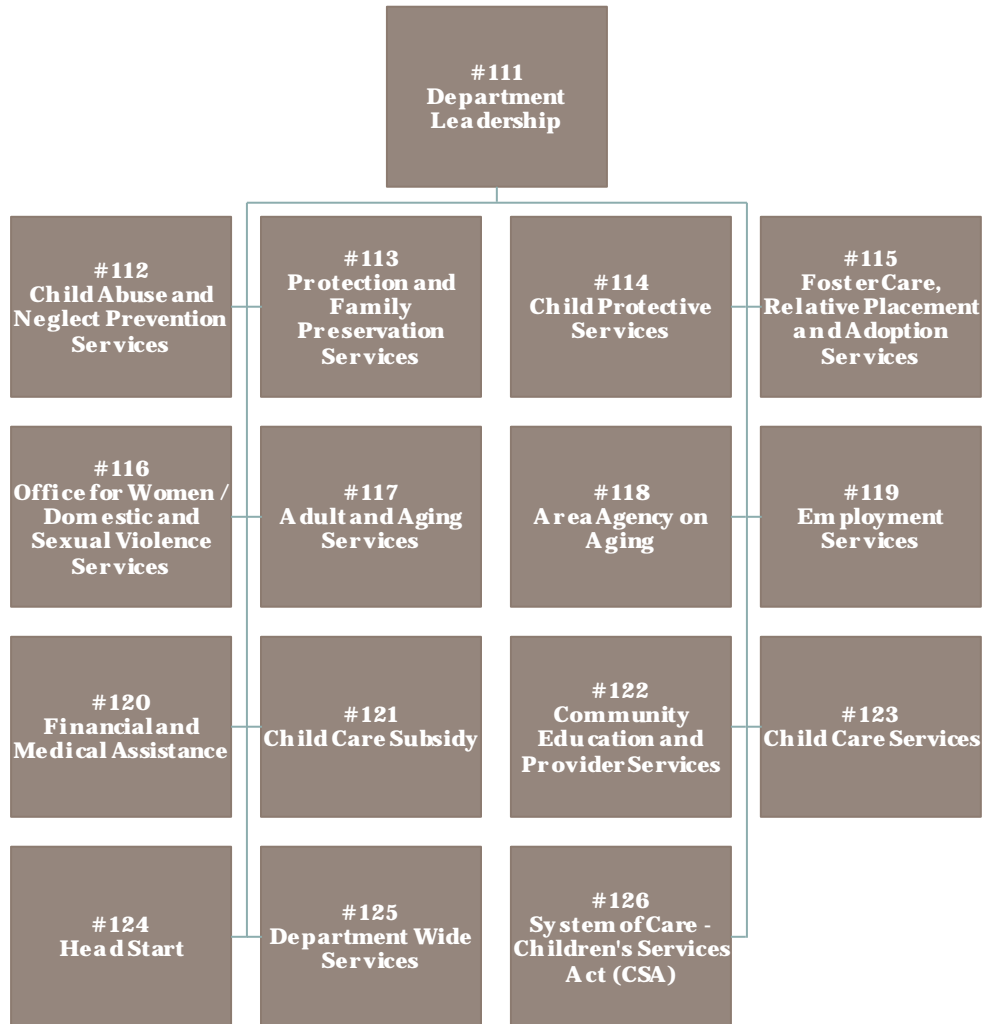


Department of Family Services



Department Overview

The Department of Family Services (DFS) promotes the well-being of the County's diverse community by protecting and improving the lives of children, adults and families through supportive services, education and advocacy. DFS programs and services are provided in regional offices and community sites throughout the County. There are four main divisions: Self-Sufficiency; Adult and Aging; Children, Youth and Families (CYF); and Child Care, as well as the Office for Women and Domestic and Sexual Violence Services (OFWDSVS), and System of Care which includes the Children's Services Act (CSA) and Behavioral Health Services for Youth.

The services provided by DFS are essential to maintaining the high standards of excellence that residents demand: safe communities, a thriving economy, excellent schools, and opportunities for everyone to feel connected and engaged. DFS focuses on:

- Safety for children, older adults, and victims of domestic and sexual violence;
- Public assistance benefits, employment training, and affordable child care to close income gaps and enable people to become economically secure;
- High quality early childhood education and child development-focused parent education classes to ensure school readiness and lifelong learning success; and
- Supportive programs that build on the strengths of families, children, people with disabilities and older adults so they can thrive.

A summary table of funding and positions for the entire department, including FY 2014 and FY 2015 Actuals and the FY 2016 Adopted Budget consistent with what is currently included in the budget volumes is attached. Additionally a listing of all of the individual LOBs, including FY 2016 Adopted Budget summary level funding and position information for each LOB is attached.

Department of Family Services

Department Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
FUNDING			
Expenditures:			
Compensation	\$82,616,938	\$86,177,239	\$91,249,881
Operating Expenses	97,748,594	97,633,737	104,956,122
Work Performed for Others	(488,158)	(476,950)	(534,749)
Capital Equipment	29,599	17,795	0
Total Expenditures	\$179,906,973	\$183,351,821	\$195,671,254
General Fund Revenue	\$104,850,131	\$109,372,845	\$109,049,897
Net Cost/(Savings) to General Fund	\$75,056,842	\$73,978,976	\$86,621,357
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	1481 / 1446.46	1445 / 1419.14	1467 / 1440.64
Total Positions	1481 / 1446.46	1445 / 1419.14	1467 / 1440.64

Lines of Business Summary

LOB #	LOB Title	FY 2016 Adopted	
		Disbursements	Positions
111	Department Leadership	\$418,530	3
112	Child Abuse and Neglect Prevention Services	3,918,968	30
113	Protection and Family Preservation Services	4,676,405	54
114	Child Protective Services	5,048,604	66
115	Foster Care, Relative Placement and Adoption Services	18,993,570	105
116	Office for Women / Domestic and Sexual Violence Services	2,819,766	25
117	Adult and Aging Services	10,295,715	83
118	Area Agency on Aging	4,086,641	19
119	Employment Services	4,359,035	37
120	Financial and Medical Assistance	24,398,646	317
121	Child Care Subsidy	22,087,641	52
122	Community Education and Provider Services	2,793,875	33
123	Child Care Services	36,448,900	572
124	Head Start	7,102,008	16
125	Department Wide Services	3,972,951	42
126	System of Care - Children's Services Act (CSA)	44,249,999	13
Total		\$195,671,254	1467

Lines of Business

LOB #111:

DEPARTMENT LEADERSHIP

Purpose

The Department of Family Services (DFS) promotes the well-being of the diverse community by protecting and improving the lives of children, adults and families through supportive services, education and advocacy. This line of business, Departmental Leadership, provides overall direction and oversight of agency wide operational and administrative functions.

Description

The Director's Office oversees the department's General Fund budget of \$195.7 million and 1,467 authorized positions in seven main areas including the Office for Women and Domestic and Sexual Violence Services; Cross Division Services; Self-Sufficiency; Adult and Aging Services; Children, Youth and Families; Child Care; and Children's Services Act. In addition to the General Fund, the Director's Office oversees \$34 million in the Fund 50000, Federal-State Grant Fund for a total budget oversight of \$229.7 million.

The Agency Director, supported by two other positions in this LOB, is responsible for Departmental Leadership functions in collaboration with division management staff. The functions in this LOB are in support of a comprehensive array of social service programs and child care services which address the needs of the community. Departmental Leadership has responsibility and is accountable for all activities within the other DFS LOBs.

Areas of focus for overall Departmental Leadership include:

- Strategic Planning;
- Development of internal leadership, workforce capacity, and employee involvement;
- Coordination of multidisciplinary services; and
- Identifying program improvement opportunities.

In FY 2013, the Agency Director began a strategic planning process for the department by introducing "First Break All of the Rules." During the past 3 years, the following initiatives have been launched, many of which have been successfully completed.

- **Leadership Academy**
Leadership Academy is a comprehensive, multi-modal, department-wide leadership development experience designed to meet the unique work needs of DFS employees. Its curriculum, individual and team coaching, cross-divisional collaborative projects, web-based components and experiential activities were especially created for direct application in DFS work roles with a focus on individual growth, program enhancement and support of the department's overarching mission. There are at least two Leadership Academy cohorts each year.
- **Healing of Racism**
More than half of all DFS employees have participated in this ongoing program which is essential to the transformation of the department's culture. It is a transformation of the heart and spirit as well as the mind, resulting in a culture that embraces and celebrates the oneness of humankind each and every day. It is where each and every one of us treats each other as co-workers and those we serve with genuine respect and appreciation - and it is the rule, not the exception.

Department of Family Services

- **EDIE Council**

The EDIE council is a diverse employee driven group dedicated to eliminating discrimination and disparities in the delivery of DFS services while promoting equitable outcomes in the community. The group will examine a clients' journey through the service systems and assess various decision points with the intent of improving outcomes. The council will also examine the department's workforce and make recommendations for hiring for diversity, and develop tools for what to do when employees observe issues involving discrimination and disparities.

- **Pulse Check**

The Pulse Check Workgroup expanded existing DFS online exit interviews to "Pulse Check" surveys for employees to be conducted at different stages of employment. The surveys gain and track insight on workforce activity. The data will be used to develop organizational strategies to reduce preventable turnover and develop current employees. Surveys are given at an employee's one year anniversary, four year anniversary, and when an employee changes positions or leaves the agency.

- **Happiness Matters**

The Happiness Matters workgroup created opportunities to support a culture of joy, pride, and engagement in customer service through the concepts of a "Happiness Matters" framework. The work team created a Happiness Matters Resource Package, contributed Happiness Matters tips to the DFS Connections site and executed a DFS Day of Happiness for each region

- **Career Management Plan**

The Career Management Plan workgroup ensured that all employees and managers were prepared to complete Career Management Plans through a variety of communications, trainings and learning activities. They also developed tools to capture and transfer knowledge for staff close to retirement

- **Data Innovation**

The Data workgroup developed mechanisms to educate staff in the use and analysis of data/performance measures. Their work included a face to face learning activity for staff in each division, and an educational video which explains how and why data is collected and how data drives priorities and decision making. Moving forward, the emphasis will be to train staff in the use of data through predictive analytics to better align services and resources and for continuous quality improvement.

- **Employee Feedback**

The Employee Feedback workgroup created a mechanism to enhance communication across DFS with a particular emphasis on providing opportunity for staff input at all levels and on communicating and explaining the reasons behind agency-wide decisions.

- **Ultimate Guide**

The Ultimate Guide is an online tool created to help DFS staff learn more about the services offered throughout DFS. Staff using the Ultimate Guide can quickly determine the best information for customers on a variety of topics. By knowing the department's business areas better and being able to access information about them quickly, the customer can be better served. The Guide can be searched by customer need or by DFS division.

- **StrengthsFinders**

All DFS staff have taken the StrengthsFinders assessment. StrengthsFinders is a tool to help staff find opportunities to do what they do best every day. The assessment helps staff identify, understand and maximize their strengths. By understanding and applying their strengths, employees are more engaged in their work and DFS is a highly functioning workplace

- **Learning Maps**

Employee Learning Maps provide a systematic way for employees to become familiar with job-specific training, policies, procedures, practices, and for Fairfax County Government and the department. Learning Maps help new or newly promoted employees perform their jobs more consistently and accurately. Learning Maps improve the efficiency of learning and streamline processes because information is centralized and readily available. Learning Maps include agency-wide components as well as activities and resources that meet programmatic, and job-specific needs.

Department of Family Services

Benefits

The services provided by DFS are essential to maintaining the high standards of excellence that residents demand: safe communities, a thriving economy, excellent schools, and opportunities for everyone to feel connected and engaged. DFS focuses on:

- Safety for children, older adults, and victims of domestic and sexual violence;
- Public assistance benefits, employment training, and affordable child care to close income gaps and enable people to become economically secure;
- High quality early childhood education and child development-focused parent education classes to ensure school readiness and lifelong learning success; and
- Supportive programs that build on the strengths of families, children, people with disabilities and older adults so they can thrive.

In FY 2016, DFS anticipates that non-County revenue will offset 55.7 percent of program expenditures, meaning that DFS relies on the County's General Fund for less than half of its total funding. Federal and state government reimbursement for services, many of which are mandated, accounts for 34.4 percent of DFS' total FY 2016 funding. In addition, charges for services such as fees for the School-Age Child Care program account for 20.2 percent of the department's funding.

Source of Funding	Percent of Total Funding
Revenues:	55.7%
Federal/State Revenue	34.4%
Charges for Services	20.2%
Recovered Costs/Other	1.1%
General Fund Support	44.3%
Total	100.0%

DFS also brings in over \$34 million in State and Federal grant funding supporting multiple programs and services and 180 grant funded positions. Given the budgetary constraints at the local level, maximizing non-County revenues and leveraging grant opportunities is a high priority within DFS.

This LOB supports the following Board of Supervisors' Priorities:

- Quality Education System
- Livable, Caring and Affordable Communities
- Safe Streets and Neighborhoods
- Efficient Transportation Network
- Taxes That Are Affordable – Revenue diversification in maximizing grant opportunities. Ensuring County programs and services are efficient, effective and well run

This LOB supports the following County Vision Elements:

Maintaining Safe and Caring Communities

- All 16 department LOBs support this Vision Element

Department of Family Services

Connecting People and Places

- Adult and Aging Services (Transportation Services)
- Area Agency on Aging Services
- CSA-System of Care
- Agency-wide Services- Information Technology and DFS Vehicle Pool

Maintaining Healthy Economies

- Adult and Aging Services
- Office for Women/Domestic and Sexual Violence Services
- Financial and Medical Assistance
- Employment Services
- Child Care Services
- Child Care Subsidy
- Head Start
- Community Education and Provider Services (child care providers)
- CSA-System of Care

Creating a Culture of Engagement

- Adult and Aging Services
- Area Agency on Aging
- Office for Women/Domestic and Sexual Violence Services
- Child Abuse and Neglect Prevention
- Foster Care, Relative Placement and Adoption Services
- Employment Services
- CSA-System of Care

Mandates

Virginia Code § 63.2-324. Local departments of social services. There shall be a local department of social services for each county or city under the supervision and management of a local director.

Virginia Code §§ 63.2-300-302. Local boards established by local governments. There shall be a local board in each county and city of the Commonwealth. The local board serving a single county shall be, at the discretion of the governing body of the county, either a local government official or a local board consisting of residents of the county...

Fairfax County Board of Supervisors has designated the director of the Department of Family Services to serve as the local board of social services.

Department of Family Services

Trends and Challenges

- Managing and leading change in times of major disruption;
- Creating a culture of continuous improvement at all levels in the organization;
- Ensuring staff have the resources and support to perform quality service delivery;
- Harnessing data to ensure effective decision making; and
- Lack of state of the art information technology systems needed to streamline the integration of services.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #111: Department Leadership			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$386,173	\$378,470	\$394,607
Operating Expenses	70,901	28,264	23,923
Total Expenditures	<u>\$457,074</u>	<u>\$406,734</u>	<u>\$418,530</u>
General Fund Revenue	\$78,502	\$79,535	\$63,411
Net Cost/(Savings) to General Fund	\$378,572	\$327,199	\$355,119
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	3 / 3	3 / 3	3 / 3
Total Positions	<u>3 / 3</u>	<u>3 / 3</u>	<u>3 / 3</u>

Department of Family Services

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Department of Family budget overseen	\$181,548,401	\$179,486,514	\$183,351,821	\$195,671,254	\$195,671,254
Ratio of the Director's office budget to the department's overall budget	\$1:\$102	\$1:\$114	\$1:\$115	\$1:\$115	\$1:\$115
Percent of DFS service quality targets achieved	73%	71%	64%	75%	75%
Percent of DFS Objectives accomplished	57%	63%	39%	65%	65%
Percent of employees who report that they understand and support the vision of the department	94%	NA	96%	NA	96%

Department Leadership LOB oversees the department's General Fund budget of \$195.7 million and is responsible for all of the department's performance measures and objectives outlined in the FY 2016 Adopted Budget Plan. In addition to the General Fund, this LOB oversees \$34.0 million in the Fund 50000, Federal-State Grants for a total budget oversight of \$229.7 million.

The metrics for this LOB mirror the performance measures published in the Fairfax County Adopted budget Plan for the department's Director's Office Cost Center. In FY 2015, the department met 14 of its 22 (64 percent) of the Service Quality indicators published in the FY 2015 Budget Plan, a seven percent decrease from 71 percent in FY 2014. The department accomplished 39 percent of the department's outcome objectives, a 24 percent decrease from the FY 2014 rate of 63 percent. The reasons for the decrease vary from increased workload in public assistance, legislative changes for home child care providers, increased state funding for subsidized child care, changes in assessment tools for Head Start and increasing complexity of the needs of families and children. Additional information is located in the respective Line of Business Metric Discussion section.

Agency Key Productivity Measures				
Key Data	FY 2013	FY 2014	FY 2015	
1. Average Monthly Caseload for Public Assistance Programs	83,458	90,910	92,608	
2. Unemployed Workers Receiving Intensive Job Services	4,652	4,266	3,910	
3. Child Protective Services Calls Resulting in an Assessment or Investigation	2,350	2,224	2,506	
4. Calls to the Domestic Violence Hotline	1,450	1,477	1,476	
5. Adult Protective Services Investigations	993	1,031	1,047	
6. Adult and Aging Clients Case Management	2,438	2,281	2,362	
7. Children Served in the Child Care Assistance and Referral Program	6,271	3,253 ¹	3,131	
8. Children Served by the Children's Services Act	1,199	1,200	1,343	

(1) FY 2014 was the first full fiscal year that the state began paying directly for state-funded child care subsidies. The number of children served reflects those that are funded with local funds only.

Department of Family Services

LOB #112:

CHILD ABUSE AND NEGLECT PREVENTION SERVICES

Purpose

Child Abuse and Neglect Prevention Services strengthen families, prevent child abuse and neglect, and help community members and stakeholders provide neighborhood-based support networks. These programs support families, particularly those “at-risk,” through community-based, family-focused prevention and early intervention services.

Description

Child Abuse and Neglect Prevention Services include several programs that focus on preventing child abuse and neglect through one-to-one education and support of families, group-based education and support, and neighborhood-based coalition building to improve family and community conditions.

One-to-One Education and Support of Families

Healthy Families Fairfax

Healthy Families Fairfax (HFF) is an evidence-based home-visiting program offering parents at risk of maltreating their child home-based parenting education, health information and referrals to community support. Services are offered from pregnancy until the child reaches age 3 and is enrolled in an early group education experience. It is supported through a partnership among DFS, the Health Department and three nonprofit organizations – Northern Virginia Family Service (NVFS), United Community Ministries (UCM) and Cornerstones (formerly Reston Interfaith). This program is accredited through the National Council on Accreditation and Healthy Families America and focuses on six areas:

- Promotion of healthy family functioning by teaching problem solving skills, reducing family stress and improving the support system,
- Systematic identification of overburdened families,
- Promotion of positive parent/child interaction,
- Promotion of healthy child development and prevention care in early childhood,
- Prevention of child abuse and neglect, and
- Pre-and post-natal health care.

Nurses assess at-risk families for potential enrollment in the program. Support workers provide home visiting services to families at a frequency based on risk level. Visits are focused on one-to-one parenting skills, child development and case management.

Befriend-A-Child

BeFriend-A-Child involves community volunteers who provide positive experiences for children who have been abused or neglected or who are at risk of abuse or neglect and are currently being served by a program in the Children, Youth, and Families Division. Befriend-A-Child carefully matches children ages 5 to 12 years old with trained volunteers who spend time together including participating in monthly educational or social group activities, attending holiday parties, engaging in performing arts workshops and helping with community service projects. Mentors commit to a minimum of eight hours a month for one year.

Department of Family Services

Group-Based Education and Support

Parenting Education Programs

Parenting Education Programs (PEP) offers group-based comprehensive classes using evidence-based curricula to families in Fairfax County, especially those at risk of child abuse and neglect. Staff teaches essential parenting and nurturing skills so that parents may interact positively with their children. The program serves families with children from infants to age 18. Classes are unique in that they include both parents and children. The class topics for children mirror those for parents but are tailored to meet their different ages and stages of development. Targeted classes are offered for various age groups of children, Spanish-speaking families, and African-American families. In FY 2015, Child Protective Services and Foster Care and Adoption program staff referred 34 percent of the families and Fairfax County Public Schools referred 21 percent of the families PEP served.

Body Safety Program

The Body Safety Program teaches pre-school through 6th grade children the skills that play a major role in preventing or interrupting child sexual abuse. The program provides a curriculum and recruits and trains community volunteers to serve as facilitators. They teach children about safe and unsafe touches and help children feel comfortable talking about body safety issues.

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

Neighborhood Networks

Neighborhood Networks links communities and schools to enhance family strengths and reduce the risk of abuse and neglect in children. DFS operates the program in collaboration with 15 Fairfax County elementary schools, one preschool and two community-based partner agencies (Cornerstones and Culmore Family Resource Center).

Neighborhood Networks is a unified and holistic service delivery system for at-risk children and their families that leverages partnerships among County agencies, schools, businesses, faith-based organizations and the community. Staff reduces risk factors related to child abuse and neglect by enhancing families' networks of support and helping them become leaders in their own community. Specifically, staff:

- Identifies families' strengths and needs using a single multi-system family assessment that explores the family life domains of parental capabilities, family interactions, family safety, child well-being, social/community life, environment, economic self-sufficiency, and family health & well-being.
- Links them to services using a comprehensive family service plan to ensure the timely, customized, coordinated delivery of County and community services. This includes increasing the families' own capacity to support their children in school, and creatively involves other public and private resources in support of families and children

Services may be provided at the school, the family's home, and/or at local community sites in the family's neighborhood. Regular meetings are held with family members, DFS and school staff, and representatives of community-based public and private human service organizations who are working with the family. Team members create a holistic support system that combines the resources inherent in each family with existing community services in an intentional, carefully designed plan to achieve the families' goals.

Underlying premises of the program include:

- Poor outcomes for children in part result from the inability of current service systems to respond appropriately to the multiple and interconnected needs of children and their families.
- Schools are the enduring, dominant institutions of the community and neighborhoods.
- Community services are needed to address children's non-academic needs.
- Collaboration with community and school partners is the most effective approach to obtain the best child and family outcomes.

Department of Family Services

Volunteer and Partner Services

Created in September 2014, Volunteer and Partner Services (VPS) engages volunteers and builds partnerships to support families with children who are at risk of abuse or neglect, or who are placed in foster care or with relatives. The program builds volunteer capacity in the division, implements programs, and directs activities that promote positive relationships within the community. VPS staff recruit, train, and support volunteers. Volunteers serve in a variety of roles including office administrative support, mentors for BeFriend-A-Child, and facilitators for PEP and Body Safety programs. VPS staff also develops partnerships with local businesses, civic groups, faith communities, and other community organizations to provide donations and other material support to children and families. Examples include back-to-school backpacks, holiday gifts, new baby care packages, and tickets to events.

Benefits

The department's prevention programs continue to be an integral part of the continuum of services to children and families at-risk. Early intervention and investment in child abuse prevention efforts considerably reduces the expense of costly rehabilitative human services programs at later stages.

Prevention programs reduce the likelihood of child abuse and neglect and out of home placement, and increase the likelihood of children in foster care achieving timely permanency. The cost of child abuse and neglect in the United States is estimated to be \$220 million per day, according to a 2012 study by Prevent Child Abuse America. Additionally, front-end preventive services have long-term benefits for the children and the community. Research into Adverse Childhood Experiences (ACEs) has shown that children who experience abuse or neglect are at a heightened risk of serious health issues including unintended and adolescent pregnancy, heart disease, depression, substance abuse, and suicide. By mitigating the impacts of child abuse early on, and preventing future abuse, these services decrease the likelihood of these poor health outcomes, all of which could potentially require costly interventions by other County programs.

Cost Savings Compared to Foster Care

An immediate savings is realized in that preventing child abuse and neglect also prevents placements in foster care. In FY 2015, Fairfax County spent an average of \$54,945 per child in foster care (not including CSA costs for maintenance payments and services). Compare that to:

- \$7,696 per family in Neighborhood Networks,
- \$4,449 per family in Healthy Families Fairfax, and
- \$3,446 per family in Parenting Education Programs.

In addition to the outcomes detailed in the metric chart and discussion, a sample of specific programmatic benefits and outcomes are detailed below.

Healthy Families Fairfax

HFF promotes healthy children and healthy communities:

- In FY 2015, 86 percent of target children in the program were 100 percent up-to-date with immunizations.
- In FY 2015, 93 percent of target children in the program have a medical provider within two months of the birth of the target child and continue with a primary care provider.

HFF prepares children for school readiness:

- In FY 2015, 93 percent of children who graduated from HFF transitioned into an early education program (i.e. early Head Start, Home Instruction for Parents of Preschooler Youngsters).

Department of Family Services

BeFriend-A-Child

A total of 47 children were matched with a mentor during FY 2015. BeFriend volunteer mentors serve as positive adult role models for children and help children develop appropriate coping and other life skills. The match provides the parent(s) valuable free time to pursue their own interests and focus on self-care. Parents and volunteers often say the children improve their communication skills and willingness to talk and relate with adults and their peers. Both child and parent stress is reduced.

Parenting Education Programs

In FY 2015, PEP provided services to 347 families with 501 children, reducing the likelihood of child abuse and neglect and out of home placement. PEP classes also increase the likelihood of timely permanency for those children in foster care, as they meet the Juvenile and Domestic Relations District Court (JDRDC) requirements for parenting classes whereas many community programs do not.

Neighborhood Networks

In FY 2015, Neighborhood Networks served 168 children in 66 families. The families all had risk factors for child abuse and neglect which also places children at risk of out-of-home placement. However, 100 percent of children served remained safely in their homes with their families.

The key benefits of the Neighborhood Networks programs are that it:

- Promotes the healthy growth and development of children by assisting families to identify and address any home or community barriers to a child's success in school.
- Enables health, substance abuse, mental health, child welfare, recreation, child care and other social service programs to respond in a proactive way.
- Ensures that families have access to and are connected with appropriate community resources and receive the help that they need from those resources.
- Improves academic, health and social outcomes for children and their families.

Volunteer and Partner Services (VPS)

The use of volunteers in CYF provides an immense cost-benefit to the County. At a rate of \$23.07 per hour for FY 2015, volunteers contributed \$293,265.84 worth of services to Fairfax County through VPS.

In addition to the monetary value provided to the County, the Volunteer Administrative Assistant program has allowed social services specialists to spend more time working with children and families by reducing their administrative duties.

Mandates

The Healthy Families Fairfax program receives a state grant from the Virginia Department of Social Services. VDSS requires that DFS maintain national accreditation through Healthy Families America to receive the funds.

While not legally mandated, Child Abuse and Neglect Prevention Program services are supported by the federal Child Abuse Prevention and Treatment Act (CAPTA) which encourages innovative child abuse prevention programs, and the Promoting Safe and Stable Families law which emphasizes the need for programs addressing families at risk for child abuse and neglect.

DFS' child abuse prevention programs are specifically aimed at preventing the referral of families and children to DFS's federally and state-mandated services (e.g. Child Protective Services and Foster Care). Prevention programs can reduce risk factors that, if unchecked, are likely to result in child abuse and neglect, children's removal from home, and long-term health and social problems.

Department of Family Services

Trends and Challenges

As a non-mandated service, Prevention continues to be evaluated for budget reductions both at the state and local level. Child Abuse and Neglect Prevention programs in Fairfax County constantly evaluate their outcomes, their success, and their cost effectiveness. The demand for preventative services is already higher than current staffing levels can address. Prevention recently created a Volunteer and Partner Services program to enhance the department's ability to serve the community with additional resources beyond County or grant funds.

One-to-One Education and Support of Families

Healthy Families Fairfax

HFF served 530 families in FY 2015 down from 613 families in FY 2014. This reduction is due to staff turnover and vacancies primarily in the Health Department, but also in DFS and partner non-profit agencies. Two of the 5.5 FTE nurse positions in the Health Department were vacant or brand new for the first half of FY 2015, reducing the capacity to assess eligibility for services. Since Healthy Families Fairfax was on the budget reduction list and the program's fate was unknown, positions were not filled for a portion of the fiscal year. Additionally, more families terminated services (255) than entered the program (198) in FY 2015.

The Healthy Families America (HFA) model is based upon 12 research-based critical elements. Sites demonstrate model fidelity through the Accreditation process which is required every four years. The process is a rigorous examination of all aspects of the program including revision of policy, collection and evaluation of data and process improvement.

Since 2000, there has been a gap between the number of families served and the number who are eligible. In FY 2015, only 16 percent of the mothers who were screened as high-risk were able to be served through HFF because of limited capacity. Other early childhood home visiting programs in the community have recently lost funding and are also unable to serve this population.

BeFriend-A-Child

The primary challenges are the need for more male and Spanish speaking mentors and the need for more staff to operate the program and recruit more mentors.

Group-Based Education and Support

Parenting Education Programs

In FY 2015, PEP provided services to 347 families with 501 children compared to 384 families with 511 children in FY 2014. The reduction in the number of families served was due to staff vacancies and fewer groups being scheduled due to potential budget reductions. Additionally, more two-parent families are participating in groups, leading to groups reaching capacity with fewer families.

A major challenge for PEP is the diversity of the population in Fairfax County, specifically around language needs. While classes are offered in Spanish, families who speak other languages are in need of group-based parenting education as well. There has been a dramatic increase in the need for translation services for groups.

Body Safety Program

In FY 2015, 1,038 children were served in 65 groups using the Good Touch Bad Touch® curriculum. A key challenge in FY 2015 was the potential budget cut which delayed hiring the program coordinator. Another challenge continues to be connecting with the schools. There are not enough volunteers to cover all 130 elementary schools, and some schools are reluctant to offer the course due to the sensitive nature of the content.

Department of Family Services

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

Neighborhood Networks

In FY 2015, Neighborhood Networks served 168 children in 68 families, almost doubling from 90 children in 35 families in FY 2014. The increase was due to expanding the program to schools beyond the South County region and adding staff. Neighborhood Networks now has a presence and a partnership with elementary schools in all four human services regions. This year, Neighborhood Networks also added partnerships with Cornerstones and Culmore Family Resource Center. Almost half of all families served were primarily Spanish speaking in FY 2015. The program was able to meet this challenge by hiring two additional bilingual specialists this year.

The program began using a new evidence-based validated assessment tool that better measures changes in child and family well-being. Due to this change in assessment tool, data is limited this year. However, data will be available for FY 2016.

Volunteer and Partner Services (VPS)

This program has demonstrated significant gains in the last year. In FY 2014, CYF benefitted from 129 volunteers providing 6,999 hours of service at a value of \$157,827.45. In FY 2015, this rose to 183 volunteers providing 12,702 hours of service at a value of \$293,035.14, an 86 percent increase in cost savings for the County.

The increases in both the number of volunteers and the total volunteer hours are due to several efforts and strategies. New volunteer opportunities were developed and advertised, including the Volunteer Administrative Assistant Program. New recruiting strategies for volunteers were employed including the use of the new Volunteer Management System (VMS), the Volunteer Fairfax website, and VolunteerMatch.org. Finally, VPS focused on ensuring consistency in the administration and tracking of the program and volunteer hours.

A challenge for the program is retaining volunteers for the administrative assistant program, as many of those who volunteer are looking for permanent employment.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #112: Child Abuse and Neglect Prevention Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$1,938,114	\$2,063,216	\$2,264,722
Operating Expenses	1,717,796	1,685,045	1,654,246
Total Expenditures	\$3,655,910	\$3,748,261	\$3,918,968
General Fund Revenue	\$1,343,669	\$1,369,797	\$1,386,480
Net Cost/(Savings) to General Fund	\$2,312,241	\$2,378,464	\$2,532,488
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	30 / 30	30 / 30	30 / 30
Total Positions	30 / 30	30 / 30	30 / 30

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Cost per family served in Healthy Families Fairfax (HFF)	\$4,102	\$3,473	\$4,449	\$4,161	\$3,830
Percent of HFF families who demonstrate optimal home environments to support child development	91%	94%	92%	94%	94%
Percent of families who complete the Parenting Education Program (PEP)	73%	75%	77%	75%	75%
Percent of HFF families served that demonstrate an acceptable level of positive parent-child interaction after one year in the program	96%	94%	88%	92%	94%
Percent of parents in PEP who demonstrate improved parenting and child rearing attitudes	87%	91%	89%	90%	90%

Summary of Key Performance Measures

The Child Abuse and Neglect Prevention Services LOB had \$3,918,968 in expenditures for FY 2015, offset by \$1,386,480 in revenue for a net cost to the County of \$2,532,488. These funds support 30 FTEs.

This LOB includes several distinct programs. Key program workload and outcome measures for FY 2015 include:

- Healthy Families Fairfax served 530 families in FY 2015; 88 percent demonstrated an acceptable level of positive parent-child interaction after one year in the program.
- Parenting Education Programs provided services to 347 families with 501 children; 89 percent of those completing a program demonstrated improved parenting and child rearing attitudes
- Neighborhood Networks served 168 children in 66 families; 100 percent of the children served remained safely in their homes with their families.
- Volunteer and Partner Services recruited 183 volunteers who provided 12,702 hours of service at a value of \$293,035.14.

Some Child Abuse and Neglect Prevention Services are required to be compliant with state or funder-specific regulations.

Metric Discussion

HFF Optimal Home Environment

The overall quality of the home environment and the quality and quantity of the developmental stimulation provided to children by their families is a key factor in child development. Empowering parents to realize their potential as the first teacher of their own child is one way Healthy Families addresses this domain. This measure is assessed using the Home Observation for Measurement of the Environment (HOME), a standardized instrument that has been widely researched. It assesses six aspects of the child's home environment that are known to foster cognitive development (1) responsivity of mother, (2) acceptance, (3) organization, (4) learning materials, (5) maternal involvement, and (6) variety in daily stimulation.

The percent of HFF families who demonstrate optimal home environments to support child development decreased slightly from 94 percent in FY 2014 to 92 percent in FY 2015. The fluctuation in scores is not uncommon when assessing families served in HFF. The FY 2016 and FY 2017 projections are that the outcome will remain high. This level of performance has been consistent over the past five years and exceeds the statewide goal of at least 85 percent. The consistency may be due to emphasis the staff place on the importance of providing safe and enriched environments for the children in the department's program.

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PEP Completion Rate

The percentage of families who completed the Parenting Education Program (PEP) increased slightly from 75 percent in FY 2014 to 77 percent in FY 2015. All families who attended 80 percent of the classes are counted as “Completed.” Family issues and school or pregnancy are the top reasons that families report as reasons for dropping from the class. The proportion of court-ordered families can also impact the percent of families who complete the program. To improve retention, facilitators have begun contacting families between classes to check-in and follow up with those who have missed a class.

HFF Parent-Child Interaction

HFF staff uses the Nurse Child Assessment Satellite Training (NCAST) Feeding Scale and Teaching Scale to measure parent-child interaction. The scores are based on observations of feeding episodes between a mother and her infant. The scales examine areas such as sensitivity to cues, response to distress, social-emotional growth fostering, and cognitive growth fostering.

The percent of HFF families served that demonstrate an acceptable level of positive parent-child interaction after one year in the program decreased from 94 percent in FY 2014 to 88 percent in FY 2015. Although this measure declined, the program continues to exceed the state goal of 85 percent. These consistently high scores demonstrate the ongoing importance placed by staff on teaching and fostering the relationship between parent and child. The fluctuation in scores is not uncommon when assessing families served in HFF.

One factor that may have contributed to the decline in scores over the past year involves how the assessment was used and scored. In FY 2015, the nurse providing training for staff received clarification on scoring and assessment frequency from the NCAST creators. Importance was placed on training all staff on the correct way to observe and score the NCAST. It is expected that outcomes for FY 2016 will improve as staff become more comfortable with the new expectations. FY 2016 and FY 2017 projections are that the outcome will remain consistent with previous years.

PEP Improved Parenting

Parents who participate in PEP consistently show improvements in parenting and child rearing attitudes as measured by a pre and post-test. Responses to the Adult Adolescent Parenting Inventory-version 2 (AAPI-2) provide an index of risk in five specific parenting and child-rearing behaviors: Appropriate Expectations of Children, Empathetic Awareness of Children’s Needs, Corporal Punishment, Parent-Child Role Reversal, and Children’s Power and Independence.

The percent of parents in PEP who demonstrate improved parenting and child rearing attitudes has ranged from 87 percent to 91 percent over the past three years, remaining consistently above the goal of 85 percent. The consistency can be attributed to utilizing highly-skilled facilitators who are trained by national experts. Exceeding 85 percent with a large proportion of court ordered participants is challenging, and using validated, evidence-informed curricula contributes to the success.

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Grant Support

FY 2016 Total Projected Funding: \$713,775, including \$603,141 in Federal/State revenue and \$110,634 in Local Cash Match. Funding supports 8/7.0 FTE grant positions.

The Promoting Safe and Stable Families (PSSF) federal grant is administered through the Virginia Department of Social Services. These funds are designed to help children and families resolve crises, connect with necessary and appropriate services, and remain safely together in their own homes whenever possible. Locally, this grant primarily supports Parenting Education Programs and Neighborhood Networks. Services are provided to meet the following objectives:

- Prevent or eliminate the need for out-of-home placements of children,
- Promote family strength and stability,
- Enhance parental functioning,
- Protect children, and
- Assess and make changes in state and local service delivery systems.

Fairfax County has received funding from the PSSF grant since 1996. The grant amount started at \$250,000 and most recently has remained at about \$425,000. Twenty percent of each year's grant funding is required to be spent for services to children in foster care to support their return home and another 20 percent must be used for family preservation. The PSSF grant supports eight positions and requires a 15.5 percent local match.

In Virginia, the required state/local planning and management of Promoting Safe and Stable Family grant funds is accomplished under the auspices of Community Policy and Management Teams. Comprehensive community assessments are required every 5 years in order to develop and submit required 5-year plans for the use of grant funding. Staff submits quarterly and annual reports related to use of the funds and outcomes.

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LOB #113:

PROTECTION AND FAMILY PRESERVATION SERVICES

Purpose

The purpose of Protection and Preservation Services is to prevent child abuse and neglect and preserve families by enhancing families' ability to provide safe, stable and nurturing environments for their children.

Description

Protection and Preservation Services (PPS) was created in November 2013 to help DFS better serve families at risk for child abuse or neglect and out-of-home placement. PPS is an integral part of the child welfare system and provides clinical case management and support services to children living at home with their families. Services are provided in two types of cases:

CPS Ongoing cases

These cases are received from CPS Intake workers after a family assessment or investigation has determined that a family needs ongoing services to prevent further child abuse or neglect. They include both cases in which families work with us voluntarily and cases in which families are court-ordered to participate in services.

Families In Need of Services (FINS)

These cases are received directly from the CPS Hotline. FINS cases do not meet state criteria for a CPS response to child abuse or neglect, but do meet local FINS criteria which focus on characteristics that place families at heightened risk of child abuse or neglect.

PPS Services

All PPS services are designed to strengthen families and increase their self-sufficiency and personal accountability. Staff collaborates with partners in the community and engages families in services to achieve desired outcomes. Services to both types of cases include:

- Assessing safety and risk concerns for children;
- Assessing families' strengths and needs;
- Creating service plans with families to minimize safety and risk concerns, build on strengths, and address needs;
- Connecting families to resources and services such as mental health and substance abuse treatment, domestic violence interventions, parenting education and support, income and employment assistance, and medical care; and
- Helping families identify and connect with natural supports such as extended family.

These services help to accomplish the following objectives:

- Strengthen families;
- Promote child safety, well-being, permanency and placement stability, including maintaining the child in his or her own family;
- Minimize harm to children;
- Maximize families' abilities to protect and care for their own;

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- Prevent child abuse and neglect from occurring or reoccurring; and
- Prevent out-of-home care, including foster care.

Domestic Violence Unit

PPS also houses the Domestic Violence Unit in which specialists provide education, support, court accompaniment and access to specialized domestic violence resources and services within the community. The Domestic Violence Unit serves families receiving child welfare services from other CYF programs.

Benefits

The main goals of PPS are to preserve families and prevent the occurrence and recurrence of child abuse and neglect.

During the first two years of the PPS program, staff sought to provide high quality, family-centered services that improve the caretaking and coping skills of families served. Research shows that the best place for children to grow up is in families. In FY 2015, 95 percent of families served maintained their children safely in the home. The benefits of keeping a child safely in the home as opposed to foster care are immense for the children and the community. These benefits include cost savings: in FY 2015, foster care services cost \$54,945 per *child* (not including CSA costs for some maintenance payments and services). PPS services cost a small fraction of that: approximately \$8,875 per *family*.

Additionally, front-end preventative services have long term benefits for the children and the community. Research into Adverse Childhood Experiences (ACEs) has shown that children who experience abuse or neglect are at a heightened risk of serious health issues including unintended and adolescent pregnancy, heart disease, depression, substance abuse, and suicide. By mitigating the impacts of child abuse early on, and preventing future abuse, these services decrease the likelihood of these poor health outcomes and the need for treatment of these health conditions.

Mandates

Approximately two-thirds of this LOB is mandated CPS Ongoing casework as required by sections 106 and 107 of the federal Child Abuse and Prevention Treatment Act (CAPTA) and by Virginia Administrative Code 22VAC40-705-150 which states, "At the completion of a family assessment or investigation, the local department shall consult with the family to provide or arrange for necessary protective and rehabilitative services to be provided to the child and his family to the extent funding is available pursuant to subdivision A 2 of § 63.2-1505 or § 63.2-1506 of the Code of Virginia."

The work with Families In Need of Services (FINS) is not mandated by law; however, it is indispensable as a prevention service that intervenes with families at risk of child abuse or neglect before such occurs.

Trends and Challenges

One of the major challenges in PPS is the complexity of issues faced by the families. These issues include mental health concerns, substance abuse, domestic violence, intellectual delays, poverty, and immigration and language challenges.

There was a notable increase from FY 2014 to FY 2015 in the percent of families in which someone had a mental health issue: from 39 percent in July 2014 to 55 percent in June 2015. There also was a slight increase in the number of cases in which a family member struggled with substance abuse or had an intellectual difficulty during the same time period; these averaged 22 percent and 11 percent of families respectively.

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Domestic violence has also been an issue that has made cases more complex. In FY 2015, almost one-third of all PPS cases had an element of domestic violence. PPS has employed the Domestic Violence Unit in these situations to help provide specialized services. The Domestic Violence Unit provides support to programs across CYF and served 138 families and 288 children in FY 2015, representing an 11 percent increase from FY 2014.

Immigration and language issues add a layer of complexity to the cases. Families that include undocumented children and caretakers have unique challenges because many services are unavailable to them.

It has become harder to acquire services for families due to limited funding and increased demand. For example, County mental health and substance abuse treatment services target the priority populations of the most seriously ill. Adults and children who do not meet eligibility criteria must seek treatment in the community. It is often very difficult to find effective community-based providers, especially ones that take Medicaid. This gap in services is having an impact on families' ability to achieve their goals. Additionally, identifying affordable housing options for families has been a challenge. For example, the Section 8 housing waitlist has been closed since March 2007.

To help families be successful, PPS staff draws upon strong clinical skills and informal networks to connect the families to the supports they need. Staff uses Family Partnership Meetings to engage families and communities in decision-making partnerships. PPS staff participated in more than 300 Family Partnership Meetings in FY 2015. Through these professionally-facilitated meetings, PPS staff, family members and other service providers are able to come together to identify the right course of action and services necessary for a positive outcome.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #113: Protection and Family Preservation Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$3,682,906	\$3,845,881	\$4,314,451
Operating Expenses	247,296	292,961	361,954
Total Expenditures	\$3,930,202	\$4,138,842	\$4,676,405
General Fund Revenue	\$1,894,476	\$1,875,336	\$1,739,957
Net Cost/(Savings) to General Fund	\$2,035,726	\$2,263,506	\$2,936,448
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	54 / 54	54 / 54	54 / 54
Total Positions	54 / 54	54 / 54	54 / 54

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of families served by PPS during the year	NA	597	624	665	665
Cost per family served by PPS	NA	\$8,858	\$8,875	\$9,615	\$9,615
Percent of family members served by PPS who meet with their social service specialist per month	NA	72%	79%	85%	90%
Percent of families served by PPS whose children remain safely in their home	NA	96%	99%	95%	95%

Summary of Key Performance Measures

The Protection and Preservation Services (PPS) LOB had \$4,676,405 in expenditures for FY 2015, offset by \$1,739,957 in revenue for a net cost to the County of \$2,936,448. These funds support 54 FTEs.

PPS served 624 families with 1,098 children in FY 2015, a 5 percent increase from the 593 families served in FY 2104, the first year for the PPS program.

The key outcome for PPS is to keep children out of foster care and safely with their families. This outcome was achieved for 99 percent of the families served in FY 2015, exceeding the target of 95percent.

Metric Discussion

Data for Protection and Preservation Services LOB is only available for the last two years. The program was founded in FY 2014 as the result of internal restructuring which involved combining and modifying the former Child Protective Services Ongoing and Family Preservation Services programs. Overall there was a nominal 5 percent increase in the number of families served by PPS from FY 2014 to FY 2015.

PPS has continued to improve the quality of services to families over the course of the last year. One quality measure is the percent of family members who received a worker visit each month. Regular monthly visits with each family member are important because they mitigate the risk of future maltreatment and facilitate progress toward case goals. This measure improved from 72 percent in FY 2014 to 79 percent in FY 2015. This improvement was the direct result of efforts to improve both practice and data entry. Activities included training to clarify expectations for staff and training on how to properly record visits so they are captured in reports. With monitoring and additional training this metric is expected to continue to improve over time. In fact, data from April through June of 2015 averaged 96 percent per month.

The primary outcome for PPS is the percentage of families in which the children are able to stay safely in their home. This metric increased from 96 percent in FY 2014 to 99 percent in FY 2015, exceeding the target of 95 percent in both years. By preventing placement into foster care, PPS saves more than \$50,000 per child per year in foster care expenses.

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LOB #114:

CHILD PROTECTIVE SERVICES

Purpose

The purpose of Child Protective Services is to protect children from abuse and neglect and prevent further abuse and neglect from occurring.

Description

Child Protective Services (CPS) staff receives and responds to reports of abused and neglected children and provides services to strengthen families by enhancing parents' capacity to nurture their children in a safe environment. CPS staff is available to the community 24 hours a day, seven days a week to provide crisis intervention services for Fairfax County children and families. Important aspects of the CPS program include:

Hotline

Hotline workers receive reports of alleged abuse and neglect over the phone and in person. Hotline staff requests specific information about the alleged abuse or neglect, assesses the information and determines whether the situation meets the state definition of abuse or neglect. Those that do are screened in and assigned to a CPS intake worker for response. If the information does not meet the designated criteria, the call is screened out.

Calls that are screened out for CPS response are then screened for the criteria of Family In Need of Services (FINS). Calls that meet FINS criteria are sent to the CYF Protection and Preservation Services program for response. Other screened-out calls are referred to other County and community agencies as appropriate.

Hotline staff also responds to numerous calls for general information about DFS, requests for consultations, and calls to workers and other staff members when callers do not have a direct phone number or when callers want to make sure that a message is received.

Intake

CPS specialists are responsible for investigating or assessing allegations of child abuse and neglect and providing short term services to families. Upon assignment workers visit the site where the alleged abuse occurred, interview the alleged victim(s) and perpetrator and other relevant witnesses. During this process workers assess the situation, determine the needs of the family, and initiate appropriate services. When staff determines that children cannot remain safely with their parents or other relatives, staff is authorized to remove children and place them in foster care, and the case is transferred to the Foster Care and Adoption program. When staff determines that families require additional services to ensure children's safety, families are referred either to the Protection and Preservation Services program or the Kinship Care Unit for ongoing case management.

Currently DFS has six CPS intake units, one of which focuses on child sexual abuse allegations and out-of-family investigations, such as day care centers and school employees. The sexual abuse unit is supported by a multi-disciplinary team that includes law enforcement officials, medical professionals, and Community Services Board staff. The unit also has a partnership with SafeSpot, a child advocacy center that provides a child-friendly facility where victims of sexual abuse can be interviewed and receive services.

CPS is responsible for providing after hours responses to reports of child abuse and neglect during non-business hours. CPS provides the same level of response to any valid complaint of abuse or neglect regardless of whether the report is received during or after business hours.

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Benefits

The main benefit of CPS is its ability to protect vulnerable children and prevent further abuse and neglect. Research into Adverse Childhood Experiences (ACEs) has shown that childhood abuse, neglect and exposure to other traumatic stressors can result in a multitude of short-term and long-term health and social problems including substance abuse, depression, suicide attempts, serious medical conditions, unintended pregnancies and increased risk for domestic violence. All of these could potentially require interventions by other County programs. By intervening at the first valid complaint of abuse or neglect, CPS workers are able to prevent recurrence and decrease the need for future costly County services.

Additionally, research has also shown that it is better for children to be cared for by relatives than non-relatives. As such, CPS works with the entire family unit which includes extended family members to create a plan to stabilize the family. Extensive efforts are made to keep children with their parents or other family members. Removing children and placing them in foster care is done only when no other options are available to keep children safe.

Mandates

Child Protective Services are required by sections 106 and 107 of the federal Child Abuse and Prevention Treatment Act (CAPTA) and by Virginia Code §§ 63.2-1500--1530 et seq. which prescribe that each LDSS maintain the ability to receive and respond to reports alleging abuse or neglect of children.

Trends and Challenges

CPS experienced a 13 percent increase in the number of cases in the past year from 2,224 in FY 2014 to 2,506 in FY 2015. At the end of FY 2015, CPS workers were carrying an average of 23 cases each, approximately eight cases above the recommended number of cases per worker. This has resulted in a significant backlog which is taking several coordinated efforts to address:

- Managers are working diligently to reduce the number of vacancies by hiring individuals that are the right fit for this demanding job.
- CPS staff is being held accountable for meeting the timelines associated with family assessments and investigations to decrease the backlog.
- Managers are focusing on providing training to staff, both new and old, to ensure that staff has the skills required to successfully investigate and assess allegations of child abuse/neglect and understand the requirements of their jobs. One effort in progress is development of the Child Welfare Institute to help all CYF staff learn the foundational information for their work.
- CPS is working to improve collaboration and understanding with other programs within CYF, including Protection and Preservation Services (PPS), the Kinship Care Unit, and Foster Care and Adoption programs. Through enhanced collaboration, CPS workers have been able to incorporate PPS workers earlier in the process to begin working with families sooner and create a smooth transition between the intake and ongoing phases of the work.

CPS workers also have seen an increase in the severity and complexity of cases. For example, nearly half of all valid referrals in FY 2015 were designated a Priority 1; this means that CPS Intake workers must make their first contact with the alleged victim within 24 hours. Priority levels are determined by Hotline staff based on a standardized decision making model and reflect the severity of the complaint.

Another area of complexity is language barriers. In FY 2015, more than 25 percent of all cases involved a family that spoke a language other than English – a total of 13 unique languages. CPS workers use in-person and remote translators to communicate with family members who do not speak English; however this makes the assessment or investigation process more cumbersome and time consuming. One way that CPS is addressing this issue is by recruiting bilingual staff, particularly Spanish-speakers.

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Finally, it has become harder to acquire services for families due to limited funding and increased demand. For example, County mental health and substance abuse treatment services target the priority populations of the most seriously ill. Adults and children who do not meet eligibility criteria must seek treatment in the community. It is often very difficult to find effective community-based providers, especially ones that take Medicaid. This gap in services is having an impact on families' ability to achieve their goals.

To help families be successful, CPS staff draws upon strong clinical skills and informal networks to connect the families to the supports they need. Staff uses Family Partnership Meetings to engage families and communities in decision-making partnerships. CPS staff participated in 280 Family Partnership Meetings in FY 2015. Through these professionally-facilitated meetings, CPS staff, family members and other service providers are able to come together to identify the right course of action and services necessary for a positive outcome.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #114: Child Protective Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$4,202,625	\$4,291,143	\$4,528,706
Operating Expenses	544,106	461,234	519,898
Total Expenditures	\$4,746,731	\$4,752,377	\$5,048,604
General Fund Revenue	\$2,362,244	\$2,321,675	\$2,077,685
Net Cost/(Savings) to General Fund	\$2,384,487	\$2,430,702	\$2,970,919
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	66 / 66	66 / 66	66 / 66
Total Positions	66 / 66	66 / 66	66 / 66

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of calls received by the Hotline	18,596	17,173	16,079	16,500	16,500
Number of child abuse complaints accepted	2,350	2,224	2,506	2,400	2,400
Cost per child abuse complaints	\$2,643	\$2,822	\$2,525	\$2,978	\$2,978
Percent of child abuse complaints where contact occurs within the appropriate response time	95%	95%	93%	95%	95%
Percent of children involved in a CPS assessment or investigation that did not have prior contact with CPS during the last year	NA	NA	78%	82%	85%

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Summary of Key Performance Measures

The Child Protective Services LOB had \$5,048,604 in expenditures for FY 2015, offset by \$2,077,685 in revenue for a net cost to the County of \$2,970,919. These funds support 66 FTEs.

Hotline staff received 16,079 calls in FY 2015, a 6 percent decline from FY 2104. During this same period, the number of child abuse complaints accepted increased 13 percent; staff investigated or assessed 2,506 complaints in FY 2015.

The key outcome for CPS is to reduce recidivism; this is a new measure in FY 2015. Seventy eight percent of all children who were investigated or assessed in FY 2015 had not had prior contact with CPS in the previous 12 months. This will serve as a baseline for future years.

Discussion of Metrics

Hotline Calls

The number of calls received by the Hotline has decreased in recent years and may be influenced by many factors in the community outside of the department's purview. Calls include reports of child abuse or neglect that are either screened in for CPS response or screened out, as well as other types of calls such as general information and attempts to reach staff when callers do not have staff's direct phone numbers.

Number of Child Abuse Complaints Accepted

There was a 13 percent increase from FY 2014 to FY 2015 in the number of complaints accepted by the Hotline and assigned to CPS staff for response.

Contact Within Priority Response Time

The higher number of cases handled by CPS staff this year impacted staff's ability to meet the timeliness metric. The percent of reports responded to within the state required response priority time fell slightly from 95 percent in FY 2014 to 92 percent in FY 2015. To address this issue the CPS program and CYF leadership is recruiting qualified workers to fill several vacancies within the program and is working diligently to provide training for all CPS workers through the Virginia Department of Social Services, the Child Welfare Institute and other avenues. These trainings will help workers better understand the requirements of their jobs and better perform their job duties.

Recidivism

CYF has created a new metric for measuring recidivism among CPS cases. This new metric reports the percent of children associated with a valid referral of child abuse or neglect that did not have valid referral for 12 months prior to the current referral. For FY 2015, 78 percent of children associated with a valid referral had not had a prior valid referral within the preceding 12 months. This measure will serve as a baseline for future years.

Department of Family Services

LOB #115:

FOSTER CARE, RELATIVE PLACEMENT AND ADOPTION SERVICES

Purpose

Foster Care and Adoption and Foster Care and Adoption Resource and Support

The purpose of these programs is to ensure the safety, permanency and well-being for children by: (1) providing a safe, temporary living arrangement for children who can no longer live in their homes because of abuse, neglect or other severe family problems endangering their health and/or safety, and (2) helping those children leave foster care to a permanent legal family through reunification, adoption, or transfer of custody to a relative.

Family Engagement Program

The Family Engagement Program encompasses a number of programs with distinct purposes:

- Kinship Care: The purpose of the Kinship Care unit is to ensure a safe and permanent home within one year for children who are living with relatives as an alternative to foster care.
- Family Partnership Meetings: The purpose of Family Partnership Meetings is to ensure that families and their supports are actively engaged in all decision-making to promote the safety, well-being and permanency of their children.
- Father Engagement: The purpose of the Father Engagement unit is to strengthen families by supporting CYF staff in their efforts to effectively engage fathers and involve them in service planning and decision-making for their children.

Description

Three program areas have been combined for the LOB as they all involve work with children living away from their parents or prior caregivers.

Foster Care and Adoption

Staff provides foster care services to:

- Children from birth to 18 who are in the custody of the Department and who the court has determined cannot remain safely in their home. Children may be in foster care for a few days, a few months, or longer. Children receive placement services as well as services to address their educational, mental and physical well-being.
- Parents whose children have been removed from the home. Parents are offered services aimed at changing the behavior or circumstances that caused the child to be unsafe in the home and which must be successfully changed for the child to be safely returned home and to end DFS services.
- Foster youth who are age 14 to 21 to help them learn needed skills and increase the likelihood of successful transition from the foster care system.
- Youth who emancipate from foster care after age 18 and who are eligible for Independent Living Services until they reach 21 years old.

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When a child must be removed from home, the initial goal focuses on the provision of services to return the child home. If reunification is not possible, the goal becomes achieving permanency for the child with another family through either adoption or custody transfer to relatives based on the best interests of the child. Permanency also involves facilitating lifelong connections for the child with siblings, extended family, and other significant adults.

When a child enters foster care, the Department is mandated to provide services to the family to help reunify the child with his or her previous caregivers. It is also mandated to work with absent parents and extended family members in order to reunify that child with their family. Staff works continuously with all family members individually and through Family Partnership Meetings.

Foster care services are monitored by the courts: staff goes to court throughout the year to update the judge on the progress of the parents or prior caregiver(s). The goal is for a child to reach legal permanency within 12 months of entering foster care. To do this, permanency plans are developed by conducting a comprehensive family assessment and providing services to enhance the capacity of parents to care for their children.

If parents and relatives are unable to care for their children, adoption is often sought. Adoption is a social and legal process which gives new parent(s) the same rights and obligations as biological parents. Adoption services are provided to children who have been permanently and legally separated from their birth parents. Staff seeks adoptive families and provides adoption counseling for birth parents and post adoption support services for families of children with special needs.

Foster Care and Adoption – Resource and Support

Resource and Support has several distinct programs:

Placement Services

This involves placing a child with a foster family, group home, residential children's facility, or an independent living arrangement. Extensive efforts are made to place children in the least restrictive environment in a family setting. Children and caregivers are carefully matched to promote placement stability.

Resource Family Support

Staff provides supportive services for DFS foster parents to promote foster parent retention and improved placement stability for children in foster homes.

Foster Parent Recruitment and Training

Recruitment of foster families involves outreach to the community, conducting orientation sessions, and carrying out in-depth home studies to mutually assess a family's suitability to be a foster care placement resource. A single process is used to approve families to provide foster care, adoption, and respite services. Training includes both pre-service training to prepare new resource families and in-service training to enhance the skills of current resource families.

Permanency and Life Skills

These services include:

- Permanency coordination to enhance efforts to find permanent families for older youth in foster care.
- Teaching independent living skills to help youth in foster care ages 14-21 develop the skills necessary to transition from foster care to self-sufficiency. Personal development skills such as self-esteem, communication skills, decision-making, conflict resolution and anger management are emphasized.
- Mentoring to provide role models for youth
- Fostering relationships between youth in foster care and their relatives or previous caregivers to help the youth find a permanent living situation. For older youth leaving care this might include helping find an apartment or a roommate.

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Post Adoption Services

These services include:

- Management of adoption assistance payments to families who have adopted children with special needs.
- Provision of post-adoption services which include support, education, coordination and referral for services to adoptive families.
- Post adoption searches for adoptees and birth parents who wish to access information about or make contact with each other.

Family Engagement Program

The Family Engagement Program has several distinct programs:

Kinship Care Unit

The Kinship Care Unit (KCU) supports relatives or fictive family as they provide care, nurturance and safety to children placed in their homes. Staff provides ongoing clinical and supportive case management services to the kinship triad (caregiver, prior caregivers and child) to support the family in achieving safety, permanency and well-being for all children. Staff provides services and interventions in a culturally sensitive and flexible manner based on the families' strengths and changing needs. The KCU team works to provide holistic, client-centered interventions that address the unique and complex needs of kinship families. The unit also places importance on assessment and outcome measures for continuous process improvement.

The KCU serves referrals from Child Protective Services (CPS) where children are at imminent risk of entering foster care if not otherwise cared for by kin. Kinship cases must meet all of the following criteria: (1) child is at imminent risk of abuse and/or neglect by their current caregiver (2) change in placement and/or caretaking role from prior caregiver(s) to kin and (3) prior caregiver resides in Fairfax County, VA. The kinship caregiver and child may reside in Fairfax County or in a contiguous Virginia jurisdiction.

Family Partnership Meetings (FPMs)

As required by state policy, FPM referrals are required at, but not limited to, five decision points; emergency removal, high risk cases, placement change, goal change and family/CYF specialist request. In FY 2015, CYF began holding FPMs at case opening and quarterly throughout the life of a case. This is based on research that indicates family team meetings enhance the ability to achieve the goals of safety, permanency, and well-being for children and families. FPMs are recognized as a national best practice in child welfare.

FPMs also are used as a team based planning process by the following County agencies: Juvenile and Domestic Relations Court, Comprehensive Services Board, Fairfax County Public Schools and Falls Church City Public Schools.

FPM staff facilitates structured meetings that include key family members, others invited by the family, DFS staff, and other service providers. The meetings focus on family strengths and provide a safe venue to discuss safety concerns for children and other family challenges. Members of the family team work together to agree on family goals and services needed to achieve the goals. Meetings are held regularly throughout the life of a case to promote strong teamwork and shared responsibility for making steady progress towards goal achievement.

Father Engagement

Staff in this unit leads the division's efforts to strengthen work with fathers by providing ongoing staff training, implementing effective father engagement strategies, developing father inclusive policies, developing and providing father-friendly services, and collaborating with system of care agencies and community-based organizations to meet the needs of fathers and their families. The services provided by the unit include consultation services on effective father engagement strategies, fatherhood classes and the Father2Father peer mentoring program which is in its pilot phase.

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Benefits

Foster Care and Adoption and Foster Care and Adoption Resource and Support

Foster care provides a safe, temporary placement for children who cannot live safely with their families. Without these services, children would be at risk of further harm, and potential serious injury through child abuse or neglect. Foster care services include not only a safe placement, but numerous supportive services to the child and family to help the child return to their family or find a permanent family, and to enhance the child's well-being. The community needs these services to ensure that this vulnerable population is well cared for.

Family Engagement Program

Kinship Care Unit

The primary benefit of the Kinship Care Unit is that these services keep children safely with their families and out of foster care. This prevents the trauma of removing a child from their family to place with strangers, and saves thousands of dollars in County services. The clinical case management services help families begin the journey of ensuring safety, well-being and stability for the triad: children, relative caregivers and the children's biological parents. The unit works to prevent these children from entering foster care where the average cost per *child* per year is \$54,495 while the average cost per *family* in the Kinship Care Unit is \$20,687 per year.

Family Partnership Meetings

The primary benefit of FPMs is that they enhance the abilities of families and staff to achieve key goals in the areas of safety, permanency, and well-being by bringing parents and their natural supports to the table as equal voices in decision-making. Specifically, FPMs have been shown to prevent out-of-home placements, shorten the length of time children spend in foster care, and increase the likelihood that children will leave foster care to a permanent family.

Father Engagement

The primary benefit of these services is that CYF staff continues to improve their efforts to better assess fathers and paternal relatives and include their voices in decisions about the lives of their children. By improving practices with fathers and paternal relatives, more children are kept safely with their families and more children are returned from foster care to their families.

Mandates

Foster Care and Adoption and Foster Care and Adoption-Resource and Support

The Foster Care and Adoption and Foster Care and Adoption - Resource and Support programs are heavily mandated by both federal and state governments.

Federal law mandates and appropriates funding for the provision of services to enhance the safety, permanency and well-being of children in foster care in Title IV-E of the Social Security Act. Federal regulation defines foster care as twenty-four hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility (45 CFR 1355.20). The amount of financial participation by the federal government is dependent upon compliance with federal regulations.

State law defines foster care services as the provision of a full range of casework, treatment, and community services, including but not limited to independent living services, for a planned period of time to children, and their families, who are abused or neglected as defined in §63.2-100 or in need of services as defined in §16.1-228 (§63.2- 905). Services shall be provided to the child and his or her family and should include services to the relative or other caregivers as necessary (§§63.2-905, 2.2-5200, and 2.2-5208).

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State law specifically mandates the provision of foster care services through the Comprehensive Services Act for At-Risk Youth and Families (CSA) (§2.2-5211 C and B3). CSA provides services that are child centered, family focused and community-based and that address the unique and diverse strengths and needs of children and their families. CSA strives to preserve families and provide appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public (§2.2-5200).

Adoption procedures are governed by Virginia Code §§ 63.2-1200 through 63.2-1253.

Additional federal mandates include:

- The Indian Child Welfare Act of 1978 (ICWA)
- The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272)
- The Multiethnic Placement Act of 1994
- The Adoption and Safe Families Act of 1997
- The Foster Care Independence Act of 1999
- The Deficit Reduction Act of 2005. Title VII of this act provides for reauthorization of the TANF program, Healthy Marriage and Family funds, Court Improvement Program, Safe and Stable Families Program, and other child welfare programs.
- The Child and Family Services Improvement Act of 2006
- The Safe and Timely Interstate Placement of Foster Children Act of 2006
- The Adam Walsh Child Protection and Safety Act of 2006
- The Fostering Connections to Success and Increasing Adoptions Act of 2008
- The National Youth in Transition Database regulations (45 CFR 1356.80 through 1356.86)
- The Patient Protection and Affordable Care Act (P.L. 111-148)
- The Patient Protection and Affordable Care Act (P.L. 111-148)

Family Engagement Program

Kinship Care and Father Engagement

Services are addressed in state law:

- The local board shall first seek out kinship care options to keep children out of foster care and as a placement option for those children in foster care, if it is in the child's best interests, pursuant to Virginia Code § 63.2-900.
- Reasonable efforts have been made to prevent removal of the child from his home and there are no alternatives less drastic than removal of the child from his home which could reasonably protect the child's life or health pending a final hearing on the petition. (Virginia Code § 16.1-251)

Services also are addressed in state policy:

- During the course of the investigation, the worker should gather information to identify maternal and paternal relatives and the kinship network providing support and resources to the family and child.... When appropriate, these individuals may become resources in protective interventions, family partnership meetings, and case planning during the CPS process or any future case involvement. (Child Protective Services, 4.5.11)

Both Kinship Care and Father Engagement services focus on keeping children with family members whenever that is safe and in the child's best interests. Local departments must make diligent efforts to locate and assess absent parents, relatives or other alternative caregivers to support the child remaining in his home or as a placement option if the child cannot safely remain in his home.

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Family Partnership Program

Services are addressed in state policy:

- The LDSS must schedule a family partnership meeting when the worker assesses the child's safety to be in jeopardy or at risk of removal or out of home placement (Child Protective Services, 4.5.20.1). FPMs also are required by the VDSS Family Engagement Guidance Manual published January 2010.

Trends and Challenges

Foster Care and Adoption and Foster Care and Adoption-Resource and Support

Fairfax County has made significant progress in safely reducing the number of children living in foster care, largely due to the many efforts to keep children safely with their families and prevent abuse and neglect. There has been a 27 percent decrease in the monthly average number of children in care from 349 per month in FY 2011 to 255 in FY 2015. While fewer children are in foster care, the youth who continue to reside in foster care become more difficult to place as they grow older. Improvement has been made in the percentage of children who are placed within families in foster care; however discharges to permanency have had uneven results.

Some of the key challenges faced in delivering high quality foster care services and achieving permanency for children in foster care include the following:

- Many children in foster care have had a traumatic past, primarily having been abused or neglected by their families. Most have also had significant instability in their early lives. Developmental and behavioral problems are almost always evident in foster homes and such issues pose a challenge to foster care parents. The Department has recognized the need for trauma informed care and has implemented trauma training for departmental staff. A recent partnership with The Annie E. Casey Foundation's Child Strategy Group, and Attachment, Self-Regulation, and Competency (ARC) developers has been forged to provide foster parents, including kin, with trauma-informed parenting skills and a more significant role on their child's case planning teams. It is hoped that this will result in fewer placement disruptions, improved foster parent retention, more timely permanence, and improved well-being for children and teens.
- Finding permanent families for older youth in care continues to be challenge. National statistics show that older children stay in foster care longer and achieve permanency at lower rates than younger children. Those youth who age out of foster care often face lifetime challenges, including homelessness, incarceration, and unemployment. During FY 2015, 76 children in foster care achieved permanency, but only 17 of them (22 percent) were between the ages of 12 to 17 even though 36 percent of all children in care are ages 12 to 17. Eight of 10 youth waiting for an adoptive home on June 30, 2015 were 12 to 17 years of age. Also, older youth who have been adopted often have higher needs making it more challenging for post adoption workers to support adoptive families and prevent adoption disruptions.
- Failure of the General Assembly to pass the Foster Care to 21 legislation hinders the department's ability to provide needed services to youth who are aging out of foster care. As stated earlier, youth who age out of care are at heightened risk for homelessness, incarceration, unemployment, and other social challenges. It is crucial that we are able to provide placements and supportive services to youth as long as possible. The Foster Care to 21 legislation would have introduced code changes and secured state funding permitting the implementation of the federal Fostering Connections program in Virginia allowing for a full range of placements and supportive services for both foster and adoptive youth to age 21. Since this legislation did not pass, youth who turn 18 in foster care are no longer eligible for foster care placements and must be transitioned to independent living services unless they are in Permanent Foster Care or are covered by federal Title IV-E funds through their 19th birthday. Not all youth are able to be transitioned to Permanent Foster Care and are therefore not eligible for placement services. This significantly hampers the department's ability to support them in becoming self-sufficient young adults.

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Family Engagement Program

Kinship Care

According to the 2010 Census, 7,460 grandparents in Fairfax County were responsible for raising their grandchildren. Relative caregivers' needs are multi-faceted and span across the human services systems of care. Fairfax County's Kinship Care Unit (KCU) is the only kinship-focused unit within child welfare in the Commonwealth of Virginia. Fairfax County began piloting these services in June 2013 and now has a fully-formed unit with four staff and a supervisor.

Staff face a number of challenges in providing these services:

- There is a significant financial toll on the kinship caregivers. Virginia does not have a subsidized guardianship program. This would provide income support to relative caregivers and legal permanency for the children in their care without terminating parental rights.
- There is a lack of state guidelines regarding kinship care.
- Specific challenges for grandparent caregivers include the generational differences in parenting skills and the confusion of loyalties to their own children versus the grandchildren in their care.
- Few service providers have experience with kinship families, and few are equipped to provide the trauma-informed care that is needed.
- The prior caregivers in these cases, usually the biological parents, often have complex needs such as co-occurring mental health and substance abuse disorders for which treatment is hard to find.

Family Partnership Meetings

In FY 2015, staff facilitated 935 FPMs, a 23 percent increase from the 763 meetings held in FY 2014. The increase is largely due to changes in local practice such that meetings are now being held at case opening and throughout the life of a case rather than just the five decision points. More families and children are benefiting from this best practice that works towards identifying and maintaining families' natural supports in the care of their children and reducing out of home placements and other child welfare interventions. Part of the success of these meetings centers on the skilled facilitators: they are responsible for maintaining the integrity of the process, ensuring that the family voice is heard; that strengths and natural supports are identified and incorporated in planning; and that team cohesiveness is built to create realistic and strong plans that are agreed upon through consensus.

Challenges include a shortage of staff to facilitate the meetings and a lack of meeting space available as a result of an increase in the number of FPMs held. One new facilitator is being hired to help manage the increased workload, and meeting space in other County agency buildings is often used to handle the overflow.

Father Engagement Unit

In FY 2015, 28 fathers graduated from the Fathers in Touch (FIT) program and 9 potential mentors were trained. There were only 3 Father2Father mentor matches due to challenges associated with starting the mentor program including finding qualified mentors and developing procedures for creating successful matches. The unit trained 153 CYF employees regarding the importance of engaging fathers in their casework. Father Engagement staff also has increased the amount of consultation with other CYF staff which has had a positive impact on fathers' participation in FPMs and in fathers receiving the services they need.

Engaging fathers is challenge across the country in child welfare. The federal government recently released a multi-million dollar RFP to which we applied to further strengthen father engagement efforts.

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Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #115: Foster Care, Relative Placement and Adoption Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$6,854,770	\$7,440,643	\$7,621,130
Operating Expenses	11,208,041	10,912,246	11,769,466
Work Performed for Others	(319,110)	(342,706)	(397,026)
Total Expenditures	\$17,743,701	\$18,010,183	\$18,993,570
General Fund Revenue	\$14,106,939	\$13,823,511	\$13,220,021
Net Cost/(Savings) to General Fund	\$3,636,762	\$4,186,672	\$5,773,549
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	106 / 106	105 / 105	105 / 105
Total Positions	106 / 106	105 / 105	105 / 105

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Cost per child in foster care	\$49,971	\$51,733	\$54,945	\$56,442	\$56,442
Percent of children placed with foster families	84%	86%	87%	86%	86%
Percent of children in foster care less than 12 months who have two placements or less	79%	88%	85%	86%	86%
Percent of children exiting foster care to permanency	65.4%	63.2%	73.1%	80%	80%
Percent of families served by Kinship Care whose children remain safely with a relative or prior caregiver and do not enter foster care	NA	100%	98%	95%	95%

Summary of Key Performance Measures

This LOB had \$18,993,570 in expenditures for FY 2015, offset by \$13,220,021 in revenue for a net cost to the County of \$5,773,549. These funds support 105 FTEs.

There was an average of 255 children in foster care each month during FY 2015, a 27 percent decrease since FY 2011. The key outcome for the Foster Care program is the percent of children who leave foster care to permanent families. In FY 2015, 73 percent of the 105 children who left foster care went to permanent families. In Kinship Care, 98 percent of the 38 families served were able to safely maintain their children with relatives or parents.

Foster Care and Adoption are fully mandated services. Other programs included in this LOB are addressed in state policy or guidance.

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Metric Discussion

Placements with Foster Families

Spending more time in family settings and less time in institutional settings results in marked improvements for children. There has been improvement in the percentage of children who are placed with foster families rather than in congregate living facilities. The Department has exceeded the state goal of 85 percent for the past two years. However, it is important to note that 25 of the 33 youth (76 percent) placed in congregate care settings during June 2015 were between the ages of 12 to 17.

One factor contributing to the increase in the use of foster families is stronger internal controls over the decision-making process. A case review process has been established by the department for all youth being considered for congregate care placement. The case review/staffing must occur prior to a child being placed in congregate care.

A challenge for this metric is youth who have experienced significant trauma or have other significant needs. These youth often have difficulty being placed in family settings due to these issues.

Setting Stability

Multiple placements can result in additional traumatization of children in foster care while fewer placement changes can help children achieve their goals and establish permanent connections. DFS continues to strive to meet the State goal of two placements or less for 86 percent of children who have been in care less than 12 months. Staff is enhancing recruitment efforts for homes for older youth and foster homes located within the County to better meet the needs of youth in foster care and prevent placement disruptions. In addition, resource worker positions were recently established within the Department to focus on supporting foster parents and stabilizing placements when necessary.

Discharges to permanency

The increase in percent of youth exiting foster care to permanency from FY 2014 to FY 2015 (63 percent to 73 percent) is primarily due to modified reporting methods by the State to more accurately capture the federal permanency outcome measure. Prior to FY 2015, the State's reporting system captured permanency data through age 21 while the federal standard calculates the permanency rate through age 18. During FY 2015, the State revised its report to match the federal standard. This has resulted in fewer children being included in the calculation, thereby improving the local rates across the State.

Staff continues to work towards achieving the Federal and State target of 86 percent. Some of the targeted strategies we have employed to accomplish this include:

- Increased use of Family Partnership Meetings to strengthen the teamwork among family members and providers in working towards permanency.
- Establishment of Permanency Coordinator positions to provide intensive case work services to help achieve permanency and/or lifelong connections for youth in foster care.
- Implementation of a new policy on parent-child visitation to promote stronger bonding between children in foster care and their parents at home which supports reunification and preserves family connections and increases child well-being.
- Strengthened efforts to identify, locate and engage parents, extended family members and other supportive people in children's lives to consider them as possible permanent family placements or as lifelong supportive connections for the children.
- Training for staff, foster parents and relative caregivers to employ trauma-informed practices in their work with and care of children and parents.

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Kinship Care

In FY 2015, the Kinship Care Unit served 38 families with 70 children. Ninety eight percent of these families were able to safely maintain their children either in their kin caregiver home or back at home with their prior caregivers.

Three primary factors contribute to this success:

- Staff's focus on the triad—child, relative caregivers, and biological parents—ensures we assess and meet the needs of all family members. This helps ensure the best decision is made for the children's safety, permanency and well-being – whether that is returning to their biological parents (or prior caregivers), or remaining with their relative caregivers.
- Staff's use of Family Partnership Meetings ensures all members of a family's team have a voice in decision-making and helps ensure appropriate services are provided to achieve the family's goals.
- Having highly skilled, trained, and committed clinical staff ensures the work with families addresses the complex issues underlying the families' current situations.

Grant Support

FY 2016 Total Actual Funding: \$330,100, including \$128,010 in Federal revenue and \$202,090 in Local Cash Match. There are no positions associated with this funding.

The Virginia Department of Social Services foster and Adoptive parent Training Grant is funded by federal Title IV-E monies plus a local match. It provides for the enhancement of community education regarding foster care and adoption; pre-service training, in-service training, and in-home support of agency-approved foster and adoptive parents and volunteers; training for child welfare staff; and employee educational stipends.

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LOB #116:

OFFICE FOR WOMEN / DOMESTIC AND SEXUAL VIOLENCE SERVICES

Purpose

The Office for Women & Domestic and Sexual Violence Services (OFWDSVS) advances the County's mission of preventing and ending domestic and sexual violence, stalking and human trafficking by fostering a community-based on equality and mutual respect through prevention and intervention, community engagement and awareness, policy and advocacy.

Description

The Office for Women & Domestic and Sexual Violence Services is the state-accredited domestic and sexual violence program and state certified batter intervention program in Fairfax County. Designed from a trauma-informed, client-driven, and family-systems perspective, OFWDSVS provides services to victims, children and youth, as well as offenders, and works towards ensuring every resident lives free of violence. We strive to open doors in order to build relationships and engage the community in providing the highest quality of care and promote social change. OFWDSVS is committed to providing empathetic, client-driven, and trauma-informed services for the community and support clients and members of the community as they take difficult and courageous steps towards autonomy, accountability, and responsibility. OFWDSVS promotes human equality and uses resources in ways that serve the public equitably by respectfully challenging biases, attitudes, and behaviors that contribute to inequality and fostering an environment that embraces creativity and calculated risk-taking to advance OFWDSVS' mission. OFWDSVS advocates for safety as a basic human right that underscores each and every interaction with clients and the community; assuring confidential, accessible, and affordable services to all. OFWDSVS is the only program in the County which focuses on the prevention, intervention, and treatment of domestic and sexual violence, stalking, and human trafficking at all levels.

Domestic and sexual violence impacts the lives of tens of thousands of Fairfax County residents each year. The Fairfax County Police Department receives over 11,000 domestic calls for service per year and makes approximately 160 domestic violence arrests per month. On average, half of the homicides in Fairfax County each year are related to domestic violence. Most homeless families have histories of domestic violence or are homeless due to domestic violence. Children who witness domestic violence are at risk for poorer life outcomes and are several times more likely to be victims of interpersonal violence or perpetrators in adulthood. Studies show that as many as one in four women and one in six men experience unwanted sexual contact by age 18.

OFWDSVS services include Artemis House, the only 24-hour crisis shelter for victims of domestic and sexual violence, stalking, and human trafficking; the Domestic Violence Action Center (DVAC), a comprehensive, co-located service center staffed by County agency and community non-profit partners created to provide culturally responsive information and support services for victims of domestic violence and stalking and their families as well as to promote the accountability of offenders of these crimes through specialized prosecution and offender supervision; individual and group counseling for adult and child victims of domestic violence and sexual assault; Anger and Domestic Abuse Prevention and Treatment (ADAPT) services for offenders; court advocacy and support services; economic and housing services; compassion training for couples in conflict; community outreach, prevention, and education services; hospital and court accompaniment for victims of domestic and sexual violence; and teen dating violence prevention and healthy relationship programs.

In addition to their regular duties, OFWDSVS staff is on-call 24/7 to answer the Fairfax County Domestic and Sexual Violence Hotline as well as the Fairfax County Lethality Assessment Protocol Hotline (LAP Line) on a regular rotation. The LAP was developed in partnership with the Fairfax County Police Department in order to reduce the homicide/suicide rate related to domestic violence in the community as well as connect

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victims with services right away. In doing so, studies show DV-related homicides can be reduced 30 to 40 percent. Staff also participates in the rotation for on-call after hours in order to meet the needs of victims seeking a Sexual Assault Physical Evidence Recovery Kit (PERK) by a Sexual Assault Nurse Examiner (SANE) or an Intimate Partner Violence (IPV) exam at Inova Fairfax Hospital.

Additionally, OFWDSVS facilitates coordination of a community response to domestic violence and provides staff support to the Board of Supervisor appointed Commission for Women.

OFWDSVS direct client services are comprised of four teams: **Advocacy Services**; **Community Engagement Services**; **Counseling Services**; and **Offender Services**. OFWDSVS also closely monitors and supervises the contract for Artemis House and provides adjunct services to complement the contracted day-to-day operations and case management. These services are bundled into one LOB due to the fact that they are all part of a discrete service delivery system focused on a very specific population, are intertwined and work across teams, and are all part of a relatively small program (General Fund Positions = 27.0/23.5 FTE; Grant Funded Positions = 6.0/4.7 FTE; Leveraged resources [grants and fees] = approximately 22 percent of the program, or \$650,000 of total budget).

The **Advocacy Services Team** is deployed full time to the Fairfax County Domestic Violence Action Center (DVAC) located at the Fairfax County Historic Courthouse, which is open Monday through Friday from 8:00am to 4:30pm. DVAC has been funded through the U.S. Department of Justice's Office on Violence Against Women Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program since 2010. Fairfax County is currently receiving the third cycle of funding through this grant, which will expire in September 2017. The DVAC collaborative effort includes the Fairfax County Office of the Commonwealth's Attorney, the Court Services Unit of the Fairfax County Juvenile and Domestic Relations District Court, Fairfax County Office for Women & Domestic and Sexual Violence Services, Fairfax County Police Department, A Way Forward, Ayuda, Jewish Coalition Against Domestic Abuse, Legal Services of Northern Virginia, Northern Virginia Family Service, Shelter House, Inc., Tahirih Justice Center, and The Women's Center. Through the collaboration, Fairfax County is improving the administration and accessibility of justice for victims of domestic violence, sexual assault, and stalking as well as maximizing the efficiency of County and community resources in order to serve as many and diverse individuals and families as possible. OFWDSVS takes the lead role on grant management and administration, coordination of services, planning, and partnership development of DVAC.

The goal of advocacy services is to increase client safety through enhanced knowledge and understanding of available resources and options to provide support to clients in accessing appropriate resources. The OFWDSVS community-based advocates, along with other DVAC partners, provide confidential, holistic services including safety planning, crisis intervention, options counseling, education on the civil and criminal justice systems, emotional support, and a variety of referrals based on the client's individual needs. The advocates also support the client with court accompaniment to civil and criminal court hearings. The advocates work within the empowerment model to preserve the client's right to self-determination.

DVAC's Housing and Economic Specialist (HES) assists clients who are seeking housing and economic support services by providing information to help them understand general housing options, determining how much rent they can afford, sharing a list of available housing units in their price range, and making referrals to shelter and housing location services. Economic supports include helping clients learn how to develop and maintain a budget, understanding how to read a credit report and how it impacts obtaining housing and financial assistance, and applying for rental and household assistance.

The **Community Engagement Team** provides prevention, education, and outreach services, is responsible for scheduling coverage for the Hotline and LAP Line, and recruits and manages the program's volunteers.

Prevention, Education, and Outreach:

OFWDSVS provides education, including outreach, training and workshops, to both professionals and community members within Fairfax County in order to raise awareness of domestic and sexual violence, stalking, human trafficking, and resources available to those experiencing violence. The education programs have an ultimate goal of preventing interpersonal violence. Educational presentations are offered throughout the County to a variety of audiences and in many different venues. Presentations range from

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short, thirty-minute information and resource presentations to on-going educational programming, in which groups are actively involved in preventing violence within their communities.

In addition, we provide specialized prevention workshops for middle and high school students attending the Fairfax County Public School System that include classes on teen dating violence, healthy sexuality, sexual assault prevention, media literacy, and self-reflection exercises. The specialized youth services are crucial to the prevention of domestic and sexual violence since we are able to reach many youth before they are in intimate relationships. At a community level, we are offering on-going programming to neighborhood residents who are interested in learning about and preventing violence as a means to positively affect the well-being of themselves, their families, and their neighbors. OFWDSVS also provides outreach services in the community to raise awareness; staff attends resource fairs, community events, back to school nights, and any event where information can be shared about OFWDSVS programs and services. Programs and presentations are scheduled on days and at times that meet the needs of the community (day, evening, weekends).

24-Hour Hotline Services:

OFWDSVS provides 24-Hour Hotline and 24-Hour LAP Line services for Fairfax County, which includes confidential supportive telephone counseling, crisis intervention, and information and referrals to those seeking information and support as it relates to domestic violence, sexual violence, stalking, and human trafficking. The goal of the Hotline is to help connect callers to other OFWDSVS services as well as to community-based programs based on their identified needs and interest. The 24-hour Hotline has been in operation for 35 years.

The LAP Line connects victims with advocacy services immediately upon police intervention in order to reduce the rate of homicides in Fairfax County. Shelter and victim advocacy services are research-validated protective factors for victims, yet the majority of domestic violence-related homicide victims do not access services prior to their murder (e.g. none of the victims in Fairfax County's 2009 and 2010 domestic violence-related homicides reviewed by the DV Fatality Review Team accessed advocacy services prior to their murder). Therefore, the primary goal of the LAP is to identify victims in "high-danger" (risk of serious re-assault or homicide), educate them about the level of their risk, and connect them to confidential advocacy services immediately after the crime in order to move them along the stages of change toward safety. The 24-Hour LAP Line was implemented on July 1, 2015.

Volunteer Recruitment and Management:

OFWDSVS offers a number of opportunities for volunteer and intern engagement including hotline counselor, group facilitator, outreach specialist, hospital advocate, and administrative support. Volunteer opportunities can be long-term or short-term, or even a one-time commitment, which offers interested individuals options for involvement. In order to provide meaningful opportunities for engagement and to leverage the organization's resources, OFWDSVS volunteers and interns are involved in almost all aspects of service delivery. Some OFWDSVS programs rely heavily on the support of volunteers and interns for their success; in FY 2015 approximately 126 volunteers provided 9,649 hours of services with an estimated value of \$236,311.

The **Counseling Services Team** provides free short-term individual, family, and group counseling in English and Spanish (and in other languages through interpreters) to survivors of domestic and sexual violence, stalking, and human trafficking and their families, including children impacted by domestic violence.

Various support groups for women and men are offered at four community locations and also at Artemis House, the 24-hour crisis domestic violence shelter. Individual and family counseling is offered during normal business hours and evenings, Monday through Friday, with services available at eight community sites plus Artemis House. Services are provided according to a strengths-based, trauma-informed, client-driven approach to increase safety, promote healthy coping, foster healing and confidence, and help survivors navigate important decisions as well as access needed resources.

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Counseling services have been continuously offered since the early 1980s, first by the Victim Assistance Network (VAN) which was then a part of the Community Services Board, and were restructured, renamed, and moved with the rest of Domestic and Sexual Violence Services to the Office for Women in 2008, creating the Office for Women & Domestic and Sexual Violence Services.

The **Offender Services Team** provides intervention services for male and female adult offenders of domestic violence. The team's primary service is the ADAPT: Anger & Domestic Abuse Prevention and Treatment Program, which is offered in both English and Spanish; this program targets remedial change for perpetrators of domestic violence. The Offender Services Team also offers Compassion Training for Couples in Conflict.

ADAPT clients are typically first-time offenders referred by local courts as an alternative to incarceration. While the ADAPT program meets the state certification standards for batterer intervention programs (typically focused on intimate partner/spouse abuse), the program also works with offenders who have committed acts of violence towards siblings, adult parents/adult children, and other household members.

ADAPT promotes emotional self-regulation and individual responsibility instead of blame, coercion, and aggression. Treatment participants are held accountable for learning and demonstrating treatment gains. Intervention is provided through a series of eighteen (18) weekly two-hour group sessions to develop new behavioral/emotional skills as alternatives to violence. Approximately 16 full groups per year are held in four (4) locations during the day and evenings in English and Spanish. ADAPT also provides thorough assessment and referral/linkage to local mental health and substance abuse resources and works closely with referring and monitoring probation officers.

The program has been in continuous operation since 1983, originally as part of outpatient mental health services in the Community Services Board before moving to the Office for Women along with other Domestic and Sexual Violence Services in 2008, creating the Office for Women & Domestic and Sexual Violence Services.

Artemis House, the County's only 24-hour crisis shelter for victims of domestic and sexual violence, stalking, and human trafficking is closely supervised and managed through a contract by OFWDSVS. Artemis House is a secure, 34-bed apartment-style shelter that is ADA accessible at an undisclosed location in Fairfax County.

Women or men at imminent risk and without a safe place to stay due to violence may enter the shelter 24 hours per day and stay with their children for up to 45 days, during which time they receive case management assistance, including help transitioning into long-term housing, help with basic needs, and individual and group counseling services. Services are contracted through Shelter House, Inc. who administers the day to day operations and case management at Artemis House. OFWDSVS staff, including a Counselor and a Housing and Economic Specialist, also provides services within Artemis House.

Artemis House began in 1977 as a grassroots domestic abuse sheltering initiative that became The Women's Shelter, which was part of the Community Services Board and was restructured, renamed, and then moved with the rest of Domestic and Sexual Violence Services and merged with the Office for Women in 2008 creating the Office for Women & Domestic and Sexual Violence Services.

Benefits

Advocacy Services

- Through the collaborative DVAC project, partnership agencies enhance the range of services a victim may access in a centralized location and streamlines the off-site resources utilizing a direct referral process with partners.
- Working intensively with clients, and collaborating with various partners fosters the identification of systems issues and gaps in services that can be enhanced to further support clients and can be addressed through a coordinated community response.

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- The benefit of DVAC, and having OFWDSVS advocates on site, is to coordinate the County's resources to better assess the needs of victims and to strategize about the best use of each agency's resources, both human and financial. There are many points of entry, both traditional and non-traditional, across County systems where domestic and sexual violence, stalking and human trafficking may be identified. The non-traditional points of entry can provide opportunities for intervention for families who may not access traditional services.
- DVAC is within walking distance, which provides easy access, to the Fairfax County Courthouse for clients who need to file for a protective order, custody order, visitation, divorce, spousal and child support, and other court-related activities.
- Services at DVAC are available on a walk-in basis as well as by appointments, which provides immediate advocacy services.
- Civil legal advocacy may help decrease re-victimization and increase well-being for victims and their children. The intensive individualized safety planning assists the client in understanding risk of harm, possible lethality, and helps them identify options and resources to enhance their physical and emotional safety. A client may not realize she/he might be in high danger due to the length of time they have been exposed to the domestic violence.
- The empowerment approach utilized by the Advocacy Services Team, and DVAC partners, is imperative so clients feel they are treated with courtesy and respect when reaching out for supportive services. Clients routinely report they are not accustomed to having a voice or being treated with courtesy or respect within their intimate partner relationships, which can lead to feeling insignificant, unsupported and isolated. Being treated with courtesy and respect can enhance feelings of validation and self-worth. Studies have shown that victims who feel in control or empowered, and feel they have been treated well, are more likely to contact the system in the event of future incidents (Cattaneo, Dunn, & Chapman 2013). One hundred percent of victims served at DVAC by the OFWDSVS Advocacy team report feeling treated with courtesy and respect and satisfied with their overall experience in both FY 2014 and FY 2015.
- Studies also show that helping victims access community resources and support, create safety plans, and locate advocacy services correlates to decreased physical violence and depression, increased quality of life, and reduced social isolation. When victims are provided with seamless advocacy services based on the empowerment approach, they are able to protect themselves from harm and take charge of their lives. (Empowering Victims of Domestic Violence Social Issue Report: Sept 2001)
- Many clients who are not eligible for emergency shelter or transitional housing programs, and who may not otherwise receive housing and economic-related services are identified through the Advocacy Services Team. The immediate referral to the on-site Housing and Economic Specialist (HES) provides additional education and support to enhance their options of self-sufficiency. Victims report an increased knowledge around budgeting and housing options after working with the Housing and Economic Specialist, which can lead to a safer and more stable family.
- The continued development of the OFWDSVS program and the HES position has enabled services to grow and serve more individuals and families seeking housing and economic assistance. Building relationships with housing providers as well as local realtors and the Housing Locator Network have enabled us to assist more clients in need of housing services. The additional transitional housing capacity has added units for clients fleeing domestic violence in Fairfax County. This has enabled more clients to access safe and stable housing versus returning to an abusive relationship.
- Studies have shown that when a client receives advocacy services early in court cases, they are much more likely to remain engaged in their cases and are more likely to follow through with a case when they clearly understand the process and are paired with an advocate early in the system to support them throughout the justice systems. This reduces frustration for all professionals involved, increases safety for the victim, and ultimately saves money in the long run.

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Community Engagement Services (outreach/education/prevention, hotline, volunteer)

- The Hotline and LAP Line serve as safety resources and provide immediate attention to callers' emergency situations through crisis intervention, lethality assessment, and hospital accompaniment. Staff provide supportive counseling and help callers identify options, educate them on the dynamics of power and control, and help them to safety plan based on their expressed choice and needs.
- Those who attend outreach events gain an increased awareness about domestic and sexual violence and its dynamics, prevalence, and how embedded it is in society. They also learn about myths associated with domestic and sexual violence and are able to identify healthy behaviors that lead to positive relationships.
- Participants in the educational sessions and groups report feeling better informed and equipped to access resources in the event they or a loved one is experiencing violence.
- Those who participate in prevention programming report experiencing a shift in their perceptions of domestic and sexual violence, and are better prepared to address situations because they have a broader and more informed perspective.
- Those who participate in ongoing groups indicate feeling a higher sense of self-esteem, self-worth, and an increased sense of connectedness which are all protective factors. They also indicate they have formed new friendships, and see improvement in their family relationships.
- Most importantly, those who attend programs are then able to share the information with their own families and communities, ultimately benefiting the County as a whole. Education empowers individuals, and the community is positively impacted, by learning about available resources, and feeling they have a reliable support system.
- OFWDSVS's 24-Hotline has been in existence for over 35 years using the same phone number since its inception. It is a well-known resource among the community at large, medical professionals, law enforcement, social services agencies, schools, faith communities, and non-profit organizations. Hotline advocates receive extensive training, which has resulted in a professional, empathic, and consistent service.
- OFWDSVS provides meaningful volunteer and internship opportunities for individuals to be part of a community response to domestic and sexual violence, stalking, and human trafficking and provides opportunities to share what they have learned, develop unique skills and talents, and at times prepare them for future career opportunities. Volunteers strengthen the programs and services offered by OFWDSVS through the time and efforts they contribute to the organization. Volunteers and interns increase capacity to provide programs and services and strengthen the community by becoming highly trained, knowledgeable, and connected resources for their families, friends, co-workers, neighbors, communities of faith, and community at large.

Counseling Services

- Witnessing or experiencing domestic or sexual violence, stalking, or human trafficking is a traumatic experience. Victims often lack social support and resources and have an urgent need for safety, information and resources, and help coping and healing after violence. The counseling team provides these essential services.
- People with trauma-related disorders, especially people with low income or limited English proficiency, have few or no other resources for low-cost treatment in Northern Virginia. The counseling team provides these essential client-driven, trauma-informed services in order to help this vulnerable population.
- As interpersonal trauma specialists, Counselors provide training and consultation to other service professionals in the community. By lending their expertise to other professionals, they improve the quality of services provided to all survivors of interpersonal violence.

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Offender Services

- Domestic violence often does not stop without intervention. The ADAPT program plays a pivotal role in the relinquishment of domestic violence for hundreds of families in Fairfax County every year. A treatment follow-up study completed in 2008 demonstrated that 94 percent of clients who completed the 18-week ADAPT Program remained violence free in the two years following treatment as measured by County police reports. This outcome far exceeds national reports recidivism rates of over 50 percent.
- Use of outpatient remedial skills development is far more cost effective than incarceration and is also more likely to result in behavioral change than jail alone. The overwhelming majority of treatment completers report significant positive behavioral change and past studies have repeatedly corroborated these findings.
- ADAPT's practice of contacting the victim of the abuse when their abuser/partner begins treatment is sometimes the first time someone has talked to the victim about obtaining services for her/himself. Often this will bring a victim into counseling who had not thought of coming before. In this way, both parties of the violence receive professional intervention and support for rebuilding their lives.
- The program recoups a significant portion of its costs through user fees (typically in excess of \$70,000 year) and the program continues to earn accolades by the local courts that refer participants for its demonstrated commitment to program integrity and innovation.

Overall, for someone who has experienced or is experiencing domestic violence, knowing help is available opens the door to change. Being able to call a 24-hour hotline, enter a shelter, get help locating housing, learn about justice and legal options, talk to a counselor, join a support group, be accompanied to the hospital for a forensic exam, or talk to an advocate immediately when police assess a lethal risk—these OFWDSVS options remove shame and fear and give survivors knowledge and confidence to take steps to safer, healthier outcomes.

Perpetrators of domestic violence tend to reoffend at high rates, even in future relationships, but those who have successfully completed the OFWDSVS ADAPT Program are far less likely to do so and have a very low rate of recidivism. Education, prevention, and outreach OFWDSVS provides to the community also empowers individuals, prevents violence, and engages and unites community organizations and volunteers toward a safer, healthier community.

OFWDSVS supports the County's vision elements of:

- Maintaining Safe and Caring Communities
- Maintaining Healthy Economies
- Creating a Culture of Engagement

In addition OFWDSVS has achieved positive outcomes in the Results-Based Accountability (RBA) Human Services System Goals related to:

- Healthy People
- Connected Individuals
- Safe and Stable Housing
- Successful Children and Youth

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Mandates

ACCREDITATION & CERTIFICATION: The four service teams of OFWDSVS are bound by standards that certify or accredit the programs. The Advocacy, Counseling, and Community Engagement teams focus on serving victims and comprise the portion of OFWDSVS that is accredited as a Domestic Violence Program and a Sexual Assault Crisis Center. Until recently, this accreditation process had been overseen by the Virginia Domestic and Sexual Violence Action Alliance (VSDVAA). Beginning July 2015, a new law put this oversight under the purview of the VA Dept. of Criminal Justice Services (DCJS). Accreditation standards in place prior to the July 2015 change will remain in effect until new standards are developed, approved, and implemented. OFWDSVS foresees that this will take at least one year to accomplish. Only accredited programs are able to apply for funding through Virginia Department of Social Services (VDSS), the major domestic violence grantor for Virginia programs. DCJS is considering this same requirement for its funding process.

Services provided to domestic violence offenders are provided through the Offender Services team of OFWDSVS, which is certified as a Batter Intervention Program (BIP) through the Virginia BIP Board. Certification of a batterer intervention program, such as OFWDSVS' Anger and Domestic Abuse Prevention and Treatment program (ADAPT) is required in order for a judge to sentence a defendant to attend a BIP. Following are the major areas for which there are accreditation or certification mandates that apply to the services provided through OFWDSVS.

Accreditation requirements for programs serving victims of domestic and/or sexual violence:

- Agency Administration
 - Agency governance
 - Agency administration
 - Staff training, including a list of mandated topics
 - Volunteer program management
 - Record keeping & confidentiality
- Sexual & Domestic Violence Services
 - Hotline
 - Information & referrals for clients
 - Crisis intervention
 - Safety planning
 - Emergency companion services to hospital and other locations
 - Emergency transportation of clients
 - Individual support services
 - Legal advocacy for clients
 - Support groups
 - Children's services
 - Community coordination & systems advocacy
 - Emergency housing services
 - Outreach and access to underserved populations

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Certification requirements for programs serving offenders of domestic violence:

- Client-related services
 - Mandatory payment for services
 - Intakes for service
 - Assessments
 - Documentation
 - Rejection of clients from the program
 - Program contract to include program information, participant obligations, and program obligations
 - Mandatory contact of victim by program
 - Non-compliance by participant
 - Termination for non-compliance
 - Program completion requirements
 - Curriculum
 - Attendance
 - Group size
 - Group duration
- Program administration
 - Staff employment including requirements for education and experience
 - Use of volunteer staff
 - Recordkeeping
 - Fair Labor laws
 - Fees for program
 - Confidentiality

Trends and Challenges

TRENDS:

The advocacy, counseling, and offender services teams have seen consistency in some underserved populations seeking services over the last three fiscal years (FY 2013-FY 2015). For example, the percentage of clients with limited English proficiency (LEP), is approximately 35 percent. Additionally, other underserved populations include victims associated with the military, male victims, teens, older victims and those with disabilities, and victims who identify as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ). In terms of prevention efforts, OFWDSVS is beginning to more effectively reach LGBTQ communities.

A new partnership with the Fairfax County Police Department and others has made possible a Lethality Assessment Protocol (LAP). All patrol officers have begun to administer an actuarial lethality danger screening when they respond to a call of domestic violence. Victims screened at high risk of death require immediate support, which police can access for victims 24 hours per day through a dedicated line with specially trained OFWDSVS staff. This protocol has decreased intimate partner homicide by half in Maryland, where the protocol was developed. It was officially implemented in Fairfax County on July 1, 2015 and has already resulted in better engagement of victims in urgently needed services. Also, in the first two months of implementation, the police administered the LAP 216 times; of those 54 percent (117) were deemed high risk for lethality and calls were made to the LAP Line.

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Demand for counseling services continues to increase and is estimated to continue to increase approximately 10 percent each year; the number of clients seen has increased 166 percent over the past six years. This increase is leveling as a result of reaching capacity, not a leveling off of demand; instead, wait lists for services are becoming more of an issue routinely implemented. A successful clinical internship program helps lessen this gap in service. However, the lack of affordable trauma treatment providers in the region puts extra strain on OFWDSVS resources. OFWDSVS will continue to respond to increasing demand using a combination of focused and effective treatment, and assistance with finding appropriate longer-term care.

Male victims are also an underserved population seeking advocacy and counseling services. From FY 2013 through FY 2015, the numbers of male victims served has fluctuated. Since FY 13, the number of male clients seen by OFWDSVS staff at DVAC has risen three percent. This is an encouraging trend and reinforces the need for continued outreach and education to this underserved population.

Beginning in February 2013, the Advocacy Team implemented the “Advocate of the Day” in which advocates were available at the intake office of the Juvenile and Domestic Relations District Court (JDRDC) to provide support and advocacy for individuals pursuing court services, such as filing a protective order. Since its inception, OFWDSVS continues to serve a high percentage of clients initiated from the JDRDC Court Services Unit. The second highest referral source is the 24-hour hotline however staff anticipate referrals from the LAP Line may exceed those of the Hotline. These trends continue to reinforce that services being made available in multiple locations, and through various entry points enhance the immediate support and access to service needs clients are experiencing.

OFWDSVS has experienced an increase in the overall number of clients seeking services, especially housing services, due to the flat economy and also due to outreach efforts in the community among OFWDSVS and collaborative partners. Many of the clients OFWDSVS serves for advocacy and housing and economic services do not have adequate income to sustain their family after leaving an abusive partner who is often the only wage earner in the home. OFWDSVS continues to see the lingering effects of the recession as rents continue to rise.

Utilizing information from the Fairfax County Youth Survey (notably that approximately 10 percent of County’s students report directly witnessing physical violence between their parents), staff has begun providing preventive services to a younger age group. The earlier staff can educate, the less likely it is that a person will perpetrate or tolerate violence. Also, for those who are older, staff are targeting adults who are at high risk for experiencing violence due to many life factors, trying to ensure they are able to prevent violence or at least intervene when it occurs. In addition, we are seeing an increase in requests for services from the military and the Adult Detention Center.

The type of volunteers that the program recruits vary, but in the last two to three years there has been a growing interest from Fairfax County employees, who come with a wealth of experience, responsibility and commitment. Volunteers tend to be: survivors of domestic and/or sexual violence, who want to help those who are experiencing similar situations; individuals who want to contribute to a cause; young people wanting to give back to their community or complete a community-service project; and individuals looking to make a career change.

Because group services achieve good outcomes for clients who are appropriate for and interested in groups, and because they help to assist with wait-lists, OFWDSVS is looking to increased delivery of group services as a strategy for increasing beneficial impact to the community, with the caveat that group services are not a practical alternative to individual or family counseling for persons who want and need that intensive service.

Increased attention is being given to sexual assault prevention in schools and OFWDSVS is in communication with Fairfax County Public Schools and the Board of Supervisors regarding this trend. Related to this, there is an increase in referrals from the criminal justice system and others for counseling services for survivors of sex trafficking, as a result of collaboration between OFWDSVS and community partners in response to this issue.

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The issue of sexual assault on campuses has recently received much attention. OFWDSVS is participating in a committee within George Mason University examining that university's efforts to prevent and respond to sexual assault involving its students. There are opportunities for future collaborations between OFWDSVS and George Mason University and Northern Virginia Community College regarding prevention and other services.

The volume of calls on the Fairfax County Domestic and Sexual Violence Hotline decreases slightly each year (however, the duration of calls has increased and staff has seen an increase in calls from allied professionals) while the number of clients served at walk-in sites, in shelter, in counseling, and those who access information electronically and through social networks steadily increases. OFWDSVS is aware of the need to adapt to the changing communication needs of the community however it has been difficult to do so with the County's restrictions to developing specified social media accounts such as Facebook. OFWDSVS piloted the use of the social media platform Tumblr with little success as teens said that mode of communication was no longer a good fit for them.

As a result of a new partnership with the Adult Detention Center (ADC) and the Fairfax-Falls Church Community Services Board (CSB), OFWDSVS is receiving ever increasing requests to provide programming in the jail; mostly for female inmates, but OFWDSVS has started providing services to the male population as well.

The courts have increasingly relied on the ADAPT program as the primary source of high quality batterer intervention programming. In FY 2016 and beyond, this trend will likely continue as many judges specifically direct probationers to the ADAPT program by name instead of referring to 'program types'. While there are two other certified batterer intervention programs in the County (both operated by community-based organizations, one for multicultural services and one only for English language services), the ADAPT program is increasingly relied upon for its continued reliability and program integrity. ADAPT is also the only batterer intervention program that accepts both males and females in co-ed groups.

CHALLENGES:

Language. Best practice is to provide services in the client's primary language. Language line services are regularly utilized by staff to ensure that services are provided in the client's primary language, however the costs are starting to put a strain on the budget. OFWDSVS is fortunate to have bilingual staff and staff work diligently to match the client with culturally and linguistically specific services, however challenges continue with the desire to be able to serve all clients within their specific culture and primary language. In addition, Spanish-speaking clients experience a longer wait for services due to high demand in specific geographic areas. They tend to wait longer for services because they have fewer alternative options with other agencies or at other OFWDSVS sites where there could be openings (due in part to transportation problems). OFWDSVS continues to work with community partners to reach Asian and African-American clients, who are still underserved.

Employment Status. Individuals and families have diminished capacity to become self-sufficient where there is little or no income for the individual (or family) to meet financial needs. Particularly common among domestic violence survivors, the ability to earn an income or even access family assets has often been controlled as part of the abuse pattern. Research cited in an article by Weaver et al. (2009) has shown that women who are economically dependent on their abusers are less able to leave that abusive relationship and are often more likely to be victims of serious forms of abuse. Many victims must attend court hearings and medical appointments and in doing so, miss work and may not have paid leave or may jeopardize employment.

Educational Attainment. A challenge victims continue to face in achieving self-sufficiency, which also affects seeking safety, is educational attainment. Many clients accessing services have limited educational backgrounds making them less able to obtain a living wage. Attending vocational and training programs are vital to the skill development of victims, which in turn will allow them to obtain employment that will enable them to provide for their families.

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Access. It has been a challenge to gain access to the school system as a whole; while OFWDSVS does provide services in several schools and the DV County-Wide Coordinator has worked with FCPS to include information about healthy relationships in the Family Life Education program, partnerships have been inconsistent. To a larger extent, the effectiveness of outreach depends on relationships and the ability to develop partnerships and collaborate with others and strengthen groups/task forces/committees that already exist; having only one educator limits staff ability to develop relationships with various organizations within the County. Also, identifying a location that is seen as a "safe" place for people, is convenient and easy to find, has free parking, is wheelchair accessible, and can accommodate various types of technology, is also a challenge. For example, the space has to be available at a time which would be conducive to the target population and the cost associated with securing a facility cannot be prohibitive.

Human Capital and Resources. Managing two 24-hour crisis lines (Hotline & LAP Line) with limited staff (even while utilizing volunteers and interns for the Hotline) and resources is a challenge due to the fact that most staff have this duty in addition to their primary work. Volunteers, at times, do not cover their assigned shift as expected which impacts the system and requires staff to take those additional shifts. Due to increased after-hours/on-call responsibility, worker capacity for case management, intake/assessment, individual client educational support, partner contact, community education, and overall individual client contact is reduced.

Tracking of Data. OFWDSVS utilizes a state required system which does not capture all the data elements. This limitation requires staff to use an additional data collection method so data can be provided to both grantors and County leadership. Additionally, requirements for RBAs, as well as requirements for various grant reporting requires different data points to be collected, recorded, and tabulated. More federally mandated outcomes have been introduced over the past few years, which when added to the local reporting requirements, means front line service staff and clients are being required to fill out forms and collect more data than in the past. This can significantly impact the provision of needed and timely services.

Recruitment and Retention of Volunteers. The intensive and extensive training requirements, as per accreditation, sometimes discourage potential volunteers. Some volunteers who serve as hotline counselors realize they were looking for more direct client service opportunities and often end up not fulfilling the one-year commitment or are no-shows for their shift which requires staff to take on more after-hours shifts. Others choose to volunteer because they are survivors of sexual assault or domestic violence and discover that answering the hotline triggers traumatic memories which they thought were healed. Some volunteers find the ability to volunteer from home as a hotline volunteer attractive because it offers them convenience; however, they sometimes feel isolated and decide to leave the program. Also, while recruiting volunteers through referrals and local contacts works, the use of online matching sites and social media is a more efficient and effective method.

More On-Call and Overnight Shifts. The addition of the OFWDSVS 24-hour LAP Line service and the continuation of other crisis services will require recruitment, effective engagement, and training of skilled and committed staff that are willing to be on call, answer the Hotline and LAP Line, and provide hospital accompaniment 24 hours a day. In an age where employees are demanding more work/life balance, this is challenging.

Caseloads at Capacity. Every counselor's caseload and the ADAPT program is at capacity and people who cannot easily travel to more distant service sites or who speak only Spanish must in some cases wait weeks for counseling services. Groups are offered with more frequency, but this does not reduce demand for individual counseling. In a County this large it is difficult to provide services at multiple convenient locations with limited staff.

Housing Options. Helping clients manage their expectations about what a realistic housing plan might look like is one of the most difficult aspects of the work of the HES as many victims are facing uncertain budgets and little experience maintaining a household as they live on their own for often the first time. Also, the fact that there are few, if any, affordable housing options reduces opportunities for a victim considering leaving an abusive situation.

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Attempting to Meet Community Needs. Community demand for services has only increased in recent years, but worker capacity for case management, intake-assessment, remedial individual client educational support, partner contact, community education, counseling, accompaniment, etc. was challenged this past year due to agency reorganization of acute domestic violence and sexual assault hotline services. This has resulted in a reduction in capacity to see clients face to face and we must rely more heavily on volunteers and inters. In FY 2016 this trend will likely continue as the agency has dedicated further personnel resources toward the Lethality Assessment Protocol which requires staff to participate in a second 24 hour, 7 day a week hotline commitment with the intention that homicides related to domestic violence will be reduced with the implementation of this protocol.

County-Wide Coordination. With so many partnerships, multi-disciplinary teams, and initiatives, it is difficult for one person to coordinate and manage a County-wide response to DV. In addition, there is no coordinated community response to sexual assault. In order to ensure a holistic approach to domestic *and* sexual violence, consideration needs to be given as to how the community will achieve this.

Availability of Emergency Crisis Shelter Space. Shelter space for victims of domestic and sexual violence, stalking, and human trafficking continues to be inadequate, despite some recently added shelter units from grant funding. According to a 2013 analysis, Fairfax County, with its population of over one million people, requires a facility with about twice as many units as is currently available; a minimum of 76 beds are needed to meet current demand. As a result, Artemis House turned away over 230 families last year. Furthermore, as anticipated, the recent addition of units outside of the original apartment building have made it more challenging for the Artemis House staff to engage all residents as thoroughly as before, which has been evident in reduced participation in support groups in the latter part of FY 2015.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #116: Office for Women / Domestic and Sexual Violence Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$1,618,473	\$1,689,276	\$1,646,363
Operating Expenses	1,309,982	1,027,176	1,173,403
Total Expenditures	<u>\$2,928,455</u>	<u>\$2,716,452</u>	<u>\$2,819,766</u>
General Fund Revenue	\$67,500	\$74,141	\$68,470
Net Cost/(Savings) to General Fund	\$2,860,955	\$2,642,311	\$2,751,296
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	23 / 22.5	23 / 22.5	25 / 24
Total Positions	<u>23 / 22.5</u>	<u>23 / 22.5</u>	<u>25 / 24</u>

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Percent of Offender Services Program completers demonstrating responsibility for past abuse	99%	99%	100%	95%	95%
Number of clients provided advocacy services	794	1,221	1,154	1,212	1,272
Percent of counseling clients who report specific ways in which they are better off as a result of services	NA	100%	96%	99%	99%
Percent of clients feeling safer resulting from awareness of personal safety	82%	88%	96%	89%	89%
Dollar value of volunteer and intern hours contributed	\$161,834	\$181,991	\$240,260	\$252,262	\$264,886

Percent of Offender Services Program Completers Demonstrating Responsibility for Past Abuse

This outcome measure has stabilized over the past three fiscal years; recorded for each client completing a program treatment group, this measure mirrors the client self-report of behavioral changes made. Each client writes a victim impact statement at the termination of the program to summarize the changes that they have made and includes a relapse prevention plan for how they plan to prevent future abuse of intimates and family members. When clients are able to convey personal responsibility for past abuse without blame or self-justification, they are deemed to have met this performance goal. Previous studies of treatment completers have shown that verbalized blame and justification for previous abuse is highly correlated with continued risk of domestic violence. An internal program study concluded that treatment completers who were able to verbalize self-responsibility for past abuse without blame and self-justification were six times less likely to be arrested in the two years following program completion with a new charge of a violent offense.

In FY 2013, this performance goal became a requirement for treatment completion as it was seen to be central to the mission of the program to stem future violence. The fact that the metric has stabilized in the past three years to between 99 and 100 percent demonstrates that the program is achieving its primary goal with the majority of treatment completers. At this point the metric is not expected to vary significantly but it will continue to be recorded and collected as it continues to best express the aims and success of the program.

Factors *contributing* to performance include:

- Well-trained and dedicated staff.
- Utilization of innovative and effective curriculum.
- Services are offered in English and Spanish.
- The screening process for acceptance into the program includes a general orientation session and a thorough intake. Clients often self-select out of the program at this stage rather than beginning classes to which they are not ready to commit.
- Well-trained interns and volunteers support program staff and allow for more groups to be offered.

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Factors *restricting* performance include:

- Demand in different regions means clients often wait to begin program; for some the wait is too long and they do not start with ADAPT.
- Classes are very interactive. For clients speaking a language other than English or Spanish, it is difficult to participate well and fully, even with an interpreter.
- Program requires weekly attendance. For some, it is difficult to commit to this over an 18-week timeframe. Some start the program two or three times before completing.
- Program requires weekly homework that includes reading and writing. For those with low literacy levels, this is sometimes a barrier that is difficult to overcome.

Number of Clients Provided Advocacy Services

The number of clients who received advocacy services is based on all clients served by advocates at the Domestic Violence Action Center (DVAC) including approximately 25 percent of clients who also participated in Housing and Economic services. All clients served were adults. Most clients had children, and in FY 2015, over 1000 children were impacted by the violence in their homes. Since DVAC's inception the demand for specialized services for victims of violence has been consistently rising. The overall number of new clients served at DVAC from FY 2012 to FY 2015 increased 213 percent. While there was a slight decrease (5 percent) between FY 2014 and FY 2015, this decrease does not follow the trends seen in previous years, and may be directly attributed to temporary staff vacancies. The consistent rise in clients seeking advocacy services was expected as the community learned of the intensive, collaborative services provided in the co-located site. The expectation for the upcoming fiscal years is that the number of clients seeking advocacy services will continue to rise. With all positions fully staffed and continued coordination with County and community agencies, a 5 percent increase in clients served is projected.

Factors *contributing* to performance include:

- A wide range of services are offered in a centralized location.
- Victims, who are not eligible for emergency shelter or transitional housing programs, and who may not otherwise receive housing and economic-related services, receive immediate referral to the on-site Housing and Economic Specialist (HES) who provides additional education and support to enhance their options of self-sufficiency.
- Services are available on a walk-in basis as well as by appointments, which provides immediate advocacy services.
- Bilingual staff are able to offer services in English and Spanish, and the language line is used to meet other language needs.
- The "Advocate of the Day" program, in which advocates are available at the Juvenile and Domestic Relations District Court (JDRDC), provides on-site support and advocacy for individuals pursuing court services, such as filing a protective order.
- Referral through OFWDSVS 24-hour crisis line for individuals seeking services for face-to-face advocacy and support.
- The identification of systems issues and gaps in services, which can then be addressed by DVAC and its partners.
- The OFWDSVS partnership with FCPD, Shelter House, Bethany House and the Commonwealth Attorney to continue the implementation of the Lethality Assessment Protocol (LAP). DVAC and FCPD Victim Services provide the 24 hour follow up to victims who are identified as high danger of lethality through the LAP.
- Outreach and educational activities about the services available.

Department of Family Services

Factors *restricting* performance include:

- The service area is the entire geographic area of Fairfax County which is a diverse community that spans over 400 square miles, with over 1.1 million residents. There is only one DVAC location.
- Most clients receiving housing and economic services do not have adequate income to sustain their family after leaving an abusive partner, who is often the only wage earner in the home.
- Transportation and language are barriers for some individuals seeking services.
- Most clients have limited educational backgrounds making them less able to obtain a living wage.
- Lack of accessible affordable housing limits clients' ability to seek permanent safety.

Percentage of Counseling Clients who Report Specific Ways in which they are Better as a Result of Services

During the past three years using the current metric, nearly 100 percent of clients reported being better off in one or more ways as a result of one or more helpful aspects of counseling services received. There were only two clients who did not report this outcome, both of whom were served in FY 2015. However, this does not constitute a statistical trend. The value of this metric is not to be sensitive to trends but rather to confirm efficacy of services. Exceptions will be rare but performance on this measure is expected at near 100 percent each year. Exceptions are important for case-specific review, as is the open-ended feedback solicited from clients. A system is in place for delivering client feedback to staff on a regular basis for continual program improvement.

The most important trends are in the volume of individual clients seen, which has increased 166 percent over the past six years. This increase is leveling, but probably due to capacity being reached, not a leveling of demand. (Instead, wait lists for services are becoming more of an issue.) The wait for services is longest for clients needing services in Spanish, especially in eastern Fairfax County, despite the fact that most Counseling Services staff speaks Spanish and disproportionately greater amounts of staff time are dedicated to that region. This is probably because these clients have fewer other resources and a greater number of compounded problems related to health, law, immigration, housing, employment, mobility, etc.

Factors *contributing* to performance include:

- Staff are skilled in understanding and treating trauma.
- Access to continued training for staff is encouraged and utilized.
- There is effective collaboration and partnerships with other agencies and community organizations.
- We provide timely delivery of free services.
- The team provides multi-culturally competent, multi-lingual services.
- Ensuring a client-driven approach which is essential to positive treatment outcomes.

Factors *restricting* performance include:

- Regions in which there is a wait for services due to demand exceeding resources.
- Transportation and child care barriers for some clients in accessing services.
- Clients with unmet basic needs superseding therapeutic goals (economic, health, etc.).
- Limits to the number of sessions that can be offered (needed to balance depth of services with promptness and number of clients served).

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Percentage of Clients Feeling Safer Resulting from Awareness of Personal Safety

In many cases, clients experiencing domestic violence do not recognize their environment is dangerous or the actual level of danger. One of the main objectives in working with victims is to assess their safety and work with them to develop a personalized safety plan. Over the last three years, we have seen an increase in clients who report feeling safer based on several questions that we ask around safety, which results in an increased awareness for their personal safety. We attribute this increase mainly to the December 2014 implementation of the lethality assessment for hotline calls. The assessment is meant to screen callers' risk of lethality. The ratios are better and we expect this percentage to increase, especially with the implementation of the LAP Line in FY 2016, which is a 24-hour crisis line dedicated to first responders, and consists of a standardized, evidence-based lethality assessment instrument and accompanying referral protocol that helps them make a differentiated response that is tailored to the unique circumstances of high-danger victims. The protocol was developed in partnership with the Fairfax County Police Department in order to reduce the homicide/suicide rate related to domestic violence in the community and ensure immediate referral to victim advocacy services, which studies show is a protective factor.

Factors *contributing* to performance include:

- Hotline counselors assess whether callers are safe to talk prior to starting a call.
- The Hotline provides safety planning options based on the caller's need.
- Lethality assessment screens are completed.
- A new protocol ensures more consistent practice in assessing safety.
- Counseling staff assess safety and develop a safety plan with their clients; these clients are surveyed at the middle and end of service.

Factors *restricting* performance include:

- For various reasons, some calls are terminated by the caller, prior to completion of a safety assessment and planning.
- Some callers decline to participate in the lethality screen.
- Volunteer turn-over requires trainings to be offered regularly, which taxes resources.
- Ensuring appropriate and consistent tracking of this metric in the databases.

Value of Volunteer Hours Contributed

Over the past three years, there has been a steady increase of hours contributed by volunteers and interns. A significant increase was seen in FY 2015, which we attribute to the introduction of one-time, short-term volunteer opportunities that do not require extensive training. In addition, more volunteers were recruited to support the 24-hour hotline. We expected to see an increase in the number of hours contributed, and thus, the value of those hours to the County. Typically, there is interest from students wishing to intern with the office, especially the clinical teams: Counseling Services and Offender Services. As we continue to develop and offer volunteer opportunities that are flexible and respond to the interests of County residents and are able to provide internship opportunities, we expect to continue to see this type of increase.

Factors *contributing* to performance include:

- Providing for more diverse volunteer opportunities.
- Systematic acknowledgement of volunteers' contribution by staff.
- Well-organized training program developed for volunteers.
- Having a pool of dedicated, long-term volunteers.
- Partnerships with public and private organizations allows more opportunities for volunteers to learn, share and connect.

Department of Family Services

- Very successful internship program where students specifically seek out opportunities with OFWDSVS.

Factors *restricting* performance include:

- Extensive training requirement discourages some potential volunteers due to the time commitment.
- Some volunteers are unable to fulfill the one year commitment.
- Limited capacity to supervise interns.
- There are times when volunteers, at the last moment, are unavailable to take the hotline shift they signed up for (evening/weekend), which in turn means staff must pick up these shifts in addition to their regular duties.

Grant Support

FY 2016 DV Services Grant Total Actual Funding: Federal funding of \$135,000 will support 1/1.0 FTE grant position. The 20 percent Local Cash Match is met with in-kind contributions. Funding is provided to assist victims of domestic violence and their families who are in crisis. The grant supports one apartment unit at Artemis House, as well as basic necessities such as groceries and utilities.

FY 2016 Sexual Assault Treatment and Prevention Grant Total Actual Funding: Federal and state funding of \$103,580 will support 2/1.0 FTE grant position. There is no Local Cash Match associated with this award. Funding is provided for trauma recovery treatment for victims of sexual assault and outreach to community groups and service providers to expand their knowledge of sexual violence issues and available services within the community.

FY 2016 Sexual Assault Services Grant Total Projected Funding: Federal and state funding of \$9,317. There is no Local Cash Match or positions associated with this award. Funding provides support and healing for survivors of sexual assault trauma. Community outreach and education are provided on issues related to sexual violence and teen dating violence.

FY 2016 V-Stop Grant Total Projected Funding: Federal funding of \$25,463 will support 1/0.5 FTE grant position. There is no Local Cash Match associated with this award. Funding is provided for one part-time Domestic Violence Counselor at Artemis House.

FY 2016 DVAC Grant Total Projected Funding: Federal funding of \$300,000 will support 2/2.0 FTE grant positions. There is no Local Cash Match associated with this award. Funding is provided to develop and strengthen effective responses to violence against women. This program encourages communities to treat sexual assault, domestic violence, dating violence and stalking as serious crimes by strengthening the criminal justice response to these crimes and promoting a coordinated community response. Victim safety and offender accountability are the focus of projects funded under the program.

Department of Family Services

LOB #117:

ADULT AND AGING SERVICES

Purpose

Adult and Aging Services encompasses multiple services and different funding streams for older adults and adults with disabilities. In general, these services maximize independence and enhance family and social supports with a focus upon helping individuals remain in their homes. The services prevent or stop abuse, neglect, and exploitation. Included in this LOB is Disability Services Planning and Development, which is part of the Adult and Aging division.

Description

Adult Protective Services prevent and/or stop abuse, neglect, and exploitation of older adults age 60 + and incapacitated adults ages 18 to 59. Investigations are conducted in private homes, group homes, assisted living and nursing facilities, and hospital settings. The purpose of Adult Protective Services is to determine if the individual is in need of protective services and to provide those services, which may include linking with community and County services of home delivered meals, in-home assistance with personal care and housekeeping, family counseling and consultation, guardianship assessment, assistance with moving to safer living situations (assisted living/nursing facilities), etc. The service is provided by County staff from three offices, Annandale, Pennino, and South County during County business hours. Northern Virginia Family Service receives afterhours phone calls from the state hotline, and Adult Protective Services' supervisors rotate being on-call to respond to emergencies. In FY 2015, there were 1,047 Adult Protective Services' investigations.

Adult Services involves comprehensive services for older adults and adults with disabilities. Services include case management and care planning, assessment and authorization for home based care services, as well as assessments for auxiliary grant funded assisted living, Medicaid funded nursing facility, and Community Based Care Waiver services. The County Social Services Specialists providing the services conduct an assessment using a state tool, the Uniform Assessment Instrument (UAI), and they provide case management, counseling, and education regarding long term care services for individuals and their caregivers. One social services specialist is deployed to Lincolnia's senior living facility to provide casework services for the residents of the assisted living facility. Another social services specialist manages a small adult foster care program and is also the liaison for Birmingham Green, the assisted living/nursing facility of which the County is one of five jurisdictional owners. Adult Services are provided by staff located in four offices, Annandale, South County, Pennino, and Cameron Glen.

Aging, Disability, and Caregiver Resources integrates intake services for the Adult Services, Adult Protective Services, and the Area Agency on Aging within the Adult and Aging division of the Department of Family Services. Front door services are also provided for callers seeking Department of Neighborhood and Community Services' senior centers and Health Department's adult day health. This service is performed by County staff during County business hours from the Pennino building. The public can also access information about services through the County webpage and can submit an on-line request for services. The state provides a 24-hour Adult Protective Services hotline, and the County phone rolls over to the state hotline when the County is not open. In FY 2015, there were 16,255 calls to Aging, Disability, and Caregiver Resources.

Home Based Care services assist with activities of daily living and are provided to eligible adults in their own homes. Home Based Care services primarily assist with bathing, housekeeping, and laundry, and recipients must meet functional and financial criteria. Respite services for eligible caregivers are also available. These services are provided by contracted home care agencies and approved private individuals. In FY 2015, approximately 1,100 unduplicated clients received services.

Department of Family Services

Burial Services are provided when the deceased is unclaimed, or when it is determined that there are no resources for the family to pay for services. Both burial and cremation services are provided by a County vendor. In FY 2015, the County opened a cemetery located on Lincolnia Road. In FY 2015, there were 24 cremations and 17 burials.

ElderLink is a contracted service provided by Inova employees who are based in the Department of Family Services' Pennino office. This partnership has been in existence since 1991. The services are funded through the County general fund, the Area Agency on Aging's grant stream, and Inova. ElderLink provides care management, money management, caregiver support, as well as fall prevention and chronic disease self-management programs.

Medical Respite is a program for homeless individuals who are in need of short-term services to recover from medical conditions resulting from surgery, illnesses, and injuries. Services are provided in a partnership with four reserved beds in the Embury Rucker Shelter, care management from a Family Services' social worker, and medical oversight from a Health Department nurse practitioner. In FY 2015, 51 unduplicated adults were served.

Disability Services Planning and Development serve persons with sensory and physical disabilities, including people with acquired or traumatic brain injuries, people who are blind or have low vision, people who are deaf or hard of hearing, people with spinal cord injuries, or anyone who develops an impairment due to a chronic medical condition or traumatic injury. County staff located in the Pennino Building supports the Disability Services Board and administer contracts with Northern Virginia Resource Center for the Deaf and Hard of Hearing, Brain Injury Services, and Legal Services for Northern Virginia. Northern Virginia Resource Center provides specialized community education and outreach for people who are deaf or hard of hearing to enhance independence, community integration, and vocational outcomes; Brain Injury Services of Northern Virginia provides case management to maximize community living; Legal Services of Northern Virginia's Legal Services for Persons with Disabilities Program provides legal assistance for persons who face discrimination due to their disabilities or to assist with the appeal process for Social Security.

Disability Services Planning and Development staff provide management and oversight of a summer internship program for college students with disabilities and are annually involved in a disability mentoring program where students are matched with County mentors for job shadowing and career exploration opportunities. Staff are leaders in the Disability Awareness and Action Network (DAAN) and the Building for All Committee. Individuals who are living in institutions are educated about and connected with home and community-based services. Disability Services Planning and Development provide education, outreach, and information about County resources through: in-person and phone consultation to over 400 individuals per year; a comprehensive disabilities website and Facebook page that receive more than 41,000 visits and nearly 54,000 views; an electronic newsletter with a readership of 2,000 per week; as well as by speaking engagements about disability rights and laws, disability etiquette, accessibility standards and universal design. Through support of the Disability Services Board, the staff provides an annual award for community employers that demonstrate a strong commitment of the full inclusion of people with disabilities in the community.

Benefits

Services offered by Adult and Aging prevent abuse, neglect, and exploitation and assist people with living safely in the community. In FY 2015, 90 percent of clients remained in their homes for at least one year. The annual cost of keeping clients in their own homes was \$4,161 per client. The annual cost of taxpayer funded Medicaid nursing home care is over \$73,000, and the cost of a taxpayer funded auxiliary grant for assisted living is about \$17,000.

The Adult and Aging Division of the Department of Family Services integrates many of the County's aging services within one department. The public can access services from one department through the Aging, Disability and Caregiver Resource phone number. The Aging, Disability and Caregiver Resource line also offers front door services for the Health Department's adult day health centers and Neighborhood and Community Services' senior centers.

Department of Family Services

The Social Services Specialists who answer the Aging, Disability and Caregiver phone number are experts in aging and disability services. For fiscal years 2014 and 2015, the number one reason for calls to the Resource line was for consultation about County and community services. For the two past years, there were a total of 6,605 calls for consultation out of 32,510. Consultation provides information and assistance to individuals, caregivers, and families, who may, as a result not need formal services from the County.

Disability Services Planning and Development help people with disabilities improve their quality of life through advocacy, public education, and referral. Individuals are educated about their rights and services providers about their responsibilities under federal, state and local laws in the areas of housing, employment, transportation, public accommodation, and accessing home and community-based services.

Having the Area Agency on Aging, Adult Services, and Adult Protective Services in one division results in efficiencies of services that would not be easily achieved if there were a separate Area Agency on Aging as in some other Virginia communities. Eligible clients receive a package of services (home based care, home delivered meals, and volunteer services) to help them live in their own homes or with family members.

In 2005, home based care services were changed from an hourly model to a task based model, with the typical client receiving assistance with bathing, housekeeping, and laundry purchased from private vendors. Home delivered meals and volunteer services supplement the purchased services. The package of services has saved millions of dollars for the County. From FY 2010 to FY 2014, the home based care budget was reduced by \$2.3 million with no resulting waiting list.

ElderLink, the partnership between Inova and the Department of Family Services has resulted in efficiencies in staffing for the County and direct connections to services for persons being discharged from the hospital to their homes. ElderLink and the Adult and Aging division staff have collaborated to offer computer connections in a few clients' homes for the purpose of tele-social work and reduction of isolation for lonely elderly persons. ElderLink partners with the Health Department, faith communities, and other County and community agencies to offer fall prevention and the evidence based chronic disease prevention programs.

This LOB supports the following County Vision Elements:

Maintaining Safe and Caring Communities

- Protect personal safety of residents
- Promote services for a particularly vulnerable segment of the community
- Promote partnerships that provide human services to the community

Maintaining Healthy Economies

- Enable residents to become more self-sufficient
- Enable residents to increase their skills to improve their marketability

Creating a Culture of Engagement

- Promote community dialogue
- Encourage volunteers to support County initiatives
- Promote advocacy through the legislative process

Exercising Corporate Stewardship

- Provide responsive support to County departments

Department of Family Services

Mandates

Adult Protective Services, Virginia Code §§ 63.2-1603 - 63.2-1610. Adult Protective Services. Each local board to the extent that federal or state matching funds are made available to each locality, shall provide, pursuant to regulations and subject to supervision of the Commissioner for Aging and Rehabilitative Services, adult protective services for adults who are found to be abused, neglected or exploited and who meet one of the following criteria: (i) the adult is 60 years of age or older or (ii) the adult is 18 years of age or older and is incapacitated.

Adult Services, Virginia Code §§ 63.2-1600 – 63.2-1602. Adult Services. Each local board shall provide for the delivery of home-based services that include homemaker, companion, or chore services that will allow individuals to attain or maintain self-care and are likely to prevent or reduce dependency...Subject to the supervision and in accordance with regulations of the Commissioner for Aging and Rehabilitative Services as provided in Article 4., each local board shall: 1. Participate in nursing home pre-admission screenings of all individuals pursuant to 32.1-330; 2. Provide assisted living facility assessment of residents and applicants pursuant to 63.2-1804; 3. Participate in long-term care service coordination pursuant to 51.5-138...

Burial Services, Virginia Code §§ 32.1-309.1 – 309.2. Disposition of Dead Human Bodies. Identification of decedent, next of kin; disposition of claimed dead body. Disposition of unclaimed dead body; how expenses paid.

Disability Services Planning and Development, Virginia Code § 51.5-1. Persons with Disabilities. Declaration of policy.

It is the policy of the Commonwealth to encourage and enable persons with disabilities to participate fully and equally in the social and economic life of the Commonwealth...

Trends and Challenges

Between 2010 and 2013, Fairfax County projects a dramatic increase in its older population, with the 50 and older population estimated to increase by 19 percent, the 65 and over population by 51 percent, and the 70 and over population by 55 percent. With the growing older adult population are an increasing number of persons who request assistance to remain living safely in their homes.

An indicator of people wanting to live in their own homes is an increasing number (by 15 percent from FY 2014 to FY 2015) of Medicaid pre-admission screenings being conducted by Adult Services social services specialists and Health Department nurses (local screening teams). For persons who are income and functionally eligible (meet nursing home level of care), Medicaid pays for in-home personal care, adult day health, respite, and PACE. Virginia's eligibility criteria for Medicaid funded services are among the most stringent in the country, but there are state concerns about the cost of Medicaid funded long term care services. As a result of Virginia Legislative action, JLARC is conducting a comprehensive study of Medicaid, including long term care. Across the country, states are implementing managed long term care, and Virginia has implemented a partial coordinated long term care plan. It is not known how managed Medicaid long term care will impact local services. If the services are not appealing, eligible persons may opt out and rely upon local services. There is currently no local match for Medicaid funded Community-Based Care, and the participation of individuals in Medicaid funded services frees local dollars for those who are not eligible for Medicaid.

As the number of older adults increases, there are more people vulnerable to abuse, neglect, and exploitation. Financial exploitation has captured the attention of the federal and state governments with educational and prevention material being offered by the Securities and Exchange Commission and the Consumer Financial Protection Bureau. The Department of Justice now has an Elder Justice website. The 50+ Action Plan has an initiative for the prevention of exploitation with public education being a key component.

Department of Family Services

Those who are at risk of abuse and neglect, including self-neglect, may be in situations that require their needing safe places to stay. In Montgomery County, a public-private partnership has resulted in a safe haven at a private continuing care community for older adults at risk of abuse, neglect, and exploitation. Fairfax County has a reserved bed for Adult Protective Services at Mondloch House shelter, and in emergency situations contracts with private vendors to provide protection for older adults at risk.

The 50+ Community Action Plan also recognizes the need for specialized services for older individuals who are homeless, and who have medical conditions. In FY 2015, there were 214 requests for Medical Respite services and 51 were served. There are currently only four beds to serve a growing vulnerable population.

The state's requirements for client information to be entered into multiple data systems presents administrative challenges. In July 2015, the state initiated a requirement that all Medicaid pre-admission screenings be submitted into a Department of Medical Assistance Services data system. These same screenings were previously submitted on handwritten forms. Locally, the division uses Harmony as its case management system and as a means to integrate services across Adult Services, Adult Protective Services, and the Area Agency on Aging. The state has its own system for Adult Services and Adult Protective Services and another system for the Area Agency on Aging. Locally, information is entered into the state Adult Services and Adult Protective Services' system, and there is an interface between Harmony and the state Area Agency on Aging system. The state plans to replace the Adult Services and Adult Protective Services system with the one used by the Area Agencies on Aging, but there is not state funding for licenses. Lack of state funding led to the development and implementation of the separate Department of Medical Assistance system.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #117: Adult and Aging Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$5,520,509	\$5,705,254	\$5,992,443
Operating Expenses	4,577,566	3,967,174	4,303,272
Capital Equipment	29,599	0	0
Total Expenditures	\$10,127,674	\$9,672,428	\$10,295,715
General Fund Revenue	\$2,186,874	\$2,216,050	\$1,755,995
Net Cost/(Savings) to General Fund	\$7,940,800	\$7,456,378	\$8,539,720
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	83 / 83	83 / 83	83 / 83
Total Positions	83 / 83	83 / 83	83 / 83

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Percent of clients residing in their homes after one year of service	83%	85%	90%	80%	80%
Number of Adult Protective Services Investigations	993	1,031	1,047	1,047	1,047
Percent of investigations completed within 45 days	98%	98%	98%	90%	90%
Percent of clients satisfied with home based care services	93%	92%	91%	90%	90%
Number of calls received by Aging, Disability and Caregiver Resource Line	15,394	16,159	16,255	16,255	16,255

The percent of clients residing in their homes after one year of service has remained consistently in the middle 80s for many years. The goal of services provided in the division is to help people remain in their homes. It is recognized; however, due to individuals' circumstances that goal is not possible for all. In the year 2000, a doctoral student from George Mason University provided consultation on the measure. With consideration of the age and medical conditions of those being served, it was determined that to keep someone in the home for a year after initiation of services was the creditable goal, rather than measuring whether someone stayed in the home for the duration of services, even when services for some individuals exceeded one year. Helping people stay in their homes requires a variety of services that are determined by assessments by staff and developing individual plans with the recipients and when appropriate, their families. Feasibility of living in one's home is influenced by social supports, affordability and availability of housing, physical and emotional health, and transportation.

The number of Adult Protective Services investigations has increased since FY 2013 by 5 percent. This is likely reflective of the growing older adult population in the County. The average individual assessed by Adult Protective Services is a female over the age of 60 living in her own house or apartment. Most of Adult Protective Services investigations involve allegations of neglect, either self-neglect or neglect by a caregiver. The vulnerability of older adults to financial exploitation has gained the attention of the state and federal governments and financial institutions. FY 2013, 154 situations involving financial exploitation were reported, and 59 were substantiated. In FY 2015, 201 situations involving financial exploitation were reported, and 80 were substantiated.

The percent of Adult Protective Services investigations completed within 45 days has remained consistent. The state requires that 90 percent of investigations be completed within 45 days. This goal reflects that there may be extenuating circumstances involving the clients that prevent meeting a 100 percent target. Meeting the goal requires sufficient staff and tracking of deadlines by staff and supervisors with checklists and data systems.

The number of calls received by the Aging, Disability and Caregiver Resource line has increased by 6 percent since FY 2013. The phone number for the Aging, Disability and Caregiver Resource line is advertised on the County's Older Adults Webpage, as well in the various e-newsletters and print publications. The phone number provides an opportunity to receive consultation from experts in County and community services and is the link to the Department of Family Services for older adults and adults with disabilities as well as senior center services from Neighborhood and Community Services and adult day health services from the Health Department.

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The percent of clients satisfied with home-based care services has been consistent for the years shown in the LOBs matrix. In the past when there have been changes in the model of service delivery, or when there have been issues with how the services are delivered, the level of satisfaction has dropped. Home based care services are purchased from home care agencies and approved private individuals. The department conducts its own annual satisfaction survey of clients, and it is this measure that is reported in the budget. The home care vendor(s) are also responsible for monitoring satisfaction and resolving issues. Regular meetings are held with the vendor(s) to problem-solve individuals' concerns, and any day-to-day concerns are reported to the vendor(s) as the issues are learned by staff. Obtaining quality of services requires a multi-faceted approach involving the recipients, families, department staff, and the vendor(s).

Service	Merit Positions	FY 2012	FY 2013	FY 2014	FY 2015
Adult Protective Services Annual Investigations	19 Social Services Specialists, 3 Supervisors	1,040	993	1,031	1,047
Adult Protective Services Clients Needing On-Going Services	Provided by same staff noted above	440	447	472	550
Adult Protective Services Annual Financial Exploitation Cases	Provided by same staff noted above	172 cases reported 49 substantiated	154 cases reported 59 substantiated	171 cases reported 48 substantiated	201 cases reported 80 substantiated
Adult Services Case Management Avg. Monthly Cases	*29 Social Services Specialists, *5 Supervisors	1,111	1,086	1,132	1,198
Unduplicated Annual In-Home Services Clients	Performed by Adult Services	1,026	990	1,053	
Pre-Admission Screenings	Performed by Adult Services	952	950	1,118	1,288
Number of Calls Received by Aging, Disability and Caregiver Resources	6 Social Services Specialists, 1 Supervisor	12,843	15,394	16,159	16,255

*3 Social Services Specialists and 1 Supervisor are funded by Grants.

Caseloads for Adult Protective Services Specialists and Adult Services Specialists are slowly increasing. The average monthly caseload for Adult Protective Services is currently around 20, which is the maximum number that can be carried and still provide quality services. Providing Adult Protective Services is intense and stressful for the staff, and the staff basically turns over every couple of years. The clients must be seen within five calendar days, unless the situation is an emergency, and then the response must be within 24 hours. The adults have not requested services, and though they are at risk of abuse, neglect, or exploitation, they may be angry and resistant to interventions. Adult Protective Services clients often have strained family relationships, and the family members may be neglectful caregivers and/or exploiting the at-risk adults. About half of the clients are neglecting themselves by not seeking or following medical treatment recommendations, and not caring for their persons or their living environments. Hoarding situations are common. Adult Protective Services specialists determine if the at-risk adults are in need of services and provide and arrange services to ameliorate the risk. Providing specialized financial exploitation investigations is something that is being considered by the program, as it requires a different type of expertise. The program receives consultation from a private nurse practitioner and a private psychologist. Work is being done to finalize a vetted risk assessment to guide case findings and planning.

Department of Family Services

Based upon a state caseload study, an Adult Services specialist's caseload should be at 30. Fairfax County Adult Services caseloads average 41 at any given time, an increase from around 39 per Adult Services' specialist in FY 2012. As noted above, the number of pre-admission screenings for Medicaid funded services continues to increase, and in-home services' clients are increasing. These services help people remain living in their homes, and will likely continue to increase as the number of older adults grows. Adult Services specialists are meeting new requirements by the state to conduct and enter Medicaid pre-admission screenings into a new state data system within 30 days. The screenings are done in conjunction with Health Department nurses, and Fairfax County has the highest volume within the state. Fairfax is now completing the screening process in less than 20 days. As the screening requests continue to increase, however, caseload numbers will present responsiveness issues for all services.

Department of Family Services

LOB #118:

AREA AGENCY ON AGING

Purpose

The Fairfax Area Agency on Aging is one of 25 in the state and serves the County as well as the Cities of Fairfax and Falls Church. The Fairfax Area Agency on Aging operates under a contract (called the area plan) with the Virginia Department for Aging and Rehabilitative Services. The purpose of the Area Agency on Aging as established by the Older Americans Act is "To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services. To remove individual and social barriers to economic and personal independence for older individuals. To provide a continuum of care for the vulnerable elderly."

Description

The County's general fund does not contain most of the programs operated by the Fairfax Area Agency on Aging (AAA). Most of the AAA programs (Northern Virginia Long Term Care Ombudsman, VICAP, Volunteer Solutions, Care Network, and caregiver services) are in the grant fund and are not described in this LOB. Funding for the positions for the Congregate Meals program and the Home Delivered Meals program are in the General Fund; however, operating funds for those programs are in the grant fund.

Included in the general fund are the following 18 ½ positions:

- Area Agency on Aging director,
- administrative assistants (2),
- multi-cultural outreach management analyst,
- management analyst supervisor who supports the Commission on Aging and who supervises the grant caregiver positions,
- volunteer social services specialist,
- half-time caregiver support management analyst,
- communications positions (2),
- congregate meals management analysts (2), and
- home-delivered meals social services specialists (8).

Congregate meals are served in 29 congregate meal sites around the County, including the County's senior and adult day health centers, several private senior centers and other sites serving older adults, such as Insight Family Day Center. The purpose of the meals is to ensure that older adults receive a nutritious meal (must meet state standards) and to encourage their participation in social and recreational activities for their overall well-being. Meals are prepared by Fairfax County Public Schools and private vendors. Participants are asked to contribute a sliding scale donation.

Home Delivered Meals are designed for adults sixty and older or those under the age of sixty with a disability who are homebound and cannot prepare their own meals. Meals are delivered in partnership with individuals and volunteer groups who drive 49 delivery routes. Meals must meet nutritional guidelines established by the state. The meals are prepared by Fairfax County Public Schools, two private vendors (one is for Vietnamese meals), and the Korean Senior Center. Participants are asked to contribute a sliding scale donation to the program.

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Communications

The operating funds for *The Golden Gazette* are in the general fund as is the editor position (one of the communications positions noted above). *The Golden Gazette*, a hard copy newspaper targeting older adults, has a monthly distribution of over 25,000 copies. Ads are sold to support the publishing cost. *The Golden Gazette* has been in production for almost forty years and has a devoted audience who read it to receive trusted and essential information about topics such as Medicare, as well as news about County services.

The Older Adults County webpage (with about 250,000 annual views) is the landing page for information about services across County agencies and is a link to community engagement opportunities and other media channels, such as podcasts, YouTube, and Channel 16 videos. Targeted e-newsletters are distributed to caregivers, 50+ subscribers, and volunteers. Recruitment of volunteers requires continuous advertising in multiple mediums. The public does not automatically know where to turn for help, and the phone number for Aging, Disability, and Caregiver Resources (intake) is distributed widely. Print bookmarks and fact sheets about services are also developed and distributed in multiple languages to reach an audience that does not use computers and is at risk of being isolated.

Staff provides support for the Fairfax Area Commission on Aging (COA), which is appointed by the Board of Supervisors and the cities of Fairfax and Falls Church. The COA identifies and promotes better understanding of the problems facing the aging population and plans and conducts activities to contribute to their well-being. The COA serves as the official advisory body to the Fairfax Area Agency on Aging. The COA worked with the Board of Supervisors to update the 50+ Action Plan and is continuing to work towards accomplishing the 31 initiatives in the plan.

Transportation is in the Area Agency on Aging general fund budget, but the services are not managed by the Area Agency on Aging. Funding is transferred to the Department of Neighborhood and Community Services. The transportation funding provides services to persons age 60 and over who are traveling from their homes to adult day care, senior centers, and from senior residences to shopping centers. The services are for persons who are economically in need and who do not have another means of transportation. The riders pay fees. In FY 2015, 879 older adults were transported and approximately \$70,000 in fees was collected.

Benefits

The Area Agency on Aging has name recognition across the country as being the place to go for expert information and services for older adults. Fairfax County citizens benefit from the Area Agency on Aging's being part of the Department of Family Services' Adult and Aging Division, and though services are divided in the budget between the general fund and the grant stream, the public contacts one phone number and are routed to the most appropriate County or community program.

Through communication initiatives and from volunteers' time, the Area Agency on Aging leverages its resources. With fewer than 50 positions, including those in the grant stream, hundreds of clients receive direct services, and thousands of people participate in community engagement opportunities, while thousands more benefit from the older adults web page, various e-news publications, pod casts, and other communication efforts.

The Volunteer Solutions' unit recruits and matches volunteers for clients of the entire division as well as for the Health Department's adult day health centers and Neighborhood and Community Services' senior centers. Through volunteer initiatives, there are mutual benefits for all. Volunteering involves the community in the responsibilities of providing human services and engages clients with the community. 87 percent of volunteers noted in FY 2015 that they felt a stronger connection to their community. In FY 2015, the value of the hours contributed by volunteers equaled \$2,624,834 (105,415 hours). Local businesses are joining in group efforts to refurbish houses and in delivering Meals on Wheels, and along with their time, donate supplies and dollars. In FY 2015, seven new partnerships were formed and eighteen businesses made donations to support programs.

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Congregate meals served in senior centers, adult day health centers, and two County senior assisted living facilities and home delivered meals, delivered by volunteers, to people's homes, provide balanced nutrition to people who are at dietary risk. Serving of the meals at the congregate sites encourages social participation, and for the home bound people receiving Meals on Wheels, volunteers provide opportunity for interaction, as well as checks on well-being.

Fairfax Area Agency on Aging staff assisted the Fairfax Area Commission on Aging and the Board of Supervisors in the revising of the 50+ Community Action Plan. The 50+ Community Action Plan provides direction for the County in planning and implementing initiatives to benefit older adults, caregivers, and the community at-large.

This LOB supports the following County vision elements:

Maintaining Safe and Caring Communities

- Promote services for a particularly vulnerable segment of the community
- Promote volunteerism
- Promote partnerships that provide human services to the community

Connecting People and Places

- Enhance the community's access to information
- Provide safe and affordable transit

Creating a Culture of Engagement

- Promote community dialogue
- Encourage volunteers to support County initiatives
- Promote advocacy through the legislative process.

Exercising Corporate Leadership

- Ensure efficient revenue collection
- Provide responsive support to County departments

Mandates

Fairfax Area Agency on Aging, Federal, Older Americans Act, Title 42, The Public Health and Welfare, Chapter 35, Programs for Older Americans, Subchapter III, Grants for State and Community Programs on Aging

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Trends and Challenges

Between 2010 and 2030, Fairfax County projects a dramatic increase in its older population, with the 50 and older population estimated to increase by 19 percent, the 65 and over population by 51 percent, and the 70 and over population by 55 percent.

Many older adults are remaining in their homes and communities, resulting in both a greater demand for services and more available older adults to volunteer and give back to the community. Persons living alone (according to the 2010 Census, 30.5 percent of those 75+) may need more intense support than someone living with family.

There is huge diversity in the older adult population when considering: the age range of 60 to 100+ and the generational differences in experiences and expectations; the many cultures and languages of people living in this County; along with the varying health conditions and disabilities that impact the level and continuum of service needs. Key driving forces involve disabilities increasing as people grow older, the growing diversity of the County's population, a need for support for caregivers, and increased expectations about access to information.

Live Healthy Fairfax notes that in 2012, 9.4 percent of Medicare beneficiaries were treated for Alzheimer's disease or dementia. Dementia impacts not only the individual but also the family, particularly caregivers. The Area Agency on Aging provides services to support caregivers by providing educational forums, telephone support groups, telephone and in-person consultation, as well as useful information on the specially designed older adults webpage.

In public forums that led to the newly revised Board of Supervisors' 50+ Community Action Plan, the need for information about services was often cited. Publicizing information about County aging services and keeping up with new social media is a continuous challenge. People have expectations about 24/7 availability of information and access to initiation of services. Aging, Disability, and Caregiver Resources (intake) is publicized in conjunction with the older adults' web page that integrates all County services for older adults. The older adults webpage has annual views of over 240,000. To reach a variety of audiences, there are flyers for the public in libraries; e-newsletters targeting caregivers, persons with disabilities, and persons 50+; YouTube podcasts on subjects of interest to caregivers and older adults; Channel 16 Mature Living broadcasts; and the Golden Gazette newspaper with a monthly distribution of over 25,000.

Recruitment of volunteers requires continuous efforts at marketing the need and appealing to community members to share their talents and interests. Volunteers come and go, and programs and clients are dependent upon their assistance. With a focus on the safety of vulnerable clients and the establishment of standards of practice, volunteers must submit applications and participate in background checks. Volunteers need training and support in order to best perform their matched responsibilities. A vibrant volunteer program requires staff positions to support it.

Fairfax County has an increased number of older adults who have moved here from other countries. Services and contracts reflect an emphasis upon reaching persons who are at risk of being isolated by language and culture. Menus for home delivered and congregate meals have changed to reflect the tastes of a more diverse population. A position for multi-cultural outreach meets with communities and provides information for community ambassadors who then link people with County and community resources.

The use of technology to expand and improve services is in an infancy stage (it is included in the 50+ Community Action Plan). In coming years, there will be more focus upon improving service delivery through technology – linking with programs and social engagement, monitoring of taking of medications, connecting with County staff, and perhaps actual in-home assistance with daily tasks.

The initiatives in the 50+ Community Action Plan focus upon caregivers, communication/information, home care, housing, behavioral health, safety, activities and culture, employment, volunteering, transportation, and technology. The plan represents the interests and priorities of the Board of Supervisors and the County's citizens and recognizes the many benefits of community engagement for local government and for those who live in the County.

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Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #118: Area Agency on Aging			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$843,968	\$841,336	\$894,962
Operating Expenses	3,184,443	3,175,238	3,191,679
Total Expenditures	\$4,028,411	\$4,016,574	\$4,086,641
General Fund Revenue	\$524,671	\$783,290	\$1,421,079
Net Cost/(Savings) to General Fund	\$3,503,740	\$3,233,284	\$2,665,562
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	19 / 18.5	19 / 18.5	19 / 18.5
Total Positions	19 / 18.5	19 / 18.5	19 / 18.5

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of home-delivered meals clients	818	846	895	895	895
Percent of home-delivered meals clients whose nutritional status is maintained with a goal of 80 percent	80%	80%	85%	80%	80%
Percent satisfied with home delivered meals	94%	86%	92%	90%	90%
Percent of clients who score at or below moderate nutritional risk with a goal of 80 percent	85%	87%	85%	80%	80%
Percent satisfied with congregate meals	90%	90%	88%	90%	90%

The number of clients receiving home delivered meal services has increased by 7 percent since FY 2013. This trend is expected to continue as older adults seek to age in place. Since FY 2013, 80 percent of clients receiving home delivered meals have maintained their nutritional status. The rate increased in FY 2015 to 85 percent of clients meeting this goal. Overall client satisfaction with the program has fluctuated since FY 2013 due to programmatic changes. These changes included vendor, delivery method, and menu changes to meet the needs of the growing number of clients and community support for the program. Of those clients who participated in the annual satisfaction survey, 92 percent reported overall satisfaction with their home delivered meals in 2015.

The decline in the number of clients and the number of meals from FY 2012 to FY 2013 reflects tightening of eligibility for liquid supplement meals. It is believed that the people now receiving the liquid supplement are those who are truly not able to participate in the solid meals program.

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In FY 2014, two work units of staff were created to move staff from being centrally located to also being assigned to the Annandale and South County offices. The creation of two units also provides for the likely need for growth in staff. The home delivered meals specialists have caseloads of around 55 clients at any given time. Their time is spent responding to the requests for services by new clients and conducting required assessments, while also coordinating services with the volunteers who deliver the meals. The goal is for smaller caseloads to allow for more time to provide clinical services for a vulnerable homebound population who have medical conditions and dementia.

Even with the increasing number of volunteers, home delivered meals were routinely not being delivered, and clients were unserved. To maximize the use of the volunteers and to allow for clients' need to schedule medical appointments during the day, meal delivery was changed from 5 days per week to 3 days. The meals being delivered are flash frozen and are nutritionally fresher than food that was previously delivered hot and then often refrigerated and reheated. Clients have adjusted to the change, and satisfaction with the meals remains high as noted above.

The increase in congregate meals served from FY 2014 to FY 2015 reflects the opening of the metro-accessible Providence Community Center and increased program participation at other sites. In the three years prior, an Adult Day Health closure (and transition into an Inova PACE site) and a major multi-year site renovation resulted in a decline in meals served. Further, inclement weather resulted in fewer meals served at some sites: meals were not served for 20 days in FY 2014 and for 15 days in 2015. The percent of clients satisfied with congregate meals has been fairly consistent – 90 percent in FY 2013 and 2014 and 88 percent in FY 2015. Based on survey responses, the drop in satisfaction in FY 2015 may be attributed in part to the differing meal preferences of the diverse group of Fairfax County older adults attending the congregate meals program. Efforts are underway to diversify the menus and accommodate participants' food preferences as much as possible.

For the past three years, 85-87 percent of congregate meals program participants have remained at or below moderate nutritional risk, exceeding the goal of 80 percent. The "Determine Your Nutritional Health" Nutrition Screening checklist is a partnership between the American Academy of Family Physicians, the National Council on the Aging and others to assess risk for poor nutritional status or malnutrition among older adults. The Virginia Department for the Aging and Rehabilitative Services (DARS) requires that Congregate Meals Program participants complete this checklist as part of the assessment process.

In addition to providing nutritious meals, the congregate meals program provides opportunities for socialization and recreation. The percentage of participants reporting opportunities to meet people/feel better connected to the community has increased from 95 percent in 2014 to 97 percent in 2015.

The number of volunteer hours increased significantly from FY 2012 to FY 2013 due to a partnership between the Area Agency on Aging and the Health Department's adult day health centers and Neighborhood and Community Services' senior centers. The Area Agency on Aging's Volunteer Solutions recruits, oversees the background checks, and matches the volunteers. Through this interagency partnership, Volunteer Solutions' expertise is shared across County aging programs. The change in the delivery of meals from five days to three is reflected in the reduction of volunteer hours from FY 2013 to FY 2014. However, the overall number of volunteers continues to grow as Volunteer Solutions engages businesses and a variety of youth/intergenerational groups in one-time projects from de-cluttering to minor home repairs and ongoing opportunities such as Meals on Wheels.

KEY Productivity Measures: Area Agency on Aging

Service	Merit & Merit Grant Positions	FY 2012	FY 2013	FY 2014	FY 2015
Annual Home Delivered Meals Clients	11 Social Services Specialists and 2 Supervisors	871 (206 Liquid Supplement)	818 (153 Liquid Supplement)	846 ((126 Liquid Supplement)	895 (116 Liquid Supplement)

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Service	Merit & Merit Grant Positions	FY 2012	FY 2013	FY 2014	FY 2015
Annual Number of Home Delivered Meals	These services are provided by the staff noted above	227,138	178,248	215,002	227,925
Annual Congregate Clients	1 MA II and 1 MA I	2,309	2,265	2,184	2,260
Annual Number of Congregate Meals	These services are provided by the staff noted above	253,007	239,281	228,863	231,290
Number of Volunteers	7.5 Social Services Specialists and 1 Supervisor	2,640	2,819	3,789	4,037
Volunteer Hours	These services are provided by the staff noted above	72,367	108,556	103,721	105,415*

*These volunteer hours are valued at \$2,624,834 using the 2015 Virginia Average Hourly Volunteer rate.

Grant Support

FY 2016 Total Projected Funding: \$6,160,211, including \$3,392,625 in Federal/State revenue, \$2,148,658 in Local Cash Match, and \$618,928 in Other revenue. Funding supports 27/26.5 FTE grant positions.

The Fairfax Area Agency on Aging is an entity within the Adult and Aging Division of the Department of Family Services. Services and staff in the County's general fund are described separately. The Area Agency on Aging's budget previously was in a separate fund, reflective of its once operating as an independent agency. With its joining the Department of Family Services, and subsequently, the implementation of FOCUS, the Area Agency on Aging's budget was moved to the grant fund. The Area Agency on Aging does not actually apply for grant funds in the typical sense, but rather signs an annual contract with the Virginia Department on Aging and Rehabilitative Services. The Area Agency on Aging's contract is based upon the federal fiscal year. The Fairfax Area Agency on Aging is comprised of programs with revenue from the county, state, and federal governments. In addition, there is revenue from the Cities of Fairfax and Falls Church and from clients' donations for home delivered and congregate meals. The federal funding is authorized with the Older Americans Act. For the Northern Virginia Long Term Care Ombudsman program, there is revenue from Alexandria City, Arlington and Loudoun Counties. The operating funds for home delivered meals and congregate meals are in the grant stream, but the positions are in the General Fund. Descriptions of the home delivered meals and congregate meals programs are in the narrative section.

Care Network (Care Coordination) provides assessment and comprehensive case management for adults age 60+ who are at risk of institutional placement. Services are initiated through the Aging, Disability and Caregiver Resources (intake), and clients may receive home delivered meals and/or volunteer services. The Care Network program is unique in that the staff includes two Public Health nurses who are employees of Family Services. The Care Network provides a multi-disciplinary approach for complex situations involving deteriorating physical and mental health and caregivers' need for support. An individual care plan for each client is determined. The Care Network program has been in place for approximately 25 years. Eight positions are located in the Pennino Office. In FY 2015, 410 clients received services from the Care Network unit.

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Caregiver Support provides education and support services for caregivers of persons age 60 and older, or older adults caring for grandchildren. Services in FY 2015 included respite care (42 participants), assisted transportation (39 participants), support groups (33 participants), discretionary fund for medical equipment and other support (72 participants), public education through an e-newsletter and topic based forums targeting caregivers.

Homemaker/Fee for Service provides for a select group of persons who are living in congregate apartments to receive assistance with housekeeping and laundry; this service is being phased out, but there are currently about 30 recipients. ElderLink, the partnership with Inova, provides the case management services for the persons receiving housekeeping and laundry. ElderLink is also providing home safety assessments (36 in FY 2015) and case management services for (23 in FY 2015) persons who have participated in fall prevention and chronic disease self-management and who indicate that they would like to have individual follow-up. Limited in-home assistance is being provided to assist individuals and caregivers (23 individuals in FY 2015) whose incomes are too high for general fund home based care and too low to be able to privately purchase assistance. The premise of the limited in-home assistance is to stabilize acute situations caused by illnesses and need for respite. During 50+ information gathering forums, the public voiced concerns about not meeting eligibility criteria for in-home assistance, but not being able to afford to pay the market rates.

Legal Assistance services are required by the Older Americans Act to be provided by the Area Agency on Aging. Legal Services of Northern Virginia provides those services under contract for older adults needing help with wills, Powers of Attorney, housing issues, Social Security and Medicare issues, etc. In FY 2015, over 300 older adults received assistance.

Northern Virginia Long-Term Care Ombudsman is a regional program serving the City of Alexandria and the counties of Arlington, Fairfax, and Loudoun. The goal of the program as stipulated by the Older Americans Act is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the aim of enhancing the quality of life and care of the residents. The program resolves complaints about nursing and assisted living providers through counseling, negotiation, and investigation. The community is provided education about long-term care issues and provides information to assist the public to make informed choices. In FY 2015, 47 trained volunteers were assigned to 52 facilities to provide additional on-site assistance. For the four jurisdictions, at any given time, almost 10,000 people are living in long-term care facilities. Seven positions are located in the Pennino office.

VICAP is the Virginia Insurance Counseling Assistance Program. Under the supervision of one position located in the Pennino office, trained volunteers help with issues with Medicare and other types of insurance. Public education through workshops is provided throughout the year.

Volunteer Solutions provides volunteer management for clients of the Adult and Aging division and for the adult day health and senior center programs of the Health Department and Neighborhood and Community Services respectively. Recruitment of volunteers is provided through multiple mediums coordinated by the Communications position and by direct contact to businesses by Volunteer Solutions staff. During the course of the year, 18 businesses made donations, and seven partnerships were developed. Recruitment must be done continuously to meet the needs of the various service programs. Potential volunteers have the option to submit on-line applications. For the protection of vulnerable clients, volunteers who are working individually with clients and not under the direct supervision of County staff must have background checks. In conjunction with the 50+ Community Action plan, in the last year, volunteers to provide in-home technology assistance were recruited and matched with clients needing one or two visits to set up equipment and to teach how to use equipment. Volunteers were also recruited for group projects to provide home upkeep. In addition to technology assistance and home upkeep, as well as providing services in the senior centers and the adult day health centers, volunteers: deliver meals and oversee the routes, provide transportation to medical appointments and for shopping, provide respite for caregivers, and provide companionship visiting. For FY 2015, there were 4,037 volunteers. Of that number, 661 were new. Eight positions are located in four County offices.

Department of Family Services

LOB #119:

EMPLOYMENT SERVICES

Purpose

Comprised of several discrete programs, the purpose of this LOB is to be in compliance with federal mandates (the Virginia Initiative for Employment not Welfare (VIEW), the Supplemental Nutrition Assistance Program Employment and Training (SNAPET), and the Workforce Innovation and Opportunity Act (WIOA), as well as to maintain safe and caring communities/healthy economies, in line with the Board of Supervisors' priorities.

These programs are summarized below:

- Two federally mandated programs that serve able to work recipients of the Supplemental Nutrition Assistance Program (SNAP), and the Virginia Initiative for Employment not Welfare (VIEW). These two programs are operated by DFS and are delivered as part of a local network of integrated employment services under the federal Workforce Innovation and Opportunity Act (WIOA).
- Several grant-funded programs, one of which, the Workforce Innovation and Opportunity Act (WIOA), is a federal mandate.
- Three optional programs, Day Laborer Site, Link-Up Fairfax Homeless Employment Pilot and the Virginia Income Tax Assistance (VITA) offered by the County to maintain safe and caring communities and healthy economies.

Description

Mandated Programs:

This LOB provides federally mandated employment and training services to certain unemployed or underemployed adults participating in the Supplemental Nutrition Assistance Program (SNAP) and/or the Temporary Assistance for Needy Families (TANF) cash assistance program. It also provides employment services through the Workforce Innovation and Opportunity Act (WIOA), which is addressed in the grant funded section below. The following are mandated programs:

- Supplemental Nutrition Assistance Program Employment and Training (SNAPET)
Provision of employment and training services to adult recipients of SNAP (also known as food stamps) who are not exempt from working due to their age, disability, or the need to care for a dependent. SNAP recipients required to work as a condition of eligibility for benefits beyond the first 90 days, must demonstrate compliance with the employment requirement or lose benefits. In FY 2015, 302 individuals participated in this program.
- Virginia Initiative for Employment not Welfare (VIEW)
The mandatory employment component of the Temporary Assistance for Needy Families (TANF) cash assistance program for parents of children over 12 months of age who are able to work. Required to work individuals must participate in the VIEW employment services to receive cash assistance benefits. In FY 2015, 1,082 parents received employment services from the VIEW program.

VIEW and SNAPET are relatively small programs, and funding for them is limited. These two programs are operated by DFS and are delivered as part of a local network of integrated employment services under the federal Workforce Innovation and Opportunity Act (WIOA). It would be almost impossible to provide good quality, comprehensive employment and training services for SNAPET and VIEW participants if it were not for DFS's ability to leverage other resources through the grant-funded and federally mandated Workforce Innovation and Opportunity Act (WIOA) programs.

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DFS is the designated service delivery partner for the Workforce Innovation and Opportunity Act programs (WIOA) in the Northern Virginia Workforce Development Area (see Grant Section below). The Northern Virginia Workforce Development Board (NVWDB) oversees the public workforce system across a consortium of seven (7) jurisdictions, including three counties (Fairfax, Loudoun and Prince William) and 4 cities (Fairfax, Falls Church, Manassas and Manassas Park). The role of Fairfax as the regional provider of WIOA services, an employment and training program which is much larger than SNAPET and VIEW, enables the department to offer a wide variety of employment services for people who are unemployed, underemployed, or are considering entrepreneurship as a viable alternative to traditional employment. WIOA services are delivered through a priority of services policy, with preference given to welfare-to-work participants (VIEW), public assistance recipients (including SNAPET), low-income adults, youth, laid-off workers, veterans, individuals with disabilities, and ex-offenders who are about to be released from correctional facilities.

A combination of mandatory and voluntary partners (under WIOA) enable SNAPET and VIEW clients to access a wide array of employment and supportive services under one roof, which could not be provided if these two programs (VIEW/SNAPET) were stand-alone. The department operates three of the five WIOA *SkillSource* Centers in Northern Virginia. These three centers are in Fairfax County, in Alexandria (South County), Reston and Annandale. Employment services may be accessed by visiting any of DFS' *SkillSource* Centers, plus the VIEW Job Center which is located in Fairfax (Pennino Building), as well as online via www.myskillsource.org.

Non Mandated Programs:

- Virginia Income Tax Assistance (VITA) Program

VITA is a national initiative sponsored by the Internal Revenue Service (IRS). The purpose of the program is to provide free tax preparation assistance to low-income individuals and families, and to ensure they access all of the tax credits for which they are eligible (including the Earned Income Tax Credit). In Northern Virginia, DFS convenes a community-based coalition of non-profits, local governments, and libraries which deploys hundreds of volunteers to approximately 20 free tax preparation sites throughout the region. In FY 2015, the coalition prepared 6,046 tax returns.

- Management of Day Laborer Site

Funding for this program is in DFS, but the Department of Neighborhood and Community Services (NCS) administers the laborer sites through a contract with the Poverty Law Center (PLC), a private non-for-profit organization, to provide oversight for two day laborer gathering sites in Fairfax County. The PLC assists in making the areas where day laborers currently gather safe and orderly for day laborers, employers, residents, and local businesses. Day laborers include workers that gather at street corners, parking lots, strip malls, or official hiring sites seeking daily or hourly employment from employers and private citizens. These sites are in the Annandale and Culmore areas of the County.

- The Office to Prevent and End Homelessness (OPEH), Link-Up Fairfax Homeless Employment Pilot

The funding for this program is in the DFS budget, but the program is administered by OPEH. Link-Up Fairfax, the homeless employment pilot, was established in response to the need for employment services that are specific to residents who are homeless, many of them have jobs but still cannot escape homelessness. The program model leverages the successful Bridging Affordability collaborative and contracts with Northern VA Family Service and Cornerstones and five other collaborative nonprofit partners (New Hope Housing, FACETS, Shelter House, UCM, Homestretch) to establish a continuum of employment option for employable County residents who have a range of employment barriers, as well as for clients who need minimal skills in order to enter, re-enter or upgrade skills for the job market. LinkUp uses a two-pronged approach: Finding employment for clients and connecting with area businesses. In 2015 over 200 families were assessed for the program and 25 were enrolled and received services through this new pilot.

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Benefits

For the mandated programs (SNAPET, VIEW and the WIOA grant), services are provided to be in compliance with federal requirements and to assist participants attain the highest possible level of self-sufficiency, to reduce dependence on government supports. For the optional programs, services are also provided to increase the level of self-sufficiency of the families and individuals receiving community organization and/or employment services with the goal of reducing their level of dependency on local supports. Collectively, the department leverages a comprehensive network of employment services and training resources for the benefit of the community.

Values to the Community:

- To be in compliance with §63.2-608. Virginia Initiative for Employment Not Welfare (VIEW), §63.2-801. Food stamp program (also known as the Supplemental Nutrition Assistance Program), and §2.2-2472. Powers and duties of the Board; Virginia Workforce System created (WIOA).
- To maintain *safe and caring communities* in line with the County's Vision Elements
- To support County's core purpose to *maintain healthy economies by helping individuals meet their needs and having access to economic opportunities*

Mandates

As indicated above, three of the services in this LOB are mandated (SNAPET, VIEW and WIOA), and the rest are local options. WIOA is a mandated service, but DFS is not required to be the operator of the services.

Source of the mandate/code citation:

- §63.2-608. Virginia Initiative for Employment Not Welfare (VIEW)
- §63.2-801. Food stamp program (also known as the Supplemental Nutrition Assistance Program)
- §2.2-2472. Powers and duties of the Board; Virginia Workforce System created.

Source of Optional Programs/Code Citation:

- §63.2-314. Funds received from public or private sources; authority of local governing bodies to make grants;

Trends and Challenges

Supplemental Nutrition Assistance Employment and Training (SNAPET) Program

Historically, unemployed/underemployed SNAP recipients deemed "Able-Bodied Adults Without Dependents" (ABAWD) and were required to find employment through participation in SNAPET to receive continued SNAP benefits. On or about 2008, as part of the temporary measures taken by the federal government during the recession several years ago, some of these requirements were waived. During this waiver period, the program served only individuals who voluntarily signed up for employment and training services. As a result, there was a drastic decline in the number of individuals served and a significant improvement in outcomes, mainly because case managers were able to provide more intensive case management to fewer clients who were highly motivated to become employed.

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However, with the reinstatement of the work requirement rule in October 2013, SNAP recipients (in particular those in the ABAWD group) can only receive up to three months of SNAP benefits (food stamps) unless they participate in SNAPET or other qualifying employment and training activities. SNAPET is also available to SNAP recipients on a voluntary basis to individuals who are exempt from the mandatory work requirement. This policy change and continued demand for intensive employment services did not result in additional program funding.

Despite these challenges, the program continues to leverage multiple partnerships and all available resources to improve clients' ability to become economically self-sufficient. For example, the department's partnership with a community-based non-profit called Opportunities, Alternatives, and Resources (OAR) helps to serve individuals with criminal backgrounds, while the partnership with Fairfax County Public Schools-Adult and Community Education provides English language services for those with limited English proficiency. DFS' SNAPET also partners with Northern Virginia Community College and private training institutions to prepare job seekers for industries and careers which are considered "high demand," and leverage services through the Workforce Investment and Opportunity Act (WIOA), one-stop *SkillSource* employment centers, and public assistance programs.

In FY 2015, 302 participants were served through the SNAPET program.

Virginia Initiative for Employment not Welfare (VIEW)

The VIEW program provides intensive employment and training services to recipients of the Temporary Assistance to Needy Families (TANF) funds. Despite the fact that there is some improvement in regional economic conditions, many VIEW clients are not well equipped to take advantage of the economic opportunities. This is because they often face multiple barriers to employment, including mental health issues, lack of critical work supports (such as transportation and child care), substance abuse, criminal records, and domestic violence. As a result, case managers actively work with participants to provide both employment services and related supportive services which will enable them to become "job ready."

Employment case managers use multiple strategies to help VIEW participants overcome these barriers and attain economic self-sufficiency. First, participants are assessed based on their educational attainment, work history, and personal interest, to determine a viable career path. Second, job seekers are connected to specialized occupational skills training and job leads which align with their interests, aptitude, and experience. Once participants are employed, case managers continue to provide support to promote job retention and career advancement.

A restricting factor of the VIEW program is its focus on state and federal policies which emphasize process measures (for example, timeliness) rather than outcome measures (such as entering and retaining employment at a living wage). Currently, state and federal policymakers are reviewing these issues within the context of upcoming TANF reauthorization.

In FY 2015, 1082 individuals were served through the VIEW program, a level which has been fairly consistently over the past several years.

Virginia Income Tax Assistance (VITA) Program

With the help of 290 dedicated and trained volunteers staffing 18 sites, in Tax Year 2014 (FY 2015) 6,046 low-income families saved more than \$1 M. in professional filing tax preparation fees, and prepared and filed their tax returns receiving more than \$9.5 million in refunds. The average VITA client received \$1,629 in federal tax refunds and over \$1.5 million was awarded back to those families who qualified for the Child Tax Credit (CTC). The average Earned Income Tax Credit (EITC) recipients received \$1,990 for a combined total of \$3.1 million. VITA participation has continued to increase every year since program inception. In Tax Year 2013 (FY 2014), 5,841 returns were filed. In Tax Year 2014 (FY 2015), 6,046 tax returns were filed. The program is projecting completing 6,500 tax returns for the 2015 Tax Year.

Department of Family Services

Link-Up Fairfax Homeless Employment Pilot

A necessary adjustment of the assumptions made in the pilot has been implemented regarding the skill level of target clients. Initially, it was assumed that the target clients would possess a higher level skill set than has been found to be the case. Thus, the staff has had to spend more time developing the skill level and work readiness factors in clients before employment goals can be met. Nevertheless, 60 percent of clients served, have improved their employment status, either by attaining a new job or a promotion in their current job and increasing their wages.

Management of Day Laborer Site

The Culmore site is located at the intersection of Route 7 and Glen Carlyn Drive (3300 block) and includes other groupings of day laborers in the Bailey's Crossroads area. This informal site has been in existence for over 20 years and the majority of the workers reside in the neighboring apartment complexes.

The Annandale site is located along the Little River Turnpike corridor between Hummer Road and the 7400 block of Little River Turnpike. This site has been in existence for over nine years with workers congregating at this location.

Although the numbers vary throughout the year, on average, there is daily attendance of approximately 100 day laborers at each of the sites. Ongoing challenges for the day laborers that Legal Aid Justice Center assists with include immigration, health care access, food security, and housing conditions.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #119: Employment Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$2,464,554	\$2,365,571	\$2,488,611
Operating Expenses	1,660,120	1,654,669	1,870,424
Total Expenditures	\$4,124,674	\$4,020,240	\$4,359,035
General Fund Revenue	\$1,821,202	\$1,948,915	\$1,673,848
Net Cost/(Savings) to General Fund	\$2,303,472	\$2,071,325	\$2,685,187
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	37 / 37	37 / 37	37 / 37
Total Positions	37 / 37	37 / 37	37 / 37

Department of Family Services

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Clients served in VIEW (Virginia Initiative for Employment Not Welfare)	1,375	1,215	1,082	1,075	1,075
Percent of VIEW intakes processed timely	97%	96%	97%	97%	97%
Percent of clients placed in a work activity	86%	86%	87%	85%	85%
Percent of VIEW participants who retain unsubsidized employment for a minimum of 90 days	77%	74%	77%	75%	75%
Percent of SNAPET participants who retain unsubsidized employment for a minimum of 90 days	87%	88%	74%	75%	75%

- **Supplemental Nutrition Assistance Program-Employment and Training (SNAPET)**
Historically, unemployed/underemployed SNAP recipients deemed “Able-Bodied Adults Without Dependents” (ABAWD) were required to participate in SNAPET, the employment and training program for SNAP recipients to receive SNAP benefits beyond the initial three months. As part of the temporary measures taken by the federal government during the recent economic recession and in response to high unemployment rates, some of these requirements were waived. During this waiver period, SNAPET served only individuals who voluntarily signed up for employment and training services. As a result, there was a drastic decline in the number of individuals served and a significant improvement in outcomes, mainly because case managers were able to provide more intensive case management to fewer clients who were highly motivated to seek services.

However, with the reinstatement of the work requirement rule in October 2013, SNAP recipients in the ABAWD group can only receive up to three months of benefits without participating in SNAPET or other qualifying employment and training activities. Concurrently, SNAPET was also made available on a voluntary basis to SNAP recipients who were exempt from the work requirement rule, but wanted assistance with employment services. This policy change and the increased demand for employment services did not result in additional program funding.

Despite these challenges, the program continues to leverage multiple partnerships and all available resources to improve clients’ ability to become economically self-sufficient. For example, the department’s partnership with a community-based non-profit called Opportunities, Alternatives, and Resources (OAR) helps to serve individuals with criminal backgrounds, while the partnership with Fairfax County Public Schools-Adult and Community Education provides English language services for those with limited English proficiency. We also partner with Northern Virginia Community College and private training institutions to prepare job seekers for industries and careers which are considered “high demand,” and leverage services through the Workforce Investment and Opportunity Act (WIOA), One-Stop *SkillSource* employment centers, and public assistance programs.

Department of Family Services

- **Virginia Initiative for Employment not Welfare (VIEW)**

The VIEW program provides intensive employment and training services to recipients of the Temporary Assistance to Needy Families (TANF) funds. Both the number of clients and the specific nature of their employment challenges have remained consistent for the past several years. Despite the fact that there is some improvement in economic conditions in the region, many VIEW clients do not have the capability to take advantage of the improvement in the labor market. This is because they often face multiple barriers to employment, including low skills levels, literacy issues, lack of critical work supports (such as transportation and child care), mental health issues, substance abuse, criminal records, and domestic violence. As a result, case managers actively work with participants to provide both employment services and related supportive services which will enable them to become “job ready” and employable.

Employment case managers use multiple strategies to help VIEW participants overcome these barriers and attain economic self-sufficiency. First, participants are assessed based on their educational attainment, work history, and personal interest, to determine a viable career path. Second, job seekers are connected to specialized occupational skills training and job leads which align with their interests, aptitude, and experience. Once participants are employed, case managers continue to provide support to promote job retention and career advancement.

A restricting factor of the VIEW program is its focus on state and federal policies which emphasize process measures (for example, timeliness) rather than outcome measures (such as entering and retaining employment at a living wage). Currently, state and federal policymakers are reviewing these issues within the context of upcoming TANF program reauthorization.

Grant Support

FY 2016 Workforce Investment Act Grant Total Projected Funding: Federal/state funding of \$3,543,761 will support 33/33.0 FTE grant positions. There is no Local Cash Match associated with these awards.

As of July 1, 2015, the federal Workforce Innovation and Opportunity Act (WIOA) replaced the Workforce Investment Act (WIA) as the programs which support and guide the national public workforce system. The Fairfax County Department of Family Services is the contracted WIOA service delivery provider for the Youth component and the designated WIOA service delivery provider for the Northern Virginia Workforce Development Board (NVWDB). WIOA offers a variety of services to those who are unemployed, underemployed, or are considering entrepreneurship as a viable alternative to traditional employment. Target populations include welfare-to-work participants, public assistance recipients, low-income adults, youth, laid-off workers, veterans, people with disabilities, and ex-offenders who are about to be released from correctional facilities.

Services offered include intensive case management, occupational skills training, employer networking events, small business development counseling, connection to supportive services, and job readiness assistance (including workshops and webinars on resumes, interviewing, and social media). These employment services can be accessed through One-Stop employment centers (known in the Northern Virginia region as *SkillSource* Centers) which are operated by DFS in Reston, Annandale, and Alexandria. Job seekers can also visit www.myskillsource.org to learn about various programs and participate in online orientations.

Participation in WIOA programs is voluntary. Individuals are assessed for services based on their specific employment interests and needs, work history, and educational background, as well as eligibility for additional supports such as skills training (which may require additional categorical and/or means tested evaluation). All WIOA programs are outcome-driven, focused on “better off” measures which support placing individuals in long term employment at a living wage, and completing training with an industry-recognized certification or credential.

Department of Family Services

FY 2016 VASAVOR Grant Total Projected Funding: Federal/state funding of \$124,835 will support 1/1.0 FTE grant position. There is no Local Cash Match associated with this award.

The VASAVOR initiative provides for creation, at intake, of an individual Re-entry Plan for each offender based on their risk and needs assessments. A Transition Team comprised of local service providers and the supervising probation officer reviews the plan periodically to coordinate services. The unique feature of the VASAVOR Initiative is that offenders are transferred from state institutions back to the local jail shortly before release so that they can connect with the Transition Team and their probation officer. They begin receiving services while in the jail to learn what is expected, what is available, and to be connected to services within the community at the time of their release. Services include transitional housing, mental health and substance abuse treatment, and vocational training and job services.

The program was created in February 2003 with initial funding from the U.S. Department of Justice. The program is a partnership among the Virginia Department of Corrections, Fairfax County Sheriff's Office, Fairfax-Falls Church Community Services Board, Opportunities, Alternatives, and Resources of Fairfax County, the SkillSource Group, and the Department of Family Services. Funding comes from the Virginia Department of Corrections.

FY 2016 Employment Advancement for TANF Grant Total Actual Funding: Federal/state funding of \$340,000 will support 3/3.0 FTE grant positions. There is no Local Cash Match associated with this award.

The Employment Advancement for TANF grant provides enhanced employment services to TANF/VIEW participants with hidden disabilities. Participants are screened at initial assessment for eligibility, and can be re-screened at any time after participation begins. Participants receive a comprehensive neuropsychological report which identifies barriers and opportunities for successful employment outcomes. This report guides a team of service providers from the Fairfax County Public Schools Adult and Community Education, Department of Aging and Rehabilitation Services, mental health professionals, and the Department of Family Services, who meet periodically with the participant to coordinate services. Services include intensive case management, vocational training, and job services (including job coaching).

The program was created in 2001 and is funded by the U.S. Department of Health and Human Services through the Virginia Department of Social Services. This program combines the former TANF Hard-to-Serve and the TANF Job Retention/Wage Advancement grants into a single award.

Department of Family Services

LOB #120:

FINANCIAL AND MEDICAL ASSISTANCE

Purpose

The primary purpose of this LOB is to be in compliance with federal and state requirements, but equally important; all of the programs in this LOB are offered to prevent thousands of economically disadvantaged County residents from falling deeper into poverty.

Description

This LOB is comprised of 13 discrete financial and medical assistance programs operated by the Self-Sufficiency Division of the Department of Family Services (DFS). The programs are, for the most part, federal/state mandated services as well as federal entitlement programs (e.g., Medicaid, SNAP). Most of the state/federal programs in this LOB have been operational since the 1960's, and the local programs for 25 years or more. Most services (except for the Non-DFS Program for Rent Relief, which is operated by the Department of Tax Administration) are delivered through an integrated one-stop approach by DFS staff. For programs required by state regulations to be provided by the local social services department, DFS staff determines clients' initial and ongoing eligibility for services. Once customers are approved for benefits, the state issues the payment directly to the recipient or to the provider of the services. County staff performing these functions are primarily located at DFS' main regional offices: Reston, Fairfax, Alexandria and Annandale.

DFS staff is also co-located at three Health Department locations to screen, receive and process applications for Medicaid for those who may be eligible for that program, as well as to perform initial intake and ongoing eligibility redeterminations for clients of the Health Department's Community Health Care Network (CHCN) program, and at INOVA Fairfax Hospital to provide immediate access to Medicaid to eligible patients. The positions collocated at INOVA to assist patients with their Medicaid applications, although this is part of DFS' mandated work, are 100 percent funded by INOVA Hospital (refer to Attachment G for Inova health System grant).

DFS offices are open Monday through Friday from 8 a.m. to 4:30 p.m. In calendar year 2015, the Division expects to receive approximately 192,000 total client visits at its four main offices (Alexandria, Annandale, Fairfax and Reston). Although most transactions can be done online, mail, or by phone, clients still come to the offices to apply /renew their financial and medical assistance benefits, to drop off documents, to ask questions, or to meet with their case manager.

Applications for services are received either in each of the four offices, if they are being delivered by the applicant in person, or at a central location, if submitted by mail, fax, or online. Secured document drop off boxes are also available outside the buildings for customers' convenience, especially for documents being delivered after hours. With the exception of Medicaid, these programs require a face-to-face or a telephone interview between the customer and the case manager before benefits may be authorized. Telephonic interpretation services are often used to communicate with non-English speaking customers. Funding for the actual benefits to the clients are, for the most part, not reflected in DFS' budget as payments for these services are issued by the state directly to the customer or to the provider of the services (e.g., direct payment of medical services). In FY 2014, client benefit spending, not reflected in DFS budget, exceeded \$605 M. from federal and state funds.

Department of Family Services

Fully Mandated Programs

- Medical Assistance (Medicaid)

This federal/state financed program provides medical care for specified persons. Eligibility for Medicaid is determined by the local department of social services according to criteria established by the state's Department of Medical Assistance Services (DMAS). Applications for Medicaid can be submitted in person, online, or by fax and these are processed by County staff. The Virginia Department of Medical Assistance (DMAS) makes direct payments to health care service providers on behalf of eligible individuals and families. The Medicaid program pays for a variety of medical services, including prescription drugs, doctor visits, nursing facility care and hospital care. Eligible populations include: low income children under age 19, recipients of Supplemental Security Income (SSI), aged, blind and disabled individuals and certain Medicare Part A recipients, Auxiliary Grants recipients, and other medically needy people such as pregnant women. Limited medical coverage is also available to categorically and income eligible, non-resident aliens who have had a medical emergency. The average monthly number of individuals served in FY 2015 was 58,003.

- Family Access to Medical Insurance (FAMIS)

FAMIS is the federal/state program that provides comprehensive low-cost health insurance for children under 19 years of age, and pregnant women in low-income families that earn too much to be eligible for Medicaid, but who cannot afford private health insurance. The average monthly number of individuals served in FY 2015 was 8,706.

- Supplemental Nutrition Assistance Program (SNAP)

This federal program supplements the food budgets of low income households to help provide needy families and individuals nutritionally adequate diet. Eligibility is determined by financial need, household size and non-financial criteria such as student status, alien status, and work registration. The benefits are issued and redeemed by the use of an Electronic Benefit Transfer (EBT) debit card issued by the VDSS. The average number of monthly households served in FY 2015 was 24,031.

- Temporary Assistance for Needy Families (TANF)

Provides temporary financial assistance to families with children who have financial needs. The TANF program initiative has time-limited benefits for certain households and a strong work requirement for parents able to work. The family receives a modest monthly cash payment to meet basic needs while participating in the program.

The average monthly households served in FY 2015 was 1,144.

- Aid to Families with Dependent Children – Title IV-E Foster Care Cash Program

Determines the initial and on-going eligibility for children in foster care. The payments provide for the care and maintenance of children in the care of the agency. The average monthly recipients served in FY 2015 was 80 children.

- Auxiliary Grant

Helps supplement the incomes of recipients of Supplemental Security Income (SSI) and other aged, blind or disabled individuals residing in a licensed assisted living facility (ALF) or an approved adult foster care (AFC) home. The funding for this mandated program is 80 percent state and 20 percent local. The average monthly recipients served in FY 2015 was 85.

- Low-income Home Energy Assistance Program (LIHEAP)

Eligible low income households receive federal assistance with their home heating & cooling bills. Faulty or hazardous heating systems may also be repaired in households eligible for energy assistance. The program consists of three seasonal components: Energy Assistance (EA) – offsets home heating cost; Crisis Assistance – assists households with energy-related, weather –related or supply shortage emergencies that cannot be met by EA or other resources. Cooling Assistance – offsets the cost of cooling a home for those who are disabled and meet certain income guidelines. The number of households served in FY 2015 was 2,548.

Department of Family Services

- **Refugee Resettlement Program (RRP) and Refugee Medicaid**

The populations eligible for refugee resettlement services are refugees, asylees, Cuban/Haitian entrants, unaccompanied refugee minors, and victims of human trafficking. RRP provides a modest amount of financial assistance in the form of a monthly grant to needy refugees/entrants for a limited length of time (up to 8 months from their date of entry into the USA) to assist in their economic and social adjustment. This is a 100 federally reimbursed program. The average monthly number of recipients in FY 2015 was 100.

- **Repatriate Assistance Program**

Provides financial loans for a maximum of 90 days to repatriated United States of America citizens, who are without income or resources to return to the USA. These repatriates are referred to the agency from the U.S. Department of State. A repatriate is a person returned or been brought from a foreign country to the U.S. due to poverty, illness, war or the threat of war, and the person does not have immediate access to available resources to meet their needs. The federal government reimburses the County for all expenses incurred and the client repays the loan directly to the federal government. Typically DFS assists an average of 5 repatriate households per year. Some may be individuals or a family group. However, in the case of war or military conflict, as in the case of the Gulf War in 1991, the number of repatriates may be as high as 3,000 individuals per episode.

- **Fraud Free Program**

Seeks the recovery of overpayments from financial assistance programs resulting from intentional program violations, inappropriate EBT transactions and trafficking, or agency error in the public assistance programs, primarily SNAP, TANF, Medicaid and the Child Care Assistance Program. Suspected cases of Medicaid only fraud, when the investigation is not connected with the receipt of other benefits (e.g., TANF, SNAP), are referred to the Virginia Department of Medical Assistance for handling. The program also prevents potential recipients from obtaining benefits through the use of fraudulent acts by providing 'up front' investigations. The total number of Referrals received for FY 2015 was 1,096; amount collected in FY 2015 was \$358,513 and total claims established in FY 2015 was \$523,126.

- **Rent Relief (RR) for the Low-Income Elderly and the Disabled**

This program was established by the Board of Supervisors in the 1970's to provide rent relief for low-income seniors and/or disabled County residents. Eligible individuals may receive one payment a year up to a maximum rent payment of \$575. This program is operated and administered by the Fairfax County Department of Tax Administration, which determines eligibility and accepts rent relief applications, but the budget in DFS. In calendar year 2014, 514 applicants were approved for a RR payment.

Not Mandated Programs

- **Medical Care for Children Partnership (MCCP)**

This is a private/public partnership to provide access to primary, specialty, oral and behavioral health care to children through the age of 18 who are not eligible for any of the federal/state programs (Medicaid, FAMIS or the Affordable Care Act). In partnership with Kaiser Permanente, a non-profit health plan, who provides free care to an average of 2,200 children per month; several private primary and oral health care providers who also provide free or reduced cost services for children; the Medical Care for Children Partnership Foundation, the fundraising arm of the program; Fairfax County Government, who contributes to \$250,000 year to MCCP as a contributory agency, and the Department of Family Services, who administers and partially funds the administrative cost of this program. MCCP serves approximately 2,600 uninsured children per month.

Department of Family Services

- **General Relief (GR)**

There are two parts to the GR program. One is an optional state/local funded program, called *GR Unattached Child*, offered by the County, which provides cash assistance of up to \$220 per month to children in need of financial support who are not eligible for programs such as Social Security or Temporary Assistance for Needy Families (TANF). The funding is 62.5 percent state and 37.5 percent local. The program serves an average of 25 children per month.

The other part of this program is the DFS' GR for Disabled Adults. The optional state/local GR program used to serve children as well as disabled adults. The Virginia Department of Social Services, as part of one of their budget cuts, eliminated funding for adults in 2011. That same year, Fairfax County chose to continue covering the adult population with local-only funds as part of its homeless prevention effort.

The DFS' GR program for disabled adults provides financial assistance to low income Fairfax County adult residents not eligible for Social Security Retirement or Disability benefits, and who are unable to provide for themselves due to a temporary or permanent disability that prevents them from working. The program serves temporarily disabled individuals, individuals in institutional care (limited to the Fairfax-Falls Church Community Services Board [CSB] Alcohol and Drug Residential Treatment Centers residents), and Interim Assistance (permanently disabled individuals applying for Supplemental Security Income (SSI) through the Social Security Administration). It should be noted that Interim Assistance recipients are required to apply for SSI as a condition of receiving local GR assistance, and if found eligible, the GR benefits they received from DFS while waiting for their SSI eligibility determination are reimbursed to the agency directly by SSA at an average of over \$100,000 per year. Therefore, part of the cost of the local GR program is offset by federal SSI funds. An average of 372 adults per month receive local GR.

Benefits

Services are provided to comply with state/federal mandates or County regulation, and (in the case of the 2 optional programs) to support County's core purpose to maintain healthy economies by helping individuals meet their needs and having access to economic opportunities. The services under this LOB prevent thousands of economically disadvantaged County residents from falling deeper into poverty.

Values to the community:

- To be in compliance with Virginia Code §§ 63.2-333; 63.2-501. Ten out of the 12 services in this LOB are federally/state mandated
- To be in compliance with Fairfax County Code, Chapter 4, ARTICLE 15 (local Rent Relief)
- To maintaining "Safe and caring Communities", in line with the County's Vision Elements
- To support County's core purpose to maintain healthy economies by helping individuals meet their needs and having access to economic opportunities

Financial and medical assistance recipients, as well as the general community, both benefit economically from the Federal dollars brought to the County through participation in these programs.

Department of Family Services

Mandates

Eleven out of the thirteen services in this LOB are mandated by the federal, state, or Fairfax County governments. Only two programs, MCCP and GR, are optional programs.

Source of mandate/Code Citation:

Virginia Code § 63.2-400 Local appropriation; Virginia Code § 63.2-401 Reimbursement of localities by the Commonwealth; Virginia Code § 63.2-501. Application for Assistance; Virginia Code § 63.2-405. Provisions for determination of eligibility for medical care and medical assistance; provision of social services; regulations; Virginia Code § 63.2-600. Temporary Assistance for Needy Families (TANF); purpose; administration; Virginia Code § 51.5-160. Auxiliary grants program; administration of program; Virginia Code § 63.2-801 Food Stamp Program; Virginia Code § 63.2-805.B.1 Low Income Home Energy Assistance Program; Virginia Code § 63.2-526. Statewide fraud control program; Virginia Code § 32.1-351. Family Access to Medical Insurance Security; Social Security Act, Title XI, Section 1113 and Public Law 86-571. Fairfax County Code, Chapter 4, Article 15. - Rent Relief for the Low-Income Elderly and the Disabled

Source of Optional Programs/Code Citation:

Virginia Code § 63.2-802. Eligibility for General Relief

Virginia Code § 63.2-314. Funds received from public or private sources; authority of local governing bodies to make grants; authority of local boards to establish regulations and fees for court ordered services (applicable to MCCP and Rent Relief)

Trends and Challenges

Trends

- Increase in population; as of the 2010 census, the population was 1,081,726. In 2014, the population was estimated to be 1,118,883;
- Projected increase in older population;
- Increase in older adults who have moved here from other countries;
- Six percent or approximately 70,000 residents live below the poverty level (US Census Bureau. Small Area Income and Poverty Estimates for 2013);
- Changes in demographics;
- The number of persons speaking a language other than English continues to rise; 46 percent of County's population consisted of ethnic minorities (in 2012);
- Better access to services (24/7 online access to services since 2012);
- Passage of the Affordable Care Act (ACA), which requires people to apply for health insurance, thus increasing the number of people who had postponed the decision to apply for services
- Improved community outreach services ;
- 84 percent increase in caseloads from FY 2008 to FY 2015;
- Increase in FTEs since FY 2015 in response to increase in workload; and
- Higher staff turnover rates. According to the Bureau of Labor Statistics, the average worker will stay in a job for an average of 4.4 years, with millennials (those born between 1980s to early 2000s) staying for only half of that time. In jobs that require a high upfront investment of training, this makes it difficult to maintain a knowledgeable staff with the experience to handle an increasing and complex workload and meet federal/state performance mandates of timeliness and quality.

Department of Family Services

Challenges

- The programs administered by the DFS, Financial and Medical Assistance Services, are for the most part mandated and non-capitated. All people applying for services must have their eligibility determined correctly and within federally mandated timeframes one hundred percent of the time. Programs are complex and the needs of the population served as often complex and multiple. Fairfax County's population has grown steadily older and more diverse. The number of persons speaking a language other than English continues to rise as 46 percent of County's population consisted of ethnic minorities (in 2012). The population's age and minority distribution greatly impacts the demands and costs of providing local government services. The passage of the Affordable Care Act (ACA) in 2013 placed a tremendous burden on the department's system which was still reeling from the caseload increases since 2008. ACA almost immediately doubled the number of people applying for Medicaid even though Virginia has yet to expand Medicaid coverage to low-income adults.
- Program performance is expected to improve in FY 2016 as the Department continues to adjust to these challenges and deploys the additional positions received from the County in the last two fiscal years to address timeliness and quality of services issues.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #120: Financial and Medical Assistance			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$16,414,089	\$18,634,536	\$20,060,987
Operating Expenses	4,397,967	4,493,841	4,337,659
Total Expenditures	\$20,812,056	\$23,128,377	\$24,398,646
General Fund Revenue	\$19,944,695	\$22,437,762	\$20,607,444
Net Cost/(Savings) to General Fund	\$867,361	\$690,615	\$3,791,202
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	293 / 293	297 / 297	317 / 317
Total Positions	293 / 293	297 / 297	317 / 317

Department of Family Services

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of Medicaid applications received	22,161	30,989	35,677	36,391	37,118
Percent of Medicaid applications completed within state-mandated timeframes	94.1%	63.4%	70.7%	88%	97%
Number of SNAP applications received	18,725	18,104	21,166	21,589	22,021
Percent of SNAP applications completed within state-mandated timeframes	98.3%	92.9%	88.4%	97%	97%
Percent of TANF applications completed within state mandated timeframes	98.0%	90.0%	86.1%	97%	97%

Families Served and Program Trends at a Glance

As illustrated in the two tables below, in State Fiscal Year (SFY) 2015, this LOB served 129,431 unduplicated Fairfax area residents and brought in federal/state funded benefits to County recipients of nearly \$600M, in at a cost to the General Fund of approximately \$3.8M for 317 FTEs. The tables below show the increasing number of individuals served from 2010 through 2015.

Clients Served (unduplicated) in the 3 Major Programs by SFY*	SNAP	TANF	Medicaid/ FAMIS	Any Program*
2010	59,952	8,890	84,858	99,397
2011	70,182	9,227	92,407	109,477
2012	78,782	8,653	93,029	112,563
2013	85,543	8,530	98,429	119,261
2014	85,323	7,508	100,667	122,381
2015	81,349	6,270	109,634	129,431

* This table represents the unduplicated number of clients served per *State Fiscal Year* (SFY) in the three major financial and medical assistance programs in the last 6 years (data source: VDSS Profile Report, SFY 2015). Note that total number of Households Served is different from the "Average Monthly Caseload" number referenced in other parts of this LOB. SFY enrollment is a cumulative unduplicated household participation count over the full 12-month period beginning June 1 and ending May 31. In contrast, the average monthly caseload is a count of households enrolled each month for each program and it is a duplicated count.

Social Services Benefits to County Residents SFY 2014	Federal	State	Local	All Sources
Medicaid/FAMIS	\$262,637,186	\$251,272,355	\$1,084,004	\$514,993,545
SNAP	\$74,463,345	\$ 0	\$ 0	\$74,463,345
TANF	\$2,474,065	\$2,732,812	\$ 0	\$5,206,877
Energy Asst.	\$644,833	\$ 0	\$ 0	\$644,833
Other Benefits**	\$616,297	\$1,053,354	\$334,780	\$2,004,430
Total Spending	\$340,835,726	\$255,058,521	\$1,418,784	\$597,313,030

** "Other Benefits" include programs such as Auxiliary Grant, General Relief, Refugee Cash Assistance, and a few small other miscellaneous payments.

Department of Family Services

Trend

The number of residents applying for and receiving financial and medical assistance services has increased steadily over the past several years, primarily since FY 2014, with average monthly caseloads totaling more than 93,000, which is a 79 percent increase from 2008. In the first 2 months of FY 2016, caseloads are nearing an average of 97,000 cases per month.

The department has also experienced a significant increase in the number of people applying for assistance during the same period of time. The average number of applications received per month in FY 2008 was 2,556. In FY 2015, this average increased to 5,032 per month. Several factors may have contributed to the increase in residents applying for services, including: heightened awareness about the requirements of the federal Patient Protection and Affordability Care Act (PPACA) for individuals to obtain health insurance; better access to services (e.g., 24/7 access through a Virginia Department of Social Services online application system called CommonHelp; availability of telephonic applications for Medicaid); increase in the number of people in the County living below the federal poverty level, changing demographics and a slow economic recovery.

Increases in workload and the introduction of a new technology (the Virginia Case Management System or VaCMS) still in transition at the time of its deployment to the field in October 2013, have negatively impacted the department's ability to maintain the high levels of quality and timeliness standards required by these federal programs. The KPMG audit for the year ending June 30, 2014 found material noncompliance in both the TANF and Medicaid programs. It is expected that the same findings will continue with the most recent audit for the year ending June 30, 2015. With the creation and redeployment of additional positions from FY 2014 – 2015, the division has been able to significantly improve its response time for new applications, but has not reached yet full compliance with federal and state mandates for other part of the work related to those receiving assistance on an ongoing basis.

Additional positions were granted to the department as part of the FY 2016 budget and are in the process of being recruited and trained. Additional positions will also be requested in FY 2017 and FY 2018, in anticipation of continued caseload increases. The additional positions will bring caseload ratios per worker at doable levels, and thus will allow the Department to reach full compliance with all federal, state and local requirements regarding the administration of these programs. The Division expects, bar any unforeseen circumstances that may increase the current volume of work beyond expected levels, to significantly improve compliance with timeliness/quality requirements by calendar year 2017, when all of the additional positions received in FYs 2016 and 2017 should be fully trained and deployed to their functions. Further, it is anticipated that the aforementioned technology, VaCMS, will be completed by mid FY 2017, allowing case management activities to be streamlined and allowing the work to be completed with increased efficiency.

Grant Support

FY 2016 Total Projected Funding: Other funding of \$924,150, will support 13/13.0 FTE grant positions. There is no Local Cash Match associated with this award.

This grant represents a successful public/private partnership between Inova Health System and Fairfax County Government that has been in effect for over 25 years. The grant covers the Personnel Costs of grant eligibility workers stationed at the Inova Fairfax hospital for the purposes of accepting and processing applications for Medicaid and FAMIS of County residents who are at the time hospitalized at Inova Fairfax and Mount Vernon Hospitals. Inova also provides space for these 13 employees at their Inova Fairfax Hospital building at no cost to the County. DFS provides computers and programmatic supervision and training for staff collocated at Inova.

Department of Family Services

LOB #121:

CHILD CARE SUBSIDY

Purpose

The Child Care Assistance and Referral program provides financial assistance for child care on a sliding fee scale to income eligible families who are working or in training. CCAR provides County families with information about child care programs and supports them in finding and choosing care. Child care subsidies make it possible for families to enter and remain in the workforce, to progress toward and achieve self-sufficiency goals, and to access safe and reliable child care.

Description

CCAR, which has been in operation for over 25 years, assists families to find and pay for child care. Eligible families must be working, in training, or participating in the state's welfare reform initiative, VIEW/TANF. CCAR also provides assistance to families referred by Child Protective Services and Foster Care.

CCAR helps families to find care that meets the family's needs and supports children's school readiness and ongoing success. Families are also linked to a range of County and community services.

CCAR provides child care subsidies for approximately 5,000 children ages birth through 12 years each month. CCAR subsidizes child care costs based upon family eligibility. Eligible families can choose to place their child in any regulated child care center, preschool or family child care home. CCAR works with approximately 900 child care programs/vendors.

Funding for the program is comprised of federal, state and local funds. The Virginia Department of Social Services is responsible for direct payments to programs/vendors for services provided for children whose care is state funded (approximately \$23 million) and the County is responsible for direct payments to programs/vendors for services provided for children whose care is locally funded. CCAR staff is responsible for eligibility determination, placement, and case management of children whose care is state/federally funded and children whose care is locally funded.

CCAR staff is located in the Pennino Building and also provide services in Department of Family Services regional offices in the South County Center in Alexandria, Heritage Center in Annandale and Lake Anne Center in Reston. Bilingual staff is available to work with families and providers; all staff has access to the County's simultaneous translation services to assist those who speak a primary language other than English.

Department of Family Services

Benefits

Access to affordable child care enables parents to be productive members of the workforce and helps to ensure that children are enrolled in quality early childhood and school age care that supports their school readiness and ongoing success. CCAR is a key component of the County's human services safety net. Research indicates that the employment and financial independence of parents are jeopardized when they cannot afford child care. Families may no longer be able to work in order to care for their children, or they may begin or return to dependence on welfare programs. Others may place their children in unregulated and, therefore, potentially unsafe child care settings.

Families in need of affordable child care include those with children at-risk for school failure. Child care subsidies allow working families with low incomes to afford quality early childhood education that helps young children arrive at kindergarten well prepared to succeed and helps to ensure that school age children have quality out-of-school time experiences.

CCAR relates strongly to the vision element of 'Maintaining Safe and Caring Communities', helping to ensure that children in families with low to moderate incomes are enrolled in regulated, consistent child care.

CCAR relates strongly to the vision element of 'Maintaining Healthy Economies', assisting families with low to moderate incomes to afford child care so they can work or attend training/education.

CCAR helps families achieve self-sufficiency as demonstrated by the number of families in the program who maintain or increase income while participating in CCAR. The program also works with approximately 900 family child care providers and child care centers to provide child care services to eligible children.

CCAR relates to the vision element of 'Exercising Corporate Stewardship' in the program's ongoing support of other Department of Family Services programs such as Foster Care and Child Protective Services. CCAR staff is responsible for meeting federal, state and local regulations and policies for all aspects of program administration.

Mandates

Portions of the LOB are federally and state mandated.

Mandated by the Virginia Code §§ 63.2-217; 63.2-319; 63.2-510; 63.2-611; 63.2-616 to provide low-income families with the financial resources to find and afford quality child care for their children.

The Child Care and Development Block Grant of 2014 (S.1086) reauthorized the child care and development block grant (CCDBG) program under the CCDBG Act of 1990, which is the primary source of federal funding for child care subsidies for working families with low income as well as funding to improve child care quality.

Department of Family Services

Trends and Challenges

Fairfax County has a high labor force participation rate, with 65.6 percent of families with children birth through five and 70.5 percent of families with children ages 6 to 17 having all parents in the family in the workforce. Child care costs are particularly burdensome for families with low incomes who pay a significantly higher share of their income for care than do families with higher incomes. In Fairfax County, housing and child care expenses for a family with young children can comprise the largest share of the family's budget. In some cases the cost of child care for one child exceeds the average tuition and fees at a public college. In Fairfax County, tuition at a child care center for one infant ranges from approximately \$16,640 to \$18,824 and above per year, while the average tuition and fees at a public college in Virginia is approximately \$11,000 per year. These costs can be untenable for families in CCAR, whose median yearly income is \$27,888.

Implementation of the state's automated child care system, VaCMS, and accompanying state child care policy changes continue to pose challenges for case management. These changes also impact families as they work through the application process for subsidy services or are placed on the waiting list.

Proposed changes to the state's child care regulations are likely to negatively impact CCAR families. Changes include a new limit to a family's eligibility for sliding fee care to a total of 6 years. In addition, it will be mandatory for all families to cooperate with the Division of Child Support Enforcement unless the family can prove "good cause", which in other states has proven to be a deterrent for families applying for child care subsidies.

With the recent federal reauthorization of the Child Care and Development Block Grant (CCDBG) Act of 2014, Virginia will soon begin implementing new requirements that in some cases will be family friendly, such as providing families with a period of time for job search if they become unemployed. However, additional federal funding has not been appropriated to support implementation of the new CCDBG requirements and states are anticipating some budget impacts in the coming years.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #121: Child Care Subsidy			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$2,855,814	\$2,894,912	\$3,128,476
Operating Expenses	16,841,627	16,650,026	18,959,165
Total Expenditures	\$19,697,441	\$19,544,938	\$22,087,641
General Fund Revenue	\$1,200,010	\$1,174,539	\$1,200,000
Net Cost/(Savings) to General Fund	\$18,497,431	\$18,370,399	\$20,887,641
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	52 / 52	52 / 52	52 / 52
Total Positions	52 / 52	52 / 52	52 / 52

Department of Family Services

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of children served by Child Care Assistance and Referral Program	6,271	3,253	3,131	3,288	3,288
Average subsidy expenditure for CCAR	\$5,138	\$4,858	\$5,056	\$5,590	\$5,590
Percent of sliding fee families who maintained/increased income between fiscal years	61%	66%	71%	71%	71%
Average number of active CCAR vendors per month	1,148	999	947	900	850

Number of children served by Child Care Assistance and Referral Program

The number of children served decreased from FY 2013 to FY 2014 as the Virginia Department of Social Services (VDSS) began making direct payments to vendors for services provided to children whose care is stated funded and as family cases were moved into the state system. While metrics shown in this report represent local funding data, and while VDSS is responsible for direct payments to vendors for services provided for children whose care is state funded, CCAR staff is responsible for eligibility determination, placement, and case management of both children whose care is state/federally funded and children whose care is locally funded. In FY 2015 there was a slight decrease in the number of children served locally due to the availability of additional one-time state funding.

Average subsidy expenditure for CCAR

A slight increase in the average subsidy expenditure from FY 2014 to FY 2015 as the provider contract rate increase took effect late in FY 2015. The full year effect of the rate increase will be evident in FY 2016.

Percent of sliding fee families who maintained/increased income between fiscal years

The percent of sliding fee families who maintained/increased income between fiscal years. In FY 2013 the metric used was the percent of sliding fee families who maintained/increased income from the time of initial eligibility and their annual program recertification. The metric was modified in FY 2014, showing family incomes between fiscal years, to provide consistency for sampling.

Average number of active CCAR vendors per month

The number of active CCAR vendors in FY 2014 and FY 2015 does not include vendors who participate in CCAR but who care exclusively for children whose cases are state/federally funded.

Department of Family Services

LOB #122:

COMMUNITY EDUCATION AND PROVIDER SERVICES

Purpose

Community Education and Provider Services regulates family child care homes in Fairfax County, administers the USDA Child and Adult Care Food Program and provides professional development opportunities for child care professionals throughout the County.

CEPS issues family child care permits to individuals who care for up to five children in their homes. CEPS supports family child care providers to offer quality child care programs that promote the health, safety and education of children in their care. Regular monitoring visits, technical assistance and professional development opportunities are provided by the CEPS staff to assist family child care providers to reach quality standards.

The USDA Child and Adult Care Food Program provides reimbursement to family child care providers and Fairfax County sponsored child care centers for meals and snacks provided to children in care. CEPS staff provide regular monitoring visits and nutrition training and guidance to ensure children receive meals that meet the USDA guidelines.

Description

Community Education and Provider Services promotes and protects the health and safety of children who are cared for in family child care homes. Chapter 30 of the Fairfax County Code requires that persons in Fairfax County obtain a Family Child Care Permit if they are caring for up to five children (other than their own) in their homes. Office for Children (OFC) staff ensures compliance with the ordinance by assessing, monitoring, training and providing technical assistance to new applicants and applicants that renew their permit each year.

The Home Child Care Facilities ordinance was adopted by the Board of Supervisors in 1990, and comprehensively revised in 2001 and 2013. The Board of Supervisors revised the ordinance to reflect current health and safety regulations, practices and codes; best practices in the field; updated state home child care regulations; and reorganized and reworded the ordinance for clarity.

Family child care providers who are issued a Child Care Permit are required to attend sixteen hours of training annually. To assist providers in meeting these requirements, and to support quality care in child care centers and preschools, OFC offers a wide variety of professional development opportunities for the early childhood workforce, including courses and workshops on health and safety, child development, programming, curriculum and other topics related to quality child care.

Community Education and Provider Services also administers the USDA Child and Adult Care Food Program for family child care homes, School-Age Child Care centers, and Greater Mount Vernon Community Head Start classrooms. CACFP funding provides partial reimbursement for meals and snacks served to children in care, as well as nutrition training, monitoring and technical assistance for family child care providers and centers in the program.

CEPS staff are located at and provide services in the Pennino Building. Child care specialists provide technical assistance and support during permit and food program visits in family child care homes. Professional development opportunities are provided at locations throughout the County.

Bilingual staff is available to work with families and providers; all staff has access to the County's simultaneous translation services to assist those who speak a primary language other than English.

Department of Family Services

Benefits

The work of Community Education and Provider Services provides many benefits that support the Board of Supervisors' strong investment in early childhood education and affordable, safe child care options for families. Regulating family child care providers who take care of five or fewer children ensures that family child care providers in Fairfax County are adhering to safety and health standards. In addition, CEPS also works with providers to improve the quality of care in the family child care home through professional development and technical assistance. CEPS is also the sponsor of the USDA Child and Adult Care Food Program, and in this capacity, works with both state licensed and County permitted providers to support providers in their efforts to provide healthy and nutritious meals to children and to promote physical health.

CEPS supports permitted family child care providers as small business owners. Professional development opportunities in business, marketing, recruitment and working with families help providers improve different aspects of their child care business. CEPS has a partnership with the Women's Business Center to provide resources to providers in the area of business development.

For families in Fairfax County, CEPS helps to ensure that families have child care options that meet their families' needs and support children's school readiness and ongoing success. Families can be assured that providers who are permitted with the County have passed health, safety and fire inspections annually, and have appropriate background checks for all adult residing in the family child care home. CEPS also supports families in their search for regulated child care options through Child Care Central.

CEPS relates strongly to the vision element of 'Maintaining Safe and Caring Communities'. CEPS is essential to protecting the health and safety of children in family child care homes. Through the regulation of family child care providers, CEPS helps to ensure that young children in care are in safe environments which support their healthy growth and development. Per Section 30-3-1 of the Fairfax County Code, the Home Child Care Facilities permit is to be issued by the Office for Children. The ordinance includes multiple requirements, such as those addressing provider qualifications, background checks, health and safety, physical facilities and fire safety.

CEPS relates strongly to the vision element of 'Maintaining Healthy Economies'. Being a permitted family child care provider offers individuals the opportunity to be a small business owner, earn an income for their families, and contribute to the County economy. Family child care providers increase the availability of child care in communities across the County, allowing families with young children to work.

CEPS relates to the vision element of 'Exercising Corporate Stewardship' in ongoing support and partnership with other County programs, including those within the Department of Family Services and the Health Department. In addition, CEPS ensures compliance with federal and state USDA CACFP grant requirements.

Mandates

Chapter 30 of the Fairfax County Code requires that persons in Fairfax County obtain a Home Child Care Facilities Permit if they are caring for up to five children (other than their own) in their homes.

Department of Family Services

Trends and Challenges

Family child care providers are an important component of the County's child care system. The care they provide is critical to meeting the child care needs of working families, including those working non-traditional schedules. In addition, family child care providers help to meet the demand for child care for families with babies and toddlers. There is a continued demand for quality child care and some areas of the County would benefit from additional child care options. In an effort to address this, and to bring additional family child care providers into the regulatory system, the Office for Children works on an ongoing basis to recruit and retain permitted family child care providers. In order to help ensure that children whose families have low income receive nutritious meals while in care, CEPS is working to bring providers caring for children in the child care subsidy program into the USDA Child and Adult Care Food Program.

CEPS also works to meet the needs of the increasingly diverse population of early childhood professionals in the County by providing professional development, technical assistance and resources in multiple languages. CEPS continues its work of promoting quality care, supporting children's school readiness and ongoing success, and advancing the professional growth and development of the child care workforce.

Community Education and Provider Services has seen a slight decline in the number of permitted family child care providers over the past two years. Some County permitted providers have become state licensed, and are now able to care for more children, while others have moved out of the County. There have also been some uniquely challenging reasons for the decrease, including providers having to stop providing care due to homeowner association bylaws or landlord contracts which prevent home child care businesses.

In the coming year, staff will be monitoring the effect of recently passed legislation that decreases the threshold for state licensure for family child care providers from six to five children, not including resident children. This change, which becomes effective July 1, 2016, will affect some locally permitted family child care providers who will need to determine whether or not they will apply for a state license in order to continue to care for five children.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #122: Community Education and Provider Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$1,814,821	\$2,265,869	\$2,522,226
Operating Expenses	468,491	273,358	271,649
Total Expenditures	\$2,283,312	\$2,539,227	\$2,793,875
General Fund Revenue	\$35,404	\$33,314	\$160,695
Net Cost/(Savings) to General Fund	\$2,247,908	\$2,505,913	\$2,633,180
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	33 / 33	33 / 33	33 / 33
Total Positions	33 / 33	33 / 33	33 / 33

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of permitted family child care homes	1,863	1,835	1,753	1,648	1,516
Average cost per childcare slot in permitted care	\$140.52	\$135.49	\$161.11	\$176.01	\$240.59
Percent of survey respondents satisfied with service received from CEPS	99%	99%	99%	99%	99%
Monthly average number of children served by the USDA Child and Adult Care Food Program by family child care providers	4,555	4,559	4,705	4,705	4,705
Percent of permitted providers in the childcare subsidy program who also participate in the USDA Child and Adult Care Food Program	NA	NA	54%	55%	56%

In FY 2015, the number of family child care providers permitted by the County declined by 82 providers. The decrease in the number of permitted providers can partly be attributed to a natural attrition in the number of permitted providers from one year to the next. Some County permitted providers have become state licensed, and are now able to care for more children, while others have moved out of the County. There have also been some uniquely challenging reasons for the decrease, including providers having to stop providing care due to homeowner association bylaws or landlord contracts which prevent home child care businesses.

With recent state legislative changes effective July 1, 2016, a state license will be required for family home child care providers who care for five or more children. This will impact the capacity for permitted providers in Fairfax County, which will decrease from five to four children. The program anticipates that some permitted providers may choose to seek a state license to continue to care for five children. This will impact the number of County permitted providers in FY 2017.

Metric #4 illustrates the number of children who benefit from the healthy snacks and meals served by providers participating in the USDA Child and Adult Care Food Program. The support and resources that CEPS provides to family child care providers in the CACFP, and the increased efforts in recruitment of providers to participate in the CACFP, is reflected positively in the three percent growth in this metric.

In addition, metric #5 notes the percent of permitted providers in the child care subsidy program, Child Care Assistance and Referral, who also participate in the USDA Child and Adult Care Food Program. CEPS is committed to increasing the number of providers who participate in both programs as this helps to ensure that children in care who may not otherwise have access to nutritional foods have healthy meal experiences while in care.

Grant Support

FY 2016 Total Projected Funding: Federal/state funding of \$5,029,185 will support 8/8.0 FTE grant positions. There is no Local Cash Match associated with this award.

The U.S. Department of Agriculture provides partial reimbursement for snacks served to children in family day care homes, the School-Age Child Care program and Greater Mount Vernon Head Start and Early Head Start programs. Funds also provide nutrition training, monitoring and technical assistance.

Department of Family Services

LOB #123:

CHILD CARE SERVICES

Purpose

The School-Age Child Care program helps families succeed and children thrive by providing high quality school age child care before and after school, and during school breaks. A sliding fee scale is available to ensure all families who work or attend school full time or are disabled have access to affordable child care services. SACC staff create a safe and welcoming environment and provide an exceptional program that contributes to the goals and priorities families have for their children such as building self-confidence, developing friendships, having fun, and participating in physical activity. SACC's curriculum of activities supports the Fairfax County Public Schools program of studies, providing a wide range of opportunities for children to expand their interests, develop their talents, and enhance their learning.

Description

Child Care Services is comprised of the School Age Child Care program and the Employee's Child Care Center. SACC and ECCC provide high quality child care services to meet the needs of working families. The centers are licensed by the Virginia Department of Social Services.

SACC began caring for children in 1974 and supports approximately 10,000 working families by providing before-school and after-school, holiday, and summer programs to approximately 13,000 children each year. SACC centers are located throughout the County in 138 Fairfax County Public Schools. In addition, SACC is located in one community center and one recreation center. SACC's partnership with Fairfax County Public Schools helps provide families and children with a continuum of educational experiences. SACC staff implements a daily program of activities that supports children's healthy development, and work in partnership with families to provide a successful experience for all children. SACC's quality program practices are linked to positive youth outcomes, such as engagement in learning, positive peer relationships, and self-confidence.

Hallmarks of the program include SACC's educational and innovative programming, and subsidized child care for income eligible families and children with special needs. Fees are collected from parents as payment for child care services. A sliding fee scale is available to ensure that families earning low and moderate incomes have access to quality, affordable school age child care services. Nearly 20 percent of the families served meet the income eligibility to pay for services on the sliding fee scale. Children in kindergarten through sixth grade with special needs are fully included throughout the program. Children and youth ages 5-21 with multiple disabilities are served at SACC centers located at Key and Kilmer middle schools.

ECCC, which opened in 1988, provides quality, affordable early childhood education services to County employees with children six weeks through five years of age. The program ensures that children learn in a safe, caring and nurturing environment and consists of a developmentally appropriate curriculum designed to support children's school readiness. In FY 2015, 107 children were served at ECCC.

Benefits

Child Care Services relates strongly to the vision element of 'Maintaining Safe and Caring Communities'. The SACC program and Employees' Child Care Center provide an invaluable service to working families, and play a significant role in supporting the healthy development of young children. Children benefit from care and educational programming that meets their developmental needs and contributes to the foundation for future learning and success.

SACC utilizes the Assessment of Afterschool Program Practices Tool, developed by the National Institute on Out-of-School Time, to focus on specific elements of program quality that are linked to positive outcomes for the children served. Children and youth who participate in out-of-school time activities that are geared

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to their interests, designed and staffed by school age program professionals, and based on youth development research enjoy greater positive outcomes. The factors identified as most linked to positive benefits include:

- Greater time spent participating in an afterschool program across the elementary school years yields positive results. SACC services are available year round, before and after school and full days during winter, spring and summer for children from kindergarten through grade six. Children and youth with multiple disabilities may participate until age 21.
- When children like their afterschool program they show improvement in their classroom. 98 percent of families who responded to the SACC parent survey indicated their children enjoy SACC.
- The most significant factor leading to positive youth assessment is the quality of interactions with supportive and caring adults. 99 percent of the families who responded to the SACC parent survey responded that SACC staff know and positively respond to their children's needs.

Child Care Services relates strongly to the vision element of 'Maintaining Healthy Economies'. Fairfax County continues to have a high labor force participation rate with 65.6 percent of parents with children under six in the labor force, and 70.5 percent of parents with children 6 to 17 years old in the labor force. Parents benefit when they have access to reliable, affordable quality child care that allows them to work to support their families. SACC is crucial to supporting working parents, nearly 20 percent of who meet the income eligibility to pay for services on a sliding fee scale. The availability of affordable child care services allows parents to attain and maintain self-sufficiency.

Child Care Services relates to the vision element of 'Exercising Corporate Stewardship'. The SACC program ensures efficient revenue collection, working with the families the program serves while ensuring that financial systems are in place.

Mandates

SACC centers and the Employee Child Care Center are licensed programs that must meet the standards promulgated by the State Board of Social Services according to the Code of Virginia Title 63.2. The Virginia Department of Social Services enforces these standards. Centers must meet requirements for personnel, background checks, professional development and orientation, center programming and health and safety.

Trends and Challenges

The high number of working parents in Fairfax County creates a great need for SACC services. The waiting list for SACC fluctuates across the County and in some neighborhoods families may not have access to SACC services. While nearly 70 percent of SACC centers have fewer than 25 children waiting for services, 12 SACC centers have large waiting lists with over 100 children waiting for care. Strategies for meeting the needs of families for school age child care include providing technical assistance to private sector community groups interested in providing school age child care services, and working in partnership with the Fairfax County Public Schools and the Department of Neighborhood and Community services to provide SACC services in County facilities with transportation support provided.

Adjustments have been made to the sliding fee scale to improve affordability and support participation of families earning low to moderate incomes. Enrollment will be monitored to determine if the changes to the fee scale have resulted in greater participation for families eligible for the sliding fee scale.

Recent efficiencies have been implemented by utilizing a varied staffing structure with additional benefit eligible positions. This staffing model is being closely monitored to ensure ongoing program quality and consistency of service as SACC staff turnover rates have increased from 10 percent to 16 percent during the past three years.

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Demand for ECCC services currently exceeds capacity and the Office for Children expects such demand to remain steady. The Center is fully enrolled and maintains a waiting list for services. Care at the ECCC is in demand among County employees because of the educational quality of the program, a sliding-fee scale for families with low to moderate incomes, and the convenient on-site/near-site location.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #123: Child Care Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$29,350,497	\$28,854,394	\$30,080,687
Operating Expenses	6,108,075	6,457,186	6,368,213
Total Expenditures	\$35,458,572	\$35,311,580	\$36,448,900
General Fund Revenue	\$37,689,220	\$38,674,585	\$39,556,099
Net Cost/(Savings) to General Fund	(\$2,230,648)	(\$3,363,005)	(\$3,107,199)
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	616 / 582.46	572 / 547.14	572 / 547.14
Total Positions	616 / 582.46	572 / 547.14	572 / 547.14

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of children served by SACC	13,515	13,314	13,087	13,400	13,400
Number of meals/snacks served	1,563,068	1,503,641	1,453,165	1,482,228	1,482,228
Percent of survey respondents satisfied with service received from SACC	98%	97%	98%	98%	98%
Percent of survey respondents who agree that SACC supports their child's positive interactions with other children	98%	98%	99%	99%	99%

In FY 2015, SACC served 227 fewer children than in FY 2014, which can be attributed to a normal fluctuation in enrollment throughout the course of the year. The estimate shown for FY 2016 is the result of implementing strategies to serve more children in the program. Metric #2 shows the number of snacks/meals served by SACC to the children in care. Snacks and meals meet the requirements of the U.S. Department of Agriculture Child and Adult Care Food Program. Regarding metric #4, positive relationships with peers contribute to a range of youth outcomes such as healthy development, greater resiliency to stress and adversity, higher aspirations, and academic achievement (source – National Institute for Out-of-School Time, Wellesley Centers for Women).

Department of Family Services

LOB #124:

HEAD START

Purpose

The Head Start and Early Head Start program provides early care and education and comprehensive family services to income eligible families with children birth to five years of age. Early Head Start also serves expectant parents. Head Start and Early Head Start provide services to children and their families that promote children's school readiness and family well-being. Services are provided to educate children and empower families to become self-sufficient.

Description

Head Start and Early Head Start provide quality early care and education and comprehensive family services to income-eligible families with children birth to five years of age and expectant parents. Head Start services have been provided in Fairfax County for over 25 years and Early Head Start for nearly 20 years. Services are provided to children in a variety of settings including family child care homes, classrooms, and in the child's home. Services are provided by the Office for Children, Fairfax County Public Schools and Higher Horizons Day Care Center.

The Office for Children administers the County's federal Head Start and Early Head Start grants and directly operates a Head Start program at Gum Springs Children's Center and an Early Head Start program at Gum Springs Glen. The Office for Children also partners with family child care providers throughout the County to provide Early Head Start in family child care provider homes.

Higher Horizons Day Care Center provides home- and center-based Early Head Start services and center-based Head Start services. Fairfax County Public Schools provide center-based Early Head Start and Head Start services in public school Pre-K classrooms.

Services are provided for children and families full-day, as well as full-year, with the exception of FCPS, which operates on a school year schedule.

Children receive early care and education, health, mental health, dental, and nutrition services. Head Start and Early Head Start build children's social and education skills through intentional early childhood education programming and family-focused experiences. At least ten percent of Head Start and Early Head Start enrollment is filled by children with disabilities.

Families are supported with social and health services, prenatal care and parent education, including family literacy and English for Speakers of Other Languages. Parents receive support in reaching their educational and employment goals.

Parents share in the program decision-making process and are engaged in program activities including providing school readiness experiences at home, volunteering in the classroom and serving on parent committees and the program Policy Council. The parent engagement focus of Head Start and Early Head Start supports parents as advocates for their children.

Bilingual staff is available as needed; all staff has access to the County's simultaneous translation services to assist those who speak a primary language other than English.

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Benefits

The experiences a child has during the first five years of life, when the brain is rapidly developing, are critical to a child's well-being. The learning, interactions and care that children experience before they reach school age influences their ability to live a healthy life, succeed in school and contribute to society. Quality early care and education and comprehensive family services are critical to ensuring young children enter kindergarten ready to meet their full potential.

Head Start and Early Head Start children participate in full-day educational programming in classrooms and family child care homes, as well as in their home setting. Programming supports children to reach their developmental and school readiness milestones. The program implements inclusive practices for children with disabilities.

Head Start relates strongly to the vision element of 'Maintaining Safe and Caring Communities'. The program meets the needs of a diverse population of families with low incomes. In addition to children participating in full time quality early care and education, families receive case management and are linked to health and mental health services, public assistance, housing, transportation, literacy and English for Speakers of Other Languages programs.

Head Start relates strongly to the vision element of 'Maintaining Healthy Economies'. In Fairfax County, Head Start and Early Head Start families receive support reaching their employment and educational goals. Full-time early care and education enables families to work or attend training.

Head Start relates to the vision element of 'Exercising Corporate Stewardship'. The Head Start and Early Head Start Program is responsible for administering services as defined by the grant and federal regulations, ensuring accountability in all areas of operations.

Mandates

Federal Head Start mandates for compliance are found in the following:

1. Head Start Act (Title 42 USC 9801 *et. seq.*)
2. Head Start Performance Standards (Title 45 CFR 1301 *et. seq.*)
3. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (Title 45 CFR Part 75)

Trends and Challenges

In Fairfax County 8.1 percent of children under the age of five, or approximately 6,200 children, are living in poverty. The numbers of families with low income and the high cost of living in the County have contributed to an ongoing need for Head Start and Early Head Start services. Lack of affordable housing and limited transportation resources are additional factors impacting families.

Families have complex needs for a variety of reasons, including recent immigration to this country, separation from personal and family supports, language barriers, and limited access to resources. Head Start works to meet the individual needs of children and families.

While the County has received a new Early Head Start Child Care Partnership grant to serve additional infants and toddlers, in recent years additional federal funding opportunities for Head Start have not been available.

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Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #124: Head Start			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$1,261,027	\$1,190,528	\$1,263,376
Operating Expenses	5,698,710	5,839,596	5,838,632
Total Expenditures	\$6,959,737	\$7,047,919	\$7,102,008
General Fund Revenue	\$51,938	\$60,330	\$44,689
Net Cost/(Savings) to General Fund	\$6,907,799	\$6,987,589	\$7,057,319
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	16 / 16	16 / 16	16 / 16
Total Positions	16 / 16	16 / 16	16 / 16

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Children served by Head Start	1,218	1,275	1,373	1,373	1,373
Percent of 4 year old children reaching benchmarks in social-emotional skills	89%	92%	85%	85%	85%
Percent of 4 year old children reaching benchmarks in literacy and language skills	83%	90%	78%	78%	78%
Percent of 4 year old children reaching benchmarks in math skills	80%	88%	77%	77%	77%

Regarding metric #1, Head Start serves children and families using a combination of local, state and federal funds. This metric does not reflect Early Head Start or Head Start federal funding.

Metrics #2-4, the percent of four year olds reaching benchmarks, displays data in this item which includes all four year olds served in Head Start in all three programs regardless of funding source, who have had both a fall and a spring assessment.

To assess whether children met benchmarks for kindergarten readiness, Office for Children and Higher Horizons use the TS Gold assessment system and FCPS uses the Early Childhood Rubric, an FCPS assessment system.

The variance in outcomes across the past three years reflects the different cohorts of four year old children. Children enter the program each year with varying skill sets and needs. In addition, changes in assessment tools used in FY 2014 and FY 2015 account for some of the variance.

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Grant Support

FY 2016 Total Projected Funding: Funding of \$9,912,963, including \$8,693,177 in Federal revenue and \$1,219,786 in Local Cash Match. Funding supports 68/66.0 FTE grant positions.

Head Start is a national child development program that serves income eligible families with very young children. Families served by Head Start grants receive assistance with child education and development, social and health services, and parent education including family literacy and English-as-a-Second-Language. The overall match requirements for Head Start grants are 20 percent. In addition to Local Cash Match, the agency uses in-kind services to meet the required match. It is anticipated that the County will provide services to an estimated 434 children ages 3 to 5 in Head Start and 300 children ages 0 to 3 in Early Head Start.

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LOB #125:

DEPARTMENT WIDE SERVICES

Purpose

Agency-wide services provide operational support to all DFS programs and its workforce. Supportive services include the call center, records center, internal and external communications, information technology services, professional and organizational development, legislative liaison services, and regional logistical services. In addition, this LOB includes the administrative functions of Community Action Program administration, emergency management and strategic planning. These agency-wide essential support services and administrative functions enable the department to promote the well-being of the diverse community by protecting and improving the lives of children, adults and families through supportive services, education and advocacy.

Description

The LOB includes areas of operational support for client service delivery programs:

- Call Center
- Records Center
- Regional Logistical Services
- Information Technology
- Professional and Organizational Development
- Communication
- Legislative Liaison Services

This LOB also includes the following administrative functions:

- Community Action Program Administration / Support for Community Action Advisory Board
- Emergency Management
- Strategic Planning

These programs are strategically bundled to assure that agency services are delivered with limited redundancy and with the highest efficiency of effort and that the DFS workforce is supported in having the knowledge and resources needed to provide excellent human services to the residents of Fairfax County. Agency-wide functions are operational from 8am to 4:30pm with occasional evening meetings. Emergency response functions are a 24/7 responsibility. With the exception of the regional logistical services, the staff who provide agency wide services are located in the Pennino building.

Call Center:

Call Center employees provide a responsive and knowledgeable service at the agency's telephonic "front door" and seek to resolve customer requests at their first point of contact so line service staff can spend their time providing more complex service delivery. When possible, Call Center employees connect customers directly to staff within each program. Services most frequently requested include public assistance, food assistance, employment, child care and preventive and protective services for children and adults. The Call Center staff optimize department resources and provide the information customers need to receive services quickly and efficiently.

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Records Center:

Records Center employees manage the department's record center which houses closed client (paper) records. They ensure compliance with state and local requirements regarding records retention, archiving and destruction by assisting program staff to develop, clarify and monitor internal standards, policies and procedures. Records Center employees manage and administer the Random Moment Sampling (RMS) process, a state system that determines reimbursable personnel costs for social service agencies.

Regional Logistical Services:

Regional logistics employees provide vital services for clients and support agency programs in providing staff with resources to provide services for their clients. Logistics staff provide emergency client assistance for food and transportation, and electronic benefit transfer (EBT) cards. Regional Logistics manage the agency wide vehicle fleet, equipment and supply purchases and inventory, facilities and space utilization, service document processing (i.e. subpoenas and program correspondence) and telecommunication devices in the department's five field office locations throughout the County.

Information Technology (IT):

DFS Information Technology employees are Business Analysts who work in collaboration with the Department of Information Technology (DIT) to provide access to multiple state and local systems, computer equipment, desktop support, and technical training. Many of the systems DFS employees use are state mandated systems and as such, DFS IT Staff work closely with the Virginia Department of Social Services to ensure DFS users have access to state systems and state owned computer equipment. Some of the major endeavors by DFS Information Technology employees include electronic document management systems for the Office for Children, Self Sufficiency, and Children, Youth, and Families divisions; agency-wide secure encrypted email technology, and mobile workforce solutions for field staff. DFS Business Analysts manage major information technology projects from idea to implementation phase, most of which involve work with both DIT and external contract vendors. With the aim of effectively providing IT services, Business Analysts are integrated within the DFS divisions and in offices throughout Fairfax County. They are matrix-managed as part of a cross functional work team which enables interconnectedness, greater flexibility, and response.

Professional and Organizational Development (POD):

The quality of human/social services provided to the most vulnerable residents in the community is limited by the competence of the workforce providing those services. Professional development provides program specific agency-wide training aimed at eliminating racial/cultural service outcome disparities, supporting state-of-the-art, evidence-based clinical service practices, and promoting succession planning and employee retention at all levels by administering the new employee onboarding process, promoting career management and leadership development best practices, skills, knowledge and abilities. In addition, POD coordinates the design and implementation of related agency priorities such as the Leadership Academy and the Diversity & Inclusion initiatives. POD services are provided throughout all DFS locations hours by personnel with specialized education and backgrounds in social systems, adult education, organizational change management, leadership and training.

Communication

Public outreach provided by Communications (media relations, publications, e-newsletters, website, social media, podcasts, videos, special events, public service announcements, presentations) enables the workforce to better serve clients because clients have more information about what services are available and how to access them. It also helps DFS to be responsive to community requests for information and allows DFS to be transparent and accountable to stakeholders. Internal communication efforts also educate DFS employees about all of the department's programs and services so no matter what "door" a client comes through, the workforce is knowledgeable about the full array of service options. Communications also plays an integral role in creating a DFS culture of employee engagement and innovation through strategic messaging and strategic planning, coordination of an employee-driven interactive webpage, FairfaxNet (SharePoint) support, and support for staff development and agency-specific initiatives.

Legislative Liaison Services

This agency wide function, in conjunction with the County Executive's Government Relations staff, coordinates the department's legislative program including the development of County initiatives, monitoring budget amendments and legislative positions related to department's program

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services; tracking, analyzing and researching legislative, regulatory and budget initiatives on a year-round basis; and determining the impact of legislative actions during the General Assembly Session on the department. Also, this function includes the preparation of position papers and public comment and testimony about legislative issues impacting department programs and services.

Community Action Program Administration

DFS receives federal Community Services Block Grant (CSBG) funds which totaled \$825,776 in FY 2016. This grant funding is used to for the delivery of services subcontracted to community-based organizations through the Consolidated Community Funding Pool. Administration of CSBG funds is overseen by the federally required Community Action Advisory Board (CAAB). Agency-wide services supports this board, administers the CSBG grant, and ensures DFS compliance with federal, state and local laws and regulations governing the Community Action Program.

Emergency Management

Agency wide staff manage, facilitate and coordinate the emergency management responsibilities for the department including responsibilities outlined in the County Emergency Operation Plan and the DFS Continuity of Operations Plan.

DFS is the lead County agency responsible for provision of short term shelters and basic needs in an emergency as defined in the Fairfax County's Emergency Operation Plan (EOP). The EOP outlines the duties and responsibilities of multiple government and non-government agencies in the plan's annex entitled Emergency Support Function 6 (ESF - 6) Mass Care, Housing and Human Services. Should a large-scale event occur (such as a devastating winter storms, flash flood, hurricane, tornado, hazardous material incident, resource shortage, or act of terrorism in Fairfax County) that results in the displacement of large numbers of County residents, DFS is responsible for coordinating with the American Red Cross and designated County agencies the activation and operation of short term shelters. The location of these shelters will most likely be in County owned facilities such as public schools or recreation centers. Types of shelters include:

- Evacuation Shelter – a facility where potentially impacted residents can seek refuge from an impending incident (pre-incident). Evacuation shelters are intended for short-term protection from the direct impacts of an impending emergency and should provide basic amenities (showering, sleeping and meals).
- Emergency Shelter – a facility designated as a site to temporarily provide housing and basic services such as sleeping areas, food services, health services and other resources post incident.
- Reception Center – a temporary location intended to provide a place of refuge for temporarily displaced workers or residents as might be required immediately after a spontaneous event. A reception center is intended to provide limited assistance for a short period of time.
- Warming/Cooling Center – a physical location that provides certain services such as protection from adverse weather conditions and restrooms, but does not offer any overnight sleeping accommodations. The services provided will be based on demonstrated needs.
- Family Assistance Center – designed to facilitate the process of identifying victims of a disaster, reuniting them with their family members, and ensuring the provision of emergency social services to victims and families as they recover from the emergency.

On an annual basis the department recruits staff from within the department to serve as emergency personnel. These employees agree to be designated as emergency personnel staff and to be called upon in the event of an emergency to staff shelters in Fairfax County. Additionally, the DFS Senior Management Team (SMT) serves as department's emergency response personnel and are responsible for staffing the County's Emergency Operation Center. DFS SMT members rotate the "24/7 on call" duty on a two-week basis. The department's budget does not include funding specifically allocated for emergency response expenditures other than a portion of the position in this LOB responsible for emergency planning and departmental oversight. American Red Cross (ARC) and its trained volunteers are critical to the effective and efficient operation of emergency shelters. DFS works in close collaboration with the ARC and its trained volunteers to operate emergency shelters.

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Strategic Planning

Agency wide staff provide facilitation and planning expertise to the agency's strategic planning process. DFS began its agency-wide strategic planning process in 2003 as part of a countywide initiative and is in the third year of its current plan for FY 2013 - 2016. The strategic planning process is led by the agency director and a 28 member strategic planning steering committee comprised of the department's Senior Management Team and representatives from each of the divisions and agency-wider services. In addition to participating in the planning and development of the strategic plan and objectives, the Steering Committee guides the implementation of the plan and monitors initiatives and action plans developed to accomplish the department's vision of being "a model social service agency, understanding and effectively responding to the needs of the community by 2016."

The department's goals in the strategic plan are as follows:

- Customer: We are customer focused.
- Services: We provide service to the diverse community that is outstanding in quality, responsiveness, and results.
- Community: We work in partnership with the community for the well-being of the people of Fairfax County.
- Innovation: We cultivate an environment that encourages and supports creativity and opportunities for continuous improvement.
- Workforce: Employees are encouraged to develop and maximize their talents and leadership skills.

Benefits

Agency-wide services maximize the success of DFS service delivery through the operational support services and the administrative functions provided in the LOB. The Call Center, Record Center, regional logistical services, information technology, professional and organizational development, communications, Community Action Program administration, legislative liaison services, emergency management and strategic planning functions of this LOB assure that the DFS workforce has what it needs to meet current and projected human service needs of Fairfax County. Emergency planning and resources save lives, and protect property and infrastructure.

Agency-wide services support the following County vision elements:

Maintaining Safe and Caring Neighborhoods

- Agency-wide services support DFS programs and services, all of which support this County vision element
- Promote services for a particularly vulnerable segment of the community

Connecting People and Places

- Develop and leverage technology to improve service delivery
- Manage of DFS County vehicle pool for use by employees

Practicing Environmental Stewardship

- Implementation and management of/implement the agency's content management systems with a goal a "paperless system"

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Exercising Corporate Stewardship

- Oversight of the federal Community Services Block Grant and Community Action Programs
- Effective and efficient management of both state and County technology funding, projects and equipment.
- Work diligently to retain and develop the department's most valuable resource; its employees
- Provide responsive support to County departments

Mandates

Emergency Management is a federal, state and local mandate.

Federal

- Federal Civil Defense Act of 1950, Public Law 81-920, as amended.
- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-388
- Homeland Security Presidential Directive 5, Management of Domestic Incidents, Feb 28, 2003.
- National Response Framework (NRF), Second Edition, May 2013.
- National Incident Management System (NIMS), December 2008

Commonwealth

- Commonwealth of Virginia Emergency Services and Disaster Law of 2000, Virginia Code §§ 44-146.13 to 44-146.28:1, as amended.

Local

- Fairfax County Code, Chapter 14, Emergency Management mandates a local Emergency Operation Plan
- Fairfax County Emergency Operation Plan (Approved June 2015 by the Board of Supervisors) mandates the provision of Emergency Support Function: Mass Care and Human Services (ESF 6)
- Resolution by the Board of Supervisors adopting the National Incident Management Systems (NIMS), November 21, 2005.

Community Services Block Grant and Community Action Program Advisory Board Legislative Authority

- Community Action Act: Virginia Code §§ 2.2.5400-5408
- Fairfax County Board of Supervisors assigned the County Executive responsibility for managing the Community Action Program and created the Department of Community Action (DCS) in 1980
- DCA was designated as the community action agency for Fairfax County in 1982.
- In 1994, DCA was merged into the DFS, making DFS the designated Community Action Agency for Fairfax County.
- Community Services Block Grant (CSBG) was re-authorized in 1998; Community Opportunities, Accountability, and Training and Educational Services Human Services Reauthorization Act of 1998, P.L. 105-285.
- A federal requirement of receiving CSBG funds is to have a board (Community Action Advisory Board) to oversee expenditure of the grant funds.
- Agency-wide services support DFS mandated programs.

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Trends and Challenges

Professional and Organizational Development

DFS employees need advanced clinical skills and knowledge to serve an increasingly complex human service client base. Further, according to the demographic trends reported in the Equitable Growth Profile of Fairfax County, a culturally competent workforce is now and will be critical to keeping up with the community's ever-changing demographic composition. Finally, the cost of employee turnover is high both financially in terms of the expense of onboarding, and in terms of the toll it takes on continuity of services when employees leave. Professional and organizational development efforts assure the departmental structures and on-the-job program specific learning that are needed to provide complex and essential community services while addressing these workforce trends.

Communication

For external communications, social media has replaced traditional news media as the primary resource for news. Information shared through social media contains links which drive readers to the web pages so it has become even more imperative to create and maintain dynamic, timely web content which requires increased resources and time. It also requires more staff time to create content for social media and to monitor it.

For internal communications, DFS has an increased focus on staff development and employee engagement to improve service delivery and the department's communications staff plays an integral role in content development, strategic messaging and FairfaxNet support. In FY 2014, the Department of Family Services launched a dynamic, interactive webpage for employees (on FairfaxNet) to increase employee engagement and improve internal communications. A volunteer Editorial Board comprised of employees across every DFS division, location and "grade level" (front line employees to directors) provides two new articles for the webpage every week. A very successful kudos page where employees recognize their coworkers was created. In April 2015, generated by the Employee Feedback Strategic Planning Workgroup, DFS launched an innovative online Suggestion Box where employees do more than simply submit suggestions. Suggestions are voted on, and those that meet the threshold are forwarded to SMT for a timely online response.

Information Technology

In Human Services there is a growing need to share customer data among agencies and service providers in order to provide more integrated services. The challenge to sharing data is the use of multiple systems staff to conduct intake and assessments, manage caseloads and collect management reporting data. The use of many of these systems are mandated by the state. Retrieving and sharing data from these state owned systems can be challenging and in some cases impossible. When data was not accessible in state system, DFS employees created internal databases to capture data needed for management reporting. Over time, multiple databases have been developed using Microsoft Access tools which are the best type of database for storing sensitive data nor the ideal technology for use by multiple users. Identifying an alternative to Access databases that is cost effective, secure and implementable by the agency, is a challenge the department is currently addressing.

Today's workforce is increasingly more technically savvy and as such have expectations for technical tools in the workplace that are similar to what they use in their daily lives such as smart phones, GPS systems for use in the field, mobile applications and access to social media sites. Budgetary constraints restrict the agency's ability to meet the staff expectations.

Nationally and locally, cyber security is becoming increasingly critical for government agencies. The need to safeguard sensitive data is a function the department's local security officers who monitor access to systems and enforce both County and state information security policy. Preparing for emergency situations where technology may not be available to conduct business, whether due to severe weather events, power outages or hackers is the responsibility of each agency and is a critical component in the department's continuity planning responsibility.

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Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #125: Department Wide Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$2,600,995	\$2,874,814	\$2,863,635
Operating Expenses	1,148,621	1,446,345	1,109,316
Total Expenditures	\$3,749,616	\$4,321,159	\$3,972,951
General Fund Revenue	\$1,600,868	\$1,548,618	\$1,713,527
Net Cost/(Savings) to General Fund	\$2,148,748	\$2,772,541	\$2,259,424
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	40 / 40	42 / 42	42 / 42
Total Positions	40 / 40	42 / 42	42 / 42

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of caller requests for information	134, 774	116,148	163,650	163,650	163,650
Average cost per call	\$2.88	\$3.52	\$4.01	\$4.10	\$4.10
Call resolution rate	25%	27%	37%	42%	48%
Employees report that they have the materials and equipment they need to do their work.	84%	NA	81%	NA	83%
Percentage of customers who rate the staff's knowledge of programs and services as good or better.	NA	87%	NA	89%	NA

The one-year decrease in the number of calls received by the DFS Call Center in FY 2014 was due to creation of a new Self Sufficiency Customer Care Center. The increase in FY 2015 was a result of Self Sufficiency Customer Care Center and other Self Sufficiency phone lines being forwarded to DFS Call Center. FY 2016 and FY 2017 numbers are estimated to remain flat due to transition to caseload management and implementation of DFS email box.

Due to the competencies required to provide a higher level of service, the call center staff were reclassified from S-13 to S-15 positions in FY 2015. The reclassification of call center positions increased the average cost per call. Market rate adjustments, COLAs and pay increases attribute to the projected increase in the average cost per call for FY 2016 and FY 2017.

Expanding access to technology has provided call center representatives the ability to conduct more in-depth screenings as well as allowed access to verify if customer documents have been received and provide details about case status. As a direct result of this expansion, the ability for representatives to resolve calls without forwarding them to a worker greatly increased between FY 2014 and FY 2015. In the last 3 months of FY 2015 the average call resolution rate was 48 percent. We anticipate the call resolution rate to remain over 40 percent as Self Sufficiency division transitions to a caseload management process.

The three percent decrease in the employee satisfaction in having the “materials and equipment they need to do their work” can be partially attributed to the implementation of a new Virginia Department of Social Services eligibility and case management system in October 2013. To meet the federal deadlines for the Affordable Care Act, the new system was put in place with minimal user training. Transitioning to a new system is a challenge for users but this implementation was compounded by an unexpected high number of new Medicaid applications coupled with a system implemented with several “bugs” and performance issues. As the system development continues and enhancements are made, employee satisfaction with the system is projected to improve in FY 2017. The state’s Eligibility Modernization project is expected to be completed by December 2016.

The professional development service quality measure metric of “the percentage of customers who rate the staff’s knowledge of programs and services as good or better” has demonstrates a trend of positive results in a customer satisfaction survey conducted every two years. Given the importance of staff knowledge to department performance, the department’s Professional Organizational Development unit has multiple initiatives to improve performance in this area of strength and as a result, projects an increase from 87percent in FY 2015 to 89 percent in FY 2017.

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LOB #126:

SYSTEM OF CARE – CHILDREN’S SERVICES ACT (CSA)

Purpose

The mission of the CSA System of Care is to meet the needs of children, youth and families through a collaborative system of services and funding that is child-centered, family-focused and community-based. The program has the following purposes:

- Ensure that services and funding are consistent with preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;
- Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;
- Increase interagency collaboration and family involvement in service delivery and management; and
- Encourage a public and private partnership in the delivery of services to troubled and at-risk children and youth and their families.

Description

In 1993 Virginia’s Comprehensive Services Act For At-Risk Children, Youth and Families, recently re-named the Children’s Services Act (CSA), combined eight previously categorical funding streams into one pool of funds. These funds, which had been administered by separate agencies, are now centrally managed by the DFS CSA Program. Fiscal, budgeting and vendor contracting functions are performed by the Department of Administration for Human Services (DAHS). The CSA pool fund for Fairfax-Falls Church includes money that had previously been administered: by DFS for the provision of foster care services; by the school system for special education students requiring private tuition placements to meet their educational needs; and Section 286 and 239 funds which had been administered by the state for youth served by the Fairfax Juvenile and Domestic Relations District Court.

The Fairfax-Falls Church Community Policy and Management Team (CPMT) was jointly created by Fairfax County and the Cities of Fairfax and Falls Church pursuant to the Act, which requires CPMTs to be formed by localities to encourage government, private agencies, and parent representatives to collaborate in policy, planning, and service delivery decision making for troubled and at-risk youth. The membership of a CPMT must include the agency heads of the Department of Family Services, Health, Community Services Board, Juvenile Court Services, and the local school division. It must also include a parent representative and a representative of private service providers. Fairfax has further enhanced its CPMT membership by including an additional private provider representative and three additional parent representatives. The CPMT is chaired by the Deputy County Executive for Human Services.

CSA purchases services and supports for children and youth in or at risk of foster care, youth involved in the juvenile justice system, students in need of private special education placement and youth with serious emotional or behavioral problems who require services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated cross-agency services. Individual Family Service Plans (IFSPs) that request CSA funding for services are developed through team-based planning processes that include County and school system staff and private agencies, which ensures inter-agency collaboration, prevents duplication of effort and supports positive outcomes. Team-based planning processes authorized to develop CSA IFSPs include family assessment and planning teams, family partnership meetings and family resource meetings. Approximately 1,000 team-based planning meetings are convened annually, in settings such as County facilities, schools, non-profit agencies and the families’ homes, and take place both during and after traditional work hours.

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CPMT has authorized CSA utilization review staff to review purchase of service requests developed through team-based planning, and approve expenditures according to local and state CSA policies and procedures. CPMT has authorized Fairfax County Public Schools and Fall Church City Public Schools to approve expenditures for IEP-required private special education placements according to local and state CSA policies and procedures.

The Behavioral Health System of Care Program is a new initiative of the County Board of Supervisors to expand the CSA System of Care in order to improve access to behavioral health services for children and youth in the community who are not CSA-eligible but have significant behavioral health issues. The SOC Program contracts for behavioral health treatment and supports families' ability to access behavioral health services through improved system navigation tools and processes. The CSA and SOC Programs comprise one Division of the Department of Family Services, and report directly to the Deputy County Executive for Human Services.

Benefits

The CSA System of Care is essential to achieving the County Vision Element of Maintaining Safe and Caring Communities. CSA purchases about \$15 million in services annually to support the DFS Child Protective Services and Foster Care programs in providing protection to abused and neglected children and other highly vulnerable children and youth. CSA is the primary funder of services for children, youth and families involved with these programs. CSA purchases about \$21 million annually for placements of students whose special education needs are so great that they cannot be served in the public school system. The new system of care initiative is developing a short-term therapeutic intervention for at-risk teens and building an on-line navigation tool that will help parents of youth with serious mental health issues access needed services on a timely basis, reducing the risk of suicide and other negative outcomes.

As a result of CSA intervention, the approximately 1,300 children and youth served annually have fewer risk behaviors and improved mental health, as measured by a standardized assessment instrument. Of youth referred to CSA with high risk behaviors, 71 percent had reduced suicidal behavior; 77 percent had reduced other self-harming behavior; 74 percent had reduced dangerous behavior toward others; 75 percent had reduced delinquent behavior; and 78 percent had reduced bullying.

Family partnership is a cornerstone of the CSA. In Fairfax-Falls Church the CPMT has approved procedures for the active involvement of parents and/or other legally responsible parties in the planning, delivery, and financing of services for their children. The parents and youth are included in the aspects of planning and review of services as the youth's age and appropriateness of inclusion permit. Planning meetings are anticipated to be conducted in a spirit of partnership and collaboration. The CSA was designed to assist troubled youths and their families to gain access to the services from various human services agencies in order to meet their needs. State and local agencies, parents and private service providers work together to plan and provide services.

The team-based planning approach required by CSA is best practice for serving children, youth and families with significant challenges. The Fairfax-Falls Church CPMT recognizes that individualized service planning required by CSA is best accomplished through assembling teams of people who work directly with the youth and family, and others who are important in the family's life, or who have knowledge of and can access potential resources. Individual Family Service Plans (IFSPs) that request CSA funding for services are developed through such a team-based planning process, which ensures inter-agency collaboration, prevents duplication of effort and supports positive outcomes.

The CSA System of Care plays a leadership role in promulgating evidence-based treatments such as trauma informed care, Motivational Interviewing and trauma-focused cognitive-behavioral therapy across all child-serving systems.

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Mandates

Ninety-three percent of CSA System of Care expenditures purchase foster care and special education services mandated under state and federal law. The remaining expenditures support the initiative to expand the CSA System of Care in order to improve access to behavioral health services for children and youth in the community that was approved by the Board of Supervisors in FY 2015. Specific Virginia Code sections include:

- Virginia Code § 2.2-5211-C: “The General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (i) provide special education services and foster care services for children and youth identified in subdivisions B 1, B 2, and B 3 and (ii) meet relevant federal mandates for the provision of these services.”
- Virginia Code § 263.2-905: Chapter 9 - Foster Care
- Virginia Code §22.1: Chapter 13, Article 2 – Special Education
- Virginia Code § 16.1-286: Juvenile and Domestic Relations District Courts

Trends and Challenges

The number of children served in CSA increased 12 percent in FY 2015 and is expected to continue increasing in FY 2016 as a result of new state legislation making it easier for families to self-refer. In order to meet the increased demand for services with existing budgetary resources children will need to be effectively served in the community rather than in residential or group home settings. Continuing increases will tax the CSA Program's capacity to provide administrative support and the capacity of public child-serving agencies to provide necessary case management and care coordination. State funding for CSA administrative support is only \$25,000 annually, and has not increased since 1993.

The state has identified CSA as a potential funding source for covering the educational costs of youth in Medicaid-funded residential treatment. Without additional funding from the General Assembly, paying for that could cost the County up to \$1.4 million annually. Although the full impact would not likely be felt until FY 2017, were the new policy to be approved and implemented in FY 2016 there would be an immediate cost impact.

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Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #126: System of Care - Children's Services Act (CSA)			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$807,603	\$841,396	\$1,184,499
Operating Expenses	38,564,852	39,269,378	43,203,223
Work Performed for Others	(169,048)	(134,244)	(137,723)
Total Expenditures	\$39,203,407	\$39,976,530	\$44,249,999
General Fund Revenue	\$19,941,919	\$20,951,447	\$22,360,497
Net Cost/(Savings) to General Fund	\$19,261,488	\$19,025,083	\$21,889,502
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	10 / 10	13 / 13	13 / 13
Total Positions	10 / 10	13 / 13	13 / 13

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Children served by CSA	1199	1200	1343	1477	1507
Cost per child	\$32,651	\$35,290	\$28,957	\$28,468	\$27,928
Percent of parents satisfied with services	88%	88%	92%	90%	90%
Percent of children in CSA served in the community	82%	88%	90%	90%	91%

In FY 2014 and 2015 nearly 90 percent of children and youth served were able to remain in the community rather than requiring restrictive and expensive residential care, a significant improvement over FY 2012 and 2013. Since FY 2012 the number of Fairfax children and youth requiring long-term residential placement has decreased 40 percent, from 129 to 77, due to the use of intensive care coordination and other CSA-funded community-based services, as well as the efforts of DFS, JDRDC, CSB and FCPS staff.

In addition, over 85 percent of children and youth at-risk of foster care served through CSA are able to safely remain with their families. This contributes to the success of DFS in decreasing by 27 percent the monthly average number of children in foster care, from 349 per month in FY 2011 to 255 in FY 2015.

The number of children served in CSA increased 12 percent in FY 2015 and is expected to continue increasing in FY 2016 as a result of new state legislation making it easier for families to self-refer. In order to meet the increased demand for services with existing budgetary resources children will need to be effectively served in the community rather than in residential or group home settings.

The increased number of clients combined with the reduced use of expensive long-term residential placement resulted in a 9 percent decrease in the cost per child served from FY 2014 to 2015. From FY 2013 to FY 2015 the cost per child decreased by \$4,276 (13 percent).

Policy changes being considered by the state would encourage families to access CSA to fund the educational costs associated with Medicaid-funded residential treatment. If approved the new policy could cost the County up to \$1.4 million annually. Although the full impact would not likely be felt until FY 2017, were the new policy to be approved and implemented in FY 2016 there would be an immediate cost impact.

Parent satisfaction with CSA services is high, consistently averaging nearly 90 percent from FY 2012 through FY 2015.