

**Steps on the Path to Service Integration  
in Fairfax County, Virginia**

**Report by the Rockefeller Institute of Government  
for the Casey Strategic Consulting Group**

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## Summary

In the early 1990s, the leadership of Fairfax County, Virginia set out to redesign the human service delivery system in the county. In Virginia, most human service programs are administered at the county level. As a consequence, the county was in a good position to proactively influence the local network of programs and services. A great deal of time and effort went into planning the redesign, which envisioned a centralized intake process, administrative efficiencies, and better services for clients.

But implementing the plan proved to be more challenging than expected. The grand vision was scaled back as a consequence of fiscal constraints and resistance to the plan. Nevertheless, the county has successfully implemented many initiatives designed to enhance the coordination of services among human service providers and to facilitate client access to benefits and services. These initiatives are the result of careful planning, involvement of the community in design and implementation, and a willingness on the part of county government and service providers to work together to address community needs.

There is no single action or project that defines the county's efforts to integrate services. Instead, there are a number of projects that the county has undertaken to improve services. The success of these projects is facilitated by a number of factors:

*Community Involvement in Developing the County Human Services System* - In the late 1980s, the county Board of Supervisors chartered the Fairfax County Human Services Council. The Council, and a number of other similar bodies, are actively involved in planning, coordinating and targeting human services in order to meet the varying needs of the client populations of the county.

*Staff Specifically Assigned to Facilitate Service Integration and Improve Client Access* - An unusual strategy employed by the county was the creation of a staff that work full time to improve the service delivery system in the county. Called the Department of Systems Management for Human Services, the office was created during a larger effort to reorganize human services offices. Staff focus their work in three principal areas: facilitating efforts to improve coordination and integration of programs; improving access to the many benefits and services available in the county; and increasing community involvement in planning for and delivering these services.

*Targeted Initiatives* - Rather than attempt to rework the entire system of human service delivery, the county has targeted efforts on specific client populations. For example, service integration efforts have been undertaken for the aging population, for at-risk youth, and to improve access to health programs.

*Information systems that support targeted initiatives* - The county has made significant investments in a number of information systems that support specific initiatives. These systems are designed to share information and facilitate case management across programs.

# **Steps on the Path to Service Integration in Fairfax County, Virginia**

## **Background**

### **Introduction**

This paper is one in a series of reports that describe efforts to integrate the delivery of human service programs in different locations around the country. Funded by the Casey Strategic Consulting Group, the project is designed to document lessons learned, analyze critical success factors, and describe the operational processes and tools, including information technologies, that have contributed to these efforts.

In March 2002 staff from the Rockefeller Institute of Government conducted a site visit in human service offices in Fairfax County, Virginia. Locations included the administrative and operational offices of county human services programs. The goal of the site visit was to assess the extent of service integration in the county and to learn more about innovative practices that facilitate improvements in the delivery of programs and services.

### **The Human Service System in Fairfax County**

In Virginia, administration of human service programs is the responsibility of counties and cities. In Fairfax County, the county also provides services for Fairfax City and Falls Church, which lie within the county. Within county government, one of two Deputy County Executives oversees human services offices in six distinct departments. Unlike some other jurisdictions, there is no unified department of human services. The six major service areas are:

- Family Services, which includes income support programs (TANF, Medicaid, and Food Stamps), child welfare programs, child care, and Head Start;
- Recreation and Community Services;
- Mental Health, Mental Retardation and Substance Abuse programs;
- Juvenile Justice and Court Services;
- The Health Department; and
- Housing and Community Development.

Fairfax County is “one of the best-managed jurisdictions in America” based on an evaluation by Governing Magazine and the Government Performance Project. Fairfax County received an overall grade of “A-,” one of only two jurisdictions to receive the highest grade awarded in the comprehensive study that reviewed management practices in 40 counties nationwide. (Maricopa County, Arizona was the only other jurisdiction to earn an overall grade of “A-.”)<sup>1</sup>

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<sup>1</sup> From the Fairfax County website at <http://www.co.fairfax.va.us/>.

## Site Demographics

Fairfax County is the most populous county in Virginia; in 2000, the population of nearly 970,000 accounted for nearly 14 percent of the residents of the state. The county, which is located just south of Washington, DC, has grown tremendously during the last 30 years, with much of the population growth coming from an influx of immigrants. 64.4 percent of county residents are non-Hispanic Whites, 8.4 percent non-Hispanic Blacks, 13 percent non-Hispanic Asians and Pacific Islanders, 11 percent Hispanics, and 3.2 percent Others. Although it is one of the most affluent counties in the country, with a median family income of over \$70,000 in 1997, rapid growth and the influx of immigrants has stressed the human service delivery system.<sup>2</sup>

An example is the language problem. A large proportion of human service program clients, a majority in some areas, speak English as a second language, or speak no English at all. Of those, many are illiterate even in their native language. As a consequence, finding staff who can speak one of the many languages of the client population (there are large numbers of clients who speak Spanish, Urdu, Farsi, Vietnamese and Korean) is a continual challenge. Cultural differences add to the challenge. What works for some cultures doesn't for others. Thus, in addition to common issues related to program administration, county managers must continually adjust program processes to meet the changing needs of the client population.

The county's business base consists of Internet service providers and Web hosting data centers, e-commerce companies, software development and application firms, telecommunication firms, and major aerospace companies. The county hosts corporate and regional headquarters operations, government contractors, trade and professional associations, retail firms, wholesale distributors, and business and financial services.<sup>3</sup> As a consequence of the economic downturn, and given the emphasis on technology companies in the local economy, the county is faced with significant fiscal challenges. Nevertheless, unemployment in June 2002 in the metropolitan area was 3.9 percent, approximately the same as the state average of 3.8 percent, but much lower than the national average of 5.9 percent.<sup>4</sup>

### **Efforts to Improve Human Service Program Coordination**

County efforts to address the growth of the client population and changing demographics go back at least 15 years, to the 1980s. Listed below are examples of the most significant changes in administration and program design that have occurred since that time.

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<sup>2</sup> Statistics from U.S. Census Bureau QuickFacts at <http://quickfacts.census.gov/qfd/index.html>.

<sup>3</sup> From the Fairfax County Economic Development Authority at <http://www.fairfaxcountyedea.org/index.htm>.

<sup>4</sup> Unemployment statistics from the Bureau of Employment Statistics website at <http://www.bls.gov/lau/>.

## **The Human Service Council**

Because of the dramatic growth of the county in the 1970s and 1980s, the Board of Supervisors requested the county's Goals Advisory Commission to assess the status of county programs, including human services. The Commission determined that the county did not have a comprehensive plan to coordinate and prioritize across human service agencies and recommended the creation of a Human Services Council, which was chartered in December, 1987. The Human Services Council was charged to:

- Analyze the effectiveness of the human service system;
- Advise the county on goals, objectives, and priorities;
- Enhance coordination of public and private service providers;
- Serve as a liaison to existing advisory boards for human service organizations and to the community on human service issues.

In 1989, the Human Services Council released its long-range plan for human services, which included a comprehensive review of human service programs in the county and recommendations for improvements.<sup>5</sup>

The original plan called for sweeping changes in the service delivery processes, including integrated service delivery, combining similar processes across programs (e.g., client intake and team-based case management). However, a severe budgetary crisis in 1992, which local officials refer to as the "Doomsday Budget," forced the Council and local human service leaders to pare back the broader vision in favor of ensuring the availability of critical services. One positive outcome of the crisis was an ongoing planning process driven by data that includes local community representatives. A number of the Council's recommendations have been implemented, some of which are described below.

## **Structural Initiatives to Improve Service Delivery**

### **A Regionally-Based Human Service System**

In order to facilitate greater involvement of local communities in human service issues, and to provide services in closer proximity to clients, the county implemented a regionally-based human service system. Large county offices are located in a number of locations in the county, providing residents with one-stop access to multiple programs. Whereas previously county offices were managed centrally, regional manager positions were created to ensure collaboration with community-based service providers. One of the advantages to this system is the ability to focus services on local needs. Fairfax county is not homogenous -- different geographic areas of the county have different needs. The regional structure, as well as other management changes described below, allow staff to interact with members of local communities and target resources appropriately.

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<sup>5</sup> From *1988 - 1998: A Decade of Change in Fairfax County Human Services*, January, 1999.



The Falls Church office of Fairfax County's Human Services Programs

### **Reorganization and Consolidation**

In 1995, 13 county human services agencies were combined in the 6 service areas listed above in order to facilitate coordination of services. For example, the Department of Human Development, the Area Agency on Aging, the Office of Human Services, and the Office for Children became the Department of Family Services. Administrative functions from these agencies were combined in a central Department of Administration for Human Services. At the same time a new staff office, the Department of Systems Management for Human Services, described in more detail below, was created to facilitate management and integration of system-wide processes.

### **Consolidated Community Funding Pool**

Fairfax County had a history of supporting local service agencies and non-profit organizations that help to augment county services. Although the county provided funds

in a variety of ways, such as separate line items in the county budget and discretionary funding from individual program offices, before 1997 there was no uniform method or funding source for the non-profits. In that year, due to another budgetary crisis, the county needed to reevaluate the existing system.

The Consolidated Community Funding Pool is dedicated to insuring that all agencies that support county programs and initiatives receive funding. The program was created by a committee made up of county officials, agencies, and citizens. Funding sources include Federal and State Community Services Block Grants, the Federal Community Development Block Grant, and the Fairfax County General Fund. A uniform biennial process in which the county makes requests for proposals and potential grantees compete for funds and report outcomes has been implemented. A Selection Advisory Committee composed of county residents who serve on a voluntary basis advise the Board of Supervisors regarding the programs that should be funded and the funding level.

The Funding Pool is a permanent means of funding local service agencies, as well as a way to insure their accountability. It creates a leverage point for the county with the agencies and encourages proper service. The program has allowed the county to track all of their programs as well as create and implement new goals for county policy.

### **Targeted Service Integration Projects**

Over the last decade, the county has embarked on a number of projects designed to coordinate and integrate the delivery of human services for specific target populations. Examples of such projects are described below.

#### **Comprehensive Services Act**

The Comprehensive Service Act (CSA) is based on statewide legislation that called for the integration of children's services. Passed in 1993 by the VA General Assembly, CSA is designed to help at-risk youths and their families. State and local agencies, parents and private service providers work together to plan and provide services for children who have serious emotional or behavioral problems, who may need residential care or services beyond the scope of standard agency services, who need special education through a private school program, or who receive foster care services.

Fairfax County, as in other counties in Virginia, is responsible for implementing CSA, and has devoted significant resources to the effort, since the goals of the initiative are congruent with local needs and philosophy. Agencies involved in the program include the county's Department of Family Services, Department of Health, and Juvenile & Domestic Relations Court, the Fairfax County Public Schools, and the Fairfax-Falls Church Community Services Board.

In order to reduce duplication and promote coordination of services, CSA processes include:

Child-Specific Teams (CST) – ad-hoc teams that include a lead caseworker, responsible for primary contact, paperwork, and case tracking, the family, and representatives of agencies that provide services.

Family Assessment and Planning Teams (FAPT) – teams that review the service plans, approve the level of service, funding, and the frequency of case reviews.

Community Policy and Management Teams – teams responsible for overall management and coordination of the program. In Fairfax, Policy and Management Teams include the directors of the Community Services Board, Fairfax County human service departments, Parent Representatives, service providers, and local school districts.

The CST team, including the family, develops a service plan (an Individual Family Service Plan, or IFSP) to meet the needs of the child and the family. The IFSP is a written plan that includes information about the strengths and needs of the family and child, the professionals involved with the family, and the services that have been provided, as well as recommended services. If it is determined that a child will require services funded through the CSA, the case is referred to a Family Assessment and Planning Team (FAPT). Each case that comes before a FAPT is reviewed, with follow-up review dates set at the FAPT meeting. Reviews may occur at any time from 3 - 12 months, depending upon the types of services approved.

CSA is an example of how staff and management from multiple agencies can work together in order to meet the multiple needs of a specific target population, in this case, at-risk youth. The inclusion of the family as part of the team helps ensure that they will support the service plan, creating circumstances in which the individual programs are more likely to be successful in alleviating family problems.

### **Community Access Program**

The Community Access Program (CAP) coordinates available resources to ensure access to health services for vulnerable populations. In 2000, Inova Health Systems, a major health care provider Northern Virginia, received a grant from the federal government to support the program. Other partners include the county's Health Department, Department of Family Services, Office of Partnerships, and Department of Administration, and Northern Virginia Community College.

CAP includes a streamlined eligibility process to assist citizens in accessing a variety of health services available to them. There are five main objectives for the use of CAP funds: establish a community health care alliance by building on existing relationships with agencies and organizations that provide health care; develop a pilot project to improve pediatric health care services; allocate 15 percent of the grant money for mental health and substance abuse services in Fairfax clinics; streamline the eligibility system to

make health care more accessible; and establish a collaborative quality improvement function that encompasses all levels of health care.

### **Care Network for Seniors**

The Care Network for Seniors (CNS) is a collaborative effort of the county's Departments of Family Services and Health, the Office of Human Service Systems Management, and the Fairfax-Falls Church Community Services Board (Fairfax and Falls Church are two cities that receive county service.) The program coordinates planning and delivery of in-home and community-based services for seniors in order to reduce the number of programs and contacts that a family has to make to secure these services.

A comprehensive assessment is conducted by CNS staff using the Virginia Uniform Assessment Instrument. A case management team and the family work together to design an individual plan for care and arrange services. The team includes social workers, nurses, and mental health therapists. Additional staff from other specialties consult with the teams on a regular basis. One means of access to CNS is through the Office of Human Service Systems Management's Coordinated Services Planning staff, described below. The case manager then "connects" the person to the appropriate public or private services, follows up to be sure that services are received, and reevaluates the need for additional services.

### **Critical Success Factors**

In order to facilitate coordination and integration of services, and to improve access to and availability of services, the county created the Department of Systems Management (DSM) for Human Services. DSM focuses efforts in three areas:

- **Access:** ensuring access to human services by building the community's capacity to provide services, raising public awareness of available resources, and strengthening public services to meet community needs.
- **Service Integration:** promoting service integration at all levels of service planning and delivery, including coordinating residents' service plans across public and private agencies, and supporting strategic partnerships, process coordination, and operational collaboration among public and private service agencies.
- **Community Involvement:** promoting civic engagement for all members of the community by providing meaningful opportunities for involvement to community-based agencies, civic organizations, and interested citizens.

DSM staff include Coordinated Service Planners, Regional Managers, and what is, in effect, an in-house consulting staff. Coordinated Service Planners connect county residents with government and community services (see below). Regional Managers do not have line authority over programs and services in the regional offices, as the name

suggests. Rather, they are responsible for coordinating services and developing community resources at the local level. Research, Analysis, and Project Services is an in-house consulting staff that perform a number of functions to facilitate county service initiatives and integrate services. These functions include gap analysis, process analysis and mapping, data analysis and data collection, benchmarking, and policy analysis. One recent product was an extensive study of the local immigrant and refugee communities.

### **Coordinated Services Planning**

An innovative staff function implemented during the county's human services redesign effort in the mid-1990s is the Office of Human Service Systems Management's Coordinated Services Planning (CSP) process. The county had originally planned to create a centralized intake process for county programs as part of a larger set of initiatives, but the effort was stalled by budget issues and what one manager called "buyer's remorse." Instead, the county implemented the CSP, described as social work in a call center environment. A staff of approximately 40 Coordinated Service Planners respond to phone calls from county residents seeking services. Calls come in through a central phone number where a computer system channels calls to individual Coordinators, located in each of the county's service centers. In addition to English, Coordinators are available who speak the following languages: Farsi, French, Greek, Hindi, Korean, Persian, Punjabi, Somali, Spanish, Urdu and Vietnamese.

In order to help county residents navigate the human services system, Coordinated Service Planners are trained in the requirements of the various county programs and have a working knowledge of services provided by the network of community agencies. Based on a caller's needs, a Coordinator "puts together a package" of services. In some cases, this involves taking an application over the phone; in other cases, making referrals to programs and service providers.

### **Information Systems Support**

Although county staff are required to use state-developed and maintained information systems for a number of programs (e.g., TANF, Medicaid, Food Stamps, and child welfare programs), Fairfax County has invested significantly in county-based information systems that support a number of the initiatives described above.

*ASSIST system* - Coordinated Service Planners use the ASSIST system for case management and tracking. When calls come into the call centers, staff open a case in ASSIST in order to maintain a record of client information, referrals, and ongoing activity.

*Harmony System* - Fairfax County, working with a private contractor, recently implemented the Harmony system, which supports Comprehensive Services Act programs. (The system is being implemented in other Virginia jurisdictions as well.)

The system can be used to track clients, record services received, maintain information on service providers, schedule activities, and report information required by the state and the county.

*CAP System* - The county, working with CAP partner organizations, is developing a system for the Community Access Program in order to allow sharing of information among health care providers, maintain client information, and manage the streamlined eligibility process. The system will capture eligibility data about underinsured and uninsured populations and will complement CAP's streamlined eligibility process to assist citizens in accessing community health services.

**County Resources** - That Fairfax County is able to provide a level of services and support local initiatives to a greater degree than in most other areas of the country is directly related to the economic status of the county. County resources provide the means to support human service programs to a greater extent than other areas of the state, and are a major reason that the county can afford what others might consider the luxury of county-funded information systems and a staff devoted to service integration and service improvement. However, given the local economy's dependence on information technology, the recent economic downturn has hit particularly hard, creating a new budget crunch that will no doubt affect the level of services.

### *Lessons Learned*

Given a decade of experience in developing a more integrated human service system, county staff offer the following lessons that may be useful to other program administrators.

**Focus less on organizational structure** - Organizational change takes a great deal of energy and time. If the main purpose of such change is to facilitate integration of services, the same outcomes may be more easily accomplished through teaming, rather than reorganization.

**Focus integration projects on improving capacity and outcomes** - There is enormous excitement generated when you hit on the right solution. If a solution improves capacity to deliver more and/or better services, it will be supported by staff. They will willingly stretch beyond their comfort zone if they are convinced that the effort will improve capacity and outcomes at the service delivery level.

**Not everything should be integrated** - It is important to understand that integrating services involves opportunity costs. The work of integrating programs and services takes staff away from other work. Good judgment is needed to determine how far to go along the path to full integration, which is why careful planning at the outset of a project is important.

**Keep an open mind when facilitating a service integration project** - When working with a diverse team of stakeholders on a service initiative, do not start the process with a

pre-conceived notion of what the outcome should be. The solution should be one that the group finds together; members of the team will be more supportive if they feel that the solution is one that they have developed.

### *Conclusion*

In the early 1990's, Fairfax County set out to redesign the county's human service system. The original plan, which would have created a common intake system for all county programs, among other initiatives, had to be scaled back in the face of budgetary constraints and resistance on the part of program managers. Nevertheless, the county implemented a process that for a portion of the client population, provides easy access to county and private services, the Coordinated Service Planning process. This is one example that illustrates a larger theme.

As a consequence of planning processes implemented in the early 1990s, county government, working closely with community representatives and the network of local service providers, has implemented a number of programs designed to bridge the gap between programs and service providers to simplify access to benefits and services for county residents. The Community Access Program, the Comprehensive Services Act, and the Care Network for Seniors integrate services for specific target populations. Ironically, integration of programs for the poor, such as TANF and employment and training programs, are perhaps less integrated than programs for at-risk youth, seniors, and residents in need of health care. Nevertheless, although current fiscal issues will no doubt slow the process, permanent processes put in place during the last decade, including the creation of the Department of Systems Management for Human Services, ensure continuing improvement in services.