of funding available to the County through the CDBG entitlement grant has been relatively stable over the past several years, at $6-$6.3 million. However, priorities for the use of CDBG funds have been directed to meet other needs, such as non-profit programs through the Consolidated Community Funding Pool and affordable housing production and preservation, or have been committed to payments on the County's outstanding Section 108 loan. It is likely that an appropriation from the County General Funds or an additional Bond Referendum will be required to complete the remaining improvements planned for adopted Conservation Areas.

Improvements in four Community Improvement Program areas remain to be completed, and current funding is sufficient to complete the planned improvements in only two of those areas. In addition, 30 communities have expressed interest in the Community Improvement Program and are on the Program's waiting list, but no funding is available to initiate planning or design for improvements in those neighborhoods.

The number of properties identified as blighted has remained constant at approximately 300. While some blighted properties are abated each year, additional properties are identified and added to the list. Additional staff would be required to achieve a significant increase in the number of properties which can be handled during a fiscal year. Financial and technical assistance through the Home Improvement Programs is ongoing, and the level of that assistance is again dependent on the staffing available to provide it.

As the housing stock developed in the County's initial growth spurt is now aging, the need for rehabilitation has increased. The number of housing units in the County which are older than twenty years has increased 71 percent in the last 10 years, and most, if not all, of these units are in need of some type of rehabilitation or repair. It is anticipated that the need for housing rehabilitation for low and moderate income homeowners will continue to increase. However, the capacity of the Home Improvement Loan Program has decreased due to budget cutbacks in the 1990s, and the deployment of staff to meet other HCD/County/FCRHA housing priorities. HCD plans to assess this program to determine if other approaches are feasible, to ensure that available staff is utilized in the most effective and efficient manner, and to leverage other resources that could contribute to this program.

Funding for this program area is allocated by various methods, generally depending on the funding source. Federal funds through the Community Development Block Grant are allocated through the County's annual Consolidated Plan process, which is the responsibility of the Consolidated

Community Funding Advisory Committee. When available, County General Fund monies are allocated for specific projects as approved by the Board. Bond funds are available and committed only after the Board of Supervisors authorizes a bond referendum and the referendum is approved by the voters. Funding for staff support and operating costs is allocated through the regular County budget process.

Funding in support of this program area is arrayed across seven specific funds in the budget of HCD as follows:

Fund 001: General Fund
In FY 2008, $556,480 in funding through Fund 001 supports two full-time positions and funding for activities related to the Community Improvement Program and the various active Conservation Areas, including review and approval of plans, contracts, and payments; development of budgets and applications for project funding; compliance monitoring; and responding to resident complaints and concerns. These positions also provide staff support to the Community Improvement Program citizen advisory committee.

Fund 142: Community Development Block Grant
In FY 2008, a total of $1,787,899 in Community Development Block Grant funds has been appropriated for the Home Repair for the Elderly Program (5 positions, $329,241), a Child Care Center Grant Program ($44,890), Neighborhood Revitalization ($173,760), Planning (4 positions, $420,915), and Program Administration (7 positions, $819,093).

Fund 143: Homeowner and Business Loan Programs
FY 2008 funding for this program area totals $555,807 and is available for Rehabilitation Loans and Grants. This funding is available due to the repayments of principal and interest on outstanding home improvement loans that has been reallocated to the loan pool and is available for additional loans to eligible homeowners.

Fund 340: Housing Assistance Program
FY 2008 funding includes $935,000 to provide salary support for County revitalization activities. A portion of this funding, $420,375 has been transferred to the new OCRR. FY 2009 funding of $515,000 will support County Neighborhood revitalization activities provided by HCD staff members.

Fund 341: Housing General Obligation Bond Construction
No new funding for this program area was appropriated in Fund 341 for FY 2008 as no bonds were planned to be sold.

Fund 940: FCRHA General Operating
This fund accounts for the business activities of the FCRHA. Revenue received from monitoring and financing fees, development fees, and other sources is reported in this fund and is used to support the programs and activities of the FCRHA. In FY 2008, $454,610 in funding through Fund 940 supports six full-time positions responsible for the Department's Home Rehabilitation Programs and the Blight Abatement Program. These positions provide a variety of technical assistance to homeowners participating in the program, including determination of homeowners' eligibility for the program, inspections of properties to determine rehabilitation needs; preparation of rehabilitation drawings and specifications and cost estimates; bidding for contracting services, and construction monitoring. In addition, the positions seek and obtain funding for the loan programs,

provide community outreach on the programs, and technical support for non-profit organizations, community organizations, and other County agencies.

Fund 945: FCRHA Non-County Appropriated Rehabilitation Loan Program
A total of $15,000 is budgeted in Fund 945 in FY 2008 for this program area. This funding is available due to the repayments of principal and interest on outstanding home improvement loans that has been reallocated to the loan pool and is available for additional loans to eligible homeowners.

Fund 946: FCHRA Revolving Development
No new funds are budgeted in FY 2008. As project permanent financing is completed and the Revolving Development fund is reimbursed for predevelopment and development activities, funds are made available for new projects as designated and approved by the FCRHA.

► Method of Service Provision

Services under this program area are provided by regular County employees, as well as through outside consultants and contractors. HCD staff provides technical assistance to Home Improvement Loan clients and to owners of blighted properties. The Home Repair for the Elderly crew of County employees completes minor repairs and improvements to homes of eligible participants. HCD staff manages public improvement and other capital projects in Conservation, Community Improvement, Redevelopment Areas as well as other federally-assisted capital projects in the County. Improvements are coordinated directly with citizens, consultants, contractors, and other County agencies in preparation of master plans, design, and construction documents, as well as in the acquisition of required easements and dedications and actual construction. HCD administers contracts, designs improvements, directs the work of consultants and contractors, meets directly with citizens, presents proposed plans to communities, supervises design, real property acquisition and construction projects, and ensures that Federal compliance requirements are met and documented.

Normal hours of operation extend from 8:00 a.m. to 4:30 p.m. Monday through Friday. However, HCD staff often meet with individual citizens, neighborhood groups, the Board of Supervisors, the Fairfax County Redevelopment and Housing Authority, and other boards, commissions, or organizations before and after regular business hours or on weekends.

► Mandate Information

There is no federal or state mandate for this LOB.

38-06: Consolidated Community Funding Pool and Grants Management

Fund/Agency: 001/38	*Department of Housing and Community Development*
LOB #: 38-06	*Consolidated Community Funding Pool and Grants Management*
Personnel Services	$0
Operating Expenses	$0
Recovered Costs	$0
Capital Equipment	$0
Other	$2,042,292
Total LOB Cost:	$2,042,292
Federal Revenue	$2,042,292
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$2,042,292
Net LOB Cost:	$0
Positions/SYE involved in the delivery of this LOB	0 / 0.0

▶ LOB Summary

As an urban county, Fairfax County is entitled to receive over $6 million in federal grant funds through the Department of Housing and Urban Development (HUD). This opportunity, however, requires that the County prepare a Five-Year Consolidated Plan and an Annual Consolidated Plan One-Year Action Plan for submission to HUD. These funds are a primary source of funding to support the County's affordable housing, neighborhood improvement and revitalization activities. By accepting these funds, the County also assumes the responsibility for administering them in accordance with all federal requirements; ensuring an opportunity for citizen participation; monitoring performance; managing contracts with subcontractors; ensuring timely expenditure of funds and compliance with federal requirements and regulations; and reporting to HUD, through a data base and an annual report, details on project descriptions, expenditures, specific accomplishments and outcomes, and the characteristics of participants and those benefiting from funded projects.

The Department of Housing and Community Development (HCD) is the lead agency responsible for meeting these obligations through the development and implementation of the County's Five-Year and Annual Consolidated Plans. These Plans are the formal application for four entitlement programs (Community Development Block Grant (CDBG), HOME Investment Partnership Grant (HOME), Emergency Shelter Grant, and Housing Opportunities for Persons with AIDS) through HUD. HCD also identifies and prepares applications for other available funding opportunities that support the agency's programs and goals.

As part of these responsibilities, HCD provides staff support to the Consolidated Community Funding Advisory Committee (CCFAC), a citizen committee responsible for preparing the Five-Year and Annual Consolidated Plans, and recommending priorities for the use of those funds to the Board of Supervisors. This Committee also oversees the County's Consolidated Community

Funding Pool (CCFP), which is funded through CDBG, the County General Fund, and the Community Services Block Grant.

A portion of the resources available to HCD through CDBG is contributed to the CCFP. The majority of these resources is made available to the County's non-profit partners who are providing critical human services to those in need, fostering family and community stability. HCD assists throughout the planning and implementation of the CCFP, and manages CCFP contracts funded through both CDBG and County General Fund appropriations.

HCD's workload relative to this Program Area has expanded significantly since the early days of the CDBG Program. Additional responsibilities have been assumed regarding the planning and administration of the HOME grant, the County's extensive use of the Section 108 loan program, receipt of several Economic Development Initiative-Special Project Grants from HUD, and a broadened citizen participation process through the CCFAC.

Fund 142: Community Development Block Grant

HCD is responsible for the full management of the County's Consolidated Plan and associated funding programs, including the preparation of the annual and five-year plans (which involves an extensive and comprehensive citizen participation process), preparation and submission of required annual reports to the U.S. Department of Housing and Urban Development (HUD), management of automated HUD computer systems for program progress and financial reporting, and monitoring of all funded programs to ensure compliance with all Federal requirements. These activities are essential for the County to maintain its status as an urban county entitlement recipient and to continue to be eligible to receive these critical resources.

A total of $2,042,292 is allocated in Fund 142 for the Consolidated Community Funding Pool (CCFP) in FY 2008. The Consolidated Community Funding Advisory Committee (CCFAC) develops funding priorities for the CCFP. Following an extensive needs assessment and citizen-input process the CCFAC established proposed funding priorities according to four Priority Areas. These activities are based on pre-determined criteria and provide funding to eligible non-profit corporations or CDBG participating jurisdiction such as the Town of Vienna, Town of Clifton, Town of Herndon and the City of Fairfax for the provision of development and preservation of affordable housing in accordance with CDBG eligibility criteria and priorities and the CCFP priorities adopted by the BOS. As identified in the approved Fairfax County Proposed Consolidated Plan One-Year Action Plan for FY 2008, the CCFP Funding Priorities are targeted as follows: Self-Sufficiency 41-49 percent; Affordable Housing 25-25 percent, Youth 11-19 percent; and, Basic Needs 7 – 13 percent.

► Method of Service Provision

This service is provided by regular County employees. HCD staff administers contracts with non-profit organizations, and completes all application, monitoring, evaluation, and reporting requirements associated with the various funding sources.

Normal hours of operation extend from 8:00 a.m. to 5:00 p.m. Monday through Friday. HCD staff often works outside of these regular hours to provide staff support to the Consolidated Community Funding Advisory Committee and its various subcommittees, and to meet with the Fairfax County Redevelopment and Housing Authority, the Board of Supervisors, non-profit agencies, and other citizen and/or community groups.

▶ Mandate Information

This LOB is federally mandated (i.e., not mandated to implement the programs, but as a recipient of federal funds, those funds must be used in the prescribed manner). This LOB includes one federally funded program, Fund 142, Community Development Block Grant. There is no federal mandate for a local funding match. The percentage of this LOB's resources utilized to satisfy the federal requirements is 100 percent.

38-07: Organizational Management and Development

Fund/Agency: 001/38	*Department of Housing and Community Development*
LOB #: 38-07	*Organizational Management and Development*
Personnel Services	$2,872,037
Operating Expenses	$4,893,942
Recovered Costs	$0
Capital Equipment	$0
Capital Equipment	$0
Total LOB Cost:	$7,765,979
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$0
Other Revenue	$7,765,979
Total Revenue:	$7,765,979
Net LOB Cost:	$0
Positions/SYE involved in the delivery of this LOB	31 / 31.0

▶ LOB Summary

This activity encompasses a number of critical functions that are key to effective operation of both the Department of Housing and Community Development (HCD) and the Fairfax County Redevelopment and Housing Authority (FCRHA) including:

- Strategic planning and direction
- Information Technology Systems
- Public information
- Human resources administration (personnel, payroll, etc.)
- FCRHA secretary
- Financial management

These functions are covered by two of the agency's budget cost centers, Administration and Financial Management, with support from both the County General Fund (Fund 001) and the FCRHA Operating Fund (Fund 940).

The agency Director and Deputy Director provide strategic direction, administrative and policy guidance and coordination for all HCD programs and activities. Under their direction, other positions perform key support activities. The FCRHA Clerk maintains the FCRHA's records, coordinates the preparation of meeting agenda packages, prepares meeting minutes and provides administrative support for FCRHA meetings. Other positions manage the FCRHA office building, coordinate maintenance, security, telephone systems and office equipment and provide receptionist services. An increasing amount of time is devoted to human resources functions including processing all personnel actions for the agency, supervising payroll reporting, coordinating performance evaluations and pay-for-performance and providing information and guidance to staff on human resources procedures and requirements.

Public Information staff manages both external and internal communications. They respond to media and citizen information requests and provide information concerning HCD and the FCRHA through a variety of media including annual reports, public presentations, cable TV programs and program/marketing brochures. They also design and print hundreds of forms, applications, fact sheets, flyers, and maps used by staff in the administration of HCD/FCRHA programs and coordinate the design and production of multiple newsletters for a variety of constituents such as FCRHA tenants, Section 8 landlords, and the Consolidated Community Funding Advisory Committee among others. They also provide content for the e-ffordable.org web site, the FCRHA/HCD web page and the internal HCD web-based newsletter.

The Information Systems and Services Division of HCD provides support for HCD computer systems and coordinates with the County Department of Information Technology to provide access to County systems. IT staff maintain and upgrade a 275 PC network with 8 servers and 300 users stationed at 10 different locations. They provide user support and coordinate training for both commercial software packages and specialized HCD systems. They also assess business needs and procure or design, test and implement new systems to serve these needs.

As a residential property manager, real estate developer and financing agency, as well as a governmental entity, the FCRHA and HCD have very complex financial management and reporting responsibilities utilizing both governmental and enterprise accounting and two different fiscal years. The Financial Management Division is responsible for financial planning, budgeting, accounting and reporting for all programs, projects and activities of HCD and FCRHA. This requires 20 funds (operating, capital and grant) on the County financial system as well as a separate housing management system used to maintain accounts and tenant information for over 2,900 residential units including households in partnership properties, and over 3,200 households receiving Section 8 housing subsidies. The revised annual budget for all funds on the County's financial system typically is over $104 million. In addition, Finance staff supervises the work of an independent management company that maintains the financial records for seven privately managed properties.

There are also two corporations, two limited liability companies and ten limited partnerships for which Finance staff has responsibility, either directly maintaining their records or supervising and reviewing the work of outside firms. These records are maintained on a separate fiscal year and the majority of transactions are not processed through the County's financial system. They require separate accounting, and individual budgets, financial reports, audits and tax returns. The division must also meet multiple financial reporting requirements in addition to those of the County, including the U.S. Department of Housing and Urban Development, the Virginia Housing Development Authority, several private lenders and multiple investor partners.

As a real estate developer, the FCRHA or its affiliated partnerships are obligated for over $80 million in debt secured by its properties that requires monthly tracking and processing of principal, interest, escrow and reserve payments. As a lender, the FCRHA has a portfolio of over $12 million in loans to assist with home improvements or home purchases that must be serviced and over $170 million in conduit debt issued to fund loans to other parties that must be monitored.

Fund 001: General Operating
Fund 001 provides support totaling $3,028,559 in FY 2008 for a total of 19 positions at HCD that work in these areas. Eleven positions and associated operating costs are in the Administrative Cost Center and eight are in the Financial Management Cost Center.

Fund 940, FCRHA General Operating
This fund accounts for the business activities of the FCRHA. Revenue received from monitoring and financing fees, development fees and other sources is reported in this fund and is used to support the programs and activities of the FCRHA. A total of $1,715,062 in Fund 940 in FY 2008 supports seven positions in the Administration Cost Center and five in Financial Management along with associated overhead costs and administrative expenses of the FCRHA.

Fund 949, FCRHA Internal Service Fund
This fund was established in FY 1998 to charge for goods and services that are shared among several housing funds. It is, in essence, a "clearing account" that permits costs to be paid from one source and then distributed to the appropriate projects and programs. These costs include items such as office supplies, telephones, postage, copying, insurance, and audits, which have been budgeted in and expensed from one of the HCD/FCRHA's funds, and then allocated out to other funds proportionate to their share of the costs. It also includes costs associated with the maintenance and operation of FCRHA housing developments such as service contracts for extermination, custodial work, elevator maintenance, grounds maintenance, etc. The fund allows one contract to be established for each vendor, as opposed to multiple contracts in various funds.
The FY 2008 funding level for Fund 949 is $3,022,358 for both expenditures and revenues. The net expenditures for the Department of Housing and Community Development (HCD) will not increase as a result of this fund. Reimbursed charges incurred on behalf of other HCD/FCRHA funds will be recorded as revenue. Budgeted annual revenue and expenses are equal.

► Method of Service Provision

This work is performed by a total of 31 positions; 19 positions supported by Fund 001 and 12 positions supported by Fund 940. In addition, the work of private property management firms, accountants and auditors on behalf of the limited partnerships is paid by the partnerships.

Normal hours of operation extend from 8:00 a.m. to 5:00 p.m. Monday through Friday. HCD staff often works outside of these regular hours to meet with the Fairfax County Redevelopment and Housing Authority, the Board of Supervisors, non-profit agencies, and other citizen and/or community groups.

► Mandate Information

There is no federal or state mandate for this LOB.

AGENCY PERFORMANCE MEASURES

Objectives

- To obtain a Public Housing Assessment System (PHAS) rating of 85 percent or better on a 100-point scale in the categories of vacant unit turnaround time, capital fund administration, work order completion, security, unit inspections, self-sufficiency and resident satisfaction.

- To obtain a Program Assessment rating of 85 percent or better on a 100-point scale in the categories of vacant unit turnaround time, work order completion, security, unit inspections, self-sufficiency and resident satisfaction.

- To obtain a Section 8 Management Assessment rating of 85 percent or better on a 100-point scale in the categories of timeliness and quality of inspections, rent calculations, lease-ups and contract enforcement, as well as in nine other areas specified by HUD.

- To accurately track the cost of subsidized assisted living for a 52-bed facility.

- To obtain a Program Assessment rating of 95 percent or better on indicators addressing sales rate, foreclosures and rate of participation.

- To preserve 1,000 units of affordable housing by the end of calendar year 2007 and to leverage each County "The Penny for Affordable Housing Fund" and Housing Trust Fund dollar with $3 in non-County resources.

- To leverage and/or obtain $13 in additional funds per $1 of County funds for affordable housing, housing preservation, neighborhood improvement, and public service and to improve County residential properties utilizing the Blight Abatement Program, Home Improvement Loan Program, Home Repair for the Elderly, and the Neighborhood Improvement Program.

Department of Housing and Community Development

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Clients housed (1)	2,933	2,940 / NA	2,940	NA	38-02
Clients housed (5)	1,355	1,355 / NA	1,355	NA	38-02
Clients housed	8,676	8,665 / NA	8,665	NA	38-02
Clients housed	52	52 / NA	52	NA	38-02
First-time homebuyers	92	100 / NA	100	NA	38-03
Affordable housing units preserved	186	NA / 581	275	275	38-01
Properties improved and enhanced	311	310 / 257	273	287	38-05
Annual County funding budgeted	$671,000	$668,121 / NA	$701,527	NA	38-05
Federal and state funding obtained	$1,201,000	$600,000 / NA	$630,000	NA	38-05
Output:					
Private investment (14)	$57,015,000	$45,450,779 / NA	$47,723,317	NA	38-04
Efficiency:					
Cost per client (2) (3)	$2,131	$2,293 / NA	$2,293	NA	38-02
Cost per client (6) (7)	$2,248	$2,380 / NA	$2,380	NA	38-02
Cost per client (9)	$4,594	$4,865 / NA	$4,865	NA	38-02
Cost per client (10)	$26,176	$24,104 / NA	$26,514	NA	38-02
Cost per new homeowner	$2,337	$2,000 / NA	$2,100	NA	38-03
General County funds per affordable housing unit preserved	NA	NA / $37,750	$78,736	$52,444	38-01
General County funds per property improved or enhanced (12)	$525	$525 / $396	$1,630	$391	38-05
Dollars of private investment for every County $1 expended	$85	$68 / NA	$68	NA	38-05
Total dollars for every County $1 expended	$87	$69 / NA	$69	NA	38-05
Service Quality:					
Occupancy rate	99%	96% / NA	96%	NA	38-02
Occupancy rate	98.8%	96.0% / NA	96.0%	NA	38-02
Utilization rate	96%	95% / NA	95%	NA	38-02
Occupancy rate	98%	96% / NA	96%	NA	38-02
Participant satisfaction survey scores	95%	95% / NA	95%	NA	38-03
Funds leveraged per $1 of County funds for units preserved (13)	NA	NA / $3	$3	$3	38-01
Leveraged funds per $1 of County funds	$13	$13 / $18	$13	$13	38-05
Visits to businesses	203	100 / NA	100	NA	38-05
Web page requests (www.fcrevit.org)	333,013	150,000 / NA	157,500	NA	38-05

Department of Housing and Community Development

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
HUD's PHAS rating (4)	NA	85% / NA	85%	NA	38-02
FCRP assessment rating (8)	88%	85% / NA	85%	NA	38-02
SEMAP rating	86%	85% / NA	85%	NA	38-02
Elderly program assessment (11)	NA	NA / NA	NA	NA	38-02
Assessment rating	95%	95% / NA	95%	NA	38-03
Cumulative number of affordable units preserved since April 2004	300	NA / 881	1,156	1,431	38-01
Cumulative number of properties improved or enhanced since 2000 through County programs	311	620 / 568	841	1,128	38-05
Percent change in private investment	28%	7% / NA	5%	NA	38-05

(1) In FY 2006, the average size of households served by public housing decreased to 2.8 persons/household from 3.0 persons/household in 2005.

(2) Since the average size of households served decreased, the price per client increased in FY 2006.

(3) Efficiency indicators being redeveloped for FY 2008.

(4) This rating covers the fiscal year and is awarded within six months at the end of the fiscal year. A PHAS rating above 90 percent earns the FCRHA a rating of "High Performer."

(5) Number reflects a decrease in average household size from 2.4 persons/household in 2005 to 2.2 persons/household in 2006.

(6) Data also includes some operating costs for new units that were not fully online throughout the fiscal year. For existing units, data includes increases in homeowner association fees (over which the FCRHA has no control), as well as an increase in maintenance costs for upgrade of aging FCRP housing stock.

(7) Efficiency indicator being redeveloped for FY 2008.

(8) This assessment is applied to units which are managed by the FCRHA. The FCRHA did not include units that are privately managed. In order to do so, the performance indicators will need to be changed to accurately track the information.

(9) Efficiency indicator being redeveloped for FY 2008.

(10) Efficiency indicator being redeveloped for FY 2008.

(11) Currently working on a relevant elderly program assessment tool for the assisted living facility.

(12) Note that the increase in County funds expended per property in FY 2007 is due to the use of County resources via HILP to assist victims of the Huntington flooding.

(13) The $3:$1 ratio includes both The Penny for Affordable Housing Fund (Fund 319) and Housing Trust Fund (Fund 144) dollars. The average leveraging ratio for The Penny for Affordable Housing Fund dollars in FY 2006 was $4.26:$1.

(14) The Department of Tax Administration and DPWES have changed their system for reporting building permits, which is the source of the "Private Investment Funding" number. The actual for FY 2006 is an estimate based on a recent survey of developers conducted by HCD staff. The FY 2007 and FY 2008 Private Investment Funding estimates assume using building permit information, which was the methodology used to develop the estimates and report actual data in FY 2005.

Fund 118, Consolidated Community Funding Pool

FY 2008 Adopted Budget Plan Fund 118, Community Funding Pool	
Total Expenditures:	$8,722,184
Revenue:	
General Fund Support	$8,720,769
Bond Revenue	$0
Other Revenue	$1,415
Total Revenue	$8,722,184

▶ Summary of Program

Mission

To provide a pool of funds to meet community identified need, to be awarded on a competitive basis for human services programs offered by community-based agencies.

Program Background

In FY 1997, the Board of Supervisors approved the development and the implementation of a competitive funding process to fund services best provided by community-based agencies and organizations, formerly funded through a contribution or through a contract with an individual county agency. The Community Funding Pool replaced the multiple funding mechanisms that had evolved separately over time, each with its own unique eligibility criteria, applications, reporting requirements, and policies. Many nonprofit organizations applied for funding from multiple sources and had to comply with competing or duplicative administrative requirements. The Board of Supervisors, staff, and citizens had no reliable way to track program performance, uniformly identify gaps in service, or evaluate whether the county's overall support of nonprofit service delivery was in line with the community's needs and priorities.

In accordance with the Board's direction, the new funding process was operational in FY 1998 and was guided by the following goals:

- Provide support for services that are an integral part of the county's vision and strategic plan for human services;
- Serve as a catalyst to community-based agencies, both large and small, to provide services and leverage resources;
- Strengthen the community's capacity to provide human services to individuals and families in need through effective and efficient use of resources; and
- Help build public/private partnerships and improve coordination, especially within the human services regions of the county.

Fund 118 was established in FY 1998 to provide a budget mechanism for this funding process. In FY 2000, Community Development Block Grant (CDBG) funding for community-based organizations was incorporated to form the Consolidated Community Funding Pool (CCFP).

Fund 118, Consolidated Community Funding Pool

To assure appropriate citizen involvement in the community funding process, the Board of Supervisors established the Consolidated Community Funding Advisory Committee (CCFAC) to advise the Board on funding pool policy issues and to provide ongoing citizen oversight of the process. No member of the CCFAC can be affiliated with an organization that receives funding from the pool. In addition, the Selection Advisory Committee for the CCFP is also comprised of citizens (who do not serve on the CCFAC or have affiliation with funding recipients) to maximize citizen involvement in the process for choosing programs and services to be funded by the CCFP.

The Department of Systems Management for Human Services and the Department of Administration for Human Services have administrative oversight responsibility for the CCFP. Together with the Fairfax County Department of Housing and Community Development, the Department of Family Services, and the Department of Community and Recreation Services, they are responsible for planning, implementation, and oversight of all facets of the CCFP process.

The CCFP process reflects significant strides to improve services to county residents and to usher in a new era of strengthened relations between the county and private and nonprofit community organizations. First, all programs funded through this process are required to develop and track program outcome measures. To aid agencies in meeting this requirement, there has been ongoing performance measurement training opportunities for staff and volunteers from all interested community-based agencies. Second, the criteria used to evaluate the proposals explicitly encourage agencies to leverage county funding through strategies such as cash match from other non-county sources, in-kind services from volunteers, or contributions from the business community and others. Third, the criteria encourage agencies to develop approaches which build community capacity and involve residents and the target population in the neighborhoods being served. Fourth, the county has provided a nonprofit organizational development initiative to strengthen current and potential CCFP applicant organizations.

In 1999, the Board of Supervisors approved the Consolidated Community Funding Advisory Committee (CCFAC) recommendation to change from one-year contract awards to two-year contact awards for agencies receiving funds through the Consolidated Community Funding Pool. This recommendation was made after several months of study by the CCFAC, which included gathering input from private nonprofit agencies regarding the strengths and shortcomings of multiple year contract awards. The CCFAC has evaluated and judged the two-year process as successful, and the Board of Supervisors has agreed to continue the two-year contract award format.

FY 2008 was the second year of a two-year funding cycle. The CCFAC organized the FY 2007/FY 2008 priorities and target percentage ranges for dollar allocations to each priority in four areas, each with an outcome statement as follows:

Fund 118, Consolidated Community Funding Pool

Priority	Outcome Statement	Target Funding Percentages
I. SELF-SUFFICIENCY	Families and individuals, including seniors and persons with disabilities, are healthy, stable and independent.	41% to 49%
II. AFFORDABLE HOUSING	Families and individuals, including seniors and persons with disabilities, have a home.	25% to 35%
III. YOUTH	Youth have knowledge, skills and abilities to make safe, responsible decisions	11% to 19%
IV. BASIC NEEDS	Families and individuals, including seniors and persons with disabilities, meet their basic needs.	7% to 13%

► Funding Availability and Future Considerations

The Board of Supervisors makes General Fund allocations to the CCFP. Community Service Block Grant (CSBG) and CDBG contributions to the pool are dependent on the availability of funds under these grants.

► Status of Program

A new Request for Proposal (RFP) was issued in the fall of 2007, utilizing funding criteria as approved by the Board of Supervisors. Funds are awarded for a two-year period on a competitive basis after the Citizen Selection Advisory Committee has reviewed responses to the RFP from all eligible community organizations. A Citizen Selection Advisory Committee will recommend two-year funding awards to the Board of Supervisors concurrently with the Board's consideration of the FY 2009 Advertised Budget Plan. The final award decisions will be made by the Board of Supervisors at the same time the Board approves its FY 2009 Adopted Budget Plan.

Ongoing initiatives for the Funding Pool include:

- Continue utilization of the two-year contract awards cycle for agencies receiving funds through the CCFP.
- Provide ongoing technical assistance and contract management oversight and support to nonprofit recipients of CCFP funds. A new nonprofit training and development program will be implemented in FY 2008.
- Promote approaches which build community capacity and leadership and the involvement of residents and, where feasible, the population being served in the targeted communities.
- Review documented service needs and demographic trends and continue to gather relevant information from public meetings, reports and studies, and data from county and nonprofit human services agencies.

In FY 2008, a total of 115 programs are funded through the CCFP.

Fund 118, Consolidated Community Funding Pool

Organization	Project	Description	Fund 118 Award	Fund 142 Award
ACE Foundation	Education for Independent	Workforce development program for low-income single parents, single pregnant women and displaced homemakers to attain self-sufficiency.	$40,000	
African American Adoptions, Inc.	Providing Recruitment & Supportive Services for Youth Adoptions	Recruitment and supportive services for special needs children eligible for adoption.	$100,000	
Alliance for the Physically Disabled (APD)	APD Housing Administration	Housing with personal assistance services to care for low-income adults with severe physical disabilities.	$50,000	
Alternative House	Culmore Safe Youth Project	Tutoring, computer training, individual and group counseling and recreational activities to at-risk youth.	$50,900	
Alternative House	Annandale Safe Youth Project	Safe activities for youth including tutoring, computer training, recreational opportunities, substance abuse prevention groups, and counseling.	$62,282	
Alternative House	Culmore Youth Outreach Project	Counseling, homework assistance, supervised recreation, and job training services to at-risk youth.	$81,292	
Annandale Christian Community for Action (ACCA)	Family Emergency Assistance	Emergency financial assistance for rent, security deposits, utilities, medical services and other non-food essentials.	$40,000	
ACCA	Food/Nutrition/ Hygiene	Emergency food and household needs to low-income individuals and families.	$20,000	
Beth El House	Beth El House	Mental health, health and social services for mothers and children in transitional housing.	$15,000	
Big Brothers Big Sisters of the National Capital Area	Hermanos y Hermanas Mayores Latino	Mentoring services for at-risk Latino youth.	$100,000	
Black Women United For Action	Family Preservation	Mentoring services, life skills education, tutoring, family enrichment and college preparatory assistance.	$67,065	
Boat People	Asian Youth Empowerment	Provides a safe, adult supervised environment to prevent youth gang recruitment after school.	$60,000	
Boat People	Victims of Violence, Exploitation, & Trafficking Assistance	Case management services and legal assistance for Vietnamese victims of domestic violence and sexual assault.	$73,909	
Brain Injury Services Inc.	Transitional/ Employment Model for Persons with Brain Injuries	Identification, development and refinement of job skills.	$20,000	
Business Development Assistance Group	Self Sufficiency through Self-Employment	Assistance and training for those who want to become self-sufficient through business ownership.	$37,485	
Catholics for Housing, Inc.	Virginia Ely Senior Rental Assistance	Rental assistance to low income seniors.	$100,250	

Fund 118, Consolidated Community Funding Pool

Organization	Project	Description	Fund 118 Award	Fund 142 Award
Center for Housing Counseling Training	Fairfax Housing Counseling Course 1 & 2	Prevention and intervention services aimed at reducing homelessness.	$10,200	
Center for Multicultural Human Services (CMHS)	Multicultural Housing Program	Housing, counseling, and emergency rental or mortgage assistance for low-income language minority families.	$36,600	
CMHS	Community & Family Initiatives	Emergency basic needs assistance, case management and educational assistance.	$174,017	
CMHS	Multicultural Mental Health Services	Free or reduced-fee mental health and case management services to low-income language minority individuals.	$143,100	
CMHS	Leadership, Education, Achievement & Diversity	School-based mental health services for at-risk students.	$255,200	
CMHS	Multicultural Information Referral & Outreach Program	Culturally sensitive mental health services for low-income language minority individuals and families.	$68,460	
Childhelp USA	Prevention, Intervention, & Treatment of Child Abuse Outreach Initiative	Comprehensive abuse prevention and intervention program.	$28,000	
Christian Relief Services	Homeless Transitional Housing	Support services to individuals and families in transitional housing.		$108,000
Clifton Presbyterian Church	Senior/Adult Respite Center	Respite center for frail and disabled individuals who need supervision.	$15,455	
Community Mediation Services, Inc.	Court Supervised & Other At Risk Youth	Address the needs of youth under the supervision of the Fairfax County Juvenile Court system and youth who attend the alternative learning program.	$72,500	
Community Preservation & Development Corporation (CPDC)	Buckman Road After School & Support Program	Assist children from low-income families and ESOL students to increase their reading and math skills.	$106,385	
CPDC	Buckman Road Career & Skills Program	Office skills training.	$78,000	
CPDC	Island Walk After School Support	After school program for youth at Island Walk providing literacy and language support.	$46,991	
Da Vinci's Attic	Facing Forward	Increase self awareness, accountability and connectivity of teens through art.	$20,000	
ECDC African Community Center	Employment Services for Newcomers	Assist African newcomers secure and maintain employment.	$42,000	
ECDC Enterprise Development Group	Microenterprise Development	Provide loans to low- and moderate-income persons starting or expand businesses.		$77,316
Ecumenical Community Helping Others, Inc. (ECHO)	Emergency & Basic Human Needs Assistance	Emergency and basic needs assistance.	$30,000	

Fund 118, Consolidated Community Funding Pool

Organization	Project	Description	Fund 118 Award	Fund 142 Award
Fairfax Area Christian Emergency & Transitional Service (FACETS)	Family Enrichment Services	Life skills training, employment and counseling supports needed to overcome barriers to self-sufficiency.		$140,833
FACETS	Homeless Intervention Services	Intervention and support services to individuals and families experiencing homelessness.		$126,966
Fairfax Court Appointed Special Advocates (CASA)	Meeting the Comprehensive Advocacy Needs of Fairfax County's Abused & Neglected Children	Advocacy and support services for abused and neglected children.	$186,000	
Fairfax FISH	Immediate Sympathetic Help	Short-term emergency assistance with basic needs for families in crisis.	$30,000	
Fairfax Law Foundation	Pro Bono Program	Pro bono civil legal services to low-income families and individuals to promote self-sufficiency.	$50,000	
Falls Church Community Service Council (FCS)	Emergency Assistance & Furniture Assistance	Emergency financial assistance for rent, utilities, medicines, and special needs.	$56,000	
FCS	Emergency Food	Food delivered to families and individuals in crisis.	$17,000	
Food & Friends	Home Delivered Food & Nutritional Counseling	Free home delivered meals, groceries and nutritional counseling to individuals suffering from life threatening illnesses.	$10,200	
Food for Others, Inc.	Food for Others/Fairfax	Emergency food services.	$135,000	
Friends of Guest House, Inc.	Guest House	Transitional residence for female ex-offenders and support services to help transition from prison life.	$20,000	
Good Shepherd Housing & Family Services, Inc.	Homes for the Working Poor Disabled and Elderly	Emergency assistance, rental and homeless transition services.	$225,000	
Good Shepherd Housing & Family Services, Inc.	Emergency Services - Keeping Families at Home	Counseling and grants to allow clients in short-term crises to avoid eviction or utility disconnection.		$45,000
Good Shepherd Housing & Family Services, Inc.	Mt. Vernon Village II - Scattered Site Homes	Affordable housing and supportive services to improve self-sufficiency to families on fixed incomes.		$652,000
Herndon Free Clinic, Inc.	Screen, Treat, Educate Program (STEP)	Healthcare services to uninsured, low-income individuals in the Reston-Herndon area.	$35,000	
Herndon-Reston Fish Inc	Herndon- Reston FISH	Referral services and financial assistance.	$68,000	

Fund 118, Consolidated Community Funding Pool

Organization	Project	Description	Fund 118 Award	Fund 142 Award
Hispanic Committee of Virginia	Promoting Self - Sufficiency & Acculturation	Affordable immigration services, employment services, social services, information and referral, and youth educational programs.	$289,578	
Hispanic Committee of Virginia	Promoting Community Development & Homeownership	English training for speakers of other languages, citizenship and civic participation, financial literacy and homebuyer counseling.	$137,000	
Homestretch, Inc.	Aggressive Dynamic Debt Reduction Elimination & Savings Strategies	Financial education to help homeless families become self-sufficient.		$23,600
Homestretch, Inc.	English as a Second Language (ESL)	ESL instruction for individuals enrolled in the transitional housing program.		$33,000
Homestretch, Inc.	Transitional Housing	Comprehensive transitional housing services for homeless families.	$319,155	$15,845
Housing & Community Services of Northern Virginia	Housing Counseling Case Management & Supportive Services	Housing counseling and case management service to low income individuals and families.	$190,000	
Infant/Toddler Family Day Care	Family Child Care Provider Training & Workforce Development	Assist emerging low-income immigrants develop the skills needed to become childcare providers.	$70,000	
Jewish Social Services Agency	Helping Troubled Teens by Strengthening Families	Supportive counseling and educational services to troubled teens and their families.	$49,000	
Joy of Sports Foundation	Healthy Kids	Sports based educational programming for children, parents and teachers.	$15,750	
Just Neighbors Ministry	Legal Services	Immigration-related legal services.	$68,744	
Korean American Association of Northern Virginia	Self Sufficiency Training for Korean - Americans	Vocational training.	$63,424	
Korean Community Service Center of Greater Washington	Strengthening Asian Families through Empowerment & Services (SAFE)	Social service, health care, employment, youth and elderly services for Korean families.	$73,000	
Legal Aid Justice Center	Virginia Justice Center for Farm & Immigrant Workers	Legal service and education to low wage immigrants concerning employment rights.	$81,900	
Legal Services of Northern Virginia	Legal Aid - Immigrant Law Project	Legal information, outreach, legal advice and representation to immigrants.	$56,000	
Legal Services of Northern Virginia	Legal Aid - Housing & Employment	Legal services in the areas of housing and employment.	$158,000	
Legal Services of Northern Virginia	Legal Aid - Families & Consumers	Legal services to low-income families and individuals.	$407,000	
Legal Services of Northern Virginia	Legal Aid - Asian American Domestic Violence Project	Legal representation to Korean American victims of domestic violence.	$20,000	

Fund 118, Consolidated Community Funding Pool

Organization	Project	Description	Fund 118 Award	Fund 142 Award
Legal Services of Northern Virginia	Legal Aid -Access to Justice - Route 1 Project	Free civil legal services to low-income families and individuals with a focus on family and housing issues.	$99,907	
Lincoln-Lewis-Vannoy Comm. For Assistance & Improvement	Self Sufficiency	Emergency assistance with food, rent and utilities, as well as job counseling and transportation services.	$185,000	
Literacy Council of Northern Virginia	Basic & ESL Tutoring/Family Learning Program Partnership	Basic literacy and ESL tutoring programs for adults who are functionally illiterate and low-income immigrant families.	$70,998	
Lorton Community Action Center	Self Sufficiency	Self-sufficiency case management and basic needs assistance services.	$49,183	
Lorton Community Action Center	Basic Needs	Basic needs to the low-income residents of the Lorton area.	$42,844	
Lorton Community Action Center	Youth Programs	Recreational and educational opportunities for Lorton youth.	$100,000	
National Rehabilitation & Rediscovery Foundation	Holistic Approaches to Achieving Independence for Individuals with Disabilities	Weekly neuromuscular training, movement therapy, motor skills and therapeutic dance/movement workshops.	$40,200	
Newcomer Community Service Center	Self Sufficiency	Immigration services and citizenship counseling, employment services, ESL instruction, case management, and information and referral services.		$67,127
Northern Virginia AIDS Ministry (NOVAM)	HIV Prevention Education for Youth	Train youth to serve as HIV Prevention Educators for their peers and provide outreach through prevention peer education training, skill building workshops, and community outreach.	$47,408	
NOVAM	Pals Mentoring	Mentoring services for children affected by HIV/AIDS.	$17,259	
NOVAM	Transportation for HIV Positive Persons	Transportation and emergency financial assistance for persons infected with AIDS.	$21,488	
Northern Virginia Community College Educational Foundation	Rainbow for Healthier Community Restorative Dental Clinic	Routine and restorative dental care services.	$75,000	
Northern Virginia Dental Clinic	Northern Virginia Dental Clinic	Oral health care services to low-income and uninsured adults.	$94,100	
Northern Virginia Family Service (NVFS)	Fairfax Adult Health	Financial assistance with medical costs and information referral to affordable medical and dental services.	$17,000	
NVFS	Fairfax Accessible Medication Program	Intensive targeted assistance in applying to pharmaceutical companies for free, ongoing medication for chronic illnesses.	$20,000	
NVFS	Training Futures	Skills training to low-income adults.	$118,000	

Fund 118, Consolidated Community Funding Pool

Organization	Project	Description	Fund 118 Award	Fund 142 Award
NVFS	Construction Training Opportunities Program (CTOP)	Construction related employment skills training and support services.	$87,000	
Northern Virginia Urban League	Fairfax Resource Mothers	Pre and post natal intervention support services to teens at risk of delivering infants with low birth weight.	$310,083	
NOVACO	Transitional Housing for Victims of Domestic Abuse	Meet basic needs, increase job skills and assistance in obtaining permanent housing.	$51,500	
Opportunities Alternatives & Resources of Fairfax (OAR)	Challenge to Change	Employment skills training, mentoring, counseling and family assistance services for incarcerated individuals.	$606,255	
Our Daily Bread	Food Outreach & Family Assistance	Emergency food, financial assistance and mentoring services.	$77,325	
Pathway Homes, Inc.	Self Sufficiency	Housing, case management and supportive services to persons with serious mental illness and/or dual diagnosed who are at risk of chronic homelessness.	$52,000	
Progreso Hispano	Immigration and Citizenship Program	Immigration and citizenship case management services to residents along the Route One corridor.	$26,000	
Progreso Hispano	ESL Program for Job Seekers	ESL classes to beginners, intermediate and advanced learners with a focus on employment.	$15,000	
PRS, Inc.	Mental Health Homeless Prevention	Specialized services to individuals with serious mental health illnesses who are at risk of becoming homeless.	$82,574	
Residential Youth Services, Inc.	LIFT One & LIFT Two	Affordable or transitional housing programs for homeless, at risk and aging-out foster care youth.	$59,262	
Reston Interfaith, Inc.	Cedar Ridge Community Center Program	Low- and moderate-income housing management and social service assistance services.		$63,000
Reston Interfaith, Inc.	Emergency and Self-Sufficiency Services Program: Resources for Moving Ahead	Emergency and supplemental food donations, financial assistance, case management, clothing, and holiday food baskets/gifts.	$154,000	
Reston Interfaith, Inc.	Herndon Elementary Enrichment Program	Basic math, reading, and writing skills.	$29,000	
Reston Interfaith, Inc.	Day Labor Project	Direct assistance, clothing, medical service, advocacy and training/apprenticeships.		$47,460
Reston Interfaith, Inc.	Housing Administration Development	Preservation, management and asset management of affordable rental units.	$138,720	
Robert Pierre Johnson (RPJ) Housing Development Corp.	Volunteer Home Repair	Home repair assistance for low-income families and individuals.	$79,000	

Fund 118, Consolidated Community Funding Pool

Organization	Project	Description	Fund 118 Award	Fund 142 Award
RPJ Housing Development Corp.	Affordable Rental and Supportive Housing Program Administration	Acquisition/Rehabilitation – Supportive housing for persons with disabilities that have very low incomes.		$450,000
RPJ Housing Development Corp.	Affordable Rental and Supportive Housing Program Administration	Safe, appropriate and affordable housing for individuals with special needs and small families.	$25,500	
RPJ Housing Development Corp.	Transitional and Supportive Housing Program	Transitional and case management services and housing.		$54,668
Stop Child Abuse Now of Northern Virginia	Padres Unidos Educational Parent Support Group	Information, education and assistance for Hispanic parents and activities to help children enhance their social skills, increase their self-esteem and pro-social behaviors.	$11,250	
Senior Employment Resources	Older Job Seeker Assistant	Employment services for people over age 50.	$29,400	
Service Source	TEC 2000	Information technology training to assist people with disabilities.	$72,000	
Town of Herndon	Bilingual Housing Rehabilitation Specialists	Housing rehabilitation and neighborhood improvement for low-income individuals with limited English skills.		$70,000
United Communities Ministries (UCM)	Family Renewal Program	Assist low-income families who are homeless or at risk of becoming homeless to achieve stable housing, prevent child abuse, improve parenting skills, improve life skills and promote well child care.	$11,000	
UCM	Youth Empowerment & Leadership Program	After school services and activities for low-income children, and crisis intervention, counseling and resource access services for their parents.	$81,000	
UCM	Bryant Early Learning Center	Childcare, quarterly service plans, health and developmental screenings, kindergarten readiness assessments, parent workshops, advisory council meetings, multicultural programming, field trips and special events, music and movement instruction and linkages to needed resources.	$82,735	
UCM	Basic Needs Program	Emergency food, financial assistance and case management services to develop self-sufficiency.	$106,260	
UCM	Workforce Development	Job development and computer training, as well as job placement.	$133,695	
Wesley Housing Development Corporation	Supportive Services	Basic needs to ensure that seniors and persons with disabilities have their basic needs met and that they are healthy, stable, and independent.		$63,000
Wesley Housing Development Corporation	Administration of Affordable Housing	Support on-going and future efforts to acquire, preserve, rehabilitate, and construct affordable housing.	$175,000	

Organization	Project	Description	Fund 118 Award	Fund 142 Award
Wesley Housing Development Corporation	Promising Futures	Computer skills training to low–income individuals and families.	$41,500	
Wesley Housing Development Corporation	Building for the Future	Self sufficiency and basic needs through computer skills training.	$94,500	
Western Fairfax Christian Ministries	Residential Assistance	Financial assistance and counseling services to families who are not receiving public support for housing.	$31,000	
Western Fairfax Christian Ministries	Emergency Services	Emergency financial assistance, food, transportation, clothing and furnishings for low income families to prevent homelessness and hunger.	$160,000	
		Undesignated	$25,396	
		Total FY 2008 Award (115 programs)	**$8,722,184**	**$2,037,815**

▶ Mandate Information

There is no federal or state mandate for this LOB.

Fund 119
Contributory Fund

FY 2008 Adopted Budget Plan	
Fund 119, Contributory Fund	
Total Expenditures:	$13,151,882
Revenue:	
General Fund Support	$13,037,140
Bond Revenue	$0
Other Revenue	$0
Total Revenue	$13,037,140

▶ Summary of Program

Fund 119, Contributory Fund, was established in FY 2001 to reflect General Fund support for agencies or organizations that receive County contributions. Funding for these organizations was previously included in the General Fund under Agency 88, Contributory Agencies. However, because the expenditures made to these organizations are not in support of direct County operations, the use of direct expenditures from the General Fund distorts the cost of County operations. Therefore, a separate fund was established to show the General Fund support of these organizations in the form of a transfer, rather than as a direct expenditure.

Contributory funding is in compliance with the Board of Supervisors' policy to make General Fund appropriations of specified amounts to various nonsectarian, nonprofit or quasi-governmental entities for the purpose of promoting the general health and welfare of the community. Contributory agency positions are not part of the County merit system and funding for all contributory agencies is reviewed annually. Each request is reviewed on the basis of the benefit to Fairfax County citizens, contractual or regional commitments, the responsibilities of state agencies, and a prior County commitment of funding. When appropriate, a nonprofit agency that provides specific contractual partnership services may be referred to Fund 118, Consolidated Community Funding Pool, for funding consideration by the Consolidated Community Funding Advisory Committee.

Since public funds are being appropriated, disbursements provided to designated agencies are currently made contingent upon submission and review of quarterly, semiannual and/or annual reports. This oversight activity includes reporting requirements prescribed by the County Executive, requiring designated agencies to accurately describe the level and quality of services provided to County residents, as well as the overall financial strength and stability of the County's contributory agencies. Various County agencies may be tasked with oversight of program reporting requirements. Contributory agencies that do not file reports as requested, may, at the discretion of the County Executive, have payments withheld until appropriate reports are filed and reviewed.

▶ *Dulles Area Transportation Association*

The Dulles Area Transportation Association (DATA) is a public-private, nonprofit, 501(c)(3) tax exempt transportation management association dedicated to improving transportation in a 150-square mile area around Dulles Airport including the Route 28, Route 50, Route 7 and Dulles Corridor (the Greater Dulles Area). Its membership is comprised of elected officials of the Commonwealth of Virginia, Fairfax County, Loudoun County, and the towns of Herndon and

Leesburg; senior executives of the Metropolitan Washington Area Airports (MWAA) and the Washington Metropolitan Area Transit Authority (WMATA); and other employer firms, property owners and business professionals, with membership open to all. DATA provides a neutral public forum for identifying transportation needs within the Greater Dulles Area and generating solutions to meet them. DATA also facilitates public transit through surveys of employee needs; works with local transit planning officials to meet these needs; advocates project planning and programming for road and intersection improvements that will preserve accessibility and mobility for business, employees, and residents in accordance with jurisdictional plans; and conducts transportation seminars in support of efforts to improve transportation in the greater Dulles area. The Board of Supervisors approved the first contribution for DATA in the FY 1993 budget. The County's contribution to DATA in FY 2008 is $9,000.

▶ *Metropolitan Washington Council of Governments*

The Metropolitan Washington Council of Governments (COG) is the regional planning organization of the Washington, D.C. area's local governments. COG works toward solutions to regional problems such as transportation, affordable housing, emergency preparedness and environmental issues. Currently, 20 area jurisdictions are members, including Fairfax County. Funding for COG is provided through federal and state grants, contributed services, special contributions (fees for services) and local government contributions. Annual COG contributions are based on the per capita rate multiplied by the population estimates provided by member jurisdictions. The COG Board of Directors' Finance Committee endorsed a recommendation by the Executive Director to increase the FY 2008 per capita rate from $0.62478 to $0.63977 for member contributions. This is an increase of 2.4 percent, or half of the 4.8 percent increase in the annual CPI-U for the Washington-Baltimore-DC-MD-VA-WV area for calendar year 2005.

The FY 2008 Administrative Contribution totals $701,395. COG calculates each jurisdiction's share based on the region's estimated population. The total FY 2008 County contribution to COG is $1,121,173. In addition to the Administrative Contribution of $701,395 and Special Contributions of $166,822 including $133,251 for the Regional Environmental Fund and $33,571 for Water Resources, for a total Fund 119 contribution of $868,217, an amount of $24,950 is budgeted in Fund 114, I-95 Refuse Disposal, and $228,006 ($206,222 for Water Resource Planning and $21,784 for Blue Plains Users) is budgeted in Fund 401, Sewer Operation Maintenance Fund - Wastewater Management. Funding of $12,463 included in the FY 2007 Adopted Budget Plan for Airport Noise and Cooperative Purchasing contributions will be addressed within the projected FY 2008 Administrative Contribution, as will $4,000 for the Washington Area Housing Partnership shown in the Community Development program area for this fund.

▶ *National Association of Counties*

The National Association of Counties (NACo) is an organization that represents and informs participating governments of current developments and policies that affect services and operations. NACo acts as a liaison with other levels of government, works to improve public understanding of counties, serves as a national advocate for counties and provides them with resources to find innovative methods to meet the challenges they face. NACo is involved in a number of special projects that deal with issues such as homeland security, energy, environment, housing and land use, among others. An amount of $20,259 is included for FY 2008 dues.

Fund 119
Contributory Fund

▶ *Northern Virginia Regional Commission*

The Northern Virginia Regional Commission (NVRC) is a regional council of local governments in Northern Virginia created in 1969 pursuant to the Virginia Area Development Act and a regionally-executed charter. In 1995, the Virginia Area Development Act was amended and renamed the Regional Cooperation Act. It sets forth the purpose of planning district commissions as follows: "…to encourage and facilitate local government cooperation in addressing, on a regional basis, problems of greater than local significance. The cooperation resulting from this Act is intended to assist local governments in meeting their own problems by enhancing their abilities to recognize and analyze regional opportunities and take account of regional influences in planning and implementing their public policies and services."

NVRC's policies and programs are established by a 25-member Board of Commissioners composed entirely of elected council and board members of NVRC's 14 member localities. The work of the Commission is supported in part by contributions from the member local governments and by appropriations from the Virginia General Assembly.

NVRC serves as a neutral forum for decision-making; provides member governments with the information and analyses necessary to make sound local and regionally beneficial decisions; provides professional and technical services to enable member governments to plan for their future individually and as a region; and carries out programs and functions at the request of member governments to supplement their own capacities or to achieve economies of scale through regional approaches. NVRC's services are divided into regional policy programs such as the legislative program; demographics and information services; environmental and land use; and human services programs.

The total FY 2008 Fairfax County contribution to the NVRC is $562,739 which provides for the annual contribution of $503,823, as well as special contributions of $42,302 to support the Occoquan Watershed Management Program and $16,614 for the Four-Mile Run-off Program.

▶ *Northern Virginia Transportation Commission*

The Northern Virginia Transportation Commission (NVTC) is the executive agency of the Northern Virginia Transportation District. It was established by state statute as a political subdivision of the Commonwealth of Virginia. The principal business activity of the Commission is to manage and control the functions, affairs and property of the Northern Virginia Transportation District, as defined in the Transportation Act of 1964. It represents its constituent jurisdictions (Alexandria, Falls Church, Fairfax City, Arlington County, Fairfax County and Loudoun County) on the Metro Board.

Each NVTC jurisdiction is assigned a percentage of the local portion of NVTC's administrative budget based on the jurisdiction's share of state aid received from NVTC in the previous year. This is determined by the application of a subsidy allocation model that projects the total amount of state aid received by the region and local jurisdictions. This model contains seven formulas including such variables as Metro construction costs, Metrorail service costs, ridership volume and population. These calculated percentages for each jurisdiction are applied to NVTC's remaining administrative budget after other revenue sources such as state aid, interest earned and project chargebacks have been applied.

Fund 119
Contributory Fund

The NVTC projected expenditure base for FY 2008 is $1,198,350. Fairfax County's contribution will increase based on its share of revenue received by NVTC on behalf of the County. The total FY 2008 Fairfax County funding for this agency is $175,638.

▶ *Public Technology Incorporated*

Public Technology Incorporated (PTI) is the nonprofit, membership-based technology research, development and commercialization organization for all cities and counties in the United States. As the only technology organization created by and for cities and counties, PTI works with a core network of leading local government officials – the PTI membership – to identify opportunities for technology research, share best practices, offer consultancies and pilot demonstrations, promote technology development initiatives, and develop educational programming. Officials from PTI's member governments participate in councils and forums that address specific technology areas. Through a corporate partner program with leading technology companies and partnerships with federal agencies and other governmental organizations, PTI shares information about these activities, as well as the expertise of its members with the broader audience of thousands of cities and counties across the United States. An amount of $20,000 is included for County membership in PTI based on population.

▶ *Virginia Association of Counties*

The Virginia Association of Counties (VACo) is an organization dedicated to improving county government in the Commonwealth of Virginia. To accomplish this goal, the association represents Virginia counties regarding state legislation that would have an impact on them. The association also produces conferences, publications and programs designed to improve county government and to keep county officials informed about recent developments in the state, as well as across the nation. The FY 2008 Fairfax County contribution to VACo is $208,500.

▶ *Alliance for Innovation*

The Alliance for Innovation, formerly known as the Virginia Innovation Group, is a network of local government professionals seeking innovation and governmental excellence that provides a national forum for those seeking to innovate and learn new approaches to providing public service. Its purpose is to assist local governments to build and sustain the capacity to be innovative. It provides an 'organizational' membership, meaning that everyone at every level in member jurisdictions can utilize its services. These include an online document library, research inquiry service, national and regional networking opportunities, training and other learning events, two annual conferences, research and publications.

The Alliance for Innovation assists local governments across the country by identifying the major forces that will drive local government in the future; responding to those forces by identifying and accelerating innovations; identifying and documenting best practices; and reducing the time from when an innovation is identified to when it becomes practice. During the development of the FY 1999 budget, $5,000 was first included for membership dues to the Virginia Innovation Group for Fairfax County's share of costs based on population category. For FY 2008, these membership dues are $6,000.

Fund 119
Contributory Fund

▶ *Virginia Institute of Government*

The Virginia Institute of Government was created by an act of the General Assembly in 1994, and is a nonprofit organization funded half by the Commonwealth of Virginia and half by local government membership contributions. It is part of the University of Virginia and its Weldon Cooper Center for Public Service. Local governments that join the Institute make annual contributions based on membership. While the Institute began with 60 members, it now has a roster of 223 Virginia member localities. The Institute operates with an advisory board of 18 members, each appointed for a single two-year term. It is made up of an equal number of members from the state's legislative and executive branches, as well as local governments.

The Institute is an ongoing informal gathering of organizational development staff from Virginia localities established to exchange ideas and strategies for developing high-performance governments and to help the Institute identify areas of needed assistance. Work products of the Virginia Institute of Government encompass four main areas: training, technical assistance, electronic information services, and select research projects. The Institute also provides staff support to certain state legislative and study committees. The total Fairfax County FY 2008 funding for this agency is $20,000.

▶ *Washington Airports Task Force*

The Commonwealth of Virginia, Fairfax County and the private sector support the Washington Airports Task Force. Its purpose is to develop markets, as well as promote domestic and foreign usage of the Metropolitan Washington Airports. It has yielded hundreds of millions of dollars in economic return for the Washington region and the Commonwealth of Virginia, including investment, tourism income, trade opportunities and jobs. Both Dulles and National Airports continue their significant impact on Fairfax County's economy. The distribution of local direct tax impact from Dulles and National for Fairfax County in 2005 was in excess of $20 million.

Total Fairfax County funding included for this agency for FY 2008 is $40,500. Fairfax County's FY 2008 contribution will be used to maintain a comprehensive, proactive marketing and sales program to promote the region's air service opportunities to the world's airlines and other air service providers; encourage improvement of airport access; ensure adequate Air Traffic Control, Homeland Security and Customs support services from the federal government; support the Airports Authority's $3.4 million Dulles Improvement Program; encourage the growth of lower fare services, represent the business user in petitions to the federal government for approval of new international services to Washington Dulles; and work for federal international aviation policies, including Open Skies, which gives weight to the economic needs of communities, as well as to the mercantile needs of the air carriers.

▶ *NOVARIS*

The Northern Virginia Regional Identification System (NOVARIS) utilizes state-of-the-art computer equipment to identify criminals by categorizing and matching fingerprints. It enables police to match a fingerprint found at the scene of a crime with any individual who has been arrested in the Washington metropolitan area by comparing the print or partial print with all prints in the database. Funding of $9.65 million was secured through an Urban Areas Security Initiative grant to cover the cost of Automated Fingerprint Identification system replacements for the

Fund 119
Contributory Fund

National Capital Region, including NOVARIS, the District of Columbia, as well as Prince George's County and Montgomery County. The system is housed in Fairfax County and is staffed by personnel contributed by the participating jurisdictions. Participating Washington metropolitan area jurisdictions share costs associated with NOVARIS based on the sworn police population of each jurisdiction. Fairfax County exercises a fiduciary responsibility for the financial management and operation of NOVARIS, with the County contribution made through the Contributory Fund. The total Fairfax County FY 2008 contribution is $159,321.

▶ *Partnership for Youth*

The Fairfax Partnership on Youth was created in 1997 as an outgrowth of the Community Initiative to Reduce Youth Violence (CIRYV). Its mission is to bring the community together to reduce youth violence and promote positive youth development. This agency seeks to reduce youth violence by facilitating a forum for public and private providers to collaborate, evaluate and create programs, activities and services to better integrate activities, fill gaps and avoid duplication of efforts in the provision of services to youth in the community.

Among the types of initiatives undertaken by the Partnership for Youth include coordination of the Fairfax Mentoring Partnership; provision of the Support on Suspension (S.O.S.) effort, a voluntary community-based program designed to provide students in grades 6-12 with an opportunity to stay abreast of academic work while out of school due to suspension; the Fairfax County After-School Network for middle school-aged youth to minimize involvement in violence or other risky behaviors; assistance to the County on youth survey analysis; youth services information to provide the community with needed resources; advocacy for youth on issues affecting them; and the Youth Suicide and Depression Prevention Task Force to study and reduce risk factors for young people. The Fairfax County contribution for FY 2008 is $50,000.

▶ *GMU Law and Mental Illness Clinic*

As part of their deliberations on the FY 2005 budget, the Board of Supervisors approved funding of $51,678 for the George Mason University (GMU) Law and Mental Illness Clinic. In commitment proceedings, the individual against whom the commitment proceeding is brought is invariably represented by appointed counsel, while the family petitioning is rarely represented and is generally not familiar with the rules of evidence or the information required to persuade a judge to order commitment for the individual in severe mental distress. Each County resident who uses this program is assigned a supervising attorney, a third-year law student and a second-year law student to provide legal services. The supervising attorney oversees the general representation and is available to assist the students. The third-year law student acts as the petitioner's advocate, while the second-year student provides paralegal assistance for the third-year student in preparing for the commitment hearing.

The total Fairfax County FY 2008 funding for this agency is $51,678. This funding addresses the part-time salaries of one supervising attorney and two part-time assistant supervising attorneys who work with second- and third-year law students from George Mason University Law School.

Fund 119
Contributory Fund

▶ *Health Systems Agency of Northern Virginia*

The Health Systems Agency (HSA) of Northern Virginia is a regional body charged with coordinating and improving the health care system for Northern Virginia. To accomplish this, the agency establishes short-term objectives and long-range goals, as well as prepares annual implementation plans. In addition, HSA promotes and assists in community-oriented planning among and within local health care systems, documents and evaluates the need for new services in the region, and reviews health service and facility capital expenditure proposals subject to certificate of public need regulation filed by health service provider organizations in the region. Member jurisdictions include the counties of Fairfax, Arlington, Loudoun and Prince William, as well as the cities of Fairfax, Alexandria, Manassas and Falls Church. Funding contributions to HSA from local jurisdictions are encouraged but are not required.

The Health Systems Agency established a per capita contribution standard of $0.10 approximately ten years ago. Although Fairfax County has grown significantly in population since that time, the Health Systems Agency's local jurisdiction contribution requests have remained constant due to contributions from other sources. In FY 2008, revenue of $537,141 is projected to be received from four sources: the Virginia Department of Health, $299,991 or 55.8 percent; grants and contracts, $48,950 or 9.1 percent; local government contributions, $185,600 or 34.6 percent; and interest earnings and miscellaneous income of $2,600 or 0.5 percent. In FY 2008, Fairfax County is the largest local government contributor, providing $86,750 or 46.7 percent of the support received from the local government units.

▶ *Northern Virginia Healthcare Center/Birmingham Green Adult Care Residence*

The counties of Fairfax, Fauquier, Loudoun and Prince William, as well as the City of Alexandria established the Northern Virginia Healthcare Center Commission in 1987. Each jurisdiction is represented by a member on the Commission, which operates a long-term healthcare facility with 180 beds that opened in May 1991 known as the Northern Virginia Healthcare Center (Nursing Facility). The Northern Virginia Healthcare Center provides nursing care on a 24-hour basis, which includes professional observation, administration of medications and physician-prescribed treatments. Other services include special diets, recreational activities, physical and occupational therapy, and arrangements for physician, laboratory and radiology services.

The nursing facility is adjacent to the adult care residence, which is operated through an agreement with Birmingham Green Adult Care Residence. This 64-bed facility is also under the auspices of the Commission. This facility primarily provides room and board, along with assistance in activities of daily living for the aged and homeless. Nursing consultation is available and medical services are arranged either through the staff of the nursing home or other community services. Residents are admitted based on sponsorship by their jurisdiction's Public Welfare/Social Services Department. The adult care residence is a shelter for the aged and homeless who are indigent but self-sufficient, mobile and independent in their activities. The combined facilities are commonly known as Birmingham Green.

Construction of a 92-unit facility that will replace the original 64-bed adult care residence began in FY 2007. Financing for the new facility was primarily provided through the U.S. Department of

Housing and Urban Development. The new apartment-style facility will provide an additional 28 beds for adult care residents. It is anticipated that this expansion will open in FY 2008.

Operating costs for the facility are partially covered through the Medicaid and General Relief programs at the maximum rates established by the state. To the degree that these funds are inadequate to cover the full costs of the operation of the facility, the sponsoring jurisdictions then subsidize the home on a user formula basis. Each jurisdiction pays for Personnel Services and Operating Expenses at a level proportionate to the number of the jurisdiction's residents at the home. Effective for FY 2008, each jurisdiction's contribution is based on its utilization average for the two previous years.

The total FY 2008 Fairfax County recommended funding for these facilities is $1,396,691.

▶ *Volunteer Fairfax*

Volunteer Fairfax is a private, nonprofit corporation created in 1975 and incorporated in the Commonwealth of Virginia. The center promotes volunteerism through a network of over 700 nonprofit agencies by mobilizing people and other resources to improve the community. Its primary goals are: to assist private nonprofit and public agencies in developing strong, efficiently managed organizations and volunteer programs; to increase corporate and citizens' direct involvement in the community; to provide programs and services through partnerships that contribute to the resolution of community issues; and to increase the public's awareness of both the need for and the benefits of volunteer service to the community. The scope of the center's work also includes active participation in emergency preparedness activities and coordination through its support of the Citizen Corps, the County's Emergency Management Coordinating Council and Emergency Operations Center, the Northern Virginia Voluntary Organizations Active in Disaster, and the Metro Coalition of Volunteer Centers.

The center receives funding from Fairfax County as its sole local government source. In addition to the annual contribution, Fairfax County provides in-kind office space to the center at 10530 Page Avenue, the value of which is estimated to be $44,000. The Fairfax County FY 2008 funding amount for this agency is $305,247.

▶ *Arts Council of Fairfax County*

Established in 1964, the Arts Council of Fairfax County is a private, nonprofit organization whose goals are to encourage, coordinate, develop and meet the needs of County residents and organizations for cultural programs. It develops and maintains a broad range of visual and performing arts programs designed to contribute to the growth of an integrated area-wide cultural community. It also supports and encourages the development of local artists and organizations by providing opportunities to reach new audiences through participation in Arts Council-sponsored activities. The FY 2008 Fairfax County contribution is $220,602 for this agency.

▶ *Arts Council of Fairfax County - Arts Groups Grants*

In 1980, the Arts Council Advisory Panel was established to institute a grant system for County arts organizations. The Advisory Panel is the official entity established by the Arts Council for evaluating and ranking all art requests for funds, support services and facilities support from the Fairfax

County government. This panel reviews all applications from local arts organizations, and based on eligibility and evaluating criteria, makes recommendations to the County Board of Supervisors for approving grants. It also encourages County arts organizations to seek contributions from a wide range of sources. The total FY 2008 funding included for the Arts Council of Fairfax County - Arts Groups Grants is $120,000.

▶ *Challenge Grant Funding Pool for the Arts*

As part of their deliberations on the FY 2007 Advertised Budget Plan, the Board of Supervisors included funding of $550,000 for the establishment of a Challenge Grant Funding Pool for the Arts to be administered by the Council on the Arts. Funding of $500,000 is available on a competitive basis to community arts organizations, with $50,000 to support administrative costs of the Arts Council of Fairfax County.

The Challenge Grant Funding Pool is intended as a means to further leverage private funding and enable the arts to continue to flourish in the County. The grants are intended to leverage private funds by requiring a 2:1 dollar match. Funding will support arts in public spaces, as well as the performing arts. The total FY 2008 funding included for the Challenge Grant Funding Pool for the Arts is $550,000.

▶ *Dulles Air and Space Museum*

Fairfax County made its first contribution to the Udvar-Hazy Center of the Smithsonian Institute's Dulles Air and Space Museum in FY 2000 and has provided a total of $2,100,000 through FY 2007. Since the museum opened in December 2003, over 3.6 million people have visited the center, which brings income to the area. A sample showed that nearly 9 percent of visitors to this facility come from abroad, while 45 percent of the domestic audience drove over 100 miles to visit the center. This translates into overnight stays in the region, with the increased likelihood of visits to other nearby attractions.

Education is a vital part of the mission of the Center. There are classrooms and expanded programs for educators and students, particularly those from Fairfax County. The goal is to teach young people about America's aviation and space heritage, and emphasize the importance of technology. The FY 2008 funding included for the Dulles Air and Space Museum is $240,000. The County's FY 2008 contribution will support the construction of Phase II of the Center, which will include the Restoration Hangar, the Archives and Collections Processing Center, and the Collections Storage area. The total cost to construct Phase II is approximately $45 million, with over $31 million secured to date.

▶ *Fairfax Symphony Orchestra*

The Fairfax Symphony Orchestra (FSO) is a nonprofit organization chartered by the Virginia State Commission in 1966. A mixture of public and private contributions supports the orchestra. The FSO provides County residents with the opportunity to hear and learn about symphonic and ensemble music. The orchestra sponsors a variety of programs, including its own concert series, programs in the public schools, master classes for young music students, chamber orchestra for young adults, and the special music collection in the Fairfax County Public Library.

The County's contribution to the FSO supports all facets of the orchestra – Masterworks concerts, educational outreach, the restoration of the Holiday Pops concert and allows the orchestra to continue its valuable partnership with the Fairfax County Public Schools and the Fairfax County Park Authority to provide music literacy and outreach programs. Funding of $278,613 is included for the FSO in FY 2008.

▶ *Fort Belvoir Army Museum*

During adoption of the FY 2005 Budget, the Board of Supervisors approved funding of $240,000 to support construction of the U.S. Army Museum at Fort Belvoir in the southeastern part of Fairfax County. The capital campaign to raise $200 million in private funds has been underway, managed by the Army Historical Foundation, a nonprofit organization dedicated to preserving the Army's heritage. The museum is expected to draw approximately 750,000 to 1 million visitors annually when it opens. The museum will feature unique educational programs and resources in the areas of technology, history, geography, political science, engineering and civics for students of all ages.
All of the branches of the military either already have a centralized museum, or are in the process of building one. The Air Force Museum is at Wright-Patterson Air Force Base, Ohio; the Navy Museum is at the Washington Navy Yard; and the U.S. Marine Corps opened its National Heritage Center at Quantico Marine Base, less than 20 miles south of Fort Belvoir in Prince William County in November 2006. A County contribution of $240,000 has been included for the U.S. Army Museum for FY 2008.

▶ *Lorton Arts Foundation*

As part of the *FY 2005 Carryover Review*, the Board of Supervisors approved $500,000 to support the Lorton Arts Foundation (LAF) financing and capital renewal plan for operation of a center for the arts at the former Lorton Prison site. The Board had previously approved the negotiation of a lease of the former prison site with the Foundation, which proposed to use funds generated by leasing the various facilities to individual artists and performing arts groups. The Foundation's plan includes public restaurants, residential facilities for artists in residence, and a prison museum in addition to artist studios and a small theater.

Initially LAF believed that the project would be self-sustaining and could operate without additional resources from the County. However, after subsequent review and financial analysis by outside consultants knowledgeable in the creation and operation of facilities of this type, LAF found an underwriter willing to undertake financing of the renovations, but determined that County support would be needed during the first few years of renovation and operational start-up. LAF requested that Fairfax County provide $1,000,000 annually as maintenance support. They also requested that the County agree to lease back a portion of the rental space if other tenants are not available, for a timeframe and lease rate to be negotiated between the County and LAF. The lease will provide for reducing or eliminating the County's cash support commensurate with the Foundation's ability to become self-sustaining. Subsequent contributions are dependent on continuing fund-raising efforts which are evaluated each year. Funding of $1,000,000 was approved by the Board of Supervisors as part of the *FY 2006 Third Quarter Review* for the County's FY 2007 contribution. Accordingly, $1,000,000 is included for FY 2008 so it is available in that fiscal year when the required matching funds have been raised.

Fund 119
Contributory Fund

▶ *Northern Virginia Regional Park Authority*

The Northern Virginia Regional Park Authority (NVRPA) is a multi-jurisdictional, special-purpose agency established to provide a system of regional parks for the Northern Virginia area. The NVRPA currently operates 19 regional parks and owns 10,257 acres of land, of which more than 7,700 acres are in Fairfax County. Parklands within the system include: Bull Run, Bull Run Marina, Fountainhead, Sandy Run, Pohick Bay, Carlyle House Historic Park, Potomac Overlook, Upton Hill, Algonkian, Red Rock, the W&OD Trail, Occoquan, Hemlock Overlook, Cameron Run, Gateway, Meadowlark Gardens, Ball's Bluff, Temple Hall and Brambleton. In addition, the NVRPA administers extensive regional historic and conservation properties throughout Northern Virginia. These community resources are supported primarily from the annual contributions of its six member jurisdictions: the counties of Fairfax, Loudoun and Arlington, and the cities of Fairfax, Alexandria and Falls Church. Each member jurisdiction's contribution is in direct proportion to its share of the region's population. In the past decade, the entire population served by the NVRPA grew to 1.6 million residents and is expected to approach 2.0 million by 2020.

Current projections indicate that $4,997,587 will be expended from the NVRPA's General Fund and $11,236,508 will be expended from the NVRPA's Enterprise Fund for a total of $16,234,095 in FY 2008. The NVRPA is asking member jurisdictions for $3,354,027, which is an increase of $129,000 or 4.0 percent over the FY 2007 amount of $3,225,027. For FY 2008, NVRPA projects that 79 percent of operating costs will be funded with park revenues, with the remaining 21 percent coming from member jurisdictions. Fairfax County's share for the Northern Virginia Regional Park Authority in FY 2008 is $2,076,143.

Fairfax County comprises 60.9 percent of the total population served by this agency projected for FY 2008. Localities' contributions are based upon their percentage of the total population as provided by the U.S. Bureau of the Census. It should be noted that in addition to the operating contribution, an amount of $2,500,000 has been included in Fund 306, Northern Virginia Regional Park Authority, as the FY 2008 annual capital contribution.

▶ *Reston Historic Trust*

The Reston Historic Trust is a community-based 501(c)(3) organization located in the heart of the Lake Anne Revitalization District. It was founded in 1996 as an educational institution to promote the social and economic vitality of Reston through a program of history-based educational activities. Since FY 2000, Fairfax County has provided annual funding of $20,000 to the Reston Historic Trust. This contribution assists in the operational costs of the Reston Museum, located at Lake Anne Plaza. The museum, which is now in its tenth year of operation, has evolved as a focal point in the community, hosting special events, weekend programs and lectures, and providing exhibits that depict Reston's past and future.

The County's contribution supports the agency's efforts on education, community outreach, and cultural development, including through collaborative programming and trainings with other area organizations. The County's FY 2008 contribution to the Reston Historic Trust is $20,000.

Fund 119
Contributory Fund

▶ *The Claude Moore Colonial Farm*

The Claude Moore Colonial Farm at Turkey Run, designated a historical site, is the only privately operated national park in the United States. The park's 18th Century living history family farm site authentically recreates the social, technological, environmental and cultural living conditions faced by Northern Virginians of ordinary means in 1771. For 33 years, it has offered a rare, hands-on learning experience about the basics of life, food, shelter and the environment during the Colonial period. Staff continues to enhance educational materials on colonial Virginia history and makes these materials available free on the Farm's Web site which is also available in eight different languages, making the Farm experience much more accessible to the County's diverse population. The Farm has received national recognition for its innovative educational programming, which reaches over 50,000 persons a year, including thousands of students in Fairfax County.

The FY 2008 level of support is $31,500. The contribution will help ensure continuation of Farm programs to Fairfax County residents – especially the Environmental Living Program, the Farm Skills Program, and school visits to the 18th Century Farm Site. The FY 2008 contribution will also assist the Farm in further developing materials that can be used in the home and classroom and adding much-needed visitor facilities at the Farm. The County's contribution represents 6.8 percent of the Farm's projected revenue of $461,000 for FY 2008. Other revenue sources include program fees, pavilion rentals, membership dues, endowment income, contributions from the National Park Service and private donations.

▶ *Town of Vienna Teen Center*

The Vienna Teen Center is operated by the Town of Vienna Parks and Recreation Department. The Center, known as Club Phoenix, provides local teenagers with positive, supervised recreational and educational programs and activities. The County's contribution assists the Town of Vienna in the operation and improvement of the Center, and helps provide funding for programs, staffing and the purchase of materials and other supplies.

The Board of Supervisors first approved $40,000 in funding for the Teen Center in FY 2001. The amount included $20,000 to supplement operational expenses at the Center including the purchase of capital equipment and $20,000 for the expansion of teen programs, activities and special events, as well as the staff required to plan, implement and supervise the expanded operations. The FY 2008 contribution of $40,000 represents 26.0 percent of the Center's projected expenditure and revenue requirements of $154,093.

▶ *Virginia Opera Company*

The Virginia Opera Company fosters appreciation of the arts through a variety of educational programs offered to school children. It has grown in recent years to become the eighteenth largest opera in the nation, based on budget and due in large part to its operations in Fairfax County. In addition to presenting staged operas at the George Mason University Center for the Arts, the Virginia Opera's education program provides County students with access to age-appropriate opera presentations at their schools.

The Virginia Opera Company first received a County contribution of $25,000 in FY 1999. The FY 2008 contribution for the Virginia Opera Company continues that level of funding.

Fund 119
Contributory Fund

▶ *Wolf Trap Foundation for the Performing Arts*

A private/public partnership was established in 1968 between the Wolf Trap Foundation and the National Park Service for the operation of the Wolf Trap Farm Park for the Performing Arts in Vienna, Virginia. The partnership was founded through a gift of land to the United States Government. The National Park Service maintains the property and conducts parking and audience management.

The Foundation, with a $26.8 million budget, is responsible for all other aspects of running the facility, including the presentation of a wide variety of performances and educational programs. Foundation programs reach approximately 600,000 people in Fairfax County each year at two sites: the Filene Center, a 7,000-seat outdoor amphitheater in a park-like setting, and the Barns of Wolf Trap, two 18th Century barns reconstructed at Wolf Trap using original building materials and techniques.

In FY 1999, Fairfax County began contributing $25,000 to Wolf Trap to support the Foundation's efforts to provide Fairfax County citizens with access to the best possible performing arts, as well as position Fairfax County nationally as a leader in the arts and arts-in-education. Educational programs focusing on Fairfax County's young children and their teachers, parents and caregivers include development workshops for teachers, family involvement workshops, and field trip performances. The amount is not based on a formula, per capita, or any other formal agreement. As part of their deliberations on the FY 2005 budget, the Board of Supervisors approved an increase in the annual contribution from $25,000 to $125,000 to support education programs. The FY 2008 contribution remains at $125,000.

▶ *Architectural Review Board*

The Architectural Review Board (ARB) administers the Historic Overlay District provisions in the County's Zoning Ordinance and advises the Board of Supervisors (BOS) on other properties that warrant historic preservation through historic district zoning, proffers or easements. There are now 13 Historic Overlay Districts, with the potential for several more. The BOS frequently requests advice on the preservation of historic structures as part of the County's development review process and the Open Space and Historic Preservation Easement program.

The ARB is comprised of 11 members who have demonstrated knowledge and interest in the preservation of historical and architectural landmarks. The amount funded for FY 2008 is $3,500.

▶ *Celebrate Fairfax, Incorporated*

Celebrate Fairfax, Incorporated was formed to develop educational or entertainment products, services and events that promote a sense of community among those who live or work in Fairfax County and to coordinate the annual Fairfax Fair. This urban fair symbolizes unity among the civic, business and governmental sectors and demonstrates how public and private partnerships can work together to provide the best for the residents of Fairfax County at a low cost. The Corporation also produces "Fairfax Fine ArtsFest," first introduced in 2003, as well as "Fall for Fairfax," Fairfax County's annual environmental festival sponsored by the Fairfax County Board of Supervisors.

Fund 119
Contributory Fund

An amount of $28,289 is funded for FY 2008 for clean-up costs associated with the Fairfax Fair pursuant to the Memorandum of Agreement between the County Board of Supervisors and Celebrate Fairfax, Inc.

▶ *Commission for Women*

The Commission for Women was created by the Board of Supervisors in 1971 to promote the equality of women and girls in Fairfax County, to advise the Board on the concerns of Fairfax County's women and girls; to present possible solutions; and to effect long-term change through public education, policy reform and building community partnerships. The Commission is comprised of 11 members, nine of whom are appointed by members of the Board of Supervisors and two at-large members appointed by the Board's Chairman. There is also a student representative from a local college or university who is a non-voting member. The total FY 2008 Fairfax County contribution to the Commission for Women is $6,916.

▶ *Convention and Visitors Corporation*

As a result of enabling legislation approved by the 2004 General Assembly, the County was granted the authority to impose an additional 2 percent Transient Occupancy tax beginning July 1, 2004. As required by the new legislation, no less than 25 percent of the additional revenue is to be designated for and appropriated to a nonprofit Convention and Visitors Corporation located in Fairfax County.

The mission of the Convention and Visitors Corporation, known as Visit Fairfax, is "to create and effectively market exciting products, programs and activities that will distinguish Fairfax County as a premier tourism destination." Visit Fairfax is a 503(c)(3) organization with 25 board members appointed by the Board of Supervisors and the tourism industry.

FY 2008 funding of $2,717,701 supports the nonprofit Convention and Visitors Corporation in its efforts to attract travelers to the County and generate tourism revenues in the County. This is based on projected Transient Occupancy tax collections associated with the additional 2 percent authorized for this purpose.

▶ *Fairfax County History Commission*

The History Commission was created by the Board of Supervisors in 1969 to advise County government and generally promote the public interest in matters concerning the history of Fairfax County. There are 20 members who are appointed by the Board of Supervisors for three-year terms and who may be reappointed. The Commission engages in educational, preservation and research activities to promote interest in the County's historical past and also provides advisory and liaison services to ensure preservation of historic County records and sites. Major programs include: educational activities, cooperative ventures with local universities in implementing history programs, liaison functions with state/national historic preservation organizations, historic record indexing projects, archaeology programs and expansion of photographic archives. The FY 2008 Fairfax County funding included for this agency is $26,022.

Fund 119
Contributory Fund

▶ *Greater Reston Incubator*

Included for FY 2008 is funding of $30,000 for the Greater Reston Chamber of Commerce's (GRCC) Incubator Program. The GRCC's Incubator Program assists entrepreneurs in developing high-growth businesses in various sectors of the regional economy including technology, government services and supporting industries. The program provides business services, technical support and physical space to help emerging businesses grow. Job creation and increased regional prosperity are the program's primary goals. It should also be noted that funding of $25,000 was previously included for the GRCC Incubator Program in the Economic Development Authority budget, but as of FY 2007, funding is now included in Fund 119 as this organization more appropriately fits the status of a contributory agency.

▶ *Northern Virginia Community College*

Northern Virginia Community College (NVCC) is a comprehensive institution of higher education offering programs of instruction generally extending not more than two years beyond the high school level. The College currently has six campuses (Alexandria, Annandale, Loudoun, Manassas, Springfield for medical education and Woodbridge) with permanent facilities constructed on each site. Each year, the College serves more than 60,000 students in credit-earning courses and more than 20,000 students in continuing education and training activities.

NVCC projects FY 2008 expenditures of $190,632 for base operating requirements to be funded from local jurisdictions and carryover funding from the previous year. This amount includes $177,192 for General Administration (President's Office, College Board travel and memberships, student scholarships, loans, and grants), $12,000 for Community Services (community information), and $1,440 for a contingency reserve. The base, which is funded by the governing bodies of the local jurisdictions served by the College, as well as any fund balances supports additional services that cannot be provided under the College's annual state fiscal appropriations. For example, local funding provides for increased matching loan funds and support of community service activities. This local funding is for Operating Expenses only and is not applied toward Personnel Services. The local jurisdictions served by the College are requested to contribute their share of the College's base expenditure, which is calculated on a per capita basis as reported by the College using population figures from the Weldon Cooper Center for Public Service.

The FY 2008 Fairfax County contribution to this agency for operations and maintenance is $93,733. This amount reflects the County's share of the services provided to Fairfax County residents as reported by the College and is 50 percent of the local jurisdictions' contributions totaling $187,429 for FY 2008.

In addition, County funding of $1,022,100 will be included in Fund 303, County Construction, for an annual capital contribution to the College based on a $1 per capita population figure provided by the Weldon Cooper Center. Funding provides for the continued construction and maintenance of various capital projects on college campuses within the NVCC system.

▶ *Northern Virginia Conservation Trust*

During their deliberations on the FY 2001 Advertised Budget Plan, the Board of Supervisors funded a non-recurring (one-time) amount of $209,076 for the Northern Virginia Conservation Trust

(NVCT) (formerly the Fairfax Land Preservation Trust). An amount of $170,000 was funded to enable the County to further its conservation efforts and meet public need without creating new County positions. This amount included $80,000 for land costs/purchases directly related to conservation easements, $45,000 for public outreach funding to support staff and material for educating the public about conservation, and $45,000 for administrative support for staff and materials for the management of Fairfax County conservation efforts. It was anticipated that the contribution amount would be partially matched by approximately $75,000 in other contributions to the Trust in FY 2001. The County's total contribution also included $39,076 that was paid to the Park Authority to eliminate the balance of a loan obligation associated with seed money for the Trust and office space provided by the Park Authority. The County began contributing to NVCT on a recurring basis in FY 2002.

The primary purpose of the public/private partnership between NVCT and Fairfax County is for NVCT to assist the County in the preservation of natural areas and historic properties through the use of conservation/open space easements, land gifts and acquisition of open space. The Trust is also tasked with educating the public on the importance of conservation and the County's abundant natural resources through outreach programs. Through this partnership, NVCT has been able to permanently conserve over 568 acres in Fairfax County, recording 29 conservation easements, and attracting five fee-simple land gifts and one land purchase. The most notable recent easement was the joint effort with the County to preserve 41 acres of historic Salona in McLean. The Trust also operates an "Adventures in Conservation" outreach program to bring hands-on volunteerism and environmental education opportunities to the public. These activities have included planting thousands of native trees, removing invasive plants, and conducting birding trips and guided hikes. Funding of $275,437 is included for NVCT in FY 2008.

▶ *Northern Virginia Soil and Water Conservation District*

The Northern Virginia Soil and Water Conservation District (NVSWCD) is an independent subdivision of the Commonwealth of Virginia to provide leadership in the conservation and protection of Fairfax County's soil and water resources. It is governed by a five-member Board of Directors, three of whom are elected every four years by the voters of Fairfax County and two who are appointed by the Virginia Soil and Water Conservation Board. Accordingly, the work of NVSWCD supports many of the environmental efforts set forth in the Board of Supervisors' Environmental Excellence 20-year Vision Plan. Technical assistance and information are provided to state and local government agencies as well as private citizens. The goal of the NVSWCD is to continue to improve the quality of the environment and general welfare of the citizens of Fairfax County by providing them with a means of dealing with soil, water conservation and related natural resource problems. It provides County agencies with comprehensive environmental evaluations for proposed land use changes with particular attention to the properties of soils, erosion potential, drainage and the impact on the surrounding environment.

In FY 2001, Fairfax County entered into a partnership with the NVSWCD to support the cost of soil mapping the southeastern portion of the County. Under the agreement, the U.S. Department of Agriculture's Natural Resource Conservation Service (NRCS) provided a survey team. However, a delay in finalizing the agreement with the NRCS resulted in the actual expenditures not beginning until FY 2003. Over the past four years, Fairfax County has invested over $750,000 to complete and entirely update the County's Soil Survey so that it is accurate, reliable and certified to the standards of the NRCS and the National Cooperative Soil Survey. In order to ensure that this valuable

resource is used appropriately and effectively, the ongoing expertise of a soil scientist is needed. Subsequently, $79,435 has been included for FY 2008 in addition to the County's base contribution to integrate the new survey maps and information into the County's Geographic Information System (GIS); create County-specific ratings for the new soils; identify necessary changes to County code; train County staff who deal with soil issues on the use of the new survey; educate the private sector on the new soil survey information and its use; and develop a process for maintaining and updating the soil survey as land uses change.

The FY 2008 County share for base operating requirements is $390,828. With $79,435 for the Soils Survey Project described above, the FY 2008 County contribution totals $470,263.

▶ *Northern Virginia 4-H Educational Center*

The Northern Virginia 4-H Educational Center was developed in cooperation with the Virginia Cooperative Extension Service. The Center currently serves 19 localities in Northern Virginia with approximately 50 percent of the program participants being Fairfax County residents. This educational and recreational complex for youth and adults residing in Northern Virginia is located in Front Royal, Virginia. County funding will be used toward capital improvements such painting and repairs to lodges, and making major swimming pool repairs, as well as striping all parking lots. The County contribution also helps minimize camping fees so more young people can attend. The total FY 2008 Fairfax County funding included for this agency is $25,000.

▶ *Occoquan Watershed Monitoring Program*

The Occoquan Watershed Monitoring Program (OWMP) and the Occoquan Watershed Monitoring Laboratory (OWML) were established to ensure that water quality is monitored and protected in the Occoquan Watershed. The cost of the OWMP is equally divided between water supply and sewage users. As a result, 50 percent of Operating Expenses is supported by the Fairfax County Water Authority and 50 percent by the participants: Fairfax, Fauquier, Loudoun and Prince William counties, and the cities of Manassas and Manassas Park. The Watershed Monitoring Program Funding Agreement of 1988 requires that Fairfax County provide 12.5 percent of the direct costs.

Given the many diverse uses of the land and water resources in the Occoquan Watershed (agriculture, silviculture, urban residential development, commercial and industrial activity, water supply, and wastewater disposal), the OWMP provides a critical role as the unbiased interpreter of basin water quality information. The total amount included for Fairfax County's FY 2008 share is $113,787 based upon agency expenditures.

▶ *OpenDoor Housing Fund*

As part of their deliberations on the FY 2005 budget, the Board of Supervisors approved funding of $31,442 to provide a contribution to the Washington Area Housing Trust Fund (WAHTF). The general membership of the Council of Governments (COG) recommended that local governments support a voluntary per capita assessment of $0.03 to fund WAHTF operations. Capital support is provided through the federal government and private sector grants. Operational funding provided by area local governments will be leveraged to attract capitalization dollars. It also allows the trust fund to loan money at a highly subsidized rate, which helps to lower the cost of housing in this region.

During a 2006 strategic planning process, WAHTF realized that its lending was not having a significant enough impact on regional affordable development and that there were opportunities to merge with another successful community development financial institution, the Unitarian Universalist Affordable Housing Corporation in order to maximize efficiency and both organizations' impact. In October 2006, boards of both organizations, which included representation by Fairfax County, approved combining both into one, and is renamed the OpenDoor Housing Fund.

The OpenDoor Housing Fund's mission is unchanged, which is to provide flexible capital from a variety of sources including government, philanthropic and corporate entities to increase the supply of affordable and workforce housing for low and moderate income households and housing for various special needs populations in the Washington metropolitan area; to positively impact the delivery of affordable housing finance in this region; and provide technical assistance to help potential borrowers obtain financing and successfully complete affordable housing development. In FY 2008, Fairfax County's share for the OpenDoor Housing Fund is $32,874.

▶ *Southeast Fairfax Development Corporation*

The Southeast Fairfax Development Corporation (SFDC) is a private, nonprofit organization that operates under a Memorandum of Understanding between the Fairfax County Board of Supervisors and the SFDC. For almost 25 years, the Corporation has promoted, encouraged, facilitated and guided economic development and revitalization on the 7.5 mile length of Richmond Highway from the Capital Beltway to Fort Belvoir, the largest of the County's seven designated revitalization areas. It provides marketing and promotion aimed at business attraction and retention; direct assistance to developers and businesses; and to a lesser degree, land use planning and coordination with the Richmond Highway community. It is this community consensus that makes revitalization/redevelopment possible. SFDC is committed to improving the quality of life, creation and retention of jobs, community appearance and increased tax base. Its 18-member volunteer Board of Directors is representative of the community.

SFDC continues to foster growth in existing businesses, while simultaneously promoting the physical renovation of the area through initiatives involving beautification, developmental planning, and ongoing market studies and needs assessments. SFDC sees an even greater need for its services as a result of the Department of Defense's (DoD) Base Realignment and Closure (BRAC) recommendations announced in May 2005. It is anticipated that over 22,000 DoD employees will be redeployed to Fort Belvoir and the Engineer Proving Grounds, with an additional 20,000 government contracting jobs also expected to relocate to the area. The total FY 2008 Fairfax County contribution for SFDC is $198,363.

▶ *VPI/UVA Education Center*

In FY 1995, Fairfax County entered into an agreement with the City of Falls Church, the Virginia Polytechnic Institute and State University (VPI), and the University of Virginia (UVA) to provide support for a new Education Center to be constructed in Falls Church, offering graduate and continuing professional education services. As part of this agreement, the Board of Supervisors agreed to waive all development/regulatory fees and costs, and provide review and inspection services necessary for the development of this center. In addition to one-time FY 1996 sewer availability and connection charges of $70,881, the County agreed to contribute an annual amount of

$50,000 toward the facility, to be paid each year for 20 years, commencing in FY 1995. The total value of this 20-year contribution will be $1,000,000. The total FY 2008 Fairfax County contribution for the VPI/UVA Education Center is $50,000.

▶ Women's Center of Northern Virginia

The Women's Center is a private, nonprofit organization that provides personal and professional development services to women in Northern Virginia. Since FY 1978, the Board of Supervisors has contributed to this center in order to provide free or sliding-fee scale services to Fairfax County female residents who are unemployed, separated, abandoned or divorced, and the head of a household. Services include individual and group workshop sessions for women covering such areas as divorce, separation, financial planning and legal rights. It is anticipated that in FY 2008, 60 percent of requests for service will come from Fairfax County residents.

In FY 2008, the Center anticipates receiving approximately 55,000 requests for services from County residents to meet the interrelated psychological, practical, legal and financial needs of these County residents, many of whom are financially disadvantaged and require low-cost services. Access to these services enables community members to become self-sufficient and ultimately more productive community members. The total FY 2008 Fairfax County contribution included for this agency is $29,942.

▶ Wildlife Rescue League

The Wildlife Rescue League (WRL) is a non-profit organization that provides care for sick, injured and orphaned wildlife in order to return them to the wild. Its volunteers work with licensed rehabilitators throughout Virginia and suburban Maryland, as well as with animal shelters, humane societies, wildlife groups, nature centers and veterinary hospitals to provide care. Approximately 75 percent of the calls received are from Fairfax County residents. The WRL is entirely run by volunteers and has no paid staff.

The WRL operates a hotline in Northern Virginia and surrounding areas to assist the public in obtaining information and help in locating a wildlife rehabilitator. They also educate the public about the natural history of native wildlife and how to coexist with it, as well as how to prevent the need for wildlife rehabilitation.

As part of the *FY 2004 Carryover Review*, the Board of Supervisors first approved funding of $10,000 for this organization. The FY 2008 contribution remains at that level.

▶ Fairfax Public Law Library

The mission of the Fairfax Public Law Library is to promote justice by providing all citizens with access to legal information. The legal resources available in the Law Library are not available to the public at any other single location within the County. In 2001, Fairfax County, the Clerk of the Court, and the Fairfax Bar Association (FBA) entered into an agreement with regard to the Law Library. The agreement provides that Fairfax County, through the Fairfax County Public Library (FCPL), shall have primary responsibility for the administration of the Law Library, while the FBA has primary responsibility for its management.

Fund 119
Contributory Fund

The Law Library receives over 66 percent of its funding from assessments of $4 on civil case filings in the General District and Circuit Courts. This is projected at $195,800 in FY 2008. The annual contribution of $92,657 from the County is provided to assist the Law Library with operational costs. Other revenue projected for FY 2008 includes $20,000 from the Fairfax Bar Foundation, $400 from the Friends of the Law Library, $18,600 earned for Library services including copier charges, and $1,600 in miscellaneous income for a total of $329,057.

Currently located in the Fairfax County Judicial Center, the Fairfax Public Law Library assists the public as well as members of the legal community with locating sources for legal information and provides bibliographic instruction. In addition to the collection, the Law Library has four work stations dedicated to providing general information on divorce, immigration, estate planning and employment for patrons, as well as five computer work stations where the public may access legal materials on CD-ROMs and online databases. In recent years, the Law Library has decreased its printed materials and increased subscriptions to online databases as a result of decreased filing fees.

In FY 2008, the Law Library will move from its current location to the the first floor of the expanded court house facility, due to be completed in spring 2008. The Fairfax Public Law Library anticipates that it will serve over 60,000 patrons in FY 2008, approximately 46 percent of whom are legal professionals, while the remaining 54 percent are from the general public. Many are in need of legal information because they are unable to afford legal representation but do not qualify for free legal services.

The total FY 2008 Fairfax County funding for this agency is $92,657, which includes funding to provide additional Law Library reference materials to meet increased demand from a growing population and the opportunity associated with the expanded Judicial Center.

▶ Funding Availability and Future Considerations

Increases in the General Fund transfer supporting this fund may increase due to additional contributories added to the fund or because of increased County contributions required based on population, regional agreements, or other dues formulas. Several contributories agencies have been included in the fund in recent years with considerable County support required. For instance, the Challenge Grant Funding Pool for the Arts was included as part of the FY 2007 Adopted Budget Plan with County support of $550,000; support for the Lorton Arts Foundation was increased from $500,000 to $1,000,000 as part of the *FY 2006 Third Quarter Review*; and funding for the Convention and Visitors Corporation has increased from $2,000,000 in FY 2006 to $2,717,701 in FY 2008. Funding for the Contributory Fund is based on the availability of General Fund support, as the fund does not generate any revenue on its own.

▶ Status of Program

Current FY 2008 funding of $13,359,882 supports 50 contributory agencies. Of this amount, $10,105,099 has been expended as of December 2007 and $3,060,761 is encumbered for upcoming quarterly or semi-annual payments. The remaining balance of $194,022 is primarily for payments not yet invoiced, including $159,321 for County's contribution to NOVARIS and $28,289 for Fairfax Fair clean-up costs, which does not occur until late June. It should be noted that during the September 24, 2007 meeting of the Board of Supervisors, the County Chairman moved that staff take action to designate Fairfax ReLeaf, Earth Sangha and the Center for Chesapeake Communities as contributory

agencies with funding available in FY 2008. As a result, Fairfax ReLeaf was provided funding of $52,000; Earth Sangha was provided funding of $20,000; and the Center for Chesapeake Communities was provided funding of $36,000. Funding for these three agencies was made available through budgeted Environmental Improvement Program funds in Fund 303, County Construction. A temporary allocation of $108,000 was provided to Fund 119, Contributory Fund to cover the three payments. An adjustment will be made as part of the *FY 2008 Third Quarter Review* to move funds out of Fund 303 to cover the temporary allocation. In addition, as part of the *FY 2007 Carryover Review*, the Board of Supervisors approved one-time funding of $100,000 to support the Pentagon Memorial Fund.

▶ Mandate Information

There is no federal or state mandate for this LOB.