

## Department of Family Services

### ► Agency Mission

The Department of Family Services (DFS) promotes and supports the well-being of families and individuals within the community — especially children, older persons and those who are most vulnerable — by providing integrated services that help protect them from abuse, neglect, and exploitation while assisting them in achieving and maintaining independence and their greatest level of self-sufficiency.

### ► Trends/Issues

The Department of Family Services offers a wide range of programs and services for residents of Fairfax County and the cities of Fairfax and Falls Church. Programs and services are provided through four divisions: Adult and Aging; Child Care/Office for Children; Children, Youth and Family; and Self-Sufficiency. Disability Services Planning and Development, and Volunteer Programs and Opportunities units further support the DFS mission. Many DFS programs are Federally and/or State funded, have specific eligibility requirements, and serve low-income families and individuals.

Historically, societies have turned to government to provide guidance and support in dealing with the complex challenges of the frail, weak and elderly. Institutions such as orphanages, “poor houses”, and mental asylums were common social service centers offering at least housing and subsistence care to those unable to care for themselves. More recently we have seen social welfare programs such as Medicare and Medicaid, Head Start, and Food Stamps evolve into sophisticated service delivery systems operated by Federal, State and local government agencies.

#### **1. Changing Federal and State Legislation and Subsidies**

Currently welfare reform (PL 104-193), the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, is the landmark national policy guiding the delivery of social services in the United States. This initiative has revitalized the welfare system by moving the emphasis from receiving benefits to earning wages. With support services provided and a strong economy offering a variety of job opportunities, many have found employment. However, this policy shift is only one of the changes impacting the way we do business.

The Federal Adoption and Safe Families Act and Virginia’s Court Improvement legislation (1997) have significantly altered the way DFS approaches child welfare services. Mandated timelines have required the County to restructure and better coordinate our services to reduce the time children spend in foster care. Intensive prevention and early intervention services provided as a result of the legislation have also greatly strengthened the agency’s ability to support family stability and permanent safe homes for children.

These legislative initiatives mandated major changes in the way DFS does business; but other noteworthy societal trends and local issues have also influenced the DFS response to community needs. Child care is one example. The demand often outstrips the supply as providers leave the field for more lucrative jobs. Despite the providers’ low-wages, the cost of care is often as expensive as the cost of housing. State subsidies have not kept pace with the demand as market rates have increased disproportionately faster than wages. The failure to provide a service delivery system adequate to support low-income families places many young children at risk of being left unattended or not receiving the quality care necessary to nurture their development.

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## **2. An Increasingly Diverse Population**

The 2000 Census confirms the increasing cultural diversity of our nation. This is not news to Northern Virginia. Because of our proximity to Washington D.C., Fairfax County has always been home to a rich blend of nationalities. However, our growing multicultural environment is requiring DFS to expand our outreach efforts and develop new service initiatives. Thirty-one percent of our County residents older than five years of age speak a language other than English at home. Many of these residents are new to America and arrive here with a willingness to work hard, but few financial resources. A large number also lack the English skills, education and job experience needed for a smooth transition to a highly technical job environment. Some, whose formal education was interrupted by war or poverty, are not literate in their first languages.

In order to assist these clients, we must first provide them with information about types and locations of services and eligibility requirements. People in need of social services frequently access our system as a last resort. They are emotionally distraught, and worried that seeking government assistance might somehow jeopardize their dream of American citizenship. These barriers alone are sufficient to cause communication problems between clients and social workers. When compounded with an inability to be understood by workers when they express their needs in their own languages, these families are often overwhelmed.

In an effort to better serve these residents, we have hired staff who are racially and ethnically diverse. We have also provided multicultural training and language classes to current workers. We offer printed materials in languages other than English, most commonly in Spanish, Vietnamese, and Farsi. We are currently working to translate materials on our DFS web site and to list web addresses in languages other than English as links through our web pages. Through programs provided by the Workforce Investment Act and our Family Resource Centers we link clients to ESL classes, and provide multicultural outreach through DFS contracts with community based organizations. The Office for Children has recently developed an ESL component for family home care providers, and is actively recruiting multicultural providers.

Over time, we have learned that cultural barriers extend beyond an inability to speak English. People are reluctant to ask for help outside of a comfortable environment. They are more likely to seek services in a timely manner if they can do so in their own neighborhood. Consequently, we have decentralized many of our service entry points and now staff a number of community locations to be more easily reached by public transportation. Multiple services are co-located, so clients can schedule several appointments within a set timeframe. Clustering service providers enables us to facilitate translation capabilities in a variety of languages at key locations.

## **3. A Continuing High Level of Children in Poverty**

In 2000, nearly 19 percent of the children attending Fairfax County public schools were eligible for free or reduced-cost lunches. Even though welfare rolls have decreased dramatically, these children, most of whose parents are working, are still living in poverty. This reflects the wage and benefit structure of low-skilled, entry-level and service sector jobs.

Children whose families are poor need all the support we can offer. DFS services must respond to both their short and long-term needs. Food programs, acute and preventive health care, subsidized housing, quality child care, Head Start, parenting and other prevention and early intervention programs help to assure their basic nutrition, health and safety. While providing these necessities, DFS must also address the educational and technical skills their parents need to qualify for better paying jobs. Yet the availability of Temporary Assistance for Needy Families (TANF) funds which support some of these services may be in jeopardy as Congress wrestles with the reauthorization of the 1996 welfare reform legislation and debates the purpose and amount of future TANF block grants.

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In FY 2000 DFS provided eligibility assessments, case management services and benefits re-certification for individuals who submitted 24,200 applications for assistance. Through aggressive outreach and working with an interdisciplinary team, the agency enrolled 1,724 in the Children's Medical Security Insurance Program (CMSIP). The average Medicaid cases under care (which do not include CMSIP) total 19,087. The County's Head Start program served 1,568 children in 2000, and an additional 7,751 children received subsidized day care. These services, coupled with our Healthy Families and prevention oriented mentoring programs address specific needs; but long-term solutions are dependent on the evolution of a national policy which rewards all workers with wages able to sustain self-sufficiency.

#### **4. An Increase in Unfunded Mandates and Program Accountability**

Federal funds awarded through the Social Services Block Grant program will decrease in FY 2002 despite the transfer of TANF funds authorized by the 2000 General Assembly to fill the gap. WIA funds to provide employment and training services to job seekers who may be new to the workforce, displaced from previous employment, or have other substantial employment barriers have already been allocated for this year. The Northern Virginia Workforce Investment Board must now find and leverage funding from other sources to continue supporting the program at the previous level.

Three other sources of DFS revenues have disappointed us lately. First, the 2001 General Assembly's failure to agree on a State budget prevented the usual second year adjustments to the State's biennial budget process. This has limited our flexibility to address newly emerging issues such as the increasing energy costs impacting our low-income and elderly residents. Second, the anticipated local savings resulting from the authorization of Medicaid as a funding source for the Comprehensive Services Act (CSA) have not materialized. Consequently, the County has continued to carry a hefty portion of both program and administrative CSA costs. Finally, the State has been slow in drawing down all available Federal funds for child day care. This has negatively impacted the ability of all Virginia localities to assist low-income parents to obtain affordable, quality child care.

Funds may be down, but accountability is up. While maintaining a caseload of 6,500 families receiving Food Stamps and serving as a pilot locality for the initiation of Virginia's new Electronic Benefits Transfer (EBT) program, DFS staff must constantly monitor the eligibility criteria for each case. Quality control problems subject States (and potentially localities) to fiscal penalties.

#### **5. The Complexity of Service "Solutions"**

Fairfax residents who seek social services assistance today generally have a myriad of presenting problems. The high cost of housing reduces their ability to meet other expenses. However, the reasons for needing assistance with housing, food or health care, are often more involved.

In some cases families do "need money" because their annual income is far below the real cost of living in Northern Virginia. With monthly rent charges averaging \$1,039 a month for a two bedroom apartment, child care costs of \$669 a month, and transportation fees costing \$145 a month, a single parent with a preschooler needs to earn \$15.63 an hour, or \$33,012 a year to meet their basic expenses. Although the median household income in Fairfax County was \$90,934 in 2000, many of our DFS clients fall within the 8.7 percent of our population that have incomes of less than \$25,000 a year. (Data in this paragraph was obtained from the Fall 1999 Report, *The Self-Sufficiency Standard for the Washington, DC Metropolitan Area*; *The Washington Post*, June 10, 2000; the Fairfax County Economic and Demographic Information Section of the Fairfax County website; and Fairfax County 2000 Rental Housing Complex Census Analysis).

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Our ability to provide or refer clients to specific services often determines their ability to increase their earning power. Our clients need ESL classes and or family literacy instruction to improve their communication skills. Individuals who do not have a high school diploma need at least a GED certificate to compete in the job market. Those who have a high school education need to develop focused work skills and build a stable job history. Fairfax County has taken an active role in implementing the Workforce Investment Act (WIA) offering a network of one-stop employment centers that give businesses and job seekers the tools they need. All workers with young children need child care; but even with subsidies many families cannot afford the cost. Sometimes a job readiness and upward mobility path is interrupted by the need to resolve mental health or substance abuse problems. A lack of health and/or dental insurance can be a major barrier to families receiving the services and treatment needed.

Family violence issues and cultural variations in parenting practices also prevent some families from making progress. By offering prevention, mentoring, child protective services, and foster care services regionally, we have been able to achieve a rapid response rate to requests for assistance. We have also better supported our clients in the community where they live by developing service programs with community and mentor relationships. Hopefully this will help to illustrate the human dimensions of "social service" issues and encourage other traditional service providers, such as religious organizations, to recognize that neighbors struggling with problems often respond favorably to personal links to other strong, loving adults.

### **6. A Growing Elderly Population**

Since 1990 the number of elderly Fairfax County residents has grown by 39 percent. As the aging population increases, so does the demand for services for citizens living on fixed incomes. The normal challenges of growing older and the rising cost of necessary goods and services, such as mounting fuel costs and astronomical prescription expenses, have greatly diminished their purchasing power. Those living with a debilitating illness and needing in-home assistance or long-term care are fearful of depleting their assets.

Traditional elderly services will need to be provided on a larger scale. Volunteers continue to be the backbone of services such as Meals-on-Wheels, nursing home Ombudsmen, and information and education services. The market demand for caregivers, either to provide in-home services, or to work in nursing facilities, has outpaced the industry's ability to train workers. Low-wage rates combined with physically and personally demanding work and the ready availability of alternate employment at comparable or higher wages has created a serious shortage of qualified staff willing to continue in their field.

DFS continues to improve communication about senior resources through its quarterly newsletter to seniors, *The Golden Gazette* (which now reaches 28,000 readers), expanded web site activities, senior publications in nine languages and phone lines also staffed in multiple languages. We are currently working with the County Department of Transportation to address the significant public access issues confronting the elderly and handicapped. FASTRAN's Dial-a-Ride has expanded hours for door-to-door bus rides for clients 65 and older; and the Seniors On The Go program, a taxicab voucher pilot program offering rides at a reduced cost, began in March 2001.

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### **7. Systemic Changes in Child Welfare Service Delivery**

The legislative priorities mentioned in the introduction have broadened the focus of child welfare programs. Our attention no longer is exclusively on the parent and child, but has expanded to include the context of the family within their total environment. This has contributed to a decrease in the number of children in foster care from 710 in July of 1997 to 544 in July of 2000. In partnership with community based organizations and the Fairfax County Department of Health, our Healthy Families Program provided home visits educating first-time mothers on child development, health care and parenting skills in an effort to prevent child abuse. Unfortunately, State funding to expand community outreach lags behind the identified need.

Child Protective Services (CPS) also is breaking new ground. DFS is poised to be one of the larger jurisdictions in Virginia about to implement a new method of responding to complaints of child abuse and neglect. The "Differential Response" method will permit CPS staff to perform an assessment of the seriousness of a CPS complaint and to differentiate between options about how to handle the issue. One option will be to pursue an investigation resulting in a finding of guilt or innocence. A second option, while continuing to guarantee child safety, will permit a social service intervention which is less adversarial in nature and more conducive to improving parenting behaviors.

As DFS has decentralized child welfare services, we have become increasingly aware of opportunities to provide meaningful family intervention and education through a community-based service model. Through our model court, family group conferencing and concurrent planning models we are refining our ability to better serve our vulnerable young citizens and their families.

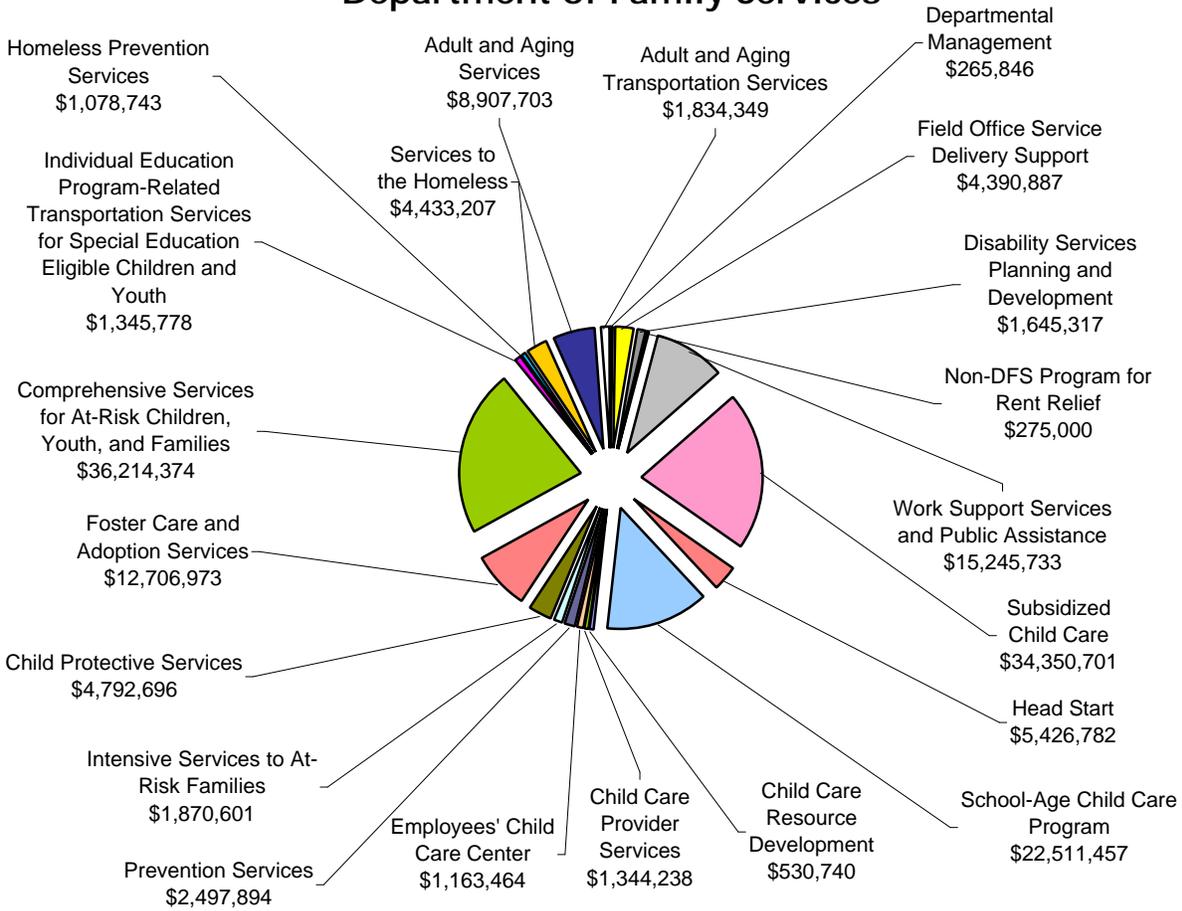
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### ► Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
67-01	Departmental Management	\$265,846	3/3
67-02	Field Office Service Delivery Support	\$2,094,984	42/42
67-03	Disability Services Planning and Development	\$648,967	3/3
67-04	Non-DFS Program for Rent Relief	\$275,000	0/0
67-05	Work Support Services and Public Assistance	\$1,725,135	208/207
67-06	Subsidized Child Care	\$12,568,772	20/20
67-07	Head Start	\$5,390,782	18/18
67-08	School-Age Child Care Program	\$5,441,051	563/514.49
67-09	Child Care Resource Development	\$515,328	10/10
67-10	Child Care Provider Services	\$1,302,398	24/24
67-11	Employees' Child Care Center	\$539,668	28/25.3
67-12	Prevention Services	\$2,033,147	24/23
67-13	Intensive Services to At-Risk Families	\$816,601	37/37
67-14	Child Protective Services	\$2,519,347	76/76
67-15	Foster Care and Adoption Services	\$3,217,302	77/77
67-16	Comprehensive Services for At-Risk Children, Youth, and Families	\$16,381,221	4/4
67-17	Individual Education Program-Related Transportation Services for Special Education Eligible Children and Youth	\$1,345,778	0/0
67-18	Homeless Prevention Services	\$878,743	0/0
67-19	Services to the Homeless	\$4,408,207	0/0
67-20	Adult and Aging Services	\$6,219,856	68/68
67-21	Adult and Aging Transportation Services	\$1,712,547	1/1
<b>TOTAL Agency</b>		<b>\$70,300,680</b>	<b>1,206/1,152.79</b>

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Total FY 2002 Adopted Budget Expenditures = \$162,832,483

Total FY 2002 Adopted Budget Net Cost = \$70,300,680