

Item	FY 2016 Advertised Budget Plan PROPOSED Budget Actions	\$ Reduction in FY 16 Advertised Budget Plan	Associated Merit Positions	Impact on Other Human Services Depts.									Impact by R.B.A. Area					
				DFS	CSB	Health	NCS	JRDC	OPEH	HCD	DAHS	Other	Healthy People	Positive Living for Older Adults and Adults w/Disabilities	Affordable Housing	Connected Individuals	Economic Self Sufficiency	Successful Children and Youth
Department of Family Services		\$4,134,031	11															
A	1. Realize savings in the mandated Comprehensive Services Act (CSA) budget from cost containment strategies. Little adverse impact is anticipated as these strategies are designed to reduce costs and improve outcomes. CSA expenditures are largely driven by the number of children and youth served and the complexity of each case, as well as federal special education mandates, which are outside of the County's control.	\$315,000	0	X				X				X					X	
B	2. Increase School Age Child Care (SACC) revenue via an annual registration fee of \$35 per family. This fee would be charged to families with income above the eligibility level for sliding fees.	\$270,000	0	X							X						X	
C	3. Increase SACC revenue by increasing fees for service. Fees are collected from parents as payment for child care services, based on a sliding fee scale. Increased fees could be unaffordable for some families. Approximately 10,500 children are served daily at 138 locations throughout the county.	\$532,120	0	X							X						X	
D	4. Eliminate Good Touch/Bad Touch program (Child Abuse Prevention). In FY 2014, this program delivered 70 classes and served 998 students from preschool to 6th grade. The FCPS provided 59% of the program's referrals. Day care centers comprised 19% of referrals. Eliminating the program could result in requests for Child Protective Services to provide community education.	\$85,056	1	X								X					X	
E	5. Eliminate contract for legal services for persons with disabilities. Legal assistance is provided to low-income people with disabilities to help individuals permanently unable to work obtain benefits through Social Security. More than 70 customers with disabilities will not receive legal assistance, and more than 90 vulnerable and low-income customers will not receive assistance in the areas of disability rights, housing, employment, transportation, Medicaid, and health care.	\$51,017	0	X								X		X				
F	6. Eliminate the Local Rent Relief Program. This is a once-yearly subsidy, not an emergency or homeless prevention program. The Dept. of Tax Administration determines eligibility, up to \$575 per year per individual. Affected individuals may access other emergency assistance programs.	\$275,000	0	X				X				X					X	

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G	7. Reduce funding for the Parenting Education Program (Child Abuse Prevention). This program is one of the few non-mandated services in the Children, Youth & Families Division. Two of three merit positions would be eliminated, as would half of the operating costs. Any reduction could increase the risk of abuse and neglect, as well as out-of-home placements. The annual cost per child for Parenting Education is \$1,480; the national cost to serve a child through the child welfare system approximates \$30,000.	\$216,816	2	X															X
H	8. Eliminate the Healthy Families program. Prevention is one of the few non-mandated services in the Children, Youth & Families Division. This reduction would result in at least 613 at-risk families with young children (535 children) not receiving early childhood, home-visiting services. 23 % of mothers served are between the ages of 19 and 23. It would also have a disproportionate effect on the Hispanic population, as 77.4 % of families served are Hispanic.	\$1,639,022	8	X		X								X					X
I	9. This reduction will impact the department's personnel Services budget and is based on historical savings in this area as a result of current staffing levels. Although no significant impact is expected, the department will be required to closely manage their position vacancies and monitor spending patterns.	\$750,000		X											TBD				
Fairfax-Falls Church Community Services Board		\$2,331,000	29																
J	1. Eliminate one Management and Budget Coordinator position deployed to CSB Special Projects.	\$179,616	1		X														
K	2. Eliminate one clinical position providing outpatient and day treatment services to youth and families. With the CSB's Priority Access guidelines and the opening of the Merrifield Center, outpatient and day treatment programs are being merged to create efficiencies and serve those with highest needs. In FY 2014, outpatient and day treatment programs served 1,570 youth and families. Of the current staffing level of 66 positions, 44 are filled. Wait times are generally 4 weeks, but could be as long as 6 weeks.	\$147,119	1		X								X						X
L	3. Eliminate 3 clinical positions providing community outreach services to individuals intoxicated in public, diverting them from arrest and into services. This reduction allows the CSB to reduce only the outreach component of a CSB core service, achieving savings without eliminating the underlying service. In FY 2014, 451 persons received outreach/diversion services, 1,353 public safety hours were saved, and 340 persons were admitted to the Fairfax Detox. Center.	\$257,394	3		X				X			X	X			X			

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M	4. Reduce the appropriated reserve for the Infant and Toddler Connection (ITC) from \$1 million to \$500,000. This will reduce flexibility should caseloads increase beyond expectations. FY 2015 data-to-date suggest that caseloads are not only increasing at the FY 2014 rate of 7.0 to 7.7 %, but also may approach 7.8 % to 9.0 %.	\$500,000	0		X									X						X
N	5. Close Sojourn House and eliminate 10 positions. Sojourn House is an 8-bed community-based therapeutic group home for girls ages 12 through 17 with serious mental disturbance and with/without co-occurring substance use disorder. It is a Medicaid Level-B Therapeutic Group Home provider. Sojourn has been unable to meet an 80 % utilization target since FY 2009. Utilization has decreased from 64 to 53 %, yet the impact to the General Fund has remained relatively constant since FY 2012. The facility is owned by Fairfax County, and may be repurposed for other needs. CSA and CSB funding will be available to support residential placements.	\$146,648	10	X	X								X	X						X
O	6. Eliminate 2 clinical positions providing comprehensive screening and assessment services for individuals prior to their entry into the CSB system of care. Eliminating 2 of the 15 current positions will reduce capacity to assess individuals by approximately 280 assessments each year. However, based on the CSB's Priority Access guidelines, fewer assessments for substance use disorder will be required. Minimal impact is anticipated.	\$234,685	2		X					X			X	X				X		
P	7. Eliminate one vacant CSB Service Director position for Engagement, Assessment, and Referral Services. While elimination of this position is not expected to impact the numbers of clients served or wait times for service, it may result in reduced service quality.	\$160,259	1		X								X	X				X		
Q	8. Eliminate 8 clinical positions and 8 non-merit benefit-eligible positions providing mental health residential services. The eliminated positions in Residential Treatment and Supportive Community Residential Services will be replaced by contract staff to provide mental health residential services. The current contract is being amended.	\$213,648	8		X					X			X	X				X		
R	9. Eliminate 2 clinical positions in directly-operated group homes for individuals with intellectual disabilities and recognize savings in operating expenses from prior consolidation of directly-operated group homes. Assisted Community Residential Services operates 9 group homes and 5 apartments for individuals with intellectual disabilities. Approximately 89 positions provide direct care services and management for approximately 57 residents. Eliminating the positions will reduce capacity to respond to individuals' needs.	\$306,652	2		X					X			X					X		

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S	10. Eliminate one CSB Service Director position and reclassify a Senior Clinician to a Mental Health Therapist position. These positions are located in the Forensic Transition and Intensive Community Treatment Services program, which provides behavioral health services to adults incarcerated in the Fairfax County Adult Detention Center. Service capacity would be reduced as would responsiveness to complicated, sensitive, clinical and legal issues.	\$184,979	1		X					X		X	X			X		
Health		\$601,164	12															
T	1. Eliminate Healthy Families Fairfax Program, resulting in 613 at-risk families with young children (535 children) not receiving early childhood home-visiting services.	\$232,693	3	X		X						X	X				X	
U	2. Close the Annandale Adult Day Health Care program site, which is one of five program sites that provide services for low-income seniors and adults with disabilities.	\$338,471	9	X		X	X					X	X					
V	3. Realize savings of \$30,000 based on prior-year spending. This reduction will impact the department's personnel services budget and is based on historical savings in this area as a result of current staffing levels.	\$30,000											TBD					
Neighborhood and Community Services		\$775,000	4															
W	1. Eliminate one of two Division Director positions in the NCS Regional Services and Center Operations division. Reduction will require a redesign of the leadership and management structure of NCS to ensure program and service delivery, as well as customer service are not impacted. Division Director supports human services system-wide work, community development and partnerships, and provides leadership on NCS initiatives.	\$90,000	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
X	2. Eliminate one of four Community Developer II positions within NCS Regional Services and Center Operations. (there are two remaining Community Developer I's) Position provides support to residents and partners (ie., nonprofits, faith-based organizations, and neighborhood associations) serving Region 4 which includes: Centreville, Chantilly, Fairfax, Burke, and West Springfield. Elimination of this position will require an ongoing redesign of how community engagement is conducted across the NCS regions. This includes assigning specific work to the remaining community developer staff based upon community needs, emerging issues, or alignment with strategic focus areas as identified in regional and/or center-based plans, regardless of geographic areas in which the need is identified.	\$85,000	1				X					X	X	X	X	X	X	

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Y	3. Eliminate one of four Management Analyst IIIs ("System Planners") in Countywide Service Integration Planning and Management (CSIPM). The work of a System Planner includes data analysis to produce actionable data, strategic planning to systematically reach identified goals, performance management to develop meaningful metrics and assess programmatic impacts, and technical assistance and training for services. System Planners work with an average of 300 customers annually, including County Human Services agencies and community-based organizations receiving County resources. A 25 percent reduction in staff equates to approximately 75 fewer customers served per year, longer response times, and the elimination of some dedicated programs that provide technical assistance to customers.	\$85,000	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Z	4. Eliminate Computer Learning Centers located at three school sites. FCPS would have the option of continuing the program with a modified design or eliminating the program(s) and redirecting students into other after-school programs. Approximately 289 children impacted.	\$185,000	0				X										X		
AA	5. Eliminate the Neighborhood Enhancement Partnership Program (NEPP). NEPP is a competitive grant program that supports projects and initiatives that assist in achieving the County's vision elements. Since FY 2009, an average of 28 communities per year receive funding from NEPP. Elimination of the program may result in some communities not being able to do more costly repairs and renovations, or may diminish the "sense of community" when lack of funding deters a neighborhood from working together on a community improvement project.	\$100,000	0				X								X				
BB	6. Reduction of 1.0/1.0 SYE position Eliminate a Social Services Specialist II position. One of 34 Social Services Specialist II positions in the Coordinated Services Planning (CSP) program which assists County residents facing serious issues such as pending eviction, utility cut-off, homelessness, and basic food assistance needs. Elimination of one CSP position is projected to increase the number of client service interactions per staff by approximately 6 percent, from 5,065 to 5,371, increase wait times to access a specialist, and increase the time to coordinate the service response to meet basic needs.	\$70,000	1				X						X						
CC	7. Realize Savings Based on Prior Year Spending: This reduction will impact the department's personnel Services budget and is based on historical savings in this area as a result of current staffing levels. Although no significant impact is expected, the department will be required to closely manage their position vacancies and monitor spending patterns.	\$160,000	0				X										TBD		

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II	1. Includes HCD's General Fund (\$180,000) and Elderly Programs (\$45,000) and will be absorbed entirely within the agency's General Fund.) Savings will be achieved through a reduction in compensation. These funds have historically been used to support lines of business activities that cross agency programs. The impact of this reduction will be felt in the FCRHA Operating Fund which budgets an annual revenue of \$515,000 generated from General Fund support for the above-mentioned activities. The amount available for support will be reduced from \$515,000 to \$290,000. In order to compensate for this decrease, the FCRHA Operating Fund, which currently has a position vacancy rate of 20%, will require an additional 3 positions be held vacant and increase the vacancy rate to more than 30%. Since the FCRHA Operating Fund supports agency-wide programs and initiatives, this will impact Homeownership, Strategic Planning, Project Management, and Partnerships.	\$225,000	0	X	X					X	X				X			
	DAHS	\$120,087	2															
JJ	1. Eliminate one Management Analyst II position providing core services to customer agencies, thereby further constraining the flexibility of DAHS to complete core functions while the human services system expands to meet the growing, complex needs of the community.	\$84,088	1	X	X	X	X	X	X	X	X	X	X	X	X	X		
KK	2. Eliminate one part-time Administrative Assistant V position providing core accounts payable functions to DFS/OPEH/DAHS. This position processes approximately 2,500 invoices annually out of a total of 58,500 invoices processed. If eliminated, payment processing time, accuracy, and response to customer inquiries will be adversely impacted.	\$35,999	1	X					X		X	X	X	X	X	X		
Grand Total		\$9,768,282	58															

NOTE: An additional \$243,984 in printing, copying, office supplies, software licensing, training and mail was reduced as part of the Mission savings initiative in all departments .

FY 2016 Advertised Budget

Human Services Summary



FY 2016 Budget Development Timeline

- ✓ July-August 2014: FY 2016 budget guidance to county departments to identify 3% reductions in General fund savings for consideration.
- ✓ Fall: Human services departments and programs identified service reductions/revenue options.
- ✓ December/January: Final decisions made by the County Executive, the deputies and DMB regarding *FY 2016 Advertised Budget Plan*.
- ✓ February 17: County Executive releases *FY 2016 Advertised Budget*.

FY 2016 County Budget - Highlights

- ✓ County General Fund budget: \$3.8 billion
2.61% increase over FY 2015 Adopted Budget Plan
- ✓ \$66.7 m. proposed increase in operating transfer to Fairfax County Public Schools – to \$2.01 billion. This represents 52.8% of all county expenditures.
- ✓ Employee Compensation and Health Benefits
 - Partial funding of Market Rate Adjustment for county employees (.84 %).
 - \$3.76 million for projected 10% increase in health insurance and Social Security costs
 - \$8.57 m. funding ratios in county retirement systems.
- ✓ 48 new positions

Reductions

93 positions
\$900,000 Mission savings initiative

Human Services Reductions

\$9.8 million and 58 positions

- Program Eliminations: Healthy Families, Good Touch/Bad Touch Child Abuse Prevention, Legal Services for Persons with Disabilities, Local Rent Relief Program, Adult Day Health, Sojourn House, Neighborhood Enhancement Partnership, former inmates' assistance, Linda's Gateway project. **(\$2.8 m. and 23 positions)**
- Program Reductions in the following: Parenting Education , Outpatient and Day Treatment, Community Outreach, Infant Toddler Connection, Screening and Assessment behavioral health services, residential and group home clinical and case management, Computer learning centers, short-term financial assistance, youth and family treatment and support services, professional administrative services. Senior management positions in behavioral health, neighborhood and community services and personnel funding reductions in social services, juvenile justice, health and housing programs. **(\$5.2 m. and 35 positions)**

Human Services – Increases

\$11.72 million and 29 positions

- ✓ \$3.49 m. for essential FY 2016 contract rate adjustments
- ✓ \$1.0 m. for Child Care Assistance and Referral program (CCAR)
- ✓ \$2.46 m for public assistance caseloads and 20 FTE to address 80% increase in caseloads since 2008
- ✓ \$1.28 m to serve 79 special education graduates with intellectual disabilities
- ✓ \$.69 m. to fund School health 4/3.28 FTE
- ✓ \$.69 m. for full-year facility costs for Providence Community Center and Merrifield Human services Center
- ✓ \$.36 m. and 2/2.0 FTE to replace grant funds for Gang Prevention Task Force
- ✓ \$.71 m. to support youth placements in Juvenile Detention Center
- ✓ \$.15 m. for 2 SACC rooms at Terraset School and Providence Community Center
- ✓ \$.96 School Readiness program
- ✓ \$.23 m. and 3/2.5 FTE to replace grant funds for domestic violence services

Human Services Revenues

\$1.74 million

- School Age Child Care fee schedule – 8% increase
- Registration fee \$45 for full-paying families
- \$.9 m. JDRDC detention center services contract

Adjustments in General Fund Support By Department

Department	\$	Positions	\$ %
DFS	\$4.1 m	11	42%
Revenue	\$.8 m		
Expenditure	\$3.3 m		
CSB	\$2.3 m	29	24%
Health	\$.6 m	12	6%
NCS	\$.78 m	4	8%
JDRDC	\$1.2 m	--	13%
Revenue	\$.9 m		
Expenditure	\$.3 m		
OPEH	\$.36 m	--	4%
HCD	\$.23 m	--	2%
DAHS	\$.12 m	2	1%
Total	\$ 9.8 m	58	100%
	Revenue	\$1.7m	
	Expenditures	\$8.0 m	

Reductions in General Fund Support By Human Service Focus Area

Focus Area	Advertised %
1. Healthy People	27%
2. Positive Living for Older Adults and Adults w/ Disabilities	4%
3. Affordable Housing	3%
4. Connected Individuals	9%
5. Economic Self Sufficiency	14%
6. Successful Children and Youth	31%
To be determined	12%
Total	100%

Next Steps in Budget Process

- ✓ March 3, 10 and 17: Board Budget Committee Meetings.
- ✓ March 31st: HSC presents to BOS on FY 2016 budget.
- ✓ April 7,8,9: Public Hearings on the FY 2016 budget
- ✓ April 17th: Pre-mark up of FY 2016 Budget
- ✓ April 21: Mark Up of the FY 2016 budget
- ✓ April 28: Formal adoption of the FY 2016 budget.
- ✓ Future: Lines of Business Review – Winter/Spring 2016

Human Services Council meetings

- March 3rd – HS Directors presentations
- March 5 and 10 – Public Dialogue sessions
- March 31 – HSC presentation to BOS

Additional Resources

“Trends and Emerging Needs Impacting the Fairfax County Human Services System”:
http://www.fairfaxcounty.gov/hscouncil/pdf/trends_emergingneeds_jan15.pdf

County Executive Presentation of the FY 2016 Advertised Budget Plan

:<http://www.slideshare.net/fairfaxcounty/2015-feb-17ce-presentationfinal-21115>

July 8 2014 memo: *“Budget Strategy and Development”:*

<http://www.fairfaxcounty.gov/dmb/jointboards/cex-july-8-memo-to-smt.pdf>

FY 2016 Advertised Budget Plan:

<http://www.fairfaxcounty.gov/dmb/fy2016/advertised/fy2016-advertised-budget.htm>

The Fairfax County
Human Services System

**Human Services Council
HS Budget Presentation**

Pat Harrison, Deputy County Executive
March 3, 2015



The Fairfax County Human Services System

Overview of FY 2016 Advertised Budget

- General Fund Budget: \$3.8 billion
- FCPS: \$66.7 million proposed increase in operating transfer
- Employee Compensation and Benefits: Partial funding of market rate adjustment
- Total of 48 new positions
- Reduction of 93 positions = 45 net loss of positions



The Fairfax County Human Services System | 2

Human Services Budget

- Increases = \$11.36 million and 27 positions
- Reductions = \$9.8 million and 58 positions
- Revenues = \$1.74 million



Reductions Exercise

- Three percent target
- In reviewing possible reductions, agencies considered factors such as:
 - Whether it was a core mission or mandated service
 - Degree of impact on partnering agencies
 - Degree of impact to most vulnerable/in-crisis individuals
 - Possible existing alternatives including use of comparable alternative service methods
 - Ease of program redesign or shifting resources due to staff retirements
 - Level of service utilization
 - Community impact



Factors Influencing Health and Human Services

- Changes in state and federal laws and policies
- Mandated services
- Need for infrastructure
- Need for flexibility
 - Shift resources and service priorities to meet priority demands
- Changing community demographics
 - Child poverty
 - English proficiency
 - Older adults



Factors Influencing Health and Human Services

- Transition to Integrative Business Model
- Partnering and leveraging community resources
- Maximize revenues
- Promote least restrictive service environment for treatment services
- Data driven decision-making
- Supporting Board's priorities



Significant Areas of Work – Next Two Years

- Move forward with system-wide coordinated prevention planning
- Launch the System of Care Office to coordinate county/school approaches to support youth behavioral health
- Respond to state legislative and administrative changes in local service programs
- Focus resources to implement strategies to achieve BOS endorsed priorities



Significant Areas of Work – Next Two Years

- Continue moving toward full service integration of primary/behavioral health care
- Respond to increasing public assistance applications
 - Redesign of Self-sufficiency work
- Implement changes in state mandated CSB services
 - Acute (emergency) services, mandated changes in treatment standards and qualifications
 - Intellectual Disability Employment and Day Services and plan for changes in directly operated residential services
- Respond to critical population health issues
 - Suicide prevention, opiate use, chronic and communicable diseases
- Conduct a thorough review of the service array (Lines of Business)
 - Focus on proven treatment methods and redirecting resources away from less effective interventions
 - Complete a county-wide needs assessment and recommended five year resource plan



How Proposed Budgets Respond To Work Priorities

- Agencies sought to maintain a focus on the work priorities
- County Executive focused on the most essential service needs
 - Support child care for most vulnerable
 - Increase CCAR child care assistance rate
 - Support school readiness
 - Continuation 2nd year funding of approved strategies
 - Ensure individuals and families in poverty have timely access to public assistance benefits
 - Increase eligibility/case workers
 - Positions associated with new facilities



How Proposed Budgets Respond To Work Priorities

- Increase SACC revenues and adjustments to sliding scale to continue to support families in the most need
- Continue transformation of CSB's service delivery system enables shifting resources to support community based and efficient service practices
- Balance reductions in DFS to maintain quality child care, permanency/supports for youth in foster care, critical adult and aging services, and effective case management
- Use community resources and public assets to support a variety of community and neighborhood programs
- Restructure services to take advantage of opportunities created by retirements



Questions?

- Panel of agency directors are here to respond to your questions about the budget



PARENTING EDUCATION PROGRAMS FY14 PARTNERS

The Parenting Education Programs (PEP) would not be able to offer the number of classes it offers and serve the number of families it serves without support from the community.

Faith-Based Partners

- Grace Presbyterian Church (Springfield)
- St. Andrew's Lutheran Church (Centreville)
- Fairfax Church of Christ (Fairfax)
- St. Mark's Lutheran Church (Springfield)
- Mt. Vernon Presbyterian Church (Alexandria)
- Heritage Fellowship Church (Reston)
- Hope Lutheran Church (Annandale)
- St. Timothy's Episcopal Church (Herndon)
- Colombia Baptist Church (Falls Church)
- Living Epistle Church (Chantilly)

The faith-based community provides sites for the delivery of parenting classes, dinner for families during classes, and donations to support PEP and the families served. In addition, several members of the faith-based community are trained as volunteer facilitators and assist with the delivery of parenting classes or are trained as childcare providers and care for infants and toddlers while their parent(s) attend parenting class.

Community Centers:

- Gum Springs Community Center (Alexandria)
- Providence Community Center (Vienna)

Both community centers offer their sites for the delivery of parenting classes.

Fairfax County Public Schools:

- Woodlawn Elementary School (Alexandria)
- Hybla Valley Elementary School (Alexandria)
- Annandale Terrace Elementary School (Annandale)
- Falls Church High School (Falls Church)

Workshops are provided at each of these schools for families in English and Spanish on various parenting topics. Woodlawn Elementary School is now working with the Parenting Education Programs to offer a 13-week class in September 2015 for families from West Africa, who have come to the attention of Child Protective Services during the past year due to a lack of information regarding what is considered child abuse and neglect in the United States.

Child Development Centers:

- Main Street Development Center (Fairfax)
- ACCA Child Development Center (Annandale)
- Laurel Learning Center (Reston)

Both Main Street Development Center and ACCA Child Development Center provide sites for the delivery of parenting classes. The classes are offered in English and Spanish and the meals are provided totally by the development centers. Main Street also provides up to 2 childcare staff from their budget.

A new partnership is beginning April 2015 with Laurel Learning Center. They are providing a site for the delivery of a 24-week class for infants and toddlers.

Parenting Education Programs (PEP) Program Outcomes

Program Description

Parenting Education Programs (PEP) offers group-based comprehensive classes, using evidence-based curricula, to families at-risk of children abuse and neglect and teaches essential parenting and nurturing skills so that parents may interact positively with their children. The program serves families with children (infants to age 18). Classes are unique in that they include both parents and children. The class topics for children mirror those for parents but are tailored to meet their different ages and stages of development. In order to engage the parenting community more effectively, PEP also regularly facilitates parenting workshops and conducts home visits.

Serving families through prevention programs like PEP is less expensive than if children have to enter the child welfare system. In FY 2014, Fairfax County spent an average of \$78,658 per child in foster care placements. In contrast, it costs \$1,480 per family to serve a family in PEP, which aims to keep children out of foster care. Referrals from Child Protective Services and Foster Care and Adoption equated to 34% of the families PEP served in FY 2014. Fairfax County Public Schools referred 21% of the families served.

Impact of FY16 Proposed Budget Reduction

Services will be eliminated to approximately 192 families (255 children), which could result in higher incidences of child abuse and neglect, increased out of home placements, increased referrals to Child Protective Services, and potentially increased number of children entering foster care. Additionally, PEP classes meet the Juvenile and Domestic Relations Court (JDRC) requirements for parenting classes, whereas many community programs do not. Reduction of the PEP program could impact timely reunification of parents with their children as JDRC judges would no longer have the same level of resources available. It is not anticipated that any community organizations have the capacity to absorb the number of families that would be displaced by this reduction.

Primary Referral Sources

- Over the past 7 years, Child Protective Services (CPS) has consistently been the primary referral source for PEP. In FY '14, CPS referred 26% of PEPs referrals.
- Fairfax County Public Schools (FCPS) is consistently the second referral source referring 21% of PEPs referrals in FY '14.

- In FY '14, 20% of families served had been court-ordered.

Program Outcomes

- 91% of families served in FY '14 demonstrated improved parenting and child rearing attitudes by at least an increase of +.30 across the 5 constructs (1. appropriate expectations of children, 2. empathetic awareness of children's needs, 3. corporal punishment, 4. parent-child role reversal, and 5. children's power and independence).

Other Parenting Programs Offered in the County

- After benchmarking parenting programs offered throughout Fairfax County (see attached *Parenting Skill/Education Programs* for details), there are no programs/organizations in the County that offer the scope, quantity, and frequency of parenting classes that PEP offers. In addition, other parenting programs/organizations only offer classes in a specific area of the County (i.e. SCAN classes are only offered in the City of Alexandria) or they charge a fee or they do not provide childcare; whereas PEP offers parenting classes throughout Fairfax County, free of charge, and provides childcare.
 - *Impact of Program Reductions:* No other programs/organizations have the capacity to absorb this gap in parenting classes. Furthermore, community programs/organizations have also experienced budget cuts and have had to reduce their parenting programming.

Agency	Course	Curriculum (evidence based rating – relevance to child welfare population)	Location	Length	Languages Offered	Target Parent Audience	Cost (1/2 parents)	Referral required	Residency required	Meal	Childcare
Fairfax County – Parent Education Programs	Parents & Children	Nurturing Parenting Program (NR – High)	Varies	24 weeks	English Spanish	0-4	Free	N	Y	Y	Y
				13 weeks	English Spanish	5-11	Free	N	Y	Y	Y
	Parents & Adolescents			12 weeks	English	12-18yo	Free	N	Y	Y	Y
	African American Culture Emphasis			Varies	English	0-4 5-11 12+*	Free	N	Y	Y	Y
	Parents & Children	Incredible Years (Well supported – Medium)		18-20 week	Spanish English	3-7yo	Free	N	Y	Y	Y
	Skills program	Based on Nurturing Parents but abbreviated for time	Alternative HS in Alexandria & Centreville	Varies based on school year	English	Teen parents	Free	N	Y	N	N
SCAN	ABCs of Parenting	Nurturing Parenting Program (NR – High)	Alexandria	8 weeks, 2.5 hrs each	English Spanish	0+	Free	N	N	Y	Y
	Family Links		Alexandria (TC Williams HS)	Ongoing for school year	English	Teen parents	Free	N	N	N	N
Northern Virginia Family Services	Parenting Class	Strengthening Families (NR – Medium)	Falls Church	10 week 2 hrs each	Spanish only	0-10yo	\$10 / class	N	Y		Y

Agency	Course	Curriculum (evidence based rating – relevance to child welfare population)	Location	Length	Languages Offered	Target Parent Audience	Cost (1/2 parents)	Referral required	Residency required	Meal	Childcare
Fairfax County Public Schools	Co-Parenting: Two Parents, Two Homes		Dunn Loring	4 hrs	English Spanish	0+	\$40 / \$60	N	N	N	N
	Parenting Teens			6 weeks 2 hrs each	English Spanish	12-18yo	\$85 / \$125	N	N	N	N
	Positive Parenting			6 weeks 2 hrs each	English	0-5yo	\$70 / \$110	N	N	N	N
	Active Parenting			6 weeks 2 hrs each	English	5-12yo	\$85 / \$125	N	N	N	N
	Dads Matter			2.5 hrs	English	0+	\$20	N	N	N	N
	Strengthening your Parenting Skills			4 weeks 2.5 hrs each	Spanish Korean	0-12yo	\$60 / \$90	N	N	N	N
Parent Encourage ment Program (PEP)	PEP I	Positive Discipline (NR – Low)	McLean	8 weeks	English	5-12yo	\$270/ perso n	N	N	N	N
	Why Don't My Kids Listen to Me?	"workshop"	McLean	1.5 hrs	English		Free	N	N	N	N
Fairfax – Falls Church Community Services Board	Parenting Skills Workshop		Reston			2+	Varies	N	Y		
United Community Ministry	Family Renewal *for families in transitional living program		Alexandria		English Spanish	5-12yo	Free	Y	Y		

Agency	Course	Curriculum (evidence based rating – relevance to child welfare population)	Location	Length	Languages Offered	Target Parent Audience	Cost (1/2 parents)	Referral required	Residency required	Meal	Childcare
Hispanics Against Child Abuse and Neglect	Strengthening Families – focused on cultural transition for immigrants	Strengthening Families (NR – Medium)	Fairfax	10 classes	Spanish only		Free	N	N		Y



Healthy Families Fairfax

PREVENTING Child Abuse and Neglect

Through Successful Parenting

Partnering to Educate New Parents

In 2014, Healthy Families Fairfax served 535 children and 613 families living in Fairfax County who were at high risk for abuse and neglect. Since its inception in 1991, Healthy Families Fairfax has served over 3,300 families.

The program provides home-based parenting education, health information, developmental screenings and community support to parents from pregnancy until children reach age 3, and are enrolled in group education.

By assisting families with health care access and prenatal care, Healthy Families Fairfax engages parents, helps prevent low birth weight, and supports school readiness by addressing child well-being.

Healthy Families Fairfax is a unique public-private partnership that includes the Department of Family Services; Fairfax County Health Department and three local nonprofit organizations: Northern Virginia Family Service, Cornerstones and United Community Ministries.

The long-term effects of child abuse and neglect are serious and long lasting.

- In 2014, 2,212 complaints of child abuse and/or neglect were assessed or investigated by Fairfax County's Child Protective Services.
- Studies reveal a powerful relationship between adverse emotional experiences in childhood and the physical and mental health of adults.*
- People who were abused or neglected as children were likely to have a four to twelve-fold increased risk for alcoholism, drug abuse, depression, and suicide attempts.*

*The ACE study was conducted by the Center for Disease Control and Kaiser Permanente. Learn more at www.cdc.gov/ace.

**Average cost per child for case management provided through local social services plus the average cost per child for CSA funded treatment services.

Healthy Families Works

Objective	Achieved In 2014
Preventing child abuse or neglect	.4% of the families who were at high-risk of child abuse or neglect when entering the program were later found to have abused or neglected their children.
Effective, positive parenting	94% of participants assessed showed positive parenting skills.
Health care to ensure healthy births and development during a child's critical early years.	97% of prenatal enrollees delivered babies with a healthy birth weight. 82% of the children received their immunizations as recommended. 96% of children who complete the program transition to an early education program (focus on school readiness).

Healthy Families Fairfax consistently meets or exceeds state required program goals.

Cost Savings

- The Healthy Families Fairfax Program is funded by Fairfax County, with additional state and donor organization contributions.
- In 2014, Fairfax County spent an average of \$78,658** per child for foster care placements. In contrast, it costs \$3,473 per family to provide prevention services through the Healthy Families Fairfax program which aims to keep children out of foster care.

More Information

For more information please call Healthy Families Fairfax at 703-324-7706.



FY15 Healthy Families Resources

General Funds:

FY15 Healthy Families DFS Budget	
Compensation	\$ 559,443
Operating (Includes Contract)	\$ 1,407,525
Total:	\$ 1,966,968

Health Department	
Compensation & Operating Total:	\$232,693

VDSS Revenue:

FY15 VDSS Grant Award*	\$327,946
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*covers 6 non-profit FSW salaries and actual fringes, halftime Public Health Nurse, some travel and State Evaluation, and curriculum and training

Net Cost to DFS	\$ 1,639,022
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Contract:

Healthy Families FFX County Budget FY2015			
	Total County Budget	Non-Profit Cash Match Budget	Total Contract Budget
Total Contract	\$1,275,813	\$141,836	\$1,417,648

Total FFX Budget by Non-profit	
Total Contract	\$1,275,813
NVFS	\$584,641
Cornerstones	\$354,194
UCM	\$336,978

Positions:

County Positions	
DFS	8
ADMIN ASST III	1
SOCIAL SERVICES SUPERVISOR	1
HUMAN SERVICES COORDINATOR II	1
SR SOCIAL SERVICES SUPERVISOR	1
SOCIAL SERVICES SPECIALIST III	4
Health Dept.	3
Public Health Nurses (0.5 paid from DFS operating expenses)	3
Total County Positions	11

Non-profit Family Support Workers (FSWs)	
NVFS	12
Supervisors	2
FSW	10
Cornerstones	7
Supervisors	1
FSW	6
UCM	7
Supervisor	1
FSW	6
Total Non-profit Positions	26

Healthy Families Fairfax Program Outcomes

Program Description

Healthy Families Fairfax (HFF) is an evidenced-based, accredited home-visiting program offering families at-risk of mistreating their children an opportunity to learn parenting skills and receive emotional support and case management services. The target population is pregnant women who reside in the county. Services are voluntary and begin during pregnancy or right after the birth of a baby and last until the child reaches age three and is enrolled in an early group education experience. HFF is a non-mandated collaborative partnership between the Department of Family Services, the Health Department and three nonprofit organizations. Serving families through prevention programs like HFF is less expensive than if children have to enter the child welfare system. In FY14, Fairfax County spent an average of \$78,658 per child in foster care placements. In contrast, it costs \$3,473 per family to serve a family in HFF, which aims to keep children out of foster care.

Impact of FY16 Proposed Budget Reduction

This reduction is proposed because it was one of the few non-mandated programs offered by the Department of Family Services and the Health Department. If implemented, at least 613 at-risk families with young children (535 children) would no longer receive early childhood home-visiting services, which may result in an increase in child abuse/neglect and poor health outcomes among a vulnerable population. There is more demand for this service than is able to be met. Because of limited capacity, in FY 14 only 20% of the mothers who were screened as high-risk were able to be served through HFF. Other early childhood home visiting programs in the community have recently lost funding and are unable to serve this population. (Please see *Healthy Families Fairfax Program Outcomes* for detailed program outcomes.) This reduction includes funding and 32 positions associated with DFS and the three non-profits. This reduction also includes a decrease of \$327,946 in state revenue, for a net reduction to the General Fund of \$1,639,022. Please refer to the Health Department's HFF reduction for additional funding and position information (\$232,693 in funding and 3 positions). It is not anticipated that any community organizations have the capacity to absorb the number of families that would be displaced by this program elimination.

FY14 Program Goals and Outcomes (highlights)

1. Prevent the occurrence or reoccurrence of child abuse or neglect

- 99.6% of the families who were at high risk of child abuse or neglect when entering the program were later found to have not abused or neglected their children

2. Parents demonstrate effective, positive parenting skills

- 94% of participants assessed showed positive parenting skills

3. Ensure healthy mothers and healthy babies

- 97% of prenatal enrollees delivered babies with a healthy weight
- 82% of children received their immunizations as medically recommended
- 99% of mothers had an interval of at least 24 months between the target child's birth and subsequent birth

4. Ensure children are developmental on target

- 91% of families have optimal home environments to support child development
- 100% of the children with suspected developmental delays were referred to therapeutic interventions for additional assessment and treatment if necessary

5. Prepare children for school readiness

- 96% of children who graduated from HFF transitioned into an early education program
(i.e. early Head Start, Home Instruction for Parents of Preschooler Youngsters)

Early Home Visiting Services in Fairfax County

- The early childhood home visiting programs that are most similar to Healthy Families Fairfax include: Resource Mothers, Early Head Start Home Visiting, Our Daily Bread/Naomi Project Partnership, and Nurse Family Partnership (see *Fairfax County Early Childhood Home Visiting Services Most Similar to Healthy Families Fairfax – FY 2014* for detailed program information).
 - Approximately 76% of all Fairfax County early childhood home visiting services aimed at strengthening parenting skills were provided by Healthy Families Fairfax in FY14.
 - Approximately 86% of all Fairfax County early childhood home visiting aimed at strengthening parenting skills and that serve all areas in Fairfax County were provided by Healthy Families in FY14 (Nurse Family Partnership serves designated zip codes only).

- In FY14, 2303 mothers who received maternity services from the Health Department were screened for risk factors related to child abuse and neglect. Of those, 1900 (or 83%) turned out to have high enough risk for potential enrollment in Healthy Families. However, due to limited program capacity, only 384 (or 20%) were assessed by nurses assigned to the Healthy Families program.

Impact of Healthy Families Fairfax Services

If Healthy Families is eliminated, approximately 613 at-risk families with young children (535 children) would no longer receive early childhood home-visiting services, which may result in an increase in poor health outcomes and child abuse/neglect among a vulnerable population.

Specific HFF program services and their impact include:

- **Strengthening parenting capacity to prevent the occurrence or reoccurrence of child abuse and neglect**
Impact: Parents who were abused as children are more likely to abuse their children. In addition, until their own basic needs for safety and trust are met, parents who themselves have experienced early childhood trauma often struggle in being responsive and available to their children, distort emotional content in their relationships with others, and have a restricted ability to utilize cognitive reasoning. *Healthy Families America Best Practice Standards, April 2014*
- **Monitoring prenatal care visits**
Impact: According to the organization Child Trends, “Mothers who receive late or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby and their baby is five times more likely to die.” *Child Trends, Late or No Prenatal Care report, updated February 2015*
- **Connecting parents with a primary care provider**
Impact: A medical home is crucial to the health and optimal development of the child. In addition to being a vital resource for ongoing preventative health and wellness guidance, and medical interventions as needed, a medical home plays a crucial role in child abuse prevention as it allows another professional consistent access to the family to provide support and monitoring for the well being of the child. *Healthy Families America, Best Practice Standards, April 2014*

- **Educating parents about the importance of childhood immunizations and monitoring the completion of them**

Impact: Immunizations are very important in keeping children healthy. By immunizing, children are safeguarded against the potentially devastating effects of 11 vaccine-preventable diseases plus Hepatitis and the flu. The catastrophic effects of childhood diseases can lead to life-long illness or death. *Healthy Families America Best Practice Standards from Prevent Child Abuse Virginia, April 2014*

- **Providing information about the importance of family planning**

Impact: Pregnancy within 18 months of giving birth is associated with an increased risk of: low birth weight, small size for gestational age or preterm birth. In addition, some experts believe that closely spaced pregnancies do not give a mother enough time to recover from the physical stress of one pregnancy before moving on to the next. *Family Planning: Get the Facts about Family Planning, Mayo Clinic.org, April 2014*

- **Developing and monitoring family goal plans based on each family's strengths and needs**

Impact: Supporting parents in achieving success changes the way parents view the world, increases self-efficacy, enhances internal motivation and builds protective factors. As a result, families feel less like victims and more in control of their lives. *Healthy Families America Best Practice Standards, April 2014*

- **Conducting regular screening for developmental delays and referring children with suspected delays to early intervention services**

Impact: If a child is found to have developmental delays, it is important that intervention occurs early. Early intervention helps a child advance in all areas of development and is critical for the child to develop good self esteem. *How Kids Develop, CASRC, 2008*

- **Conducting depression screening with all families using a standardized instrument**

Impact: When parents are depressed, there are significant impacts for the parent-child relationship including the inability for the parent to be emotionally available to their infant, the inability for parents to assist with physical and emotional regulation of their infant (read cues and respond in a timely and sensitive manner), and the inability of parents to provide intellectual stimulation for their infant. Screening for depression, both during the prenatal and postnatal period, allows staff to assist parents become aware of their depression and implement a plan for how to address it. *Healthy Families America Best Practice Standards, April 2014*

- **Conducting assessments of the quality of the home environment**
Impact: “All areas of development are closely intertwined in the early years, so physical harm can damage emotional, social, cognitive and language development.”
www.zerotothree.org HFF assesses safety in the home as well as parental involvement, opportunities for daily stimulation, parental responsiveness, and parental organization.
- **Connect family with informal and community resources**
Impact: HFF connects families with informal and community resources to order to increase families’ social connections and concrete supports for the goal of greater self-sufficiency (thus less dependency on formal supports).
- **Preparing children for school readiness by educating parenting about the importance of exposing children to verbal and written communication and, upon graduation from HFF, enrolling children in an early education experience**
Impact: “Learning to read and write doesn’t start in kindergarten or first grade. Developing language and literacy skills begins at birth through everyday loving interactions—sharing books, telling stories, singing songs, and talking to one another”
www.zerotothree.org “Kindergarten teachers report that a child’s social and emotional literacy-the development of self-control, respect for others, a sense of confidence and competence- is vital for success in kindergarten. Without these skills, children are at a greater disadvantage in school.” *Center on Families, Communities, Schools, and Children’s Learning, 1994*

Comparison of Healthy Families Fairfax and Other Early Childhood Home Visiting Services

There are no county programs comparable to Health Families Fairfax (HFF). The early childhood home visiting programs that are most similar to HFF include: Resource Mothers, Early Head Start Home Visiting, Our Daily Bread/Naomi Project Partnership, and Nurse Family Partnership (see *Fairfax County Early Childhood Home Visiting Services Most Similar to Healthy Families Fairfax – FY 2014* for detailed program information).

- Approximately 76% of all Fairfax County early childhood home visiting services aimed at strengthening parenting skills were provided by Healthy Families Fairfax in FY14.
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Serving families through prevention programs like HFF is less expensive than if children have to enter the child welfare system. In FY14, Fairfax County spent an average of \$78,658 per child in foster care placements. In contrast, it costs \$3,473 per family to serve a family in HFF, which aims to keep children out of foster care. It is not anticipated that any community organizations have the capacity to absorb the number of families that would be displaced by this program elimination.

Fairfax County Early Childhood Home Visiting Services Most Similar to Healthy Families Fairfax – FY14

Home Visiting Program	Agency	Area Served	Description of Services	Characteristics of Population Served	Capacity/ Number Served	Frequency of Home Visits	Home Visitor Staffing
Resource Mothers	Northern VA Urban League	County-Wide	Mentoring and other supportive services to at-risk pregnancy and parenting teens. Focus is on improving the health of pregnant teens and their infants, helping them make the transition to parenthood.	At-risk pregnant and parenting teens	65/*	Variable. Visits occur throughout pregnancy and up until the baby's first birthday.	Community Health Workers
Early Head Start Home Visiting	Office for Children	County-Wide	Provides case management/Home Visiting to prenatal mothers enrolled in Early Head Start programs.	Limited enrollment; low-income	40/14	Monthly	Registered nurses
Healthy Families	Department of Family Services, FCHD, Cornerstones NVFS, UCM	County-Wide	Provides home visiting services for families at-risk of abusing and/or neglecting their children an opportunity to learn parenting skills and receive emotional support and case management services. Pre- and post-natal health care to ensure healthy births and continued healthy growth and development during a child's critical early years.	First time mothers; prenatal until age 3 and in a preschool setting (focus on school readiness)	450/613 families (the number of families served exceeded the capacity because of the new enrollments into HFF and graduations from the program throughout the year)	Biweekly through 2nd semester, then weekly until baby is 6 months old. As child gets older, visits then become monthly.	Family Support Workers, Nurses, Social Workers
Naomi Project Partnership	Our Daily Bread	Varies depending on mentor availability	One on one mentoring. Support health pregnancies, foster good parenting skill/support clients to plan a productive future for their child/children.	High risk pregnant/newly parenting women. Referral source: Health Department & INOVA	35/21	Variable. Ages 0 - 2	Volunteer mentors
Nurse Family Partnership	Fairfax Department of Health	MV 22306, 22309, Baileys 22041, 22042, 22043, 22044 Lincolnia 22003	Nurse home visitation program. Aims to improve pregnancy outcomes, foster healthy infant and toddler growth and development and help families work towards self-sufficiency.	Low-income first time mothers through child's 2nd birthday. Must enroll by 28 weeks gestation.	100/98	Weekly or bi-weekly depending on the pregnancy status.	Public Health Nurses

Total Capacity of Fairfax County Early Childhood Home Visiting Services Similar to HFF and Total Numbers of Families Served in FY14 690/811

*Unable to obtain numbers served by Resource Mothers in FY14



County of Fairfax, Virginia

MEMORANDUM

DATE: March 17, 2015

TO: Kevin H. Bell, Chairman
Fairfax County Human Services Council

FROM: Kurt Creager, Director
Department of Housing and Community Development

SUBJECT: Housing Choice Voucher Program Rents; Budget Impact of Closing "Sojourn House"

The Department of Housing and Community Development (HCD) would like to clarify for Human Services Council members the status of rents for recipients of vouchers under the Housing Choice Voucher (HCV) program.

As I explained to the Council at its meeting on March 3, the Fairfax County Redevelopment and Housing Authority (FCRHA) had authorized a number of steps in response to federal budget "sequestration" to 1) ensure that no household participating in the HCV program lost their home as a result of the sudden funding cuts, and 2) to make the program more sustainable in the post-sequestration environment. During my remarks, I noted that the now-improved federal funding picture was allowing the FCRHA to do more leasing and to defer some of the resource-saving steps associated with sequestration. To be clear, the tenant's share of the rent under the HCV program will remain at 35 percent of their income; this was increased from 30 percent as a part of the FCRHA's response to sequestration. However, the implementation of new, lower payment standards – the rents the FCRHA will pay under the HCV program – has been suspended.

I also want to take this opportunity to comment regarding the closing of "Sojourn House," in the Springfield District. As you are aware, until recently Sojourn House has been operated as a licensed group home by the Fairfax-Falls Church Community Services Board (CSB), serving a youth population. The property is owned by the FCRHA and has an annual debt service of approximately \$43,000; about \$15,000 is budgeted annually for maintenance and repair. This property remains as an important asset to be re-deployed with the involvement of the FCRHA as the owner and the Virginia Housing Development Authority (VHDA) as mortgagee.

Should you have any questions regarding the two subject matters presented in this memorandum, please contact me or Tom Fleetwood, Director, FCRHA Policy, Reporting and Communications Division, at 703-246-5103 (email: thomas.fleetwood@fairfaxcounty.gov).

cc: Members, Fairfax County Human Services Council; Commissioners, Fairfax County Redevelopment and Housing Authority; Edward L. Long, County Executive; Patricia D. Harrison, Deputy County Executive

Human Services Council Budget Input for FY 2016

Impact to Successful Children and Youth Priority Area (Prepared by Jim Gillespie, Systems of Care Division Director)	
<p>Top strategic priorities impacted by the budget reductions:</p>	<ul style="list-style-type: none"> • Identify strategic priorities <ol style="list-style-type: none"> 1. Expand behavioral health services for youth and families as a result of the recommendations presented to the Human Services Committee of the Board of Supervisors on October 1, 2013. (FY15 approved budget) 2. Create a network of programs that promote school readiness through the alignment of curricula to the Virginia Foundation Blocks for Early Learning, as well as supporting children living in poverty to reach fall kindergarten benchmarks. (FY15 approved budget) 3. Fairfax County remains committed to further decreasing the number of children in foster care as well as reducing the time spent in foster care through intensive prevention and early intervention efforts and a stronger emphasis on permanent placements of children in foster care who are unable to return safely to their families (FY15 approved budget) 4. The health and well-being of children in Fairfax County is evident in the low percentage of children born with low birth weight and the high immunization completion rates for two-year-olds. 5. (FY15 approved budget) • List budget reduction impacting each priority. <ol style="list-style-type: none"> 1. \$608,767: Reduce CSA budget, eliminate one clinical position providing outpatient and day treatment services to youth and families, close Sojourn House 2. \$1,871,715: Eliminate Healthy Families. 3. \$2,173,587: Eliminate Healthy Families, eliminate Good Touch/Bad Touch Program, and reduce funding for the Parenting Education Program. 4. \$1,871,715: Eliminate Healthy Families.
<p>Key budget drivers:</p>	<p>Specific issues, initiatives and strategies:</p> <ol style="list-style-type: none"> 1. Expand behavioral health services for youth and families as a result of the recommendations presented to the Human Services Committee of the Board of Supervisors on October 1, 2013. (FY15 approved budget) 2. Create a network of programs that promote school readiness through the alignment of curricula to the Virginia Foundation Blocks for Early Learning, as well as supporting children living in poverty to reach fall kindergarten benchmarks. (FY15 approved budget)

Top reductions impacting efficiency, effectiveness or quality:

1. Healthy Families meets the criteria established by the federal Department of Health and Human Services (DHHS) for an evidence-based early childhood home visiting service delivery model, with a strong evidence-base for preventing child abuse and neglect, preventing low birth weight, and promoting school readiness, all county priorities.
2. Eliminating 11 positions providing behavioral health services to youth and families (one clinical position and 10 Sojourn House positions) is inconsistent with the county priority to expand behavioral health services for youth and families. Medicaid, CSA and Mental Health Initiative funding could be explored as a revenue source for day treatment services, in order to reduce or eliminate the proposed reduction in behavioral health services.
3. Nurturing Parenting and Incredible Years, two of the parenting education programs targeted for reduction, have been identified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as evidence-based practices in reducing child abuse and neglect recidivism, supporting the county priority to decrease the number of children in foster care. The Strengthening Families Program has been identified by SAMHSA as an evidence-based practice to improve parenting efficacy and family relationships. Since many participants in those programs are referred by DFS to prevent foster care, CSA funding could potentially be used as revenue to offset the impact of local funding reductions.
4. As presented above, CSA funding could potentially be used as a revenue source to partially offset reductions in county funding for some programs serving children and youth. For community-based non-residential services the state CSA match rate is 77%. CSA funding for private residential services can also mitigate the impact of the closing of CSB residential programs, albeit at a less advantageous state match rate of 42%. The proposed CSA reduction of \$315,000, however, decreases its ability to offset the impact of other reductions. In addition, year-to-date FY 15 CSA expenditures, driven by foster care and special education mandates, are up 7.7% over last year.

Item	Department	FY 2016 Advertised Budget Plan PROPOSED Budget Action IMPACT TO SUCCESSFUL CHILDREN AND YOUTH FOCUS AREA	\$ TOTAL ADJUSTMENT/ IMPACT in FY 16 Advertised Budget Plan	Associated Merit Positions	IMPACT TO Successful Children and Youth FOCUS AREA
PROGRAM REDUCTIONS			\$1,559,022	8	\$761,221
A	DFS	Realize savings in the mandated Comprehensive Services Act (CSA) budget from cost containment strategies.	\$315,000	0	\$157,500
G	DFS	Reduce funding for the Parenting Education Program (Child Abuse Prevention).	\$216,816	2	\$216,816
K	CSB	Eliminate one clinical position providing outpatient and day treatment services to youth and families.	\$147,119	1	\$73,560
M	CSB	Reduce the appropriated reserve for the Infant and Toddler Connection (ITC) from \$1 million to \$500,000.	\$500,000	0	\$250,000
W	NCS	Eliminate one of two Division Director positions in the NCS Regional Services and Center Operations division.	\$90,000	1	\$15,000
X	NCS	Eliminate one of four Community Developer II positions within NCS Regional Services and Center Operations.	\$85,000	1	\$14,167
Y	NCS	Eliminate one of four Management Analyst IIIs ("System Planners") in Countywide Service Integration Planning and Management (CSIPM).	\$85,000	1	\$14,167
JJ	DAHS	Eliminate one Management Analyst II position providing core services to customer agencies.	\$84,088	1	\$14,013
KK	DAHS	Eliminate one part-time Administrative Assistant V position providing core accounts payable functions to DFS/OPEH/DAHS.	\$35,999	1	\$6,000
PROGRAM ELIMINATIONS			\$3,230,419	22	\$1,279,238
D	DFS	Eliminate Good Touch/Bad Touch program (Child Abuse Prevention).	\$85,056	1	\$85,056
H	DFS	Eliminate the Healthy Families program.	\$1,639,022	8	\$819,511
N	CSB	Close Sojourn House and eliminate 10 positions.	\$146,648	10	\$73,324
T	HEALTH	Eliminate Healthy Families Fairfax Program.	\$232,693	3	\$116,347
Z	NCS	Eliminate Computer Learning Centers located at three school sites.	\$185,000	0	\$185,000
REVENUE INITIATIVES			\$942,000	0	\$942,000
DD	JDRDC	Revenue from the Agreement between JDRDC and the Washington D.C. Department of Youth Rehabilitation Services.	\$942,000	0	\$942,000
TOTAL IMPACT TO YOUTH AND FAMILIES FOCUS AREA				\$30	\$2,982,459
PERCENTAGE OF TOTAL BUDGET ADJUSTMENTS TO GENERAL FUND					30.53%

Strategic Linkages

The County also showed relatively consistent case clearance rate of "Violent" Group A Offenses, which is an index of four major crimes (homicide, forcible rape, robbery, and aggravated assault). The annual Fairfax County case clearance rate of 52.05 percent was higher than preceding year's national average. *(Note: Aggravated Assault, Homicide Offenses and Forcible Rapes are calculated by the number of victims. Robbery is calculated by the number of reported offenses).*



The Fairfax County Fire and Rescue Department Advanced Life Support (ALS) and fire unit measures are standards set by the National Fire Protection Association (NFPA). The five minute fire suppression response standard of the NFPA was met 52.4 percent of the time in FY 2013. Advanced Life Support transport units arrived on the scene within 9 minutes 86.7 percent of the time in FY 2013.

The health and well-being of children in Fairfax County is evident in the low percentage of children born with low birth weight and the high immunization completion rates for two-year-olds. *(Note: Prior year actuals on the percent of low birth weight babies are provided by the Annie E. Casey Foundation, and FY 2012 is the most recent data available in time for budget publication).*

The County's FY 2012 incidence rate of 6.9 percent of low birth weight babies compares favorably against the state average of 8.2 percent. The FY 2013 immunization completion rate of 62.0 percent for two-year olds represents a nine percentage point decrease from FY 2012. The Health Department will strive to achieve completion rates of 80.0 percent in FY 2014 and FY 2015. It is noted that by the time of school entry, many children are adequately immunized, although they may have lacked these immunizations at the age of two. Fairfax County also funds numerous programs to help children stay in school and provides recreational activities in after-school programs. These services contributed to the County's FY 2013 Virginia Department of Education (VDOE) On-Time Graduation rate of 92.0 percent. In FY 2012, the ratio of children in foster care per 1,000 in the total population of children 0-17 years old was 1.33. Fairfax County remains committed to further decreasing the



The Fairfax County Health Department is committed to protecting the health of County residents by ensuring restaurants operate safely.

number of children in foster care as well as reducing the time spent in foster care through intensive prevention and early intervention efforts and a stronger emphasis on permanent placements of children in foster care who are unable to return safely to their families. *(Note: Prior year actuals on Children in foster care per 1,000 in total youth population are provided by the American Community Survey (ACS) of the United States Census Bureau, and FY 2012 is the most recent data available in time for budget publication).*

The County continues to be successful in caring for older adults and persons with disabilities by helping them stay in their homes as indicated by the 94.5 percent combined satisfaction rating for two support programs: Adult Day Health Care (ADHC) and Congregate Meals programs. ADHC satisfaction was 99.0 percent in FY 2013. Department of Family Services staff solicited input from Congregate Meal clients, including the growing ethnic client population, and continued to work with food vendors to

Adopted Budget Summary

Behavioral Health Services for Youth

\$1.00 million

An increase of \$1.00 million and 3/3.0 FTE positions is associated with expanding behavioral health services for youth and families as a result of the recommendations presented to the Human Services Committee of the Board of Supervisors on October 1, 2013. FY 2015 funding creates a new program unit which will implement a Systems of Care model by connecting the continuum of supports and services across County agencies, FCPS, and community partners. The new unit will develop new policies and procedures on providing care coordination and service delivery, as well as oversight, to the various entities delivering services along the continuum. Additionally, the new unit will also be responsible for implementing contractual services for individuals with emerging mental health and substance use issues.

Consolidated Community Funding Pool

\$0.74 million

An increase of \$0.74 million, or 7.53 percent, is included to support the community organizations providing Human Services in the County. FY 2015 is the first year of a two-year funding cycle. The Consolidated Community Funding Advisory Committee (CCFAC) has organized the FY 2015/FY 2016 funding priorities according to four areas (Prevention, Crisis Intervention, Self-Sufficiency and Long-Term Supportive Services), and adopted corresponding outcome statements. The CCFAC also recommended target percentage ranges for each priority area, which are intended to be used as guidelines for applicants and for the Selection Advisory Committee. The Board of Supervisors approved these funding priorities on July 9, 2013.

School Readiness

\$0.71 million

An increase of \$0.71 million and 3/3.0 FTE Child Care Specialist II positions is associated with expanding school readiness activities in support of community programs serving young children. School readiness describes the capabilities of children, their families, schools and communities that will best promote student success in kindergarten and beyond. The County addresses school readiness through quality community-based programs that are accessible even to those most vulnerable. Additional funding has been included in FY 2015 to expand and support community-based programs. Funding is aimed at creating a network of programs that promote school readiness through the alignment of curricula to the Virginia Foundation Blocks for Early Learning, as well as supporting children living in poverty to reach fall kindergarten benchmarks.

Evening Reporting Center (ERC) Program

\$0.29 million

An increase of \$0.29 million and 2/2.0 FTE positions is included to support the Evening Reporting Center (ERC) in the Juvenile and Domestic Relations District Court, which provides a community-based detention alternative for youth who violate their terms of probation or who commit new crimes while on probation and enhances the range of existing detention alternatives that are available to probation officers in the South County Probation Unit. Grant funding initially supported the program through FY 2014; however, those funds are no longer available in FY 2015.

Virginia Initiative for Employment, not Welfare (VIEW)

\$0.27 million

An increase of \$0.27 million is associated with the VIEW program. The VIEW program provides employment and training services to Temporary Assistance for Needy Families (TANF) recipients who are required to participate in the program as a condition of eligibility, and to TANF recipients who volunteer to participate. The expenditure increase is fully offset by an increase in intergovernmental revenue for no net impact to the County.