Health and Human Services

PROGRAM DESCRIPTION
Health and Human Services (HHS) program areas support direct and contracted services to residents of Fairfax County and the cities of Fairfax and Falls Church. These services include support for prevention and early intervention services, behavioral health, primary and oral health care and treatment services, protective services and ongoing support for vulnerable families and individuals, long term care supports, financial and emergency assistance, and employment and training services. Departments providing direct services or oversight include the Fairfax-Falls Church Community Services Board, the Departments of Family Services, Neighborhood and Community Services, Health Department, Housing and Community Development, Administration for Human Services, Office to Prevent and End Homelessness, the Juvenile and Domestic Relations District Court, the McLean Community Center and the Reston Community Center.

LINK TO THE COMPREHENSIVE PLAN
Fairfax County's Comprehensive Plan has established a number of objectives and policies in order to:

- Develop region-based health and human service sites that are accessible and within reasonable distances for all county residents seeking to participate in multiple services and programs.
- Provide for treatment needs of persons with emotional and behavioral needs, including episodic and longer term medically supervised and supported substance abuse treatment services.
- Maintain and increase capacity for long term supportive community-based housing for adults with developmental disabilities.
- Develop adequate permanent supportive housing for adults and children experiencing homelessness, with goal to stabilize families experiencing financial hardship, conflict, neglect, violence and other dysfunctions that require services to address.
- Provide for before- and after-school child care needs of children in public schools.
- Locate services for older adults within redeveloped and high density areas with access to public transportation, in walkable communities and near to community amenities and services.
- Maximize the use of existing public facilities, including public schools, for community use, including recreation, social, cultural, health and wellness purposes for all county residents.

Source: 2017 Edition of the Fairfax County Comprehensive Plan, Areas I, II, III, & IV (amended through 10-24-2017), and the Policy Plan Element, Human Services Section (as amended through 3-4-2014), as amended.
PROGRAM INITIATIVES
HHS develops strategies to address changing county, federal, state and local public policy directives, regulations, laws, and needs identified through various community planning efforts. Future land development or redevelopment, population growth/loss and shifting demographics within the county must be anticipated and service adjustments implemented to address the changing community environment. Through collection of socio-economic indicators, analysis and projections of demographics and trends including income, ages, household size and education, HHS can design appropriate service strategies for neighborhoods and communities within and across the county. HHS programs address the continuum of needs of the community –for all ages. Responses include prevention services, early intervention and treatment for health and behavioral health needs, responses to community-wide emergencies and individual health, environmental and safety concerns, aftercare and stabilization supports, as well as supportive services for vulnerable individuals including older adults, persons with disabilities, children and persons in need of assistance to live independently.

The county is responsible to deliver services on an equitable basis. Factors in determining the appropriate placement of service sites includes the needs of target populations, neighborhoods and communities identified as having unmet service needs, and programming to address identified service delivery gaps brought upon by population growth on changing community conditions.

Key County Trends

- The County population is projected to increase, although at a slower pace than in the past.
- The center of the population is projected to shift north by 2040 – due to growth in the Tyson’s Corner area.
- The County has continued to become more diverse over the past decades.
- Youth are the most diverse population among all residents.
- Many residents are multi-lingual and English proficiency is vital. In 2014, 7% of all households in Fairfax County were linguistically isolated. This meant that no member of the household ages 14 or older spoke English “very well.”

Proportion of the Fairfax County Population Comprising Adults Ages 65 and Older

Source: Fairfax County, Department of Neighborhood and Community Services, Demographic Report, 2015
HHS programs address the following strategies in development of comprehensive service approaches:

**Exercise sound financial stewardship of county resources** – To balance costs and achieve a return on investment for service delivery, choices involve cost of relocations, expansions, use of leases, county ownership, public-private development partnerships and leveraging revenues. Goals include maximizing taxpayers’ investments, addressing gaps in service delivery and reducing costs associated with service delivery. Centralized service delivery where service utilization allows, and decentralized sites based on access considerations are balanced with the cost of delivery for both staffing and facilities operations.

**Promote economic vitality of neighborhoods** - In support of the Board of Supervisors’ Economic Success Strategic Plan, departments in the Health and Human Services portfolio deliver critical components vital to the well-being of residents and livability of neighborhoods, including the public infrastructure for recreation, active living, physical activity, environmental health, employment, and emergency response and preparedness.

**Equitable access to services** - Public facilities can bolster economic success of a community, so public services are often in close proximity to areas of poverty or limited opportunity. Equity in responsiveness to those who face barriers to opportunity include investments such as employment opportunities, ensuring health and well-being, assuring residents’ financial independence and attainment of affordable housing. Service trends today focus on client-centered services, integrated, multi-disciplinary service strategies, and blended funding to meet individualized services delivery (“funding follows client”). Economic success is tied to equity in services access as well as service provision. Resources are prioritized to support preventive/early interventions to reduce need for high intensity services.

**Use of technology** - HHS has embarked on a five-year Information Technology Roadmap that will modernize information collection, sharing and use of new technology. A new document management tool, system-level analytics, information governance strategies, and new business practices will improve service delivery. This effort will incorporate:
- A new approach to “front door” services for residents;
- Development of new casework tools and practices, and new outcomes and accountability tools, including mobile technology to meet clients where they are;
- Creation of an integrated data inventory and analysis with indicators of countywide and community health status drawn from various sources;
- Identification of community resources such as county leased/owned facility-based services, contractors, community assets, by location and services available.

**Develop and maintain flexibility for new uses and partnership strategies** – Leveraging federal, state and local funding streams creates additional capacity to ensure service mandates are met and community needs are addressed.

**Development of affordable housing** - Development of affordable and accessible housing is an integral strategy for achieving county goals. Details on the current projects and are included in the Housing Development section of the CIP.

**Address health and well-being for vulnerable populations (trauma, crisis, persons with disabilities) in building design** - Services to vulnerable populations and persons in need of assistance involve access to educational and job training opportunities, safe and affordable housing, access to affordable transportation options, and public amenities available through county services.
Efficient service delivery through integration - The county’s goal is to build an integrative model that addresses the root causes of client needs and challenges and is defined by seamless coordination and integration of services. Co-location of programs, and coordination of referrals, eligibility and registration activities improves timely access to commonly used services. Supports for target populations as well as community-wide activities designed to respond to overall county needs, include:

- Affordable housing, child care, income supports, employment, and community/faith based partnerships to address poverty
- Prevention and earlier interventions to avoid recurrence/recidivism and or more intensive services to meet needs of at risk populations
- Care coordination, infant/toddler connection, employment supports, day programming to support vulnerable populations

**Services Strategies Provided through County Health and Human Services**

<table>
<thead>
<tr>
<th>Access services (information and referral, enrollment, registration, referral and service connections)</th>
<th>Environmental services (emergency planning and preparedness, community safety, environmental hazards, pandemics, terrorism response)</th>
</tr>
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<tbody>
<tr>
<td>Accessible housing (i.e., housing for persons with disabilities)</td>
<td>Family functioning/parenting services</td>
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<tr>
<td>Adult basic education (literacy services, HS/GED)</td>
<td>Financial education and counseling</td>
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<tr>
<td>Affordable and safe housing (acquisition, development/maintenance)</td>
<td>Food and nutrition assistance and supports</td>
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<tr>
<td>Care coordination</td>
<td>Health care and health treatment and access (physical, oral, behavioral, medication, care coordination, Medicaid/insurance access services, long term care, waiver programs)</td>
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<tr>
<td>Community development and engagement</td>
<td>Income and self-sufficiency supports (e.g. eligibility/enrollment to federal programs - TANF, Housing choice vouchers, child support, adoption assistance, EITC, SSI/SSDI)</td>
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<tr>
<td>Community health and protection</td>
<td>In-home services (i.e., daily activities support for independent living)</td>
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<tr>
<td>Domestic violence and sexual assault services</td>
<td>Homelessness prevention/assistance (e.g., shelters, housing voucher programs, supportive housing)</td>
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<tr>
<td>Day support services (e.g., supported employment, adult day health care)</td>
<td>Licensing/permitting</td>
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<tr>
<td>Early childhood education, child care/school readiness (including preschool programs, after-school programs for children/youth)</td>
<td>Prevention and Wellness</td>
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<tr>
<td>Emergency financial assistance for basic needs (e.g., rent/mortgage, energy assistance, clothing – local funding/General Relief, charity)</td>
<td>Protection services (older adults, persons with disabilities, youth at risk of abuse/neglect, foster care, kinship care, domestic and sexual violence services)</td>
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<tr>
<td>Emergency services (treatment, assessment, access)</td>
<td>Recreation, cultural, and social activities/programs</td>
</tr>
<tr>
<td>Employment services (vocational services, education, job placement/retention, workforce supports, English as Second Language)</td>
<td>Regional and neighborhood planning and supports</td>
</tr>
</tbody>
</table>
Fairfax County Board of Supervisors
Health and Human Services Public Policy Goals

“In order to achieve the stated public policy goals, state and local governments must partner to achieve the following outcomes:

• Protect the vulnerable;
• Help people and communities realize and strengthen their capacity for self-sufficiency;
• Whenever needed, help link people to health services, adequate and affordable housing, and employment opportunities;
• Ensure that children thrive and youth successfully transition to adulthood;
• Ensure that people and communities are healthy through prevention and early intervention;
• Increase capacity in the community to address human service needs; and
• Build a high-performing and diverse workforce to achieve these objectives”


The Fairfax County Board of Supervisors policy goals guide prioritization of projects to refurbish, modify, replace, expand, modernize, reconfigure, build or locate service sites and facilities. Requests for inclusion in the Capital Improvement Program focus on the following:

**Health and Safety Mitigation** – Factors considered include exposure to health, safety or risk to community and individuals to be served.

**Timing and Urgency** - The facility meets an urgent projected need.

**Required Facility Compliance (e.g.; licensing, building codes, ADA)** - The project is required to meet legal, compliance, and licensing or regulatory mandates or there is risk to regulatory compliance if needs not met. Increased stress to infrastructure and capacity for service delivery is impacted by the age of the facility, adapted use/reuse and cost of refurbishment or repurposing of facility. The facility has or has not reached the end of its useful life.

**Feasible Alternative Solutions** - Alternative spaces are not available, including leased or other public facilities. The costs/return on investment are reasonable.

**Service Capacity Needs** - The project expands the amount of people served and/or expands the levels of care that can be offered.

**Leverage Potential** - The facility can be leveraged for other uses/customers; and/or adds value for external partners

**Strategic Alignment** - The project aligns with overall County strategies and goals.
CURRENT PROJECT DESCRIPTIONS

1. **SACC Contribution** (Countywide): This is a continuing project for which an annual contribution is funded to offset school operating and overhead costs associated with School-Age Child Care (SACC) centers. In FY 2018, funding of $1,000,000 is included for the County’s annual contribution.

2. **Bailey’s Shelter - 2016** (Mason District): $15,667,258 to fund the replacement of the Bailey’s Shelter. The existing Shelter is an emergency homeless shelter that accommodates 50 adults and serves as a day time drop-in center and main operations center for the region’s hypothermia prevention program. The facility is over 27 years old and has had no major renovations since it was constructed. Consolidation and joint redevelopment of the current site with a private development partner, as part of the redevelopment plan in the southeast area of the County, creates the opportunity for the shelter to be relocated to a new location for an upgraded facility. The County has purchased a new site for the homeless shelter replacement near the existing shelter area. On the new site, the Office to Prevent and End Homelessness will leverage the property and services to provide a more cost effective solution to reducing homelessness by adding new permanent supportive housing units. This project was approved as part of the 2016 Human Services/Community Development Bond Referendum, and facility construction will begin in spring 2018.

3. **Eleanor Kennedy Shelter - 2016** (Mt Vernon District): $12,000,000 to fund the renovation or replacement of the Eleanor Kennedy Shelter. The Shelter is an emergency homeless shelter located on the Fort Belvoir Military Reservation that is leased indefinitely to Fairfax County. The facility accommodates beds for 38 men and 12 women. The facility can also accommodate an additional 15 people, in a trailer, for overflow capacity year-round and another 10 during cold weather (hypothermia). A renovation and expansion or replacement of the Eleanor Kennedy Shelter is essential to meet the needs of the emergency homeless population within Fairfax County including many homeless veterans. Options under consideration include renovation and/or expansion of the existing two-level, approximately 11,000 square foot facility or design and construction of a new facility at a site to be determined. A feasibility study has been completed and options for the current site have been evaluated. Potential new sites for the facility are also being investigated. This project was approved as part of the 2016 Human Services/Community Development Bond Referendum.

4. **Patrick Henry Shelter - 2016** (Mason District): $12,000,000 to fund the replacement of the Patrick Henry Shelter. The Patrick Henry Shelter provides emergency 30-day accommodations to homeless families. The shelter has a capacity to serve 7 families with an additional 2 emergency overflow units available. Improvements are needed to the community and shared family spaces at the facility due to high utilization, age of the facility and normal wear and tear from every day use of the building. This project was approved as part of the 2016 Human Services/Community Development Bond Referendum.

5. **Embry Rucker Shelter – 2016** (Hunter Mill District): $12,000,000 to fund the replacement of the Embry Rucker Shelter. The Shelter provides temporary emergency shelter and is comprised of 42 beds (10 rooms) for families, 28 beds for unaccompanied adults (20 men and women) and 10 beds for cold weather overflow (hyperthermia). The one story 11,000 square feet facility was constructed in 1987 and has had no major renovations. The shelter is located within the overall master plan area that reconfigures and provides integrated redevelopment of approximately 50 acres currently owned by Fairfax County and Inova at Reston Town Center North. The redevelopment of the site will include the replacement of the Embry Rucker Shelter. The Office to Prevent and End Homelessness will leverage the property and services to provide a more cost effective solution to reducing homelessness by adding new permanent housing units. This project was approved as part of the 2016 Human Services/Community Development Bond Referendum.

6. **Health and Human Services Facilities Studies** (Countywide): $435,580 to conduct feasibility studies at various Health and Human Services facilities. Funding is currently being used for the Joseph Willard Health Center and Woodburn Crisis Care feasibility studies to identify sites, scope, conceptual designs, cost estimates, and financing options.
7. **North County Health and Human Services Center** (Hunter Mill District): $125,000,000 is proposed to fund a replacement facility for the existing North County Health and Human Services Center located in Reston. The existing facility is within the redevelopment master plan area known as Reston Town Center North (RTCN), which will be reconfigured for an integrated redevelopment consistent with the needs of the community and in conformance with the Comprehensive Plan Amendment approved in February 2014. The proposed facility will also support a consolidation of existing leased facility spaces in the service area into one Health and Human Services site to provide enhanced and integrated multi-disciplinary services to residents in the western part of the County. Solicitation for the Phase 1 development for the two County-owned parcels at RTCN, known as Blocks 7 and 8, on which the Reston Library and the Embry Rucker Shelter are currently located, is underway. The North County Human Services Center replacement will be part of a future phase PPEA solicitation to develop the balance of the property within the overall RTCN master plan, which is anticipated to be in a 10 to 15 year timeframe. It is anticipated that EDA bonds will finance the project.

8. **East County Health and Human Services Center** (Mason District): $125,500,000 is proposed for a new East County Health and Human Services Center to be located in the Bailey’s Crossroads area. This facility will provide enhanced service delivery to the residents of the eastern part of the county through consolidation of existing leased facility spaces in the service area to an integrated Health and Human Services site with the goal of addressing the residents' needs in an effective and efficient manner. Funding in the amount of $5,375,000 has previously been approved from 2004 Human Services Bonds remaining from completed projects to support initial studies, pre-design, design phase activities, rezoning and developer negotiations on the site of the existing Bailey’s Community Shelter, also known as Southeast Quadrant Redevelopment site. This site was recently rezoned for joint redevelopment with the adjacent private property for coordinated private residential development, a County office site and needed road connections. Site location options for East County Human Services Center are being evaluated including, the Southeast Quadrant Redevelopment site, and repurposing of existing office building options in the service area. It is anticipated that EDA bonds will finance the County’s share of project.

9. **Early Childhood Education Initiatives** (Countywide): $350,000 was approved by the Board of Supervisors as part of the FY 2017 Third Quarter Review to begin to address Early Childhood Education throughout the County. Specifically, this funding will support the design and construction costs associated with the renovation of space at the Annandale Christian Community for Action (ACCA) Child Development Center. Renovations will include carpeting, painting, and some exterior and interior requirements. The space will support the provision of services for 36 additional children, ages two–five years.

10. **Lorton Community Center - 2016** (Mt. Vernon District): $18,500,000 for construction of a community center, to include space for the Lorton Community Action Center and the Lorton Senior Center. The Lorton Senior Center is currently housed in leased space. A feasibility study was completed in FY 2008 and locates the Lorton Community Action Center at the pre-existing Lorton Library site. This location, combined with the planned co-location of services within the community center facility, aligns with the county's strategic efforts in developing and promoting multi-service sites. In addition, targeted youth programming is in great demand in the Lorton area and the presence of a community center would help meet that need. The facility is proposed to include a 2 story, 32,900 square foot building. This project was approved as part of the 2016 Human Service/Community Development Bond Referendum.

11. **Sully Community Center - 2016** (Sully District): $18,500,000 for construction of replacement Sully Senior Center/Community Center. The current Sully Senior Center is located in the VDOT right-of-way that is part of a new interchange currently approved for construction by VDOT. The Senior Center has relocated to leased space until the new Center is completed. The senior center provides social, recreational, and health/wellness activities and programs for older adults. This location, combined with the planned co-location of services within the community center facility, aligns with the county’s strategic efforts to develop and promote multi-service sites. In addition, targeted youth programming is in great demand in the Sully area and the presence of a community center would help meet that need. This project was approved as part of the 2016 Human Service/Community Development Bond Referendum.
12. **McLean Community Center Renovation/Expansion** (Dranesville District): $8,041,652 for the McLean Community Center renovation project includes: new building additions of approximately 7,700 square feet; renovations of approximately 33,000 square feet; reconfigurations of approximately 3,400 square feet; and site improvements including additional parking.

13. **RCC Natatorium Projects** (Hunter Mill District): $5,595,596 for the renovation of the Terry L. Smith Aquatics Center at Reston Community Center. Originally constructed in the late 70’s, the facility includes a 25-Meter, 6-Lane pool with a t-shaped deep end and a warm-water spa with associated locker rooms and pool equipment rooms. The facility has been through a number of improvement cycles during nearly 40 years of operation, but has basically remained in its current configuration. Renovations would broaden market appeal, increase operational effectiveness, and improve HVAC, lighting and pool systems and features. The design will maximize the utility of the existing building shell and infrastructure while introducing new program elements that will reduce scheduling conflicts and increase customer satisfaction. The fundamental conceptual change is going from a single T-shaped pool configuration with one water temperature to three separate bodies of water which will have a variety of depths and water temperatures.
## Project Cost Summaries

**Health and Human Services**

($000's)

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<th>Project Title</th>
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<th>Source of Funds</th>
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<th>FY 2020</th>
<th>FY 2021</th>
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Notes: Numbers in **bold italics** represent funded amounts. A "C" in the 'Budgeted or Expended' column denotes a continuing project.

**Key:** Source of Funds

- B: Bonds
- G: General Fund
- S: State
- F: Federal
- X: Other
- U: Undetermined