

**PRIORITIES FOR THE  
CONSOLIDATED COMMUNITY FUNDING POOL (CCFP)  
for Fiscal Years 2015-2016**

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## **Purpose:**

This document presents the Consolidated Community Funding Advisory Committee's (CCFAC) recommendations on priorities for the Consolidated Community Funding Pool (CCFP) for the two-year funding cycle beginning in Fiscal Year 2015 (July 1, 2014). The recommendations were developed by the CCFAC, the citizen group established by the Fairfax County Board of Supervisors and charged with the responsibility to recommend CCFP priorities based on community and staff assessments of the human services and community development needs within the county. Members of the CCFAC are appointed by the County Executive and represent various public and private citizen advisory or administrative boards, councils, and committees within the county.

The purpose of the CCFP is to provide public support for private community-based human services programs through an orderly process that is responsive to changing community needs.

## **Background:**

Over the past 16 years, the Fairfax County Board of Supervisors has provided approximately \$142 million in local, state, and federal resources through the CCFP to hundreds of human services and community development programs serving our at-risk families and communities in every part of the county. These programs are managed by nonprofit and faith-based organizations. Through the CCFP, the funds are allocated among worthwhile applicants in accord with the priorities set by the Board of Supervisors through an open procurement competition conducted by the county using citizen volunteer review panels.

Throughout its history, the CCFP has adjusted priorities and contracting requirements to meet changing needs and to recognize the changing nature of community-based providers. As recipients of resources from the funding pool have grown in sophistication, they have been asked to do more to measure outcomes, show clients' progress toward self-sufficiency, and collaborate with other providers to ensure that beneficiaries receive the many services they need.

On April 24, 2012, the Board of Supervisors directed staff to work with the CCFAC and representatives from the nonprofit community to review the current CCFP funding framework, practices, and procedures to ensure the program supports strategic human services outcomes and leverages community resources for maximum collective impact on communities and those individuals and families most at risk. Five community input sessions were held to engage the community and elicit stakeholder feedback on the current process, as well as gather thoughts on the future direction of the program. A steering committee has been evaluating information received through those efforts, conducting research, and exploring potential changes for future cycles. Steering Committee members were selected for their variety of perspectives based on different areas of knowledge, experience, and expertise. The Steering Committee will report its final recommendations to the Board of Supervisors in the fall of 2013.

Given that this work has not been completed to date, the CCFAC agreed that significant changes in the priorities should not be recommended for the Fiscal Years 2015-2016 funding cycle. However, it is likely that changes to several components of the Funding Pool will be proposed in the following cycle.

## **Needs Assessment:**

The Fiscal Year 2015-16 CCFP priorities are based on a review and analysis of information regarding human services and community development needs and conditions in the county obtained from a variety of sources. These sources include:

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- Public Hearing: The CCFAC conducted an announced formal public hearing on November 13, 2012, for the development of funding priorities for the county's FY 2015-16 Consolidated Community Funding Pool. Six of the seventeen representatives from community-based organizations in attendance discussed their ideas and responses to the questions regarding the effectiveness of the existing Funding Priorities (*Prevention, Crisis Intervention, Self-Sufficiency, and Long Term Supportive Services*) in addressing the community needs. The attendees also participated in facilitated conversations on the future direction of the CCFP by discussing areas of the process they thought were working and identifying those areas that could be improved.
- Community Input Sessions: Between November 26 and December 12, 2012, staff worked with the CCFAC to hold a community input session in each human services region to listen to other community-based providers and stakeholders about the current CCFP priorities and the future direction.
- Briefings from County Staff: Various county staff presented information to the CCFAC over the year on topics such as the county's human services vision and direction, county collaboration of services, the Housing Blueprint and other housing programs, and status reports on the Ten-Year Plan to End Homelessness.
- Discussion of Draft Priorities at the CCFAC meeting on May 14, 2013: Input provided at the public comment meeting on these *Draft* Priorities was considered in making the final recommendation to the Board of Supervisors.

## Focus:

The CCFAC recommends that the Funding Pool continue its historic focus on programs that provide direct human services. As in the past, some institutional activities to support direct services such as organizational development, professional development, case management, public education, outreach, and networking will be appropriate components of a human services program proposal. Yet, indirect services cannot be the entire project proposal nor should they be the majority. Again this cycle, the Fund explicitly recognizes the value of programs serving neighborhoods (geographically defined) and communities (shared interests – not bound to one location), as well as those for individuals and families.

The Fund will not provide general support for organizations.

The CCFP will focus on measurable outcomes for individuals, families, neighborhoods, and communities, rather than on types of services or particular populations of clients. When appropriate, these outcomes should be long-lasting and measurable to advance the human services goal asserted by the Board of Supervisors in the County's 2012 Comprehensive Plan.

Staff will continue to investigate operational/procedural changes that may add value to the current funding pool process as part of efforts to increase the community capacity to respond to critical needs. The CCFP will also continue to work with contract recipients to strengthen their internal management and program outcome evaluation capacities.

*The attachment describes four recommended priorities, the outcomes to be achieved, target funding ranges, and service examples.*

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## I. PREVENTION

**Outcome:** Families and individuals remain independent and have the tools and resources to prevent future dependence. Communities increase their ability to support their members in preventing dependence.

Services in this category are intended to help those who are at risk of falling into, but are not yet in situations which would require significant, multiple, or ongoing interventions or services. Those who are repeatedly falling into difficulties generally need more extensive and complex services than “prevention.” This category also includes community and neighborhood development programs that provide early and positive public engagement to identify emerging problems and solutions and develop community-based prevention activities.

**Target Funding Range:** 10-20 percent

**Service Examples** (may include some of the following examples, but are not limited to):

- Mentoring programs for youth, adults, and families
- Conflict resolution and anger management training and counseling
- After-school or other programs that provide positive alternatives to risky behavior
- Courses that teach language or culture to help groups interact positively
- Life-skills and healthy choices programs
- Financial literacy/management training and counseling to foresee and prevent financial crises
- Health fairs and health screening clinics, dental clinics, inoculations, nutrition education
- Community or neighborhood need/asset assessments to engage local resources for implementing community-based prevention programs

## II. CRISIS INTERVENTION

**Outcome:** Individuals, families, or communities in crisis overcome short-term problems (generally not more than three months) and quickly move back to independence.

Services in this category assist individuals and families that need (due to personal or social crises such as those related to the economic downturn of 2008-2009, a health crisis, or temporary disability) short-term or one-time assistance with basic needs (food, shelter, transportation, counseling) to avoid falling more deeply into dependency on public support. In addition, providers of these programs should conduct initial assessments or referrals to identify longer-term or chronic issues and steer recipients toward resources to address these more complex problems. This category would not cover ongoing services to address more chronic conditions such as illiteracy, substance abuse, long-term poverty, ongoing illness, or permanent disability.

**Target Funding Range:** 15-25 percent

**Service Examples:**

- Food pantry
- Utility payments
- Rental assistance
- Financial counseling

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- Furniture collection and distribution
- Disaster response
- Services to victims of domestic violence and their families
- Emergency medical assistance, including emergency counseling and pharmaceutical assistance
- Provision of temporary or emergency shelter to the homeless

### III. SELF-SUFFICIENCY

**Outcome:** Families, individuals, neighborhoods, and communities attain self-sufficiency over a period of three months to three years.

Services in this category recognize that many social problems are complex in origin and require complex intervention. Sophisticated assessment, coordination, collaboration, and case management are generally required to provide these services effectively. Individuals, families, neighborhoods, and communities served have long-term, but not permanent, problems. Services in this category may link to prevention services but should not be confused with them. This category should not include emergency short-term (category II) or ongoing-needs (category IV) services for individuals or families.

**Target Funding Range:** 45-55 percent

#### **Service Examples:**

- Evaluation of long-term needs
- Development of a comprehensive plan to achieve self-sufficiency, which may include phased services and/or referrals
- Acquiring/preserving/rehabilitating/constructing affordable, accessible, and stable housing with accessible supportive social services
- Transition assistance requiring involvement with individuals or families over a period of more than three months
- Employment training/job skills/awareness of economic opportunities
- Primary medical/dental services
- Counseling services
- Trauma recovery
- Adult education
- Language and cross-cultural assistance
- Childcare to help parents stay employed
- Legal services
- Transportation to provide access to existing programs or services
- Financial asset formation
- Services for homeless families and individuals, including homeless youth

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## IV. LONG-TERM SUPPORTIVE SERVICES

**Outcome:** Individuals who have continuing long-term needs, and who therefore may not become self-sufficient, achieve and/or maintain healthy, safe, and independent lives to the maximum extent possible.

Services in this category meet the needs of individuals who, because of age or other permanent conditions, will need ongoing help and likely will never achieve self-sufficiency. It may be difficult to initially assess whether an individual or family needs services from this category, as compared to another category. Indeed, those receiving ongoing services may also benefit from preventive programs, require emergency services, or move from dependence to self-sufficiency in some areas of their lives while needing ongoing assistance in others. Programs to help neighborhoods or communities address growing ongoing supportive service needs within the community would also fall into this category.

**Target Funding Range:** 10-20 percent

### Service Examples:

- Affordable, accessible, and stable long-term housing with supportive social services
- Services to assist individuals transitioning from institutional to home or community-based care
- Personal assistance with routine tasks
- Transportation to medical appointments
- Social environments for isolated individuals
- Home health visits
- Individual and family counseling
- Respite services to help caregivers
- Nutrition assistance
- Supportive employment

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*Capital Projects from the Community Development Block Grant  
may be awarded in multiple categories (generally self-sufficiency and long-term supportive services)  
independently of the target funding percentage.*

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