



Fairfax County

Advisory Social Services Board

2002 ANNUAL REPORT

Board Members

Alyce Pope, Chairman	Mason District
Ellen A. Graves, Vice Chairman	At Large
Pamela Cave, Secretary	Sully District
Kathy J. Cutri	Hunter Mill District
Ryan P. Kelly	Braddock District
Robert Lee McCan	Mount Vernon District
Dennis J. Pfennig	Lee District
Rosemary Ryan	Dranesville District
Douglas W. Webster	Springfield District
Jeffrey C. Weinstock	Providence District

Table of Contents

INTRODUCTION.....	i
RECOMMENDATIONS	iv
ORGANIZATIONAL CHART	v
ADULT AND AGING SERVICES	1
Initiatives/Program Highlights	1
Emerging Needs of County Seniors and Adults with Disabilities	1
In-Home Services Initiatives	2
Home Based Care.....	2
Falls Church Case Management Project.....	3
Adult Protective Services Investigations	3
Assisted Living Facilities.....	4
Northern Virginia Long Term Care Ombudsman Program	4
Nutrition Program/Home Delivered Meals	5
Area Agency on Aging (AAA) Volunteer Services.....	5
Transportation	5
Issues/Trends	6
Long Term Care Workforce Development.....	6
Expanding Service Options for Seniors and Adults with Disabilities	6
Volunteer Recruitment and Support in Area Agency on Aging	6
CHILDREN, YOUTH AND FAMILY DIVISION OVERVIEW.....	7
Family-Focused Community-Based Service Delivery.....	7
Online Automated Statewide Information System (OASIS).....	7
Child & Family Service Reviews	8
Implementing a Model Response System.....	8
Development of Additional Family Shelter.....	9
Revenue Maximization	9
Blue Ribbon Campaign	9
Professional Development Initiatives.....	10
CHILD PROTECTIVE SERVICES	11
Initiatives/Program Highlights	11
Differential Response System	11
Differential Response Video	11
Structured Decision Making Model.....	11
CPS Hotline Customer Satisfaction Survey.....	12
ChildHelp USA Children’s Center of Virginia Established in Fairfax	12
Interjurisdictional Reviews of High-Risk Child Welfare Cases	13
Program Statistics	13
FOSTER CARE AND ADOPTION SERVICES	17
Initiatives/Program Highlights	17
Foster Care	17
Decrease in Children in Foster Care.....	17
Independent Living Services	18
Strategies to Facilitate Permanency Planning for Children in Foster Care	18
Foster Home Recruitment and Training.....	19
Revenue Sources for Services to Children in Foster Care	20

FOSTER CARE AND ADOPTION SERVICES (continued)

Adoption	20
Finalized Adoptions	20
Child Placement and Adoptive Home Recruitment Efforts	21
Increase in Children Receiving Subsidized Adoption Services	21
Issues/Trends	22
Cultural Diversity of Foster and Adoptive Parents	22

FAMILY AND CHILD SERVICES 23

Initiatives/Program Highlights	23
Intensive Services	23
Homeless Services	23
Emergency Assistance	24
Issues/Trends	25
Lack of Affordable Housing	25
Need for Fourth Homeless Shelter	25

PREVENTION SERVICES 27

Initiatives/Program Highlights	27
BeFriend-A-Child	27
BeFriend-A-Parent	28
Children, Youth & Family Division Donor Contributions/Holiday Spirit	28
Early Intervention Strategy Team	28
Family Resource Centers	29
Healthy Families Fairfax	30
Neighborhood Networks (NN).....	30
Nurturing Parenting Program.....	31
Issues/Trends	31
Status of Funding for Healthy Families Fairfax	31

SELF-SUFFICIENCY PROGRAMS 33

Initiatives/Program Highlights	33
Overview of Welfare Reform	33
Initiatives in Removing Barriers to Employment	34
Promotion of Education and Training for VIEW Clients.....	34
Families to Work Program	34
Bridges to Work Program.....	34
Family Loan Program	34
Job Access Transportation Program	35
Vehicles for Change Program	35
Welfare-to-Work Program	36
VIEW Evaluation Update	36
Key Issues of the Working Poor	36
Public Assistance Caseloads	37
Health Care Programs.....	38
Employment and Training Services under the Workforce Investment Act	38
Issues/Trends	40
Reauthorization of TANF and Food Stamps	40
Lack of Affordable Childcare	40
Lack of Affordable Housing	40
Limited Transportation	41
Barriers to Child Support Collections	41
Impact of Economic Changes on Service Demands	41

INTRODUCTION

This report is a summary review of the Department of Family Services public welfare programs--Adult and Aging; Children, Youth and Family; and Self Sufficiency--under the purview of the Advisory Social Services Board (ASSB). This report summarizes significant program trends, events and initiatives for 2002.

The Advisory Social Services Board wishes to thank the Board of Supervisors for their continuing support of the many initiatives of the Department of Family Services. In particular, we want to acknowledge the Board of Supervisors' active endorsement of the department's recruitment of volunteers as well as foster and adoptive families—all vital to providing needed services to our citizens.

TRENDS

In FY 2002, the Department of Family Services faced continued budgetary constraints that affected many of its services. During the same period, as a result of the area's continuing weak economy, the number of county residents needing public assistance, such as Food Stamps, Medicaid and TANF (Temporary Assistance for Needy Families), grew steadily.

In addition, many of the county's working poor continue to face ongoing problems that impede self sufficiency, such as inadequate or non-existent child support, affordable child care, public transportation and affordable housing. Lack of affordable housing, coupled with the county's growing population, has also led to a critical need for increased shelter capacity.

The county's diverse and growing population of seniors and adults with disabilities calls for increased efforts to provide a range of options for long term care and to increase the capacity to provide volunteer services to help these citizens.

KEY PROGRAM ISSUES

- **Long Term Care Workforce Development** - The Citizens Task Force for Long Term Care prioritized *improving and expanding the long term care workforce*. The recommended strategy was to develop a consortium “independent from the County and...a self-supporting public-private partnership” for public and private providers of long term care services to share ideas for recruiting and retaining workers.
- **Expansion of Service Options for Seniors and Adults with Disabilities** - Development of the Laurel Hill property (on the former site of Lorton prison)--a model intergenerational community-based campus for seniors and adults with disabilities--offers unique prospects for *expanded service options for seniors and adults with disabilities in the county*. Options include: an affordable assisted living facility; accessible, affordable apartments; a community-based center; therapeutic and supportive services centers; and an education center for long term care training and learning and retirement classes.

- **Volunteer Recruitment to Support Elderly Persons** - *The need for volunteer services will continue to grow with the aging population.* Local, state and national awards won by the Area Agency on Aging's volunteer development unit in 2002 reflect growing recognition of the value of volunteers and their many contributions to help elderly persons. The work of volunteers helps seniors stay connected to their communities, remain in their homes, and/or be safe in their alternative living facilities. *Recruiting, supporting, recognizing and retaining volunteers requires significant staff efforts.*
- **Regional Approaches to Providing Child Welfare Services** - Children, Youth and Family Division regional teams continue to work together in the county's five regional sites to deliver services that build on family and community strengths. Teams collaborate with community and human service organizations to support community-based service delivery. *Through these regionalized approaches, the department ensures that services reflect the needs of people in their communities.*
- **Federal Review of Child and Family Services** - The U.S. Department of Health and Human Services is conducting Child & Family Services reviews in all 50 states, using multiple assessment sources, including on-site case reviews and interviews with caseworkers, families, and other service providers. *The goal of the reviews is to help states improve child welfare services and achieve the outcomes of safety, permanency, and wellbeing for families and children receiving services.* Fairfax is one of three Virginia localities selected for review, which will take place in early July 2003.
- **Cultural Diversity of Foster and Adoptive Families** - Efforts continue to recruit foster and adoptive families that reflect the cultural diversity of children in foster care. *African-American and Hispanic families are particularly needed.* Recruitment activities focus on the communities from which the children come to enhance opportunities to place them in familiar surroundings. Partnerships with community organizations and businesses are an important aspect of this effort.
- **Lack of Affordable Housing** - *The lack of affordable housing in Fairfax County continues to be a serious problem.* Homeless individuals continue to be turned away from shelters that are full. Significant waiting lists exist for Section 8 and Public Housing, permanent supportive housing and other support services for both individuals and 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 stays in the shelters, and less capacity to provide emergency shelter.
- **Need for a Fourth Homeless Shelter** - *While the county's population has grown by over 17 percent since 1991, shelter capacity has not increased in that same period.* The waiting list for family shelters averages 60+ families. When shelter space is not available, families with no other housing options are currently placed in motels to await shelter placement. In March 2002, the Homeless Oversight Committee (HOC) requested that the Board continue to search for land on which to build the fourth family shelter.

- **Status of Funding for Healthy Families Fairfax** - Beginning in FY 2003, sources of state funding for Healthy Families Fairfax, approximately \$300,000, are being converted from a combination of General Fund and TANF to full TANF funding. However state sources of TANF funding are secure only through the end of FY 2004. *If TANF or some other source of state funding is not provided, the result will be a loss of up to 10 direct service positions and the elimination of services for up to 180 families.*
- **Legislative Changes to TANF and Food Stamps Impact Staff Workloads.** Authorization for the Temporary Assistance for Needy Families (TANF) program ended September 30, 2002. Because Congress was unable fully reauthorize TANF before the end of the federal fiscal year, TANF and related programs received an extension through March 2003. Also, with the passage of the Farm Bill in May 2002, the Food Stamp program was reauthorized. Most provisions were effective October 2002. *A major benefit change in the new bill is restoring eligibility for legal immigrants, which will be a phased-in process.* Reauthorization of TANF and Food Stamps will result in additional workloads for staff.
- **Barriers to Self Sufficiency Still Evident**

Lack of affordable childcare continues to be a barrier to employment for working families. Finding convenient, affordable and reliable childcare as well as care during nontraditional hours and for sick children is a problem for many families. The Office for Children continues its campaign to recruit more childcare providers.

Housing needs pose a significant problem for county families. Rents are often out of the price range for many families. The shortage of landlords willing to rent to Section 8 participants is a major contributor to the problem of finding affordable housing.

Limited transportation is another impediment to employment encountered in many parts of the county. Working families in the Chantilly and Centreville areas find it very difficult to get to and from work because of little or no public transportation. While many new jobs have opened up in the Dulles Corridor, finding transportation remains challenging.

Child support collections for welfare families have not met the goals of Welfare Reform legislation. Bringing in the child support a family is entitled to by law is an essential component of any self-sufficiency program. Fairfax County has supported the co-location of the Division of Child Support Enforcement (DCSE) workers on site at Department of Family Services offices, which allowed custodial parents to access child support services without delays. Currently, the DCSE Fairfax Regional office no longer co-locates workers at DFS offices. *Renewed co-location would be a significant factor in promoting family self-sufficiency.*

Changes in the local economy have had a major impact on demand for services in the Self Sufficiency program area. Former welfare recipients find it more difficult to compete in a tighter labor market. A slower economy combined with changes in welfare laws has resulted in increased demand for public assistance and increased workloads for department staff.

RECOMMENDATIONS

The Advisory Social Services Board recommends that the Board of Supervisors:

Continue to support the Department of Family Services in its ongoing efforts to recruit and retain volunteers and foster and adoptive families who help provide needed services to the County's growing population of elderly persons, adults with disabilities and high-risk families and children. This includes efforts to recruit Hispanic and African-American foster and adoptive families.

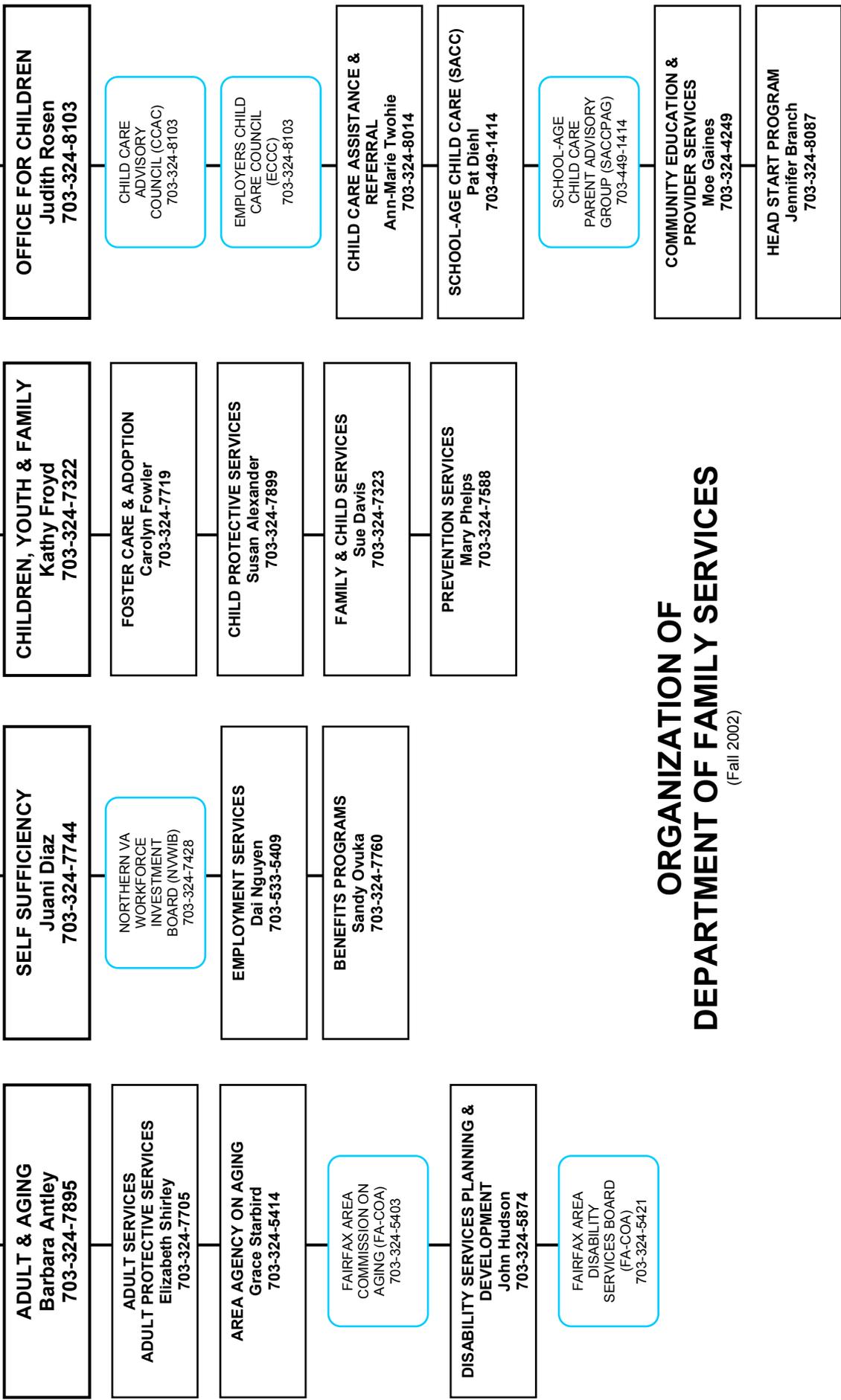
Support the department's efforts to work with the Department of Child Support Enforcement (DCSE) toward the goal of co-location of their staff in Department of Family Services offices. Co-location was an excellent way for staff to work together toward ensuring that child support was obtained from the non-custodial parent. For clients, co-location improved their physical access to DCSE resources, as well as their ability to provide and receive information about their cases in a timely manner. Elimination of unnecessary delays in the receipt of child support is in the best interest of the child, creates less demand on state and county resources, and will help families more rapidly become self sufficient.

Urge the congressional delegation to support the reauthorization of Temporary Assistance to Needy Families (TANF). This legislation, which has been stalled in Congress, continues both TANF and child care funding at their present level. We also strongly urge that the new legislation be extended for at least three years so that services to children and families are not disrupted.

Continue to pursue the development of a fourth family shelter. The waiting list for shelters now averages 60+ families at a time, and has for the past three years. Families remain on the waiting list for approximately 90 days awaiting placement in one of the three family shelters. While on the waiting list, most families live with others, frequently in crowded, cramped conditions. Those without friends or relatives with whom they can stay are placed in motels. Many of the families are homeless because they cannot afford the high cost of housing in the county. While there is a critical need for additional shelter beds, ultimately our families need affordable housing.

Support efforts to expand affordable child care to ensure that low-income families who are eligible for subsidized child care receive the services they need—services that allow them to work while their children are safely cared for.

Promote and support measures that provide additional public transportation for working poor families in regions of the county, particularly Centreville and Chantilly, where new jobs are available but public transportation is lacking.



ORGANIZATION OF DEPARTMENT OF FAMILY SERVICES

(Fall 2002)

**Department of Family Services
ADULT AND AGING SERVICES**

This division reflects the integration of the Area Agency on Aging, Adult Services, Adult Protective Services, Care Network for Seniors and Long Term Care Services. The mission of Adult and Aging Services is to provide programs that support elderly persons and adults with disabilities to maximize independence; to provide leadership in developing new support networks; and to enhance informal social support networks already established by families and communities.

Initiatives/Program Highlights

• **Emerging Needs of County Seniors and Adults with Disabilities**

The 2002 Fairfax-Falls Church Community Assessment report provides information relevant to planning for the growing numbers of seniors and adults with disabilities:

“The growth of the population of persons age 65 and older in the Fairfax-Falls Church Area has been faster than that nationally. The local increase in the number of persons age 65 years and older from 1980 to 1990 was 94.4 percent and from 1990 to 2000 was more than 40 percent, compared to 22 percent and 12 percent nationally. During this two-decade period the number of persons 65 years and older in the Fairfax-Falls Church Area has grown from 29,385 persons to 80,833 persons.”

The 2000 Community Needs Assessment also estimates that 5.7 percent of Fairfax-Falls Church area households (56,300 persons) live with a disabling condition. Of this subset, 87.1 percent are age 20 or older. It is also important to note that almost 5 percent of all area households and 13.8 percent of households having a member with a disabling condition reported that they had actually moved an elderly or disabled person into the Fairfax-Falls Church area during the past five years.

To meet the needs of our growing and diverse population, the Citizens Task Force for Long Term Care, appointed by the Board of Supervisors, recommended in March 2002 that the Board take the following steps to ensure a range of options for long term care:

- *Expand senior centers to become community based service providers for the organization and delivery of services.*
- *Increase the availability and accessibility of adult day programs for special populations.*
- *Increase the supply of accessible housing.*
- *Provide incentives that improve recruitment and increase retention in the long term care workforce.*
- *Continue to increase the number of volunteers providing assistance to senior adults and to offer an increased number and variety of opportunities to volunteer.*

- **In-Home Services Initiatives**

Task Based Services

DFS continues, for the fourth year, to provide home care services using a ‘task based model’ in six area congregate apartments for seniors and adults with disabilities. This model allows home care aides to focus services on the specific daily living requirements of each resident. Aides rotate through several units over a period of hours, assisting with cleaning, meals, laundry and/or personal care.

Studies by George Mason University have found this model to be a more efficient and cost-effective form of service delivery. However, early surveys found decreased client satisfaction with the model because many residents also relied on aides for social interaction. Increased training of contract home care aides and a series of problem-solving meetings among contractors, apartment managers and county staff have largely mitigated this problem.

Staff continues to monitor this issue. However, surveys undertaken by county staff during 2002 show an increase in satisfaction levels from the surveys conducted by George Mason University: from 74 percent of respondents in FY 2000, to 76 percent in FY 2001, to 100 percent in FY 2002. As a result, plans are underway to expand the number of congregate residences using this model from 6 to 18.

- **Home Based Care**

The Department of Family Services and the Health Department continue to contract for in-home services with four private agencies. During FY 2002, the Board of Supervisors approved additional funds to increase the wages of home care aides for the purpose of improving recruitment and retention. Aides who are Certified Home Health Aides or who are Certified Nursing Assistants are eligible to be paid a minimum of \$9.50 per hour, an increase from \$8.25. Those aides who are at the homemaker level are paid a minimum of \$8.00 per hour. All aides with continuous employment are eligible to receive raises at six months and at one year of employment.

George Mason University evaluated the impact of the wage increase on home care aide recruitment and retention. The study incorporated interviews with health administrators and responses to questionnaires from 115 home health workers. The study found significant positive differences in job satisfaction between the 84 who had received pay increases and the 31 who did not. Those receiving pay increases also indicated that it influenced their decision to remain.

The wage increase has improved the level and consistency of service delivery to home based care clients, which is reflected in client satisfaction results. In FY 1999, client satisfaction with home based care was 93 percent but in FY 2001, it had dropped to 89 percent. The FY 2001 rate was reflective of general problems with meeting clients’ requests for home based care services. For FY 2002, client satisfaction improved to 95 percent.

- **Falls Church Case Management Project**

In 1998, the county inaugurated an interagency case management project modeled on the team-based approach previously used by the Care Network for Seniors. This project has targeted seniors in the Falls Church area ZIP codes: 22041, 22042, 22043, 22044, 22046, 22101, 22203, 22302 and 22311.

It involves the Health Department, Department of Family Services, and Area Agency on Aging, with cases assigned to nurses or social workers, depending on client medical conditions and psychosocial needs, and allows for obligation of funds by any member of the team.

This project began a new phase on January 1, 2002, as a self-managed team. Two social workers, two nurses, and a part-time Home Delivered Meals worker share space in the Falls Church Human Services building. During the last year, the team assessed 223 individuals, 58 percent of whom are in their 80s and 90s. The average elapsed time from referral to assessment was seven days. The team meets weekly to staff cases and make recommendations for clients' service plans. Clients benefit from this multidisciplinary expertise brought to bear on their service plans.

- **Adult Protective Service Investigations**

In FY 2002, there were 587 Adult Protective Service (APS) investigations, which resulted in 347 adults needing protective services.

Total APS Investigations

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
615	651	670	575	590	587

Of the cases investigated, 79% involved persons over age 60, 21% involved persons under age 60 and 19% involved persons in institutional facilities.

Clients Needing Protective Services

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
349	375	388	356	374	347

Of the 347 adults needing protective services:

- 156 were cases of caretaker neglect;
- 104 were cases of self-neglect;
- 52 were cases of abuse; and
- 35 were cases of financial exploitation.

- **Assisted Living Facilities**

Fairfax seniors and adults with disabilities are still faced with the prospect of leaving this area if they are unable to function independently in their homes. Affordable assisted living units are scarce in Fairfax County compared to the demand. Based on state income guidelines (maximum monthly income of \$1,047), 85 out of 180 Fairfax County seniors and adults with disabilities found it necessary to seek assisted living outside of Northern Virginia. Auxiliary grants from the Commonwealth to pay the cost of an assisted living facility have risen from \$958 to \$966 per month, but the average monthly cost of a private facility in Fairfax County ranges from \$2,765 to \$4,141.

The county continues to expand its affordable assisted living options. The county-owned assisted living facility, Lincolnia (52 beds), has a waiting list of 211 persons. The District Home in Manassas, an assisted living facility owned by Fairfax County and four other jurisdictions, has a waiting list of seven. The present District Home building, which is over 75 years old, will be replaced using funds from the HUD Sections 202 and 811 programs. The new buildings will have 77 units for persons age 62 and over and 14 units for persons with disabilities under age 62.

A groundbreaking ceremony for Little River Glen Assisted Living and Adult Day Care was held in November 2002, and occupancy of its 60 beds is anticipated for the end of 2003. An interagency workgroup continues to develop plans for 60 units of assisted living at the Lewinsville Center Residences site, along with plans for expanding the senior center, the adult day health care for frail seniors and services for seniors with advanced dementia who are still living at home. Identifying complementary funding streams for such a multipurpose facility is expected to be a challenge.

- **Northern Virginia Long Term Care Ombudsman Program Activities**

During 2002, the Northern Virginia Long Term Care Ombudsman Program advocated for the rights and well-being of residents living in 32 nursing facilities and 81 assisted living facilities in Northern Virginia. Fairfax County has 16 nursing facilities (2,054 beds) and 49 assisted living facilities (3,508 beds), for a total of 5,562 beds, or 51% of the Northern Virginia region's 10,820 beds.

The Ombudsman Program handled 167 complaints through formal investigations and mediation, with 113 of these in Fairfax County. In addition, program staff provided citizen advice on addressing complaints, or in the case of the volunteer Ombudsman, served as intermediaries, to address 4,491 residents' complaints. Forty-five percent (2,028) of these complaints involved residents in Fairfax County. Program staff also handled 4,372 information requests relating to long term care, including 2,389 (54 percent) in Fairfax County. Support from volunteer Ombudsmen remained high in Program Year 2002, with 37 volunteers serving as on-site advocates in 34 Fairfax County facilities.

- **Nutrition Program/Home Delivered Meals**

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

In 2002, the number of clients served in the Home Delivered Meals Nutrition program increased from 917 to 973. The waiting list in the Western Fairfax area was eliminated in June with the development of a new route at the Forest Glen Retirement Residence and the addition of 15 clients to that route.

Meals on Wheels routes in Fairfax City and the area surrounding Little River Glen were without a group coordinator and driver coordinator for most of the 2002 calendar year. Intensive recruiting efforts were made to fill these two critical positions. The Area Agency on Aging (AAA) staff assumed the responsibilities for keeping the routes operational while still meeting their regular work obligations.

The Title III grant of the Older Americans Act continues to be used to fund the Nutritional Supplement program. This program provides liquid supplement products to frail, low-income, elderly persons who cannot consume sufficient calories from solid food due to terminal illness, dementia or other disabling conditions. In program year 2002, the program served 525 clients.

- **Area Agency on Aging (AAA) Volunteer Services**

In 2002, a total of 2,523 AAA volunteers performed 73,864 hours of volunteer service. These volunteers performed essential services to the elderly, including home delivered meals, telephone reassurance, friendly visiting, and pet visits to nursing homes (Pets on Wheels program). Volunteers served as guardians/conservators; provided transportation to doctors' appointments; and performed grocery shopping, minor home repairs, home maintenance, and yard work; as well as other services that allow elderly persons to remain in their homes.

- **Transportation**

FASTRAN buses provide transportation for Fairfax County human services program participants. In FY 2002, FASTRAN provided 539,789 one-way rides, including 38,374 rides for adult day care participants; 149,767 rides for senior center participants, including group shopping trips for senior center participants and residents of senior housing complexes; and 292,219 rides for Fairfax-Falls Church Community Services Board (CSB) consumers.

In addition, 2002 saw the expansion of the Fairfax "Seniors on the Go" pilot program, operated by the Fairfax County Department of Transportation. This service provides subsidized taxi vouchers for eligible seniors. Since the start of the program, 6,906 voucher books have been purchased and there are 1,694 active customers.

Issues/Trends

- **Long Term Care Workforce Development**

The Citizens Task Force for Long Term Care prioritized improving and expanding the long term care workforce. The Task Force recommended the development of a consortium for public and private providers of long term care services to share ideas for recruiting and retaining workers. It was noted that the consortium should be “independent from the County and be a self-supporting public-private partnership.” The consortium would address the George Mason University wage study, which found that the level of respect given to home health workers, number of hours worked, proximity of clients (relating to transportation issues), and job benefits were important retention factors. While developing a consortium will be a multi-year project, the ASSB will support the newly formed Long Term Care Council in this endeavor.

- **Expanding Service Options for Seniors and Adults with Disabilities**

The Laurel Hill property, on the former site of Lorton prison, presents unique prospects for the development of an intergenerational community of seniors and adults with disabilities. It is an opportunity to model a living environment that is inclusive and accessible. Options for the Laurel Hill property include:

- An affordable assisted living facility;
- Accessible and affordable apartments for seniors and adults with disabilities and for families where at least one adult member is working as paid long term care staff;
- A community based center for seniors, teens, adults with disabilities, and their families;
- Therapeutic/supportive services centers for adult day health care and day treatment for persons with special needs; and
- An education center for long term care training, learning and retirement classes, and design concepts and models for accessible and visitable housing.

The ASSB will advocate for a comprehensive plan and other land use decisions that will bring such a model to fruition.

- **Volunteer Recruitment and Support in Area Agency on Aging**

In 2002, the Area Agency on Aging’s volunteer development unit received three prestigious awards at the local, state and national level: a program award from Volunteer Fairfax; the Governor’s Community Service and Volunteerism award; and an Acts of Caring award from the National Association of Counties. These awards reflect recognition of the value of volunteers and their many contributions to help elderly persons. The work of volunteers helps seniors remain connected with their communities, as well as ensures that they are able to remain in their homes and/or are safe in their alternative living facilities. Recruiting volunteers, along with providing support and recognition to them, requires significant staff efforts. The need for volunteer services will continue to parallel the growth of the aging population.

Department of Family Services
CHILDREN, YOUTH AND FAMILY DIVISION
OVERVIEW

The Children, Youth and Family Division includes 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.

The goals of these services are to enable children to live safely in families; ensure that families remain safely together whenever possible; 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.

Family-Focused Community-Based Service Delivery

Children, Youth and Family Division regional teams continue to work together in all regional sites. These teams work closely with families, other professionals, schools, and public and private community organizations to design service approaches that build on family and community strengths. These teams also collaborate with the newly developed Family Services Regional Management Teams that are in place to guide regional operations and support community-based service delivery. The continued development and use of the regional teams and a strength-based approach in all Children, Youth and Family programs ensure that the department provides services that reflect the needs of people in their communities.

Online Automated Statewide Information System (OASIS)

Ongoing updates in the OASIS system--the state's automated child welfare information system -- continue. The OASIS development group now relies on input from users to drive needed changes in the system. Fairfax County continues to have representation on both the OASIS Expert Panel and the Steering Committee.

Currently, OASIS is in Version 2.5, which includes enhancements that reduce the time social workers spend entering information into the system. Fairfax continues to volunteer to be a pilot for the iterative releases. Version 2.5 includes new and updated court forms as well as additional functionality to account for the implementation of Differential Response. During this past year, additional reporting capability has been provided; however, these are primarily preformatted reports with limited information and flexibility. Efforts are underway at the state level to provide the capability to develop locality-initiated reports, but there is no timeline as to when this will be completed.

Child & Family Services Reviews (CFSR)

The Children's Bureau within the U.S. Department of Health and Human Services is conducting reviews of child and family services in all 50 states. Virginia will be reviewed during the week of July 7, 2003, and Fairfax is one of three localities selected for the review.

Ultimately, the goal of the reviews is to help states improve child welfare services and achieve the outcomes of safety, permanency, and wellbeing for families and children receiving services.

The Child & Family Services Reviews use multiple assessment sources, including both qualitative and quantitative measures, rather than focusing only on the accuracy and completeness of the records as in previous audits.

To prepare for the federal review, local staff conducted an internal review using the same on-site review tool that will be used in the federal review. Based on the results of the internal review, an awareness tool was developed for workers to address the specific areas needing improvement. Virginia Department of Social Services conducted focus groups for stakeholders and distributed surveys to different groups to solicit feedback on the child welfare system. The federal review will include an on-site case review as well as interviews with caseworkers, families, and other service providers, and other stakeholders in the child welfare system.

Implementing a Model Response System--the Structured Decision Making (SDM) Model

A new system is being implemented that enhances workers' ability to provide consistent responses around critical decision points in child welfare cases. The Structured Decision Making (SDM) model provides a framework for more efficient, consistent, and valid decision making for child welfare agencies. The SDM model uses different criteria at each decision point--from intake to the close of a case--to address the issues at each stage of the case. This model has been implemented formally in at least 14 states, and many other agencies have informal adaptations of the model. The objectives of the SDM model are to:

- introduce structure to critical decision points in the child welfare system;
- increase the consistency and validity of decision-making;
- target resources to families most at risk; and
- improve the effectiveness of child welfare services.

Aspects of the SDM model that will be implemented in Fairfax County include a priority response system for Child Protective Services, a safety planning tool, a research-based risk assessment, and standardized assessments of family and child strengths and needs. These tools will be used to guide both the provision of a particular service and the level of service provided. Linking service standards to risk ensures that resources are targeted to families most likely to have a recurrence of abuse or neglect. The Virginia Department of Social Services is also developing a Structured Decision Making model for the entire state and is working with a consultant and coordinating with Fairfax County on this initiative.

Development of an Additional Family Shelter

During 2002, Fairfax County made progress toward the development of a fourth family shelter. This new shelter will address the critical need for emergency shelter for homeless families and will also help alleviate the use of motels, where some families stay while awaiting space in the shelters.

The county is in the process of finalizing the site for the facility that will be located on county-owned land in the western part of the county. This new shelter will have 60 beds and be equipped to serve up to 20 families. The plan calls for two transitional housing units for up to three families to be constructed on the site, as well. As it does with the other shelters, DFS will enter into a contract with a nonprofit organization to operate the shelter. In 2003, the county will go through the public hearing process with the Planning Commission, the final step prior to the construction phase.

Revenue Maximization

Program areas in the Children, Youth & Family Division have been proactive in finding ways to continue to provide high quality services in this difficult fiscal environment through creative funding strategies. During the past year, the state has provided new guidance to localities about applying for federal reimbursements under Title IV-E for foster care prevention efforts, which will allow Fairfax County to receive additional federal funds.

The program areas have developed a process to include the appropriate documentation for submitting Title IV-E claims and expect to receive reimbursement by the end of FY 2003. Reimbursed funds may be used for new initiatives or for the expansion or enhancement of existing programs. Claims have been submitted previously for the Healthy Families Fairfax Program in 2001 and will be submitted for other Children, Youth & Family programs.

Blue Ribbon Campaign

As part of a larger national Blue Ribbon Campaign focusing on preventing child abuse, this local campaign continues to assume greater responsibility in educating the Fairfax community about preventing child abuse. In April 2002, the Fairfax County Board of Supervisors issued a proclamation designating April as Child Abuse Prevention Month. Outreach efforts of the Blue Ribbon Campaign for 2002 included:

- Adding representatives from county schools and police to the campaign committee;
- Distributing pamphlets, flyers, guides and information packets on parental stress reduction, summer fun and safety, tips for shopping with children, and general safety and parenting issues to school social workers, Fairfax County fairgoers and families, faith communities, and to homeowners' associations through the county's "News to Use" publication.
- Recognizing April as Child Abuse Prevention Month through proclamations and public outreach and commemorating children who have died by violent means by flying a Children's Memorial Flag at the Government Center.

Professional Development Initiatives: MSW Stipend Program, Licensed Clinical Social Worker (LCSW) Supervision Initiatives and Masters in Social Work (MSW) Student Unit

Public social services continues to be 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 three unique, ongoing programs:

- **Masters of Social Work (MSW) Stipends** - Eight DFS employees receive stipends that cover a significant portion of the expenses of the graduate degree. Federal IV-E Child Welfare Training funds pay for this program, with a small match from county funds. Employees study as part-time students and, upon graduation, are required to work for one of the DFS Child Welfare programs for two to three years.
- **Licensed Clinical Social Work (LCSW) Training** – Ten DFS employees receive clinical training, in accordance with LCSW regulations, to prepare for the Virginia LCSW exam-- the highest practice certification for social workers in Virginia. The department's licensing and supervision program includes both agency staff and contracted staff to provide clinical supervision. Participating employees report increased confidence in their work, improved satisfaction in their job, and, most importantly, better outcomes for their clients.

Selection for both programs is competitive. A variety of factors are considered, including seniority, professional commitment, overall practice skills, and ability to complete the required employment commitment.

- **DFS VCU Student Unit** – The department houses one faculty member from Virginia Commonwealth University's (VCU) Graduate School of Social Work to supervise interns serving in Child Welfare internships. This program allows interns to gain real-world work experience while easing time demands on DFS employees who work with the interns. DFS actively seeks multi-lingual interns and is also able to pre-train and pre-screen potential applicants for future vacancies. Virginia Commonwealth University's Federal Child Welfare training funds pays for the position. The department continues to serve interns from other graduate schools of social work as well.

**Department of Family Services
Children, Youth and Family Division
CHILD PROTECTIVE SERVICES**

The Child Protective Services (CPS) program is designed to protect children from abuse, neglect and exploitation. Additionally, CPS social workers provide services and support to families, such as counseling and referrals to parenting programs, childcare and other supports to enable children to remain safely in their own homes whenever possible.

Initiatives/Program Highlights

- **Differential Response System**

In May 2002, Fairfax County's Child Protective Services (CPS) implemented the Differential Response System, allowing flexibility in responding to reports of abuse and neglect, taking into consideration the severity of the report, immediacy of child safety concerns, and family needs. The alternative response to an investigation is a family assessment that focuses resources on conducting a child safety and family needs assessment, building upon family strengths, and providing needed services. Valid reports are thus assigned to receive either an Investigation or Family Assessment Response.

From May 1, 2002, through November 30, 2002, the CPS Hotline accepted 1,151 referrals. Of those referrals, 79 percent resulted in family assessments, 18 percent resulted in investigations, and 3 percent were courtesy investigations for other child protective service agencies. Thirty-seven of the family assessments were subsequently changed to investigations because the intervention required a removal of children from their home.

- **Differential Response Video**

A video explaining the new Differential Response approach was produced and appears four times weekly on Fairfax County's cable Channel 16. Copies of the tape have been given to the Virginia Department of Social Services for distribution throughout the state and the tape is referred to on the state's Web site. Local CPS Hotline social workers use this videotape as part of their public education presentations given to schools, mental health staff and other community organizations.

- **Structured Decision Making Model**

In August 2002, CPS began implementing a structured decision making model that would provide a framework for a more efficient, consistent, and valid decision-making process. During Phase I of the structured decision-making process, staff developed a response priority system and implemented a revised safety assessment instrument.

The response priority system provides the ability to respond most quickly to families who are most at risk of serious abuse and neglect, ensuring resources are assigned where needed. The Hotline staff currently is testing the prioritization system, and implementation is anticipated for a later date.

The safety assessment instrument has been altered to better serve the philosophy of the new differential response approach to reports of abuse and neglect. This new locally developed assessment instrument is awaiting final approval from the Virginia Department of Social Services.

- **CPS Hotline Customer Satisfaction Survey**

Child Protective Services Hotline staff initiated an evaluation of the service and satisfaction level of mandated callers making reports to the CPS Hotline. A survey was developed to determine the knowledge level of mandated reporters and their interactions with Hotline social workers. The information gained from the survey was used to ascertain what improvements should be made to enhance the quality of services offered by the Hotline.

The survey was sent to 150 individuals, with a 70% response rate. Based on the analysis of the responses, improvements were made in the following areas:

- Hotline hours were extended until 10 p.m. to improve the quality and consistency of response to reporters.
- The Hotline developed a policy of using after-hours staff to cover the Hotline when regular staff is unavailable. This improves the consistency of response since after-hours staff shares responsibility for screening reports during non-business hours.
- Hotline social workers, who are proactive in training the community about child abuse and neglect, recognized that the perception of child abuse and/or neglect varies throughout different agencies and organizations in the community. As a result, Hotline staff revised the “Recognition and Reporting” training to address these different perceptions.

- **Childhelp USA Children’s Center of Virginia Established in Fairfax**

In 1997, the Department of Family Services, Children Youth and Family Division and Mental Health’s Youth and Family Services began collaborating with Childhelp USA with the goal of establishing a Child Advocacy Center, a public-private partnership, to serve sexually abused children in Fairfax County. The advocacy center concept offers a way of serving abused children through a comprehensive approach to services for victims and their families. Coordination of investigation and intervention services is ensured by bringing together professionals and agencies in a multidisciplinary team to create a child-focused approach to child abuse cases.

The Childhelp USA Children’s Center of Virginia, on Arlington Boulevard in Fairfax, was established in June 2002. The Center serves as an innovative, child-friendly facility offering a continuum of services designed to reduce the incidence and severity of child sexual abuse and provide sexual abuse assessment, investigation, intervention, and treatment services to children and families in crisis.

This facility provides on-site child abuse assessment, investigation, intervention and treatment services in one location. By co-locating in one building the various disciplines that must respond to reports of sexual abuse--law enforcement, child protective services, prosecution, mental health services, and medical services--the Center makes possible a coordinated joint response, streamlines the abuse intervention process, and reduces secondary trauma to the child victim.

On November 9, 2002, Leadership Fairfax, Inc., honored Beth Iddings, supervisor in Child Protective Services and Michael Caplin, director of East Coast operations for Childhelp USA, as recipients of the 2002 Northern Virginia Leadership Award for Community Partnership. Iddings and Caplin were honored for their leadership in launching a public-private partnership to improve child abuse intervention and prevention and leading the effort to establish the new Childhelp USA Children’s Center of Virginia.

Interjurisdictional Reviews of High-Risk Child Welfare Cases

The Fairfax County Child Protective Services staff has joined with Arlington and Alexandria staff to develop and implement an interjurisdictional risk review of high-risk child welfare cases. The purpose of the review is to provide an objective review of cases to ensure that best social work practice is being provided, to brainstorm new services, and to identify trends and barriers for service. This process has enhanced cross-jurisdictional working relationships and identified systems issues that are common to all three jurisdictions.

Program Statistics

- **Child Protective Services (CPS) Hotline**

Social workers on the CPS Hotline receive reports of alleged abuse and neglect by phone, in person or through other county agencies. Hotline staff 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 the state definition of “abuse” or “neglect,” the complaint is assigned to a CPS social work investigator/assessor.

The CPS Hotline extended its hours of operation to enhance the ability to provide a local response to the community. Calls are now received from 8:00 a.m. to 10:00 p.m. Calls received from 10:00 p.m. to 8:00 a.m. are automatically forwarded to the state hotline in Richmond, which then immediately contacts a Fairfax County after-hours social worker who screens and investigates the report, making necessary recommendations and referrals.

Telephone Calls to the CPS Hotline*

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
25,948	26,145	16,836	16,326	24,001	30,879

* Figures from FY 1997-1998 reflect calls *to and from* the Hotline. Figures from FY 1999-2002 reflect calls *to* the Hotline only. Increased calls in FY 2001, and subsequently, FY 2002 resulted from the change to a more accurate automated call system and reflect an increase in citizens reporting cases, 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 has occurred, interview the alleged victim and alleged perpetrator and other relevant witnesses, assess the situation, determine the needs of the family, ascertain whether abuse or neglect occurred (investigations only), and provide appropriate services.

Effective May 2002, Fairfax County implemented the differential response system, allowing flexibility in responding to reports of abuse and neglect taking into consideration the severity of the report, immediacy of child safety concerns, and family needs.

Valid CPS reports are considered for an investigation response when there are immediate child safety concerns and/or the type of report is required by the Code of Virginia to be investigated, including, but not limited to: sexual abuse; fatalities; serious injuries; hospitalization due to abuse or neglect; physical abuse requiring medical evaluation; abandonment; injury due to use of weapons such as guns or knives; and institutional abuse or neglect.

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 Investigations Per Year*

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002*
2,525	2,777	2,797	2,521	2,427	2,302

*Of 1,151 referrals made to the Hotline between May 1 and November 30, 2002, 79 percent (912) were family assessments; 18 percent (210) were investigations; and 3 percent (29) were courtesy investigations for other child protective service agencies.

- **Ongoing Treatment Services**

Social Workers in CPS Ongoing Treatment Units are responsible for providing ongoing services in serious situations in which the child remains in the home and may be at risk for future abuse or neglect. Approximately 87 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. Social workers from the Ongoing Treatment Units 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 Alcohol and Drug Services and families experiencing mental health issues are referred for 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.

**Average Number of Families Receiving
Ongoing Treatment Services Each Month**

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
264	266	289	289	280	292

**Department of Family Services
Children, Youth and Family Division
FOSTER CARE AND ADOPTION SERVICES**

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

Workload and program outcomes in the Foster Care and Adoption Services are significantly influenced 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; and
- 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 15 months of entry into foster care.

Initiatives/Program Highlights

Foster Care

- **Decrease in Children in Foster Care**

From FY 2001 to FY 2002, the average monthly number of children in foster care with Fairfax County decreased by 2 percent. The following chart highlights foster care statistics:

Monthly Average Number of Children in Foster Care

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
747	658	617	571	507	496

The foster care caseload is driven, in large part, by the rate of entry of children into foster care. In FY 2002, the rate of entry of children into foster care decreased 7 percent over FY 2001. The FY 2002 monthly average number of children in foster care reached a low of 496 as of June 30, 2002.

This decrease is attributable in large part to the child abuse and neglect prevention services provided to families in the community and to lower foster care caseloads that allow social workers to provide more time supporting each family.

Number of Children Entering Foster Care

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
250	199	239	207	200	186

The number of children who entered foster care during FY 2002 (186) was 19 fewer than those exiting foster care that year (205). The trend of children exiting foster care at a greater rate than those entering foster care has continued for the past seven years.

Of the 205 children who exited foster care during FY 2002:

- 36 percent were returned home;
- 20 percent were placed in the custody of relatives;
- 22 percent were placed for adoption.

The remaining 22 percent exited for reasons such as turning 21 years old or refusing to remain in foster care after turning 18. The average age of the children exiting foster care was 10.3 years. The median length of stay in foster care for those children was 1.58 years.

- **Independent Living Services**

Adolescents in foster care, especially those who have been in care for a number of years, face numerous challenges in preparing to become self-sufficient adults once they leave the foster care system. Without proper services, these children are at risk of homelessness, unemployment, incomplete education, and untreated illnesses.

All children in foster care between 16 and 21 may 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.

As of June 30, 2002, 161--or 33 percent--of children in foster care were age 16 and over, an increase of 6 percent over the previous fiscal year.

Service delivery to youth in foster care who are transitioning to independence is being strengthened. Program staff wrote a local policy and “best practice” manual for social workers to assist them in providing independent living services. The manual was printed and distributed in the fall of 2002.

- **Strategies to Facilitate Permanency Planning for Children in Foster Care**

The goal of foster care is to safely return the child home or, if that is not possible, place the child permanently in another home such as a relative’s home or an adoptive home. This process, called permanency planning, must be completed in most cases within the 14 to 18-month timeframe established through federal and state legislation.

Implementation of a strategy known as concurrent planning occurred during FY 2002 to facilitate timely permanency planning.

Concurrent planning is a strategy used for children whose prognosis for returning home is poor. This strategy is the process of working towards family reunification while, at the same time, developing and working towards an alternative permanent plan. Birth parents are involved in the identification of the next best permanent placement plan, should the child not be able to be returned home within the allowable timeframe. The alternate plan, e.g., placement with a relative or placement for adoption, is written into the child’s service plan and is approved by a judge.

The department contracted with the National Resource Center for Foster Care and Permanency Planning to develop a staff curriculum on concurrent planning, which was delivered to all staff. Fairfax County is the only jurisdiction in Virginia to formally practice concurrent planning. The department is serving as a consultant to the Virginia Department of Social Services to assist in the statewide implementation of concurrent planning.

- **Foster Home Recruitment and Training**

The recruitment of foster families is now focusing on creating a pool of culturally diverse families that more closely reflects the diversity of the children entering foster care. The diversity of the foster parent pool remains unchanged from the previous year. African-American and Hispanic homes continue to be the greatest need.

Foster Home Recruitment

Race/Ethnicity	196 Foster Families as of 12/31/02	496 Children in Foster Care as of 6/30/02
Caucasian	65%	31%
African-American/Bi-Racial	29%	52%
Hispanic	4%	13%
Asian	2%	4%

Ongoing recruitment and retention of foster/adoptive families are critical in building and maintaining a pool of families. Traditional recruitment activities such as speaking at church events and having information booths at local fairs continue.

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. New approaches are also being used. With the assistance of a consultant, a mail-out recruitment campaign is taking place in neighborhoods identified as good locations for reaching minority foster/adoptive families. Recruitment efforts are supported by a federal Title IV-E grant.

Nationally, research shows that retention of existing foster/adoptive homes is an important part of recruiting new homes. During 2002, Foster Family Neighborhood Networks were formed throughout the county to provide mutual support and training to foster families. Each Neighborhood Network consists of a coordinator who is an experienced foster/adoptive parent and a small number of newer foster/adoptive families residing near one another.

The training and home study process for foster and adoptive parents remains state-of-the-art. The department uses the Parent Resources Information Development Education(P.R.I.D.E.) training program developed by the Child Welfare League of America. Pre-service and in-service training curricula for parents and staff use a competency-based approach to prepare parents for fostering and adopting.

The department requires each 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, communicable diseases, and helping children build positive attachments.

As of January 2002, families are being dually licensed as foster and adoptive parents. These families are called “resource families.” An important part of the concurrent planning initiative being implemented by the Foster Care and Adoption Program is the availability of resource families. Such a family may accept a child into their home as a foster care placement and will support the goal of return home, while making a commitment to adoption should the child eventually need an adoptive home. Placement of children earlier into what could become their permanent homes helps to promote healthier attachments and placement stability for children.

- **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 average 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 45 percent for FY 2002, a decrease of 1 percent from FY 2001. The decrease is a result of changes in the characteristics of the population of children in foster care, such as family income, which are beyond the control of the department.

In FY 2002, an average monthly percentage of the children in foster care who receive Supplemental Security Income (SSI) and other Social Security benefits was 18 percent, compared to 19 percent in FY 2001. In FY 2002, the average percentage of children in foster care with a child support order was 75 percent, an increase from 72 percent in FY 2001.

Adoption

- **Finalized Adoptions**

As of December 31, 2002, there were 100 children in foster care who had the goal of adoption. This number represented 20 percent of the children in foster care.

The number of finalized adoptions during FY 2002 (46) was a significant number, given that the number of children entering foster care yearly has steadily declined from FY 1999 (234) through FY 2002 (186). These adoptions have been accomplished through aggressive adoptive home recruitment strategies and the maintaining of staffing levels resulting in lower caseloads.

Finalized Adoptions – Fairfax County Foster Care Youth

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
36	49	67	63	50	46

- **Child Placement and Adoptive Home Recruitment Efforts**

The department approved 31 families as adoptive families during FY 2002, an increase of 13 families over the previous year. As of December 2002, the department had 34 children awaiting identification of an adoptive home, an increase of 12 children over those waiting at the end of 2001.

The federal Adoption and Safe Families Act requires more timely terminations of parental rights. The earlier influx of children with the goal of adoption has placed pressure on the pool of available adoptive homes. While the composition of the waiting children changes from month to month, the children who wait the longest tend to be African-American, male, school-aged and part of a sibling group. In addition, children waiting for adoptive families often have educational delays, behavioral problems, a history of sexual abuse, and medication needs.

Recruitment efforts on behalf of African-American children awaiting adoptive placements include presentations at community fairs, town meetings, churches, businesses, and social organizations. During 2002, one child was featured on Channel 4 TV’s Wednesday’s Child, and seven children were featured on a local radio program, Heaven 1580 AM. A child specific recruitment campaign-- “The Eight Who Wait”--for the most challenging children continued during 2002. Through these efforts, adoptive families were identified for two of “The Eight Who Wait,” for a 10-year-old boy who waited for a family for 33 months, and for a 13-year-old girl.

- **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, childcare, health and education services, respite care, transportation services, and quality assurance for services received.

During FY 2002, the department offered special events for adoptive families: a panel discussion on transracial adoption, a discussion on special education advocacy, and an evening of taking care of self/re-energizing for parents.

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. These children tend to be elementary school aged and older because few infants and toddlers are available for adoption. The department also processes the subsidies for children placed through private child-placing agencies located in Fairfax County. At the close of FY 2002, 60 of the 529 children receiving adoption subsidy were placed through private agencies.

Active Adoption Subsidy Cases (Post-Final Order)

FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
297	336	394	437	496	529

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

Issues /Trends

Cultural Diversity of Foster and Adoptive Parents

Efforts will continue to recruit foster and adoptive families that reflect the cultural diversity of the children in foster care. Recruitment activities will be focused in the communities from which the children come to enhance opportunities to place children in familiar surroundings. Partnerships with community organizations and businesses are an important aspect of this effort. African-American and Hispanic families are particularly needed.

**Department of Family Services
Children, Youth and Family Division
FAMILY AND CHILD SERVICES**

Programs in Family and Child Services 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 be struggling with a number of complex issues that have destabilized 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 inter- and intra-state home studies and for providing homeless shelter and transitional housing services. Also included in this program area is the emergency assistance funding for the agency.

Initiatives/Program Highlights

- **Intensive Services**

Helping families is the focus in Intensive Services. Social workers continue to work with families who are referred to them by such agencies and groups as: Child Protective Services (CPS); Foster Care; Adult and Aging; Public Schools; Human Services Coordinated Services Planning; Fairfax Area Christian Emergency and Transition Services (FACETS); and through the Child Specific Team (CST) process.

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, and home studies ordered by the court. In 2002, Family and Child social workers assumed a new responsibility--that of providing court-ordered protective supervision. Judges generally order protective supervision when they deem that a family may be unwilling to voluntarily comply with the foster care service plan.

After receiving specialized training, two social workers in each unit began working with families who have previously been served by foster care. These are families whose children had been returned to them from foster care and families who have a child or children in foster care, and have other children residing with them. The social workers partner with the families in meeting the requirements of the court order. Foster Care has transferred approximately 25 families to Family and Child Services, and continues to do so on an as-needed basis.

- **Homeless Services**

Shelters--In FY 2002, homeless shelters served 2,426 people, including 158 families with children for a total of 510 people in families. The average length of stay in the shelters for single individuals (Eleanor Kennedy Shelter, Bailey's Shelter, Embry Rucker Shelter and Mondloch I) is 58 days. The average length of stay in family shelters (Mondloch II, Shelter House and Embry Rucker) is 90 days. Of the unaccompanied adults in shelters, 70 percent have a mental illness and/or a substance abuse problem.

Total Number of Homeless Persons Served in the Emergency Shelter System

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Individuals	1,667	1,739	1,552	1,751	1,916
Persons in Families	604	491	547	417	510
Total	2,271	2,230	2,099	2,168	2,426

When space is unavailable at County-funded shelters and no other housing alternatives exist, homeless families with children are served in motels. Motel expenditures have risen dramatically over the past few years, and in the first half of 2002, DFS staff met with staff from the family shelters, FACETS and Coordinated Services Planning (CSP) to develop strategies for controlling costs in FY 2003. The group decided to impose a cap of 20 rooms per night, which became effective in June. DFS staff negotiated a reduction in room rates at the motels, which also produced a savings. Thus far, limiting the number of rooms used nightly has kept motel expenditures within budget.

Homeless Persons in Motels

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Number of Families	98	202	204	192	180
Number of Persons	337	653	709	724	647

In 2002, DFS facilitated meetings with the shelter directors, Community Services Board managers and other service providers that work with the homeless to enable a comprehensive approach to addressing the needs of the homeless in the shelters, as well as to standardize policies and procedures.

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 supportive services to high-risk families in scattered-site, community-based housing. All programs received approval for renewed funding by HUD during the year.

During 2002, 11 families successfully completed the transitional housing program. Of the families served in the previous year, 100 percent have retained their permanent housing for at least one year, often with the help of housing programs such as Section 8 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, storage or moving expenses. The Department of Systems Management for Human Services (DSM) is responsible for completing the screening process for emergency assistance and accessing the funds to assist families and individuals in need. They are the primary screeners for emergency assistance funds, although DFS social workers continue to access these funds for families and individuals with whom they work.

In 2001, emergency assistance expenditures rose for a variety of reasons. Applicants for assistance were requesting larger amounts of money to pay for rent and security deposits, and the economic downturn caused an increased number of requests. In late 2001, DFS and DSM developed strategies for managing expenditures, which were implemented in early 2002.

Issues/Trends

Lack of Affordable Housing

The lack of affordable housing in Fairfax County continues to be a serious problem. In its Annual Message to the Board of Supervisors on March 4, 2002, the Homeless Oversight Committee stressed the urgent need to expand affordable housing production in the county. The supply of affordable housing has dwindled over the past several years, due to factors such as rent increases, a tight rental market, the absence of new affordable housing production, and the loss of units available for low income households.

There are significant waiting lists for Section 8 and Public Housing, permanent supportive housing and other support services programs for both individuals and families. Homeless individuals continue to be turned away from shelters that are full. The lack of affordable housing has led to a critical need for increased shelter capacity. While the county's population has grown by over 140,000 (17 percent) since 1991, shelter capacity has not increased in that same period. The waiting list for family shelters averages 60+ families.

When shelter space is not available, families with no other housing options currently are placed in motels to await shelter placement. There also 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 stays in the shelters, and less capacity to provide emergency shelter.

Need for Fourth Homeless Shelter

In its message to the Board, the Homeless Oversight Committee requested that the Board continue to search for land on which to build a fourth shelter. During 2002, Fairfax County made progress in this area. The county currently is finalizing a site for the facility, which will have 60 beds and be equipped to serve approximately 20 families. Two transitional housing units for up to three families will also be constructed on site.

**Department of Family Services
Children, Youth and Family Division
PREVENTION SERVICES**

Prevention programs support families, particularly those at risk of child abuse or neglect through community-based, family-focused prevention and early intervention services. These programs are designed to strengthen families, prevent child abuse and neglect, and help community members and stakeholders provide neighborhood-based support networks. Programs and initiatives include:

- **BeFriend-A-Child**--Mentoring of children who are at risk for abuse or neglect, or who have other family concerns, through adult volunteers serving as positive role models and companions.
- **BeFriend-A-Parent**--Volunteer mentors befriend an adult client of the department to listen, learn, build a trusting relationship and work together on parenting and personal needs and skills.
- **Children, Youth and Families Donor Contributions/Holiday Spirit**--A departmental program that accepts donations from businesses, community groups and individuals, for children in foster care or others who might not otherwise receive gifts of clothes and other essentials. Holiday Spirit is a seasonal donor program specifically for children in foster care.
- **Early Intervention Strategy Team**--A multi-disciplinary team of professionals offering consultation and training to school and county human services staff to support culturally appropriate and effective interventions with at-risk families, primarily African-American families with children from birth to age six.
- **Family Resource Centers**--Neighborhood-based centers offering on-site programs and classes tailored to meet the needs of families in each community, to strengthen families.
- **Healthy Families Fairfax**--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.
- **Neighborhood Networks**--Support and referral services that link families who are facing significant challenges to community resources and opportunities to build leadership skills designed to help them become resources within their own neighborhoods.
- **Nurturing Parenting Program**--Parenting programs teaching positive interaction skills to parents and their children.

Initiatives/Program Highlights

- **BeFriend-A-Child**

Mentors provide companionship, support, guidance and advocacy through one-to-one time with children and in regular group recreational and educational activities. *BeFriend-A-Child* mentors help to develop “protective capabilities” in children who are at risk of abuse and neglect by helping them develop positive self-esteem, hobbies and interests; practice decision-making; and take responsibility.

BeFriend-A-Child Program

Cumulative Data	FY 2001	FY 2002
Number of new matches	23	32
Number of children served	55	60
Number of matches ended	25	18

- **BeFriend-A-Parent**

This mentoring service was established in the Spring of 2001. Parents who are at risk for abusing or neglecting children, or who have already done so, are matched one-to-one with volunteer mentors for a minimum of one year, 8-10 hours/month. Mentors role model parenting competence and good coping skills. Goals include: increasing parent self-esteem; decreasing stress and isolation, and helping parents rely less on their children to meet their emotional needs.

BeFriend-A-Parent Program

	FY 2002
Number of parents matched	8
Number of mentors matched	8
Number of client referrals	12
Number of clients on wait list for future matches	9

- **Children, Youth and Family Division Donor Contributions/Holiday Spirit**

This departmental program accepts seasonal donations from businesses, community organizations and individuals for children in foster care who otherwise might not receive gifts of needed clothes and other essentials.

Donor Contributions

	FY 2001	FY 2002
Value of donations collected*	\$264,834	\$283,426
Total number of donors	141	153

Of the above totals, Holiday Spirit collected donations of \$149,928 during FY 2001 and \$145,077 during FY 2002.

- **Early Intervention Strategy Team**

The *Early Intervention Strategy Team (EIST)* was established in November 1996 as a result of 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 developing individual, family, school, and community

early intervention strategies for working with at-risk African-American children and their families. Based on feedback received during FY 2002, the EIST developed a new approach to training--one that incorporates small group dialogue and more actively engages frontline workers in learning from their own and others' experiences. The anticipated outcome of EIST offerings remains the same--that service providers integrate an early intervention philosophy into their service delivery.

EIST Trainings

	FY 2001	FY 2002
Number of trainings/dialogues	6	4
Number of participants	80	44

Note: The reduced number of trainings/dialogues and participants can be attributed to the period of time needed to develop and implement the new approach to training.

- **Family Resource Centers**

The centers offer culturally sensitive, prevention-focused programs to increase parental effectiveness in helping children achieve optimum development, support development of parenting skills, and empower families to become independent. 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.

In partnership with multiple county agencies, community organizations, and volunteers, DFS provides staff and programs for three county Family Resource Centers. In FY 2003, DFS will become involved in coordinating staff and services for a fourth center at Crestwood Elementary School. In addition, staff provides technical assistance to community representatives who are interested in establishing Family Resource Centers.

Family Resource Center Drop-In Visitors and Program Participants (duplicated count)

Site	FY2001	FY2002
Culmore	8,242	13,809
Springfield	8,418	14,535
Lorton	1,800	2,171
Total	18,460	30,515

Note: The increase at the Springfield Resource Center is a result of an increase in numbers at the Alcoholics Anonymous (AA) group and an improved process by which drop-ins, particularly those in the AA group, are tracked. The increase at the Culmore Resource Center is a result of the increase in organization and data gathering by Culmore United, a drop-in group for men which emphasizes healthy recreation and interaction as prevention to alcohol and drug abuse.

- **Healthy Families Fairfax**

Healthy Families Fairfax, accredited through the National Council on Accreditation and Healthy Families America, provides intensive in-home services to expectant and new parents who are at risk of child abuse or neglect to ensure healthy child development and family functioning. The program has been supported over the years through a partnership between DFS, the Health Department and three nonprofit organizations: Northern Virginia Family Service, United Community Ministries and Reston Interfaith. This past year a fourth nonprofit--Abilities Network, Inc.--also became involved.

In addition, program support comes from contributions from corporate and foundation donors, including a significant contribution from the Freddie Mac Foundation, a contribution which is expected to continue through FY 2003 and FY 2004. The program focuses on several key objectives: promotion of positive parent-child interaction; promotion of healthy child development in early childhood; prevention of child abuse and neglect; pre- and post-natal health care; promotion of healthy family functioning by teaching parenting and problem solving skills, and reduction of family stress by improving the family support system.

In recent years, an important issue for this program has been the proportion of state funds received by the Fairfax County program compared to other programs in Virginia considering the number of families in need. In December 2002, Fairfax County received an increased allocation to adjust its proportionate share of state funding. It is also expected that in FY 2003, the program will receive an increase due to revenues to be received under Title IV-E, which provides reimbursement to states and localities for the cost of services provided to families to prevent children from being placed in foster care.

Families and Children Served through Healthy Families Fairfax

	FY 2001	FY 2002
Number of families served	534	604
Number of children served	337	391

- **Neighborhood Networks (NN)**

This initiative is a collaboration between DFS and Fairfax County Public Schools. Families nominated by the schools for this program are strong families who are committed to good parenting, seek stability, and encourage their children to work for a better life. Working with school counselors, social workers, teachers, and school staff, Neighborhood Networks educates families about, and connects them to, support systems.

In addition, this program seeks to build leadership skills in families, helping them to become resources within their own community. In FY 2003, Riverside Elementary School and Dogwood Elementary School are expected to form partnerships with Neighborhood Networks. They will join current partner schools. Woodlawn Elementary School, Woodley Hills Elementary School and Terraset Elementary School

Neighborhood Networks

	FY 2001	FY 2002
Number of children served	43	58
Number of families served	12	16
Number of partner schools	3	3

- **Nurturing Parenting Program**

The Nurturing Parenting Program is a structured group and educational experience for parents, adolescents and children. In partnership with our community, the Nurturing Parenting Program addresses parents' needs for nurturing and for "re-parenting" their children and provides concurrent learning experiences for children.

The program curriculum helps develop empathy, increases self-awareness, encourages responsible behavior through positive means and establishes developmentally appropriate expectations of children and adolescents. Services offered include outreach/public awareness, parenting education, peer support, assessment, referral for additional services, multi-agency staffings, and collaboration with other involved agencies and programs.

The program successfully conducted an Adolescent Group during FY 2002--an age group for whom it has traditionally been difficult to organize and complete a group. Fourteen of the fifteen adolescent participants completed this three-month program.

Nurturing Parenting Program

	FY 2001	FY 2002
Number of families served	94	128
Number of parents served	122	163
Number of children served	153	183
Number of adolescents Served	N/A	15
Number of groups held	12	15

Issues/Trends

Status of Funding for Healthy Families Fairfax

Beginning in FY 2003, sources of state funding for Healthy Families Fairfax (approximately \$300,000) is being converted from a combination of General Fund and TANF to full TANF funding; however, state sources of TANF funding are secure only through the end of FY 2004. If TANF or some other source of state funding is not provided, the result will be a loss of up to 10 direct service positions and the elimination of services for up to 180 families.

Department of Family Services Self Sufficiency Programs

The Department of Family Services Self Sufficiency program has developed a comprehensive network of public and private programs and services to help families and individuals become independent and self-sufficient. The department offers a wide spectrum of employment programs, counseling and intensified assistance including:

- Temporary Assistance to Needy Families (TANF)
- Virginia Initiative for Employment not Welfare (VIEW)
- Medicaid and Food Stamps
- Employment and Training Services under the Workforce Investment Act (WIA)

Initiatives/Program Highlights

Overview of Welfare Reform

The Virginia Initiative for Employment not Welfare (VIEW) program is the mandatory employment component of the TANF program for able-to-work parents with children over 18 months old. From April 1996, the inception of the VIEW program, to December 2002, the department has provided work support services such as employment and training, transportation services and childcare to over 4,000 program participants.

A steady decrease in the VIEW caseload occurred from 1996 to 2001. This year, the department experienced an increase in the VIEW caseload from 231 in December 2001 to 291 in December 2002. This increase can be attributed to the slow economy that has affected VIEW participants.

Earned income related statistics from the state now show that wages of welfare reform participants increased from \$5.97 per hour/\$702 per month in May 1996 to \$8.31 per hour/\$1,112 per month in December 2002.

However, VIEW participants have left public assistance rolls because they have been able to secure wages that make them ineligible for TANF. Those who have left the TANF roles have found a wide variety of jobs, such as office assistants and service and food industry workers.

The department continues to provide intensive case management services to unemployed or underemployed VIEW participants. Intensive services include drug and alcohol assessment, transportation assistance, English classes, vocational training and assessment, counseling, mentoring/educational opportunities and career planning.

DFS Initiatives in Removing Barriers to Employment

Promotion of Education and Training for VIEW Clients

In recognition of the importance of training and educational opportunities in order for many VIEW clients to succeed, the Department of Family Services continues to have public-private partnerships that support clients' efforts toward self sufficiency. These include:

- **The Families to Work Program** - The Families to Work Program, a partnership between DFS and Fairfax County Public Schools Adult Education, serves VIEW participants who have little or no English skills. Individuals enrolled in this program are concurrently enrolled in English as a Second Language (ESL) classes. The Families to Work Program provides participants with the skills needed to enter the workforce. Classes are held each school semester with 10–15 participants. There were 61 program participants in 2002.
- **Bridges to Work Program** - Funded through a state grant, this program helps the department identify “hard-to-serve” TANF and VIEW clients who may also have learning disabilities. Research has shown that up to 40 percent of welfare recipients may have some type of learning disability. Partnerships with the Division of Rehabilitative Services, Fairfax County Public Schools Adult Education, Virginia Employment Commission, Service Source, the Northern Virginia Workforce Investment Board and the Fairfax-Falls Church Community Services Board have been established to help work with these clients once a learning disability has been identified to enable them to reach self sufficiency.

During 2002, 316 participants were screened for possible learning disabilities. Once it is determined that a learning disability exists, the client is provided with extensive supportive services to help them succeed in a working environment.

Family Loan Program

The Family Loan Program, funded through grants from the Virginia Department of Social Services, is operated by Northern Virginia Family Service for the Department of Family Services and six other Northern Virginia Department of Social Services agencies. The program provides interest-free loans to credit-worthy TANF recipients and TANF transitional clients (former TANF clients who are receiving TANF support services for 12 months following closure of their cases) to purchase vehicles and other related goods and services that will help them become self-reliant. To be eligible, the TANF recipient or TANF transitional client must meet criteria such as being employed a minimum of 20 hours a week, agreeing to repay the loan within 24 months, and participating in credit counseling sessions.

The program is in its third year of operation. As of November 2002, the program has funded 36 loans (at an average of \$3,000) in the amount of \$80,646 to Fairfax County residents. A total of \$50,698 has been repaid and the remainder is being repaid. A total of \$79,040 has been loaned for cars, \$684 for car repairs, \$850 for housing, and \$72 for auto insurance. Besides purchasing items they need, with repayment of loans, the families are able to re-establish their credit ratings.

Job Access Transportation Program

The Job Access program, which began in October 2000, has provided employment transportation to TANF and Fairfax County parents who have children under 18 years old and whose incomes are 150 percent of the federal poverty level. The program was operated by the Washington Metropolitan Area Transit Authority (WMATA)--funded by the Federal Job Access/Reverse Commute Grant--and matched by \$225,000 from the Virginia Department of Social Services.

Department of Family Services caseworkers identified families with transportation problems in getting to and from work with stops at childcare providers. A short eligibility form and request for transportation was then faxed to WMATA's One-Stop Center. Within three days, WMATA would inform the caseworker of existing transit or of a "gap-filling service" set up. Most Fairfax County riders needed the gap-filling services because no transit existed for their requested ride or the hours of service did not meet their needs.

From January to September 2002, 77 TANF and low-income families were provided transportation to and from work with stops at childcare providers. The length of time in which the service was provided varied according to the riders' plans for meeting their own transportation needs. In many of the 77 families, a family member learned to drive, and many families purchased cars through the Family Loan Program or the Vehicles-for-Change Program. Others set up car pools with co-workers or moved closer to their jobs.

Northern Virginia funds were spent by September 30, 2002 and the program ended. As a result of a two-month planning time, the program was terminated without clients losing their jobs.

The Vehicles for Change Program

Vehicles for Change, a new program as of March 2002, is designed to help low-income residents purchase cars. The Virginia Department of Social Services funded Fairfax County and five other Northern Virginia social service agencies to bring a nonprofit organization to Northern Virginia.

The Vehicles for Change program receives donations of used cars from the community and prepares them to be "road ready" for distribution to eligible recipients. In exchange, the recipient of a car is responsible for paying a nominal fee (\$700 - \$900) for the car. Each car comes with a six month/6,000 mile warranty. Families are responsible for their car insurance, taxes, tags and title fees.

To be eligible, families must qualify as low income (175% of the Federal Poverty Guidelines), must be referred by the department or one of the five other area social services agencies, must be employed, have a least one child under the age of 18 and have a Virginia driver's license with no citations for driving while intoxicated. The families are expected to take a short term bank loan if they do not have the \$700 - \$900, attend a car orientation program, have enough income to maintain a monthly car payment, and be able to afford insurance and ongoing car expenses.

Northern Virginia Family Service administers this program for the department and the other five social services agencies. Since March 2002, 28 cars have been awarded to Fairfax County low-income residents.

Welfare-to-Work Program

This grant-funded program provided intensive services to TANF clients with specific barriers to employment. Since the program began, approximately 135 clients have been enrolled.

In addition, the department had a partnership with the Fairfax-Falls Church Community Services Board to provide alcohol and drug screening to Welfare-to-Work and VIEW participants. Two Alcohol and Drug Services employees were on site in DFS offices to assess clients with suspected drug and alcohol abuse problems and to assist them in obtaining help. The state funding for these programs ended in May 2002.

VIEW Evaluation Update

The evaluation of the VIEW program prepared by Virginia Tech was designed to measure outcomes for current and former TANF participants in Fairfax County. Participants in the study were interviewed five months after their cases closed and again 10, 15, and 25 months after leaving TANF.

The evaluation found that participants' employment rates increased significantly in the two years after leaving the TANF roles. Earnings increased steadily and the availability of employee benefits also increased across the two years. Employment rates and earnings among former TANF clients in Fairfax were higher than among former TANF clients in state and national studies. In addition, their housing arrangements and household size remained stable throughout the two years. Their children's health and school attendance also remained stable.

Similar to state and national findings, less than five percent of former TANF families in Fairfax County were homeless after leaving TANF. Two-thirds to three-fourths of the respondents continued to participate in at least one government program after leaving TANF. Respondents most often received housing assistance and Medicaid.

Key Issues of the Working Poor

Many former participants who leave the VIEW program continue to remain eligible for subsidized childcare and transportation, Food Stamps and/or Medicaid and employment and training services. These families still face many obstacles in reaching self sufficiency, such as:

- **Non-Receipt of Child Support** -- Lack of child support payments continues to be an issue for many families. Many Virginia Division of Child Support Enforcement (DCSE) cases involve cases where paternity has not been established, as well as absent parents who are out of the country or are not easily located. This, along with the limitations of the current child support collection system, contributes to the low rate of families receiving support payments.

- **Inadequate Public Transportation** -- Lack of public transportation in some areas of the county continues to limit many from finding and sustaining employment.
- **Lack of Affordable Childcare** -- Finding affordable, reliable childcare continues to be a struggle for many working families, especially for families with non-traditional work hours and sick children. Although the county has implemented new initiatives to increase the availability of affordable childcare, such as approving more in-home childcare facilities, there still remains a shortage of affordable childcare.
- **Housing Needs** -- The high cost of housing in the county is an ongoing problem for families. Those with Section 8 certificates have difficulty finding landlords who accept their certificates.
- **Economy Slowdown** --As a result of a sluggish economy, requests for financial assistance have steadily increased this year. Many county residents who work in the tourism, hospitality and service industries have experienced lay-offs or work slow-downs. This is particularly true for VIEW participants, who are typically employed in these fields.
- **Substance Abuse** -- Many of the department's clients have problems with alcohol and drug abuse. This prevents many of them from obtaining and retaining employment. While assistance is available to those in need of intervention and treatment, it is often difficult to get the abuser to admit to having a substance abuse problem.

Public Assistance Caseloads

Overall, the department experienced a slight increase in the average monthly public assistance caseloads from 29,262 average cases per month in FY 2001 to 32,551 in FY 2002.

All public assistance programs showed an increase in caseload size from FY 2001 to FY 2002. The Food Stamp caseload increased by 11 percent, the TANF caseload increased by 14 percent, and the Medicaid caseload increased by 9.7 percent.

Average Monthly Public Assistance Caseloads

Program	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
TANF	3,869	2,819	2,086	1,656	1,154	1,055	1,203
Food Stamps	12,517	10,628	7,101	6,945	6,811	6,531	7,236
Medicaid *	15,818	16,469	15,989	16,298	19,486	19,958	21,891
Other	3,135	2,216	1,811	1,716	1,741	1,718	2,221
Total	35,339	32,132	26,987	26,615	29,192	29,262	32,551

* Does not include FAMIS (Family Access to Medical Insurance Security Plan) caseloads.

Health Care Programs

Family Access to Medical Insurance Security Plan (FAMIS)

In September 2002, responsibility for processing FAMIS applications was returned to local departments of social services. Now applicants have a choice of coming to the local agency or the Central Processing Unit (CPU) in Richmond to apply for FAMIS. This additional workload has been absorbed by the Department of Family Services without additional funding from the state.

The department, in collaboration with many other healthcare agencies and community groups, continues to work to ensure that Fairfax County residents receive the healthcare benefits that may be available to them.

Health Access Assistance Team (HAAT) Pilot Program

In Fairfax County people seeking assistance for medical care may need to go to several places: the Health Department, the Department of Family Services, Coordinated Services Planning, Medical Care for Children (MCCP), etc. The HAAT program is designed to streamline access to health care programs by creating a single point of entry to access.

Currently a HAAT pilot program houses representatives from the agencies listed above at the South County Community Health Care Network office. The mission of the HAAT team is to ensure that those without health care have access to and use the most appropriate health care resources available to them. All members of the team are trained to screen potential clients for eligibility and enrollment in multiple local health care systems. Since the pilot began, approximately 100 clients per week have been screened for health care assistance. The pilot phase of this initiative ends in January 2003. County-wide implementation of this service approach is expected throughout 2003.

Employment and Training Services under the Workforce Investment Act (WIA)

Through its SkillSource Centers, the Northern Virginia Workforce Investment Area (NVWIA), consisting of the counties of Fairfax, Loudoun, Prince William and the cities of Fairfax, Falls Church, Manassas and Manassas Park, delivers employment, education and training services to job seekers and serves local businesses. Currently, there are seven One-Stop full and affiliate employment centers in the region, three of them in Fairfax County.

Services are delivered through a combination of self-directed services (Core Services) and individualized assistance (Intensive and Training Services), depending upon the needs of the job seeker and available funding. Job seekers can access services such as career counseling and assessments, job training and placement, unemployment insurance, vocation rehabilitation, and post-secondary and adult education at these SkillSource Centers.

The centers also meet the needs of businesses by providing employers with qualified job candidates and on-site recruitment opportunities. Over the past twelve months, over 12,000 customers have come through the centers registering over 54,000 visits.

The SkillSource Centers, under the guidance of the Northern Virginia Workforce Investment Board (NVWIB), have been leveraging additional resources through grant opportunities beyond the Workforce Investment Act (WIA) funding. This has enabled the SkillSource Centers to expand their range of services and respond to the needs of targeted populations such as dislocated workers, individuals with disabilities, and youth.

Additionally, the NVWIB is pursuing a technical skills grant to support the emerging and transitioning labor force within the healthcare industry. The SkillSource Centers have aligned the following initiatives and programs to the WIA programs within the One-Stop system:

- **Model One-Stop/Strategic WIB Grant:** This grant supports the operation of the Center for Business Planning and Development, which provides technical and consultative services to start-up and expanding small businesses at no cost. The Center works collaboratively with the local Small Business Development Centers (SBDC), Service Corps of Retired Executives (SCORE), and area business development organizations, such as economic development authorities and other similar private and public organizations and agencies, to ensure coordinated service delivery.

The grant also supported the first annual Community Planning Forums conducted by the NVWIB in partnership with five co-sponsors including Fairfax County Chamber of Commerce, Northern Virginia Regional Partnership, Northern Virginia Technology Council, Prince William Regional Chamber of Commerce, and Prince William County Department of Economic Development. This forum hosts over 150 business and community leaders annually, providing the NVWIB with feedback and input from businesses in refining its strategic direction.

- **Disabilities Services Grant (OneSource and YouthSource):** Administered by the U.S. Department of Labor, the principal partners are the NVWIB, through its SkillSource Centers, and ServiceSource. The grant engages multiple partners to provide a wide range of services for adults and youth with disabilities. Services include assessment, training, innovative approaches to employment, and expanded linkages with public and private providers. Services are provided through the SkillSource Centers, and outreach and marketing of services to persons with disabilities are an integral part of this project goal.
- **MetroTech:** MetroTech is a regional workforce program designed to address the information technology and biotechnology staffing needs of employers within a 50-mile radius of the Washington metropolitan region. With employer participation, MetroTech can provide free technical training that leads to employment for dislocated workers, certain exiting military personnel and college graduates.
- **Rapid Response Grant:** Rapid Response provides early intervention assistance for workers being dislocated by mass layoffs or closures. The focus of this initiative is to design and deliver employment transition services to the workers before the actual layoff date. Services include information briefings on SkillSource Center services, employment workshops, on-site unemployment insurance registration, and links to community services.

- **National Emergency Grant:** In October 2001, the Department of Labor funded an initiative to assist individuals whose employment situations were severely impacted by the events of September 11. This grant is specifically earmarked to provide career counseling, job training, and job placement services to workers who lost jobs or had their work hours reduced as a direct result of the terrorist attacks on September 11. Grant funding for this purpose is expected to continue through September 2003.

Issues/Trends

- **Reauthorization of TANF and Food Stamps**

The 1996 Personal Responsibility and Work Opportunity Act (PRWORA) created the Temporary Assistance for Needy Families (TANF) block grant. Authorization for the TANF program ended September 30, 2002. Congress was not able to deal with the full reauthorization of TANF before the end of the federal fiscal year. Instead, TANF and related programs received an extension (continuing resolution) through March 2003. The continuing resolution extension includes a simple extension of current law/funding for TANF, transitional Medicaid and the supplemental grants for high growth states.

In May 2002, Congress passed the Farm Bill, which reauthorizes the Food Stamp program for six years through FY 2007. Most provisions were effective October 2002. One of the major benefit changes in the new bill is the restoration of eligibility for legal immigrants which will be phased in. Eligibility will be restored to disabled legal immigrants who entered the United States after August 22, 1996, and who receive a disability benefit such as SSI, effective October 1, 2002; to all legal immigrants who have been in the country for five years, effective on April 1, 2003; and to all legal immigrant children, regardless of date of entry, effective October 1, 2003. This restoring of eligibility to legal immigrants in Fairfax County will result in additional workloads for staff.

- **Lack of Affordable Childcare**

Lack of affordable childcare continues to be a barrier to employment for working families. It is difficult for parents to find convenient, affordable and reliable childcare. Finding care during nontraditional hours and for sick children is also a problem for many families. The Office for Children continues their campaign to recruit more childcare providers.

- **Lack of Affordable Housing**

Finding affordable housing continues to pose a significant problem for families in Fairfax County. Rents are extremely high and are often out of the price range for many families. The shortage of landlords willing to rent to Section 8 participants is a major contributor to the problem of finding affordable housing.

- **Limited Transportation**

Access to transportation is another impediment for employment encountered in many parts of the county. In the Chantilly and Centreville area it is very difficult for working families to get to and from work because of little or no public transportation. While many new jobs have opened up in the Dulles Corridor, it remains hard for many to find transportation to this area.

- **Barriers to Child Support Collections**

Child support payments from absent parents are essential if many families are to attain self sufficiency. Without child support, a low-income, single parent family has little chance to ever be self sufficient and is likely to spend a lifetime requiring government aid to meet basic needs. Welfare Reform legislation emphasizes family self sufficiency. By seeking child support for children, the goal of the legislation was--and is--to increase family income and reduce family poverty.

Unfortunately, child support collections for welfare families have not met the goals of the legislation. In order to improve child support collections, the Advisory Social Services Board promotes the concept of collocation of state Division of Child Support Enforcement (DCSE) staff in local social services offices.

In the past, Fairfax County has supported the co-location of State Division of Child Support Enforcement (DCSE) workers on site at Department of Family Services offices. This co-location allowed custodial parents to access child support services without delays. Too often, children remain on public assistance for years while their custodial parents wait for the DCSE to work on their petition and establish and enforce a child support payment obligation.

Once several years pass, many non-custodial parents cannot be located. If a non-custodial parent cannot be located, a case can never be properly established. During recent federal child support enforcement hearings, the Virginia Child Support Enforcement Director, Nick Young, testified regarding the benefit of agency co-location. However, the DCSE Fairfax Regional office is no longer co-locating workers at DFS offices.

Renewed co-location would be a tremendous asset to our county's effort to promote family self sufficiency. Bringing in the child support that a family is entitled to by law is an essential and necessary component of any self sufficiency program.

- **Impact of Economic Changes on Service Demands**

Changes in the local economy have had a major impact in this program area. Former welfare recipients find it more difficult to compete in a tighter labor market. A slower economy combined with changes in welfare laws has resulted in increased demand for public assistance and increased workloads for department staff.