



Fairfax County

A D V I S O R Y S O C I A L S E R V I C E S B O A R D

2005 **ANNUAL REPORT**

Advisory Social Services Board

Marcus Simon, Chairman
At-Large

Robert Lee McCan, Vice Chairman
Mount Vernon District

Ryan P. Kelly
Braddock District

Penny Chaboudy
Dranesville District

Marcia Hoexter
Providence District

Joan Normandy-Dolberg
Springfield District

Alyce Pope
Mason District

Heidi Kallett
Hunter Mill District

Sosthenes Klu
Sully District

Bernard Grant
Lee District

Table of Contents

EXECUTIVE SUMMARY	V
MEETING THE NEEDS OF A CHANGING COMMUNITY	V
ADDRESSING HOUSING AND MEDICAL NEEDS OF THE HOMELESS	VI
PREPARING OUR COMMUNITY	VII
SERVING A DIVERSE POPULATION	VII
MEETING FEDERAL AND STATE PERFORMANCE REQUIREMENTS	VIII

ADULT AND AGING DIVISION.....	1
PROGRAM HIGHLIGHTS	1
Cluster Care	1
Home Care Services.....	2
Nutrition Program/Home Delivered Meals.....	2
Fairfax Area Agency on Aging Volunteer Services	2
Adult Protective Services.....	3
Northern Virginia Long-Term Care Ombudsman Program.....	3
Caregiver Support	4
SeniorNavigator	4
Transportation	4
ISSUES/TRENDS.....	5

CHILDREN, YOUTH AND FAMILY DIVISION.....	7
INITIATIVES/PROGRAM HIGHLIGHTS	7
Regional Service Delivery Support	7
Child and Family Services Review/Program Improvement Plan	8
Family Group Conferencing	8
Zero-to-Three Initiative	9
Blue Ribbon Campaign to Prevent Child Abuse	9
Domestic Violence Initiative	9
The Katherine K. Hanley West County Family Shelter	10
Services for Needy Hurricane Katrina Evacuees in Fairfax County	10
Professional Development	10
Best Practices	10
ISSUES/TRENDS.....	11
Addressing Disproportionality of Minority Children in Foster Care.....	11
Decreasing the Length of Time to Achieve Adoption.....	12
Strengthening Families and Prevention of Gang Violence.....	12
Prevention of Homelessness and Support for Homeless Families.....	12

CHILD PROTECTIVE SERVICES	13
INITIATIVES/PROGRAM HIGHLIGHTS	13
Structured Decision-Making	13
The Family Intervention, Resource and Engagement Program	13

Child Fatality Team	14
Childhelp USA Children’s Center of Virginia.....	14
Early Intervention Referrals.....	14
Child Protective Services Hotline.....	15
CPS Investigations and Assessments.....	15
Ongoing Treatment Services.....	15
FOSTER CARE AND ADOPTION.....	16
INITIATIVES/PROGRAM HIGHLIGHTS.....	17
Foster Care.....	17
Declining Number of Children in Foster Care.....	17
Independent Living Services.....	18
Foster and Adoptive Home Recruitment and Training.....	18
Revenue Sources for Services to Children in Foster Care.....	19
Adoption.....	19
Finalized Adoptions.....	19
Child Placement and Adoptive Home Recruitment Efforts.....	20
Increase in Children Receiving Subsidized Adoption Services.....	20
FAMILY AND CHILD SERVICES	20
INITIATIVES/PROGRAM HIGHLIGHTS.....	21
Intensive Services	21
Family Group Conference Initiative	21
Domestic Violence Initiative	22
Homeless Services	22
CHILD ABUSE PREVENTION SERVICES	23
INITIATIVES/PROGRAM HIGHLIGHTS.....	24
One-to-One Education and Support of Families/Family Members	24
Healthy Families Fairfax.....	24
Mentoring.....	25
Group Based Education and Support.....	25
The Nurturing Parenting Program	25
Good Touch, Bad Touch.....	26
Neighborhood-Based Organizing and Coalition Building.....	26
Family Resource Centers	26
Neighborhood Networks Programs.....	27
Engaging the Community through Public Awareness and Education.....	27
The Early Intervention Strategy Team (EIST).....	27
The Blue Ribbon Campaign Committee.....	27
Engaging the Community by Involving Volunteers and Donors.....	27
SELF - SUFFICIENCY DIVISION	29
PUBLIC ASSISTANCE HIGHLIGHTS.....	29
Food Stamps Program.....	29
Medicaid/Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus.....	30

Temporary Assistance to Needy Families (TANF)	30
Virginia Initiative for Employment not Welfare (VIEW)	30
Other Public Assistance Programs.....	31
Other Initiatives	31
Implementation of Extended Business Hours.....	31
Business Process Redesign (BPR).....	31
Health Access Assistance Team (HAAT) Program.....	31
Hurricane Katrina Assistance	32
Medicare Part D Prescription Card.....	32
Partnering with the Community Services Board (CSB)	32
EMPLOYMENT PROGRAM HIGHLIGHTS.....	32
2005 PROGRAM STATISTICS AND HIGHLIGHTS	33
First Annual Career and Entrepreneurship Expo	33
Women Empowering Women.....	33
Third Annual Multicultural Business Conference	33
Employment Support For Katrina Evacuees.....	33
ISSUES/TRENDS.....	34
Reauthorization of the Personal Responsibility/Work Opportunity Reconciliation Act	34
Increased Demand for Public Assistance and Workload Increases	35

Executive Summary

This report is a summary review of the Department of Family Services public welfare programs that are under the purview of the Advisory Social Services Board (ASSB). This report summarizes significant program trends, events and initiatives for 2005.

Introduction

In accord with its responsibility to provide citizen oversight of the county's public welfare programs administered by the Department of Family Services (DFS), the Fairfax County Advisory Social Services Board (ASSB) presents this report summarizing significant program trends, events and initiatives in 2005 for three DFS divisions: Adult and Aging; Children, Youth and Family; and Self-Sufficiency.

The main intent of this report is informational – to lay the groundwork upon which sound decisions can be made and wise actions taken to protect the welfare of county residents.

Outlined in the Executive Summary are five action items of particular importance for which the Board of Supervisors support is requested:

- Maximize resources for an older and increasingly diverse population.
- Address the urgent need for transitional and permanent housing and medical care for persons who are homeless.
- Support specific plans to prepare for emergency mass care, transportation and sheltering during a disaster, with attention to residents who have special needs.
- Decrease the disproportional representation of African-American children in foster care and effectively serve a diverse population.
- Support state legislation in 2007 to acquire funding for 1) public assistance eligibility staff to handle rapidly increasing caseloads, and 2) full implementation of the Program Improvement Plan to improve services for children and families.

Meeting the Needs of a Growing Senior Population

Action Item: The Board of Supervisors should continue its support for maximizing resources for an older and increasingly diverse population.

Over the next 25 years, the number of Fairfax County residents over age 65 will increase 83 percent from 87,725 to 160,738. The number of people older than 85 living in the county is projected to increase 54 percent from 8,284 to 12,776 persons between 2005 and 2030. Although the senior population is not as diverse as the general Fairfax County population, it is

becoming increasingly more diverse. From 1980 to 2000, the percentage of racial minorities in the senior population increased from 6.4 percent to 18.3 percent.

Addressing Housing and Medical Needs of the Homeless

Action Item: The Board of Supervisors should address the urgent need for transitional and permanent housing and medical care for persons who are homeless.

New services to meet the needs of individuals who are homeless were initiated during 2005. The *2005 Point-in-Time Survey* of homeless persons in our community identified 800 single individuals with no children. The *Special Committee on Medically Fragile Homeless Persons Report of January 2005*, identified characteristics of homeless single individuals, which include: 80 percent are either seriously mentally ill, chronic substance abusers, or have a dual diagnosis of mental illness and substance abuse; and 31 percent have chronic health problems. This year, the county initiated the Medical Respite Program for homeless persons living in shelters. The program provides for a temporary stay, combined with nursing and supportive services, for homeless persons recovering from more intensive illnesses and/or injuries.

There appears to be a growing need in the county for hypothermia prevention services for persons who do not stay in the county's emergency shelters. Between January and March 2005, the county partnered with the faith community to provide shelter in the central part of the county to persons at risk of hypothermia. Faith communities provided shelter on nights when the temperature reached 32 degrees or lower. For the winter of 2005-2006, the county contracted with FACETS (Fairfax Area Christian Emergency and Transitional Services, Inc) to coordinate hypothermia prevention services for 17 weeks in the central part of the county. Shelter was provided every night regardless of the temperature by rotating faith communities. In February 2006, faith communities in southern Fairfax County united to provide hypothermia prevention services for two months.

There is an urgent need in the county to develop supported transitional and permanent affordable housing options for families. The *2005 Point in Time Survey* identified 333 homeless families (with 1,149 family members) living in our community, unable to locate affordable, appropriate housing. The families reside in shelters, motels, transitional housing or "doubled-up" with other families while awaiting shelter placement. Throughout the year, the number of families on the shelter waiting list ranged between 60 and 90 families, and families waited an average of three months before being placed in one of the three family shelters. The county will be increasing its emergency shelter capacity for families in 2007 with the new Katherine K. Hanley Shelter and plans are underway to develop the Transitional Housing planned for the same site; however, the need to develop permanent affordable housing options continues.

Preparing Our Community

Action Item: The Board of Supervisors should continue to support specific plans to prepare for emergency mass care, transportation and sheltering during a disaster, with attention to residents who have special needs.

During the last year, the expectations for the department's participation in disaster preparedness have increased significantly. According to the county's current Emergency Operations Plan, the Department of Family Services and the American Red Cross share primary responsibility for mass care and sheltering, with support from other county agencies. There are several regional initiatives, as well as ongoing county planning and training, regarding mass care and sheltering. The losses from Hurricane Katrina generated increased interest in emergency preparedness to meet the needs of vulnerable elderly persons and persons with disabilities. The Advisory Social Services Board supports current county projects that are developing plans for 1) transporting special populations (plan due in July 2006), 2) sheltering persons with medical conditions or other special needs, and 3) identifying their addresses and locations.

Serving a Diverse Population

Action Item: The Board of Supervisors should continue its support for efforts to decrease the disproportional representation of African-American children in foster care and to effectively serve a diverse population.

Fairfax County experienced significant population growth over the last several years. Since 1990, the total number of Fairfax County residents has grown by 24 percent, to more than one million. The county's demographic composition has changed to include more families with culturally diverse backgrounds. Thirty percent of county residents speak a language other than English. The DFS Family and Child Program saw a shift in families they serve who spoke a language other than English in the home from 11 percent in October 1999, to 36 percent in October 2005. To address the increasing diversity in the community, the department continues to recruit social workers with various foreign language skills and cultural backgrounds. The regional approach to service delivery allows DFS to better address the needs of culturally diverse families. The regional offices provide a community-based approach to service delivery that is culturally aware and can be responsive to differing community and neighborhood needs. It also supports partnerships with schools, community organizations and faith-based groups, which are critical to successful children and family services.

Nationwide, there is an issue of a disproportionate number of African-American children in the foster care system, and Fairfax County is no exception. While about 8.6 percent of the county's population is African-American, 43 percent of the children in foster care are African-American. Additionally, there has been a recent increase in Hispanic children entering foster care. This disproportionality of African-American children in the system and these population shifts present numerous challenges for the service delivery system. It is of paramount importance that we ensure that community and agency services are offered equally and effectively to all who need them.

Meeting Federal and State Performance Requirements

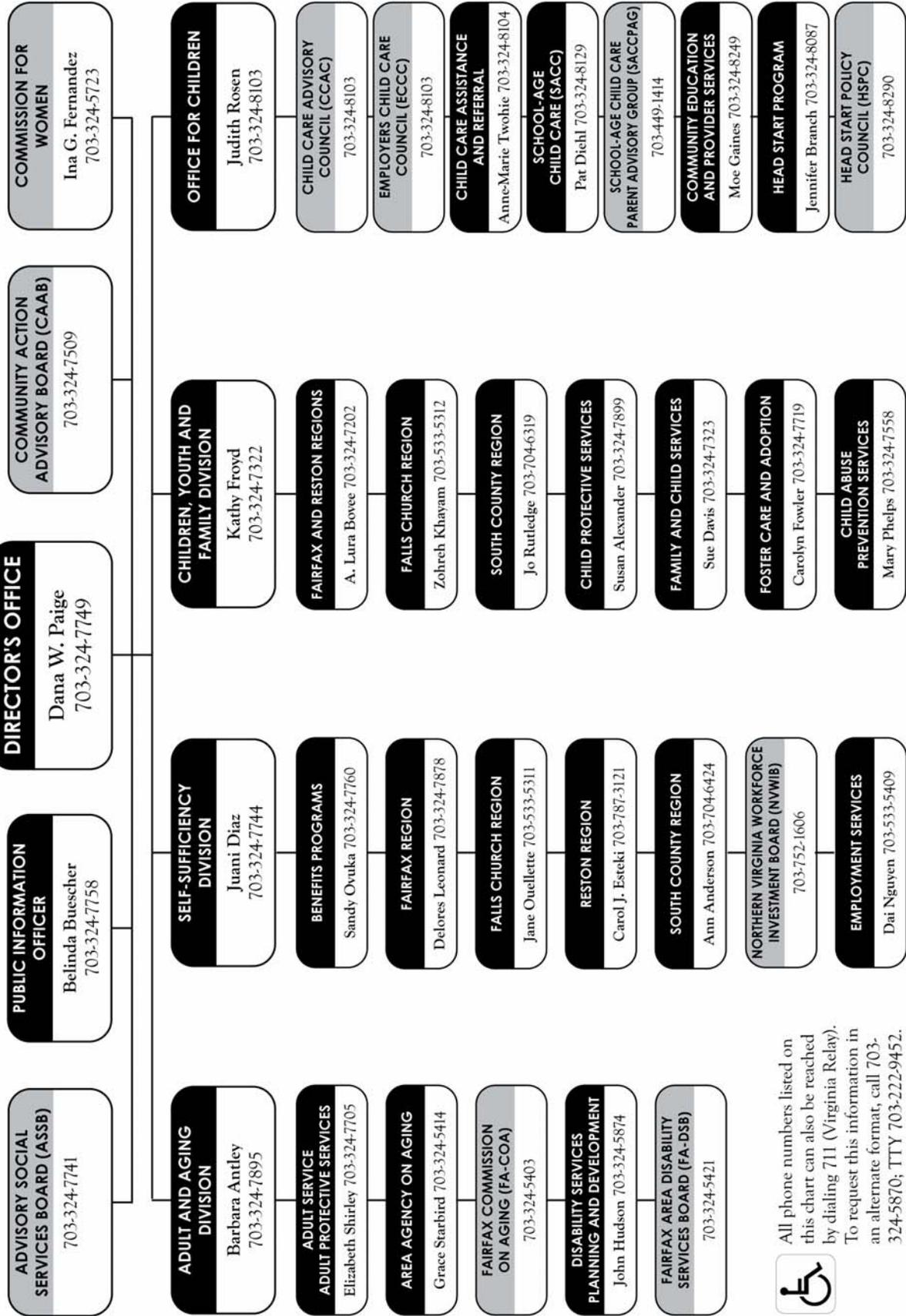
Action Item: The Board of Supervisors should support state legislation in 2007 to acquire funding for 1) public assistance eligibility staff to handle rapidly increasing caseloads, and 2) full implementation of the Program Improvement Plan to improve services for children and families.

Caseload increases in the Self-Sufficiency Division have been the norm since 2001. In FY 2005, the division managed an average of 46,491 public assistance cases per month – a 60 percent growth since FY 2001 – when the average number of cases per month was 29,028. During this time, the division implemented strategies that allowed it to deal with these increases effectively. However, after five years of rising caseloads with no relief in sight, the division is reaching the point where it will not be able to keep up with the high workload demand and meet strict federal and state performance requirements unless additional staff is authorized.

Caseload increases and the complexity of the work are expected to pose a growing challenge as a result of the recent Welfare Reform reauthorization and the associated changes to the various programs contained in the law.

As a result of the Child & Family Services Reviews (CFSR), the federal government is requiring each state to develop a Program Improvement Plan (PIP) and demonstrate improvement in child safety, permanency, and well-being. Virginia's PIP includes several items that increase the workload of social workers dramatically, including increased visitation and documentation requirements and mandatory trainings. Additional resources are necessary to fully implement the improvement plan.

Organization of the Fairfax County Department of Family Services



All phone numbers listed on this chart can also be reached by dialing 711 (Virginia Relay). To request this information in an alternate format, call 703-324-5870; TTY 703-222-9452.

Department of Family Services

Adult and Aging Division

Over the next 25 years the number of Fairfax County residents over age 65 will increase 83 percent from 87,725 to 160,738. The number of people older than 85 living in the county is projected to increase 54 percent, from 8,284 to 12,776 persons between 2005 and 2030. The move-out rate of seniors from Fairfax County appears to be slowing: Between 1985 and 1990, two of every 11 seniors moved from the county, but between 1995 and 2000, two of every 13 seniors moved from the county. Since 1995, there has been a net in-migration of seniors age 85 and older. Although the senior population is not as diverse as the general Fairfax County population, it is becoming increasingly more diverse. From 1980 to 2000, the percentage of racial minorities in the senior population increased from 6.4 to 18.3 percent. (The preceding information comes from a report prepared in December 2005 by the Department of Systems Management for Human Services for the Fairfax County Long Term Care Coordinating Council).

The Adult and Aging Division is planning for, and adapting services for, a changing population. The mission of the Adult and Aging Division is to provide programs that support elderly persons and adults with disabilities. The goals are to maximize independence, provide leadership in developing new support networks and enhance informal social support networks already established by families and communities. This division integrates the Fairfax Area Agency on Aging, Adult Services, Adult Protective Services, Care Network for Seniors and Disability Services Planning and Development (www.fairfaxcounty.gov/dfs).

PROGRAM HIGHLIGHTS

Cluster Care

In recent years, the Adult and Aging Division developed a cluster care model of service delivery to more efficiently provide the assistance necessary to allow elderly persons and adults with disabilities to stay in their own homes. The cluster care model builds on ideas from other communities in the country that align services around naturally occurring communities. The cluster home care model has three components: task-based home care, volunteer services and home delivered meals.

In moving to a cluster care model of services, clients receiving hourly home-based care services had their services changed to task-based home care. With task-based home care, clients receive help with housekeeping and assistance with bathing (compared to the hourly model of service, where the aide remained with the client for a predetermined block of time). Task-based home care services are provided to functionally impaired, income eligible seniors and adults with disabilities. Clients are served primarily through contracts with four private home health agencies. As of December 2005, approximately 350 clients in Regions 1, 2, and 3 are receiving task-based home care services. An additional 220-230 clients living in 17 congregate apartments continue to receive task-based services. By June 2006, all hourly home-based care services will be converted to task-based services.

During the conversion from hourly home-based care, volunteers are being recruited in the cluster areas to provide friendly visiting, shopping, telephone reassurance and home chores. Instead of having meals prepared by home care aides, some clients are offered Meals on Wheels. In addition, contract services from an occupational therapist and George Mason University's Kellar Institute for Human Disabilities are in development. With the consultation provided by an occupational therapist and from the Kellar Institute, clients will be able to enhance independence with assistive equipment.

Home Care Services

MONTHLY CASELOAD AND TOTAL UNDUPLICATED CLIENTS SERVED		
Fiscal Year	Average Monthly Clients	Total Clients Served
2001	600	1,113
2002	659	1,161
2003	679	1,177
2004	719	1,212
2005	708	1,223

Nutrition Program/Home Delivered Meals Home delivered meals are provided for individuals age 60 and over who are unable to shop for or prepare their own meals. The objective of the program, mandated by the Older Americans Act, is to improve nutrition and maintain the physical, mental and/or cognitive functioning of homebound seniors as long as possible.

The Fairfax Area Agency on Aging has memorandums of agreement with 18 Meals on Wheels volunteer delivery groups who coordinate and deliver the meals. Meals are purchased by the Fairfax Area Agency on Aging through contracts with the following five groups: Fairfax Department of Housing and Community Development; INOVA Health System; the Hermitage in Northern Virginia; Fairfax County Public Schools; and the Korean Presbyterian Church.

The Nutritional Supplement Program, funded by Title III of the Older Americans Act, targets low-income and minority individuals who are unable to consume sufficient calories from solid food due to chronic disabling conditions, dementia or terminal illness. Clients' families pick up cases of the liquid supplement from 11 sites around the county. In program year 2005, 1,140 clients were served by the home delivered meals and nutritional supplement program. The total number of meals served to clients for both nutrition programs was 279,641.

Recruitment of volunteers is an ongoing effort, with particular needs in the western part of the county. For program year 2006, new routes to appeal to ethnically diverse seniors are in development. One route in the Falls Church area will provide Vietnamese Meals on Wheels, and another route for an alternative meal is being planned (www.fairfaxcounty.gov/aaa).

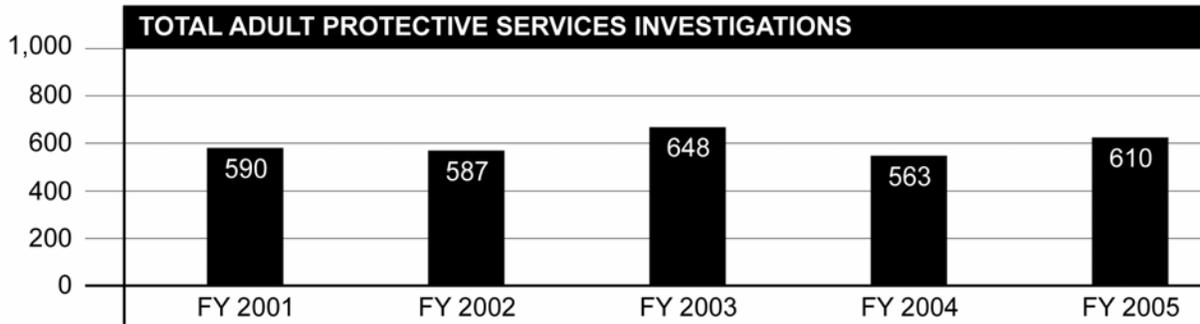
Fairfax Area Agency on Aging (AAA) Volunteer Services

In 2005, a total of 2,503 volunteers performed 91,213 hours of volunteer service, providing such essential services as home delivered meals, telephone reassurance, friendly visiting, insurance counseling and pet visits to nursing homes (Pets on Wheels Program). Volunteers also served as

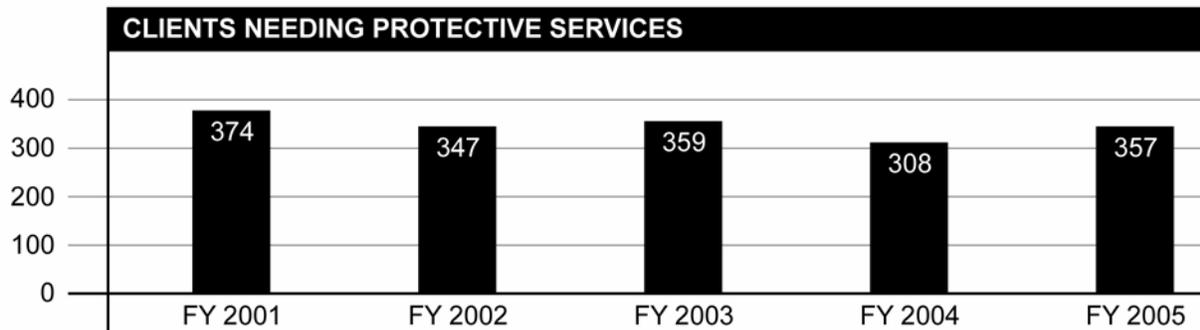
guardians/conservators, provided transportation to doctor appointments, and performed grocery shopping, minor home repairs, home maintenance and yard work, as well as other services that allow seniors to remain in their homes (www.fairfaxcounty.gov/aaa).

Adult Protective Services

In fiscal year 2005, there were 610 Adult Protective Services (APS) investigations, which resulted in 357 adults needing protective services.



Of the cases investigated: 80 percent involved persons over age 60; 20 percent involved persons under age 60; and 19 percent involved persons in institutional facilities.



Of the adults needing protective services:

- 180 were cases of caretaker neglect.
- 77 were cases of self neglect.
- 61 were cases of abuse.
- 39 were cases of financial exploitation.

Northern Virginia Long-Term Care Ombudsman Program

During program year 2005, the Northern Virginia Long-Term Care Ombudsman Program advocated for the rights and well-being of residents living in the 31 nursing facilities and 73 assisted living facilities in northern Virginia. As of July 1, 2005, Fairfax County had 16 nursing facilities (2,121 beds) and 46 assisted living facilities (3,598 beds), for a total of 5,719 beds, or 53 percent of northern Virginia’s 10,816 beds.

The Ombudsman Program handled 230 complaints through formal investigations and mediation; 162 pertained to Fairfax County. Additionally, the volunteer ombudsmen handled 419

complaints with 257 of those in Fairfax County facilities. The program received 5,008 inquiries regarding resident care and facility information, and 2,860 came from Fairfax County residents. Consultation to facility staff totaled 162, with 108 of those for Fairfax facilities (www.fairfaxcounty.gov/ombudsman).

During 2005, the program continued to benefit from a capable team of 66 volunteer advocates, including 31 for Fairfax facilities, who significantly increased the program's impact and presence around the region. Recruitment of volunteer ombudsmen occurs primarily through area newspapers, volunteer bureaus and by word-of-mouth. The program is benefiting from good media exposure: new applicants are often familiar with the program from reading past publicity. Once trained, volunteer ombudsmen are assigned to one particular facility, where they visit four hours a week.

Caregiver Support

Through the Older Americans Act, the federal government provides funding to support family caregivers of elderly persons. The Fairfax Area Agency on Aging uses these funds to provide a range of services which support caregivers, including public information, support groups, respite care and assisted transportation. Cross-agency and public private partnerships are formed to maximize use of the funds and provide more comprehensive services. Two examples of the partnerships:

- The Fairfax Caregiver Seminar Consortium was formed to provide seminars for family caregivers. Members of the consortium are the Alzheimer's Association – National Capital Area, Alzheimer's Family Day Center, Fairfax County's Departments of Community and Recreation Services, Health and Family Services, as well as Thomas West Financial Services and the Fairfax County Public Library. Ten seminars were held in the fall 2005, and twelve seminars will be held in spring 2006.
- In 2004, the Kin Care Committee formed as a cross-program and cross-agency initiative between the Department of Family Services and Fairfax County Public Schools to research and meet the needs of grandparents and other relatives raising children. Two support groups for the relative caregivers have been meeting for more than a year. A conference for social workers and relative caregivers was held in the fall 2005 at the Fairfax County Government Center, and a resource guide is in production.

Senior Navigator

The county's Long Term Care Coordinating Council identified as a priority focus for its work the need for information about long-term care services to be readily available to the public. To address this need, a partnership with SeniorNavigator was initiated. SeniorNavigator is a Web-based, statewide information service. In order to ensure access for persons without computers, SeniorNavigator Centers were established in senior centers, libraries and community centers. The Fairfax Area Agency on Aging is assuming a leadership role in the continuing partnership with SeniorNavigator.

Transportation

FASTRAN buses provide transportation for county human services participants. In fiscal year 2005, FASTRAN provided 559,447 rides, including 47,075 rides for adult day care participants,

119,111 rides for senior center participants and 291,809 rides for Fairfax-Falls Church Community Services Board consumers.

The Seniors-On-The-Go Program, operated by the county's Department of Transportation, provides subsidized taxi rides to income-eligible senior residents over the age of 65 who reside in Fairfax County. The program, now in its fifth year, currently provides this transportation service for more than 2,800 seniors.

ISSUES/TRENDS

Adult and Aging Services is preparing for and adapting services for, the growing senior population. With consideration of the Long Term Care Council's strategic plan, Adult and Aging prioritized and identified strategic directions. The strategic directions and some supporting activities are noted below:

Increasing Public Awareness

- Senior Navigator, which links the public to resource information through the web, is being promoted by the Fairfax Area Agency on Aging.
- The department's Web site information is continuously being updated and improved.
- Caregiver Seminars are being conducted and advertised by a public/private consortium.
- Monthly *Golden Gazette* newspapers (circulation 25,000), with topical senior information, are published in regular and large print versions as well as on tape.
- Caregiver and Disability Services e-news is distributed regularly.
- Hardcopy newsletters are produced by Disability Services, the Northern Virginia Long Term Care Ombudsman and Volunteer Services.
- Channel 16 shows programs on ramps, Medicare Part D, and Long Term Care Services.

Connecting People to Services

- To assist seniors with Medicare Part D, county staff received training, and numerous educational sessions were held for seniors.
- The Fairfax Area Agency on Aging provides consumer information about home care services, assisted living and nursing facilities.
- Fact sheets about services have been translated into multiple languages.
- Adult and Aging staff participate in workshops and fairs designed to inform the public.

Promoting Independent and Supportive Living

- Cluster care provides efficient in-home services to promote independence and safety.
- The Fairfax Area Agency on Aging is focusing on volunteer recruitment and support to connect seniors and adults with disabilities with the community.
- To promote good nutrition for seniors from other countries, Korean Meals on Wheels and Vietnamese Meals on Wheels are provided, and another meal option is being developed.
- Adult and Aging Services is training staff and developing consultative options regarding assistive equipment.

Improving and Expanding the Long Term Care Workforce

- To support recruitment and encourage retention of home care aides, the home based care contracts stipulate wages.
- Adult and Aging staff participate in the work of the Long Term Care Coordinating Council's workforce committee, which sponsors a recognition ceremony for direct care workers and has partnered with others in recruiting and training direct care workers who speak multiple languages.

Creating a Long Term Care Delivery System

- Adult and Aging staff provide support for the work of the Long Term Care Coordinating Council.
- Adult and Aging staff meet regularly with staff from other human service agencies to coordinate service delivery.
- Area Agency on Aging staff will provide support for the new Aging Committee of the Board of Supervisors.

Children, Youth and Family Division

The Children, Youth, and Family Division provides the following services:

- Child Protective Services.
- Foster Care and Adoption Services.
- Family and Child Services, including services to homeless individuals and families.
- Child Abuse Prevention Services.

These services are provided in each of four regional human services offices throughout the county (Fairfax, Falls Church, South County and Reston), as well as in multiple smaller community-based sites to be more accessible to the families served. The goals of these services are to protect children from harm and prevent abuse and neglect; support and enhance parents' and families' capacity to safely care for and nurture their children; and ensure the normal development and long-term emotional and physical health of children by supporting families who provide for them.

INITIATIVES / HIGHLIGHTS

The following initiatives are being undertaken by the Children, Youth and Family Division to meet the needs of the children and families of Fairfax County.

Regional Service Delivery Support

To support a community-based service delivery system, CYF services link with those of other human services agencies, schools and community and faith-based organizations to respond to unique community and neighborhood needs. Some recent regional initiatives include:

- **Falls Church** – DFS is currently working with the Fairfax County Public Library and Shelter House, a community shelter for homeless families, to create an enrichment program model to offer additional opportunities to the homeless families residing in Shelter House.
- **Fairfax** – DFS is working in partnership with the Department of Systems Management for Human Services and the Department of Community and Recreation Services to coordinate services for families in the Fairfax region. Staff members are participating in a series of neighborhood dialogues with other human service providers, the schools, police, and community and faith-based organizations to coordinate service provision. The first dialogue focused specifically on the Chantilly Mews neighborhood.
- **Reston** – Children, Youth and Family staff are working to develop creative interventions to better serve the families whose issues are so challenging that they remain involved with DFS for extended periods of time. All CYF staff have participated in a focused dialogue to explore the challenges faced by these families and by the social workers serving them. The North County supervisors are using

regional case staffings to plan interventions to link families more solidly to community resources for ongoing support to enable a more successful transition to self-sufficiency.

- **South County** – Based on the needs of the community, social workers have developed and are conducting an after-school support group for middle school-aged youth with substance abusing parents. This concept was developed with the support of the participating middle schools, as well as Fairfax County Community Services Board, Alcohol and Drug Services.

Child and Family Services Review (CFSR) Program Improvement Plan (PIP)

The U.S. Department of Health and Human Services has reviewed child welfare services in all 50 states. Each state developed a program improvement plan (PIP) to address the areas of safety, permanency and well-being for which federal outcomes were not met. Virginia's PIP was approved in December 2005 and was developed based on input from local agencies, including Fairfax County. The next review is expected in 2008 and will focus specifically on whether progress was made in the focus areas included in Virginia's PIP. Both the final report and the PIP for Virginia (and all other states) can be found at http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm.

Fairfax County is focusing improvement efforts on several key areas:

- Reducing the length of time for children to achieve permanency (i.e., to move from temporary foster care placements to permanent, adoptive homes or other permanent and safe living arrangements).
- Concurrent planning (i.e., starting immediately to plan for adoptive or permanent placements while at the same time working with birth families to address the problems that prompted a child's removal and placement in foster care).
- Exploring the possibilities of placing children with relatives and expanding outreach to extended family members of children in foster care.

Some of the initiatives described below are targeted to impact these areas and improve our outcomes for children and families.

Family Group Conferencing

Family Group Conferencing (FGC) offers a new approach to working with families involved with the child welfare system. The practice of Family Group Conferencing provides an opportunity for family members to gather together to make a plan for the safety of the child(ren) in their family. This practice focuses on family preservation, keeping the safety and the best interests of children in mind. This effort also focuses 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. This approach empowers families to make decisions and develop plans that protect and nurture their children. A number of issues have spurred this initiative:

- An escalating number of children, disproportionately minorities, live in out-of-home care.
- Many children spend an unacceptable length of time in out-of-home care settings.
- Many children experience multiple out-of-home placements.

This initiative is more fully described in the Family and Child Program section on page 21.

Zero-to-Three Initiative

The Permanency Planning Forum was initiated by a group of human services professionals, private sector agencies, juvenile and circuit court judges, foster parents and others to address the special needs of children from birth to age 3 in the child welfare system. A cross-agency group was formed to ensure the developmental needs of infants and toddlers were both being met and taken into consideration among families served by human services agencies and the courts.

In June 2005, the group sponsored a one-day conference focusing on *Your Role in Assessing, Intervening and Testifying* on behalf of vulnerable infants and toddlers. Throughout the year, participating human services agencies conducted several cross-agency trainings to educate other staff regarding their role and responsibility for vulnerable infants, toddlers and their families.

Blue Ribbon Campaign to Prevent Child Abuse

As part of a larger national Blue Ribbon Campaign focusing on preventing child abuse, the department's local campaign continues to assume greater responsibility for educating the Fairfax community on child abuse prevention. The campaign, an outreach and education effort, is guided by a steering committee which includes advocacy and community groups and human services staff who are committed to the welfare of children. Blue Ribbon outreach efforts are supported by various public and private organizations and corporations. The Fairfax County Board of Supervisors issues an annual proclamation designating April as Child Abuse Prevention Month.

Other outreach and education efforts for 2005 included:

- Distribution of Blue Ribbon informational materials to libraries, schools, Fairfax County Community and Recreation Centers, Family Resource Centers, Fairfax County fairgoers, faith communities and homeowners associations.
- Preparation of articles about understanding and preventing child abuse and neglect published in community news outlets.
- Printing and distribution of 86,000 copies of the *Guide to Summer Fun & Safety* to schools, recreation centers, libraries and the community.

Domestic Violence Initiative

Domestic violence is known to be a significant factor in child abuse. The Children, Youth and Family Division is developing a domestic violence program focusing on the protection and safety of children. A Domestic Violence Unit now works with programs in the CYF Division to offer prevention and intervention services to families who experience domestic violence. This work, in collaboration with broader human services efforts, focuses on bridging the gap in services for children who have witnessed such violence. This initiative is more fully described in the Family and Child Program section on page 22.

The Katherine K. Hanley West County Family Shelter

The Katherine K. Hanley West County Family Shelter will be located on Route 29 near Stringfellow Road and will contain 60 beds and serve up to 20 families at a time. This new shelter will address the critical need for emergency shelter for homeless families in central/western Fairfax County and will help alleviate the use of motels where some families stay while waiting for space at other county shelters.

The contract for construction has been awarded and construction is scheduled to begin in spring. As the construction phase moves forward, Children, Youth and Family Division staff are working with other county agencies, community based service providers and community organizations to have the facility and services in place for the shelter to open, as anticipated, in spring 2007.

Services for Needy Hurricane Katrina Evacuees in Fairfax County

Fairfax Families Care, a community-county-school coalition, is overseeing Fairfax County's efforts to serve those impacted by Hurricane Katrina. According to American Red Cross data, more than 1,100 individuals displaced by Hurricane Katrina came to live in Fairfax County. More than 150 of these families and individuals are being provided services through three nonprofit organizations: Northern Virginia Family Service, Reston Interfaith, Inc., and United Community Ministries. These services are being coordinated by the county's Department of Family Services. Through this partnership with the three local nonprofits, families and individuals receive case management, assistance with basic needs, and community support. The nonprofit groups work with a broad network of faith and community organizations to pull together resources, services and support for evacuees.

Professional Development

The nature of the work in a public social services agency contributes to a high-stress, high-turnover work environment. The department provides opportunities for professional development and supports the recruitment, development and retention of a diverse professional workforce through in-house and Virginia Institute of Social Services Training Activities (VISSTA) training events. In addition, DFS offers several stipends for Masters of Social Work (MSW) programs and Licensed Clinical Social Work (LCSW) training and supervision. Despite these efforts, we continue to be challenged by difficulty in recruitment and retention of experienced, skilled staff to meet the needs of the increasingly diverse families in our community.

Best Practices

The Children, Youth and Family Division incorporates best practices into daily service delivery and identifies areas for improvement.

Quality assurance is critical to best practices and to identifying areas for improvement. The CYF Division is developing a more comprehensive and broad-ranging quality assurance process. The structured decision-making initiative provides a framework for more efficient, consistent, and valid decision-making for child welfare cases. The Program Improvement Plan is another quality assurance activity that measures our progress toward achieving better

outcomes for children and ensuring quality service delivery. A new case review process is being developed to enhance delivery of consistent high quality services.

The CYF Division provides leadership with several Juvenile Court judges for the **Permanency Planning Forum**, an interagency forum organized to address the issue of achieving timely permanency for children in foster care. The group meets quarterly and includes: circuit and juvenile court judges; guardians *ad litem*; county attorneys; foster parents; child welfare social workers; representatives from Fairfax County Public Schools and other human services organizations; and Court-Appointed Special Advocates (CASAs). This forum supports several significant child welfare service delivery and court improvement efforts. In 2005, the Permanency Planning Forum sponsored countywide training on the Zero-to-Three Initiative.

The CYF Division is implementing the best practice of **concurrent planning** for children in foster care to facilitate timely permanency. It is used for children whose prognosis for returning home is poor. Concurrent planning is the process of working toward family reunification while, at the same time, developing and working toward an alternative permanent plan. Birth parents are involved in identifying the best permanent placement plan, should the child not be able to return home within the allowable timeframe. The alternate plan is written into the child's service plan and is approved by a judge.

ISSUES/TRENDS

Several overarching issues and trends in our community influence services provided and initiatives undertaken by the Children, Youth and Family Division.

Addressing the Disproportionality of Minority Children in Foster Care

Nationwide, there is an issue of a disproportionate number of African-American children in the foster care system and Fairfax County is no exception. While about 8.6 percent of the population is African-American, 43 percent of the children in foster care are African-American. Additionally, there has been a recent increase in Hispanic children entering foster care. These population shifts present several challenges for service delivery to ensure families' needs are met.

In 2005, the Nurturing Parenting Program piloted a new version of its curriculum designed to be culturally appropriate for parents of African-American children. The pilot was so successful that two additional groups are planned for 2006. Neighborhood Networks, a school-based parent networking initiative involved 33 families, almost half who were African-American. The Early Intervention Strategy Team (EIST) continued its work to provide community-wide public awareness and education around this issue through a series of dialogue groups with community service providers.

The Foster Care and Adoption program has developed an initiative providing families with the opportunity to host children awaiting adoption. Since the majority of the Fairfax County children waiting for permanent families are African-American, this initiative is focused predominantly in the African-American community. Additionally, efforts will continue to

recruit foster and adoptive families that reflect the cultural diversity of the children in foster care. Partnerships with community organizations and businesses are an important aspect of this effort.

To address the disproportionality issue, some states have initiated “kinship care” programs, which allow for the financial support of relative caregivers as an alternate to foster care. Virginia is working toward being able to initiate such a program. Kinship care programs will help to address the issue of the overrepresentation of African-American children in foster care because they share the family-centered philosophy of the African-American culture and provide support to family members who provide primary care for children. Family Services is developing a Resource Guide for Family Caregivers scheduled for publication in 2006. In 2005, DFS also sponsored a series of support groups for caregivers.

Decreasing the Length of Time to Achieve Adoption

The median length of time in foster care for all children in the system at the end of FY 2005 was 1.98 years, a decrease from 2.06 years during FY 2004. Of concern is children being placed for adoption remain in foster care for a median length of 3.63 years. This is also a national trend. It has been the goal of the program to decrease the length of time it takes to achieve adoption by continuing to streamline the adoptive home study process through strengthening the practice of concurrent planning, finding permanent homes through the development of partnerships with community organizations and addressing the delays in obtaining termination of parental rights caused by protracted court appeals at the Circuit Court level. In 2005, the Fairfax County Circuit modified its docketing process to hear appeals of termination of parental rights cases in a more timely way.

Strengthening Families and Prevention of Gang Violence

Fairfax County has seen a recent increase in gang activity and is proactively investigating ways to prevent youth from becoming involved. The Children, Youth and Family Division offers services which are effective in intervening in families to prevent the development of gang activity. Several Family Resource Centers are strategically located in communities struggling with gang activity, where children are more at risk of being indoctrinated into a gang. The Nurturing Parenting Program has a curriculum designed specifically for families with adolescents, serving to strengthen these families with children who may be targeted for gang recruitment. Intensive services are provided to at-risk families across the CYF Division to strengthen family bonds and to alleviate risk factors such as isolation and poverty. These risk factors make families more vulnerable for gang involvement. The focus of our services is to strengthen families and strengthen the relationships between parents and their children in order to keep them safe. Representatives from the Children, Youth and Family Division are also participating in the countywide gang prevention initiative.

Prevention of Homelessness and Support for Homeless Families

The lack of affordable housing in Fairfax County remains a serious problem and a significant stressor on low-income families, making it difficult for them to remain stable and meet the needs of their children. There continue to be significant waiting lists for Housing Choice Vouchers (Section 8) and public housing, permanent supportive housing and other support services programs. Costs for housing are increasing significantly, but funding for these programs is not.

While awaiting a Housing Choice Voucher or public housing, families have limited options available to them – living in unaffordable or sub-standard housing, doubling-up with others and homelessness. The waiting list for the family shelters increased to approximately 90 families at the end of 2005. The Katherine K. Hanley West County Shelter, scheduled to open in spring 2007, will have space for 20 families.

There continues to be 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. The Single Room Occupancy (SRO) Task Force, a group of public and private sector homeless providers, developers and advocates, has been meeting for two years and published its recommendations related to this issue in spring 2005. More information, as well as the complete report can be obtained at www.fairfaxcounty.gov/dsm/raps/projects/sro.htm.

DFS will continue to work with other human services agencies and community partners to prevent homelessness and support homeless families. The Katherine K. Hanley West County Shelter and future transitional housing plans represent significant steps toward addressing this issue.

Children, Youth and Family Division

Child Protective Services

The Child Protective Services (CPS) program is designed to protect children from abuse, neglect and exploitation. Child Protective Services social workers assess child and family strengths and needs and provide services and support to families, such as counseling, referral to parenting programs, child care and other supports to enable children to remain safe in their own homes.

INITIATIVES/PROGRAM HIGHLIGHTS

Structured Decision-Making

In 2004, the Commonwealth of Virginia expanded Structured Decision-Making (SDM) to 27 pilot agencies including Fairfax County. This model provides a framework for more efficient, consistent, and valid decision-making for child welfare agencies. It uses different criteria at each decision point to address the issues at each stage of the case.

The Family Intervention, Resource and Engagement Program

The Family Intervention, Resource and Engagement 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 program will be evaluated for success in meeting these goals, as well as satisfaction with services provided. Intensive services are provided by the staff and referrals are made to community resources to meet identified needs. The staff works collaboratively with the family to identify strengths and needs and assist families by teaching, modeling and reinforcing parenting skills.

January 2006 marks the end of the first full year of this program. There are close to 50 families who received services throughout the year. Virginia Commonwealth University is in the process of conducting an evaluation. The study will examine the treatment reliability of the model, as well as compare the accomplished goals of families to other families with very high or high-risk levels who did not receive the program's intervention.

Child Fatality Team

Earlier this year, the federal government chose Virginia as one of a handful of states to pilot a new child fatality review instrument, enabling the Fairfax County Child Fatality Team to perform data collection and evaluation regarding child fatalities in the county in 2005. Currently, the team is conducting periodic reviews at the Pediatric Intensive Care Unit of Inova Hospital, where it is analyzing child fatalities for the year 2005. Upon review of all 2005 cases, the team will report its findings and make recommendations as to steps that could be taken to help avoid child fatalities in the future.

Childhelp USA Children's Center of Virginia

The Childhelp USA Children's Center of Virginia, supported by a public-private partnership, provides a wonderful, child-friendly facility where victims of sexual abuse receive the continuum of services needed to interrupt the abuse and treat its effects. In its third fiscal year of operation, ending June 2005, the center served 1,114 children from infants through age 17, and 776 non-abusing parents or guardians with assessments, investigations, intervention and treatment services.

Early Intervention Referrals

Many young children served by Child Protective Services are identified as having developmental delays and needing services. The federal Child Abuse Prevention and Treatment Act (CAPTA), signed into law in 2003, requires that states develop procedures to assure that all children aged newborn to three years who are involved in a substantiated case of abuse/neglect are referred to early intervention services. These early intervention services are funded under Part C of the Individuals with Disabilities Education Act (IDEA) and are provided locally by the Mental Health Division of the Community Services Board. Fairfax County CPS staff worked with Early Intervention Services to develop and implement local procedures for referring these children for services.

PROGRAM STATISTICS

Child Protective Services Hotline

Social workers on the CPS Hotline receive reports by phone, in person and through other county agencies of alleged abuse and neglect. Hotline social workers request specific information about the alleged abuse or neglect, assess the information, and determine whether the situation meets the criteria for CPS intervention. If the situation meets Virginia's definition of abuse or neglect, the complaint is assigned to a CPS social work investigator or assessment social worker.

TELEPHONE CALLS TO THE CPS HOTLINE/HELPLINE					
FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
16,326	24,001	30,879	31,749	35,430	31,388

Increased calls in FY 2001, and subsequent years, resulted from the change to a more accurate automated call system and reflect an increase in residents reporting incidents, requesting help and needing information and referrals.

CPS Investigations and Assessments

Social workers in CPS 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 occurred, interview the alleged victim, alleged perpetrator and other relevant witnesses, assess the situation, then determine the needs of the family, ascertain whether abuse or neglect occurred (investigations only) and provide appropriate services.

In May 2002, Fairfax County implemented the differential response system, allowing flexibility in responding to reports of abuse and neglect by taking into consideration the severity of the report, immediacy of child safety concerns and the family's needs. The family assessment response shifts CPS intervention from an incident focus to a service delivery focus that supports parents in meeting their children's safety and developmental needs.

CPS COMPLAINTS PER YEAR					
FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
2,521	2,427	2,302	2,022	2,310	2,071*

*Of the 2,071 complaints made to the hotline in FY 2005, 21% (432) were investigations; 78% (1,608) were family assessments; and less than 1% (31) were courtesy interviews for other child protective service agencies.

Ongoing Treatment Services

CPS Ongoing Treatment Social Workers are responsible for providing continuing services in serious situations where the child remains in the home and may be at risk for future abuse or neglect. Approximately 84 percent of these cases involve court-ordered monitoring of families experiencing serious child abuse, neglect or sexual abuse.

In these cases, social workers conduct safety and risk assessments – focusing on factors related to the child, parent and family environment; maltreatment; and intervention. Many of these families have multiple problems and are involved with multiple service providers. CPS ongoing

social workers collaborate with the family and service providers to develop specific interventions to address the needs and goals of the family.

Strategies are put into place to reduce risk and increase safety for the child. For example, families experiencing substance abuse are referred for assessment and treatment through the county’s alcohol and drug services, and families experiencing mental health issues are referred to assessment and treatment through local mental health providers. Families who do not speak English are referred for services to a bilingual and, whenever possible, bi-cultural provider.

MONTHLY AVERAGE OF FAMILIES RECEIVING ONGOING TREATMENT SERVICES					
FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
289	280	292	225	219	196

One factor contributing to the drop in the average number of families served over the past few years was a realignment of responsibilities, which moved a number of cases to the Family and Child Services program area.

Children, Youth and Family Division
Foster Care and Adoption

Foster care is the provision of substitute care and rehabilitative services for children temporarily separated from their parents. Foster care can be provided until a child is returned to the family or placed in an adoptive home or other permanent living arrangement. Children may be placed in a variety of settings including foster homes, group homes, hospitals and residential treatment facilities.

Adoption services include counseling to birth parents and preparing for and placing a child into an adoptive home when efforts to reunite the child with his or her birth family are unsuccessful. Support in the form of subsidy payments, therapy and other social services is provided to adoptees and adoptive parents before and after an adoption is finalized.

Foster care and adoption services are mandated by:

- The Federal Adoption and Safe Families Act (ASFA) of 1997, which seeks to decrease the time it takes to achieve permanent placement plans for children in foster care and to increase adoption and other permanent placements.
- Virginia’s Court Improvement Legislation of 1997, which follows federal mandates to ensure the review of each child in foster care every six months and the achievement of a permanent plan within 14 to 20 months of entry into foster care.

INITIATIVES/PROGRAM HIGHLIGHTS

Foster Care

Declining Number of Children in Foster Care

The following charts highlight the number of children entering foster care and the monthly average number of children in foster care over the past six years:

MONTHLY AVERAGE NUMBER OF CHILDREN IN FOSTER CARE					
FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
571	507	496	475	479	447

NUMBER OF CHILDREN ENTERING FOSTER CARE					
FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
207	200	186	177	202	164

The fastest growing group of children in foster care is Hispanic. In FY 2001, 10 percent of the children served during the year were Hispanic, compared to 21 percent during both FY 2004 and FY 2005. Of all the children who entered foster care during 2005, 20 percent were Hispanic, yet only 12.5 percent of the county's population in 2004 was Hispanic.

There was a dramatic decrease in FY 2004 in the percentage (28 percent) of African-American children entering foster care who were African American, however, that number grew to 35 percent in FY 2005. In the previous six years, the percentage ranged from 40 to 46 percent. At the end of 2005, African-Americans comprised 43 percent of the county's foster care population.

A significant trend is that the children in foster care are getting older. In 2000, 48 percent of the children entering foster care were newborn to age 5, while only 33 percent of the children entering foster care in 2005 were in that age range. In 2000, 21 percent of the children entering foster care were ages 13 to 18; in 2005, the same age group comprised 32 percent of the children entering foster care. This trend points to the need for more placement and independent living resources to serve older children, as well as the need to provide greater access to other services for older youth in foster care.

AVERAGE AGE (in years) OF CHILDREN IN FOSTER CARE AS OF JUNE 30					
FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
11.47	11.77	11.91	12.18	12.23	12.48

Of the 191 children who exited foster care during FY 2005:

- 46 percent were returned home.
- 12 percent were placed in the custody of relatives.
- 24 percent were placed for adoption.

The remaining 18 percent exited for reasons such as turning 21 years old or refusing to remain in foster care after turning 18.

Independent Living Services

As of June 30, 2005, 242 (54 percent) of the children in foster care were age 13 or older. 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. 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 and establish a support network. The department received grant funding for one year from the state to implement a program 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. Twelve youth are currently participating in the program.

Foster and Adoptive Home Recruitment and Training

- **Ongoing Recruitment and Retention Efforts** – Ongoing 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. In spite of significant efforts, the Fairfax County pool declined by 17 homes in 2005.

The proportion of African-American foster homes increased minimally during 2005, and both Hispanic and Asian foster homes decreased slightly. The department works to increase the cultural diversity of foster homes through culturally sensitive recruitment efforts and partnerships with community organizations, businesses and places of worship. The department has developed a strategic recruitment plan that targets certain neighborhoods and media channels for reaching minority foster/adoptive families. A new initiative implemented in 2005 is the Foster Care and Adoption Ambassador Program. Eight foster and adoptive parents were trained to conduct public speaking on behalf of the department to educate residents about the needs of children in foster care.

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 six hours of in-service training per year 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 are called “resource families” and as such, 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 resource families promotes healthier attachments and placement stability for the children.

- Fairfax Initiative to Increase Adoptive Homes for Hard-to-Place Children** – In partnership with a local nonprofit organization, Kidsave International, DFS developed the Weekend Miracles program. This initiative provides children, who have adoptive plans, with the opportunity to spend a series of weekends with host families who advocate finding families for them. The goal of the program is to enable families to meet adoptable children through weekend visits with volunteer “host families,” to introduce children to families who might be interested in adopting them and to find each child who desires to participate in the program a permanent family or a lasting relationship with a mentor or other caring adult. The focus of the activities of the initiative is predominantly in the African-American community because the majority of the Fairfax County children waiting for permanent families are African-American. During the past year, nine host families and 11 mentors were trained. Five children participated in hosting during 2005, and 16 children participated in regularly planned events in the community where they could meet families.

Revenue Sources for Services to Children in Foster Care

The department continues its ongoing efforts to maximize federal entitlement programs and child support to offset child welfare expenditures. The proportion of children in foster care eligible for federal Title IV-E dollars (with eligibility determined by family income, family composition and other factors) was 56 percent for 2005. This remained steady from 2004.

In 2005, the average monthly percentage of children in foster care who received Supplemental Security Income (SSI) and other Social Security benefits was 16 percent, compared to 19 percent in 2004 and 21 percent in 2003. Factors affecting the decreased percentage include the number of youth exiting foster care and suspension of Social Security benefits when a youth is eligible for Title IV-E maintenance payments. In 2005, the average percentage of children in foster care with a child support order was 75. This remained steady from 2004.

Adoption

Finalized Adoptions

As of December 31, 2005, 22 percent (92) of the children in foster care had the goal of adoption. The 30 finalized adoptions during 2005 represent 16 percent of the children who exited foster care during the year.

FINALIZED ADOPTIONS - FAIRFAX COUNTY FOSTER CARE YOUTH							
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
49	67	63	50	46	27	43	30

Child Placement and Adoptive Home Recruitment Efforts

The department approved 34 families as adoptive families during FY 2005. As of December 2005, the department had 25 children waiting for identification of an adoptive home, compared to 23 children waiting at the end of 2004. The children who wait the longest for adoptive placement tend to be African-American, male and school-aged. They may have educational delays, behavioral or psychiatric problems, a history of sexual abuse and/or medication needs. Recruitment efforts on behalf of children awaiting adoptive placements include presentations at community fairs, town meetings, churches, businesses and social organizations. Partnerships established with faith-based organizations in all regions of the county enable the department to conduct orientations and training in the community and to participate in events hosted by those organizations to raise awareness about adoption.

Increase in Children Receiving Subsidized Adoption Services

Families who adopt children with special mental, emotional and medical needs are entitled to receive ongoing casework support from the department, as well as federal and state financial assistance to enable the permanent placement of these children. Support includes home-based services, counseling and treatment, child care, health and education services, respite care, transportation services, and quality assurance for services received. The number of post-final order subsidy cases continues to grow as the adoptions of children are finalized, because most children are eligible to receive assistance until age 21.

ACTIVE ADOPTION SUBSIDY CASES (POST-FINAL ORDER)							
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
336	394	437	496	520	522	551	563

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

Children, Youth and Family Division

Family and Child Services

Family and Child Services programs are designed to improve family functioning and increase self-sufficiency in families who are at moderate- to high-risk of child abuse, neglect or family dissolution. These families may struggle with a number of complex issues that destabilize the family structure, such as family violence, poor parenting, substance abuse, mental or physical illness, and/or homelessness. This program area is responsible for completing home studies and providing homeless shelter and transitional housing services. Also included in this program is the department's emergency assistance funding for preventing homelessness.

INITIATIVES/PROGRAM HIGHLIGHTS

Intensive Services

Family and Child staff works with families who are referred to them by such agencies and groups as Child Protective Services (CPS); Foster Care; Fairfax County Public Schools; Fairfax County Department of Systems Management for Human Services-Coordinated Services Planning (CSP); Fairfax Area Christian Emergency and Transition Services (FACETS) and other local human services providers.

Social workers provide an array of services to families: comprehensive assessment; case management; counseling; parent training and education; linkage to other services; monitoring of purchased services; life skills training; court-ordered home studies; and court-ordered protective supervision.

In 2005, 82 percent of the families served by Family and Child Services social workers demonstrated improvement in family functioning and well-being after receiving intensive services. To determine this, scores on an assessment instrument completed at the beginning of services and again at case closure are compared. The assessment instrument measures change in various life domains: parent-child relationships, partner relationships, mental and physical health, financial situation, housing and level of community support.

FAMILIES SERVED BY THE FAMILY AND CHILD PROGRAM					
Monthly Average:	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Number of Families Served	271	245	297*	333	344
Number of Children in Families	598	544	632	703	737

*In FY 2003 and thereafter, the number of families served includes those in “assessment” phase; those families may not have cases officially opened for services, but are working with a social worker.

Note: Almost 36% of the families served speak a language other than English in the home; approximately 70% of those families speak Spanish.

Family Group Conferencing Practice

The CYF Division has established a Family Group Conferencing practice. The program 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.

Referrals are accepted from CYF social workers when it is determined children are at risk of being removed from their homes, or when a safety plan must be developed so children can be returned to their homes from foster care. 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.

During 2005, the coordinator received 14 referrals and held 9 successful conferences. An initial assessment indicates significant successes from these conferences in safety, stability and

permanency for children. In 2006, the program will be expanded to allow us to better meet the needs of the families served by the CYF Division.

Domestic Violence Initiative

In 2005, DFS expanded its capacity to provide services to victims of domestic violence and their families through the creation of a Domestic Violence Unit. The unit is made up of three social worker IIIs, who are domestic violence specialists, and a supervisor.

The specialists’ roles and responsibilities are expansive and include: provision of training, consultation and resources to DFS staff; provision of specialized services to families are working with a DFS social worker, including safety planning, court accompaniment, referrals to a shelter, financial assistance, education on dynamics and cycle of violence, including the effect of domestic violence on children; and participation in community domestic violence work groups charged with improving services for victims and their families.

Members of the DFS domestic violence unit also participate in the workgroup for the Domestic Violence Policy and Procedures Coordinating Council. The council’s goal is to ensure that Fairfax County provides a coordinated community response to domestic violence.

Homeless Services

Shelters – In 2005, Fairfax County homeless shelters, which are operated by community nonprofit organizations, served 2,301 people – including families with children. Reston Interfaith operates the Embry Rucker Shelter, which serves both individuals and families. New Hope Housing operates Eleanor Kennedy (adults) and Mondloch II (families). Volunteers of America operates the Bailey’s Shelter (adults), Shelter House, Inc., operates Shelter House (families). Of the unaccompanied adults in shelters, 82 percent have a mental illness and/or a substance abuse problem.

TOTAL NUMBER OF HOMELESS PERSONS SERVED IN THE EMERGENCY SHELTER SYSTEM					
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Individuals	1,751	1,916	1,788	2,194	1,861
Persons in Families	417	510	498	382	440
Total	2,168	2,426	2,286	2,576	2,301

Motels – When space is not available at the county-funded shelters and no other housing alternatives exist, homeless families with children are served in motels. In addition to DFS, various community partners work together to provide services to families while they wait for placement in the shelter.

HOMELESS PERSONS IN MOTELS					
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Number of Families	192	180	131	131	132
Number of Persons	724	647	431	381	341

County/Community Homeless Provider Collaboratives – In 2005, DFS continued to facilitate meetings with the shelter directors and other service providers who work with the

homeless to enable a comprehensive approach to addressing the needs of the residents in the shelters.

The Family Shelter Policy and Best Practice meeting includes family shelter directors and staff, as well as representatives from DFS, Coordinated Services Planning, Fairfax Area Christian Emergency Transitional Services (FACETS), Department of Housing and Community Development (HCD), Fairfax County Public Schools, and nonprofit organizations that provide case management services to transitional housing programs. This group continues to address policy and practice issues and serves as an information-sharing forum for providers who work with homeless families.

Transitional Housing – The department continued to administer two transitional housing HUD grant programs – the Community Housing Resource Program (CHRP) and Reaching Independence through Support and Education (RISE). The department’s nonprofit partners (Northern Virginia Family Service, Reston Interfaith, Shelter House, United Community Ministries and New Hope Housing) operated these programs, which provide support services to high-risk, formerly homeless families in scattered-site, community-based housing. All programs received approval for renewed, one-year funding by HUD.

During 2005, 15 families successfully completed the transitional housing program – meaning they transitioned into permanent housing with the help of housing programs such as the Housing Choice Voucher and Public Housing.

Emergency Assistance – Emergency assistance provides eligible families and individuals with a grant or loan to help with rent or mortgage, security deposits, utility payments and storage or moving expenses. Family Services and the Department of Systems Management for Human Services (DSMHS) continue to work together to manage emergency assistance expenditures. During FY 2005, 326 households received emergency assistance.

Children, Youth and Family Division

Child Abuse Prevention Services

Throughout the Children, Youth and Family Division, services are focused on strengthening families and preventing abuse and neglect. In Child Abuse Prevention Services, specific programs were developed to enhance the division’s prevention efforts.

Child Abuse Prevention Services support families, particularly those at risk of child abuse or neglect, through community-based, family-focused prevention and early intervention services. Investing in prevention programs is cost effective. With a relatively small outlay up-front, expenditures for expensive rehabilitative services for children and families can be reduced or avoided.

INITIATIVES/PROGRAM HIGHLIGHTS

Although there has been a focus on prevention in this department for many years, the emphasis on prevention statewide and across county human services agencies is increasing. In April 2005 child advocates gathered in Richmond, Virginia, to celebrate the publication of *Keys to Prevention: A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia*. Creating this first-ever statewide prevention plan was a year-long effort jointly spearheaded by the Virginia Department of Social Services and Prevent Child Abuse Virginia. Family Services continues to have a leadership role in this effort.

Five strategies are utilized in Child Abuse Prevention Services: one-to-one education of family members; group-based parenting education conducted at community sites, such as schools and churches; drop-in, neighborhood-based service delivery and coalition building to improve family and community conditions; community-wide public education and awareness initiatives; and engaging the community by involving volunteers and donors in child welfare programs:

One-To-One Education and Support of Families/Family Members

Healthy Families Fairfax and mentoring programs provide one-to-one education and support of families and their members.

Healthy Families Fairfax is a home-based early intervention and prevention program offering first-time parents at risk of maltreating their child an opportunity to learn parenting skills and receive emotional support and case management services.

Healthy Families Fairfax is supported through a partnership among DFS, the Fairfax County Health Department and three nonprofit organizations – Northern Virginia Family Service, UCM-Community Solutions and Reston Interfaith. In addition, program support comes through contributions from corporate and foundation donors, including a continuing contribution from the Freddie Mac Foundation.

In 2005, Healthy Families Fairfax received a Certificate of Credential from Prevent Child Abuse America. This achievement, effective for four years, recognizes the program as a provider of high quality home visitation services. The credentialing process, developed in conjunction with the Council on Accreditation of Services for Families and Children Inc., attests that the home visitation program has met a set of nationally established, research-based standards, ensuring quality service delivery.

HEALTHY FAMILIES FAIRFAX					
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Number of Families Served	534	604	649	671	650
Number of Children Served	337	391	449	707*	615

*Until FY 2004, the number of children served was tabulated differently than the number of families. In FY 2004, a more accurate method of calculating children served was established. This new process captured children served throughout the year.

Mentoring - Children or parents who are clients of DFS and would benefit from one-to-one mentoring are referred to receive eight to 10 hours per month of mentoring by trained volunteers. Through the BeFriend-A-Child or BeFriend-A-Parent mentoring programs, volunteers provide role modeling, companionship, support, guidance and advocacy. Mentors help children develop the protective capabilities that come from positive self-esteem, having hobbies and interests, decision-making skills and a sense of responsibility. Those who mentor parents model parenting competence and good coping skills. BeFriend-A-Parent goals include increasing parent self-esteem, decreasing stress and isolation, and helping parents rely less on their children to meet their emotional needs.

MENTORING					
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Number of Parents Served (BAP)	N/A*	8	15	12	18
Number of Children Served (BAC)	55	60	69	76	77

* The Befriend-A-Parent program began in FY2002.

Group Based Education and Support

Two programs provide group-based education and support: the Nurturing Parenting Program and the Good Touch, Bad Touch® Program. Information about these programs and others is available to the public on the DFS parenting resource webpage at www.fairfaxcounty.gov/dfs/ParentingResource/default.htm

The Nurturing Parenting Program is a structured group and educational experience for parents, adolescents and children. Group sessions are offered in English and Spanish. The program addresses parents' needs for nurturing and teaches positive parenting skills. Each session includes concurrent, parallel lessons for their children. The curriculum helps participants develop empathy, increase self-awareness, promote responsible behavior in children and establish developmentally appropriate expectations of children.

The Nurturing Parenting Program piloted two new versions of its curriculum during FY 2005, targeted to specialized populations – a substance abuse curriculum that addresses parenting and the prevention/affects of substance abuse, and a curriculum designed to be culturally appropriate for parents of African-American children. Sixteen families were served and graduated successfully between the two groups (eight families from each group).

NURTURING PARENTING PROGRAM					
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Number of Families Served	94	145	152	197	231
Number of Parents Served	122	194	199	265	321
Number of Children Served*	153	229	226	335	392
Number of Children Served in Child Care	N/A**	48	61	75	70
Number of Groups Held	12	15	15	19	23

* Number of children served includes young children and adolescents.

- ** Children served in child care were not included in count prior to FY 2002.
- *** Three groups were held in Spanish in FY 2001, four in FY 2002, three in FY 2003, five in FY 2004, and six in FY 2005. All others were in English.

Good Touch, Bad Touch® is a comprehensive child abuse prevention curriculum to teach pre-school and kindergarten through 6th grade students the skills that play a major role in preventing or interrupting child abuse/sexual abuse in their own lives. Children are taught the definition of child abuse; are given prevention skills, including personal body safety rules; and are motivated into action if threatened. Last year was the second year the program was offered by DFS staff. In 2005, nine groups were offered through partnerships established with Alternative House, the Fairfax County Park Authority, and the DFS Foster Care and Adoption program. Based on pre- and post-tests, participating children showed a marked increase in their understanding about how to protect themselves from harm.

GOOD TOUCH, BAD TOUCH®					
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Number of Children Served*	N/A	N/A	N/A	14	89
Number of Groups Held	N/A	N/A	N/A	2	9

*FY 2004 was the first year for the program (two groups were conducted.)

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

Two programs that promote neighborhood-based organizing and coalition building are the Family Resource Centers and Neighborhood Networks Programs.

Family Resource Centers offer culturally sensitive, prevention-focused programs. 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.

Together with multiple county agencies, community organizations and volunteers, DFS provides staff and programs for four Family Resource Centers.

FAMILY RESOURCE CENTER DROP-IN VISITORS AND PROGRAM PARTICIPANTS (duplicated count)					
Site	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Culmore	8,242	13,809	12,163	13,678	14,266
Springfield	8,418	14,535	13,606	16,260	15,207
Lorton	1,800	2,171	3,362	4,519	3,695
Crestwood	N/A	N/A	4,130*	8,654*	6,377
Total	18,460	30,515	33,261	43,120**	39,545

Note: The increase in program participants from FY 2001 to FY 2002 at the Springfield Resource Center was a result of an increase in numbers at the Alcoholics Anonymous (AA) group and an improved process for tracking drop-ins, particularly those in the AA group. The increase at the Culmore Center from FY 2001 to FY 2002 was a result of program growth and improved data tracking abilities by Culmore United, a drop-in alcohol and drug abuse prevention program for men.

- * The Crestwood Family Resource Center was in operation for part of the year in FY 2003 and the entire year in FY 2004.
- ** Outreach to the community about center resources and some additions to programming helped increase the numbers of drop-ins at all centers between FY 2003 and FY 2004.

Neighborhood Networks (NN) is a collaboration between DFS and Fairfax County Public Schools focused on educating and connecting families to support systems. Families nominated by the schools for this program are strong families who are committed to good parenting and stability and encourage their children to work for a better life. In 2005, Neighborhood Networks formed new partnerships with Forest Edge Elementary School and Langston Hughes Middle School, joining the five existing partner elementary schools – Riverside, Dogwood, Woodlawn, Woodley Hills and Terraset.

NEIGHBORHOOD NETWORKS					
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Number of Children Served	43	58	69	101	113
Number of Families Served	12	16	21	28	33
Number of Partner Schools	3	3	5	6	6

*Numbers include children and families served across multiple years.

Engaging the Community through Public Awareness and Education

Two groups educate professionals and the public about child abuse and neglect prevention: the Early Intervention Strategy Team and the Blue Ribbon Campaign Committee.

The Early Intervention Strategy Team (EIST) was established in November 1996 to address the disproportionate representation of young African-American children in the Fairfax-Falls Church area needing out-of-home services. The team was charged with identifying reasons for this disproportionate representation and to develop individual, family, school and community early intervention strategies for working with at-risk African-American children and their families. The EIST incorporates small group dialogue and engages frontline workers in learning from their own and others’ experiences. The anticipated outcome of EIST offerings is that service providers integrate awareness of the African-American culture and early intervention philosophy into their service delivery.

Blue Ribbon Campaign Committee – This public education effort involves other county agencies, schools, community organizations and businesses in promoting community-wide awareness about how to prevent child abuse and neglect. Details about the committee’s 2005 activities are contained in the Children, Youth and Family Division overview on page 9.

Engaging the Community by Involving Volunteers and Donors in Child Welfare Programs

Two programs are specifically designed to involve volunteers and donors in child welfare programs. The Volunteer Services Program promotes and supports the well-being of families and individuals in the community by providing trained and dedicated volunteers to work with the division’s programs and the families they serve. The CYF Family Donor Program accepts

donations from businesses, community organizations and individuals for children and families in child welfare programs who need clothes and other essentials.

DONOR CONTRIBUTIONS					
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Value of Donations	\$264,834	\$283,426	\$252,404	\$299,051	\$287,670
Total Number of Donors	141	153	194	213	290

Department of Family Services

Self-Sufficiency Division

The Self-Sufficiency Division administers and operates several federal, state and local public assistance and employment programs. Public assistance programs provide financial and medical assistance to eligible low-income individuals and families. Employment programs, provided under contract with the Northern Virginia Workforce Investment Board (NVWIB), assist employers and job seekers in meeting their workforce or employment needs. Some of the programs in the Self-Sufficiency Division include:

- Temporary Assistance for Needy Families (TANF).
- Virginia Initiative for Employment not Welfare (VIEW).
- Medicaid and Family Access to Medical Insurance Security (FAMIS).
- Food Stamps.
- Workforce Investment Act (WIA) – Adult, Dislocated Workers and Youth Services.
- Other grant-funded employment and training programs.

Continued Increase in Demand for Public Assistance Services: By the end of fiscal year 2005, the division authorized more than \$278 million in public assistance benefit payments on behalf of county residents and managed an average monthly public assistance caseload of 46,491 cases – a 60 percent increase from FY 2001. Caseload increases are primarily the result of increases in population, as well as policy changes at the state and federal level aimed at promoting access to, and retention of services. By the end of calendar year 2005, the public assistance caseload reached 49,794 cases.

AVERAGE NUMBER OF MONTHLY PUBLIC ASSISTANCE/WELFARE REFORM CASES						
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	July - Dec. 05
TANF	1,077	1,149	1,253	1,378	1,419	1,398
Food Stamps	6,516	6,952	7,487	8,899	9,855	10,188
Medicaid	19,565	20,814	23,224	29,875	32,889	35,360
VIEW	209	243	322	390	419	414
Other	1,870	2,103	2,369	1,986	1,910	1,757
TOTAL	29,028	31,018	34,333	45,528	46,491	49,117

PUBLIC ASSISTANCE HIGHLIGHTS

Food Stamps Program

In FY 2005, an average of 9,855 families per month received \$1.5 million in Food Stamps benefits, or \$17.6 million for the year. The purpose of the Food Stamp program is to alleviate hunger and malnutrition by providing eligible low-income families additional food purchasing power through income supplementation.

Medicaid/Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus

In FY 2005, an average of 40,567 individuals (13,190 adults and 27,377 children) participated in the Medicaid/FAMIS Plus programs. The county also enrolled an additional 4,866 children in FAMIS. In FY 2005, a monthly average of \$21.3 million (or \$255 million for the year) was paid out under the Medicaid/FAMIS Plus programs to county residents. The federal/state funded Medicaid and FAMIS programs pay medical service providers for services rendered to eligible elderly, disabled and blind individuals, pregnant women, and low-income families with children. FAMIS is the federal/state program that provides low-cost health insurance for children in low-income families that earn too much to be eligible for Medicaid, but do not have private health insurance. FAMIS Plus is Virginia's name for children's Medicaid.

Temporary Assistance for Needy Families (TANF) and the Virginia Initiative for Employment not Welfare (VIEW)

In FY 2005, an average of 1,419 families received \$480,125 per month in TANF benefits, or a total of \$5.7 million for the year. In addition to the cash benefit, 926 parents received employment services under the VIEW program.

The TANF program provides monthly cash assistance to low-income families so children may be cared for in their own homes or in the homes of relatives. VIEW is the mandatory employment program for able-to-work parents with children 18 months of age or older receiving TANF. The maximum amount of benefits a participating TANF family receives ranges from \$242 per month for one person to \$570 per month for six or more people. The average TANF grant in Fairfax is \$334.

VIEW participants who were employed during FY 2005, achieved an average wage of \$9.03 per hour and average monthly earnings of \$1,252. It should be noted that VIEW families become ineligible for TANF and VIEW when wages from employment, combined with other available income, reaches 100 percent of the federal level (for example: \$1,341 monthly, the Federal Poverty Level for 2005 for a family of three), or at the 24-month time limit of the program.

During FY 2005, the Fairfax County VIEW program helped 926 parents with economic, social and employment services including skills training and supportive services that helped them keep their family together. The VIEW program also provided:

- More than 400 new participants with educational and vocational assessments to identify the best starting place to stabilize the family and begin preparation for entering the workforce.
- 143 neuropsychological evaluations for participants who screened in with potential hidden disabilities. The evaluations were followed up with appropriate referrals and services to help participants overcome or manage the identified challenges.
- At least 87 participants with English for Speakers of Other Languages (ESOL) classes.
- 620 participants, who became employed, with follow-up services including extended Medicaid, transportation and child care support when needed.
- 767 VIEW participants with meaningful work activities ranging from skill training to volunteer work experience.

- 70 participants per month with volunteer work sites in the community to obtain work experience, develop a good work ethic, build skills and obtain a current reference.
- 113 graduates from four weeks of job readiness training in the Workplace Essential Skills classes.

Other Public Assistance Programs

The department also manages other important public assistance programs such as Energy Assistance, Refugee Assistance, General Relief, Aid to Families with Dependent Children-Foster Care (AFDC/FC), Auxiliary Grants for the elderly and disabled, Fraud Prevention and Repatriation Assistance that meet some needs of eligible low-income families and individuals in our community. These programs comprise approximately 4.1 percent of the caseload or 1,910 cases not including more than 1,000 additional cases from the seasonal Energy Assistance Program (Cooling, Heating and Crisis).

Other Initiatives This Year

Implementation of Extended Business Hours – Public assistance services are now available Monday through Thursday, 7 a.m. to 7:00 p.m., and Friday, 8 a.m. to 4:30 p.m. This is a change from the previous schedule of Monday through Friday, 8 a.m. to 4:30 p.m. The division’s business hours were extended in response to requests from customers for expanded hours of operation and in keeping with the department’s strategic goal to improve access to services for customers. The change in schedule is intended to accommodate the needs of working families and individuals conducting public assistance related business with the department, as well as the needs of staff for more flexible schedules including compressed work week options. The new hours will be tested for one year, at which point they will be evaluated based on data gathered during this period.

Business Process Redesign (BPR) - As caseloads continue to rise, and with the implementation of extended hours of operation, the division underwent a process analysis and system reengineering. The BPR’s primary goals were to improve customer services, assist caseworkers in managing their increasing caseloads and successfully implement the extended business hours initiative. Enhanced automation is a critical component of this BPR process. The new automated support, which is expected to move the division from a paper driven system into an integrated electronic document management system, will allow for better work collaboration and information sharing, as well as the usage of less paper. Implementation of the automated support system is projected for summer 2006.

Health Access Assistance Team (HAAT) Program - The HAAT program is a partnership between DFS, the Fairfax County Department of Systems Management for Human Services (DSMHS), the Fairfax County Community Health Care Network (CHCN), the Fairfax County Health Department, and Office of Partnerships-Medical Care for Children Partnership (MCCP). The mission is to ensure that people without health insurance have access to, and use the most appropriate healthcare resources available to them. This is achieved by simplifying access to services through the creation of coordinated “points of entry”. HAAT teams are located at each of the three Community Health Care Network offices located in Reston, South County and Bailey’s Crossroads. The HAAT team received a National Association of Counties (NACo) Achievement Award in 2005 in recognition for

an innovative program that contributes to enhancing county government. Over 6,400 individuals were connected with health care services in 2005 through the HAAT teams.

Hurricane Katrina Assistance – The division was also involved in responding to the needs of Hurricane Katrina evacuees who came to Fairfax after the disaster. The division assisted more than 1,000 evacuees and processed more than 840 applications for benefits. Division caseworkers were co-located with the American Red Cross to serve the evacuees more expeditiously.

Medicare Part D Prescription Card – The federal prescription drug program for Medicare recipients, known as Medicare Part D, began on January 1, 2006. The Adult and Aging and Self-Sufficiency divisions were involved in this effort. Adult and Aging, through its Virginia Insurance Counseling Assistance Program (VICAP), participated in an extensive public education campaign to help individuals understand how to choose the best plan for their situation. The Self-Sufficiency Division helped low-income individuals to apply for the Medicare Part D premium subsidy with the Social Security Administration.

Partnering with the Community Services Board (CSB) – Many mentally ill residents have trouble following through with the public assistance process. A partnership with the CSB resulted in Self-Sufficiency staff going to Woodburn and Mount Vernon Mental Health Centers to assist patients with the public assistance application process. Mental Health workers from CSB identify patients who need assistance and work with them and the Self-Sufficiency caseworker to ensure the application process is completed.

The division also assists the CSB with its Jail Diversion Program. Mentally ill residents who are arrested for minor crimes are identified through a partnership with CSB and the Fairfax County Police Department. The division assigns caseworkers to work with the CSB mental health workers in the public assistance application process for these individuals.

EMPLOYMENT PROGRAM HIGHLIGHTS

The Self-Sufficiency Division of the Department of Family Services, under contract with the SkillSource Group, Inc., manages and delivers the Workforce Investment Act (WIA) and other federal and state funded employment programs. The SkillSource Group, Inc. is the administrative arm of the Northern Virginia Workforce Investment Board (NVWIB). The NVWIB is the governing body for this local workforce area, which includes Fairfax, Prince William, and Loudoun counties, as well as the cities of Falls Church, Fairfax, Manassas and Manassas Park.

These employment services assist two primary customers: job seekers and employers. Services are delivered at one-stop employment centers called SkillSource Centers, in partnership with agencies such as Fairfax County Public Schools, the Virginia Employment Commission and the Virginia Department of Rehabilitative Services to coordinate services. Family Services operates three of the seven SkillSource Centers in this region – South County, Falls Church and Reston.

At the SkillSource Centers, job seekers can obtain assistance in unemployment insurance, job search and assessment, resume writing, access to labor market information, occupational skills training and job placement. Employer services include screened job applicant referrals and onsite recruitment events. Business start-up and expansion services are available to would-be entrepreneurs and small businesses through the Center for Business Planning and Development (CBPD), which is co-located at the Falls Church SkillSource Center. The CBPD is a partnership among the NVWIB, the Business Development Assistance Group (a local non-profit organization, which specializes in technical assistance to emerging and existing businesses) and DFS.

2005 Program Statistics and Highlights

- In calendar year 2005, more than 31,000 visits were made to Fairfax County SkillSource Centers. Of these, more than 12,000 were first-time visitors.
- 300 individuals received intensive, training services through WIA programs. The 122 WIA participants who completed services averaged a salary of \$39,946 per year.
- The NVWIB won a \$40,000 Performance Incentive Award made possible by this local workforce area's high performance in the 17 Federal WIA performance measures.

In addition to the regular services provided at the centers, several employment and business events were offered throughout the year – targeting specific needs within the community:

- **First Annual Career and Entrepreneurship Expo: “Envision Your Success.”** This event featured business networking, employer partnership awards, an exhibit hall, workshops, and interactive clinics. More than 40 employers and economic service providers participated in the expo, and more than 1,000 job seekers and emerging entrepreneurs attended.
- **Women Empowering Women** Connecting low-income women in the community, especially Spanish-speaking individuals, to available services and resources from Fairfax County and faith and community-based organizations. The program was presented in English, but was also available in Spanish through simultaneous translation equipment.
- **Third Annual Multicultural Business Conference: “Access to Success.”** This event attracted hundreds of small business owners and provided business-to-business networking opportunities, as well as useful resources and connections to organizations with a mission to help small businesses.
- **Employment Support for Katrina Evacuees** SkillSource Center staff worked closely with a variety of organizations, including the American Red Cross and the Fairfax County Chamber of Commerce, to provide services to evacuees seeking jobs in northern Virginia. The Fairfax SkillSource Centers held eight job fairs in October and provided employment services to approximately 68 job seekers.

ISSUES/TRENDS

Reauthorization of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act, which created the Temporary Assistance for Needy Families (TANF) and also contains a number of public human service programs, such as Medicaid, child support, Food Stamps and child welfare, ended on September 30, 2002. Since then, programs under the act have continued to operate under a series of extensions called Continuing Resolutions. In February 2006, the President signed the Deficit Control Act of 2005. This budget bill is expected to save approximately \$40 billion over five years and makes major changes to a number of public human services programs including Medicaid, welfare (TANF), child support and others. Some of the bill's major provisions for selected programs include:

- TANF
 - Reauthorizes program at current funding level through 2010.
 - Maintains the same 50 percent work participation requirements for states, however, a caseload reduction credit that allowed states to reduce their work requirement by their caseload decline since 1996 was eliminated.
 - Provides stiff financial penalties to states for failure to meet the new employment participation requirements.
 - Reduces funding for TANF by eliminating the TANF high performance bonuses (awarded to Virginia seven of the last eight years).
 - Funds competitive grants to promote healthy marriages and responsible fatherhood.

Virginia introduced legislation this year to change the state TANF/VIEW program to address new federal requirements for work participation and other changes. Under the new federal law, Virginia's VIEW program will be faced with meeting a participation rate based on a new formula, which eliminates the 1996 caseload reduction credit from the calculation. Therefore, to meet the new requirement, Virginia will have to require certain groups of people who were exempted from the VIEW program before (e.g., parents with children 12 months to 17 months of age, pregnant women, people with temporary medical exemptions) to participate in VIEW. For local social service agencies, this would mean having to provide services with no additional staff resources to a much larger population that will include the hardest to serve customers. Meeting the new standards of participation, while maintaining a high level of performance and quality customer service will seriously challenge staffing and funding resources at the state and local levels.

- Medicaid
 - Allows states to set up different benefit packages for selected beneficiary groups.
 - Allows states to enforce cost-sharing and premiums for certain beneficiaries.
 - Increases federal programs designed to cut "waste, fraud, and abuse" in Medicaid programs by establishing Medicaid "integrity" programs and audits.

- Makes it more difficult for seniors to transfer their financial assets to others in order to qualify for Medicaid paid nursing care.
- Requires that individuals present satisfactory documentary evidence of citizenship or nationality prior to enrolling in Medicaid.

As the cost of Medicaid continues to increase, states are looking for solutions to contain growth and cost in the program. In Virginia, several legislative proposals have been introduced this year that, if approved, will require a revision of the state's Medicaid Plan to implement cost savings initiatives.

Increased Demand for Public Assistance and Workload Increases

The trend of increased demand for public assistance programs has continued since the start of this decade (over 60 percent increase in cases since 2001) although the staffing level of the division has not increased. Because of this, the division must find sensible short-term and long-term solutions continue meeting stringent federal and state performance standards while maintaining quality customer service.

In addition to population growth and the federal and state policy changes referenced above, other program requirements that are intended to promote access to and retention of services are likely to continue driving demand for services upward. This trend makes it difficult for the division, already stretched thin, to continue performing at peak levels unless additional staff support is made available in the future.

This report can be viewed online at www.fairfaxcounty.gov/dfs/pdf/ASSB2005.pdf

A publication of the County of Fairfax, Virginia.

Fairfax County is committed to a policy of nondiscrimination in all county programs services and activities and will provide reasonable accommodations upon request. To request this information in an alternate format, call 703-324-5870; TTY 703-222-9452.

March 2006