

ADVISORY SOCIAL SERVICES BOARD ORIENTATION

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ADVISORY VS ADMINISTRATIVE BOARDS

Advisory Board

Roles and Responsibilities

- Local Advisory Board Handbook
- Administrative Code and Statute
- Board of Supervisors Resolution for ASSB

Type of Boards: Administrative and Advisory

Administrative

- Makes local policy decisions with staff input.
- Authority over local funding from public and private sources
- Represented by legal council
- Review programmatic and personnel performance
- Responsible for service delivery (CPS, APS, Foster Care, Public Benefits)
- Appoints the local director
- Interest in all matters pertinent to local social services.

Advisory

Meet with DFS Director at least 4 times annually to make recommendations of policy matters

Interest in and monitors matters related to public assistance and social services needed by the residents in the jurisdictions (Fairfax County, City of Fairfax, and City of Falls Church) served by DFS.

Make an annual report to the local governing body with the budget presentation of the local department and other reports the advisory board deems appropriate.

Regardless of Board Type Board Members are expected to...

1. Attend board and committee meetings
2. Know the programs, goals and objectives of the DFS
3. Take an active interest in state and local social services issues
4. Monitor and review program performance
5. Serve as a champion of the agency
6. Enhance the public image of DFS
7. Promote partnership with DFS
8. Educate the public about the local social services programs and activities.

Local Handbook p. 16



Role of the Director

1. Senior Executive of LDSS (in Fairfax also responsible for Area Agency on Aging)
2. Program Planning and Implementation
3. Personnel Planning
4. Budget Planning and Fiscal Planning
5. Emergency Management (ESF-6 – Human Services)
6. Agency Logistics (space and resources)

COMMONWEALTH of VIRGINIA

Department of Social Services



Local Board Member Handbook

March 2023

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PREFACE

Welcome to the Local Board of Social Services!

We are pleased to have you as part of our team in fulfilling our shared mission “To design and deliver high quality human services that help Virginians achieve safety, independence and overall well-being.”

Serving on your local board is a tremendous opportunity to serve your local community, and it comes with significant responsibility to champion the work of the department. In this role, you will learn the ins and outs of your local agency, and work closely with state and local partners.

Virginia law mandates an LDSS in every political subdivision of the state and specifies duties and responsibilities of the Local Director and the Local Board. One of your main responsibilities is keeping your focus on the clients we serve and helping to ensure that your Local Department of Social Services (LDSS) is engaging clients appropriately, and continuously improving its operational performance to ensure the best possible outcomes for the people who need the support of the LDSS.

As a Local Board member, you will learn about the various programs administered by your LDSS:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Energy Assistance
- Child and Adult Protective Services
- Foster Care
- Adoption
- Child Care Subsidy

and many other partnerships and initiatives designed to embrace, engage, educate and empower our citizens and neighbors.

Depending on your Board type, as a Board member, you may be involved in one or more of the following activities: strategic and financial planning and monitoring, personnel and workforce management, programs and services, community events, fundraising, branding and marketing. Very soon you will learn more about your role and specific responsibilities from your Local Director and the VDSS Regional Director.

Regardless of the type of local Board, geographic location or size of your Local Department, in order to succeed, you will need to learn everything you can about Social Services in your locality. Please be sure to complete training and orientation requirements within the first 90 days of your term.

This manual is full of information about LDSS programs and discusses in detail your role as a member of your localities' board. We ask that you educate yourself and those around you and jump wholeheartedly into this work! As a board member, you will:

- Act as an advocate, to deliver and promote the message, mission and vision of your Local Department.
- Think and operate proactively to strengthen the safety net protecting vulnerable, at-risk members of your local community.
- Optimize the service and support your Local Department provides to individuals and families on the path to self-sufficiency.

All of our citizens deserve to be represented by dynamic, high-performing Board members, eager to innovate and enhance social services in their community. It is important that we hold ourselves accountable for providing servant leadership to our colleagues, clients and communities. Together we will achieve great strides to triumph over poverty, abuse and neglect. Together we can shape strong futures for all Virginians.

We are people helping people, and we are grateful that you are joining us!

Danny TK Avula, MD, MPH

Commissioner of the Virginia Department of Social Services

INTRODUCTION

The current legal base for the Virginia Department of Social Services is [§63.2](#) of the Code of Virginia (hereafter referred to as Title 63.2) which:

- Provides for a local board and local director;
- Defines specific duties of the State Board and local boards of social services;
- Defines duties of the Commissioner and local directors; and,
- Sets out in state regulations the structure and administration of social services in Virginia.

The general intent of the regulation is to assure that throughout the Commonwealth eligible persons receive financial assistance, other benefits, and social services. The regulation continues to provide for local administration of assistance and service programs under state supervision.

This manual will explore the role of the local board and the local Director. It will also provide a brief orientation to the entire Virginia Social Services System and the programs and services that are provided by the local Department of Social Services.

The first two appendices, located at the back of the manual, contain a list of acronyms ([Appendix 1](#)) and commonly used terms ([Appendix 2](#)) in local and state departments of social services.

VDSS MISSION AND VISION STATEMENTS

The Virginia Department of Social Services (VDSS) is guided by the following mission and vision statements:

VDSS MISSION

To design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being.

VDSS VISION

A commonwealth in which all Virginians have the resources and services they need to shape strong futures for themselves, their families and their communities.

Preferred Qualities of an LDSS Board Member

While the local governing body is responsible for appointing members to the local board of social services and one member of the local governing body is usually included on the local board, VDSS has compiled a list of selection criteria that should be when there is a vacancy on the board and created a flow chart outlining the process from vacancy to filled board position.

Availability - An educated, engaged Board is best prepared to represent and advocate for the community's citizens. Board members must have the availability and interest needed to complete training, attend Board meetings, and serve as an active, engaged member of the Board.

Advocacy - Board members should be ready to embrace the role of champion, community activist, myth-buster and strong supporter of vital social services work in their community. Board members serve as champions for our most vulnerable citizens and therefore must understand the purpose, cost, and gains of services and programs, and be prepared to represent those in need.

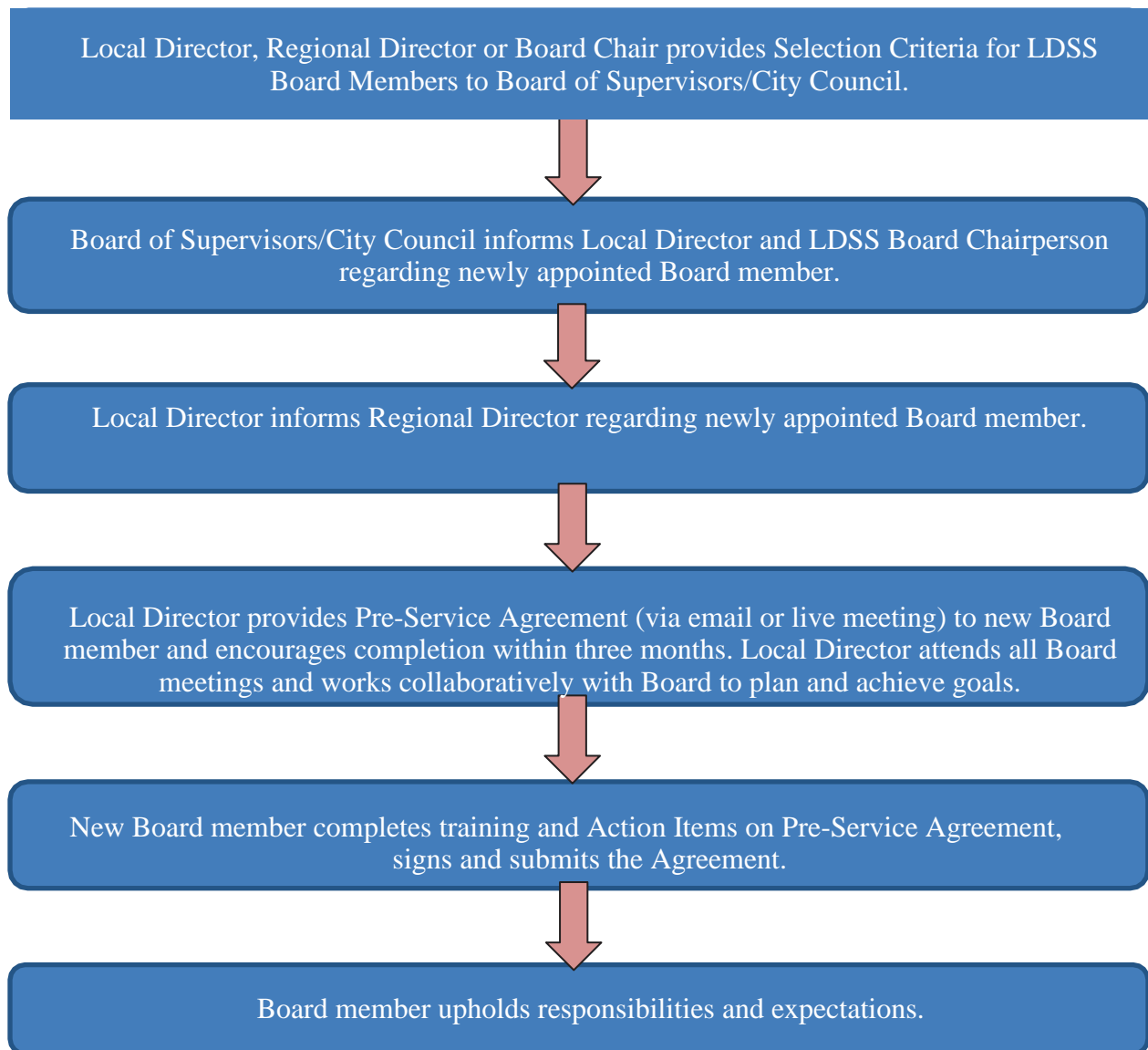
Diversity - A diverse board is rich in experiences, knowledge and ideas. Members from a variety of ethnicities, cultures and backgrounds (individuals with accounting and budgeting experience, teachers, non-profit leaders, community activists, parents, CEOs, etc.) bring a range of perspectives, proficiencies and skills. A highly inclusive Board can greatly benefit the LDSS and the community at large.

Dedication - Each Board member's involvement has a direct impact on the people we serve. All of our citizens deserve to be represented by dynamic, vigorous, contributory and high-performing Board members, eager to innovate and improve social services in their community.

New Local Board Member Selection Process

Local Departments of Social Services Board Members hold a powerful volunteer position representing their community. LDSS Boards implement numerous aspects of the Code of Virginia related to Social Services, fulfilling important responsibilities and making decisions which greatly impact their community members.

Below is a flow chart of the new local board member selection process:



Once a board position is filled, the new board member shall be provided a copy of the “Local Board Member Pre-Service Agreement” (refer to [Appendix 3](#)) that outlines expectations and provides resources for the new board member. A key part of the checklist is the confidentiality statement that is found on page 2 of this document. It is critical that every new board member sign the statement as confirmation of the understanding that all information shared during board meetings must remain confidential in nature because often specific case information or personnel issues are brought before the board.

Expectations for a New Local Board Member

Within the first ninety (90) days of the board member’s first term, the local board member shall:

- Review, sign and submit to the Local Board Chair and Regional Director (dss.regionaloffices@dss.virginia.gov) the “[Local Board Member Pre- Service Agreement](#)”; and,
 - Complete Local Board Member Training. Course Title: LBM1001e: Local Board Member training – this is a self-paced elearning

In addition to the first ninety (90) day requirements, the new local board member should attempt to complete the following within the first ninety (90) days, or as soon as they are able:

- Read the “Local Board Member Handbook”.
 - The handbook is located on the VDSS public website (see below for the link) and will help you acclimate to your new position. While the new local board member may request the LDSS for a printed copy of the manual, VDSS encourages the new local board member to use the electronic version because it contains links to multiple online sources of information.
 - http://www.dss.virginia.gov/about/files/lb_handbook.pdf
- Visit the LDSS and VDSS website.
 - Ask your Local Board Chair to provide you with the website for your LDSS.
 - <http://www.dss.virginia.gov/>

- Complete training.
 - As part of the registration process for the Local Board Member Training, the new board member will be provided access to the Commonwealth of Virginia Learning Center (CoVLC). Once the new board member receives their access via their email, they can access the CoVLC and complete this eight-minute e-learning.
 - Course Title: VDSS OD1000: Introduction to Virginia Social Services System (VSSS).

- Review the Local Agency Annual Reports.
 - New local board members can access historical LDSS caseload and expenditures data, as well as county/ city population on the VDSS website by reviewing the local agency profile and financial statements.
 - http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi
 - http://www.dss.virginia.gov/geninfo/reports/agency_wide/jlarc.cgi

- Meet the management team at the LDSS.
 - Arrange with the local director for an agency visit to tour the facility and meet the management team.

- Conduct research.
 - Explore the many links provided in the Local Board Member Handbook and then continue to explore other online sources for more information about local and state social services programs.
 - Find out what unique programs your LDSS has to offer and find out what challenges your community experiences. What makes your LDSS and your community different from neighboring communities?

- Attend meetings.
 - Attend all meetings. Obtain a schedule of the meetings in the next year and arrange your calendar so that you can attend. If you are unable to attend a meeting, inform the Local Chair and Director as soon as you know that you cannot attend. Remember that a quorum of local board members is required for voting!

- Advocate and engage.
 - Embrace your role as a champion, myth-buster, and a strong supporter of vital social service work in your community.
 - Learn about your local department’s initiatives, budget, planning, goals and communication (what is your agency’s mission and vision statement?). Advocate in your local, regional, and state community for your LDSS programs, missions and goals.
- Identify local board member responsibilities unique to your LDSS
 - Work with your local board chair, other local board members and local director to identify other responsibilities related to being a local board member. Record these responsibilities on your “Pre-Service Agreement.”

Accountability for a Local Board Members

If a Local Board member does not meet the established expectations, he/she may be removed from the Board by the entity which nominated the member, or by the State Board.

CHAPTER 1 – ROLE OF LOCAL GOVERNMENTS, BOARDS AND LOCAL DEPARTMENTS

Role of Local Governments

The local governing body is responsible for the following:

- Appoints members to the local board of social services; one member of the local governing body is usually included on the local board
- Determines whether the local board is Administrative or Advisory;
- Appoints the local director when specified by law;
- Receives the annual budget, requests and reports prepared by the local board;
- May pay compensation and expenses to local board members from local funds; and,
- May suspend or remove a local board member for just cause.

Role and Types of Local Boards

Every political jurisdiction in Virginia is required by state law to provide social services to their residents. Each agency has a corresponding local board (§[63.2-300](#) of the Code of Virginia). In some cases, combinations of counties and cities may share both the local department and the local board.

There are two types of local boards: **Administrative and Advisory**. Although there are some differences in responsibility between the two boards, there are several expectations that are the same. All board members will:

- Attend board and committee meetings
- Know the programs, goals and objectives of the LDSS
- Take an active interest in state and local social services issues
- Monitor and review program performance

- Serve as a champion of the agency
- Enhance the public image of the LDSS
- Have an active role in promoting interagency relations by acting as liaisons
- Take advantage of any opportunities to further educate the public about the local social services programs and activities.

Local board members are likely to have a variety of contacts throughout the community – perhaps through their regular jobs or through social or religious activities. Frequently, they are involved with other significant community organizations, either as employees or as members of boards or advisory councils.

While department staff will often work directly with personnel from other agencies, a board member may be just the link necessary to establish or enhance interagency relationships. Keeping the informal lines of communication open, making each agency aware of the other’s programs and updating them on any relevant changes are all conducive to interagency coordination. If the community and the local board seem to be open to moving in this direction, or perhaps already have, **BE SUPPORTIVE!** The local board also may be able to persuade the local governing body, other local service organizations, and/or business to lend their support, in terms of funding or personnel.

Members of the local board should also take advantage of any opportunities to further educate the public about the local social services programs and activities. Local board members act as liaisons to other community organizations and public agencies. They also have a unique opportunity to promote volunteerism in the local department, and to be a catalyst in the development of community-wide volunteer resources.

Local board members may be aware that there are many misconceptions and disagreements about the need for social services and the way it is managed. Frequently, people may not understand, factually, how the department really operates. A local board member may be able to clarify or lay to rest some of these misunderstandings.

By participating on the local board, members should gain knowledge about the scope of social services problems in the community and how the local department is able to meet those needs. Informal sharing of this information helps build stronger community support. If the board members speak in general terms and remember to strictly adhere to rules of confidentiality, case histories may be shared to demonstrate how the programs have helped real people. Confidentiality is essential – the identities of clients must **ALWAYS** be protected.

The growing knowledge and understanding of local needs and local department operations by a new local board member, combined with the individual's stature in the community, may also provide the member influence with the local governing body. A person who is committed to this cause and who knows what he/she is talking about gains respect. This respect can translate into stronger support for local directors and their efforts.

Local board members should always be ready to promote awareness and understanding of the department. In some counties, local boards have organized special orientation sessions for other community organizations.

While both types of board display interest in all matters pertinent to the public assistance and social services needed by the people of the jurisdiction served by the local department, there are some key differences between the two boards. Key differences between the Administrative and Advisory boards are outlined in the chart on the following page.

Administrative*	Advisory
1 or 3+ members	5 to 13 members
Meets at least bi-monthly. Makes local policy decisions with staff input.	Meet with the local government official who constitutes the local board at least four times a year for the purpose of making recommendations of policy matters concerning the local department
Local policy decisions – establishing, reviewing and revising as needed	Display interest in all matters pertinent to the public assistance and social services needed by the people of the jurisdiction served by the local department
Discretionary power over local funding from both public and private sources	Monitor the formulation and implementation of public assistance and social services programs by the local department
Employment of legal counsel in civil matters	
Review of programmatic and personal performance	Make an annual report to the governing body or bodies, concurrent with the budget presentation of the local department, concerning the administration of the public assistance and social services programs
Provision of a variety of child protective services, including CPS when not available through other community agencies	Submit to the governing body or bodies other reports that the advisory board deems appropriate
Provision of APS	
Placement of children and adults in foster homes or other facilities when appropriate	

Administrative*	Advisory
Determination of which optional services will be offered	
Appointment of local department director (unless otherwise specified by local government) and assuring the professional qualifications of this office	
Interest in all matters pertinent to local social services	

*Many Administrative boards opt to delegate many of these duties to the local director. Refer to [Appendix 4](#) for a template that local boards may use to delegate specific authorities to the local director.

Role of Local Director of Social Services

- The local director is appointed by the local board or other appointing authority where designated by city charter or statutes, subject to the personnel standards and regulations of the State Board (§63.2-325 of the Code of Virginia). The VDSS provides assistance to local boards in selecting local directors as requested or as deemed necessary.
- The local director serves at the pleasure of the local board, or other appointing authority, subject to the provisions of the merit system plan as defined in §63.2-326 of the Code of Virginia.
- A local director who does not meet the personnel entrance and performance standards established by the state Board may be removed by the Commissioner (§63.2-327 of the Code of Virginia).
- The local director shall be the administrator of the local department and shall serve as secretary to the local board (§63.2-332 of the Code of Virginia).
- The local director works with the local board to assess community needs and resources. The local director informs the local governing body of program objectives and policies.
- The director prepares an annual budget submission to local and state government and assists in securing needed funds.
- The local director ensures that programs are operated as intended and is responsible for the performance of the local agency.
- The local director’s administrative duties include program implementation, human resource planning, supervision and evaluation of staff, financial planning and securing and maintaining office space and office equipment.
- It is the intent of the law that the local department shall meet the general welfare needs of the community in cooperation with other public and private agencies.
- The local director interprets rules and regulations available to staff. He or she has a broad knowledge of community resources and takes an active role in promoting interagency cooperation. The local director cooperates with other agencies, public and private, in meeting the needs of the community (§63.2-334 of the Code of

Virginia). The local director is responsible for public relations and is the liaison between the local board and staff.

- The local director is responsible for the Virginia Freedom of Information Act and the Equal Opportunity Act.
- The local director informs the local governing body and public officials regarding activities related to public assistance programs. The local director is accountable to the community and the VDSS.
- Additional responsibilities include the coordination of a multi-discipline team (MDT) for the provision of Child Protective Services (§[63.2-1503](#) of the Code of Virginia).

Under the general direction of the local administrative board, the local director is the administrator of the local department. In cooperation with other public and private agencies, the specific powers and duties are to:

- Render such information, services, assistance and cooperation as may be ordered by the Judge of the Juvenile and Domestic Relations District Court. Provide supervision to children on parole, returned by the State Department of Corrections (§[16.1-278](#) of the Code of Virginia).
- If so authorized by the local board or other appointing authority, subject to the personnel standards and regulations of the state Board, employ other employees as may be required by the Commissioner in the county or city and participate in the annual evaluation of the services of such staff members (§[63.2-325](#) of the Code of Virginia).
- Act as agent of the Commissioner in relation to any work to be done by the Commissioner within the county or city (§[63.2-333](#) of the Code of Virginia).
- Foster cooperation between all public and private charitable and social agencies in the county or city to the end that public resources may be conserved, and the social needs of the county or city be adequately met (§[63.2-334](#) of the Code of Virginia).
- Keep records of cases handled and business transacted in such manner and form as may be prescribed by the State Board (§[63.2-335](#) of the Code of Virginia).
- At the request of the local governing body, prepare each year and keep on file a full report of the local department’s work and proceedings during the year. If such

request is made, one copy of such report shall be filed with the local governing body and another with the State Board (§63.2-336 of the Code of Virginia).

- If the local board does not act on an application for assistance within the time limit specified by the State Board or circumstances require immediate assistance, the director may provide necessary assistance pending determination by the local board (§63.2-503 and §63.2-504 of the Code of Virginia).
- Review or cause to be reviewed, all assistance grants as frequently as required by the State Board. If the local board does not act within 30 days on information affecting eligibility or the amount of assistance, the local director may make the necessary adjustments in the amount of public assistance or suspend assistance pending action by the board (§63.2-514 of the Code of Virginia).
- Supervise the placement in suitable homes of children entrusted or committed to the local board (§63.2-901 of the Code of Virginia).
- Prepare, or cause to be prepared, and submit to the circuit court the required report on each adoption case referred to the agency by the court, and a copy to the Commissioner (§63.2-1208 of the Code of Virginia).
- Cooperate with the Division of Child Support Enforcement in the location of responsible persons who have abandoned or deserted or are failing to support children receiving TANF (§63.2-1902 of the Code of Virginia).

Other Local Director Administrative Duties

Program Implementation – The local director, as agent of the local board, is the administrator of all the programs for which the agency has statutory responsibility. The local director must have knowledge of all the programs, their relative importance and interrelationships in order to assure their effective implementation. They must be aware of management principles and techniques in developing methods and procedures for agency operation and establishing priorities. Proper channels of communication among staff members are essential to efficient operation.

Personnel Planning – The local director is responsible for determining the number and classification levels of staff needed to carry out agency functions and for making appropriate recommendations to the local board for the provision of adequate, qualified staff.

The local director must provide the type of supervision and in-service training that will foster the growth and development of the professional and support staff.

Depending upon the size of the agency, the degree of the local director's supervisory responsibility will vary. In very small agencies, it may be necessary for the local director to carry a specialized or limited caseload. The Local Director will establish the quality of the agency atmosphere of cooperation and concern for client, co-workers and the community.

Financial Planning – The local director is responsible for the preparation of the initial budget. This involves an evaluation of programs as currently operated; recognition of new laws, regulations and policies which will affect program operations for the upcoming year; consideration of desirable improvements in programs or additional services to be included; and the assembling of data to support administrative and program estimates. The budget estimate is submitted to and discussed with the local board responsible for approval of the final budget. The local administrative board or local director then presents the budget to the governing body.

When final approval of the budget is given, the local director is responsible to the local board for the proper expenditure of funds. This involves the keeping of adequate records, the completion of necessary reports, and the establishment of monitoring procedures.

Office Space and Equipment – The local director is responsible for assessing the office space and equipment needs of the agency in relation to standards established by the State Board. Such standards include accessibility of the agency office to the public, adequate space for staff and clients, safety and health requirements, and equipment and furnishings necessary for efficient operation.

Local Department of Social Services Staff

- Provide direct services to customers;
- Issue certain payments to customers and service providers;
- Determine customer eligibility for benefits;
- Arrange for and provide direct services to customers; and,
- Are responsible to the local governing body, local board, local director, VDSS Regional and Home Office staff.

Other responsibilities might include:

- Presenting information about cases and services to the local board, VDSS or State Board.
- Discussing problems with the local board at staff request.
- Conducting customer-related assignments without personal interference.

CHAPTER 2 – VIRGINIA SOCIAL SERVICES SYSTEM (VSSS)

Federal and State Relationships

With respect to those benefit and service programs in which there is federal financial participation, state statutes provide that the VDSS shall cooperate with the Department of Health and Human Services (HHS) and other agencies of the United States in “any reasonable manner that may be necessary” to enable the State to receive federal grants for such programs (§[63.2-206](#) and §[63.2-406](#) of the Code of Virginia).

Federal regulation requires that federal agencies deal exclusively with a single state agency in the administration of any one federally reimbursed program of assistance and/or services to individuals. VDSS is the “single state agency” with the United States Department of Agriculture in the administration of the Supplemental Nutrition Assistance Program (SNAP). VDSS is also the “single state agency” dealing with the federal Department of Health and Human Services (HHS) in the administration of the program of Temporary Assistance for Needy Families (TANF). The Virginia [Department for Aging & Rehabilitative Services](#)' (DARS) is designated, subject to the provisions of §[51.5-66](#) and §[51.5-77](#) of the Code of Virginia regarding the [Department for the Blind and Vision Impaired](#) (DBVI), as the state agency for the purpose of cooperating with the federal government in carrying out the provisions and purposes of the federal [Rehabilitation Act of 1973](#) (29 U.S.C. §701 et seq.) and is empowered and directed to cooperate with the federal government in the administration of such act, to prescribe and provide adult services as may be necessary for the rehabilitation of persons with disabilities, to provide for the supervision of such services, and to disburse and administer federal funds provided for the rehabilitation of such persons. The local departments of Social Services staff remain responsible for determining eligibility for Auxiliary Grants and service delivery for adult Protective Services and Adult Services.

The [Virginia Department of Medical Assistance Services](#) (DMAS) is the “single state agency” dealing with the federal [Department of Health and Human Services](#) (HHS) in the administration of the Medical Assistance (Medicaid) programs, although VDSS carries the responsibility for determination of eligibility for this program and for the provision of related

social services, as specified in §[63.2-405](#) of the Code of Virginia.

The responsibility of the “single state agency” to each federally reimbursed program consists of (a) submitting to the appropriate federal agency for approval a state “Plan” which meets the conditions required by federal law and regulations to qualify for financial reimbursement (b) submitting amendments as necessitated by changing federal regulation or by changing conditions or needs within the state and (c) upon approval of the state “Plan” and amendments assuring uniform implementation of the “Plan” throughout the state.

Federal regulations frequently offer options to states in certain areas of program implementation. When a state has made its choice in such cases, the option selected becomes a part of the state’s “Plan” and, upon approval by the federal agency, the state “Plan” is the basis for federal financial participation in programs. Federal audits are carried out to monitor compliance with the approved state “Plan”. For this reason, state and local administration is based on state regulations and the approved “Plans” are the result of federal legislation or regulations.

State and Local Agency Relationships

VDSS is responsible for the administration of social service programs consistent with federal and state regulation and policy of the state Board. As such, VDSS provides the following:

- The Department shall assist the state Board with the development of program guidance
- VDSS shall evaluate programs and provide guidance on a continuing basis.
- VDSS also shall make necessary information available and assist the Board with any inquiries or evaluations the Board is conducting.
- VDSS shall also provide administrative supervision, training, technical assistance, program guidance to local social services agencies
- VDSS will monitor and evaluate social services programs and the agencies operating the programs.

Other than being the supervisory authority for local program operations, VDSS also has the responsibility of inspecting and issuing licenses to adult and child care facilities throughout the Commonwealth. Additionally, VDSS has responsibility to establish, enforce, and collect child support payments.

Commissioner's Office

The executive head of the VDSS is legally designated as the Commissioner of Social Services. He/she is appointed by the Governor, subject to confirmation by the General Assembly, if in session when the appointment is made, and if not in session, then at its next session. The Commissioner shall hold office at the pleasure of the Governor for a term coincident with that of each Governor making the appointment or until a successor is appointed and qualified. Vacancies shall be filled in the same manner as original appointments are made (§[63.2-200](#), §[63.2-201](#) and §[63.2-202](#) of the Code of Virginia). The powers and duties of the Commissioner are specified in [Appendix 5](#) of this document.

State Board of Social Services

The state Board of Social Services consists of eleven (11) members appointed by the Governor. The Board shall include a member from each of the social services regions of the state established by the Commissioner and one member shall be a licensed health care professional. The powers and duties of the State Board of Social Services is specified in §[63.2-215](#) of the Code of Virginia, and is outlined in [Appendix 6](#) of this document.

CHAPTER 3 – VIRGINIA DEPARTMENT OF SOCIAL SERVICES PROGRAMS & SUPPORT

Virginia Department of Social Services is responsible for providing oversight and guidance to local departments of social services, as well as running several social services programs independent from local departments. The following chapter will provide an overview of the locally and state administered programs. It will also provide a description of the regional support VDSS offers the local agencies and VDSS operational departments.

Locally Administered Programs

Adult Services (AS), Adult Protective Services (APS), and Auxiliary Grants

The Adult Protective Services (APS) Division is part of the Department of Aging and Rehabilitative Services (DARS). This division oversees two service programs, Adult Services (AS) and Adult Protective Services (APS), and one benefit program, Auxiliary Grant. These programs help prevent and protect adults from abuse, neglect, exploitation; enhances the independence of older adults and individuals with disabilities; and provides financial support to low-income adults in certain long-term care settings. Local departments of social services staff are responsible for determining eligibility for Auxiliary Grants and service delivery for APS and AS programs.

- **Protective Services for Adults** – Includes the identification, receipt and investigation of reports of abuse, neglect, or exploitation of adults 60 years of age or older and incapacitated adults aged 18 or older. If protective services are needed and accepted by the individual, local department Adult Protective Services social workers may arrange for a wide variety of health, housing, social and legal services to stop the mistreatment or prevent further mistreatment. Services offered may include home-based care, transportation, adult day services, adult foster care, nutrition services and legal intervention in order to protect the adult. Services may also be arranged for individuals in emergency situations who lack the capacity to consent to services. Emergency services are available 24 hours a day, seven days a week, by contacting the Adult Abuse Hotline at 1-888-832-3858 or by contacting the local department of social services during business hours.

- **Auxiliary Grant** – A supplement to income for recipients of Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in a licensed assisted living facility or an approved adult foster care home. The assistance is available from the local departments of social services to ensure that recipients are able to maintain a standard of living that meets a basic level of need. The maximum rate is determined by the Virginia General Assembly and is adjusted periodically. The AG Program is specifically for individuals who reside in an assisted living facility licensed by the Virginia Department of Social Services’ Division of Licensing Programs or in an adult foster care home approved by the local department of social services. Not all assisted living facilities accept AG recipients.

Benefit Programs (DBP)

Virginia statutes allow for an assortment of benefit (financial assistance) programs. Some are established and funded by the federal government; some are funded at the state or local level, and some are funded jointly. States are required by the [Social Security Act](#) to supervise locally administered federal social services programs. Each state must submit a plan to the Secretary of the US Department of Health and Human Services that demonstrates that the programs are operated in accordance with relevant federal laws and regulations and are uniformly available throughout the state.

According to federal and state regulations, any individual has the right to:

- Apply for benefits;
- Have eligibility for benefits determined promptly and in conformity with established laws and policies;
- If found eligible, receive benefits promptly and in the entitled amount, according to established policy; and,

- Appeal to the state agency if dissatisfied with the determination decision by the local department.

Applicants are held accountable by law for the provision of accurate and complete information concerning their financial situation and other circumstances which could influence eligibility. Some of the eligibility criteria for these programs can be found in [§63.2](#) of the Code of Virginia. The number of eligible individuals in the household and their total net income, resources and available support affect the amount of benefits they will receive. Additional information regarding the benefit programs, application, forms and manuals are available at www.dss.virginia.gov.

Benefit programs provided at local departments of social services include Emergency Assistance (EA), Energy Assistance Programs (EAP), General Relief (GR), Medical Assistance Programs, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF).

Emergency Assistance (EA)

EA provides short term, limited financial assistance to families with children in situations of a fire, natural disaster or eviction.

Energy Assistance Program (EAP)

Eligible low-income households receive federal assistance with their home heating, cooling and energy related emergencies on a seasonal basis. The Virginia Energy Assistance Program (EAP) was established in accordance with the Low-Income Home Energy Assistance Act (LIHEAP) of 1981 ([Title XXVI of Public Law 97-35](#)) and Title III of the Human Services Amendments of 1994 ([Public Law 103-252](#)) and amendments which authorize grants to states to assist eligible households to meet the costs of home energy. The Virginia State Department of Social Services (VDSS) has been designated to administer the EAP in the Commonwealth of Virginia. Virginia EAP regulations can be found at [Chapter 680](#) of the Administrative Code of Virginia. The Energy Assistance Program consists of three components: Fuel Assistance, Crisis Assistance, and Cooling Assistance. Each component has distinct eligibility

requirements, application due dates and program outcomes.

- **Fuel Assistance** provides assistance to eligible households in meeting their immediate home energy needs by purchasing home heating fuel and paying primary heat utility bills. The benefits are not intended to meet the household's total costs during the heating season. Applications are accepted from the second Tuesday in October until the second Friday in November. Applicants should expect notification of their eligibility and authorizations as soon as possible, but no later than late-December.
- **Crisis Assistance** applies to heating emergencies. In order to be eligible, there must be heating emergency such as lack of heat, imminent utility cut-off, or inoperable/ unsafe heating equipment. Assistance offered includes one-time only heat security deposit, portable heater for temporary use, purchase of home heating fuel, payment of heat utility bill, payment for emergency shelter, and/or heating equipment repair or purchase. Clients may submit applications related to heating equipment assistance and security deposits between November 1 and March 15. Applications related to heating fuel and heat expense utility bills are accepted the first workday of January through March 15. Applications are processed as soon as all the requested information is provided.
- **Cooling Assistance** provides purchase or repair of cooling equipment and/ or payment for electricity to operate cooling equipment to eligible low-income households when other resources cannot meet their needs. The Cooling Assistance Component is offered on a first come, first serve basis, and there must be an elderly person, disabled person or a child under 6 living in the home. Households can receive Cooling Assistance in addition to Fuel and Crisis Assistance unless specifically restricted. Applications for Cooling Assistance are accepted June 15 through August 15. Applications are processed as soon as all the requested information is provided.

General Relief (GR)

This state/local financed program provides limited financial assistance that cannot be provided through other means. This program provides assistance to unattached children, that is, children that are not living with a relative. Local departments design GR Plans to meet the needs of their local community. Not all agencies offer General Relief as this an optional program.

Medical Assistance (MA) Programs

Medicaid and the Family Access to Medical Insurance Security Plan (FAMIS) are Medical Assistance programs that make direct payments to health care service providers for eligible individuals and families who are unable to pay for needed medical services. Eligibility for Medicaid and FAMIS is determined by the local department according to criteria established by the state's Department of Medical Assistance Services (DMAS), which is responsible for the administrative and oversight of the program. Local department determines the eligibility, but it is DMAS that makes the payments to the service providers.

Medicaid and FAMIS have different income limits and nonfinancial requirements. When someone applies for Medical Assistance, the eligibility worker will determine if the person is eligible for either program. Medicaid and FAMIS pay for a variety of medical services, including prescription drugs, doctor visits, nursing facility care and hospital care.

To be eligible for Medicaid, a person must have income and resources (assets) within specified limits and must be in one of the groups covered by Medicaid. Medicaid covered groups include children under age 19 years, pregnant women, parents with dependent children under age 18 years living in the home, adults aged 65 years and older, blind individuals, and individuals who are disabled according to the standards adopted by the Social Security Administration. Medicaid is also available for adults ages 19 – 64 who may not be disabled, or do not have children. Limited coverage for family planning services is also available for those who qualify.

FAMIS, and its program for pregnant women, FAMIS MOMS, covers uninsured children under age 19 years and pregnant women, whose income exceeds the Medicaid maximum but is under the income limit for FAMIS/FAMIS MOMS. Effective July 1, 2021, this program also includes prenatal coverage to undocumented women who meet all other non-immigration eligibility criteria. Previously, this group would have qualified for emergency medical services only.

Information about Medicaid/FAMIS is available online from the Virginia Department of Social Services at www.dss.virginia.gov and from the Department of Medical Assistance Services at www.dmas.virginia.gov.

For more information about FAMIS contact the local department of social services, call 1-866- 87FAMIS or go to www.famis.org.

Supplemental Nutrition Assistance Program (SNAP)

This program was formerly referred to as the Food Stamp Program. This federal program was created to assist eligible families and individuals in meeting their nutritional needs through a supplemental benefit. Local departments determine eligibility by household size, resources, financial, and non-financial criteria such as student status and work registration/requirement. The benefits are issued by the State and redeemed by the use of an Electronic Benefit Transfer (EBT) debit card. The clients must select a Personal Identification Number (PIN) and use that PIN when they swipe the card at the retailer. SNAP benefits are added to their account after midnight on the assigned monthly issuance day, even if it is a weekend or holiday. Issuance dates are determined by the last digit of the client case number. Case numbers ending in 0,1,2, or 3 are available on the 1st of the month, cases ending in 4 or 5 are available on the 4th of the month, cases ending in 6 or 7 are available on the 7th of the month, and cases ending in 8 or 9 are available on the 9th of the month.

Temporary Assistance for Needy Families Program (TANF)

TANF provides temporary cash assistance to needy families with children who live together and are related by blood, marriage or adoption. The TANF program is managed at the state level by the Economic Assistance and Employment Unit within the VDSS Division of Benefit Programs. Local agencies accept TANF applications, determine eligibility within a 30 day processing timeframe, and review eligibility annually. The family is required to report changes that may result in a change in the amount of assistance, such as new sources of household income, or changes in household composition. The LDSS does not issue TANF payments. These are issued

from the state to the client (in most instances) in the form of a check, direct deposit or debit card. In emergency situations caused by natural disaster, fire, or to prevent eviction, the LDSS may issue a maximum one-time Emergency Assistance payment of up to \$1,500.00.

A family may receive TANF no more than a total of 60 months in a lifetime.

Virginia Initiative for Education and Work (VIEW)

The Virginia Initiative for Education and Work (VIEW) is the employment and training component for TANF recipients. VIEW requires able-bodied parents with children over age one to participate in work activities designed to lead to employment. VIEW activities include subsidized and unsubsidized employment, job readiness and job search instruction, job skills training, vocational education, and work experience in non-profit settings. In Virginia, VIEW participants have a 24-month time limit to receive TANF benefits. After cash assistance is terminated, the family may receive 12 months of transitional assistance, including child care, transportation and employment and training. VIEW participants may earn income up to the federal poverty limit, based on family size, and remain eligible for TANF. In addition, if working 30 hours or more at TANF closure, the family may qualify for a 12 month retention benefit of \$50.00 per working parent.

Child Care & Early Childhood Development (CCECD)

The Division of Child Care and Early Childhood Development (CCECD) provides funding to enhance the quality, affordability, and supply of child care available to Virginia's families. Child care programs are child-centered, family-focused services that support the family goals of economic self-sufficiency and child development by providing substitute parental care, protection, guidance, and early childhood education.

Policies and service strategies are designed to meet the following goals:

- To provide low-income families with the financial resources to find and afford quality child care for their children;

- To ensure that the family child care program contributes to the broader objective of self-sufficiency;
- To provide child care to parents trying to achieve independence from public assistance
- To promote parental choice in the selection of child care;
- To empower working parents to make their own decisions on the child care that best suits their family's needs;
- To provide consumer education to help parents make informed choices about child care;
- To ensure that subsidy dollars are provided to the neediest families;
- To enhance the quality and increase the supply of child care for all families; and,
- To improve the coordination among child care programs and early childhood development programs.

Family Services (DFS)

The Division of Family Services (DFS) is responsible for comprehensive social service planning in the state with the accompanying development of programs, guidance documents and procedures that promote well-being, safety, and permanency for children, families and individuals. The Division provides program direction and technical assistance to regional offices in the supervision and monitoring of the local department service programs. The mission of the Division is to help individuals and families develop and use their own resources, gain access to and use existing resources so that people can move to their optimum well-being. The legal base for these services is [§62.3](#) of the Code of Virginia.

DFS and all local departments adhere to Virginia Children's Services Practice Model, which sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Development Services and the Office of Children's Services. The practice model is central to our decision making; present in all

of our meetings; and in every interaction we have with a child or family. The full practice model can be located here:

https://www.dss.virginia.gov/files/division/dfs/practice_models/cs_pm.pdf

The types of services provided by Division of Family Services program areas may include but are not limited to: Adoption promotion and support services, assessment, case management, community education and information to include the court community, counseling and treatment: individual, counseling: therapy groups, daycare assistance, developmental/child enrichment day care, domestic violence prevention, early intervention (developmental assessments and /or interventions), educational/school related services, financial management services, health related education and awareness, housing or other material assistance, information and referral, intensive in-home services, juvenile delinquency/violence prevention services, social skills training, mentoring, nutrition related services, emergency situations, parent-family resource center, parenting education, programs for fathers (fatherhood), parenting skills training, kinship and foster parent recruitment and training, respite care, self-help groups (anger control, substance abuse, domestic violence), substance use disorder services, socialization and recreation, teen pregnancy prevention, and transportation.

Mandated Services for Families and Individuals

Specific social services have been mandated by the State Board of Social Services and must be provided in every locality. The mandated services are:

- **Child Protection Services** – receives and responds to valid reports of child maltreatment to include suspicion of human trafficking of children ages birth to 17 years. Child protective services (CPS) in Virginia is a continuum of specialized services designed to assist families who are unable to safely care for their children. Emergency services are available 24 hours a day, seven days a week, by contacting the Child Abuse Hotline at 1- 800-552-7096. Safety, risk and the child and family’s needs and strengths are identified throughout a CPS response. In collaboration with the family, CPS may refer the family to services and recommend continued case management.

- **In-Home Services (formerly known as foster care prevention services and CPS Ongoing services) for Children and Families** – provides interventions for families and children, ages birth through 17 years experiencing maltreatment and/or are at risk for out-of-home care. In-Home services are designed to help families (including birth, adoptive and extended families) alleviate crises; maintain the safety of children in their own homes and communities; and assist families to maximize their ability to protect and care for their children.
- **Foster Care Services for Children and Families** – provides counseling, supervision and supportive and rehabilitative services to, or on behalf of, children who are committed or entrusted to local boards of social services. Children are placed in foster care through a court order transferring custody to the Local Department of Social Services (LDSS). The permanency goals for children in foster care include reunification, custody to a relative with or without kinship guardian assistance (KinGAP), or adoption. Concurrent planning is a structured approach to case management that requires working towards two goals at the same time to achieve timely permanency. Involvement of relatives is essential to these efforts. When a child enters foster care, they are placed in the least restrictive, most family-like setting that is able to meet the child’s needs. Kinship foster homes should be the priority. Placements should be in close proximity to the child’s family. Siblings should be placed together. Independent living services are provided to all youth 14+ in foster care. Fostering Futures program allows youth to remain in foster care until the age of 21 if permanency has not been achieved to provide supportive services and support. The Education and Training Voucher Program (ETV) provides funding for post-secondary education or vocational training programs for youth who are in foster care ages 24+, or who have left foster care (or Fostering Futures) after the age of 18 and have not yet turned 26.

- **Adoption Services** – provides resources and supports to bring together children and families as another permanency option when children in foster care cannot be safely returned home to their parents.
- **Quality Assurance and Accountability Team Reviews** – allows for shared accountability and collaboration between the state, local agencies, and collaborative partners. The case review process is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. The reviews do not address all guidance and practice expectations in the child welfare programs. The reviews include interactions with staff, supervisors, and the local department director. They include debriefing meetings where findings from the reviews are discussed with agency leadership and staff. After the debriefing, the regional consultant may connect the LDSS with a regional practice consultant for specific technical assistance, resource material, and direct suggestions for practice improvement.

Office of Family Violence (OFV)

Domestic violence prevention programs are federal and state funded public or private, non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs provide for the safety of battered adults and their children through the provision of emergency housing and transportation, crisis intervention, peer counseling, support, advocacy and information and referral. The Office of Family Violence identifies, mobilizes and monitors resources for victims of domestic violence. Funding also supports public awareness initiatives and **the statewide, 24-hour toll-free Family Violence and Sexual Assault Hotline, (800) 838-8238.**

At the state level, the functions of the Domestic Violence Prevention Program are to:

- Allocate funding to local domestic agencies;
- Promote interagency cooperation for service delivery, technical assistance and data collection;
- Promote provision of domestic violence services in unserved and underserved localities;

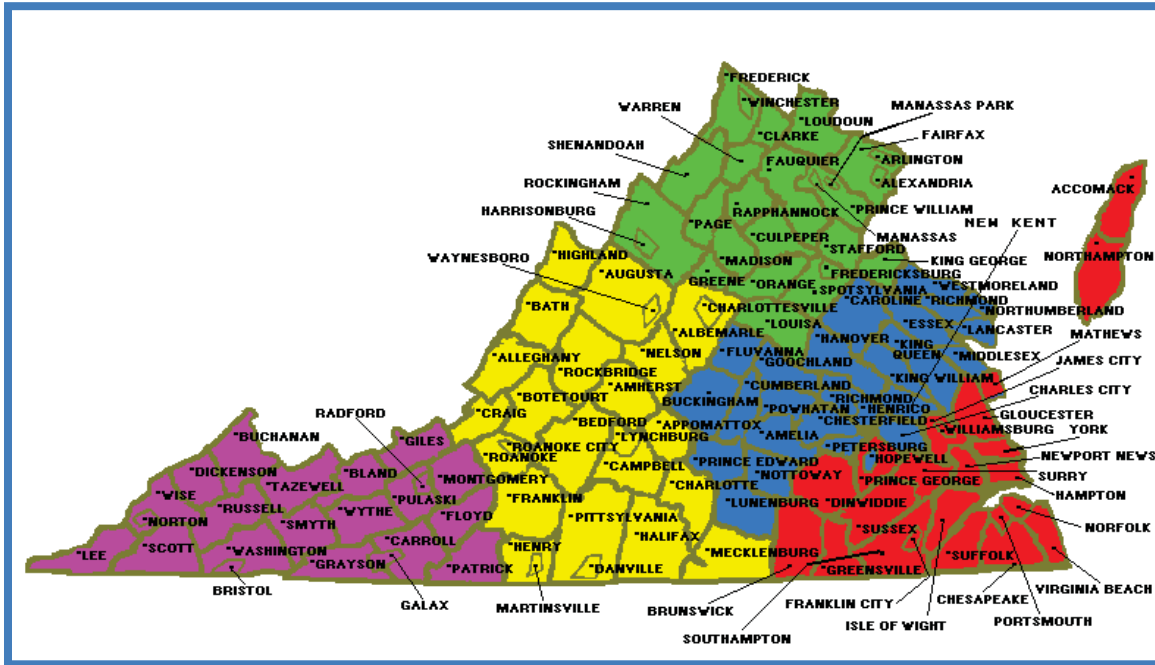
- Promote public awareness of domestic violence, its prevention and services to survivors;
- Maintain and disseminate statistical and program information;
- Provide information to the legislature and other interested parties; and,
- Provide technical assistance to local domestic violence agencies.

Regional Support

The Regional offices are part of the Local Engagement and Support (LES) Division that reports to the Deputy Commissioner of Human Services. VDSS has five regional offices: the Northern Virginia Office in Warrenton; the Eastern Office in Norfolk; the Central Office in Henrico; the Piedmont Office in Roanoke; and the Western Office in Abingdon. LES is dedicated to effectively applying a sound and organized approach to dynamic circumstances in order to provide high-value service to Virginia's local departments of social services (LDSS). Teams work collaboratively across each location to ensure and facilitate organizational effectiveness and optimum service delivery in all LDSS through the key roles of:

- Consultation and advocacy;
- Development and mentoring of local leaders and boards;
- Community engagement and partnership;
- Liaison between state and local entities;
- Organizational assessment and support;
- Business process reengineering; and,
- Facilitation of resources.

VDSS Regional Map and Regional Directors



Central Regional Office (Blue) Henrico, Director: Natachia

Randles 804-726-7900,

natachia.w.randles@dss.virginia.gov

Eastern Regional Office (Red) Norfolk, Director: Kama Chase

757-752-4521, k.chase@dss.virginia.gov

Northern Regional Office (Green) Warrenton, Director: Juani Diaz

540-347-6328, juana.diaz@dss.virginia.gov

Piedmont Regional Office (Yellow) Roanoke, Director: Tracie

Brewster 540-204-9654, t.brewster@dss.virginia.gov

Western Regional Office (Purple) Abingdon, Director: Jennifer Lilly

276-676-5636, jennifer.lilly@dss.virginia.gov

You may also communicate with the regional offices by sending an email to dss.regionaloffices@dss.virginia.gov.

State Administered Programs

Child Support Enforcement (DCSE)

The Division of Child Support Enforcement (DCSE) is governed by Title IV-D of the Social Security Act. DCSE is committed to offering family-centered approaches that promote successful families. The Division provides services to establish and collect paternity and support for children and collects payments from parents' who receive TANF, where payments go directly to the state as reimbursement for TANF funds paid on behalf of the child, and collects payments and provides services to non-TANF parents. DCSE provides the following services:

- Locating parents (non-custodial parents/ NCP), their employers, income and assets;
- Establishing paternity;
- Establishing and adjusting child support obligations (upward or downward based on the parent's current ability to pay);
- Establishing health care orders;
- Enforcing child support and medical support obligations;
- Collecting and disbursing child support payments including court-ordered medical support payments for a specific dollar amount;
- Garnish wages, attach property, intercept federal and state taxes and other receivables from the Commonwealth and take other actions as necessary for unpaid obligations; and,
- Utilize the Electronic Funds Transfer and the Electronic Data Interchange processes with companies and government agencies with multiple child support customers.

Direct child support services are provided by the 16 district offices under the direction of three (3) Regional Directors.

DCSE Family Engagement Services

The Division helps parents overcome obstacles hindering their ability to provide emotional and financial support for their children through proactive collaboration with community partners and other governmental agencies. These partnerships assist with increasing the frequency and amount of child support payments, creating greater cooperation between parents and fostering greater family self-sufficiency.

The Division works closely with parents to identify and overcome barriers that limit their ability to support themselves and their children with a special emphasis on parents with Temporary Assistance for Needy Families (TANF) cases.

District Office staff collaborate with local departments of social services (LDSS) and community organizations to increase the statewide availability of fatherhood life skill programs. VDSS and LDSS provide programs, benefits, services, activities and resources for children and adults. These programs provide vital resources for Family Engagement Services’ participants.

The Family Engagement Services goals are:

- Connecting parents to job readiness, skills training, job referrals, etc.;
- Modifying current support orders that are based on the parent’s current ability to pay;
- Reducing the number of cases with large arrearages and getting payments back on track before judicial enforcement becomes necessary;
- Increasing cost effectiveness by not incarcerating parents and assisting with keeping the recidivism rate down;
- Referring parents to fatherhood programs, parenting and co-parenting education to enhance parenting knowledge and skills;
- Encouraging family re-integration by working with Access and Visitation contractors to increase parent’s access to and visitation with their children; and,
- Reeducating parents recognize the Division as an agency that facilitates both financial and family support.

The 3 primary elements of the Division’s Family Engagement Services are Intensive

Case Monitoring Program (ICMP), Administrative Intensive Case Monitoring Programs (AICMP), and Paternity Establishment Program (PEP).

The **Intensive Case Monitoring Program (ICMP)** is a collaborative program between the Division and judges from participating Juvenile and Domestic Relations District Courts. Participants are parents who are found in civil contempt for failure to pay child support are ordered to participate in ICMP as an alternative to incarceration. Parents are closely monitored by a Division Case Manager who, with the help of a network of community partners, assists them in securing employment, housing, training, and other services needed to overcome barriers that have made them less likely to support their children.

The primary objective of the **Administrative Intensive Case Monitoring Programs (AICMP)** is to work with non-custodial parents to address and overcome their specific barrier(s) so that they can support themselves and their family. Barriers include but are not limited to limited education and/or literacy challenges, limited work experience and/or minimal job skills, unstable living arrangements, etc. AICMP breaks down into three (3) separate programs: Parents Striving for Success (PASS), Family Strong Reentry Program (FSRP), and Pre-Court Monitoring (PRCM).

- The **Parents Striving for Success Program (PASS)** assists NCPs who are either newly obligated or facing enforcement action for failure to pay support, and unemployed or under-employed and need assistance with overcoming barriers.
- The **Family Strong Reentry Program (FSRP)** assists NCPs who are currently incarcerated and/ or have prior criminal convictions. Prior to release, parents currently incarcerated in the Virginia state prison system and Local or regional jails are offered general information about the Division’s processes, specific information about their cases and the opportunity to immediately participate in the FSRP upon release. Upon release, the Division works with the parent to provide referrals that assists the parent with successfully reintegrating into society and their children’s lives.
- The **Pre-Court Monitoring (PRCM)** unlike PASS and FSRP participants, PRCM participants do not work specifically with the Family Engagement

Services Case Manager or do not have specified barriers but have a valid VA driver’s license and (1) have received the Notice of Intent to Suspend Driver’s License (NISD) or (2) have had their VA driver’s license suspended and are not currently subject to or previously defaulted on a Payment Agreement. The PRCM program assists participants with eliminating license suspension as a barrier to employment. The Enforcement Specialist (Specialist) explains to eligible parents that the driver’s license suspension will be prevented or removed if he or she provides a job offer verification or Proof of registration with the Virginia Employment Commission or Virginia Workforce Center and other specified job search activities for potential enrollment in the program.

The **Paternity Establishment Program (PEP)** goal is to establish paternity for at least 90% of children born to unwed parents in Virginia. The Paternity Establishment Program Home Office staff provides assistance and guidance to District Office staff establishing paternity for putative fathers on Division cases.

The Paternity Establishment Program also supports the paternity establishment for children born to unwed parents who do not have cases with the Division by overseeing the Hospital Paternity Establishment Program that works with Virginia’s 58 birthing hospitals to offer and promote the voluntary establishment of paternity for newborns. PEP also provides training to birth registrars and other professionals on how to best engage unwed parents and promote the importance and benefits of paternity establishment.

Community and Volunteer Services (CVS)

VDSS maintains close relationships with community organizations, faith-based organizations, non- profits and local departments of social services. These relationships enable the Virginia Social Services System (VSSS) to pool resources to provide a safety net for services for those most in need. The Division of Community and Volunteer Services (CVS) seeks out ways to partner with the Commonwealth, private, volunteer and community organizations to share information and fortify the VSSS statewide network of services. CVS includes the following programs:

- Community Services Block Grant (CSBG)
- Family and Children’s Trust Fund (FACT)

- Neighborhood Assistance Program (NAP)
- Office of New Americans (ONA)
- Office of Volunteerism & Community Services (OVCS)
- Sub-recipient Monitoring (SM)

Community Services Block Grant

Twenty-seven local community action agencies (CAA) in Virginia receive their core funding from the Community Services Block Grant (CSBG) and General Assembly appropriated funds. CAA alleviate poverty and increase self-sufficiency for low-income families by working collaboratively with businesses and other agencies to build a support network. CSBG funding supports programs connected with:

- Child care
- Community and economic development
- Education
- Employment
- Headstart
- Health and nutrition
- Housing and related services
- Special populations (including the elderly, ex-offenders and the homeless)
- Transportation

In addition to the local CAA, Virginia has three statewide CAA who address specific problems by working through the local CAA, local governments or other community organizations. These statewide programs are:

- [Project Discovery, Inc.](#) (dropout prevention and first-time college options);
- [Southeast Rural Community Assistance Program](#) (water/wastewater); and,
- [Virginia Community Action Re-entry System](#) (VaCARES) (ex-offender transition/support).

Family and Children’s Trust Fund

[Family and Children’s Trust Fund](#) (FACT) provides support and development of the prevention and treatment of family violence in Virginia. FACT was created by the General Assembly in 1986 as a public-private partnership, aims to prevent, treat, and

raise public awareness about family violence. This includes child abuse and neglect, domestic violence, sexual assault, elder abuse and neglect, dating violence and suicide. FACT is governed by a board of trustees appointed by the Governor to raise and distribute funds for family violence treatment, prevention and public awareness. VDSS provides staff support and technical assistance to the FACT Board. The commissioner is a permanent member of the Board. For more information on FACT, visit: <http://www.fact.state.va.us>.

Neighborhood Assistance Program

Neighborhood Assistance Program (NAP) fosters partnerships between the public and private sectors to assist the poor by offering tax credits to contributors. The purpose of the Neighborhood Assistance Program (NAP) is to encourage businesses, trusts and individuals to make donations to approved 501(c)(3) organizations for the benefit of low-income persons. The program has \$15 million in tax credits where \$7 million is allocated for DSS, to administer for General Human Services and \$8 million is allocated for DOE to administer for Education Organizations. To be eligible for participation in the Neighborhood Assistance Program, the non-profit organization must meet set criteria in an application process.

NAP applications are available in March of each year. All applications must be received no later than the first business day of May. Those applicants submitting all required information and reports and meeting the eligibility criteria will be determined an approved organization.

Approved NAP organizations are awarded allocations of tax credits on a basis of proven operational success and their capacity to serve low-income persons. Each organization is approved for a 12-month period (July 1 - June 30) and must re-apply each year to participate. These organizations provide services for their clients to include:

- Education
- Job training

- Housing assistance
- Health care clinics
- Community services

A business may submit contributions directly to the NAP approved organization. Contributions can be in the form of cash (check or credit card), stock, merchandise, real estate, rent or lease of the participating nonprofits' facilities, professional services, contracting services, healthcare services or mediation services.

A Trust should follow all business donation rules. Individual or married couples are limited to contributions of cash or marketable securities. In return for their contributions, businesses, trusts and individuals may receive tax credits equal to 65 percent of the donation that may be applied against their state income tax liability.

Office of New Americans (ONA)

Office of New Americans (ONA) is responsible for coordinating, planning, implementing and evaluating Virginia’s refugee program. The Refugee Resettlement Program provides support for men, women and children from all parts of the globe who have been forced to flee their homelands because of wars, armed conflicts and/or gross violations of human rights. Virginia’s refugee program mirrors the national program by promoting self-sufficiency, personal responsibility and offering specialized support services and time-limited benefits to assist refugees and their families.

Services and programs provided include:

- Health screenings;
- Social and support services, including employment assistance and English language training;
- Financial and medical assistance;
- An unaccompanied minors program for refugee children without parents or guardians;
- Targeted assistance programs for refugees with particular needs; and,
- The Virginia Refugee Student Achievement Project, which is targeted for school aged refugee children in Northern Virginia and metropolitan Richmond.

Volunteerism & Community Services (OVCS)

Office of Volunteerism & Community Services (OVCS) serves organizations that strengthen their communities through volunteerism and service. Working with the Volunteer Center Network of Virginia and the Governor's Advisory Board on Volunteerism and National Service, OVCS promotes a sustainable, collaborative statewide system of volunteer service. OVCS leads the Department's Faith-Based and Community Initiative (FBCI). FBCI facilitates the involvement of faith-based, community, private and community organizations in meeting human service needs through community partnerships and technical assistance.

To insure citizens have access to services provided by these organizations, as well as through state and local governments, OVCS oversees the operations of 2-1-1 VIRGINIA. Accessible on the Web at <http://www.211virginia.org>, or by dialing 2-1-1, this information and referral system contains one of the largest databases of health and human services in Virginia.

OVCS manages the AmeriCorps State grant program. Each year organizations are selected through a request for proposal process to engage AmeriCorps service members in direct service to address community needs. Sample activities include tutoring and mentoring youth, assisting crime victims, building homes and restoring parks. AmeriCorps members also mobilize community volunteers and strengthen the capacity of the organizations where they serve.

To learn more about OVCS, visit virginiasservice.virginia.gov. The site features links to Virginia's volunteer centers, a calendar of training and service events, facts and statistics about service and volunteerism, grants and funding opportunities, and information about Virginia AmeriCorps programs.

Legislative and Regulatory Affairs

The Office of Legislative and Regulatory Affairs provide oversight of all legislative and regulatory activities of the VDSS. Primary responsibilities include:

- Monitoring VDSS related legislation during each General Assembly session and coordinating year-round legislative activities;
- Ensuring departmental compliance with state and federal mandates in the development and promulgation of social services regulations; and,
- Providing technical support to the State Board of Social Services.

Licensing Programs (DOLP)

The Division of Licensing Programs (DOLP) primary purpose is to protect the safety, health and well-being of children and adults receiving care in non-medical day and residential programs. They set standards and regulations and monitor facilities statewide.

These include:

- Licensed child day centers;
- Child day centers that are licensure-exempt because of religious sponsorship or private school accreditation;
- Licensed family day homes and systems;
- Registered family day homes operating below the licensure threshold;
- Private child placing agencies offering adoption, foster care and therapeutic foster care services;
- Children’s residential facilities;
- Assisted living facilities; and,
- Adult day care centers.

State Operations

Compliance

Appeals and Fair Hearings

The role of the Appeals and Fair Hearings Unit is to ensure that individuals who believe that the local agency has taken inappropriate action in the application of policy or law have an impartial fact-finder. A hearing officer will review the case, hear the appellant's concerns and make a decision in the case. When policy or law has not been correctly applied, it is the Unit's responsibility to ensure that the agency is made aware of the improper action and correct the action.

Benefits and service appeals include:

- SNAP
- Auxiliary Grants
- Child Care
- TANF
- Refugee Programs
- Adoption Subsidy
- DCSE
- General Relief
- Energy Assistance
- Home based Services
- Child Protective Services

Civil Rights

The Office for Civil Rights (OCR) is responsible for the development, implementation, coordination and enforcement of all aspects of the VDSS' civil rights program. This requires collaboration with designated regional office staff to ensure that civil rights coverage is included as required in program reviews and grant applications.

Quality Control

The Quality Control team promotes and enhances accuracy, quality, efficiency and effectiveness in the implementation of VDSS programs. They ensure eligible families receive benefits in the correct amount so as to maximize the resources available to families and individuals in need of assistance and promote the opportunity for families to become self-sufficient.

Continuous Quality Improvement

Virginia's Continuous Quality Improvement (CQI) system is designed to operate at all levels within the child welfare system (current model) and will integrate systemic factors and Benefits Programs (future model) as well. There are three core principles of the CQI system: collaboration, data-driven and solution-oriented, and informed by practice.

- Collaboration – CQI in Virginia is designed to bring in ideas, anecdotes, and innovations from all levels of the child welfare field and find ways to enhance services and implement change. Without the ideas, collaboration, and partnership with LDSS and other stakeholders, there is no true path forward for CQI in Virginia. The CQI process does not solely implement State Office directives to local department operations.
- Data-driven and solution-oriented – The CQI process involves using data to inform decisions, to ensure that solutions are founded in current performance, and to identify next steps and benchmarks for measures marking performance. With data as a foundation for improving processes, Virginia is better able to understand past, current, and projected future performance.
- Informed by Practice – Anecdotes do not drive progress, but qualitative data on progress and opportunities for improvement help drive focal areas for

improvement. Virginia’s CQI system works between the federal and state defined outcomes and the processes being done at each LDSS to improve outcomes for youth and families served by the child welfare system.

State CQI meetings occur quarterly, examining outcomes and goals related to pre-determined focus areas, identifying measures of progress, discussing and sharing strengths and developing solutions for areas needing improvement. Each LDSS is encouraged to identify a core team for their agency to attend the state meetings and bridge information gleaned from the state meetings to other team members in their LDSS. Based on elements drawn from a learning collaborative model, these meetings share data related to the focus area at the state, regional and local level. LDSS who are performing well are spotlighted in the meetings to share their practices, which show promising outcomes. In the same quarter as the state CQI meeting, there are regionally based Supervisor’s meetings that incorporate Communities of Practice (CoP). Each LDSS is encouraged to send supervisors to the regionally based CoP to engage in conversations connecting data with practice methods to improve performance. Participants are encouraged to coordinate with their LDSS Core Team as well as other members of their agency in bridging the information from the CoP and the LDSS. The purpose of the CoP is to take a deeper dive reviewing locality specific data and examining what strategies agencies are utilizing that is leading to improved performance. LDSS are provided an opportunity to present situations and ask questions, learning from other LDSS in that region. The CoP looks at policies and practices within the agencies that may be influencing outcomes.

The data covered in statewide and regional CQI is pulled from a variety of sources, and appears in a variety of quarterly reports, including the local agency dashboard report accessible to local board members. While the inaugural year of the DSS statewide CQI program (calendar year 2022) focused on Family Services outcomes, subsequent years will wrap in all programs in the Human Services Portfolio (including Benefits Programs) as well as drivers such as fiscal, training and workforce components.

Finance

The Division of Finance (DoF) provides financial planning, budgeting and management guidance for both state and local offices and ensures fiscal compliance with state and federal regulations. DoF works in conjunction with other state agencies, local governments and private organizations.

General Services and Emergency Management

The **Division of General Services** (DGS) provides technical assistance and guidance to VDSS personnel regarding procurement, property and facilities and management,

telecommunications, mail distribution, records management and photocopying services.

The **Office of Emergency Management** (OEM) manages VDSS' emergency procedures and strategies by planning, developing and/or coordinating activities for training, drills and exercises of plans and equipment. OEM also collaborates externally with local, state, and federal agencies, non-government organizations and the private sector to promote "whole community" planning by:

- Providing information and guidance to protect life and property;
- Managing the development and maintenance of business continuity and contingency plans;
- Staffing and conducting training for the Human Services/Mass Care function at the Virginia Emergency Operations Center to ensure provisions for basic human needs; and,
- Administering the Individuals and Household Program/Other Needs Assistance Program when a federal disaster is declared.

Information Technology Services

Lines of business that focus on technology data and systems with an integrated vision and oversight to promote alignment and efficiency. This function incorporates the following areas: Information Systems, Enterprise Systems, Data Management, Information Security and Risk Management.

Employee and Organizational Strategy

Employee and Organizational Strategy (EOS) provides human resource management and learning and development services to Virginia Department of Social Services State Divisions (VDSS) and Local Departments of Social Services (LDSS).

Human Resources

Human Resources is comprised of the Talent Management, Total Rewards, HR Information Technology and HR Governance functional areas. In each functional area, professional staff members collaborate with Division and Local Directors to ensure legally sound employment practices are implemented while attracting, developing and retaining a highly competent workforce.

Local Training and Development

Local Training and Development promotes and supports the development of a highly competent workforce through leadership and professional development programs.

Public Affairs (PA)

The Division of Public Affairs (PA) provides comprehensive internal and external communications services to the Department of Social Services and the citizens of the Commonwealth of Virginia. PA directs the agency's media and public relations, public information and employee communications programs including support for the State Board of Social Services and local departments of social services, as appropriate.

Research & Planning

The Office of Research and Planning is responsible for the following research functions:

- Managing a performance indicators system for LDSS;
- Comprehensive program evaluations;
- Data and statistical analyses connected with policy and program improvement;
- Providing statistical sampling expertise, such as for quality control and random moment sampling;
- Providing technical assistance on survey design and on conducting surveys;
- Forecasting caseloads for programs and services;
- Collaborating with Data Warehouse staff to create statistical reports for program staff;
- Producing the VDSS Annual Statistical Report; and,
- Creating and maintaining databases for research.

Partnering Agencies

Office of Children's Services (OCS)

The Children's Services Acts provides the pooling of eight specific funding sources that purchases services for high-risk youths. It is the intention of this law to create a collaborative system of services and funding that is child-centered, family-focused and community based when addressing the strengths and needs of troubled and at-risk youths

and their families in the Commonwealth. In general, the children who would have been served by one of the funding streams in the pool are targeted for services through CSA. These funds are returned to the localities with a required state/local match. Each locality develops its own policies and procedures governing how families access these services, which are managed by two local interagency teams:

The Community Policy and Management Team (CPMT) is made up of at least one elected or appointed official or his designee and the agency heads or their designees from the local Department of Social Services, School System, Community Services Board (mental health), Court Services Unit (juvenile justice), local Health Department, a parent and, where appropriate, a private provider. This team has administrative and fiscal responsibility for the local funds pool, for developing local policies and procedures and appointing members of the Family Assessment and Planning Team.

The Family Assessment and Planning Team (FAPT) is comprised of the supervisory level staff from the same agencies as the CPMT as well as the parent and often a private provider. These teams work with the families to develop the Individual Family Services Plan (IFSP). All public agencies that have served a family or treated a child referred to a family assessment and planning team shall cooperate with the team.

More information for CSA can be found at: www.csa.virginia.gov

Office of the Attorney General (OAG)

The Office of the Attorney General provides direct legal services to the VDSS at the Home Office and Regional Offices. The Assistant Attorneys General for the State Department of Social Services act as counsel for the State Board, the Commissioner and the VDSS, including representation in any litigation, as appropriate.

Department of Medical Assistance Services (DMAS)

The Department of Medical Assistance Services (DMAS) is one of twelve state agencies under Virginia's Secretary of Health and Human Services. DMAS is the agency that

administers Medicaid and the State Children’s Health Insurance Program (CHIP) in Virginia. The CHIP program in Virginia is called Family Access to Medical Insurance Security (FAMIS). The mission of DMAS is to provide a system of high quality and cost-effective health care services to qualifying Virginians and their families. Local departments of social services determine eligibility for this program, while DMAS administers the program.

Department of Aging and Rehabilitative Services (DARS)

The Virginia Department for Aging and Rehabilitative Services (DARS), in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families. Local departments of social services determine eligibility and provide adult services and adult protective services, while DARS provides policy oversight and supervision. Local departments receive an annual allocation for the provision of adult services and adult protective services through VDSS.

Department of Behavioral Health and Development Services (DBHDS)

The DBHDS supports individuals by promoting recover, self-determination, and wellness in all aspects of life. The DBHDS provides a variety of services and resources including substance abuse services, developmental disability services and training.

More information can be found at: www.dbhds.virginia.gov

Department of Juvenile Justice (DJJ)

DJJ is the state agency designated by the Code of Virginia to provide supervision and treatment to children who have been committed to DJJ by a juvenile and domestic relations district court or a circuit court. DJJ’s mission is to protect the public by preparing court-involved youth to be successful citizens. DJJ is committed to excellence in public safety by providing effective interventions that improve the lives of youth, strengthening both families and communities within the Commonwealth.

More information can be found at: www.djj.virginia.gov

Office of the Children’s Ombudsman (OCO)

The OCO is the state agency designated by the Code of Virginia to receive complaints regarding cases involving children who (i) have been alleged to have been abused or neglected, (ii) are receiving child protective services, (iii) are in foster care, or (iv) are awaiting adoption. The OCO can investigate complaints alleging that an agency’s action was (i) in violation of a law, rule or policy, (ii) imposed without an adequate statement of reason, or (iii) based on irrelevant, immaterial or erroneous grounds.

More information can be found at: www.oco.virginia.gov

CHAPTER 4 – LOCAL BOARD MEETINGS

General Principles

§[2.2-3701](#) of the Code of Virginia et seq. states that:

- Except for closed meetings, and meetings of the Virginia Parole Board, the Virginia State Crime Commission, petit and grand juries, all meetings shall be public meetings, including work sessions where no votes are taken or decisions made.
- Notice of any regular meetings held pursuant to this section shall be provided at least three working days in advance of the date scheduled for the meeting. The notice shall include the date, time, place, and purpose for the meeting; shall identify the locations for the meeting; and shall include a telephone number that may be used at remote locations to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting to the remote locations. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access restored.
- At least one copy of the proposed agenda and all agenda packets and, unless exempt, all materials that will be distributed to members of the public body and that have been made available to the staff of the public body in sufficient time for duplication and forwarding to all locations where public access will be provided shall be made available to the public at the time of the meeting. Minutes of all meetings held by electronic communication means shall be recorded as required by §[2.2-3707](#) of the Code of Virginia. Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes.
- Any authorized public body that meets by electronic communication means shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:
 - The total number of electronic communication meetings held that year;
 - The dates and purposes of the meetings;
 - A copy of the agenda for the meeting;
 - The number of sites for each meeting;
 - The types of electronic communication means by which the meetings were held;
 - The number of participants, including members of the public, at each meeting location.

- The identity of the members of the public body recorded as absent and those recorded as present at each meeting location;
 - A summary of any public comment received about the electronic communication meetings, and;
 - A written summary of the public body’s experience using electronic communication meetings, including its logistical and technical experience.
- The photography, filming, recording, or other reproduction of an open meeting is permitted. A public body may adopt rules to regulate this activity.
 - Voting by secret or written ballot is prohibited.

Minutes are required to be taken at all public meetings, except by standing and other committees of the General Assembly; legislative interim study commissions and committees, including the Virginia Code Commission; study committees or commissions appointed by the Governor, or subcommittees appointed by the governing bodies or school boards or counties, cities and towns, except where the membership of any such commission, committee or subcommittee includes a majority of the governing body of the county, city or town or school board. Minutes, including draft minutes, and all other records of open meetings, including audio or audio/visual records shall be deemed public records and subject to the provisions of this chapter. Audio or audio/visual records of open meetings shall be public records that shall be produced in accordance with [§2.2-3704](#) of the Code of Virginia.

Protocol for Local Board Meetings

Agenda

- Give advance notice of board meeting to the public;
- Distribute agenda to board members and designated senior staff;
- Maintain a public file copy (on a website if available);
- Upon request, provide the agenda to individuals, media, etc.; and,
- Include as a handout at the board meeting.

Usual order of business

- Reading and approval of minutes
- Reports of Officers, Boards and Standing Committees
- Reports of Special Committees
- Special Orders
- Unfinished business and general orders
- New business

Minutes

- Indicate the kind of meeting;
- Provide the name of the board;
- Record the roll call and quorum;
- Report the date, time and place of the meeting;;
- Include all legally required supporting items;
- Record votes and discussion of items;
- Record the fact that the chairman and secretary were present or, in their absence, the names of the persons who substituted for them;
- Report whether the minutes of the previous meeting were read and approved, as read, or as corrected and the date of that meeting if it was other than a regular meeting. Any correction is made in the text of the minutes being approved; the minutes of the meeting making the correction merely state that the minutes were approved “as corrected”.
- The last paragraph should state the hour of adjournment.

- Additional rules and practices relating to the content of the minutes are:
 - The name of the person who seconded the motion should not be entered in the minutes unless ordered by the assembly.
 - When a count has been ordered or the vote is by ballot, the number of votes on each side should be entered; and when the voting is by roll call, the names of those voting on each side and those answering “present” should be entered.
 - When a question is considered informally, the same information should be recorded as under the regular rules, since the only informality in the proceedings is in the debate.
 - The name and subject of a guest speaker can be given, but no effort should be made to summarize their remarks.
 - Minutes should be signed by the Secretary and can also be signed by the Chairman.

- Commonly included items:
 - Motions
 - Votes
 - Directives to staff
 - Attachments
 - Points of order
 - Local government attorney’s opinions
 - Summary of concerns for individuals addressing the Board
 - Matters requested for inclusion

Style of Minutes

- Include only facts

- Objectivity versus tone

- Notes on debate should be impersonal

- Do not convey a bad image of anyone

- Do not include any derogatory language or statements unless stated specifically by the person as “for the record”

Format of Minutes

- Be consistent from meeting to meeting
- Easy to follow
- Important recurring items are recorded consistently and easy to identify
- Limit special formatting (underlines, bold, etc.)
- Short paragraphs
- Separate paragraphs for each speaker when recording discussion
- Verbatim notes are not necessary
- Meet the preference of the Board's discretion

Reading and Approval of the Minutes

Procedures relative to the reading and approval of the minutes are:

- The minutes of the meeting are normally read and approved at the beginning of the next regular meeting immediately after the call to order and any opening ceremonies. A special meeting does not approve minutes; those minutes should be approved at the next regular meeting.
- Corrections, if any and approval of the minutes are normally done by unanimous consent. The chair calls for the reading of the minutes, asks for any corrections and then declares the minutes approved.
- A draft of the minutes of the preceding meeting can be sent to all members in advance, usually with the notice. In such a case, it is presumed that the members have used this opportunity to review them, and they are not read unless this is requested. Correction of the minutes and approval is handled in the usual way.

Closed Meetings

Closed meetings are permitted by the [§2.2-3711](#) and [§2.2-3712](#) of the Code of Virginia.

They may be held to discuss the following:

- Discussion or consideration of employment, assignment, appointment, promotion, demotion, salaries, disciplining or resignation of public officers, appointees or employees of any public body, and evaluation of performance of departments. The reference to salaries has been interpreted to mean salary of an individual employee, i.e., whether or not a merit raise is or isn't appropriate.
- Discussion or consideration of the condition, acquisition or use of real estate for public purpose or of the disposition of publicly held property. This would include the discussion of possible sites for location of new office space.
- The protection of privacy of individuals in personal matters not related to public business unless the affected individual requests that the meeting not be closed. This has been interpreted to include individual case actions.
- Consultation with legal counsel and briefings by staff members, consultants, or attorneys pertaining to actual or potential litigation or other legal matters within the jurisdiction of the public body.

It would be inappropriate to use a closed session for the following discussions:

- Salary ranges
- Systems of classification for payment of salaries
- Budget matters
- Exercising an option to initiate new programs
- Implementation of new programs

Motion for Closed Meetings

A motion that a public body meets in a closed meeting must specifically state the purpose for the meeting, and reasonably identify the substance of the matter to be discussed.

Specific reference also should be made to the statutory authority for the executive meeting, as authorized in subsection A of [§2.2-3711](#) of the Code of Virginia or other provision of law. A general reference to the statutory authority alone is not sufficient. Nothing may be discussed in the closed meeting except matters included in the motion. Minutes of a closed meeting may be taken but are not required. Any minutes taken are not subject to public disclosure.

Reconvening in Open Session

When the closed meeting is completed, the public body must reconvene and take a recorded vote of members present that the members in the closed meeting discussed only:

1. Public business matters lawfully exempted from statutory open meeting requirements, and;
2. Public business matters identified in the motion to convene the closed meeting.

Any member who cannot certify these items shall so indicate prior to the vote, with specific details on the unauthorized discussion. All this must be recorded in the minutes.

Certification of Closed Meeting

WHEREAS, the [public body] has convened a closed meeting on this date pursuant to an affirmative recorded vote and in accordance with the provisions of the Virginia Freedom of Information Act; and

WHEREAS, §2.2-3712 of the Code of Virginia requires a certification by the [public body] that such closed meeting was conducted in conformity with Virginia law;

NOW, THEREFORE, BE IT RESOLVED that the [public body] hereby certifies that, to the best of each member's knowledge, (i) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the closed meeting to which this certification resolution applies, and (ii) only such public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the [public body].

Freedom of Information Act (FOIA)

The Virginia Freedom of Information Act (FOIA) provides regulation as to how public bodies are to conduct business and how to make information available to the public. Since Local boards are public bodies and subject to FOIA, it is very important that boards follow the procedural guidance outlined in this chapter. In the event that the local board has questions about procedures and FOIA, the board should consult their local county/ city attorney.

§2.2-3700 of the Code of Virginia states that:

By enacting [The Virginia Freedom of Information Act], the General Assembly ensures the people of the Commonwealth ready access to public records in the custody of a public body or its officers and employees, and free entry to meetings of public bodies wherein the business of the people is being conducted. The affairs of government are not intended to be conducted in an atmosphere of secrecy since at all times the public is to be the beneficiary of any action taken at any level of government.

Unless a public body or its officers or employees specifically elect to exercise an exemption provided by this chapter or any other statute, every meeting shall be open to the public and all public records shall be available for inspection and copying upon request. All public records and meetings shall be presumed open, unless an exemption is properly invoked.

The provisions of this chapter shall be liberally construed to promote an increased awareness by all persons of governmental activities and afford every opportunity to citizens to witness the operations of government. Any exemption from public access to records or meetings shall be narrowly construed and no record shall be withheld, or meeting closed to the public unless specifically made exempt pursuant to this chapter or other specific provision of law. This chapter shall not be construed to discourage the free discussion by government officials or employees of public matters with citizens of the Commonwealth.

All public bodies and their officers and employees shall make reasonable efforts to reach an agreement with a requester concerning the production of the records requested.

Any ordinance adopted by a local governing body that conflicts with the provisions of this chapter shall be void.

Enforcement

The Virginia Freedom of Information Act is enforced by the filing of a Petition for Mandamus or injunction in a circuit court.

If the court finds a violation of the Act, costs and attorney's fees from the public body shall be awarded if the petitioner substantially prevails, unless special circumstances make the award of costs and attorney's fees unjust. The reliance on an Attorney General's Opinion or a court opinion may be considered. Sanctions also may be imposed in favor of the public body.

The willful and knowing violation of the Act results in a civil fine of \$500 - \$2,000, which amount shall be paid into the State Literary Fund. For a second or subsequent violation, such civil penalty shall be not less than \$2,000 or more than \$5,000.

Public Records

In reference to public records, §[2.2-3701](#) of the Code of Virginia, states:

“Public records” means all writings and recordings that consist of letters, words or numbers, or their equivalent, set down by handwriting, typewriting, printing, photostatting, photography, magnetic impulse, optical or magneto-optical form, mechanical or electronic recording or other form of data compilation, however stored, and regardless of physical form or characteristics, prepared or owned by, or in the possession of a public body or its officers, employees or agents in the transaction of public business.

Disclosure Principles

- All official records generally are open during the regular office hours of the records custodian.
- Precaution must be taken by the records custodian for the preservation and safekeeping of all official records.

Requests for Records

The Request

- The request must be made with reasonable specificity.
- Specific reference to The Virginia Freedom of Information Act or a particular statute is not necessary.

The Response

A response by the records custodian for a request for official records must be made within five work days after the receipt of the request. §[2.2-3704](#) of the Code of Virginia, states that one of the following five responses must be made:

1. The requested records shall be provided to the requester.
2. If a statutory exemption applies to ALL of the requested records, a written explanation must be given to the requester why the records are not being produced. Specific reference to a statutory exemption must be made.
3. If a statutory exemption applies to SOME, but not all, of the requested records,

the exempted portions of the records -will be withheld and the remainder of the records disclosed. A written explanation must be given to the requester as to why the withheld portions of the records are not available, with specific reference to the statutory exemption claimed.

4. If the requested records could not be found or do not exist, and the record custodian that received the request knows that another public body has the requested records the response shall include contact information for the other public body.
5. If the records custodian determines that (a) it is practically impossible to provide the records within the five-work-day period or (b) to determine whether the records are available within the five-work-day period, the requester should be so notified. When this response is made to the requester, the records custodian then has an additional seven work days to provide one of the preceding responses.

Billing the Requester

Reasonable charges, not exceeding the actual cost to the public body, may be made to the requester for copying, search time, and computer time in supplying the records. If the requester asks for an estimate of these charges, the charges must be estimated in advance. Advance payment of these charges may be required by the public body.

If the charges are likely to exceed \$200, the requester may be required to agree to pay a deposit not to exceed the amount of the advance determined cost. Time limits are suspended until the requester responds. (§[2.2-3704](#) of the Code of Virginia).

Exemptions to Disclosure

The Freedom of Information Act does not prohibit the disclosure of any official record. The “Act exempts [certain] records of public bodies from required disclosure... The fact that such records are not subject to required public disclosure does not prohibit their disclosure”. Specific exemptions to the disclosure requirements of the Act are detailed in §[2.2-3705.1](#) of the Code of Virginia. Other statutes also provide for the confidentiality or the exemption of specific documents from the Act. Some exemptions to the required disclosure of records pursuant to the Act include:

1. Written advice of legal counsel to state, regional or local public bodies or the officers or employees of such public bodies, and any other information protected by the attorney-client privilege;
2. Legal memoranda and other work products compiled specifically for use in litigation or for use in an active administrative investigation concerning a matter that is properly the subject of a closed meeting under [§2.2-3711](#) of the Code of Virginia;
3. Records recorded in or compiled exclusively for use in closed meetings lawfully held pursuant to [§2.2-3711](#) of the Code of Virginia;
4. Records of active investigations being conducted by the Department of Medical Assistance Services;
5. Reports and court documents required to be kept confidential; and,
6. Personal information furnished to a public body for the purpose of receiving electronic mail from the public body, provided that the electronic mail recipient has requested that the public body not disclose such information.

Virginia Codes for Board Meetings

[§2.2-3701](#) of the Code of Virginia, states that:

“Meeting” or “meetings” means the meetings including work sessions, when sitting physically, or through telephonic or video equipment pursuant to [§2.2-3708](#) or [§2.2-3708.1](#) of the Code of Virginia, as a body or entity, or as an informal assemblage of (i) as many as three members or (ii) a quorum, if less than three, of the constituent membership, wherever held, with or without minutes being taken, whether or not votes are cast, of any public body. The gathering of employees of a public body shall not be deemed a “meeting” subject to the provisions of this chapter.

“Public body” means any legislative body, authority, board, bureau, commission, district or agency of the Commonwealth or of any political subdivision of the Commonwealth, including cities, towns and counties, municipal councils, governing bodies of counties, school boards and planning commissions; boards of visitors of public institutions of higher education; and other organizations, corporations or agencies in the Commonwealth supported wholly or principally by public funds. It shall include any committee, subcommittee, or other entity however designated, of the public body created to perform delegated functions of the public body or to advise the public body.

Virginia Code References for Confidentiality

Following are Department of Social Services Code of Virginia Confidentiality Law references:

Code Section	Area Covered
<u>63.2-101</u>	Information from other agencies
<u>63.2-102</u> and <u>63.2-104</u>	Access to Local Boards
<u>63.2-102</u>	Public Assistance and Service Clients
<u>51.5-122</u>	Adult Services and Adult Protective Services
<u>63.2-102</u> and <u>63.2-104</u>	Public Assistance
<u>63.2-1706</u> and <u>63.2-1708</u>	Adult Care Residents
<u>63.2-1247</u>	Adoptees and Relatives
<u>63.2-1236</u> and <u>63.2-1246</u>	Adoptions
<u>63.2-1503</u> and <u>63.2-1515</u>	Child Protective Services
<u>63.2-103</u> , <u>63.2-1906</u> and <u>63.2-1919</u>	Child Support

CHAPTER 5 – BUDGET AND FUNDING

Funds appropriated from local, state and federal sources for providing social services and financial assistance to needy persons are administered by the local boards of social services under the provisions and requirements of federal regulations, the statutes (Code of Virginia) and the rules and regulations prescribed by the State Board. The reason for the requirements of state law and rules and regulations of the State Board is to provide for efficient use of public funds for their intended purposes and to safeguard them.

Roles and Responsibilities

Local Governing Body

Funds for public assistance are made available to a local department of social services by a budget process. The local director, in conjunction with the local board, estimates the need for funds for each of the activities and presents the budget to the local governing body for review and approval. The local governing body appropriates funds from the general fund. The appropriation is earmarked for public social services purposes.

Treasurer or Fiscal Officer in Charge

The local county or city treasurer or a corresponding fiscal officer is the custodian of all funds in the local treasury. The funds expended for public assistance purposes are disbursed only on authorization of the local board or LDSS Director.

General Assembly/State Office

State appropriations are made by the General Assembly to the VDSS for reimbursing the counties and cities for a portion of the cost of providing social services and benefit programs. Reimbursement from state funds to the counties and cities for social services expenditures is limited to the funds allocated by the Commissioner of the VDSS for each purpose or activity. State appropriations include funds received from the federal government as reimbursement for a share of the expenditures in various mandated federal programs. Reimbursement is received by the state from the federal government, provided the requirements of the various federal regulations of the federal agencies are met. An electronic funds transfer is sent to each local Treasurer on the last business day of each

month for an amount equal to the federal and state share of reimbursable expenditures for the prior month.

Local Boards/Directors/Agency Staff

Local boards of social services, local directors and agency staff have responsibilities under the Virginia statutes for administering these programs in their community. Federal agencies and the VDSS conduct both fiscal and administrative audits of the records of the local departments of social services to determine whether or not the standards and regulations of the State Board adopted for the purpose of conforming to federal requirements are being carried out. Under state statute, the VDSS is required to take exception to any payments made which do not conform to federal or state regulations.

Local Annual Budgeting Process

§ [63.2-316](#) of the Code of Virginia provides that the local board shall submit annually to the governing body of the county or city a budget, containing an estimate and supporting data setting forth the amount of money needed to carry out the provisions of Title 63.2. Such budgets shall be based upon need insofar as the same may be estimated. This local process typically occurs in late fall or early winter.

Local social services budgets need to be planned as accurately and realistically as possible. This requires forecasting changes in economic conditions for federal and state programs. Planning and controlling of future activities is the basic principle of the budgetary process.

The annual budget should be prepared using a schedule which allows a final budget to be submitted to the VDSS by the specified deadline or adopted for presentation to the governing body at the time specified locally for presentation of budgets, whichever occurs first. In order that the budget estimate may be properly interpreted it should be submitted to the governing body in person by the chairman of the local board of social services or by the superintendent/director of social services.

State Annual Budget Process

The Budget Director of the VDSS issues a transmittal with the state budget instructions annually, typically in April. Future planning can best be accomplished by comparisons with past experience and taking into account changes in economic conditions, and changes in programs and caseloads. Operating policies of the local board and regulations of the state Board must be given first consideration. Social Service budgets are divided into three components: administrative, assistance and purchase of services.

The administrative budget estimates should be considered in three parts:

1. **Personnel Services** – includes the cost of the continuation of the present salaries, the cost of planned salary increases and the cost of reclassification or regrading of positions. Proposed salaries should be in conformity with the compensation plan adopted by the local board. Adequacy of staff should be considered, and if new positions are needed, consideration should be given to the cost of establishing the new positions.
2. **Other Operating Expenses** – includes such items as contractual services, supplies, materials, rents, insurance and other recurring costs. Actual expenditures for the preceding fiscal year and amounts budgeted for similar items for the current fiscal year generally provide a sound basis for estimating future requirements. Changes in unit rates of costs, expansion or decrease in services must be taken into consideration. Additional expenses to be incurred because of the establishment of additional positions should also be taken into consideration.
3. **Capital Purchases** – includes such equipment as motor vehicles, furniture and fixtures, and office equipment. The need of the agency for such equipment should be determined on the basis of promoting efficient and effective program operations. A policy for replacing equipment in use should be established.

Such a policy should be based upon the intensity of usage and the resultant estimated economic life of the equipment. It is necessary to consider the usage of each piece of equipment planned to be replaced, as equipment used only part-time or at irregular intervals should not depreciate as rapidly as equipment which is used full-time. Financial constraints may require extending the service life of presently owned equipment.

Budget exhibits containing supporting and explanatory data concerning the estimates

should be submitted with the budget forms. Additional financial and statistical tables setting forth past experience and data to support the budget estimates are desirable and assist in the interpretation and evaluation of the request.

The factors to be taken into account in the preparation of assistance and purchase of services estimates are as follows:

- Number of recipients and cases currently receiving assistance;
- Rate of decrease or increase in the number of recipients and cases;
- Estimated average number of recipients and cases for the budget period;
- Average current payment per recipient or case;
- Effects of changes in policies and procedures in regard to payments per recipient or case, including proposed percentage of need to be met;
- Estimated average monthly payment per recipient or case for budget period, based on individual requirements, resources and the proposed percentage of need to be met;
- Whether the budget line is mandated or not mandated by state and/or federal code; and
- VDSS budget allocations and reimbursement percentages.

State Budget Allocations and Local Reimbursement Percentages

State budgets are assigned to local offices by the VDSS based on several different factors, including allocation formulas, projected prior year expenditures, prior year allocations, approved plans and local offices’ requests. The state budget allocation process determines the maximum amounts reimbursed to the local departments.

Reimbursement funding to localities is dependent on federal allocations granted to Virginia, funds made available through the state legislature, and the matching funds made available by the local governing body.

The local department uses 100% of local funding to disburse expenditures, and then submits the documentation of the expenditures for the state and federal reimbursable

share via the VDSS reimbursement system, LASER, on a monthly basis. The reimbursement percentage varies by program and program rules. Refer to [Appendix 7](#) for a listing of estimated Social Services match rates for FY23.

Some programs are mandated by state and/or federal law. If additional budget is needed local, state and federal governments are obligated to provide their share of funding. Others programs are optional (non-mandated) and only reimbursed until the available state allocation has been expended.

Once allocations are made to the local department, the local director (or designee) shall monitor the expenditures to determine if allocation adjustments are necessary. LDSS may request VDSS budget additions or changes to both mandated and non-mandated programs during the fiscal year via the Budget Request System (BRS) in LASER. Requests for additional budget for non-mandated programs are subject to availability of state and federal funds.

Some local departments have additional funding sources outside of the VDSS reimbursement process, including but not limited to city/county funding, outside grants, and donated funds for a specific purpose.

Fiscal Calendars

Budgets and funding are based on the fiscal year not calendar year. There are three distinct fiscal calendars that make planning for a local department's budget very complicated.

1. The LASER budget or reimbursement year is from June 1 through May 31.
2. The state and local government budget year is from July 1 through June 30.
3. The federal fiscal year is from October 1 through September 30.

In many instances, federal funds received in a new federal fiscal year (beginning October 1) must have legislative review and approval prior to being allocated to local departments. Generally, counties and cities in Virginia request planning figures from their county/city office, including social services, prior to the legislative action being taken on certain funding.

These differing timelines in federal/state/local fiscal years plus the process of legislative review and approval can make the local social services budgeting process very complicated in estimating funding requirements.

Source of Funds

[§63.2-400](#) of the Code of Virginia provides that the governing bodies of the counties and cities shall each year appropriate sums of money sufficient to provide for the payment of public assistance, and provide services, including the cost of administration. The local appropriations may be -from the general fund of the county or city treasury. If the amount appropriated to the local board of social services has been exhausted, and if additional funds are necessary for operation of the program, the governing body may make an additional appropriation. If sufficient funds are not available in the general fund, the governing body has the authority to borrow, in anticipation of reimbursement thereof, the additional funds necessary.

[§63.2-401](#) of the Code of Virginia provides for reimbursement to localities by the Commonwealth for the federal and state shares of program and administrative expenditures.

[§63.2-408](#) of the Code of Virginia provides that it is mandatory for the local governing body to appropriate the amount required by the local department budget and to make an additional appropriation, if necessary. Failure to do this will result in noncompliance with the requirements of the code.

CHAPTER 6 – HUMAN RESOURCES

Equal Employment Opportunity and Affirmative Action

Introduction – EEO/AA

The effective management of EEO/AA is a responsibility that is shared throughout all levels of administration within the VDSS. Board members of local departments also share in the task of ensuring that equal employment opportunity is extended to all employees and applicants for employment of local social services agencies. This is not a responsibility that can be delegated. It is essential that local board members are familiar with EEO/AA in order to enhance understanding of the issue and to emphasize that shared responsibility at all levels is essential for the success of an EEO/AA program.

Additionally, the local board is responsible for ratifying the Affirmative Action policy statement which is then signed by the local director and chairperson of the local board.

The VDSS has developed policies, procedures and administrative rules for the effective management of equal employment opportunity and affirmative action within the local agencies. The specific requirements local departments are to follow are contained in Chapter 1 of the [Administrative/Human Resources Manual for Local Departments of Social Services](#).

Equal Opportunity and Hiring

Objective: It is the Commonwealth's objective to utilize an efficient and consistent hiring process that promotes equal employment opportunity.

Request to fill a position: The local department sends the VDSS a request to fill a position. Once the VDSS approves this request, the local department may begin the process of advertising the position.

Job Announcement: A statement or advertisement that a position is to be filled. The announcement must contain: the closing date, salary range, summary of job duties, educational qualifications required by law, any bona fide occupational requirements, certifications or licenses required by law, and notification that a fingerprint based

criminal history check will be required for the finalist for positions designated as sensitive under the [§2.2-1201.1](#) of the Code of Virginia. The statement “an equal opportunity employer” must appear in job announcements to be distributed to the media. Qualifications should not be stated in a way to discourage otherwise qualified applicants from applying or automatically to preclude an applicant from consideration.

Recruitment: Notifying individuals about job opportunities. There are five types of recruitment: open, intra-agency, inter-agency, intra-jurisdictional, and limited. Local departments must determine which recruitment method best suits their needs. Whichever method is chosen, local departments must maintain documentation outlining the agency’s recruitment efforts.

Screening: Local departments must screen applicants according to job related criteria, specifically, the desired knowledge, skills and abilities that are required for the position. These criteria must be applied consistently for all applicants. Local departments must screen applicants without regard to race, color, religion, national origin, political affiliation, disability, gender or age. Any person who has served in the armed forces of the United States, having an honorable discharge, shall be assured that his or her service will be taken into consideration by the local department.

Local departments have more than one option in the initial screening of applicants. VDSS HR can conduct a preliminary screen of applications based on the Recruitment Announcement duties and responsibilities paragraph. A referral list of the names of all applicants who meet or exceed the minimum required qualifications for the position and their applications are sent to the LDSS for further evaluation. If the LDSS prefers, VDSS HR can evaluate all applications received based on the Recruitment Announcement duties and responsibilities paragraph, as well as any preferred qualifications. An interview list of the names of applicants who most closely possess the required and desired qualifications for the position and their applications is sent to the LDSS. If the LDSS selects this option, all applicants on the interview list must be offered an opportunity to interview for the position.

Panel Procedures: Interview panel members should become familiar with the basic responsibilities of the position, follow the interview guidelines and be in the same grade or higher than the position for which they will be interviewing. Panel members shall make a recommendation regarding their choice of applicant(s) to the individual making the final hiring decision. It is best practice to have diversity represented on the panel.

Interviews: Interviews are a required step in the selection process. No person may be hired without having been interviewed for the position. The interview may be conducted by an interview panel and/or LDSS Director. Local departments must make an effort to contact all applicants who have been identified for an interview before making a final selection and job offer. If an applicant is not able to make the scheduled interview, a local department is not required to reschedule the interviews. The interviewer(s) must develop in advance a consistent set of interview questions to be asked of each applicant. Questions should be related to the applicant’s knowledge, skills and abilities to perform the job. Questions that are not job related or that violate EEO standards are not permissible. Interviewers may ask or answer additional questions in response to any statements or questions from the applicant or to clarify information provided by the applicant.

Reference Checks: The reference checks, at a minimum, should attempt to obtain the following information:

- Name and title of person giving the reference
- Employment dates
- Position title
- Position duties
- Beginning and ending salaries
- Training completed
- Performance (work experience, KSA’s, competencies)
- Whether the employer would rehire the applicant
- Verification of any license, certification or degree

Local departments are not required to allow applicants to examine reference checks or recommendation letters. Documentation of this information should be maintained in a confidential file.

Background Checks: A LDSS should conduct three types of background records checks before hiring an employee: criminal, driving, and Central Registry. It is preferable to have the record checks done prior to hiring an employee; if the results of the background checks are not made available to the agency before the employee’s start date, the offer of employment should clearly state in writing that continued employment is contingent upon the results of the background checks.

Employment Offer Letters: The letter of the job offer should avoid being interpreted as a contract or guarantee of employment for a particular period of time. Also, it should include a description of any employment conditions, such as background checks, medical exams, or drug tests, required certifications or training periods, and explain the probationary period.

NOTE: Local departments must verify whether each new employee is paying child support by reporting all newly hired, retired or returned to work employees to the Virginia New Hire Reporting Center. ([§63.2-1946](#) of the Code of Virginia).

Record Keeping Requirements

The following records must be maintained for a period of at least three years from the date the position is filled:

- Position description
- Records related to recruitment efforts
- Copies of advertisements
- Employment applications
- Race and sex data on all applicants
- Screening and selection criteria applied
- Interview questions and notes on applicant responses
- References
- Any documentation that supports selection or addressing non-selection

Additional information on Recruitment and Selection of employees is located in Chapter 3 of the Administrative/Human Resources Manual for Local Departments of Social Services.

Local Director Hiring, Training and Performance Evaluations

Once a candidate has been identified and an offer is extended by the Chair of the board, it is recommended that the New Offer Letter template (refer to [Appendix 8](#)) is used. The letter describes the collaborative relationship between the LDSS and VDSS and highlights the comprehensive local director training curriculum which includes an introduction to the LD role, HR, finance and leadership learning experiences. The template can be modified as needed.

VDSS is committed to providing the most comprehensive training possible for new Directors in order to ensure that they have the knowledge, skills and tools to run the day-to-day operations in their local social Services department. Curriculum has been developed and is required for all new Directors to complete. In addition to the classroom courses, there are on-demand resources and tools available on the VDSS intranet site, FUSION.

Directors receiving an original appointment must serve a probationary period. For jurisdiction-wide deviating local agencies, the length of the probationary period is determined by local policy. For all other local agencies, the directors' probationary period is twelve months. During the probationary period, a probationary progress review must be conducted. Thereafter, directors **must** receive an annual performance evaluation.

The locality Board of Supervisors/City Council or local board of social services structure determines who completes the performance plan and the performance evaluation for the local director.

1. If the locality has appointed an administrative board, the local board chair must prepare the performance plan and complete the performance evaluation.
2. If the locality has appointed an advisory board, the administrative entity must prepare the performance plan and complete the performance evaluation.
3. If the locality has appointed an advisory board and the local director is the administrative entity (when the local director is acting as the local board), the locality Board of Supervisors/City Council or designee must determine who will prepare the performance plan and complete the performance evaluation.

4. Performance plans and evaluations for local directors should be completed in collaboration with VDSS Regional Directors.

VDSS worked with Local Directors and various agency experts to develop a template EPPE for the Local Director (Refer to [Appendix 9](#)). The EPPE includes a brief job description, qualifications, leadership competencies and the following essential responsibilities – Leadership, Program Management, Financial Management, Workforce Management and Community Engagement. The EPPE outlines the LD’s performance plan and serves as a “roadmap” to guide the Board as they are charged with holding the LD accountable for performance.

Additional information regarding Performance is discussed in the following section.

Performance Indicators

Policy Monitoring and Control

The general model for all monitoring and control systems involves the following steps:

- Establish performance standards
- Observe performance periodically
- Compare actual performance with established standards (plans)
- Take corrective action as appropriate to assure performance is as planned

Since local administrative boards are publicly accountable and responsible for local social services, it is essential that board members give attention to local performance. Such performance may be divided into two categories: individual and programmatic. Both involve the monitoring of pertinent policies and procedures. Although programmatic performance is dependent upon individual employee performance, the latter frequently involves more than direct programmatic activities. In either case, both kinds of performance require set standards (planned performance) by which actual performance may be monitored and controlled. In many situations, goals and/or objectives provide the basis for standards.

Defining Performance

The process of defining performance often begins with a review of a local department’s mission statement, mandated and optional programs, and goals and objectives. The following are the fundamental requirements for defining performance:

- Clearly identify desired performance by establishing realistic standards
- Agree on the performance which is desired and its indicators
- Develop mechanisms for securing performance information
- Monitor and control performance to desired policy standards Before going further,

it may be helpful to clarify some of the key terms:

Key Term	Definition
Mission Statement	Identifies the basic reasons (including problems, opportunities, conditions and needs) for an organization’s existence. It answers the question of “Why organization X?”
Goal	States intended results, and addresses the question of “Why should organization X be performing the activity?”
Objective	A specific, single measurable or verifiable result which will contribute by a target date to the achievement of a goal; it answers the question of “What is to be accomplished and when?”
Strategy	A means to achieve the result, a plan of activities or tasks.
Measures	Provide the basis for monitoring and controlling performance; they address the questions of “How well are we doing (versus intended results)?” and “How well did we do (versus intended results)?” The answers to both questions provide the basis for programmatic and individual performance evaluation.

Measures are often classified as:

- **Input** -- resources to perform an activity
- **Workload**-- work to be done in performing the activity
- **Output** -- work done in performing the activity

- **Efficiency**-- the relationship of inputs to outputs or workload
- **Effectiveness** -- the extent to which an objective is achieved
- **Benefit** -- the value to the community or society of achieving the objective

It should be noted that the performance hierarchy emphasizes systematic planning of programs. The local department that uses a sound performance hierarchy will develop integrated strategic, management and operating plans. These plans serve as a guide to help in monitoring and controlling activities so that desired performance does take place. It is appropriate and necessary for local boards and their local directors to be involved in the development and review of the local mission statement, goals, objectives and measures. At the same time, local boards must also ensure the effective and efficient delivery of mandated programs consistent with state policy.

First Example:

The child protective services (CPS) program is part of the responsibility of the VDSS and is a mandated local service program. One of the goals of this program shall be to assure that child cases are handled in a timely manner. To state that 100% (measure of effectiveness) of child protective service cases will comply with the 45-60 day departmental disposition policy (standards), pursuant to [§ 63.2-1505\(B5\)](#) of the Code of Virginia, is to establish two programmatic standards.

Each individual case worker in this activity must achieve 100% of the objective in order for the program to achieve its objective. Thus, the local board should be getting periodic reports as to local performance in this policy area so that they can make informed decisions regarding programmatic performance.

Second Example:

A local board may establish an individual performance objective for its local director by submitting timely and accurate reports. While the reports might deal with programmatic matters, it is the submission of timely and accurate reports by the local director that is the desirable performance.

In some instances, there may be no basis for establishing a standard. When this is the case, the acceptable practice is to establish a baseline of information in the desired performance area for the purpose of developing a realistic standard.

Assessing Performance

Realistic performance standards are not easy to develop; they require a great deal of forethought and discussion. One of the major reasons for the failure of many performance programs is the lack of realistic, objective standards. If a standard is set so high that no one or only a very few can achieve it, the reaction of most people is to give up trying to achieve the desired performance level. The lesson is clear; establish standards that are feasible and for which there are reliable indicators.

Feasible and reliable does not mean that the standards should be easily achievable. In fact, a number of authorities suggest that a good standard should have “stretch” built into it. Such a standard requires a higher level of performance than before (a challenge, but not impossibility).

Another major reason for the failure of performance programs is poor communication to employees. Obviously, if employees do not know what the programmatic and individual performance standards are, it is rather difficult for them to work towards their achievement. Thus, it becomes important for the local board to clearly and effectively communicate programmatic performance standards and policies to the local director so these can be communicated to other employees.

Except for those standards that deal with the local director’s performance, the local board should not be involved in establishing individual employee performance standards.

These are more appropriately negotiated between employees and their supervisors in consideration of programmatic plans and objectives. However, local boards should establish policies regarding individual performance standards in consultation with their local directors.

A final reason for many failed performance programs is lack of commitment. If a

performance program is to be effective; it must focus on what really counts as evident by follow-up on those things that are counted. People generally want to succeed in doing what is expected of them. They also are very quick to learn what “really counts”. Thus, if a performance program is to be effective it must focus on the performance that really counts (the substantively desired performance), rather than the rhetorically desired performance or trivial aspect of the job.

Reviewing Performance

Performance reviews should be a regular board activity that focuses on the comparison of desired versus actual results; that is, performance evaluation. The results can be compared in terms of, for example, resources consumed, planned schedules and planned results. The focus of performance reviews should not be fault finding but performance improvement. For local board members, this means that they will need to be especially clear as to what constitutes good performance.

It is usually considered a good personnel practice to praise in public and to constructively criticize only in private. State policy avoids public review of individual performance. Therefore, local boards should publicly focus on programmatic performance and reserve discussions of individual performance for closed sessions.

It is critical that board discussions focus on explicit standards and facts rather than implicit standards and suppositions. The emphasis on substantive performance thinking should be evident in the development of performance standards by local boards.

Examples of evaluating performances by explicit measures might include agency error rates, timely processing of applications, public complaints or use of allocated resources.

Recognition and Incentives

In comparison with the private sector, public employee recognition and incentives for performance are limited. This does not necessarily mean, however, that these limited mechanisms are without merit. When pay, pay raises and benefits are tied to satisfactory performance, there is merit. It should be remembered such tangible rewards are but one type of mechanism.

Other rewards can be equally or even more important factors to encourage performance, particularly in the public service. Public praise for a job done well, a social event, simple courtesy and recognition of an employee's role in performance also serve as incentives. In fact, better managed public agencies give a great deal of attention to tangible and intangible rewards. Scarce resources should not be used as an excuse for denying deserving employees and programs due recognition and incentives. Rather, it should be seen as a challenge to develop creative rewards for desired performance.

Communicating Performance Achievements

Performance achievements need to be effectively communicated to employees, the community, the state and other interested parties. Such communications are best accomplished through personal recognition in public settings (particularly where peers are present), through press releases and through formal and informal discussions. For example, a formal board resolution recognizing exceptional individual or programmatic performance lays a strong foundation for building future achievements. Performance rewards should be based on public, objective indicators rather than personal, subjective and private criteria.

Other Policy Performance Reviews

One special area of performance is fiscal performance. As in other performance areas, the general model of monitoring and control applies, but particular attention is given to the budget.

Budgets can be used for planning, control and management purposes. Budget formats include the line-item, performance, program and so-called "zero-base" budget. While there are a variety of budget formats (and variations thereof) in use in Virginia local governments, the state government uses a program budget format. Whichever format is chosen, in Virginia an agency budget is considered its operating plan. As a result, it can be used for program planning, implementation, monitoring, control and, therefore, evaluation. Local boards need to give careful attention to the development of the local

budget to assure that they understand the corresponding implications.

While there are at least as many different types of budget processes and calendars as there are budgets and localities, most budget processes involve the steps of:

- Development
- Review
- Approval
- Implementation

Since local board budgets are affected by state and federal budget processes and decisions, they are frequently even more complex. In part, this complexity is a reflection of the fact that more than one level of government is involved in funding.

Multi-source funding, however, does not excuse local boards from exercising their responsibility for developing a local budget (with local director assistance), reviewing and approving it, seeking the approval of the local governing body (and other governmental entities) for the proposed budget, and implementing, monitoring and controlling the budgetary performance of their local department.

Obviously, the expertise of the local director and staff are critical to the board's effective execution of its budget responsibilities, and they should be very much involved in these. Some portion of every board meeting should be devoted to monitoring fiscal performance on mandated and local programs so that, as in individual and programmatic performance reviews, there are no surprises at the end of the fiscal year. Review [Chapter 4](#) for additional information on budget and funding, including information on fiscal years.

In developing a budget, the local board should assure that its efforts are responsive to budget standards, including those of mandated submission schedules and that the board does not become involved in operating details. If this occurs, the board may find itself entangled in unresolved differences of opinion regarding the most appropriate strategy for accomplishing a result, rather than focusing on desired results/performance, priorities

and fiscal requirements. In this event, the board may find that it loses its budgetary initiatives to other decision makers. It may be helpful to keep in mind that the local director is responsible for assisting the board in executing its budget responsibilities and for developing and justifying effective and efficient strategies to achieve desired results. It should also be remembered that the budget is a plan. As with all plans, this means that if circumstances change which have ramifications for the plan, then the plan should be adjusted within state and local policy to reflect those changes.

Performance reviews can be encompassing. However, given the limited time and other resources of local boards, it is recommended that individual performance reviews (evaluations), whether they be programmatic, individual, managerial, or fiscal, focus on the priority concerns of the federal, state and local levels of government and the concerns of the local board.

Employee Performance Evaluations

An annual performance evaluation is required for all employees. Employees' performances are assessed against the performance measures and expectations set for their core responsibilities, essential functions and special assignments during their assigned evaluation period.

The performance plan for local departments is documented in the LDSS Employee Performance Plan and Evaluation (EPPE) form.

1. Identify the core and essential responsibilities of each employee's position. These may be prioritized based on the importance to the agency mission and the work unit.
2. Designate essential responsibilities within the core responsibilities.
3. Special assignments may be added to the performance plan.
4. Identify the performance measures that correspond to each core responsibility, essential responsibility and/or special assignment. Measures should be SMART: specific, measurable, attainable, relevant and timely. They must be set at a level of performance that is clear to the supervisor, reviewer and employee.

5. Create an employee development plan for each employee that includes a learning plan, learning goals, and needed resources. This may be accomplished with input from the employee.

APPENDIX 1: ACRONYMS COMMON TO DSS

Departments of Social Services use many abbreviations or acronyms when referring to specific programs, data systems, regulations, work units, etc.

ACRONYM	DESCRIPTION
ABAWD	Able-Bodied Adult Without Dependents
ABD	Aged, Blind and Disabled
ABE	Adult Basic Education
ACF	Administration for Children and Families
ACS	Affiliated Computer Services, Inc.
ADH	Administrative Disqualification Hearing
ADL	Activities of Daily Living
AFC	Adult Foster Care
AFCARS	Adoption and Foster Care Analysis and Report System
AFDC	Aid to Families with Dependent Children
AG	Auxiliary Grant
ALF	Assisted Living Facility
APA	Auditor of Public Accounts
APS	Adult Protective Services
APSS	Adoption Promotion and Support Services
AR	Authorized Representative
ARU	Automated Response Unit
AS	Adult Services
ATP	Authorization to Participate
BL	Budget Line
BP	Benefit Programs
BPRO	Benefit Programs Organization
BPS	Benefit Program Specialist
BRS	Budget Request System
CANS	Child and Adolescent Needs and Strengths
CAPP	Commonwealth Accounting Policies and Procedures
CASA	Court Appointed Special Advocate
CC	Cost Code
CCD	Child Care and Development
CCWIS	Comprehensive Child Welfare Information Services
CFCIP/ILP	Chafee Foster Care Independence Program/ Independent Living Program
CFR	Code of Federal Regulations

ACRONYM	DESCRIPTION
CHINS	Children In Need of Services
COVLC	Commonwealth of Virginia Learning Center
CPMT	Community Policy and Management Team
CPS	Child Protective Services
CRF	Children’s Residential Facility
CSA	Children’s Service Act
CSB	Community Services Board
CSCAP	Central Services Cost Allocation Plan
CQI	Continuous Quality Improvement
CWEP	Community Work Experience Program
CWSP	Child Welfare Stipend Program
DARS	Department of Aging and Rehabilitative Services
DBHDS	Department of Behavioral Health and Developmental Services
DCSE	Division of Child Support Enforcement
DFS	Division of Family Services
DFSP	Disaster SNAP Program
DHCD	Department of Housing and Community Development
DHRM	Division of Human Resource Management
DIS	Division of Information Systems
DJJ	Department of Juvenile Justice
DMAS	Department of Medical Assistance Services
DMV	Division of Motor Vehicles
DOF	Division of Finance
DW	Data Warehouse
EAP	Energy Assistance Program
EBT	Electronic Benefits Transfer
ECFR	Electronic Code of Federal Regulations
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
EPPE	Employee Performance Plan and Evaluation
EPPIC TM	Electronic Payment Processing and Information Control
ESL	English as a Second Language
ETV	Education and Training Voucher
EW	Eligibility Worker
FAMIS	Family Access to Medical Insurance Security
FAPT	Family Assessment and Planning Team
FAQ	Frequently Asked Question
FC	Foster Care
FEP	Full Employment Program
FFP	Federal Financial Participation
FFPSA	Family First Prevention Services Act
FFY	Federal Fiscal Year (October 1 – September 30)
FICA	Federal Insurance Contributions Act

FIPS	Federal Information Processing Standard
FNS	Federal and Nutrition Services
FPS	Family Preservation Services
FREE	Fraud Reduction Elimination Effort
FSL (F/S/L)	Federal/State/Local
FSP	SNAP Program
FSS	Family Support Services
FUTA	Federal Unemployment Tax Act
FY	Fiscal Year
GED	General Education Development
GR	General Relief
HBAS	Home Based Adult Services
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
IC	Issuance Clerk (pertaining to SNAP Issuances)
IDA	Individual Development Account
IEVS	Income Eligibility Verification System
ILP	Independent Living Program (Plan)
INA	Immigration and Naturalization Act
INS	Immigration and Naturalization Service
IPV	Intentional Program Violation
IRS	Internal Revenue Service
LASER	Locality Automated System for Electronic Reimbursement
LCPA	Licensed Child Placing Agency
LDSS	Local Department(s) of Social Services
LETS	Local Employee Tracking System
LFY	LASER Fiscal Year (June 1 – May 31)
LIHEAP	Low Income Home Energy Assistance Program
LPACAP	Local Public Assistance Cost Allocation Plan
LRT	Local Review Team
LRU	Local Reimbursement Unit
LWA	Local Welfare Agency
NA	Non-assistance
NCP	Non-custodial Parent
NPA	Non-Public Assistance SNAP household
NSF	Not Sufficient Funds
OAS	Office of Audit Services
OCO	Office of the Children’s Ombudsman
OCR	Office of Civil Rights
OCS	Office of Comprehensive Services
OECD	Office of Early Childhood Development
OGS	Office of General Services
OIG	Office of the Inspector General

ACRONYM	DESCRIPTION
OMB	Office of Management and Budget
ORR	Office of Refugee Resettlement
OTC	Over the Counter
PA	Public Assistance
PACAP	Public Assistance Cost Allocation Plan
PACE	Program of All-inclusive Care for the Elderly
PARIS	Public Assistance Reporting Information System
PIN	Personal Identification Number
POS	Point of Sale
POSO	Purchase of Service Orders
POSSESS	Partnership of Office Services Support Employees in Social Services
PSP	Public Service (employment) Program
PSSF	Promoting Safe and Stable Families
QC	Quality Control
RAM	Regional Administrative Manager
REPP	Reasonable Efforts to Finalize the Permanency Plan
RMS	Random Moment Sampling
RMS	Recruitment Management System
RMSPlus	Random Moment Sampling System
ROC	Report of Collections
S & O	Staff and Operations
SAVE	Systematic Alien Verification for Entitlement
SDX	State Data Exchange
SEC	State Executive Council
SFY	State Fiscal Year (July 1 – June 30)
SNAP	Supplemental Nutrition Assistance Program
SNAP-E&T	Supplemental Nutrition Assistance Program Employment & Training
SPARK	Services, Programs, Answers, Resources, Knowledge
SPIDeR	Systems Partnering in a Demographic Repository
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSI	Supplemental Security Income
SSN	Social Security Number
SUTA	State Unemployment Tax Act
SVES	State Verification Exchange System
TANF	Temporary Assistance for Needy Families
TANF-UP	Temporary Assistance for Needy Families-Unemployed Parent
TET	Transitional Employment and Training
TLFRS	Time Limited Family Reunification Services
TPP	Third-Party Processor
USCIS	United States Citizenship and Immigration Services
USDA	United States Department of Agriculture

ACRONYM	DESCRIPTION
VA	Veteran’s Administration
VaCMS	Virginia Case Management System
VaSWP	Virginia Alliance of Social Work Practitioners
VCC	Virginia Community Corps
VDSS	Virginia Department of Social Services
VEC	Virginia Employment Commission
VIEW	Virginia Initiative for Employment and Work
VLSSE	Virginia League of Social Services Executives
WIA	Workforce Investment Act

APPENDIX 2: COMMON TERMS AND DEFINITIONS

The following are terms and definitions commonly used by administratively in social services:

Terms	Definition
Administrative Expenditures	Expenditures necessary for activity related to the operation of social service programs. These costs include, but are not limited to, salaries, fringe benefits, and operational costs.
Advance Payments	Payments made prior to the receipt of goods or delivery of services.
Affirmative Action	The planned, aggressive and coherent management program to provide equal employment opportunity. The Affirmative Action Plan (AAP) is the written document through which management assures that all persons have equal opportunities in recruitment, discipline and related managerial areas. The plan is specifically tailored to the employer’s work force, available skills and contains specific actions. <u>It is a results oriented program designed to achieve equal employment opportunity rather than simply a policy to assure non-discrimination.</u>
Allocation	An amount of money funded for a particular category, cause or use. Allocation is also a systematic distribution of funds or costs based on a federally approved methodology. For VDSS the federally approved allocation methodology is often the Random Moment Sampling percentages from the previous quarter or year.
Asset	An item of value
Audit	The act of reviewing financial transactions for accuracy and law/code compliance, within a given period of time, usually one year.

Terms	Definition
Award	Grants, cost reimbursement contracts and other agreements between a State, local and Indian tribal government and the Federal Government.
Basic State Compensation Schedule	The department’s pay plan, which provides local departments a basis to develop local compensation plans. The plan provides information on classifications, salary grades, pay steps, and pay range for each grade.
Benefit Programs Specialist (BPS)	Refers to local department workers that determine eligibility for benefit programs such as the Supplemental Nutrition Assistance Program (SNAP; formerly Food Stamps), TANF and Medicaid.
Benefits	Financial assistance programs provided to customers who qualify, includes Temporary Assistance for Needy Families (TANF), Emergency Assistance, General Relief, Supplemental Nutrition Assistance Program (SNAP), Children’s Health Insurance in Virginia (FAMIS), Medicaid, and Energy Assistance.
Budget	A fiscal plan used to forecast income and expenses for a specific period of time. It is revaluated periodically.
Children’s Services Act (CSA)	The Children's Services Act (CSA) establishes a single state pool of funds to support services for eligible youth and their families. State funds, combined with local community funds, are managed by two local interagency teams (1) Community Policy and Management Team (CPMT); (2) Family Assessment and Planning Team (FAPT).
Classification (Worker)	The Division of Human Resource Management allocates positions to their appropriate Occupational Group and Title on the basis of assigned duties and responsibilities.
Continuous Quality Improvement (CQI)	A Continuous Quality Improvement (CQI) process includes the continuous evaluation and re-evaluations of a service delivery system and is circular in design and dynamic.
Customers/Clients/Recipients	These terms are used to refer to the person or family receiving benefits and/or services within the Virginia social services system.

Terms	Definition
Depreciation	The process of allocating the cost of tangible property over a period of time, rather than deducting the cost as an expense in the year of acquisition. The term depreciation also includes “use allowance” (useful life).
Direct Cost	Costs associated with a specific cost center or objective and are not allocated.
Division of Child Support Enforcement (DCSE)	Referred to as support enforcement or DCSE. Part of the VDSS state system responsible for the establishment of court or administrative orders for child support and the enforcement and collection of child support payments.
Division of Licensing Programs (DOLP)	Refers to the part of the VDSS that inspects and licenses Assisted Living Facilities, Adult Day Care Facilities, Child Day Care Centers, Family Day Homes, Children’s Residential Facilities, and Child Placing Agencies.
Electronic Benefit Transfer (EBT)	A system for issuing SNAP benefits using debit card technology. After benefits are added to eligible household accounts, cardholders spend them by swiping their EBT card at the point of sale and then entering their PIN number.
Encumber	To reserve an amount of money recorded (and protected) for a particular expense, applies particularly to money reserved for certain future expenses concerning services accounts when the exact amount is known.
Equal Employment Opportunity	An employer’s position that all personnel activities will be conducted in a manner to ensure equal opportunity for all. Such activities will be based solely on individual merit and fitness of applicants and employees related to specific jobs and without regard to race, color, religion, gender, age, national origin, disability, marital status, pregnancy or political affiliation.
Equipment	An article of tangible personal property that has a useful life of more than two years and an acquisition cost of \$500 or more. For accounting purposes, equipment is further classified as either capitalized or controlled.

Terms	Definition
Expenditures	Actual payment of cash or cash-equivalent paid by an LDSS for goods, financial assistance and/or services provided to social services clients, or a charge against available funds in settlement of an obligation – as evidenced by an invoice, receipt, voucher, or other such document.
Family Access to Medical Insurance Security (FAMIS)	Refers to the program designed to provide comprehensive health care benefits for working families who earn too much to qualify for Medicaid and too little to afford health insurance.
Family Engagement	A relationship-based approach to child welfare services that prioritizes the needs of the family, as they define them, to ensure safety, stability, permanency, and family connections. Family engagement guides every interaction with the family, from the first agency contact to the last, enabling a process of building trust in the relationship over time.
Family First Prevention Services Act (FFPSA)	The Family First Prevention Services Act (FFPSA) enables states to use federal funds under parts B and E of Title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements.
Family Services Specialist (FSS)	Refers to local department workers that administer service programs such as Child Protective Services (CPS), Foster Care, Adoption and Adult Services/Adult Protective Services.
Federal Pass-Through	A “Pass-through” is a process whereby applicable LDSS expenditures can be submitted for reimbursement from the federal government, “federal financial participation” (FFP), through the state on condition that the locality provides the necessary financial match.
Federal/State/Local	A classification of data according to fiscal entities necessary to comply with legal requirements and GAAP (Generally Accepted Accounting Principles). The General Assembly and VDSS (Virginia Department of Social Services) makes appropriations according to funds. Expenditures are charged against funds in accordance with those appropriations.

Terms	Definition
Improper Payments	(1) Payments that should not have been made or that were made in incorrect amounts (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements, and include payments to ineligible recipients; and (2) Payments for ineligible services, duplicate payments, payments for services not received, and payments that do not account for credits for applicable discounts.
Ledger	A record of financial transactions pertaining to a particular account.
Local Board	Refers to a local social services board consisting of citizen members of a county or city who are appointed by the local governing body. Boards may be either administrative or advisory and have different responsibilities depending on the type of board.
Local Departments of Social Services (LDSS)	Referred to as local departments or local agencies. The social services system in Virginia is state supervised and locally administered. Local agency staff are employees of the city or county in which they work, and not the state. Local departments provide services directly to eligible clients/customers in their respective jurisdictions. VDSS staff provides support services to local departments. While the divisions of DCSE and Licensing are located within VDSS, they provide services directly to the public and not through the LDSS.
Local Only and Local Only Funds	Money allocated from the local government with no attachment to any other government entity. These funds may be used by the agency for any purpose approved by the local governing board and/or local director.
Medicaid	A joint federal and state program that helps to provide medical care/ costs for families and individuals with limited income and resources.
Non-Reimbursable Expenditures	Payments for goods or services that are not eligible for reimbursement by Federal and/or State funds.
Overpayments	The act of erroneously disbursing funds to a client/vendor for an amount more than the allowable entitlement.

Terms	Definition
Policy	A set of written, approved guidelines designed to provide instructions and general guidance for a particular task.
Procedure	A written set of instructions designed to provide step-by-step guidance in completing a particular task.
Reconciliation	To analyze and compare receipts and expenses to source documents and to further compare them with general ledgers to assure that they match.
Reimbursable Expenditures	Expenditures which may be reimbursed by the State and/or Federal governments based on the approved and allowable match rates.
Services	Direct aid, non-tangible provided to customers by DSS personnel, includes Family Preservation and Support Services, Adoption Promotion, Child Care Services, Family Planning, Child Protective Services, Foster Care Services, Adult Protective Services, Companion (in-home) Services,
Special Welfare (SW)	A category of funds in which a local board is authorized to accept and expend on behalf of and for the benefit of any child placed by it. The local board is also authorized to receive and disburse funds derived from public grants, gifts, contributions, etc. All funds received from such sources shall be deposited in the local treasuries and expended in accordance with the purpose of the bequest.
State Board	Refers to the state Board of Social Services, a nine-member board consisting of citizen members from throughout different regions of the state who are appointed by the Governor. They establish the guidelines and policies for the Virginia Department of Social Services.

Terms	Definition
Supplemental Nutrition Assistance Program (SNAP)	Provides food assistance to individuals or families who qualify. Benefits are provided through electronic benefits transfer (EBT) which functions similar to a debit card.
Supplemental Nutrition Assistance Program – Education and Training (SNAP E&T)	Part of the Commonwealth’s Workforce Development System that is a multi-component employment and training program designed to assist SNAP recipients in their employment and training needs.
Temporary Assistance for Needy Families (TANF)	Provides temporary cash assistance directly to eligible families to meet their basic needs. The program also includes employment related services such as job skills training, work experience, job readiness training, child care assistance, and transportation.
Un-encumber	To remove an amount or partial amount “encumbered” or reserved for a particular use.
Vault Card	A SNAP benefit debit card supplied to local agencies for issuance to eligible clients.
Vendor	Individual, organization, firm or business from which services or items are purchased.
Virginia Case Management System (VaCMS)	Virginia Case Management System (VaCMS) is the VDSS automated system used by LDSS for benefits eligibility determination, case management, benefit processing and delivery of benefits for clients across Virginia.
Virginia Department of Social Services (VDSS)	Referred to as the state, state office or state organization. Includes the Home Office in Richmond, five regional offices, Division of Child Support Enforcement (DCSE) and Division of Licensing offices.
Virginia Initiative for Employment and Work (VIEW)	An employment and training program for TANF recipients. The program is designed to promote economic independence through participation in employment-related activities, education, training, and support services.

LOCAL BOARD MEMBER HANDBOOK | 2023

APPENDIX 3: LOCAL BOARD MEMBER PRE-SERVICE AGREEMENT

Thank you for volunteering to serve as a LDSS Board Member. As a Local Departments of Social Services (LDSS) Board Member, you are a volunteer, representing your community. LDSS Boards implement numerous aspects of the Code of Virginia related to Social Services, fulfilling important responsibilities and making decision which greatly impact your community members. As a Member, you are expected to perform work under the premise that an educated, engaged Board is prepared to represent and advocate for your community’s citizens. Your ideas, decisions, and actions have a direct impact on the lives of children, families and vulnerable citizens, and therefore are handled with the utmost respect and commitment. Review, complete and submit this form to dssregionaloffices@dss.virginia.gov within two weeks of completing the local board member training.

Board Member Name:		Local Department:	Date:
Local Director Name:			
LDSS Address:		LDSS Phone:	
LDSS Web Address:		LDSS Hours:	
Type of Board: Administrative <input type="checkbox"/>		Advisory <input type="checkbox"/>	
Board of Supervisors/City Council member who appointed you:			
Date of swearing in:		Length of term:	Date term ends:
Action Items	Description		<input checked="" type="checkbox"/>
Items 1 & 2 Below Are <u>Required</u> Within First 90 Days of each term			
1. Sign and Submit Pre-Service Agreement	Familiarize yourself with Local Board Member requirements and expectations. Provide a copy of this agreement to the VDSS Regional Director.		<input type="checkbox"/>
2. Complete Board Member Training	Complete the on-line Board Member Training.		<input type="checkbox"/>
Items Below Are <u>Recommended</u> Within First 90 Days			
Read the Local Board Member Handbook	The Handbook: http://www.dss.virginia.gov/about/files/lb_handbook.pdf will help acclimate you to your new position. Be sure to note any sections or questions you would like to explore at your first Board Member meeting.		<input type="checkbox"/>
Visit VDSS Website	Visit the VDSS website: http://www.dss.virginia.gov/ and explore the plentiful information.		<input type="checkbox"/>
Complete Intro to VSSS eLearning	Click to complete an eight minute eLearning designed to orient you to the Virginia Social Services System: http://dss.virginia.gov/division/od/training/OD1000/		<input type="checkbox"/>
Review Local Agency Profile	Explore data showcasing LDSS caseloads and expenditures: http://www.dss.virginia.gov/geninfo/reports/agency_wide/lcss_profile.cgi . Click the most recent SFY and open the spreadsheet. Click in the box next to Locality Name, then click the arrow at right and select the locality name from the dropdown list.		<input type="checkbox"/>
Meet the Team	Arrange a meeting with your Local Director and to tour the agency.		<input type="checkbox"/>
Online Research	Jump online to learn about local agency work, partnerships, and upcoming events.		<input type="checkbox"/>
Attend Meetings	Attend all meetings prepared to discuss agenda items. If you are unable to attend a meeting, inform the Board Chair and Local Director, as a quorum is required hold a meeting and for voting.		<input type="checkbox"/>
Advocate & Engage	Embrace your role as a champion, myth buster, and strong supporter of vital social services work in your community.		<input type="checkbox"/>

As a Board Member you are **required** to:

1. Complete the Local Board Member training within the first 90 days of the begin date of your term; and every 4 years thereafter.
2. Sign, date, and return the Pre-Service Agreement at the conclusion off the self-paced module to the Regional Director (dssregionaloffices@dss.virginia.gov) and the Local Agency Director.

As a Board Member you are expected to:

1. Represent and advocate for the community's most vulnerable citizens and the employees of the LDSS;
2. Be an available and engaged Member of the Board, complete training, attend board meetings, and support the goals of the LDSS;
3. Understand the purpose, cost and gains of LDSS services and programs;
4. Be dedicated to the mission and vision of the LDSS;
5. Support of the Local Director, while also holding the Director accountable; and,
6. Be educated about the operations and needs of the LDSS by review the annual Local Agency Profile, the Quarterly Dashboard, the Compensation Plan, and the finance of the LDSS.

By signing, I indicate my understanding of the expectations and responsibilities that comprise the service and commitment of a Local Department of Social Services' Board Member. I agree to protect confidential information regarding employees, clients, the public and the Department. I agree to uphold the best interests of our clientele, our community, and the Local Department, through active, engaged service and advocacy. I understand that I can be removed from the Board if I do not meet established expectations.

Signature

Date

Printed Name

APPENDIX 4: LOCAL BOARD DELEGATION OF AUTHORITY TO THE LOCAL DIRECTOR

Under the general direction of the Local Board (Board), the Local Director (Director) is the administrator of the local department of social services. In cooperation with other public and private agencies, the Director's specific powers, duties and responsibilities are as follows:

- A. To serve as the Administrator of the local department and as Secretary to the Board. (§[63.2-332](#) of the Code of Virginia)
- B. To act as agent for the Commissioner in implementing the provisions of federal and state law and regulation. (§[63.2-333](#) of the Code of Virginia)
- C. To foster cooperation between all public and private charitable and social agencies in the county to the end that public and private resources be conserved and most effectively used and the social services needs of the county and its citizens be adequately met. (§[63.2-334](#) of the Code of Virginia)
- D. To keep records of cases handled and business transacted by the local department in such manner and form as may be prescribed by the State Board. (§[63.2-335](#) of the Code of Virginia)
- E. To submit annually, to the Board, a budget, containing an estimate, with supporting data, setting forth the amount of money needed to carry out the provisions of Title 63.2 of the Code of Virginia, with a copy of the budget forwarded to the Commissioner.
- F. In emergency situations make payments for public assistance and social services to eligible recipients. (§[63.2-323](#) of the Code of Virginia)
- G. To employ, subject to the personnel standards and regulations of the State Board, such employees as may be required to properly administer the programs of the local department. The Director is to keep the Board fully informed of activities related to the hiring of staff. (§[63.2-325](#) of the Code of Virginia)
- H. The Director shall administer all personnel actions, including staff terminations, in accordance with VA Department of Social Services personnel standards, policies, procedures, rules and regulations. The Director is to keep the Board informed of significant personnel actions, including potential terminations. Consultation with the Board is required prior to the termination of an employee.

- I. To administer with staff, in accordance with rules and regulations established by the State Board and in compliance with all other applicable state & federal laws, regulations and policies, the programs of financial assistance, income support and social services as required by law, including approving and denying services and financial assistance or changing the amount of financial assistance to which an individual or family is entitled to receive. Upon application for assistance, make or cause to be made promptly, a determination of eligibility and, if the individual/family is found to be eligible, provide timely assistance. ([§63.2- 313](#), [§63.2-314](#) and [§63.2, Chapter 5](#) of the Code of Virginia)
- J. To review or cause to be reviewed all public assistance grants at least as frequently as required by the State Board and to take the necessary actions required by that review. ([§63.2-514](#) of the Code of Virginia)
- K. To accept for placement (foster care) and supervise the placement, in suitable homes, of children entrusted or committed to the local social services Board. ([§63.2-901](#) and [§63.2-904](#) of the Code of Virginia)
- L. To prepare or cause to be prepared and submit to the Circuit Court the required report on each adoption case referred to the department by the Court, with a copy sent to the Commissioner. ([§63.2, Chapter 12](#) of the Code of Virginia)
- M. To cooperate with the state Division of Child Support Enforcement (DCSE) in the location of responsible persons who have abandoned, deserted or are failing to support children receiving TANF. ([§63.2-1911](#) of the Code of Virginia)
- N. To ensure compliance with policies and procedures of adult and child abuse and/or neglect programs. ([§63.2-321](#) and [§63.2-1600](#) of the Code of Virginia)
- O. To cooperate with the Juvenile and Domestic Relations Court in providing protection, aid, or care of children. ([§63.2-321](#) of the Code of Virginia)
- P. The Board delegates to the Director the following special authorities:
 - 1. Executing official receipts for funds received by the Board
 - 2. Signing warrant checks and/or warrant registers which bear the statement, “On Order of the Board”
 - 3. Signing special welfare checks
 - 4. Signing all warrant registers, including Payroll & Administration
 - 5. Acting as the authorizing agent for State-Local Hospitalization (SLH)

- Q. To approve requests from staff for leave without pay.
- R. To authorize travel for staff members to meetings, conferences & training sessions.
- S. To grant permission to employees to engage in outside employment.
- T. To approve such items as necessary between Board meetings so as to ensure the orderly transaction of business, pending review of the Board at its next regularly scheduled meeting.
- U. The Director may take Special Duty Leave for travel and other time spent after normal business hours and time spent on weekends and holidays associated with attending meetings, conferences and training sessions.
- V. The Director, in consultation with the Board chairperson, will make the decision to close the local agency due to inclement weather conditions or other emergencies, such as utility failure, fire, building structural damage and other forced evacuations.
- W. To designate individuals to act in the Director's absence in order to carry out the Director's duties and responsibilities and to sign warrant registers and other financial and statistical documents as may be required.

Signature of Individual Delegating Responsibility:

_____ Date

Local Board Chairperson

_____ City/ County Department of Social Services

Signature of Individual Accepting Responsibility:

_____ Date

Local Director

Of _____ City/ County Department of Social Services

APPENDIX 5: POWERS AND DUTIES OF VDSS COMMISSIONER

The principal powers and duties of the Commissioner in relation to local department operations are set forth by Virginia law.

- The local boards shall allow the Commissioner, at all times, to have access to the records of the local boards relating to the appropriation, expenditure and distribution of funds for, and other matters concerning, public assistance under Title 63.2 (§63.2-102 of the Code of Virginia).
- Subject to the regulations of the Board, the Commissioner shall have all of the powers and perform all the duties conferred upon by law. The Commissioner shall supervise the administration of the provisions of Title 63.2 and shall see that all regulations pertaining to the Department are carried out to their true intent and spirit. The Commissioner shall enforce the regulations adopted by the Board (§63.2-203 of the Code of Virginia).
- The Commissioner shall assist and cooperate with local authorities in the administration of Title 63.2. The Commissioner shall encourage and direct the training of all personnel of local boards and local departments engaged in the administration of any program within the purview of Title 63.2 and Title 16.1, chapter 11. The Commissioner shall collect and publish statistics and such other data as may be deemed of value in assisting the public authorities and other social services agencies of the Commonwealth in improving the care of these persons and in correcting conditions that contribute to dependency and delinquency (§63.2-204 of the Code of Virginia).
- The Commissioner shall require of local boards such reports relating to the administration of Title 63.2 as may deem necessary to enable the Board and the Commissioner to exercise and perform the functions, duties and powers conferred and imposed by Title 63.2. The Commissioner shall review budget requests submitted by local boards, make modifications consistent with the requirements of Title 63.2 and transmit the approved budget to each local board (§63-2-205 of the Code of Virginia).
- The Commissioner shall cooperate with the Department of Health and Human Services and other agencies of the United States and with the local boards, in relation to matters set forth in Title 63.2, and in any reasonable manner that may be necessary to this Commonwealth to qualify for and to receive grants or aid from federal agencies. This includes grants for public assistance and services in conformity with the provisions of Title 63.2, including grants or aid to assist in providing rehabilitation and other services to help individual to attain or retain capability for self-care or self-support and such services as are likely to prevent or reduce dependency and, in the case of dependent children, to maintain and strengthen family life (§63.2-206 of the Code of Virginia).

- The Commissioner is authorized to receive, for and on behalf of the Commonwealth and its subdivisions, from the United States and agencies thereof, and from any and all other sources, grants-in-aid, funds and gifts, made for the purpose of providing, or to assist in providing, for funds for child welfare services including child care for children, disaster relief and emergency assistance awards, Temporary Assistance for Needy Families, and General Relief, including expenses of administration. All such funds shall be paid into the state treasury (§63.2-207 of the Code of Virginia).
- The Commissioner shall enforce the minimum education, professional and training requirements and performance standards as determined by the Board for personnel employed in the administration of Title 63.2 and remove each employee who does not meet such standards (§63.2-208 of the Code of Virginia).
- The Commissioner shall establish in the Department such divisions and regional offices as may be necessary (§63.2-209 of the Code of Virginia).
- The Commissioner shall appoint heads of the divisions, subject to the provisions of Title 2.2, Chapter 29 (§63.2-210 of the Code of Virginia).
- The Commissioner shall delegate to the heads of the various divisions and to such other employees of the Department as deemed desirable any and all of the powers and duties conferred upon by law (§63.2-211 of the Code of Virginia).
- The Commissioner shall employ or authorize the employment of such agents and employees as may be needed by the Commissioner and the VDSS in the exercise of the functions, duties and powers conferred and imposed by law upon the Commissioner and the VDSS, and in order to effect a proper organization and structure necessary to carry out its duties (§63.2-212 of the Code of Virginia).
- The functions, duties, powers and titles of the agents and employees and their salaries and remuneration, not in excess of the amount provided therefore by law, shall be fixed by the Commissioner, subject to the provisions of Title 2.2, Chapter 29 (§63.2- 213 of the Code of Virginia).
- The Commissioner shall reimburse on a monthly basis each county, city, or district fiscal officer for the state and federal share, as appropriate, to the specific program of expenditures made for each program included in the law, including costs of administration, and prescribe the form in which claims for reimbursement must be presented. In addition, assistance may be paid to or on behalf of recipients based on rules or regulations of the State Board (§63.2-401, §63.2-403, and §63.2-520 of the Code of Virginia).

- The Commissioner shall pay to the federal government its proportionate share of the net amount collected by local boards from recipients (§63.2-403 of the Code of Virginia).
- The Commissioner shall provide, upon authorization by the State Board, payments, benefits or services in any locality failing or refusing to provide such payments, benefits or services; file with the state Comptroller and local governing body a monthly accounting of such disbursements, including administrative expenditures; such expenditures to be deducted by the Comptroller from funds appropriated by the state for distribution to the locality (§63.2-408 of the Code of Virginia).
- The Commissioner shall withhold, upon authorization by the State Board, from any locality failing to operate assistance programs, income support programs or social service programs in accordance with state regulations or failing to provide the necessary staff for the implementation of such programs, the entire reimbursement for administrative expenditures, or a part thereof, for so long as the locality fails to comply with the state regulations (§63.2-408 of the Code of Virginia).
- Any applicant or recipient aggrieved by any decision of a local board in granting, denying, changing or discontinuing public assistance may, within thirty days after receiving written notice of such decision, appeal to the Commissioner. The Commissioner may delegate the duty and authority to a qualified hearing officer to consider and make determinations on the appeal. Any applicant or recipient aggrieved by any decision of a local board concerning SNAP benefits may appeal to the Commissioner in accordance with federal regulation (§63.2-517 of the Code of Virginia).
- The Commissioner shall report annually to the General Assembly on the operation of foster care services by local boards and on implementation of the standards required by Title 63.2 (§63.2-900, §63.2-903 and §63.2-1105 of the Code of Virginia).
- The Commissioner has responsibility for the enforcement of licensing statutes and State Board regulations for homes for adults, adult day care centers, child placing agencies, child caring institutions, independent foster homes, child care centers and family child care homes (§63.2-1701, §63.2-1703, §63.2-1732, §63.2-1802 and §63.2-1803 of the Code of Virginia).

- § 63.2-904.1. Intervention by Commissioner; corrective action plans; assumption of temporary control. The Commissioner shall have the authority to create and enforce a corrective action plan for any local board that, in the Commissioner's discretion, (i) fails to provide foster care services or make placement and removal decisions in accordance with this title or Board regulations or (ii) takes any action or fails to act in a manner that poses a substantial risk to the health, safety, or well-being of any child under its supervision and control. The corrective action plan shall (a) include specific objectives that the local board must meet in order to comply with applicable laws and regulations and ensure the health, safety, and well-being of all children in its supervision and control and (b) set the date by which such objectives must be completed, which shall not extend beyond 90 days after implementation of the corrective action plan unless the Commissioner determines that the objectives of the corrective action plan cannot be reasonably accomplished within such time frame. During the time the corrective action plan is in effect, the Commissioner may direct Department staff to provide assistance to the local board, monitor its progress in meeting the objectives stated in the plan, and take any measures necessary to protect the health, safety, and well-being of children in the local board's supervision and control. The Commissioner shall provide regular updates to the chairman of the Board, chairman of the local board, and local director regarding the local board's progress in meeting the objectives of the corrective action plan.

APPENDIX 6: POWERS AND DUTIES OF STATE BOARD OF SOCIAL SERVICES

The powers and duties of the State Board of Social Services are specified in §[63.2-215](#) of the Code of Virginia, and are outlined below:

- The appointments shall be subject to confirmation by the General Assembly if in session and, if not, then at its next session.
- The members of the Board shall be appointed to four-year terms, except those appointments to fill vacancies shall be for the unexpired term.
- No person shall be eligible to serve for or during more than two successive terms, however, any person appointed to fill a vacancy may be eligible for two additional successive terms after the term of the vacancy for which they were appointed has expired. Members of the Board may be suspended or removed by the Governor at his/her pleasure.
- The Board shall select a chairperson from its membership and under rules adopted by it may elect one of its members as vice-chairperson. It shall elect one of its members as secretary.
- The Board shall meet at such times as it deems appropriate and on call of the chairperson when, in their opinion, meetings are expedient or necessary; provided, however, that the Board shall meet at least six times each calendar year.
- A majority of the current membership of the Board shall constitute a quorum for all purposes. The main office of the Board shall be in the city of Richmond. No director, officer or employee of an institution subject to the provisions of Title 63.2 shall be appointed a member of the Board.

APPENDIX 7: SOCIAL SERVICE BUDGET MATCH RATES (estimates)

For LASER Fiscal Year 2023 (Ending May 31, 2023)

STAFF AND OPERATIONS			
BL	Budget Line Description	Federal & State %	Local %
849	Medicaid Expansion Local Staff & Operations – FY23	100.0	0.0
855	Local Staff & Operations	84.5	15.5
858	Local Staff & Operations – Pass Thru	32.0	68.0

PASS-THROUGHS (Each of these vary based on RMS results.)			
BL	Budget Line Description	Federal & State %	Local %
843	Central Service Cost Allocation	50.0	50.0
850	Dedicated Outstationed Eligibility Workers	75.0	25.0
858	Local Staff and Operations Pass-Thru	32.0	68.0
873	FC Approved Child Welfare Training	57.0	43.0
875	IV-E App Foster/Adopt Parent, Volunteer, & Child Welfare Worker Training	38.0	62.0
897	SNAPET Purchased Services Pass-Through	50.0	50.0

CLIENT PURCHASED SERVICES ONLY			
BL	Budget Line Description	Federal & State %	Local %
816	International Home Studies	100.0	0.0
820	Adoption Incentive	100.0	0.0
829	Family Preservation (SSBG)	84.5	15.5
830	Child Welfare Substance Abuse & Supplemental Services	84.5	15.5
835	IV-E Prevention Services	100.0	0.0
844	SNAPET Purchased Services	84.5	15.5
861	Education and Training Vouchers	100.0	0.0
862	Independent Living Program	100.0	0.0
866	Promoting Safe and Stable Families	84.5	15.5
872	VIEW Purchased Services	84.5	15.5
895	Adult Protective Services	84.5	15.5

ASSISTANCE/ PUCHSE OF SERVICES			
BL	Budget Line Description	Federal & State %	Local %
804	Auxiliary Grants	80.0	20.0
807	Auxiliary Grants Supportive Housing	80.0	20.0
808	TANF - Manual Checks	100.0	0.0
810	TANF - Emergency Assistance	100.0	0.0
811	IV-E (AFDC) Foster Care	100.0	0.0
812	IV-E Adoption Subsidy and Non-Recurring Expenses	100.0	0.0
813	General Relief	62.5	37.5
814	Fostering Futures Foster Care Assistance	100.0	0.0
815	Fostering Futures IV-E Adoption Assistance	100.0	0.0
817	State Adoption Subsidy and Special Service Payments	100.0	0.0
818	Fostering Futures State Adoption Assistance	100.0	0.0
819	Refugee Resettlement	100.0	0.0
833	Adult Services	80.0	20.0
843	Central Services Cost Allocation Pass-Through (Approximately)	50.0	50.0
848	TANF - Up Manual Checks	100.0	0.0
864	Foster Parent Respite Care	100.0	0.0
867	Employment Advancement for TANF Participants	100.0	0.0
871	View Working and Transitional Child Care	100.0	0.0
878	Head Start Wrap-Around Child Care	100.0	0.0

APPENDIX 8: TEMPLATE FOR OFFER LETTER FOR LDSS DIRECTORS

Dear (insert name),

On behalf of the (insert **County**) board, we are pleased to offer you the position of Social Services Director (**I, II, III**) (**Band, Tier**). Upon your written acceptance, your effective date of employment will be (insert date), and as agreed, your starting salary is (insert salary) per month, which equates to an annualized rate of (insert salary) per year.

We are excited to have you join our team and to help fulfill the mission of VDSS - “People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.” (or insert local mission here) The Board selected you based on your knowledge, skills, and ability and has confidence in the leadership you will bring in your new capacity. (May customize for unique individual experiences here.)

To complement those qualities and further enhance your skills in leading a social services department, we are partnering with the Virginia Department of Social Services (VDSS) to offer a comprehensive local director training curriculum. The curriculum includes an introduction to your role as well as training on human resources management, financial management (budgeting), and leadership. **The training is designed specifically to aid in your acclimation process and overall success as a Local Director, so we strongly encourage you to complete the courses within the first six months of your start date, or as soon as the courses are available.** Your VDSS Regional Director, (insert name and contact information) will contact you soon to discuss your training and provide guidance.

(Add other information related to background checks, benefits and other information depending on the locality and circumstance.)

As an exempt employee, please note that the first (insert number) months in this position are considered a Probationary Period, during which time your employment is considered “at will” and may be discontinued at any time. During this Probationary Period, you will not have access to the grievance procedure. However, after a successful completion/evaluation of the Probationary Period by your local board, you will have access to the grievance process.

We are very pleased that you have accepted our verbal offer and look forward to working with you. Please sign this letter below, confirming your acceptance of this written offer, and return to me via email no later than (insert date). Thank you for accepting this important role as a public service leader, helping to strengthen families and improve lives in our community.

Sincerely,
(Insert name and contact information here)

Signed

Date

APPENDIX 9: DIRECTOR EPPE TEMPLATE

PART I – Employee/Position Identification Information		
Employee’s Name: 	Agency Name:	FIPS Code:
Employee’s ID Number:	Occupational Title: Social Services Director I II III	Band:
FLSA Status: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt Exemption (if exempt): Administrative	Work Title: Social Services Director I II III	LETS Position Number: L0001
Supervisor’s Name:	Supervisor’s Occupational Title: DSS Board Chairman	Supv’s LETS Position No.: N/A
Date Entered Present Position:	Evaluation Cycle/Period: from _____ to _____	EEO Code: A
PART II – Performance Plan (to be completed at beginning of evaluation period)	PART V – Performance Evaluation (to be completed at the end of the evaluation period)	
<p>Mission Statements: VDSS Mission - People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.</p> <p>LDSS Mission - Protecting and supporting <____(locality)____> citizens by strengthening relationships and self-sufficiency through individual growth and community engagement.</p>	<p>Reason for Review:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ANNUAL REVIEW </div> <div style="text-align: center;"> <input type="checkbox"/> PROBATIONARY REVIEW </div> <div style="text-align: center;"> <input type="checkbox"/> CONDITIONAL REVIEW </div> <div style="text-align: center;"> <input type="checkbox"/> OTHER (SPECIFY): </div> </div>	
<p>Job Description: This is an administrative position. The employee is responsible for all social service and financial program areas in a [small moderate large] office with varied and complex programs and is responsible for leading the agency managers and staff and all social service and financial program areas with varied and complex programs. This position leads and manages the Social Services Department to ensure program compliance for a wide variety and diverse mandated and non-mandated federal, state, and local programs. This position establishes the goals and objectives for the Department of Social Services.</p>	Evaluation Date:	

17. Qualifications – Knowledge, Skills, and Abilities (KSA’s):

Comprehensive knowledge of:

- management practices and principles of supervision; program planning, personnel and fiscal management and program funding sources;
- organization and structure of local, State and Federal government, and volunteer agencies, particularly regarding human services;
- and research methods and statistical analysis;
- the current social, economic, and health issues relating to clients in jurisdiction; Social Security Act;
- laws and regulations on administration of welfare services; social services offered in the county or city;
- available public and private resources and services for the needy;
- social work case load management;
- the methods and techniques of counseling with clients;
- business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, and coordination of people and resources;
- principles and procedures for personnel recruitment, selection, training, compensation and benefits, and personnel information systems;
- literature, trends and developments in the field of human services administration; and
- basic principles of community organization and supervision.

Skill in operating office equipment including the personal computer and related equipment.

Demonstrated ability to:

- work effectively with others;
- communicate effectively both orally and in writing with diverse group of persons;
- conduct research;
- plan and direct social services programs of varied natures;
- interpret and implement policies and regulations and enforce local, state, federal laws, ordinances, rules and regulations;
- manage a complex human services agency with significant management demands having multiple service, benefit, financial and administrative programs and large and diverse staff;

Rating Definitions:

- **Outstanding** – In addition to consistently exceeding expectations, employee demonstrates significant innovation, initiative, and/or makes a major contribution to the agency.
- **Exceeds Expectations** – Employee consistently surpasses the core responsibility measures established in the performance plan; or, employee consistently meets expectations and demonstrates significant innovation, initiative, and/or makes a major contribution to the agency.
- **Meets Expectations** – Employee consistently attains the core responsibility measures established in the performance plan.
- **Needs Improvement** – Employee’s performance is unsatisfactory in that it does not consistently meet and/or frequently fails to meet the core responsibility measures established in the performance plan. A rating of “Needs Improvement” on a core responsibility is an indication of the need to develop a performance improvement plan for that core responsibility.

- mobilize community support and generate community awareness of programs offered in the county;
- establish and implement effective management and administrative programs and procedures;
- represent the agency before the Boards or Councils; provide reasoning and application of logical thinking for problem solving; provide leadership in system designs, personnel management, and budget formulation;
- negotiate contracts to support program and policy objectives; and analyze, initiate, concentrate and be creative with ingenuity.

Leadership Competencies

Strategic Orientation

- Has broad knowledge and perspectives, and is considerate of resources, capabilities, strengths, weaknesses, and needs of all involved.
- Anticipates future consequences and trends
- Paints credible visions of possibilities
- Creates competitive and breakthrough strategies and plans

Building Relationships and Trust

- Builds and maintains value-based, collaborative customer, team and community relationships
- Fosters trust by proactively lending expertise, assistance and support
- Uses consulting skills to pick up cues, ask questions and actively listen to the answers
- Can quickly find common ground and solve problems for the good of all
- Can settle differences with a minimum of noise and no damage to relationships
- Actively contributes by providing thoughtful input and constructive feedback

Creating Meaningful Change

- Is comfortable with trying something new and making adjustments along the way
- Has a sense about managing the creative process of others and can facilitate effective brainstorming
- Is adept at engaging with stakeholders and influencing direction for change
- Drives results by steadfastly pushing self and others towards goals

Driving Results

- Sets goals and works steadfastly to achieve them
- Influences practices to align with Agency’s vision, mission and goals
- Produces quality results that are timely, accurate and reflect attention to detail
- Takes a can-do attitude to overcome barriers and achieve goals
- Holds self and other team members accountable for achieving results

Building Talent

- Provides immediate, direct, complete and actionable positive and constructive feedback to others
- Provides staff with stretch opportunities and challenging assignments

- Is aware of direct report’s career goals, constructs meaningful development plans and actively supports them
- Motivates people through coaching and mentoring
- Brings out the best in people

19. Qualifications – Education, Experience, Licensure, and Certification:

Master's degree in human services field, a behavioral science, counseling, business or public administration or related field supplemented with significant management experience in a social work, community or other human services organization OR any equivalent combination of training and experience which provides the required knowledge, skills and abilities.

PART II – Performance Plan (cont.)			PART V – Performance Evaluation (cont.)	
Core/Essential Responsibilities:	Weights	Performance Measures for Core/Essential Responsibilities:	Rating Earned:	Supervisor’s Comments (Required if rating is any rating other than “Meets Expectations”):
<p>Leadership Effectively communicates across the organization to make a positive impact.</p> <p>Applies management experience to identify operational gaps and implements solutions to effectively achieve business goals.</p> <p>Formulates strategic direction in alignment with organizational goals and effectively communicates direction to team members in a manner which motivates toward end goals.</p> <p>Designates individuals to act in the Director’s absence or under his/her direct supervision in order to carry out the Director’s duties and responsibilities.</p>	30%	<p>Holds self and team accountable for achieving results. Applies excellent interpersonal skills in one-on-one and group settings.</p> <p>Makes timely and sound decisions to manage conflict and to keep efforts moving forward.</p> <p>Meets with Leadership Team on a monthly basis in a group or individual setting to set direction, discuss program management and workforce management and to ensure consistency across the agency.</p> <p>Facilitates staff meetings on a quarterly basis to recognize achievements, acknowledge improvement opportunities, report changes, and review agency needs.</p> <p>Effectively addresses difficult issues directly or through coaching of supervisors to make sure they get addressed correctly, effectively and timely.</p> <p>Continuously seeks input and feedback from staff and implements necessary changes</p> <p>Attends and contributes to Directors meetings and Virginia League of Social Services Executives meetings as a way to track upcoming changes and plan for local changes/needs.</p>	<input type="checkbox"/> Outstanding <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	<p>Comments:</p>

<p>Financial Management Submits annual budget to Board and subsequently to Board of Supervisors.</p> <p>Executes official receipts for funds received by the Board.</p> <p>Plans and oversees accounting systems/department budget and makes financial decisions to achieve policy and program goals; monitors expenditures; makes policy decisions based on internal and external considerations.</p>	<p>10%</p>	<p>Reviews monthly expenditures to determine anticipated needs. Annually submits an appropriate budget to the LDSS board and the governing body in a timely fashion. Reviews the financial performance of the agency on a monthly basis and ensures that funds are appropriately expended in accordance with VDSS policy and guidelines. Participates in the mid-year review to request additional funding when necessary. Enforces agency processes that adhere to the State’s reimbursement procedures Manages agency finances to not exceed budget each year. Exceptions will be explained. Stay within state and local budget appropriations. Staff & Operations Expenditures for previous and current fiscal year (YTD) are on target per the Local Agency Performance Dashboard. Variances are explained and justified. Staff & Operations Pass Through for previous and current fiscal year (YTD) are on target per the Local Agency Performance Dashboard. Variances are explained and justified.</p>	<p><input type="checkbox"/> Outstanding <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p>	<p>Comments:</p>
<p>Program Management Serves as executive officer to the local board and maintain responsibility and accountability to the Board at all times.</p> <p>Administers, in accordance with rules and regulations to include timeliness and accuracy of determination established by the State Board, the program of financial assistance, income</p>	<p>20%</p>	<p>Reviews or causes to be reviewed, all assistance grants as frequently as required by the State Board. (If the local Board does not act within 30 days on information effecting eligibility of the amount of assistance, the Director must take necessary action in TANF and other categories.) Assures maintenance of data and client information according to the guidelines set by the Library of Virginia. Ensures the keeping of records of cases handled and business transacted in such a manner and form as may be prescribed by the State Board. Prepare annually, or at the request of the local governing</p>	<p>Outstanding <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement <input type="checkbox"/></p>	<p>Comments:</p>

<p>support, and social services required by law.</p> <p>Insures proper supervision to children in Agency custody and accepts and supervises the placement in approved or licensed homes of children entrusted or committed to the local Board.</p> <p>Prepares, or causes to be prepared, and submits to the Circuit Court, the required report on each adoption case referred to the agency by the court, and a copy to the Commissioner.</p> <p>Represents the Agency and its judgment regarding the best interest of the client in Juvenile and Domestic Relations Court in providing protection and/or care of children.</p> <p>Acts as agent of the Commissioner of Social Services in relation to any work to be done by the Commissioner within the county.</p>		<p>bodies, and keep on file a full report of the work and proceedings during the year and file one copy with the County Administrator and another with the State Board.</p> <p>Ensures Administrative Reviews of all Foster Care cases as specified in Social Service Manual, Section III, Chapter B are kept current and in the manner prescribed.</p> <p>Assures the investigation and supervision of the suitability of foster homes and cause such homes to be visited as often as necessary to protect the interest of children entrusted or committed to the Local DSS Board.</p> <p>In emergency situations or in the event of delay or error, issues emergency payments as authorized by the rules and regulations prescribed by the State Board.</p> <p>Ensures compliance with policies and procedures of adult and child abuse and/or neglect programs.</p> <p>Leads the LDSS Leadership Team to ensure that programs are operated according to policy and that standards are upheld.</p> <p>Provides the evidence of compliance monitoring via audit/program review reports provided to the Board.</p> <p>Meets the performance standards and measures as established by VDSS.</p>		
<p>Workforce Management Has authority to appoint or discharge personnel.</p> <p>Responsible for directing all</p>	<p>20%</p>	<p>Ensures that 100% of agency employees receive an updated copy of the Performance Plan within one month from the beginning of the performance cycle.</p> <p>Ensures that 100% of agency employees meet with management to discuss a summary of his/her</p>	<p>Outstanding</p> <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> <p><input type="checkbox"/></p>	<p>Comments:</p>

<p>aspects of managing staff including: recruiting, interviewing, selecting, developing, retaining, career development, performance planning and evaluation, pay actions and terminating. Allocates and re-assigns staff as needed.</p> <p>Oversees the process for authorizing Paid or Unpaid Leave (in all forms, and as outlined in the LDSS HR Manual).</p> <p>Certifies FLSA status of all LDSS positions/employees.</p> <p>Advises the board of any personnel problems that might possibly result in adverse personnel actions which could involve the board.</p> <p>Approves and signs service contracts.</p> <p>Grants or denies permission to employees to engage in outside employment.</p> <p>Applies professional standards regarding ethics, privacy and conflicts of interest to a variety of situations, consulting with the VDSS Regional Office as needed.</p>	<p>performance evaluation within one month after the end of the performance cycle.</p> <p>Ensures that management engages with each employee to develop an Individual Development Plan that identifies, communicates and supports specific personal learning opportunities that are aligned with the Agency’s business needs.</p> <p>Oversees employee relations and disciplinary processes in accordance with to the Administrative Manual and State guidance.</p> <p>Fosters a climate of accountability by providing regular performance feedback, taking resolute action against weak performance and recognizes exceptional performance.</p> <p>Holds supervisory staff accountable for leading and developing staff via their respective performance evaluations.</p> <p>Creates a climate where everyone is motivated to stretch beyond their own individual expectations.</p> <p>Follows VDSS guidelines for recruitment, hiring, performance management, employee relations and disciplinary actions.</p>		
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<p>Manages staff either directly or indirectly, establishing clear roles, responsibilities, objectives, and success measures.</p> <p>Ensures appropriate staffing levels are maintained in the agency and advocates for positions from the locality as needed.</p>				
<p>Community Engagement Fosters community collaboration with other agencies and community organizations to collectively address community challenges and meet the needs of its residents.</p> <p>Develops and maintains relationships with external organizations to facilitate program goals.</p>	20%	<p>Maintains positive interactions with local governing bodies and their staff.</p> <p>Serves on local boards and committees that can be an ally in furthering the mission of the agency.</p> <p>When requested, provides appropriate staff members to speak at various community meetings, gatherings, etc.</p> <p>Works with partners in the community and state to develop or improve services to help alleviate human suffering locally.</p>	<p><input type="checkbox"/> Outstanding</p> <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments:</p>

Special Assignments:		Performance Measures for Special Assignments:	Rating Earned for Special Assignments:	Special Assignment Comments (Supervisor comments required if rating is any rating other than "Meets Expectations"):
Emergency Management		Serves as assigned.	Outstanding Exceeds Expectations Meets Expectations Needs Improvement	Comments:
			<input type="checkbox"/> Outstanding <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments:
			<input type="checkbox"/> Outstanding <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments:
Employee's Development Plan (Learning goals): For new Local Directors, complete the required Local Director training as outlined in the offer letter within the specified time. Refer to Individual Development Plan, if applicable.			PART VI – Other Significant Results for the Evaluation Period	

<p>Confidentiality Statement:</p> <p>I acknowledge and understand that I may have access to confidential information regarding customers/clients, employees, and/or the public. In addition, I acknowledge and understand that I may have access to proprietary or other confidential and/or business information belonging to <_____> DSS. Therefore, except as required by law, I agree that I will not: Access data that is unrelated to my job duties at <_____> DSS. Disclose to any other person, or allow any other person access to, any information related to <_____> DSS that is proprietary or confidential and/or pertains to customers/clients, employees, and the public. Disclosure of information includes, but is not limited to, oral discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, “lending” computer access codes, and/or other transmission or sharing of data. I understand that <_____>DSS, its customers/clients, employees, and the public may suffer irreparable harm by disclosure of proprietary or confidential information and that the LDSS may seek legal remedies available to it should such disclosure occur. Further, I understand that violations of this agreement may result in disciplinary action, up to and including, my termination of employment.</p>	<p>PART VII – Overall Performance Rating</p> <p>Overall Performance Rating Earned: Methodology for assigning an overall rating must be applied consistently agency-wide (see instructions). If an employee receives an overall rating of “Needs Improvement”, refer to the Administrative/Human Resources Manual for LDSSs for further specific instructions.</p> <p><input type="checkbox"/> Outstanding</p> <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>
<p>PART III – Review/Acknowledgment of Performance Plan (Comments are optional)</p>	<p>PART VIII – Review/Acknowledgment of Performance Evaluation</p> <p>Supervisor’s comments are required if overall rating is any rating other than “Meets Expectations”. Employee’s signature indicates only that the employee has reviewed the evaluation; it does not indicate agreement with the evaluation.</p>
<p>Supervisor’s Comments:</p> <p>_____ Signature</p> <p style="text-align: right;">_____ Date</p>	<p>Supervisor’s Comments:</p> <p>_____ Signature</p> <p style="text-align: right;">_____ Date</p>

Reviewer's Comments: _____ Signature Date	Reviewer's Comments: _____ Signature Date
Employee's Comments: _____ Signature Date	Employee's Comments: _____ Signature Date

PART IV – Physical/Cognitive Requirements			
Essential Job Requirements (Indicate by each E = Essential, M = Marginal, or N/A) - This part documents essential and marginal job functions of the position. This information is consistent with positions that have the same occupational title and perform the same core/essential responsibilities. The information is critical to responding to requests for modification or accommodation.			
Physical Demands and Activities:			
<u>E</u> Light lifting <20 lbs.	<u>E</u> Moderate lifting 20 – 50 lbs.	<u>E</u> Heavy lifting >50 lbs.	<u>E</u> Pushing/Pulling
<u>E</u> Standing	<u>E</u> Sitting	<u>E</u> Bending	<u>E</u> Reaching
<u>E</u> Walking	<u>E</u> Climbing	<u>E</u> Repetitive motion	___ Other
Emotional Demands:			
<u>E</u> Fast pace	<u>NA</u> Average pace	<u>E</u> Multiple priorities	<u>E</u> Intense customer interaction
<u>E</u> Multiple stimuli	<u>E</u> Frequent change		___ Other
Mental/Sensory Demands:			
<u>E</u> Memory	<u>E</u> Reasoning	<u>E</u> Hearing	<u>E</u> Reading
<u>E</u> Analyzing	<u>E</u> Logic	<u>E</u> Verbal communication	<u>E</u> Written communication
___ Other			

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§ 63.2-305. Advisory boards

A. If the governing body of a city or county or the governing bodies of any combination of cities and counties participating in a district designate, under the provisions of §§ 63.2-302, 63.2-304 or § 63.2-307, a local government official as constituting the local board, such governing body or bodies shall appoint a board to serve in an advisory capacity to such local government official with respect to the duties and functions imposed upon him by this title.

Each such advisory board shall consist of no fewer than five and no more than thirteen members. In the case of an advisory board established for a district, there shall be at least one member on the board from each county and city in the district. The members shall be appointed initially for terms of from one to four years so as to provide for the balanced overlapping of the terms of the membership thereon. Subsequent appointments shall be for a term of four years each, except that appointments to fill vacancies that occur during terms shall be for the remainder of these unexpired terms. Appointments to fill unexpired terms shall not be considered full terms, and such persons shall be eligible to be appointed to two consecutive full terms. No person shall serve more than two consecutive full terms. The local government official shall be an ex officio member, without vote, of the advisory board.

The advisory board shall elect its own chairman and shall meet at least bimonthly. In addition to regularly scheduled meetings, it may meet at the call of the chairman or on the petition of at least one-half of the members.

B. The powers and duties of the advisory board shall be:

1. To interest itself in all matters pertaining to the public assistance and social services needed by people of the political subdivision or subdivisions served by the local department;
2. To monitor the formulation and implementation of public assistance and social services programs by the local department;
3. To meet with the local government official who constitutes the local board at least four times a year for the purpose of making recommendations on policy matters concerning the local department;
4. To make an annual report to the governing body or bodies, concurrent with the budget presentation of the local department, concerning the administration of the public assistance and social services programs; and
5. To submit to the governing body or bodies, from time to time, other reports that the advisory board deems appropriate.

1977, c. 36, § 63.1-43.1; 1981, c. 264; 1984, c. 586; 1989, c. 356; 2002, c. 747.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

§ 15.2-835. Department and board of social services

The superintendent of social services, who shall be head of the department of social services, shall be chosen from a list of eligibles furnished by the State Department of Social Services. Such person shall exercise the powers conferred and perform the duties imposed by general law upon the county board of social services, not inconsistent herewith. Such person shall also perform such other duties as the board imposes upon him.

The board shall select at least five and not more than 11 qualified county citizens, one of whom may be a member of the urban county board of supervisors, who shall constitute the county board of social services. The board shall designate an additional seat on the board for a qualified citizen of each city to which the county is contractually obligated to provide social services. Such board shall advise and cooperate with the department of social services and may adopt necessary rules and regulations not in conflict with law concerning such department.

As provided for in Chapters 2 (§ 63.2-200 et seq.) and 3 (§ 63.2-300 et seq.) of Title 63.2, the urban county board of supervisors in its discretion may designate either the superintendent of social services or the above-mentioned county board of social services as the local board. If the urban county board of supervisors designates the superintendent of social services as constituting the local board, the county board of social services shall serve in an advisory capacity to such officer with respect to the duties and functions imposed upon him by law.

Code 1950, § 15-384.55; 1960, c. 382; 1962, c. 623, § 15.1-768; 1972, c. 73; 1974, cc. 44, 45; 1980, c. 62; 1981, c. 483; 1992, c. 524; 1997, c. 587; 2020, c. 12.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

**RESOLUTION STATING THE PURPOSES, MEMBERSHIP, AND PROCEDURES
OF THE ADVISORY SOCIAL SERVICES BOARD**

At a regular meeting of the Board of Supervisors of Fairfax County, Virginia (“Board of Supervisors”), held electronically due to the State of Emergency caused by the COVID-19 pandemic, on January 26, 2021, the following resolution was adopted:

WHEREAS, on July 27, 1981, the Board of Supervisors established the Advisory Social Services Board (ASSB) as an advisory board to the Director of the Fairfax County Department of Family Services, pursuant to Virginia Code §§ 15.1-768 and 63.1-43.1, later recodified at Virginia Code §§ 15.2-835 and 63.2-305, respectively, and

WHEREAS, during the 2020 General Assembly Legislative Session, Virginia Code § 15.2-835 was amended to require the addition of seats on the ASSB “for a qualified citizen of each city to which the county is contractually obligated to provide social services”, and

WHEREAS, the Amendment requires revision of the membership of the ASSB to comply with the revised membership requirement, and

WHEREAS, it is appropriate for the Board of Supervisors to adopt a resolution restating the purposes, membership, and procedures of the ASSB,

NOW THEREFORE BE IT RESOLVED that the ASSB is authorized to function under the following provisions:

§ 1. PURPOSE. The purpose of the ASSB is to provide input to the Department of Family Services on policy issues and to serve as a resource to the Board of Supervisors on behalf of residents of Fairfax County, the City of Fairfax, and the City of Falls Church, in recognizing and addressing social services needs throughout the community.

The ASSB will serve in an advisory capacity to the Director of the Fairfax County Department of Family Services (“Director”) with respect to the duties and functions imposed upon the Director by law, in accordance with Virginia Code § 15.2-835; interest itself in all matters pertaining to the social welfare of the people served by the government; monitor the formulation and implementation of social welfare programs; meet with the Director at least four times a year for the purpose of making recommendations on policy matters; work in conjunction with the Director to promote stakeholder engagement and input in support of equity-informed planning and services delivery; make an annual report to the Board of Supervisors concerning the administration of the public welfare program; and submit to the Board of Supervisors other reports the ASSB deems appropriate.

§ 2. MEMBERSHIP. The membership of the ASSB shall conform to the requirements of Virginia Code § 15.2-835, as amended.

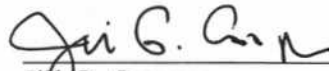
§ 3. PROCEDURES. The ASSB shall determine its own rules of procedure subject to the following:

(A) The ASSB shall have bylaws. All bylaws of the ASSB are subject to the approval of the Board of Supervisors.

(B) The ASSB shall comply with all Virginia laws, including, but not limited to, the Virginia Freedom of Information Act, Va. Code § 2.2-3700, *et. seq.*, as amended (“VFOIA”), and the Virginia State and Local Government Conflict of Interests Act, Virginia Code § 2.2-3100, *et seq.*, as amended, with all County ordinances, and with all County policies concerning the activities of its boards, authorities, and commissions.

(C) The Fairfax County Department of Family Services shall provide support to the ASSB, including a staff coordinator. The staff coordinator shall ensure compliance with the notice, meetings, and recordkeeping requirements of the VFOIA.

GIVEN under my hand this 26th day of January, 2021.



Jill G. Cooper

Clerk for the Board of Supervisors
Department of Clerk Services

MEETINGS AND PROTOCOLS

ASSB Bylaws

Meeting Requirements

Freedom of Information Act

- The Do's and Don't's
- What To Do If You Get a FOIA Request

ASSB BYLAWS

- **Last updated in January 2021**
- **Officers – a Chairperson, a Vice-Chairperson, and a Secretary**
- **Officer Elections Annually**
 - November – nominations for Chairperson
 - January – election of Chairperson
 - February – Chairperson nominates Vice-Chairperson and Secretary, Vice-Chairperson and Secretary elected

MEETING REQUIREMENTS

Meetings

- Typically meets the 3rd Wednesday of the month at 7:00pm

Quorum

- Majority of ASSB membership, quorum necessary for a vote

Electronic Meetings

- Limited to two meetings per year
- Remote Participation Policy – ASSB has adopted a specific policy to allow the remote participation of individual members for personal or medical reasons

Standing and Ad hoc subcommittees

- Appointed by the Chairperson with majority of members approve

FREEDOM OF INFORMATION ACT

All meeting are open to the public

- Meeting date and time posted at least three days in advance, materials available to the public, and minutes recorded

Avoid inadvertent meetings

- Physical or electronic gathering of two or more members where business is discussed
- Most often encountered using email or at social events

Best practices

- Refrain from using email among two or more members at one time
- Do not use "Reply All"
- No electronic meetings over email, including voting over email.

BYLAWS OF THE ADVISORY SOCIAL SERVICES BOARD

ARTICLE I – NAME

The name of this organization is the Advisory Social Services Board, hereinafter referred to as the ASSB.

ARTICLE II – PURPOSE

The ASSB has been established by the Board of Supervisors of Fairfax County, Virginia (“Board of Supervisors”), pursuant to § 15.2-835 of Virginia law for the purpose of providing input to the Department of Family Services on policy issues and to serve as a resource to the Board of Supervisors on behalf of residents of Fairfax County, the City of Fairfax, and the City of Falls Church, in recognizing and addressing social services needs throughout the community.

These bylaws replace and supersede the ASSB bylaws adopted on May 6, 2003, and are effective as of January 26, 2021.

The ASSB will serve in an advisory capacity to the Director of the Fairfax County Department of Family Services (“Director”) with respect to the duties and functions imposed upon the Director by law, in accordance with Va. Code § 15.2-835; interest itself in all matters pertaining to the social welfare of the people served by the government; monitor the formulation and implementation of social welfare programs; meet with the Director at least four times a year for the purpose of making recommendations on policy matters; work in conjunction with the Director to promote stakeholder engagement and input in support of equity-informed planning and services delivery; make an annual report to the Board of Supervisors concerning the administration of the public welfare program; and submit to the Board of Supervisors other reports the ASSB deems appropriate.

ARTICLE III – MEMBERSHIP AND TERM OF OFFICE

Appointments. Membership and appointments to the ASSB shall be made by the Board of Supervisors. Members shall serve no more than two full consecutive terms but may serve up to two years of an unfilled term. Each term is four years.

Resignations and Vacancies. In the event a member cannot serve or resigns from office, then the Chairperson, the clerk or the secretary, or the County staff coordinator shall advise the Clerks for the Board of Supervisors, as well as the city councils for the City of Fairfax and the City of Falls Church (“City Councils”), of the vacancy in writing.

Holdovers. In the event a member completes his or her term of office, remains qualified to serve as a member, and the Board of Supervisors have not reappointed that member to

another term or appointed a successor member, then that person may continue to serve until such time as the member is reappointed or a successor member is appointed.

ARTICLE IV – OFFICERS AND THEIR DUTIES

Elections. The ASSB shall be served by three officers: a Chairperson, a Vice-Chairperson, and a Secretary. The Chairperson shall be elected in accordance with the voting provisions of Article V by the ASSB members annually and such election shall be scheduled at the first meeting of each calendar year. Two months prior to the election meeting, a slate of candidates shall be nominated during a meeting held pursuant to Article V. After nomination, each candidate shall be polled on his or her willingness and ability to serve as Chairperson of the ASSB. At the election meeting, the Chairperson shall be elected from among the willing nominees in accordance with the voting provisions of Article V. At the meeting immediately following the election of the Chairperson, the Chairperson shall nominate the Vice Chairperson and Secretary. After nomination, each candidate shall be polled on his or her willingness and ability to serve as an officer of the ASSB. The Vice Chairperson and Secretary shall then be elected from among the willing nominees in accordance with the voting provisions of Article V.

Chairperson. The Chairperson presides over meetings of the ASSB and is eligible to vote at all times. The Chairperson has the authority to delegate appropriate functions to ASSB members and to request assistance from the County staff supporting the ASSB.

Vice-Chairperson. In the absence of the Chairperson at a meeting, the Vice-Chairperson shall perform the duties and exercise the powers of the Chairperson. In the event that neither the Chairperson nor the Vice-Chairperson is available, the member present with the longest tenure on the ASSB shall act as Chairperson.

Secretary. The Secretary, or a duly appointed agent, shall be responsible for recording the minutes of meetings.

Replacement Officers. If an office becomes vacant for any reason, it shall be filled by an election at the next regular meeting having a majority of members present. The newly elected officer shall complete the unexpired term of the officer succeeded. Prior to the election of any replacement officer, all members shall be provided with notice of the proposed election before the meeting at which the replacement is elected.

ARTICLE V – MEETINGS

VFOIA. All meetings shall be open to the public except as provided under the Virginia Freedom of Information Act, Virginia Code § 2.2-3700 *et seq.*, as amended ("VFOIA"). Pursuant to Virginia Code § 2.2-3701, "meeting" or "meetings" means the meetings including work sessions, when sitting physically, or through electronic communication means pursuant to § 2.2-3708.2, as a body or entity, or as an informal assemblage of (i) as many as three members or (ii) a quorum, if less than three, of the constituent membership, wherever held, with or without minutes being taken, whether or not votes

are cast, of any public body. The ASSB may hold public hearings and report its findings to the Board of Supervisors and City Councils on ASSB issues that affect the public interest.

Notice and Agenda. Notice and the agenda of all meetings shall be provided as required under the VFOIA. All meetings shall be preceded by properly posted notice stating the date, time, and location of each meeting. Notice of a meeting shall be given at least three working days prior to the meeting. Notice of emergency meetings, reasonable under the circumstances, shall be given contemporaneously with the notice provided to ASSB members. Notices of all meetings shall be provided to the Office of Public Affairs for posting at the Government Center and on the County Web site. All meetings shall be conducted in public places that are accessible to persons with disabilities.

Frequency. The ASSB shall meet least four times a year or as determined by the Chairperson. Meetings shall be held at a time agreed to by a majority of the ASSB's members, and at a place arranged by the staff of the supporting County department.

Voting. A quorum is necessary for a vote. A majority of the membership of the ASSB shall constitute a quorum. In making any recommendations, adopting any plan, or approving any proposal, action shall be taken by a majority vote of ASSB members present and voting. Upon the request of any member, the vote of each member on any issue shall be recorded in the minutes. All votes of ASSB members shall be taken during a public meeting, and no vote shall be taken by secret or written ballot or by proxy.

Conduct. Except as otherwise provided by Virginia law or these bylaws, all meetings shall be conducted in accordance with *Robert's Rules of Order, Newly Revised*, and except as specifically authorized by the VFOIA, no meeting shall be conducted through telephonic, video, electronic, or other communication means where the members are not all physically assembled to discuss or transact public business.

Public Access. For any meeting, at least one copy of the agenda, all agenda packets, and, unless exempt under the VFOIA, all materials furnished to ASSB members shall be made available for public inspection at the same time such documents are furnished to the ASSB members. Pursuant to the VFOIA, any person may photograph, film, record, or otherwise reproduce any portion of a meeting required to be open, but such actions may not interfere with any ASSB proceedings.

Records. The Secretary or an appointed representative shall ensure that minutes of meetings are recorded as required under the VFOIA. Minutes shall include: (1) the date, time, and location of each meeting; (2) the members present and absent; (3) a summary of the discussion on matters proposed, deliberated, or decided; and (4) a record of any votes taken. Such minutes are public records and subject to inspection and copying by citizens of the Commonwealth or by members of the news media. The supporting County department shall provide staff support to review and approve records and minutes of the meeting.

Attorney-Client Privilege. Records containing legal advice from counsel to the ASSB, and advice provided in closed session by legal counsel to the ASSB, are protected by the attorney-client privilege and from disclosure under the VFOIA. Any such records or advice should not be disclosed by members of the ASSB to any third party, or the privilege against disclosure may be waived. Questions regarding the handling of records or advice subject to attorney-client privilege should be directed to the ASSB's legal counsel.

ARTICLE VI - ATTENDANCE AND PARTICIPATION

Any ASSB member who misses three consecutive meetings or more than half of the scheduled meetings within a 12-month period, or who fails to participate in the work of the ASSB without good cause acceptable to a majority of the other ASSB members may be asked to resign from the ASSB.

The ASSB may request that the Staff Coordinator notify the Clerk to the Board of Supervisors and City Councils in writing when a member is absent from three consecutive meetings, when any member resigns, or when any website, staff or contact information changes.

ASSB members shall demonstrate a superior level of conduct, sensitivity and sound judgment, and function in a manner that reflects the highest standards of ethical behavior.

ARTICLE VII - REMOVAL

Any ASSB member(s) may be recommended to the Board of Supervisors for removal from the ASSB for cause, including but not limited to cause as set forth in Article VI, by a two-thirds majority vote of all of the ASSB members. The members' authority to recommend removal under these bylaws neither limits nor waives the Board of Supervisors' authority to remove members from the ASSB as provided by law.

ARTICLE VIII – COMMITTEES

Standing. The Chairperson may appoint standing committees and a chairperson for each with the consent of a majority of the ASSB members present and voting.

Special. The Chairperson may appoint special committees and a chairperson for each with the consent of a majority of the ASSB members present and voting.

All meetings of any such committees shall comply with the notice and other requirements of the VFOIA. To the extent practicable, any such committees shall be composed of at least four members. Committee meetings may be held at the call of the Chairperson or at the request of two members, with notice to all members.

ARTICLE IX – ANNUAL REPORT

The ASSB shall prepare an annual written report that describes the actions of the ASSB and plans for future actions and activities. This report shall be provided to the Clerk to the Board of Supervisors for distribution to the members of the Board of Supervisors, City Councils, and to the County Executive.

ARTICLE X – COMPLIANCE WITH LAW AND COUNTY POLICY

The ASSB shall comply with all Virginia laws, including, but not limited to, the VFOIA, and the Virginia State and Local Government Conflict of Interests Act, Virginia Code § 2.2-3100 *et seq.*, as amended, with all County ordinances, and with all County policies concerning the activities of its boards, authorities, and commissions. In case of a conflict between a provision of these bylaws and any applicable ordinance or law, the provisions of the applicable ordinance or law, as the case may be, shall control.


ASSB members shall avoid the appearance of a conflict of interest and disclose any potential conflicts of interest to the board before taking official action as members.

ARTICLE XI – AMENDMENT OF BYLAWS

These bylaws may be amended by the ASSB by adopting the proposed amendment or amendments and by presenting those proposed changes for approval to the Board of Supervisors. Any such amendments to bylaws shall become effective upon approval by the Board of Supervisors.

These bylaws were approved by the Board of Supervisors on January 26, 2021.

GIVEN under my hand this 26th day of January, 2021.



Jill G. Cooper
Clerk for the Board of Supervisors
Department of Clerk Services

**THE ADVISORY SOCIAL SERVICES BOARD POLICY FOR ALL-VIRTUAL
PUBLIC MEETINGS**

1. **AUTHORITY AND SCOPE**

a. This policy is adopted pursuant to the authorization of Va. Code § 2.2-3708.3 and is to be strictly construed in conformance with the Virginia Freedom of Information Act (VFOIA), Va. Code §§ 2.2-3700—3715.

b. This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor or the Fairfax County Board of Supervisors. Any meeting conducted by electronic communication means under such circumstances shall be governed by the provisions of Va. Code § 2.2-3708.2.

2. **DEFINITIONS**

a. “**BAC**” means the Fairfax County Advisory Social Services Board or any committee, subcommittee, or other entity of the Advisory Social Services Board.

b. “**Member**” means any member of the Advisory Social Services Board.

c. “**All-virtual public meeting**”, means a public meeting conducted by the [BAC] using electronic communication means during which all members of the public body who participate do so remotely rather than being assembled in one physical location, and to which public access is provided through electronic communication means, as defined by Va. Code § 2.2-3701.

d. “**Meeting**” means a meeting as defined by Va. Code § 2.2-3701.

e. “**Notify**” or “**notifies**,” for purposes of this policy, means written notice, including, but not limited to, email or letter, but does not include text messages or messages exchanged on social media.

3. **WHEN AN ALL-VIRTUAL PUBLIC MEETING MAY BE AUTHORIZED**

An all-virtual public meeting may be held under the following circumstances:

a. It is impracticable or unsafe to assemble a quorum of the Advisory Social Services Board in a single location, but a state of emergency has not been declared by the Governor or Fairfax County Board of Supervisors; or

b. Other circumstances warrant the holding of an all-virtual public meeting, including, but not limited to, the convenience of an all-virtual meeting; and

c. The Advisory Social Services Board has not had more than two all-virtual public meetings, or more than 25 percent of its meetings rounded up to the next whole number, whichever is greater, during the calendar year; and

d. The Advisory Social Services Board's last meeting was not an all-virtual public meeting.

4. **PROCESS TO AUTHORIZE AN ALL-VIRTUAL PUBLIC MEETING**

a. The Advisory Social Services Board may schedule its all-virtual public meetings at the same time and using the same procedures used by the Advisory Social Services Board to set its meetings calendar for the calendar year; or

b. If the Advisory Social Services Board wishes to have an all-virtual public meeting on a date not scheduled in advance on its meetings calendar, and an all-virtual public meeting is authorized under Section 3 above, the Advisory Social Services Board Chair may schedule an all-virtual public meeting provided that any such meeting comports with VFOIA notice requirements.

5. **ALL-VIRTUAL PUBLIC MEETING REQUIREMENTS**

The following applies to any all-virtual public meeting of the Advisory Social Services Board that is scheduled in conformance with this Policy:

a. The meeting notice indicates that the public meeting will be all-virtual and the Advisory Social Services Board will not change the method by which the Advisory Social Services Board chooses to meet without providing a new meeting notice that comports with VFOIA;

b. Public access is provided by electronic communication means that allows the public to hear all participating members of the Advisory Social Services Board;

c. Audio-visual technology, if available, is used to allow the public to see the members of the Advisory Social Services Board;

d. A phone number, email address, or other live contact information is provided to the public to alert the Advisory Social Services Board if electronic transmission of the meeting fails for the public, and if such transmission fails, the Advisory Social Services Board takes a recess until public access is restored;

e. A copy of the proposed agenda and all agenda packets (unless exempt) are made available to the public electronically at the same time such materials are provided to the Advisory Social Services Board];

f. The public is afforded the opportunity to comment through electronic means, including written comments, at meetings where public comment is customarily received; and

g. There are no more than two members of the Advisory Social Services Board together in one physical location.

6. **RECORDING IN MINUTES:**

Minutes are taken as required by VFOIA and must include the fact that the meeting was held by electronic communication means and the type of electronic communication means used.

7. **CLOSED SESSION**

If the Advisory Social Services Board goes into closed session, transmission of the meeting will be suspended until the public body resumes to certify the closed meeting in open session.

8. **STRICT AND UNIFORM APPLICATION OF THIS POLICY**

This Policy shall be applied strictly and uniformly, without exception, to the entire membership, and without regard to the matters that will be considered or voted on at the meeting.

THE ADVISORY SOCIAL SERVICES BOARD POLICY FOR THE REMOTE PARTICIPATION OF MEMBERS

1. **AUTHORITY AND SCOPE**

a. This policy is adopted pursuant to the authorization of Va. Code § 2.2-3708.3 and is to be strictly construed in conformance with the Virginia Freedom of Information Act (VFOIA), Va. Code §§ 2.2-3700—3715.

b. This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor or the Fairfax County Board of Supervisors. Any meeting conducted by electronic communication means under such circumstances shall be governed by the provisions of Va. Code § 2.2-3708.2. This policy also does not apply to an all-virtual public meeting.

2. **DEFINITIONS**

a. “**BAC**” means the Fairfax County Advisory Social Services Board or any committee, subcommittee, or other entity of the Advisory Social Services Board

b. “**Member**” means any member of the Advisory Social Services Board

c. “**Remote participation**” means participation by an individual member of the Advisory Social Services Board by electronic communication means in a public meeting where a quorum of the Advisory Social Services Board is physically assembled, as defined by Va. Code § 2.2-3701.

d. “**Meeting**” means a meeting as defined by Va. Code § 2.2-3701.

e. “**Notify**” or “**notifies**,” for purposes of this policy, means written notice, such as email or letter. Notice does not include text messages or communications via social media.

3. **MANDATORY REQUIREMENTS**

Regardless of the reasons why the member is participating in a meeting from a remote location by electronic communication means, the following conditions must be met for the member to participate remotely:

a. A quorum of the Advisory Social Services Board must be physically assembled at the primary or central meeting location; and

b. Arrangements have been made for the voice of the remotely participating member to be heard by all persons at the primary or central meeting location. If at any point during the meeting the voice of the remotely participating member is no longer able

to be heard by all persons at the meeting location, the remotely participating member shall no longer be permitted to participate remotely.

4. **PROCESS TO REQUEST REMOTE PARTICIPATION**

a. On or before the day of the meeting, and at any point before the meeting begins, the requesting member must notify the Advisory Social Services Board Chair (or the Vice-Chair if the requesting member is the Chair) that they are unable to physically attend a meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance, (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance, (iii) their principal residence location more than 60 miles from the meeting location, or (iv) a personal matter and identifies with specificity the nature of the personal matter.

b. The requesting member shall also notify the Advisory Social Services Board staff liaison of their request, but their failure to do so shall not affect their ability to remotely participate.

c. If the requesting member is unable to physically attend the meeting due to a personal matter, the requesting member must state with specificity the nature of the personal matter. Remote participation due to a personal matter is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater. There is no limit to the number of times that a member may participate remotely for the other authorized purposes listed in (i)—(iii) above.

d. The requesting member is not obligated to provide independent verification regarding the reason for their nonattendance, including the temporary or permanent disability or other medical condition or the family member's medical condition that prevents their physical attendance at the meeting.

e. The Chair (or the Vice-Chair if the requesting member is the Chair) shall promptly notify the requesting member whether their request is in conformance with this policy, and therefore approved or disapproved.

5. **PROCESS TO CONFIRM APPROVAL OR DISAPPROVAL OF PARTICIPATION FROM A REMOTE LOCATION**

When a quorum of the Advisory Social Services Board has assembled for the meeting, the Advisory Social Services Board shall vote to determine whether:

a. The Chair's decision to approve or disapprove the requesting member's request to participate from a remote location was in conformance with this policy; and

b. The voice of the remotely participating member can be heard by all persons at the primary or central meeting location.

6. **RECORDING IN MINUTES:**

a. If the member is allowed to participate remotely due to a temporary or permanent disability or other medical condition, a family member's medical condition that requires the member to provide care to the family member, or because their principal residence is located more than 60 miles from the meeting location the Advisory Social Services Board shall record in its minutes (1) the Advisory Social Services Board's approval of the member's remote participation; and (2) a general description of the remote location from which the member participated.

b. If the member is allowed to participate remotely due to a personal matter, such matter shall be cited in the minutes with specificity, as well as how many times the member has attended remotely due to a personal matter, and a general description of the remote location from which the member participated.

c. If a member's request to participate remotely is disapproved, the disapproval, including the grounds upon which the requested participation violates this policy or VFOIA, shall be recorded in the minutes with specificity.

7. **CLOSED SESSION**

If the Advisory Social Services Board goes into closed session, the member participating remotely shall ensure that no third party is able to hear or otherwise observe the closed meeting.

8. **STRICT AND UNIFORM APPLICATION OF THIS POLICY**

This Policy shall be applied strictly and uniformly, without exception, to the entire membership, and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

The Chair (or Vice-Chair) shall maintain the member's written request to participate remotely and the written response for a period of one year, or other such time required by records retention laws, regulations, and policies.



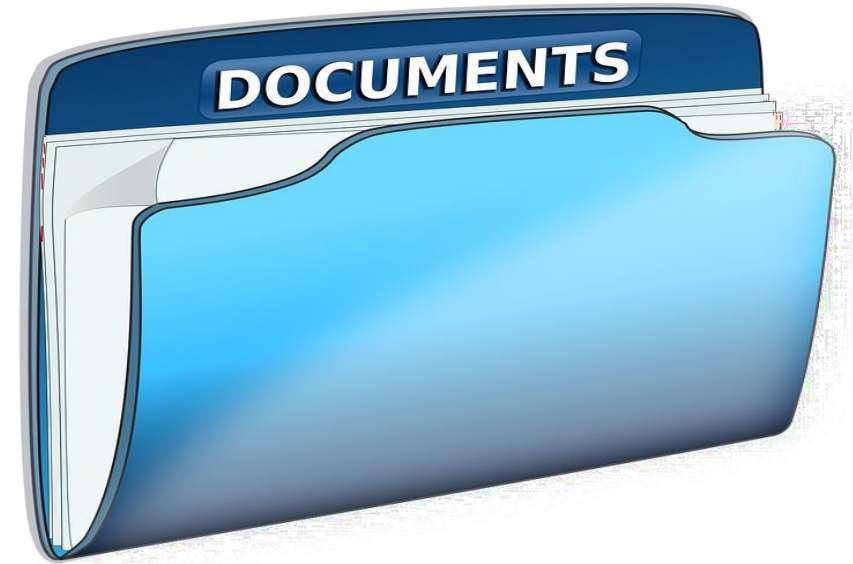
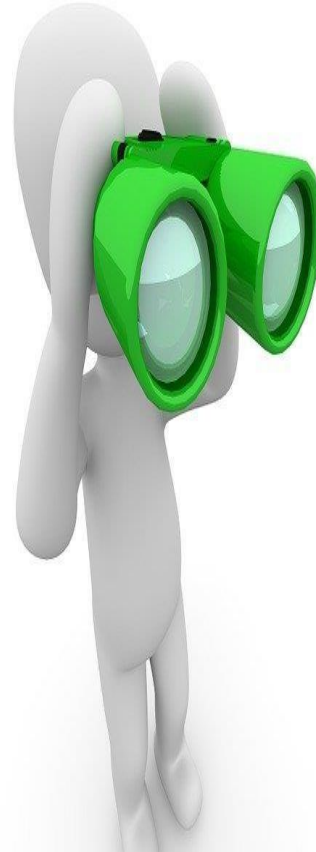
Virginia Freedom of Information Act PUBLIC MEETINGS

Advisory Social Services Board (ASSB)
APRIL 21, 2021

Lou Nuzzo
Assistant County Attorney
Office of the County Attorney

Overview

- ▶ FOIA - Public Records
 - Purpose/Intent - All public records are open if not specifically exempted
 - Need to Know - your records are public records
- ▶ FOIA - Public Meetings
 - Purpose/Intent - All public meetings are open unless specifically exempted
 - Need to Know - your meetings public meetings
 - Electronic Attendance & Voting
- ▶ Inadvertent and Illegal Meetings
- ▶ Email Use Best Practices
- ▶ Questions



Meeting

Virginia Freedom of Information Act

▶ aka VFOIA or FOIA

▶ Enacted July 1, 1968

▶ Va. Code §§ 2.2-3700-3715

Code of Virginia

Table of Contents > Title 2.2. Administration of Government > Chapter 37. Virginia Freedom of Information Act

Chapter 37. Virginia Freedom of Information Act

§ 2.2-3700	Short title; policy
§ 2.2-3701	Definitions
§ 2.2-3702	Notice of chapter
§ 2.2-3703	Public bodies and records to which chapter inapplies; access by persons incarcerated in a state institution
§ 2.2-3703.1	Disclosure pursuant to court order or subpoena
§ 2.2-3704	Public records to be open to inspection; procedure for request; charges; transfer of records for storage
§ 2.2-3704.01	Records containing both excluded and nonexcluded information
§ 2.2-3704.1	Posting of notice of rights and responsibilities; Freedom of Information Advisory Council



“The affairs of government are not intended to be conducted in an atmosphere of secrecy since at all times the public is to be the beneficiary of any action taken at any level of government.”

Va. Code Ann. § 2.2-3700(B)

A group of hands holding up large red letters spelling 'DEMOCRACY'. The letters are thick and three-dimensional, and the hands are of various skin tones, suggesting a diverse group of people. The background is white.



Public Meetings - Need to Know

- ▶ What is a public meeting
- ▶ What is a public body
- ▶ Notice Requirements
 - At least 3 business days
 - Date, Time and Location
- ▶ Meeting Materials
- ▶ Closed Meetings

What is a public meeting?

- ▶ The discussion or transaction of the business of a public body at:
 - work sessions, when sitting physically, or through telephonic or video equipment. . . as a body or entity,
 - an informal assemblage of (i) as many as ~~three~~ **2** members



What is a public meeting?

- ▶ Gatherings of employees are not “public meetings”
- ▶ If it is a public meeting under FOIA, then the law requires that:
 - 1. Notice of the meeting be given,
 - 2. The meeting must be open to the public, and
 - 3. Minutes of the meeting must be taken and preserved.



What is a public meeting?

Public Meetings Calendar



October 2019 >						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

October 2019

The following are Fairfax County Government events. This information is current as of this posting. However, to verify the start time of or for more information about a particular meeting, including requests for reasonable accommodations under the Americans With Disabilities Act, please contact the staff member or agency indicated.

Search selected calendar(s)
for
during
current month (October) v

PUBLIC BODY

Va. Code Ann. § 2.2-3701

The ASSB is a Public Body - BUT You don't have to take my word for it

- ▶ "Public body" means any legislative body, authority, board, bureau, commission, district or agency of the Commonwealth or of any political subdivision of the Commonwealth, including cities, towns and counties, municipal councils, governing bodies of counties, school boards and planning commissions; governing boards of public institutions of higher education; and other organizations, corporations or agencies in the Commonwealth supported wholly or principally by public funds. It shall include (i) the Virginia Birth-Related Neurological Injury Compensation Program and its board of directors established pursuant to Chapter 50 (§ [38.2-5000](#) et seq.) of Title 38.2 and (ii) any committee, subcommittee, or other entity however designated, of the public body created to perform delegated functions of the public body or to advise the public body. It shall not exclude any such committee, subcommittee or entity because it has private sector or citizen members. Corporations organized by the Virginia Retirement System are "public bodies" for purposes of this chapter."

PUBLIC MEETING REQUIREMENTS

Virginia Code § 2.2-3707

- ▶ All meetings of public bodies are open to the public unless specifically closed pursuant to VCA § 2.2-3712
- ▶ The public is entitled to at least three working days notice of any public meeting
- ▶ Any person may photograph, film, record or otherwise reproduce any portion of a meeting required to be open
- ▶ The proposed agenda and all materials furnished to members of a public body for an open meeting must be made available for public inspection at the same time the documents are furnished to the members of the public body
- ▶ Minutes must be recorded at all open meetings - study committees are excepted
- ▶ Minutes, including drafts, are public record

CLOSED MEETINGS

Virginia Code §§ 2.2-3711 & 3712

- ▶ No closed meeting shall be held unless the public body has taken an affirmative recorded vote in an open meeting approving a motion that:
 - ▶ identifies the subject matter of the closed meeting
 - ▶ states the purpose of the meeting as authorized in subsection A of § [2.2-3711](#)
 - ▶ cites the applicable exemptions provided in subsection A of § [2.2-3711](#)
 - ▶ restricts discussion during the closed meeting to identified matters
 - ▶ reconvenes in open session to affirm that only matters lawfully exempted in the statute and as identified in the motion were discussed

INADVERTENT AND ILLEGAL MEETINGS

- ▶ An unnoticed physical or electronic (including but not limited to email) gathering of ~~three~~ **2** or more members of a public body where the public business of the body is discussed
- ▶ Most often encountered using email or at social events
- ▶ Must refrain from using email among three or more members of the public body at one time.
- ▶ Simultaneity issue

E-Mail Usage - Best Practices

- ▶ When possible, public records should be stored on Fairfax County the Information Technology network. If not stored on County network, then must be easily retrieved by custodian.
- ▶ Do not use “Reply All”.
- ▶ No electronic meetings over email, including voting over email.
- ▶ Avoid inadvertent meetings including inadvertent meetings within meetings of your or other bodies.



DFS – An Overview



DFS – More than the local Department of Social Services

Three entities under one umbrella

- ❖ **Local Department of Social Services**
 - State Supervised County-Administered
 - The Director is the Local Administrator for Social Services on behalf of the County,
 - Locally administers Adult Services for the Virginia Department of Aging and Rehabilitative Services (DARS)
- ❖ **Area Agency on Aging**
 - Policy direction and Older Americans Act funding through the Virginia Department of Aging and Rehabilitative Services (DARS)
- ❖ **Children's Services Act (CSA) Office**
 - Under the supervision of the Virginia Office of Children's Services, the Children's Services Act (CSA) helps children and families have access to services and supports when children struggle with behavioral health care needs.

Approximately 1100 employees

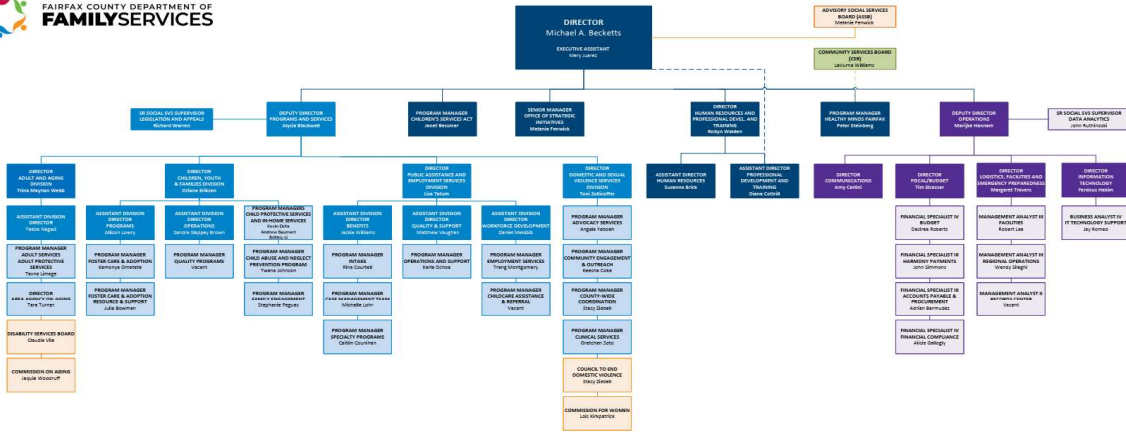
Provides services to nearly 180,000 county residents

Divisions/Program Areas

- ❖ Aging and Adult Services
- ❖ Children, Youth, & Family Services
- ❖ Children's Services Act (Behavioral/Mental Health)
- ❖ Domestic and Sexual Violence Services
- ❖ Public Assistance and Employment Services

Operations Teams

- ❖ Communications & Public Information
- ❖ Fiscal Management
- ❖ Human Resources
- ❖ Information Technology
- ❖ Logistics & Facility Management
- ❖ Professional and Organizational Development
- ❖ Strategic and Equity Planning



KEY

- Programs and Services
- Director's Office
- Operations
- Staff, Authorities and Commissions
- Community Services Board (CSB)

DFS EQUITY STATEMENT

Consistent with the principles of the county's One Fairfax Policy, the Department of Family Services (DFS) recognizes systemic oppression and institutional racism have contributed to disparities in opportunities for county residents. In recognition of race as a defining social construct in America that gives birth to all the other "-isms", we are committed to addressing institutional racism as a component of our charge to support the safety, health, and wellbeing of residents of our community. Our team intentionally creates, implements, and revises existing policies, practices, and procedures to alleviate disparities in service delivery and to promote equitable outcomes for those receiving our services.

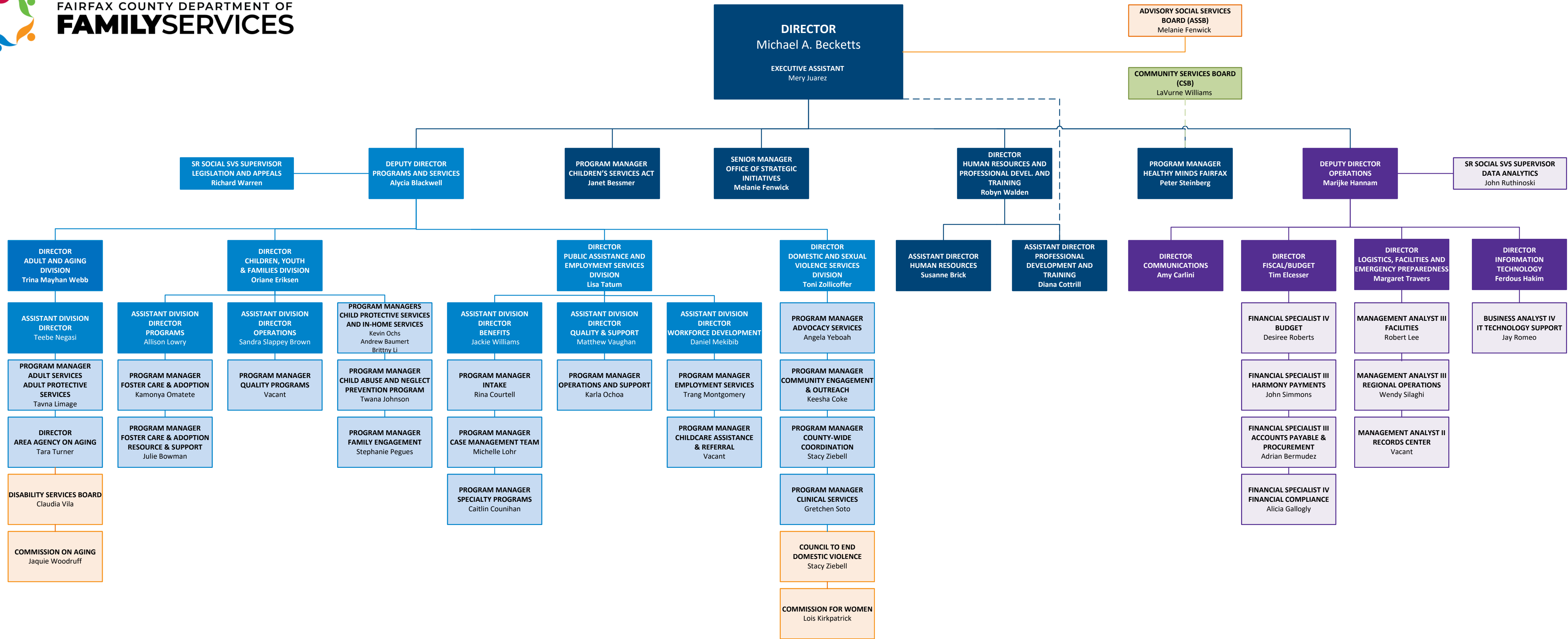
We unequivocally reject racism, violence, and bigotry in all its forms, including the systemic oppression directed at people of color and other marginalized identities that have been woven into the fabric of policies, procedures, and practices. While we have specifically called out some forms of bigotry such as racism and xenophobia, we intentionally and collectively advocate for each person's right to physical and psychological safety, justice, and access to opportunity.

The goal of our equity focused work is to improve outcomes for all people, regardless of singular or intersecting identities. Addressing racial equity, social equity, and rejection of bigotry in all its forms allows DFS to develop goals and outcomes that will result in improvements for all people, and centers strategies based on equitable practices. DFS is committed to advancing beyond its oppressive, systemic underpinnings to critical self-examination and reflexive practice.

ADDRESSING FRAMEWORK

DFS utilizes the ADDRESSING framework to move beyond one-dimensional conceptualizations of identity to an understanding of the complex, overlapping cultural influences that form each individual. The ADDRESSING framework enables us to better recognize and understand cultural influences as a multidimensional combination of –

- **A**ge
- **D**evelopmental and acquired **D**isabilities
- **R**eligion
- **E**thnicity
- **S**ocioeconomic status
- **S**exual orientation
- **I**ndigenous heritage
- **N**ational origin
- **G**ender Identity and Expression



KEY

- Programs and Services
- Director's Office
- Operations
- Boards, Authorities and Commissions
- Community Services Board (CSB)



Michael Becketts, DFS Director


1

Melanie Fenwick, DFS Office of Strategic Initiatives



4

Alycia Blackwell, DFS Deputy Director of Programs



2

Lisa Tatum, DFS Division Director, Public Assistance and Employment Services (PAES)



5

Marijke Hannam, DFS Deputy Director of Operations




3

Toni Zollicoffer, DFS Division Director, Domestic and Violence Services (DSVS)



6

Oriane Eriksen, DFS
Division Director,
Children, Youth, and
Families (CYF)



7



Margaret
Travers, DFS
Logistics

10

Trina Mayhan-
Webb, DFS Division
Director, Adult &
Aging (A&A)




8



Tim Elcesser,
DFS Finance

11

Dr. Janet Bessmer, DFS
Children Services Act
(CSA)



9



Ferdous
Hakim, DFS IT

12



13



14



FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES

2023

**This is Us:
The Department of Family Services
Strategic Framework**



This model represents the intersectionality between DFS initiatives, the County’s strategic framework, and our service to, and in partnership with, the community. Our **DFS Values** reflect the fundamental beliefs that form the base of our work. Our **Mission, Vision and Equity Plan**, literally “based” on our values, frame and operationalize our services, which feed into the County’s **Strategic Plan and One Fairfax Initiative**. Each of these parts fits together to strengthen and support **Community Well-Being** by ensuring **safety and protection, family resilience and quality of life, economic self-sufficiency, and effective and efficient government.**



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INTRODUCTION

The Department of Family Services' (DFS) strategic plan ended in June 2020. As we planned for this ending, we also recognized the need to reset our fundamentals to ensure that our planning for the future is set on a firm foundation. Core to this realignment is the integration of the county's Strategic Plan, the tenets of One Fairfax, and the design of the service delivery system for which the DFS is responsible. The Department has worked to align these areas and illustrate the common agenda and create a shared vision for our workforce.

The goal in resetting our foundation is to provide direction and focus for the work of the organization and focus our attention on the future state of the DFS as a strategic partner with other departments, community organizations, faith-based organizations, and education systems. To start this work, a team of more than sixty staff members worked over a period of five months to reconceptualize our vision, mission, and core value statements using the lens of One Fairfax and the goal of partnership in making a collective impact.

DFS is well postured to align our work with the countywide Strategic Plan and One Fairfax. Our biggest lever for change will be a fundamental shift in the way DFS values and regards our connections with and obligations to those we serve. DFS provides a mosaic of services, benefits, and supports to create pathways for individuals and families to access economic opportunities and achieve financial security.

ABOUT US

DFS administers a variety of programs and services designed to improve the well-being of individuals, families, and communities. DFS programs and services provide essential supports for the County's most vulnerable residents who face multiple, often overlapping, vulnerabilities. These programs and services range from food, medical, and financial assistance to protective services, adoption, and supportive services for older adults, caregivers, and people with disabilities. These essential services and benefits help strengthen and empower individuals and families to live independent lives to their fullest potential. While much of the work of DFS is shaped by state and federal laws and regulations, the local demand for DFS services remains high related to food insecurity, family violence, disconnected youth, and the demographic increases of people living below the poverty level and a growing aging population.

The services provided by DFS provide the framework for a strong, equitable, and resilient Fairfax County: safe communities, a thriving economy, improved quality of life, and opportunities for everyone to feel connected and engaged. DFS focuses on:

- ▶ Safety and protective services for children, older adults, people with disabilities, and victims of domestic and sexual violence, human trafficking, and stalking.
- ▶ Public assistance benefits and employment training to close income gaps and enable people to become economically secure.
- ▶ supportive programs that build on the strengths and resilience of families, children, people with disabilities, caregivers and older adults so they can thrive.

These services mitigate crime, abuse, and neglect; lessen the strain on public safety and judicial resources; increase the workforce and tax base; improve self-sufficiency and educational outcomes; and create an environment where all residents have opportunities to contribute to the success of the community. They are delivered collaboratively and with compassion, through people-focused practices that encourage innovation and demand accountability.

DFS MISSION, VISION, VALUES, & COMMITMENT TO EQUITY

The Department of Family Services focuses on the people and communities we serve. In 2020, DFS—through a workgroup representing a cross-section of employees—developed new mission and vision statements and defined a set of core values that serve as the foundation of our work to support our community. During this time DFS established and reaffirmed our equity impact statement.

Our **mission** statement defines who we are and what we do. Our **vision** statement defines what we aspire to be. Our core **values** are the guiding principles that shape our behavior and actions. Our **equity impact statement** frames

our approach to ensuring that policies and practices of the department are evaluated through an equity-centered lens. Together these principles create the cornerstones of the Department of Family Services' foundation from which programs are built, plans are developed, and services are provided.

Vision

Fairfax County is a community where everyone lives **their** success story and thrives.

Mission

The Department of Family strengthens the well-being of our diverse community by protecting and improving the lives of all children, adults, and families through assistance, partnership, advocacy, outreach, and quality services.

Values

Our values **are** the guiding principles that shape our behavior and actions to lead to better outcomes for the people served by DFS:

People-Focused

- ▶ We are committed to ensuring that employees have the tools to be successful in their roles, have opportunities to learn and employ new skills, and are supported in mastering their roles to provide exemplary service.
- ▶ Each employee of the Department of Family Services focuses on the people we serve to make a positive impact on their lives and communities in which they live.
- ▶ Each voice is vital to the success of the organization. No matter what role a person has in the Department, everyone is a valued contributor.

Equity

- ▶ We are well-positioned to create and operationalize steps to reduce inequities and address systemic oppression which hampers the growth and wellbeing of our communities.
- ▶ We unequivocally reject racism, violence, and bigotry in all its forms, including the systemic racism directed at people of color which has been woven into the fabric of our policies, procedures, and practices.

Accountability

- ▶ We are dedicated public servants who exercise great care in our efficient and effective management of County resources.
- ▶ We serve with honesty and transparency.
- ▶ We accept responsibility and ownership for our work including our decisions, our successes, and our shortcomings.
- ▶ We engage in data-driven decision making, ensuring that our work is achieving desired results and monitor and adjust our approach and business processes accordingly.

Partnership

- ▶ We engage in strategic partnerships at all levels – with clients, co-workers, within and across departments, and with community partners and other jurisdictions are required.
- ▶ We seek opportunities to collaborate, plan and align our work at all levels for the benefit of the community.
- ▶ We are dedicated to ensuring a diversity of voices and experiences are included in decision making.

Innovation

- ▶ We strive for new, innovative, and more effective approaches for our work to advance the wellbeing of our community.
- ▶ We enhance existing partnerships and create new partnerships, funding sources, and service improvements.
- ▶ We actively seek input from and encourage full engagement of people with a diversity of perspectives.

Equity Impact Statement

Our core value of partnership solidifies and strengthens our relationships, our agency and community must move beyond empathy and solidarity to embrace the power of collective action. DFS recognizes that to make significant strides towards equity and physical and psychological safety for every person we serve and for those who serve them, there are operational changes and action steps that must be taken. As a team we are well-positioned to create and operationalize steps to reduce inequities and address systemic oppression which hampers the growth and wellbeing of our communities. As a part of the broader County government, DFS is a supporter of the One Fairfax initiative and policy. Under this policy DFS has authored this Equity Impact Statement:

Consistent with the principles of the county's One Fairfax policy, the Department of Family Services (DFS), recognizes systemic oppression and institutional racism have contributed to disparities in opportunities for county residents. In recognition of race as a defining social construct in America that gives birth to all of the other "-isms", we are committed to addressing institutional racism as a component of our charge to support the safety, health, and wellbeing of residents of our community. Our team intentionally creates, implements, and revises existing policies, practices, and procedures to alleviate disparities in service delivery and to promote equitable outcomes for those receiving our services.

We unequivocally reject racism, violence, and bigotry in all its forms, including the systemic oppression directed at people of color and other marginalized identities that have been woven into the fabric of our policies, procedures, and practices. While we have specifically called out some forms of bigotry such as racism and xenophobia, we intentionally and collectively advocate for each person's right to physical and psychological safety, justice, and access to opportunity.

The goal of our equity focused work is to improve outcomes for all people, regardless of singular or intersecting identities. Addressing racial equity, social equity, and rejection of bigotry in all its forms allows DFS to develop goals and outcomes that will result in improvements for all people, and centers strategies based on equitable practices. DFS is committed to advancing beyond its oppressive, systemic underpinnings to critical self-examination and reflexive practice.

ALIGNMENT WITH COUNTY STRATEGIC PLAN AND ONE FAIRFAX

The department took the opportunity to reconceptualize its strategic framework and approach to prioritizing and aligning our work with the Countywide Strategic Plan and the One Fairfax policy. Using a collective impact model, a team consisting of staff from all levels, programs, and divisions was created to support the integration of One Fairfax into the strategic and operational framework of the department. The team was charged with advancing equity as it relates to the work of the department, and quickly developed a high-level Equity Impact plan with shared goals preserving divisional and programmatic autonomy. The plan was built upon a model which gave way to recognition and understanding of the complexities of individual identity.

Implementing One Fairfax

DFS is a workforce that is compassionate toward everyone we are privileged to serve and work with, and while teamwork solidifies and strengthens our relationships, we realize the need to move beyond empathy and solidarity to embrace the power of collective action. The department recognizes that if we are to make significant strides towards true equity and physical and psychological safety for our workforce and for every person we serve, there are operational changes and action steps that must be taken.

The department unequivocally rejects racism, bigotry, and violence in all its forms, including the systemic racism directed at people of color which has been woven into the fabric of our policies, procedures, and practices. We further reject the criminalization of people of color, both native-born and immigrant. We will collectively advocate for everyone's right to physical and psychological safety, justice, and access to opportunity. DFS commits to

collectively move the system away from its oppressive underpinnings. We intentionally hold-high the torch of equity, illuminating where we can do better; we have begun to earnestly use an equity lens to focus our efforts to examine policies that impact our service delivery system and sharpens the tools used by our staff to work with community members to improve outcomes of those served by the agency.

To ensure that all staff members are aware of the various aspects of marginalization and systemic oppression, DFS has adopted an intersectional paradigm that shapes our approach to bring about understanding of the complex, overlapping cultural and social influences that form the individual.

DFS has adopted the ADDRESSING Framework (Hays, 2016) to move beyond a one-dimensional conceptualization of identity. This framework considers the multiple aspects of identity that are subject to marginalization and oppression and offers a perspective that describes the intersecting identities that are most aligned with power and privilege. The ADDRESSING Framework identifies the following areas of cultural influence and helps us understand identity as a multidimensional combination of **A**ge, **D**evelopmental and acquired **D**isabilities, **R**eligion, **E**thnicity, **S**ocioeconomic status, **S**exual orientation, **I**ndigenous heritage, **N**ational origin, and **G**ender (including gender expression).

DFS recognizes systemic oppression and institutional racism have contributed to disparities in opportunities for county residents to succeed. Through the integration of strategy and equity, DFS will support equitable outcomes by examining its policies, practices, and procedures to eliminate disparities in service delivery.

DFS recognizes that if we are to make significant strides towards true equity and physical and psychological safety for our workforce and for every person we serve, there are operational changes and action steps that must be taken. We are well-positioned to align our work with the Countywide Strategic Plan and One Fairfax to operationalize steps to reduce inequities and address systemic oppression which hampers the growth and wellbeing of our communities. DFS recognizes attempting to do this work in isolation will not generate the outcomes we seek to achieve; therefore, we strive to build partnerships with sister departments and community partners.

Aligning With The County Strategic Plan

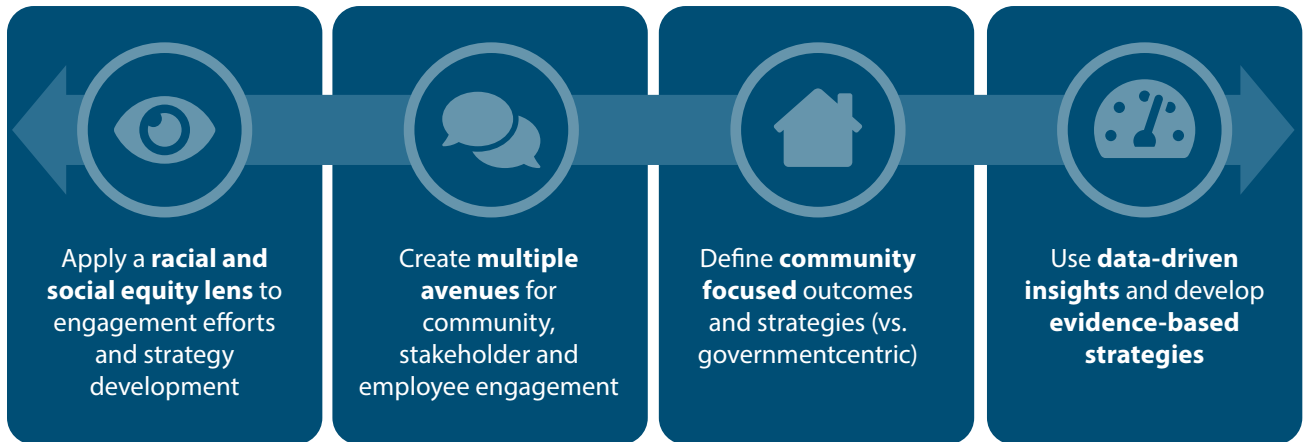
In January 2019, Fairfax County launched a process to develop its first-ever *Countywide Strategic Plan*. At the heart of this effort was the realization that Fairfax County must evolve and find new, better, and more innovative ways to serve the community. Through the lens of the One Fairfax racial and social equity policy, the County recognizes that access to opportunity varies significantly depending on who you are and where you live in the county, and there is a widening gap between those at the highest rung of the economic ladder and those who struggle to get by. Higher rents and housing, taxes, and other living costs prevent many people from living here, or from remaining in the community if they have called Fairfax County home for many years. And now the impact of COVID-19 on our community has created new challenges while also highlighting existing ones.

The intent of this strategic plan is to define a clear and compelling vision for our community, to prioritize the specific actions which address our most critical challenges, and to move us towards that vision while tracking and sharing our progress.

The following goals guided the strategic planning work:



And the following principles were followed:



Through a community-involved strategic planning process, ten priority areas emerged:

- ▶ Cultural and Recreational Opportunities
- ▶ Economic Opportunity
- ▶ Effective and Efficient Government
- ▶ Empowerment and Support for Residents Facing Vulnerability
- ▶ Environment and Energy
- ▶ Housing and Neighborhood Livability
- ▶ Lifelong Education and Learning
- ▶ Mobility and Transportation
- ▶ Safety and Security

DFS is a multidimensional organization that serves the very young to the elderly and often those who are most likely to face vulnerabilities. DFS has chosen to not have a single strategic plan. Instead, we honor the robust efforts of the County's strategic planning work as well as that of the DFS divisions and offices by clearly showing the alignment between all of the plans. As the Board of Supervisors reviews and approves the County Strategic Plan, DFS will develop a crosswalk (Appendix C) that shows the relationship between the work of the departments within each division and the administrative operations offices that work to ensure efficiency and stewardship.

Department leadership will complete a crosswalk of the Countywide Strategic Plan with a focus on the priority areas in which our work appears. The core activities of this analysis will be to identify and consider the current performance and outcome measures to which DFS is accountable and how they align with the nine priority areas of the overarching strategic plan. Through partnership and collaboration, department and divisional leaders will analyze our current strategies and opportunities for partnership and integration to align with the Countywide Strategic Plan. During this process DFS will also identify innovative ways to engage in partnership with other County Departments and stakeholders to broaden our frame and improve service delivery.

DFS Programs and Services Strategic Priorities

We use our mission, vision, and values as a north star when planning, developing policy, implementing strategies, and measuring results. As we navigate toward our mission, we are intentional in our efforts to provide quality, equitable services, and programs to support the wellbeing of the communities we serve. The services offered through the divisions of Adult and Aging Services, Children, Youth, and Families, Domestic and Sexual Violence Services, and Public Assistance and Employment Services help mitigate crises in families and work to address the environmental and personal circumstances that bring people to work with DFS. We recognize that working in the communities we serve provides a foundation for primary and secondary prevention services in partnership community-based organizations and other county agencies.

The Children, Youth, and Families Division continues to focus on the full implementation of the Safe & Connected practice model to strengthen clinical practice and improve outcomes for children and families. The evidence-informed practice model allows for variability based on culture, customs, and experiences when determining the best way to provide services. The redesigning of the Child Welfare Institute will promote consistent practice through the onboarding and training of new practitioners, coaching and support for supervisors and managers, and ongoing professional development for the current workforce.

In partnership with the Commission on Aging, the Adult and Aging Services Division is responsible for implementing the County's SHAPE the Future of Aging plan. SHAPE the Future of Aging is a 5-year strategic plan that serves to improve the how adults 50-years-old and older are better able to age in place, and live safely, independently, and with dignity. SHAPE is an acronym that includes five areas of focus: Services for Older Adults and Family Caregivers, Housing and Neighborhood Supports, Access to Mobility Options, Personal Well-Being, and Economic Stability and Planning. The plan has been developed to ensure inclusion of community and stakeholder input and the integration of data, research, and evidence-based practice. The final plan is expected to be adopted by the Board of Supervisors by May of 2023 to coincide with Older Americans' Month.

The Domestic and Sexual Violence Services Division is the county's accredited domestic violence response agency. It serves to improve the systems' response to domestic violence, sexual violence, and human trafficking. The divisions strategic priorities center on integrating an equity and social justice lens into all parts of the work in a meaningful way, deepening interagency and community partnerships, improving services to address sexual violence, human trafficking, and stalking, and streamlining DSVS services to deliver evidence informed programs and services yielding the greatest impact to the community.

The Public Assistance and Employment Services Division continues to manage the challenges brought about by the end of the public health emergency and agency leadership is working with state partners to identify business process changes to increase efficiencies and improve workflows. Highlights of some of the divisions innovative work include the expanded use of Lobby Navigators for public assistance programs to direct residents to appropriate services and provide application assistance, expanded income eligibility and childcare subsidies for Child Care Assistance and Referral programs, and the Economic Mobility (Guaranteed Income) pilot which is an evidence-based intervention in wealth building to promote economic self-sufficiency.

COMPLETE DFS MISSION, VISION, VALUES, AND GUIDING PRINCIPLES



Mission, Visions, & Core Values

A **mission** statement defines who we are and what we do. A **vision** statement defines what we aspire to be. **Values** are the guiding principles that shape our behavior and actions. Together this triad serves as the foundation for the Department of Family Services from which structures are built, plans are developed, and services are provided.

The strategic goals that we develop within our program areas—and in concert with the County’s strategic priorities—are what we strive to do in support of the values and our daily activities on behalf of the people we serve and those who serve them. Together these elements make our agency a stronger, focused organization.

MISSION

The Department of Family Services (DFS) strengthens the well-being of our diverse community by protecting and improving the lives of all children, adults, and families through partnership, advocacy, outreach, and quality services.

VISION

Fairfax County is a community where everyone lives their success story and thrives.

CORE VALUES AND GUIDING PRINCIPLES

People-Focused

Meeting People Where They Are.

Each employee of the Department of Family Services focuses on the people we serve to deliver value and make a positive impact on their lives and communities in which they live. We recognize that the individual is the expert in their own life and with empathy and compassion, we work in partnership to resolve challenges.

Welcoming Every Voice.

This people-focused approach guides workforce development and employee engagement. Each DFS team member is engaged as a valued partner in our work. Each voice is vital to the success of the organization no matter what role a person has in the Department, everyone is a valued contributor. Each employee actively contributes to a culture of mutual respect, dignity, and service.

Investing in Employee Growth and Development.

Investment in employees’ success, professional growth, and development is central to the success of our organization. By making this investment, the department is committed to ensuring that employees have the tools to be successful in their roles, have opportunities to learn and employ new skills, and are supported in mastering their roles to provide exemplary service.

Equity

Embracing Collective Action.

DFS is a workforce that is overwhelmingly compassionate toward every individual we are privileged to serve and work with. While our core principle of teamwork solidifies and strengthens our relationships, we need to move beyond empathy and solidarity to embrace the power of collective action. DFS recognizes that if we are to make significant strides towards true equity and physical and psychological safety for our workforce and for every person we serve, there are operational changes and action steps that must be taken. While we realize our individual efforts may be awkward and uncharted, DFS has long fought to secure equal footing for those we serve. We are well-positioned to create and operationalize steps to reduce inequities and address systemic oppression which hampers the growth and wellbeing of our communities. As a part of the broader County government, DFS is a supporter of the One Fairfax initiative and policy. Under this policy DFS has authored this Equity Impact Statement:

The Department of Family Services (DFS) is committed to addressing institutional racism in its core responsibility to support the safety, health, and wellness of county residents. DFS recognizes systemic oppression and institutional racism have contributed to disparities in opportunities for county residents to succeed. DFS will support equitable outcomes by examining its policies, practices, and procedures to eliminate disparities in service delivery and outcomes for county residents.

Rejecting Oppression.

We unequivocally reject racism, violence, and bigotry in all its forms, including the systemic racism directed at people of color which has been woven into the fabric of our policies, procedures, and practices. DFS further rejects the criminalization of people of color, both native-born and immigrant. While we have specifically called out some forms of bigotry such as racism and xenophobia, we intentionally and collectively advocate for each person's right to physical and psychological safety, justice, and access to opportunity. DFS is committed to moving the system away from its oppressive underpinnings through critical self-examination and reflexive practice.

Accountability

Practicing Good Stewardship.

We are dedicated public servants and exercise great care in our efficient and effective management of County resources.

Acting with Integrity.

We always serve with honesty and transparency and pride ourselves in doing the right thing, even when no one is looking.

Taking Ownership.

We accept responsibility and ownership for our work, our decisions, our successes, and our shortcomings. We engage in proactive communication and use our voices to elevate challenges and actively seek solutions.

Managing with Data.

We engage in data-driven decision making, making sure our work is achieving the desired results, and monitor and adjust our approach and business processes accordingly.

Partnership

Embracing Partnership and Alignment.

We recognize that to achieve our mission and make our vision a reality, we are not able to make system-level nor client-level changes in isolation. Strategic partnership at all levels – with clients, co-workers, within and across departments, and with community partners and other jurisdictions are required. We seek opportunities to collaborate, plan and align our work at all levels for the benefit of our community members.

To move toward true partnership, in dialogue, planning, and management, the following Principles of Partnership are understood, integrated, and acted upon within the department, across county agencies, with community organizations, and with families. We recognize that true partnership requires:

1. operating from a place of mutual respect,
2. empathically listening,
3. focusing on the strengths of those involved,
4. critically analyzing the situations under consideration and reserving judgements,
5. acknowledging power differentials in relationships and ensuring that all voices are heard in the transactions.
6. recognizing that achieving true partnership is a process and moving toward true partnership must always be intentional.

Expect the Diversity of Perspectives.

We are dedicated to ensuring a diversity of voices and experiences. We are strengths-focused and strive in our inclusiveness to create the best outcomes for our community and its residents.

Innovation

Striving for Learning and Continuous Improvement.

We challenge the status quo and advocate for new and innovative approaches to our work to advance the effectiveness of our work and the wellbeing of our community. As a learning organization, we embrace failing forward – taking risks, learning from mistakes, and building on successes. We are bold and creative in problem solving. We encourage and empower employees to take measured risks.

Embracing New opportunities.

We constantly seek to enhance existing partnerships and create new partnerships, funding sources and service improvements. We adjust to changes in our environment with flexibility and agility.

Encouraging Diversity of Perspectives.

We will genuinely encourage and listen to all ideas without judgement. We will actively seek input from and encourage full engagement of people from all different levels and perspectives. Employee involvement is intentional, with representation across impacted areas.

2023 EQUITY IMPACT PLAN

Leadership Sponsor

Michael A. Becketts

Department of Family Services Director

Equity Lead(s):

Melanie Fenwick (Departmental Equity Lead); Division Equity Leads: Erin Clark, Keesha Coke, Linda Hernandez-Giblin, Stephanie Pegues, Jeanetta Vinson

Departmental Equity Guiding Statement

Consistent with the principles of the county's One Fairfax Policy, the Department of Family Services (DFS) recognizes systemic oppression and institutional racism have contributed to disparities in opportunities for county residents. In recognition of race as a defining social construct in America that gives birth to all the other “-isms”, we are committed to addressing institutional racism as a component of our charge to support the safety, health, and wellbeing of residents of our community. Our team intentionally creates, implements, and revises existing policies, practices, and procedures to alleviate disparities in service delivery and to promote equitable outcomes for those receiving our services.

We unequivocally reject racism, violence, and bigotry in all its forms, including the systemic oppression directed at people of color and other marginalized identities that have been woven into the fabric of policies, procedures, and practices. While we have specifically called out some forms of bigotry such as racism and xenophobia, we intentionally and collectively advocate for each person's right to physical and psychological safety, justice, and access to opportunity.

The goal of our equity focused work is to improve outcomes for all people, regardless of singular or intersecting identities. Addressing racial equity, social equity, and rejection of bigotry in all its forms allows DFS to develop goals and outcomes that will result in improvements for all people, and centers strategies based on equitable practices. DFS is committed to advancing beyond its oppressive, systemic underpinnings to critical self-examination and reflexive practice.

Context

Our mission centers us on the community we serve. Recognizing race as a defining social construct in America that gives birth to all the other “-isms”, we are committed to addressing institutional racism as a component of our charge to support the safety, health, and wellbeing of residents of our community by protecting and improving the lives of all children, adults, and families through assistance, partnership, advocacy, outreach, and quality services. We interact with and assist clients across all life domains with innumerable intersections of identity.

A review of DFS client demographics reveals that many clients fall into multiple groups that are often underserved or under-represented. While considering the context of disparities in our work, the DFS Equity team will work to identify the intersections of special populations and improve the delivery of supportive services by increasing staff understanding of bias in the provision of services.

DFS expresses our understanding of intersectional using the ADDRESSING framework (Hays, 2011;2016) to move beyond one-dimensional conceptualizations of identity to an understanding of the complex, overlapping cultural influences each of us. The ADDRESSING framework enables us to better recognize and understand the multiple, intersecting cultural influences as a multidimensional combination of Age, Developmental and acquired Disabilities, Religion, Ethnicity and Racial Identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender.

- ▶ **Age and Generational Influences**—includes not just chronological age, but also generational roles that are important in a person's culture. For example, the role of eldest son in many cultures carries specific responsibilities, just as being a parent, grandparent, or aunt brings with it culturally based meanings and purpose. Age and generational influences also include experiences specific to age cohorts, particularly experience that occurred during the cohort's childhood and early adulthood (i.e., the formative years).

- ▶ **Developmental or other Disability**—the broad category of disability includes disability that may occur at a time during a person’s lifetime, for example, because of illness, accident, or stroke. Developmental disabilities are specifically those that affect a person’s development from birth or childhood.
- ▶ **Religion and Spiritual Orientation**—In North America, the largest religious minority groups are Muslim, Jewish, Hindu, and Buddhist, and there are many small groups. Although some members of Christian religions (e.g., Mormon, Seventh-Day Adventist, Jehovah’s Witness, and fundamentalist Christian) think of themselves as minority groups, they are still Christian groups and as such have privileges that non-Christian groups do not have. Similarly, some individuals with atheistic beliefs consider themselves part of a minority group; however, atheists still benefit from privileges related to the dominant sector.
- ▶ **Ethnicity and Racial Identity**—In the United States, the largest groupings of ethnic and racial minority cultures are Asian, South Asian, Pacific Islander, Latino, and African American. Also included are people who identify as biracial or multiracial and people of Middle Eastern heritage who are experiencing racism and other oppressive attitudes and behaviors from the dominant culture. Within each of these large cultural groupings, there are many specific groups. The definition of these cultures as minority groups is specific to the United States; what constitutes a minority group depends on the country and its dominant culture.
- ▶ **Socioeconomic Status**—usually defined by education, occupation, and income. Includes people who have lower status because of limited formal education and the occupations and lower income that usually go along with less education. This focus is on people who are living in poverty, often in rural and inner-city areas.
- ▶ **Sexual Orientation**—includes people who identify as lesbian, gay, and bisexual. In the United States, sexual minority groups often use an acronym that includes additional groups, such as LGBTQIA (lesbian, gay, bisexual, transgender, queer, intersex, ally or asexual), but because some of these groups are more related to gender, they are grouped under the influence of gender identity.
- ▶ **Indigenous heritage**—people of Indigenous, Aboriginal, and Native heritage. As of 2018, Virginia has seven federally recognized Native Americans tribes. Native American residents make up a population. In our community, non- natives have more power and advantages over their native counterparts.
- ▶ **National Origin**—includes immigrants, refugees, and international students. Language is often a strong cultural influence related to national origin, but it may also be related to the identity domains of ethnic and racial identity, Indigenous heritage, and disability.
- ▶ **Gender**—includes women and people of transgender, transsexual, intersex, gender questioning, androgyne, and other gender-nonconforming identities.

Gender dynamics shape how people think and behave and influence people’s experience of and access to human services. By designing programs with gender equity, diversity, and inclusion at the center – programs that engage women and men, girls and boys, and people of other genders – we ensure that individuals, families, and communities thrive, in a more equitable and just society.

Using this intersectional approach to understand the complexity of individuals, our team intentionally creates, implements, and revises policies, practices, and procedures to alleviate disparities in service delivery and to promote equitable outcomes for those receiving our services.

Within the context of DFS’s Equity Plan, it is critical that the value and strengths of the communities being served are a key factor when moving to implementation of any equity related strategy. Our communities are resilient and have unique strengths. As an agency, we are committed to working in partnership with communities across the county to achieve positive outcomes of economic opportunity, safety, health, and wellness.

DFS leaders are driven by our collective values and focus on inclusion, making space and amplifying the voices of everyone in the workplace and community. Equity is embedded in everything we do. Through an array of capacity development methods, DFS leadership and staff will continue to engage in dialogue, introspection, and analysis to reduce racial inequities to achieve equitable outcomes for the community and workforce. Major areas of equity-focused work in DFS include the following:

Economic Mobility Project to Support Low Income Families with Pathways to Economic Opportunity

While Fairfax County is one of the richest counties in the nation, many residents struggle with meeting basic needs such as food, healthcare, and housing. In 2020, 72,584 people lived below the poverty level. Of those, 43,475 were people of color¹.

While America long ago declared a “War on Poverty,” and billions have been invested to address these issues. Over the last five years the median income in Fairfax County has increased by 13%,² however inflation has increased at about the same rate, while poverty rates have jumped up to 7.1%.³ The current system penalizes individuals for making economic progress and does not provide strong enough outcomes. The “Benefits Cliff” is a well-documented phenomenon where low- income families lose eligibility for public assistance as their earned income increases.

Guaranteed income is a solution proven to increase economic mobility, ensure greater economic freedom, and improve health and wellbeing. A guaranteed income is a monthly, cash payment given directly to individuals. It helps low-income families even out the financial ups and downs, such as an unexpected car repair or reduced work hours, that prevent them from making ends meet. It is unconditional, with no strings attached and no work requirements. It gives individuals the freedom to make the choices that are best for their families.

SHAPE the Future of Aging

According to the U.S. Administration on Aging, the number of adults older than 65 years of age is expected to increase to 72 million, boosting the aging population in this country to 20 percent by 2030. Fairfax County is currently home to 398,982 residents aged 50 and older. The number of County residents aged 65 and up will increase to nearly 233,000 by 2035, a gain of 54 percent.

Dramatic growth in the older adult population brings both challenges and benefits. Older adults have disabilities and health problems. Many live alone, often in houses unsafe for their occupants. Those who can no longer drive may lose connections to friends and services. Some live on reduced incomes. Some become targets of criminal activity. Community members with disabilities face challenges accessing services that others would not face.

Thanks to improvements in health care and healthier lifestyles, people in their 50s, 60s, 70s, and 80s are living longer and better. They travel, they study, they volunteer, they start businesses. They use modern technologies. They engage with the arts. They patronize local restaurants and shops. They vote. With some social and physical supports, they can remain active in their communities for many years to come.

SHAPE the Future of Aging Plan, a long - term strategic plan, will guide how the county allocates resources for services and programs that benefit these populations and make the community a friendlier and more livable place for them. SHAPE stands for Services for Older Adults & Family Caregivers, Housing & Neighborhood Supports, Access to Mobility Options, Personal Well-Being and Economic Stability and Planning. As DFS engages in a review of policies, practices, procedures and programs, this aspect of our clients will be a focus to ensure equitable access.

Engaging Men of Color

Data on men and boys served by the Department of Family Services highlights two distinct disproportionalities that impact male engagement, particularly engagement of males of color. The percentage of male clients served by DFS differs depending on the program of interest. While the percentage of males served in each program can vary greatly, the percentage of males in the DFS workforce is disproportionately small. Males make up just 13% (n=1021) of the DFS workforce. Representation matters, particularly when men seeking services are required to participate. With a small percentage of the DFS workforce being males, it can be difficult for male clients to find staff that they can relate to and who can understand male-specific needs and circumstances.

The percentage of males of color served by DFS differs depending on the program of interest. It is important to note that, in most programs analyzed, males of color are overrepresented. In all programs analyzed, white males were underrepresented. To highlight a few points, African American or Black males make up 10% of all males in Fairfax County, yet they account for 16% of males served by Adult and Aging and 28% of males involved with Employment

1 U.S. Census Bureau, 2020, One-Year American Community Survey, PUMS (Public Use Microdata Sample) data, Retrieved From: <https://data.census.gov/>.

2 U.S. Census Bureau, 2017-2020, One-Year Community Surveys, Table S1901 Income In the Past 12 Months, Retrieved From: <https://data.census.gov/>.

3 U.S. Census Bureau, 2017-2020, One-Year Community Surveys, Table S1701 Poverty Status In the Past 12 Months, Retrieved From: <https://data.census.gov/>.

Services. Asian males make up 19% of all males in Fairfax County and yet they account for 36% of all males served in employment services. Hispanic males make up 16% of all males in Fairfax County and yet they account for 36% of all males served by Child Protective Services and 43% of all males served by the ADAPT program. On the other hand, White males make up 60% of all males in Fairfax County and yet make up 26% of all males served in employment services and just 16% of all males served by the ADAPT (Anger & Domestic Abuse Prevention & Treatment) program. Males in need of DFS services are disproportionately males of color.

LONG-TERM OUTCOME

- ▶ Cultural and Recreational Opportunities
- ▶ Economic Opportunity
- ▶ Efficient and Effective Government
- ▶ Empowerment and Support for Residents Facing Vulnerability
- ▶ Environment
- ▶ Health
- ▶ Housing and Neighborhood Livability
- ▶ Lifelong Education and Learning
- ▶ Mobility and Transportation
- ▶ Safety and Security

SYSTEM-LEVEL INFRASTRUCTURE:

- ▶ Support from the Data Analytics Unit to disaggregate and analyze population specific data
- ▶ Support from Divisional Business Analysts to collect and analyze population specific data
- ▶ Support from the Department of Human Resources regarding hiring
- ▶ Collaboration with the Commission on Aging to develop the SHAPE The Future of Aging Plan
- ▶ Collaboration with Department of Housing and Community Development to improve equitable approach to interdepartmental practices and services
- ▶ Collaboration with Health Department to improve equitable approach to interdepartmental practices and services
- ▶ Collaboration with Department of Neighborhood and Community Services to improve equitable approach to interdepartmental practices and services
- ▶ Collaboration with Fairfax-Falls Church Community Services Board to improve equitable approach to interdepartmental practices and services
- ▶ Collaboration with Juvenile and Domestic Relations Court to improve equitable approach to interdepartmental practices and services

DEPARTMENT OF FAMILY SERVICES 2023 EQUITY IMPACT PLAN

Goals	One Fairfax Area of Focus	Actions	Stakeholders	Timeline	Resources and Supports	Responsible Parties	Performance Measures
1. Implement Our Comprehensive Communication and Engagement Strategy to Increase Knowledge and Application of an Equity Lens	18	1.1 Continue executing a multidimensional, data and values-driven campaign to educate and inform staff about equity and how it relates to our work	All DFS Staff and integrate contractors	Q1–Q4 CY2023	DFS Equity Team, DFS Equity Leads, DFS SMT, DFS Communications Team, IT Team, and Professional Training and Development Team, Chief Equity Officer.	DFS Equity Team, DFS Professional Development and Training team, all people in DFS with supervisory responsibility	<ul style="list-style-type: none"> • Pending measure—percent of staff indicating strongly agree and agree on “I have a basic understanding of concepts related to racial equity” • Pending measure—percentage of new employees in their first six months agree racial equity is valued in DFS • Percentage of book club participants who can identify institutional racism as it relates to human services • Number of DFS-related equity training • Launch of an Employee Resource Group
		1.1.1 Develop curriculum to educate and inform new and existing staff on the framework supporting the foundation of our equity work					
		1.1.1.1 Engage staff to assess implicit bias in all contact with people who seek DFS services, particularly men of color.					
		1.1.2 Expand Equity Book Club focused on collective action and institutional/structural racism					
		1.1.3 Develop learning opportunities focused on critical analysis of equity related content for staff at all levels					
		1.1.4 Develop platforms for employees to feel a sense of belonging in DFS					
		1.1.5 Increase staff understanding of					
		1.1.6 attending to masculinity, race, and socioeconomic status in the provision of services					
		1.2 Evaluate the structure of the DFS Equity Impact Team to ensure effective coordination and alignment of equity work across the department	All staff	Q1 CY2023	DFS Equity Team, DFS Equity Leads, DFS SMT, DFS COMM Team	DFS Equity Team, TBD Equity Team Workgroup, DFS SMT	<ul style="list-style-type: none"> • Survey administered and results analyzed
		1.3 Work with the One Fairfax office and GARE to conduct a survey of employee’s knowledge, skills, and experiences related to race and equity					

Goals	One Fairfax Area of Focus	Actions	Stakeholders	Timeline	Resources and Supports	Responsible Parties	Performance Measures
2. Build Internal Capacity to Consider Equity in Decision Making and Planning	10, 18	2.1 Use a data and values-driven approach to shaping the strategic work of the department to center on equity <ul style="list-style-type: none"> 2.1.1 Continue structured dialogue series with DFS SMT. Focus discussions on aligning the DFS vision for equity with overarching issues in human services. Reflect on group learning and identify opportunities for change to policies and practice 2.1.2 Fully implement the DFS Equity Analysis Toolkits for Legislative Review and Business Process Changes in all divisions and Offices of the Department to evaluate critical decision points and policy changes. 2.1.3 Identify consultant services to establish strategic direction in focusing on equity and One Fairfax 2.1.4 Use data collected from survey about employee’s knowledge, skills, and experiences related to race and equity to shape ongoing and emerging strategies 	All staff	Q1–Q4 CY2023	DFS Equity Team, DFS SMT	DFS SMT and Program Managers	<ul style="list-style-type: none"> • Number of DFS SMT and Program Managers demonstrating a deep level of understanding about barriers to opportunity and embedded racial inequities in their special area of focus—including critical data and information about how inequities are produced and how they can be reduced to impact positive outcomes for County residents serviced by DFS • Pending measure—percent of strongly agree and agree with the survey question “Leadership in DFS participates in and supports conversations about racial equity.” • Pending measure—Percentage of diverse candidates hired, retained, and promoted
		2.2 Apply a racial equity analysis to decision making planning, policy, and practice <ul style="list-style-type: none"> 2.2.1 Identify the intersections of special populations and analyze gaps to improve service delivery and outcomes 2.2.2 Continue child welfare redesign group decision making to have more parity in Child Protective Services 2.2.3 Continue the development of the SHAPE the Future of Aging plan through an equity lens 2.2.4 Report and review diversity data related to hiring, recruitment, retention, and promotion to reduce bias and ensure equitable employment opportunities. <ul style="list-style-type: none"> 2.2.4.1 Promote Human Services careers to men of color 	All staff	Q1–Q4 CY2023	DFS Equity Team, DFS SMT	DFS Equity Team, DFS SMT, Male Engagement Workgroup, CYF Workgroup, Equity Team/HR Workgroup	
3. Interdepartmental Stakeholder Engagement to Identify Intersections and Improve Practices and Services	10	3.1 Partner with other departments with a similar customer base to map out common strategies for engaging County residents seeking supports from HHHS agencies <ul style="list-style-type: none"> 3.1.1 Use an equity lens to analyze existing program partnerships and understand gaps to identify potential improvements 3.2 Maximize interdepartmental stakeholder engagement through Disability Rights and Resources (DRR) county-wide learning series	All staff County HHHS Agencies	Q1–Q4 CY2023	DFS Equity Team DFS SMT	DFS Equity Team, DFS SMT, DFS Managers	<ul style="list-style-type: none"> • Number of interdepartmental practices and services identified for improvement • Number of sessions delivered as part of a county-wide learning series focusing on the intersections of race, immigration, and disability
4. Implement Economic Mobility Project to Support Low Income Families with Pathways to Economic Opportunity	1	4.1 Partner with county-wide Economic Mobility design team and Contracted design partner to complete the Guaranteed Income (GI) Pilot Design <ul style="list-style-type: none"> 4.1.1 Participate in end-stage implementation planning process alongside Economic Mobility Subcommittees 	County-wide Economic Mobility Committee and County-wide Steering Committee	Q1 CY2023	County-wide Economic Mobility Design Committee, DFS Economic Mobility implementation planning group, Contracted	DFS Leadership, PAES Implementation Team, and County Equity Officer’s Office	<ul style="list-style-type: none"> • Implementation planning team adapts an equity-focused project design framework into an implementation plan with high fidelity to a project design philosophy to “trust and invest” in low-income families’ abilities to make their own best decisions free from county-mandated compliance requirements
		4.2 Lead the implementation of a comprehensive, equity-focused design plan for the GI Pilot alongside county and community-based partners <ul style="list-style-type: none"> 4.2.1 Provide information and engage the community in dialogue regarding guaranteed income’s role in promoting equitable access to economic security and the county’s “trust and invest” approach 4.2.2 Create a closed feedback system between DFS, partner community-based organizations and other service providers to ensure the initiative is best meeting the needs of participating beneficiary households 	County-wide Economic Mobility Committee, residents of Fairfax County	Q2 CY2023–Q1 2025	County-wide Economic Mobility group, DFS Implementation team, Contracted implementation and distribution vendor, Community Based Organizations	DFS Leadership, PAES Implementation Team	
		4.3 Finalize and execute a Research and Evaluation plan that is community-engaged and includes quantitative and qualitative components.	County-wide Economic Mobility Committee, residents of Fairfax County	Q1–Q2 CY2023	DFS Implementation team, Research and Evaluation partner, Contracted implementation, and distribution vendor	County Equity Officer’s Office, DFS Leadership, PAES Implementation Team	

CROSSWALK OF DFS WORK WITH STRATEGIC PLAN

The following four outcome areas represent the issues of greatest important to the Department of Family Services and the Fairfax County community:

- ▶ Economic Opportunity
- ▶ Empowerment and Support for Residents Facing Vulnerability
- ▶ Effective and Efficient Government
- ▶ Safety and Security

ECONOMIC OPPORTUNITY

Fairfax County is a place where all people, businesses, and places are thriving economically.

ADULT & AGING (A & A)

Individuals with disabilities have often been overlooked for employment opportunities often because of a lack of training or networking skills. Adult and Aging partnered with the Department of Rehabilitative Services and a private donor to create the John Hudson Internship Program. The program is named after a former DFS employee. While the State no longer funds the program, the county has committed some funding and the program continues. Three summer interns are provided an opportunity for on-site/on the job training and skill building for long-term employment.

Success Indicator:	Metric:	
Preparing People for the Workforce	# of individuals participating in Fairfax County—supported internships	A&A supports three summer internships through the <i>John Hudson Internship</i> program. This program provides individuals with disabilities paid internship opportunities across County agencies.

Current Strategies

Improve Access to Employment Supports

EO2. Focus efforts on removing barriers such as lack of affordable housing, childcare and transportation that limit participation in the workforce and employment-related programs.

Senior Express provides transportation for older adults, so caregivers do not have to take time off from work for medical and shopping appointments.

*Disability Rights & Resources' (DRR) Summer Internships provide an opportunity for persons with disabilities to learn employment skills. Individuals who want to participate in this opportunity can find resources on Fairfax County Website, under the *John Hudson Internship Program*.*

Leverage Partnerships, Collaboration and Competition

EO10. Facilitate improved connection of employers to qualified talent by increasing awareness of workforce services and incentives

DRR partners with local Department of Aging & Rehabilitative Services (DARS) staff to improve employment access for people with disabilities.

*A&A, in collaboration with *Northern Virginia Family Services' Training Futures* program, a workforce development program, helps under and unemployed adults secure entry level work. A&A uses this program to recruit administrative staff across the division.*

EO11. Partner with businesses, universities, research institutions and incubators to foster innovation that supports high-impact entrepreneurship, attracts capital, creates jobs, builds a relevant workforce, and stimulates economic growth.

A&A is working with Neighborhood and Community Services (NCS) who has contracted with GMU to explore protective factors that support the health and wellness of older adults. A literature review has been conducted, and the next phase of the project involves focus groups of older adults and adults with disabilities, community-based organizations, and county staff. Goals include building competencies in the workforce that supports older adults and adults with disabilities.

CHILDREN, YOUTH & FAMILIES (CYF)

Ensuring that our children and youth thrive and reach their fullest potential requires the collaborative effort of the entire Fairfax community. CYF assists at-risk youth and youth transitioning from foster care to adulthood with employment preparation to improve their vocational success and self-sufficiency.

Success Indicator:	Metric:	
Preparing People for the Workforce	# of individuals participating in Fairfax County—supported internships	CYF supports youth employment through the annual summer EYE (Educating Youth Through Employment) program. The program is operated jointly between DFS Public Assistance and Employment Services and the SkillSource Group. In 2020, 19 youth participated. In 2021, 16 youth participated.

Current Strategies

Improve Access to Employment Supports

EO1. Provide residents with a comprehensive inventory of available services and resources to promote individual and family economic opportunity and facilitate broad access through proactive community engagement

CYF staff stay informed of resources available within DFS, other County departments and the community and connect clients to appropriate services to support achievement of their case goals. CYF collaborates with the WIOA Youth Program to provide incentives for positive outcomes achieved by foster care youth. Outcomes include education completion, receiving a credential or obtaining employment.

DOMESTIC & SEXUAL VIOLENCE SERVICES (DSVS)

Economic abuse impacts the lives of many victims of domestic and sexual violence. A primary reason someone may return to their abuser is because they do not have the relevant job skills or training to earn an adequate income. DSVS assists victims and survivors with employment-related supports.

Current Strategies

Improve Access to Employment Supports

EO1. Provide residents with a comprehensive inventory of available services and resources to promote individual and family economic opportunity and facilitate broad access through proactive community engagement

Through Advocacy services, DSVS provides information, referrals, and case management to victims and survivors to include available resources and services that promote economic opportunity and independence.

EO2. Focus efforts on removing barriers such as lack of affordable housing, childcare and transportation that limit participation in the workforce and employment-related programs.

Advocacy services provide housing and economic services, linkages to affordable childcare and transportation to assist victims and survivors of interpersonal violence to participate in workforce and employment-related activities

PUBLIC ASSISTANCE & EMPLOYMENT SERVICES (PAES)

Providing Health Care, Food Security, and Child Care are vital for individuals to attain gainful employment. If these basic needs are not met, then families will not be able to achieve economic self-sufficiency. PAES provides programs, services, and referrals to individuals and families to help meeting these needs and also provide job skills training through our Employment and Training programs, that helps keep them competitive in the work force.

Success Indicator:	Metric:	
Economic Stability and Upward Mobility for All People	% of households with income at or below federal poverty level	County demographics such as these are used for strategic planning purpose. One tool is the Northern VA Health Foundation Report "Getting Ahead – The Uneven Opportunity Landscape in Northern Virginia."
	% of individuals/families whose hourly wages meet or exceed the MIT living wage definition for their family size	The employment services programs support living wage efforts through job training and job placement activities.
	% of participants in Fairfax County-supported economic opportunity services who report that those services meet expectations	DFS manages four career centers open to the public and collects customer satisfaction data that can be shared to support this metric. Final-Program-Report-January-2022.pdf (vcwnorthern.com)
Preparing People for the Workforce	# of individuals participating in Fairfax County-supported internships	The annual summer EYE program operated jointly with DFS and SSG provides opportunities for internships and paid work experiences for low-income youth and others facing challenges. Typically, up to 200 youth are served each summer.
	and % of participants in Fairfax County-supported employment programs who achieve a positive employment-related outcome	Employment Services track outcomes for the following employment programs: VIEW, SNAPET, WIOA. These include participation metrics, completion metrics, satisfaction metrics, as well as job placement and retention. Final-Program-Report-January-2022.pdf (vcwnorthern.com)

Current Strategies

Improve Access to Employment Supports

EO1. Provide residents with a comprehensive inventory of available services and resources to promote individual and family economic opportunity and facilitate broad access through proactive community engagement.

Residents and community partners can access the county's Human Service Resource Guide for an extensive list of available services. Partner and public trainings, our website, ES monthly trainings, CPST involvement have all combined to increase awareness of PAES offerings. The VDSS CommonHelp platform provides a one stop application for most public assistance services.

EO2. Focus efforts on removing barriers such as lack of affordable housing, childcare and transportation that limit participation in the workforce and employment-related programs.

Employment Services and the TANF/VIEW program are able to help with Childcare and Transportation. All customers enrolled in TANF are referred to OFC/CCAR. In response to COVID-19, programs such as VIEW and SNAPET, have loosened guidelines to allow flexibility in participating remotely in work programs and activities focused on assisting residents in obtaining gainful employment.

EO3. Integrate evidence-based interventions in the areas of wealth building and personal financial coaching into existing county and community programs that are designed to promote economic self-sufficiency.

Employment Services connects clients with the Financial Empowerment Centers in Alexandria and Woodbridge. The VITA tax preparation program supports maximized refunds and/or accurate financial planning. DFS is a local IRS partner for special populations including people who generally make \$58,000 or less, persons with disabilities, and limited English-speaking taxpayers.

Leverage Partnerships, Collaboration and Competition

EO10. Facilitate improved connection of employers to qualified talent by increasing awareness of workforce services and incentives.

Employment & Training holds job fairs and as part of the Business Services Unit have established partnerships with employers, etc.)

EO11. Partner with businesses, universities, research institutions and incubators to foster innovation that supports high-impact entrepreneurship, attracts capital, creates jobs, builds a relevant workforce, and stimulates economic growth.

Employment & Training operates the public workforce development system and connects via Virginia CareerWorks Board to identify and support services that contribute to the workforce development system.

Build a Strong Workforce and Support Competitive Skills Attainment for Residents

EO15. Develop and implement a roadmap that enables our most economically disadvantaged residents to build fundamental workforce competencies, including technology acumen and English proficiency, in alignment with employer requirements and through leveraging existing county and community resources.

Employment & Training program are focused on competency building through training dollars allocated for skill enhancement. Stackable credentials, specifically in the IT field, have yielded positive results for participants.

EO16. Leverage the county's position as a large employer to build a diverse, representative workforce, continually developing the skills of existing employees; increasing internships and other work-based learning opportunities for youth; and providing access to key employment supports such as affordable housing, childcare, and transportation.

The Employee Learning & Growth Cornerstone is an example of how the PAES division is implementing this strategy internally. Our employment programs, specifically the VIEW program, approaches employment and job retention with a wraparound approach. Supportive services including childcare transportation and other needs are provided to support those efforts.

EMPOWERMENT AND SUPPORT FOR RESIDENTS FACING VULNERABILITY

Fairfax County is a place where all residents facing vulnerability are empowered and supported to live independent lives to their fullest potential.

As an agency, we recognize that individuals are the experts in their own lives, and we work in partnership with each individual and family to resolve challenges. Using a robust intake and assessment system and collaboration and coordination within DFS, other human service agencies, and community partners, we identify risks factors for food insecurity and engage residents in the home delivered meals, congregate meals, and SNAP programs. DFS engages through social media, media, volunteers, and in partnership with schools and community organizations. Our engagement efforts are aimed at reducing fear and stigma and increasing community knowledge about available resources. Opportunities exist to integrate the soft hand off into the system to steward clients to other services to promote self-sufficiency.

ADULT & AGING (A & A)

The Division of Adult & Aging (A & A) promotes and supports a high quality of life for older persons and adults with disabilities by offering a mixture of services, provided through public and private sectors, which maximize personal choice, dignity, and independence.

The A & A Division organizes, coordinates, and offers community-based services and opportunities for older adults, adults with disabilities, and family caregivers, leveraging an extensive network of volunteers and partners. Services, outreach, and education include Home Delivered Meals, Congregate Meals and Transportation Services, Health and Wellness Programs, Caregiver Programs, Insurance Counseling, Golden Gazette and Outreach, Information and Referral, and Case Management Services. Each program area maximizes safety and independence, as well as enhances family and social supports, with an emphasis on community education and volunteer resources. These people-focused supports and services allow older adults and adults with disabilities to live independent lives to their fullest potential.

The Adult Services program provides case management and other screenings and assessments that allow older adults and adults with disabilities to age in place. The majority of Adult Services clients remain in their own homes following case management services. The principal program which positively impacts vulnerable clients' ability to age in place is the Home-Based Care program which provides for contracted in-home bathing, laundry, and light housekeeping services for functionally and financially eligible clients. Grocery and pharmacy drop offs are included to ensure these critical client needs are met.

A & A recognizes the critical role and needs of caregivers and provides information, consultation, and support for caregivers of older adult family members.

The Aging, Disability and Caregiver Resource line handles calls for all aging programs to connect this vulnerable population to an array of supports and services.

The DFS Disabilities Rights and Resources unit is instrumental in advocating and serving as a resource to those who identify as having a disability. The DRR unit promotes the self-sufficiency and well-being of people with disabilities through advocacy, education, and consultation regarding legal rights and protections, solution management, and by connecting people to resources and services

Success Indicator:	Metric:	
All People Are Respected, Understood and Connected	# of residents who accessed and utilized Fairfax County Government services and programs as a direct result of targeted outreach initiatives	The Home Delivered Meals program served 1,115 participants and 372,306 meals in FY 2021. The Congregate Meals program served 791 participants and 217,735 meals in FY2021.
	% of individuals/families whose hourly wages meet or exceed the MIT living wage definition for their family size	The Homebased Care Services (HBC) asks a question related to feeling respected and supported, "How satisfied are you with the way your aide treats you?" with a follow up question and comment box if the respondent indicates dissatisfied.
	% of participants in Fairfax County-supported economic opportunity services who report that those services meet expectations	The Congregate Meals and Volunteer Solutions programs have survey questions about whether participants feel connected to the community. The Congregate Meals survey asks, "Because I participate in the Congregate Meals Program, I have opportunities to meet people". In FY 2019 of the 472 participants who responded 97% felt, "better connected to the community because of their participation in the Congregate Meal Program." The Volunteer Solutions survey asks, "I feel a stronger connection to my community through my volunteer service." In FY 2021 99% of the Volunteer Solutions program participants felt, "a stronger connection to their community through their volunteer service."

Success Indicator:	Metric:	
Services Are Easy to Access and Use	% of residents who are scheduled for and/or receive a screening or assessment for services within the applicable mandated time frame and/or agency benchmark	Data is collected for this metric for the following programs: Adult Protective Services and Adult Services Long Term Services and Supports. Adult Protective Services is mandated to complete investigations within 45 days (90% County target). In FY 2021, 85% of the cases met the 45-day standard. Long Term Services and Supports (LTSS) screenings are completed to determine eligibility for nursing home or community-based waiver programs. Adult Services staff are expected to complete LTSS screenings within 30 days of requests (State target of 100%). The Health Department has recently begun tracking this data and it will be reported in future budget performance reports.
	% of residents who begin receiving services within the applicable mandated time frame and/or agency benchmark	Adult Protective Services is required to complete initial visits to clients within 7 calendar days of the date of the report, and within 24 hours for emergency reports. Data reporting for this is in development by our state partners and availability is anticipated by 2023.
Services Are High Quality and Coordinated	% of residents receiving county services who report that those services improve their ability to be more self-sufficient	A&A collects data on Adult Services clients who remain in the home after a year of services (case management services). The target is 80%. In FY 2021, 92% of the clients remained at home after one year of case management. Home Based Care provides critical assistance with activities of daily living and instrumental activities of daily living for persons who are functionally dependent in those areas and have low income. These services allow older adults and adults with disabilities to remain living at home, and a waiting list or disenrollment would leave these vulnerable adults without critical services, putting them at risk of being institutionalized in a nursing home and assisted living facility. The Home Delivered Meals annual survey asks participants: "Because of the meals I receive, I can continue to live at home." In FY 2019, 95% of the participants who responded agreed with the statement. The Home-Based Care annual survey asks participants: "Do you believe the in-home care services you receive helps you to remain in your home?" In FY 2019, 96 % of the clients who participated in the survey responded "yes" to the question.

Current Strategies

Identify, Respect and Proactively Engage Residents Experiencing Vulnerability

ESRFV 1. Develop targeted marketing and outreach strategies, in coordination with community-based partners, to proactively engage residents facing vulnerability.

A &A conducts Community Outreach events regularly (i.e., speaking engagements to the public). The Golden Gazette, a publication by the A&A, targets older and vulnerable adults and shares information about services and resources. The publication reaches 26, 000 subscribers in Fairfax County monthly.

Volunteer Solutions conducts community & multicultural outreach to schools, non-profits, faith-based organizations, and private businesses. As volunteers are recruited and partnerships are formed, information is shared regarding services and resources to older and vulnerable adults.

Caregiver Support outreach is conducted through a texting subscription. Caregivers receive text alerts that inform them of county offerings for caregivers of adults.

Prenotification 911 is an initiative of the 50+ Community Action Plan and supported by the Commission on Aging. The Office of Public Affairs and A&A market the information.

The Silver Shield program is a multiagency effort with DPD, Police and APS that conducts financial exploitation training to organizations and County staff. It provides education on financial exploitation awareness and provides resources to agencies and the public.

ESRFV 2. Foster a county workforce culture that emphasizes a person-centered, integrated and comprehensive approach to meeting the needs of residents facing vulnerability.

Aging Disability and Caregiver Resources (ADCR) operates the No Wrong Door model for Aging Services. Staff and the public utilize ADCR as the point of entry for aging services where social services specialists who are well informed about many County services and programs perform intake and initial assessment for appropriate client referrals.

ESRFV 4. Use all available sources of data to identify and understand emerging and existing vulnerabilities in order to proactively engage impacted residents, identify service gaps and efficiently allocate resources.

Information and data on emerging and existing unmet need and service gaps will be made available through Community Assessment Survey for Older Adults.

Mitigate Barriers and Improve the Access and Utilization of Service

ESRFV 5. Pursue legislative initiatives to amend federal, state and local laws and regulations that create barriers to the provision of programs and services for residents facing vulnerability.

A&A/DFS contributes to the Board of Supervisors' Human Services Issues Paper included in the BOS legislative package. Fairfax COA/AAA and the four other Northern Virginia COAs/AAAs work with the Northern Virginia Aging Network to develop their legislative platform.

ESRFV 7. Facilitate better access and utilization of services frequently needed by those facing vulnerability through greater co-location of county departments and community-based organizations frequently needed by those facing vulnerability and through the use of access points in community locations such as schools and libraries, and recreation, shopping and community centers.

Three departments are co-located (DFS, NCS and Health Department) at the Lincolnian Senior Center and the Glens. Services provided include congregate meals to participants who are at the senior centers, assisted living facilities, and/or adult day health care centers.

Medical Respite staff are co-located with CSB and Health Department staff at shelters to support homeless clients with temporary acute medical care and case management needs. Additionally, there are two A&A liaisons located in two County owned Assisted Living Facilities (Lincolnian and Willow Oaks).

ESRFV 8. Redesign and implement a comprehensive intake, interview and screening process so that residents are only required to "tell their story" to county government one time.

Aging Disability and Caregiver Resources (ADCR) operates the No Wrong Door model for Aging Services. Staff and the public utilize ADCR as the point of entry for aging services where social services specialists who are well informed about many County services and programs hear clients' stories once and perform intake and initial assessment for appropriate client referrals and conduct "warm handoffs" where appropriate.

Provide High-Quality, People Centered, Integrated Services

ESRFV 10. Build upon the existing framework and county agency cross-collaboration efforts in order to ensure a comprehensive system that connects residents facing vulnerability to the information and services they are seeking regardless of which organizational door they enter.

Aging Disability and Caregiver Resources (ADCR's) No Wrong Door approach is currently utilized where callers can reach all aging programs through a single point of entry. The Long-Term Care Cross Agency workgroup involving DFS A&A, NCS, Health Dept, CSB, HCD meets regularly to examine practices and to ensure a comprehensive approach to services that streamlines service delivery and provides integrated and high-quality services is utilized.

ESRFV 11. Use system navigators to perform needs assessments of residents seeking assistance and help them navigate the multitude of services and programs offered by all county agencies and community-based partners.

Aging Disability and Caregiver Resources (ADCR) operates the No Wrong Door model for Aging Services. Staff and the public utilize ADCR as the point of entry for aging services where social services specialists who are well informed about many County services and programs hear clients' stories once and perform intake and initial assessment for appropriate client referrals and conduct warm handoffs to case management staff, where appropriate.

ESRFV 13. Evaluate existing service in comparison to industry best practices to ensure the most effective, people-centered approaches are utilized to meet the needs of residents facing vulnerability.

CASOA evaluates and measures performance across the nation. The survey provides information on trends at the national level.

Financial exploitation taskforce conducts benchmarking and looks for national trends and interventions around financial exploitation.

Fairfax AAA is a member of V4A – Virginia's Area Agencies on Aging coalition, which utilizes networking and state benchmarking to ensure the most effective, people-centered approaches are utilized.

CHILDREN, YOUTH, & FAMILIES (CYF)

CYF programs are designed to protect children from harm; prevent child abuse and neglect; support families and help them remain together safely for the long-term emotional and physical health of the children; and provide services to children and families involved with foster care and adoption programs. These vulnerable families have complex needs, including mental health challenges, substance misuse concerns, and domestic violence. CYF staff support vulnerable families by providing clinical case management services and linking families and children to numerous County and community-based services to help them ensure safety, permanency, and well-being.

CYF supports enhanced strategies in to ensure more one-stop-shops for County and community services, in neighborhoods where they are most accessible, better alignment of priority populations among key County human service agencies so we can 'wrap around' families in need, increased affordable and supportive housing, more resources and services to prevent the need for deep-end services, and strengthened mandated reporter training to reduce disproportionality in children reported to Child Protective Services (CPS).

Success Indicator:	Metric:	
Services Are Easy to Access and Use	% of residents who are scheduled for and/or receive a screening or assessment for services within the applicable mandated time frame and/or agency benchmark	CPS measures the timeliness of first contact with an alleged victim child to assess their safety. CYF has consistently exceeded the state target of 90%. In FY 2020, CYF responded timely to 96% of CPS referrals. These data are available through the VDSS Local Agency Dashboard at https://fusion.dss.virginia.gov/orp/ORP-Home/RECURRING-REPORTS/Local-Agency-Dashboard
	% of residents who begin receiving services within the applicable mandated time frame and/or agency benchmark	CYF measures the timeliness of initiating the first service plan with families who open In-Home Services cases. The latest quarter shows 94% of initial service plans completed timely, exceeding the state's Performance Improvement Plan (PIP) target of 42.7%. These metrics are tracked through SafeMeasures, the state's child welfare reporting tool.

Current Strategies

Identify, Respect and Proactively Engage Residents Experiencing Vulnerability

ESRFV 1. Develop targeted marketing and outreach strategies, in coordination with community-based partners, to proactively engage residents facing vulnerability.

At the start of the pandemic, DFS created a Parent Support Line where parents could call for in-the-moment support with parenting challenges to respond to the needs of the community. The Parent Support Line was promoted in both English and Spanish through many of our partners, including other human services agencies,

the nonprofit community, and Fairfax County Public Schools. The PSL continues to be staffed daily M-F from 8-4:30 to provide support to parents and caregivers and it now also serves as our referral line for Prevention services.

Additionally, CYF implemented the Child Outreach Project shortly after the pandemic began to share information about signs and symptoms of child abuse and neglect with community members and professionals who may have had in-person contact with children at the time. The Outreach campaign provided information on how to report concerns to the CPS Hotline, and potentially reached 800,000 people. This campaign ended with the return to in-person schooling, and CYF's targeted mandated reporter trainings have resumed to do outreach to key reporting sources.

ESRFV 2. Foster a county workforce culture that emphasizes a person-centered, integrated, and comprehensive approach to meeting the needs of residents facing vulnerability.

CYF is fully implementing the Safe & Connected™ practice model. This emphasizes a strong clinical approach to working with children and families to best keep children safe and families connected. Some key tenets include partnership with families, respect for culture, use of intentional language, and enhanced critical thinking skills

ESRFV 3. Identify the root causes of vulnerabilities affecting residents and use those insights to inform policy and practice, and target interventions to prevent vulnerability.

CYF's Equity Workgroup is comprised of ten employees across programs and levels within the Division. The team is developing a plan to transition CYF into an equity informed agency where all interactions and interventions are done through an equity lens. They have developed an Equity Informed Lens checklist and are beginning their focus with two of our major strategic initiatives: full implementation of the Safe & Connected practice model, and redesign of our Child Welfare Institute. Next steps involve communication with staff and partners, and development of measures to track progress and impact.

Mitigate Barriers and Improve the Access and Utilization of Service

ESRFV 5. Pursue legislative initiatives to amend federal, state and local laws and regulations that create barriers to the provision of programs and services for residents facing vulnerability.

CYF supports advocacy in these two arenas: support for kinship financial assistance to support relatives in caring for children outside of the foster care system when the children's parents are not able to safely do so; and support for services for undocumented youth.

CYF is supporting the following proposed bills in the 2022 legislative session: HB 733: Juvenile records, identification of children receiving coordinated services; HB 717: Unaccompanied homeless youths, consent for housing services; HB 349: Foster care, housing support for persons between ages 18 and 21; SB 56- Foster Care Prevention Program: gives payments to kin caregivers who meet certain criteria (concerns though that this is an unfunded mandate); and SB 314 Foster care, placement and discharge requirements.

Sustain Self-Sufficiency

ESRFV 15. Maintain ongoing engagement with residents who have faced vulnerability and been served by the county in order to proactively mitigate potential setbacks.

CYF follows up with youth formerly in foster care through the National Youth in Transition Database (NYTD) survey. This survey provides opportunities to reach out to youth ages 17, 19 and 21 who were formerly in foster care. While the primary purpose is to track outcomes for youth who have left foster care, staff does engage the youth in conversation and links them to services when appropriate and available.

DOMESTIC & SEXUAL VIOLENCE SERVICES (DSVS)

The Division of Domestic and Sexual Violence Services (DSVS) offers compassionate and comprehensive state-accredited programs for adults, teens and children who have been affected by domestic and sexual violence, stalking and human trafficking. We also offer services to coordinate and improve systems and communities' responses to domestic and sexual violence, human trafficking, and stalking.

DSVS administers a variety of programs and services designed to improve the safety and well-being of individuals, families, and communities. These programs and services provide essential support for County residents who face multiple, often overlapping, challenges and vulnerabilities. DSVS' services are offered virtually and in person at multiple sites in Fairfax County.

The services directly provided by DSVS and in partnership with community organizations provide the framework for a strong, equitable and resilient Fairfax County: safe communities, a thriving economy, improved quality of life, and opportunities for everyone to feel connected and engaged.

Success Indicator:	Metric:	
All People Are Respected, Understood and Connected	# of residents who accessed and utilized Fairfax County Government services and programs as a direct result of targeted outreach initiatives	
	% of residents utilizing services who report feeling respected and supported when receiving county- and community-based services	DSVS collects data related to this metric from the Documenting our Work (DOW) , ADAPT, Counseling, and Crisis-Line Program surveys. All surveys measure whether residents feel respected and received needed support.
	% of residents utilizing services who feel that their input is strongly considered as part of designing the services they receive	In October 2021, as a part of the Underserved Populations Learning Collaborative (UPLC), DSVS conducted a focus group with student government leaders from Northern Virginia Community College. The feedback will be incorporated into DSVS program design for college-aged students accessing services on campus.
Services Are Easy to Access and Use	% of residents who are scheduled for and/or receive a screening or assessment for services within the applicable mandated time frame and/or agency benchmark	Data is collected about time-lapsed between service inquiry and various program engagement milestones. The division excels and maintains high performance in this area often above the objectives and targets.
	% of residents who begin receiving services within the applicable mandated time frame and/or agency benchmark	Data is collected to inform this metric. DSVS excels and maintains high performance in this area often above the objectives and targets.
Services Are High Quality and Coordinated	% of residents receiving multiple services who report that they experience those services as well integrated	As a part of the 2022-2025 Office on Violence against Women (OVW) grant, DSVS will begin to measure the quality of the referral process among DVAC partners.

Current Strategies

Identify, Respect and Proactively Engage Residents Experiencing Vulnerability

ESRFV 1. Develop targeted marketing and outreach strategies, in coordination with community-based partners, to proactively engage residents facing vulnerability.

Community Outreach and Engagement Services and County-wide Coordination develop targeted outreach and marketing strategies to victim/survivors of interpersonal violence. Outreach materials are translated into various languages and are developed at an accessible reading level. Outreach strategies involve community partners and target specific populations facing vulnerabilities.

ESRFV 2. Foster a county workforce culture that emphasizes a person-centered, integrated, and comprehensive approach to meeting the needs of residents facing vulnerability.

DSVS approaches to client care and service-delivery are grounded in coordinated, individualized, and trauma-informed services based on client choice.

ESRFV 3. Identify the root causes of vulnerabilities affecting residents and use those insights to inform policy and practice, and target interventions to prevent vulnerability.

DSVS led county and community partners through a court process walkthrough to understand the gaps and root causes of persons' challenges in seeking court relief. This walkthrough was developed into an action plan to improve access and DSVS is facilitating workplan implementation. DSVS is also leading the equity subcommittee of the Council to End Domestic Violence and is conducting data landscaping to understand who is being served in Fairfax County.

ESRFV 4. Use all available sources of data to identify and understand emerging and existing vulnerabilities in order to proactively engage impacted residents, identify service gaps and efficiently allocate resources.

DSVS uses police data, crimes stats, emergency shelter stats and other respected repositories to understand the full picture of persons impacted by interpersonal violence in Fairfax in order to identify needed programs, services, and resources.

Mitigate Barriers and Improve the Access and Utilization of Service

ESRFV 5. Pursue legislative initiatives to amend federal, state, and local laws and regulations that create barriers to the provision of programs and services for residents facing vulnerability.

DSVS is actively engaged in legislative initiatives to reduce barriers for residents facing vulnerability. DSVS collaborates with the Action Alliance and other experts in the field to stay abreast of new legislation. DSVS participates on several workgroups such as the firearms surrender workgroup, the Sexual Assault Response Team, the State Advisory Board, and the Court process workgroup to identify federal, state, and local laws that create barriers.

ESRFV 7. Facilitate better access and utilization of services frequently needed by those facing vulnerability through greater co-location of county departments and community-based organizations frequently needed by those facing vulnerability and through the use of access points in community locations such as schools and libraries, and recreation, shopping and community centers.

DSVS is co-located with INOVA Forensic Assessment and Consultation Teams (FACT) department to provide hospital accompaniment services. DSVS is also co-located with NCS and CSB in County buildings to provide Counseling, ADAPT, and DVAC services. DSVS collaborates with schools on youth programming and is co-located in community centers with several community-based services through DVAC and the DV network.

ESRFV 8. Redesign and implement a comprehensive intake, interview and screening process so that residents are only required to "tell their story" to county government one time.

DSVS Advocacy Services partners with police through its Lethality Assessment Protocol and with Shelter House to screen for emergency shelter eligibility. Residents needing emergency shelter can access shelter by being assessed through either portal.

ESRFV 9. Evaluate all county programs and services that have waiting lists to determine whether capacity within our network of community partners can be expanded through system redesigns, public-private partnerships and/or resource leveraging.

Advocacy Services and Domestic Violence Action Center (DVAC) partners routinely collaborate to provide victims/survivors with a menu of options of available services and programs which provides choices to residents and also can reduce the time they must wait to access services.

Provide High-Quality, People Centered, Integrated Services

ESRFV 10. Build upon the existing framework and county agency cross-collaboration efforts in order to ensure a comprehensive system that connects residents facing vulnerability to the information and services they are seeking regardless of which organizational door they enter.

DVAC is a collaboration of 15 government and non-profit organizations that works to improve access to services and ensures there are no wrong door to entry. The County-wide coordination team works at a systems' level with various Coordinated Community responders to reduce barriers and make accessing services easier for residents

ESRFV 11. Use system navigators to perform needs assessments of residents seeking assistance and help them navigate the multitude of services and programs offered by all county agencies and community-based partners.

DSVS has court and hospital accompaniment services to help clients navigate systems. The DSVS Crisis Line Program connects residents with resources and helps them navigate the multitude of services

ESRFV 12. Close critical service gaps by coordinating county safety-net efforts with state, regional and community-based partners to ensure that services are integrated, efficient and non-duplicative.

DSVS county-wide services work alongside other county and community-based programs to identify gaps in services and find solutions to make programs and services more integrated and effective.

ESRFV 13. Evaluate existing service in comparison to industry best practices to ensure the most effective, people-centered approaches are utilized to meet the needs of residents facing vulnerability.

DSVS employs best practices and seeks regular consultation with industry experts such as Virginia Action Alliance, the Confidentiality Institute, and the National Council of Juvenile and Family Court Judges to improve service delivery and approaches.

Sustain Self-Sufficiency

ESRFV 15. Maintain ongoing engagement with residents who have faced vulnerability and been served by the county in order to proactively mitigate potential setbacks.

The DSVS Crisis Line Program and Advocacy Services provide an open-door to residents seeking services. The Underserved Populations Learning Collaborative (UPLC) provides for focus groups to seek ongoing engagement. Advocacy services are community-based and engages with community partners on an ongoing basis.

PUBLIC ASSISTANCE & EMPLOYMENT SERVICES (PAES)

The Public Assistance and Employment Services (PAES) Division provides public assistance and employment services to help individuals and families become self-sufficient and secure a more stable family life. The division administers a variety of federal and state employment and training programs that assist individuals with their employment needs, including job search assistance, skills assessment, career training, and job placement through programs such as the Virginia Initiative for Education and Work (VIEW) and the Workforce Innovation and Opportunity Act (WIOA). Additionally, DFS provides financial and medical support through federal, and state funded public assistance programs such as Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Medicaid to eligible low-income households. The division also provides childcare eligibility and case management for the Child Care Assistance and Referral program which is administered by the Department of Neighborhood and Community Services.

The PAES Division plays an important role in ensuring residents facing vulnerability are able to afford adequate food, medical care, employment supports, and to meet other basic needs.

Success Indicator:	Metric:	
All People Are Respected, Understood and Connected	# of residents who accessed and utilized Fairfax County Government services and programs as a direct result of targeted outreach initiatives	Prior to the pandemic, outreach workers went in person to various events and activities to share information. This data has been tracked and continues to be tracked in a virtual world. We have successfully transitioned and developed an internal committee to manage outreach and communication efforts on behalf of the division. This has helped with having a further reach to the community as well as to our specific partners that we typically engage with to include food banks, health centers, and community centers.
	% of residents utilizing services who report feeling respected and supported when receiving county- and community-based services	This is collected in the DFS Customer Satisfaction Survey. The survey is under review to ensure alignment with DFS values and Countywide priorities.

Success Indicator:	Metric:	
Services Are Easy to Access and Use	% of residents who feel needed services are easy to access	Throughout the pandemic, the PAES division was intentional in having various access points for customer choice. Through intensive outreach efforts, we informed and continue to inform, the community and our partners of the various ways to access our services. This includes in person, online, by phone, by mail, by drop off box, as well as information sessions to inform the public how to access PAES services.
	: % of residents who are scheduled for and/or receive a screening or assessment for services within the applicable mandated time frame and/or agency benchmark	The VIEW program tracks the timeliness of assessment for participation, this must occur within 30 days of the referral. In addition, our applications must be processed typically 97% timely with varying timeframes for completion which we meet and exceed each year.
	% of residents who begin receiving services within the applicable mandated time frame and/or agency benchmark	Timeliness is tracked for most programs in relation to state standards. SNAP applications must be processed within 30 days and if determined to be expedited within seven days. TANF applications must be processed within 30 days and Medicaid applications processed within 45 days unless a pregnant Medicaid applicant in which the application must be processed within 10 days. The division excels and maintains high performance in this area often above the state standard of 97% timely.
All People Can Meet Their Basic Needs	% of people completing a county-funded employment readiness program who become and remain employed for at least 90 days	Our VIEW WIOA and SNAPET programs all track employment retention. During the pandemic, most work requirements have been suspended and data is not available at this time to indicate employee retention. However, within the WIOA program, there are external data efforts with the Virginia Employment Commission database to match those people we have worked with to assess their job retention

Current Strategies

Identify, Respect and Proactively Engage Residents Experiencing Vulnerability

ESRFV 1. Develop targeted marketing and outreach strategies, in coordination with community-based partners, to proactively engage residents facing vulnerability.

A PAES essential role is being the front door for many families and individuals who are seeking assistance during difficult times. From our call center to our front desk to our workers, we work together so that clients are directed to the appropriate place whether in person, online, by phone, we connect people to needed services, and make referrals to NCS CSP - coordinated services planning - for emergency needs. In addition, the employment services teams lead the one stop effort for workforce development. The one stop concept is that people need only seek assistance from one place, and they are connected to other services they may need depending on the circumstances. During the assessment process, these needs are connected and put in service plans to support employment and job retention. Our partnership with CSB is an example of this. We have created a streamlined process to connect applicants for Medicaid to be more quickly determined and we are collaborating with CSB employment services specifically in their supported employment program to look for processes to make warm hand offs for clients.

ESRFV 2. Foster a county workforce culture that emphasizes a person-centered, integrated and comprehensive approach to meeting the needs of residents facing vulnerability.

PAES has an intentional focus on employee learning and growth through our Cornerstone structure. Involving staff in the process has been important and contributes to service integration at the front line. Employees increase their knowledgeable about the community resources with the department and community and how to make appropriate referrals.

Mitigate Barriers and Improve the Access and Utilization of Service

ESRFV 5. Pursue legislative initiatives to amend federal, state and local laws and regulations that create barriers to the provision of programs and services for residents facing vulnerability.

Although the PAES division does not create policy at the state or federal level, we have been successful in influencing it on behalf of our customers. Most recently, there were efficiencies that we recommended to the state in serving the Afghan refugee population to make it more efficient and easier to use for applicants. They took our recommendations into consideration and made some improvements in how refugees are connected with public benefits. In addition, there are PAES liaisons on the DFS Senior Policy Team to influence General Assembly state actions.

ESRFV 6. Implement a standardized, coordinated approach to data collection and sharing among county agencies and contracted service providers that incorporates best practices for data governance.

There have been ongoing discussions about having one system for information sharing between human service agencies. Although this has not taken off the ground, we are working with partners on an HHSIT system to replace Harmony which our financial assistance programs and IV-E foster care utilize.

ESRFV 7. Facilitate better access and utilization of services frequently needed by those facing vulnerability through greater co-location of county departments and community-based organizations frequently needed by those facing vulnerability and through the use of access points in community locations such as schools and libraries, and recreation, shopping and community centers.

The premise of the One Stop Career Center system is that employment services partners are co-located together to streamline and encourage cross collaboration on behalf of clients. PAES has been successful in this area and has resulted in frequent and deliberate interactions with partners in the community around issues such as employment, skills training, and special needs for populations who have specific barriers such as a criminal record. In addition, outreach efforts for public assistance increased significantly over the pandemic. As a result, we are better connected with organizations who may be serving the same client. The new Lee District Innovation Center is an example where DFS will work with community partners to support job seeking and training efforts for youth. Our HAAT(health access and assistance team) plays an important role in connecting with health entities in the community including the health department, Kaiser, anthem, and they operate the MCCP program by determining eligibility. There is also a contract with Inova for us to work on Medicaid applications submitted through their system.

ESRFV 8. Redesign and implement a comprehensive intake, interview and screening process so that residents are only required to “tell their story” to county government one time.

The division participated in the front door project that was intended to meet this goal. Unfortunately, these efforts ended with leadership changes and other transitions in the structure of the county. Within DFS, we do share information between programs to diminish clients having to retell their story again.

ESRFV 9. Evaluate all county programs and services that have waiting lists to determine whether capacity within our network of community partners can be expanded through system redesigns, public-private partnerships and/or resource leveraging.

PAES services are primarily mandated and as such we cannot maintain waiting lists for service. Sometimes there are backlogs but we always work through them. Our collaborative process with CSB for Medicaid is an example of the openness of the division to work with partners to streamline processes. In addition, the recent Afghan refugee situation provided opportunities for us to align and streamline our interactions with the refugee agencies in the community to better serve the needs of this specific population.

Provide High-Quality, People Centered, Integrated Services

ESRFV 10. Build upon the existing framework and county agency cross-collaboration efforts in order to ensure a comprehensive system that

A PAES essential role is being the front door for many families and individuals who are seeking assistance during difficult times. From our call center to our front desk to our workers, we work together so that clients are directed to the appropriate place whether in person, online, by phone, we connect people to needed services, and make referrals to NCS CSP - coordinated services planning - for emergency needs. In addition, the employment services teams lead the one stop effort for workforce development. The one stop concept is that people need only seek assistance from one place, and they are connected to other services they may need depending on the circumstances. During the assessment process, these needs are connected and put in service plans to support employment and job retention. Our partnership with CSB is an example of this. We have created a streamlined process to connect applicants for Medicaid to be more quickly determined and we are collaborating with CSB employment services specifically in their supported employment program to look for processes to make warm hand offs for clients.

ESRFV 11. Use system navigators to perform needs assessments of residents seeking assistance and help them navigate the multitude of services and programs offered by all county agencies and community-based partners.

The Coordinated Services Planning Division of NCS is an important partner for PAES and performs screening information and referral to services for unmet needs. During the pandemic, PAES has placed Lobby Navigators in our offices to assist with directing people who have questions and connecting them with services. In addition, the DFS Call Center plays a vital role in providing navigation assistance to residents.

ESRFV 12. Close critical service gaps by coordinating county safety-net efforts with state, regional and community-based partners to ensure that services are integrated, efficient and non-duplicative.

DFS is an important partner in the NCS led Community Strategic Partnership meeting. This meeting allows the division to share information and learn about services in the county to enhance coordination. In addition, our outreach efforts have increased significantly which has led to partnerships with CSB, NCS, Health Department and nonprofits to educate about PAES services.

ESRFV 13. Evaluate existing service in comparison to industry best practices to ensure the most effective, people-centered approaches are utilized to meet the needs of residents facing vulnerability.

PAES benchmarks regularly on performance outcomes with neighboring localities. The Division is often invited to present information to other agencies about the Quality Triad approach to process improvement. In addition, PAES led Quality Roundtables with neighboring jurisdictions doing the same work to share best practices.

Sustain Self-Sufficiency

ESRFV 14. Evaluate and revise county-controlled program eligibility requirements to ensure that residents do not fall off the "benefits cliff."

Work was done related to this by the Data Analytics Unit and the Data Analytics Fellowship Academy in 2017. The income limits of many of our programs were used in this analysis. of the benefits cliff. Although program eligibility requirements are set by the state and federal government, we do operate the MCCP and General Relief programs which are locally operated.

ESRFV 15. Maintain ongoing engagement with residents who have faced vulnerability and been served by the county in order to proactively mitigate potential setbacks.

PAES Employment Services Teams follow along with clients after services are delivered to mitigate setbacks. Specifically, in the WIOA, VIEW and Bridges programs, relationships are maintained with participants to assist with job retention including assistance by offering supportive services such as help with transportation, tools and equipment needs and emergency housing stabilization.

SAFETY AND SECURITY

Fairfax County is a place where all people feel safe at home, school, work and in the community.

ADULT & AGING (A & A)

Adult and Aging prioritizes the safety and security of older adults. Adult Protective Services conducts investigations and protects older adults and incapacitated adults from abuse, neglect, or exploitation through the provision of casework services, home-based care assessments and coordination, and Medicaid and Auxiliary Grant pre-admission screenings. Agency staff and DFS Communications collaborate with the Police Department and other community partners on workgroups and the Silver Shield initiative to address community education and protection from financial exploitation. Staff and the Commission on Aging also support Dementia Friendly trainings to provide community education about interactions with people with dementia.

Adult and Aging and the Fairfax County Police Department collaboratively manage the Financial Exploitation Taskforce

Success Indicator:	Metric:	
Timeliness and Quality of Emergency Response	% of emergency calls for service that are responded to within industry or county standards/benchmarks	Adult Protective Services (APS) initiates emergency reports within 24 hours, the state mandated time frame. Data reporting is in development by state partners and we anticipate it being available by 2023

Current Strategies

Provide Timely and Quality Services

SS1. Ensure public safety agencies have the training, equipment and resources needed to deliver timely and effective services and develop ways to measure and report on the quality of those services.

APS provides training on appropriate reporting and response on abuse, neglect, and exploitation at the Police Academy. This collaboration also ensures ongoing dialogue between A&A and the law enforcement.

SS4. Provide timely, quality protective services to mitigate the risk of harm and ensure the safety of children and vulnerable adults.

APS conducts investigations of reports where adults are alleged to have been abused, neglected, or exploited. APS is required to complete the initial visit to client within 7 calendar days and within 24 hours for emergency investigations.

Ombudsman provides investigations in long term care facilities related to violations of resident rights.

Improve Community Resilience Through Better Prevention, Preparedness and Recovery

SS9. Strengthen individual, family, employee, school and community capability to facilitate effective emergency preparedness, mitigation, response and recovery.

With the support of numerous agency volunteers, the Meals on Wheels (MOW) program partners with the Office for Emergency Management (OEM) to distribute emergency kits, and to provide information on emergency preparedness and Fairfax emergency alerts to older and vulnerable adults.

SS10. Leverage state, business, volunteer and community partnerships to enhance preparedness, response and recovery to disasters.

During emergencies such as COVID and fires, A&A plays a role in leveraging County and community resources around meals, home health services, transportation, grocery, and prescription pick up and IT support for older and vulnerable adults.

SS12. Ensure coordinated post-incident human services and recovery assistance including case management, emergency housing, behavioral health and family reunification.

A&A plays a role in coordinating individual repatriation case management services for vulnerable adults who are being repatriated to the United States. This service is conducted by A&A staff through a request by the state Office of New Americans. Services include case management, food assistance, transportation, emergency housing and family reunification, where possible.

CHILDREN, YOUTH & FAMILIES (CYF)

CYF is the primary Fairfax County service addressing the safety of children in their homes. Through the provision of Child Protection Services, and related In-home and Foster Care services, CYF is charged with ensuring that children can safely live in their homes.

CYF advocates that this priority area is of equal emphasis on safety within the home as well as public safety within the community.

Success Indicator:	Metric:	
Timeliness and Quality of Emergency Response	% of emergency calls for service that are responded to within industry or county standards/benchmarks	CPS measures the timeliness of first contact with an alleged victim child to assess their safety. CYF has consistently exceeded the state target of 90%. In FY 2020, CYF responded timely to 96% of CPS referrals. These data are available through the VDSS Local Agency Dashboard at https://fusion.dss.virginia.gov/orp/ORP-Home/RECURRING-REPORTS/Local-Agency-Dashboard
	# of total days spent in foster care by Fairfax County children ages 0-18	CYF has not seen this measure calculated in this way in the child welfare field. Our metric for this is the # of years spent in foster care for those leaving care in a given year. In FY 21, children leaving foster care had spent an average of 1.54 years in care. This is significantly lower than the 2.48-year average length of stay for children leaving foster care in FY 20.

Current Strategies

Provide Timely and Quality Services

SS1. Ensure public safety agencies have the training, equipment and resources needed to deliver timely and effective services and develop ways to measure and report on the quality of those services.

CYF is redesigning its entire professional development program through the Child Welfare Institute: Partner, Align, and Redesign project. This redesign is intended to promote more effective services that will help us attract and retain staff and achieve positive outcomes. These professional development activities build on the mandated VDSS trainings child welfare practitioners must take.

SS4. Provide timely, quality protective services to mitigate the risk of harm and ensure the safety of children and vulnerable adults.

CYF provides: Child Protective Services to assess allegations of child abuse and neglect and protect children from harm; In-home Services to strengthen families and keep children safely with their parents and relatives; Foster Care and Adoption services to provide care and support to children who cannot safely remain with their families.

DOMESTIC & SEXUAL VIOLENCE SERVICES (DSVS)

DSVS administers a variety of programs and services designed to improve the safety and well-being of individual, families, and communities. DSVS offers comprehensive programs for adults, teens and children who have been affected by domestic and sexual violence, stalking and human trafficking and services to coordinate and improve systems and communities' responses to domestic and sexual violence, human trafficking, and stalking.

Success Indicator:	Metric:	
Timeliness and Quality of Emergency Response	% of emergency calls for service that are responded to within industry or county standards/benchmarks	DSVS has a broad reach throughout the county, annually providing services to over 4,300 individuals, and an estimated 14,497 family members including children and partners impacted by domestic and sexual violence. Each month in Fairfax County, the Domestic Violence Crisis Line receives, on average, 125 calls. Additionally, victims request 68 family abuse protective orders, and 13 families escape to an emergency domestic violence shelter. In FY 2021, Fairfax County's Domestic Violence Action Center (DVAC) served 924 victims and 983 children living in homes where domestic violence was present (80 percent were 12 years old or younger). Also, in FY 2021, Fairfax County police responded to 353 Lethality Assessment Program (LAP) calls; 90 percent were identified as at high risk for being killed by their intimate partner. During FY 2021, DSVS served nearly 4,000 clients through survivor and ADAPT services.

Current Strategies

Provide Timely and Quality Services

SS1. Ensure public safety agencies have the training, equipment and resources needed to deliver timely and effective services and develop ways to measure and report on the quality of those services.

DSVS provides ongoing training dedicated to Lethality Assessment Programs, interpersonal violence response and roll-out of LAP expansion to law enforcement trainings/roll calls dedicated to LAP; interpersonal violence response; roll-out of LAP expansion to dating relationships.

SS4. Provide timely, quality protective services to mitigate the risk of harm and ensure the safety of children and vulnerable adults.

DSVS crisis-line services; Advocacy services, Lethality Assessment Program (LAP), ADAPT services, and hospital accompaniment mitigate risk of harm to persons and families impacted by interpersonal violence.

Improve Adherence to Rules and Regulations

SS7. Implement proactive outreach programs in areas of the county identified as having the highest volume of calls and code violations.

DSVS LAP team works to identify high call areas. Advocacy expands services into areas with high DV call volume. Community outreach and engagement provides training and education in high call volume areas. StepUp4 Kids expanded education, training, and counseling in two high call volume communities.

Improve Community Resilience Through Better Prevention, Preparedness and Recovery

SS11. Enhance continuity of operations planning and training to ensure capability and continuity of essential government services in the event of an emergency.

Crisis-Line Services has a plan in place to ensure continuity of operations in the event of technology disruptions.

Ensure Equitable Administration of Justice

SS14. Work collaboratively to increase access to services and identify alternatives to adjudication and incarceration (e.g., diversion programs, specialty dockets) while protecting victims' and witnesses' rights.

DSVS is receiving technical assistance to expand into the community to create co-responder and alternate approaches to accountability

SS15. Develop and implement recommendations to ensure that all community members are treated fairly and equitably in the enforcement of laws and their experiences with the adult and juvenile justice systems, whether they are defendants, victims of crime, or witnesses.

DSVS' led county and community partners through a court process walkthrough to understand the gaps and provide recommendations for improvement. DSVS with the support of DFS data analytics provided recommendations for improvement related to prosecution of certain misdemeanors that impacted survivors/ victims of interpersonal violence

PUBLIC ASSISTANCE & EMPLOYMENT SERVICES (PAES)

PAES plays an important role in providing access to basic supports to ensure the stability and safety of individuals and families. PAES supports community resilience and recovery by administering disaster food programs and supporting the County's human services emergency response function.

Current Strategies

Provide Timely and Quality Services

SS4. Provide timely, quality protective services to mitigate the risk of harm and ensure the safety of children and vulnerable adults.

All the basic supports that PAES provides are important to family stability and safety including access to food, medical and financial assistance, and job placement and training services.

Improve Adherence to Rules and Regulations

SS5. Bolster programs and resources that reduce recidivism and support successful offender re-entry programs into the community.

Incarcerated or formerly incarcerated individual are provided services through the Career Works one stop employment services system. PAES has partnerships with OAR (Offender Aid Restoration) to assist ex-offenders with gaining employment and reentering the world of work. The PAES Employment Services team works with the Fairfax Alternative Incarceration Branch (AIB) Center soon to be released individuals to reduce recidivism. PAES Employment Services team manages the prerelease career center located in the county jail.

PAES administers federal and state policies to ensure eligible offenders continue medical assistance coverage or are connected with medical assistance when they are released.

PAES operates the WIOA Youth Program which works with juvenile justice involved youth. The Pay for Performance (P4P) initiative jointly administered with the SkillSource Group provides incentives for positive outcomes achieved by those involved with the juvenile justice system. Outcomes include education completion, receiving a credential or obtaining employment.

Improve Community Resilience Through Better Prevention, Preparedness and Recovery

SS8. Develop and implement risk-reduction programs to prevent or mitigate the loss of life, property and resources associated with emergencies and other disasters within a community.

In the event of a natural disaster, PAES administers the Disaster SNAP (D-SNAP) program and utilizes existing SNAP policy to replace food loss or damage due to power outages or natural disasters.

SS10. Leverage state, business, volunteer, and community partnerships to enhance preparedness, response and recovery to disasters.

PAES staff serve as a part of the Emergency Response team that supports the county during emergencies. This includes providing assistance and in person support for Emergency Support Function 6 (ESF6) functions of mass care, emergency sheltering and human services in the event of a disaster incident.

SS12. Ensure coordinated post-incident human services and recovery assistance including case management, emergency housing, behavioral health and family reunification.

The PAES team plays a critical role in Emergency Operations with Repatriation, Refugee Assistance, and Disaster SNAP. These just in time financial and medical assistance benefits are provided to eligible applicants in emergency situations including natural disasters.

THE CORNERSTONES GROUP

This group represents a cross section of the Department of Family Services, including all divisions and a wide variety of job classes. Over several months in 2020, with feedback from their coworkers, these employees spearheaded the development of our Mission, Vision and Values.

Alaha Ahrar	Ellen Gilchrist	Stephen Principe
Sophia Andrews	Ferdous Hakim	Jeannine Purdy
Nesanet Berhane	Terri Henderson	Lina Rodriguez
Marcelles Brown-Roquet	Linda Hernandez-Giblin	Joshua Rohrer
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Erin Clark	Eduardo Leiva	LaDonna Sanders
Keesha Coke	Maha Martin	Gretchen Soto
Diana Cottrill	Maggie Moreland	Amy Telles
Michael Cox Jr	Mena Nakhla	Lynn Thompson
Ana Ealley	Teebe Negasi.	Tara Turner
Crystal Ford	Dai Nguyen	Jeanetta Vinson
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The DFS Senior Management Team

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Amy Carlini	Lisa Tatum
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Melanie Fenwick	Toni Zollicoffer



SHAPE
the Future of Aging
Plan 2023–2028

SHAPE

the Future of Aging

Plan 2023–2028

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EXECUTIVE SUMMARY

The purpose of the SHAPE the Future of Aging Plan: 2023-2028 is to guide Fairfax County and community-based organizations in meeting the needs of older residents now and in future years. Like the United States as a whole, Fairfax County is aging. The percentage of residents aged 65 and older in Fairfax County is anticipated to increase from 13.4 percent in 2019 to 17.7 percent in 2035.

The SHAPE acronym stands for:

- ▶ **S**ervices for Older Adults and Family Caregivers
- ▶ **H**ousing and Neighborhood Supports
- ▶ **A**ccess to Mobility Options
- ▶ **P**ersonal Well-Being
- ▶ **E**conomic Stability and Planning

To inform the SHAPE the Future of Aging Plan, the County procured quantitative and qualitative studies including the nationally benchmarked Community Assessment Survey for Older Adults (CASOA), which surveyed residents aged 50 and older in early 2019 and then again in early 2022. Nearly 3,000 residents completed the survey in 2022.

The survey questions for which Fairfax County ratings were considerably higher than benchmark communities were the following:

- ▶ Overall economic health of the community
- ▶ Opportunities to build work skills
- ▶ Opportunities to enroll in skill-building or personal enrichment classes.

The survey also identified domains where Fairfax County residents experience the most challenges:

- ▶ Housing
- ▶ Information access
- ▶ Physical health care.

The survey was supplemented by a qualitative study, conducted in late 2022, including four town halls, 11 community gatherings, 11 focus groups, and 14 key informant interviews. Approximately 300 residents participated in these Inclusive Engagement events. The information gathered provided insights on older residents' needs for each category of SHAPE. Three significant themes emerged:

- ▶ **Fairfax County's older adults generally enjoy living in their communities but have diminished hopes of aging in place because of the high cost of living in the County.** 56% of CASOA respondents said they've lived here more than 20 years and 92% of all respondents said that Fairfax County is an excellent or good place to live. However, only 53% rated Fairfax County an excellent or good place to retire, largely because of concerns about affordability. Fairfax County ranked 258th out of 279 similar communities in cost of living. Only 21% of respondents rated the availability of affordable quality housing as good or excellent. The County ranked 84th out of 84 when older adults were asked how likely they are to remain in their community throughout retirement (59%).
- ▶ **Fairfax County has an impressive array of available aging services, but there is low awareness among**



▶ **Asian respondents were less satisfied and Asian and Hispanic respondents had more needs than overall respondents in many areas.** Satisfaction ratings for Asian respondents were more than 10 percentage points lower than overall respondents for 26 of the 52 questions. Asian respondents reported greater needs on 25 of 42 challenge questions and Hispanic on 17 of the 42 challenge questions. The disparities were greatest in the Housing, Employment and Healthcare domains.

The SHAPE the Future of Aging Plan also provides several recommendations with potential strategies to address older residents' needs that were identified. A few examples include:

- ▶ **Increase affordability of aging in place** by considering ways to further expand senior tax relief, providing information and resources such as contract templates to encourage home sharing, and evaluating possible tax limitations for long-term residents, such as homesteading policies in other states.
- ▶ **Increase older residents' access to information** about aging services by enhancing the County's current means of disseminating information, continuing to make printed materials available in multiple languages, including an older adults' handbook of resources, and supporting peer-to-peer networks to share information with diverse communities.
- ▶ **Increase older residents' perceptions of equity and acceptance** by expanding the role and numbers of 50+ Community Ambassadors to connect older residents from diverse communities with resources. Provide training to staff from County agencies and community-based organizations to counter ageism and other forms of discrimination.

Over the next five years, Fairfax County leaders, Fairfax Area Commission on Aging members, and community-based organizations will work together to implement initiatives that continue to position Fairfax County to be a place where older adults can thrive.



INTRODUCTION

The U.S. population, like that of all industrialized nations, is aging. In 2023, approximately 17 percent of all Americans were aged 65 and over, a number that is expected to increase to more than 20 percent by 2030. Likewise, the percentage of older adults in the Commonwealth of Virginia was 16.3 percent in 2021 and will rise to 19 percent by 2030.

Fairfax County and the cities of Fairfax and Falls Church are following suit. (Throughout this report, the term “Fairfax County” should be understood to include Fairfax County and the two partner cities, Fairfax and Falls Church.)

The County is becoming more diverse, too. According to the Demographic Reports (2022) from the Fairfax County Department of Management and Budget, the total proportion of all Fairfax County residents who are African American or Asian grew from 21.7 percent in 2000 to 30.1 percent in 2020 while the percentage of white residents declined from 69.9 to 49.5 percent during that period. Additionally, the total proportion of all Fairfax County residents who are Hispanic (of any race) grew from 11 percent in 2000 to 17.3 percent in 2020.

An older, more diverse population in Fairfax County brings a wealth of knowledge, skills, and experience and a richness of cultures. An aging population, though, also experiences new challenges to independence and wellness. Older adults often want to remain in their homes but have increased functional limitations and a greater need for support to live as independently as possible. With age, unfortunately, comes more chronic illnesses, such as heart disease and diabetes, and progressive conditions, such as dementia, that compound those functional limitations. As the cost of living in the County rises, many older adults who are financially dependent on fixed incomes are strained by the price tags for maintaining their homes, paying their real estate taxes, and paying for necessary services.

There are many counties and states that have plans for improving government services for older adults, but a relatively small number have done more comprehensive strategic planning, drawing on community input, to reimagine and, sometimes, reconfigure aging services. To ensure that every resident can thrive, Fairfax County has created multiple comprehensive strategic plans since the 1980s to provide the services and support older adults need. The SHAPE the Future of Aging Plan: 2023-2028 (described below) is the latest planning guide to assist Fairfax County in intentional community engagement that meets the needs of older residents now and in the next five years.

The SHAPE the Future of Aging Plan is aligned with the Fairfax Countywide Strategic Plan and One Fairfax. It also supports the purpose of the Fairfax Area Agency on Aging, which include providing information about and services for aging, disability, and caregiving in Fairfax County to enable older residents to age in place with dignity and safety.



1 IN 7 RESIDENTS IN FAIRFAX COUNTY IS AGE 65 OR OLDER

As of 2019, an estimated 13.4 percent of Fairfax County residents were 65 or older, and by 2035, this number is projected to grow to 17.7 percent.

Fairfax County Economic Development Authority. New demographics report reveals Fairfax County is growing older, richer and more diverse. Published January 23, 2020. Available at: <https://www.fairfaxcountyedea.org/new-demographicsreport-reveals-fairfax-county-is-growing-older-richer-and-more-diverse/>. Accessed February 14, 2023.

OVERVIEW AND VISION OF SHAPE THE FUTURE OF AGING

In 2019, the Older Adults Committee of the Fairfax County Board of Supervisors approved a framework for a revised aging services plan using the acronym SHAPE. That acronym stands for:



Services for Older Adults & Family Caregivers

(caregiver support, dementia friendly, resources)

Housing & Neighborhood Supports

(affordable housing, home modifications, home maintenance, Villages, livable communities)

Access to Mobility Options

(transportation, mobility support, walkability)

Personal Well-Being

(community engagement, isolation, public & mental health, nutrition)

Economic Stability and Planning

(financial stability, exploitation, employment, end of life, business partnerships)

These categories and subcategories roughly align with other jurisdictions' aging services plans. (For example, the state of California's Master Plan for Aging has five goals: Housing for All Ages and Stages; Health Reimagined; Inclusion and Equity, Not Isolation; Caregiving that Works; and Affordable Aging.) The purpose of the SHAPE the Future of Aging Plan was identified as informing policy, making decisions about how to meet older residents' needs, educating the public, and assisting communities and organizations in their efforts to sustain a high quality of life for older adults. Its goals have included understanding what is working well and the gaps in services that need to be addressed, as well as the services and supports that should be in place to respond to future needs. (For details, see Appendix B.)

DEVELOPMENT OF THE SHAPE THE FUTURE OF AGING PLAN

The process for developing the SHAPE the Future of Aging Plan included a 2019 Community Assessment Survey for Older Adults (CASOA), a national benchmarking survey. At the direction of the Board of Supervisors, the Fairfax Area Agency on Aging engaged a vendor to administer the CASOA, which was mailed to a randomized sample of residents aged 50 and older in early 2019. The onset of COVID-19 in early 2020 prompted Fairfax leaders to put a hold on the development of the community input phase of the SHAPE the Future of Aging Plan as Fairfax County shifted its immediate focus to create a COVID-19 response plan for older adults.

As the pandemic began to abate in mid-2021 planning was reinitiated for the development of the SHAPE the Future of Aging Plan. From July 2021 to May 2022, the Fairfax Area Agency on Aging and other County agencies finalized plans and timelines for the quantitative and qualitative methods for gathering information from older residents, their family caregivers, and other stakeholders. The two phases occurred sequentially:

Phase 1: Community Assessment Survey for Older Adults

Because COVID-19 had a profound effect on older adults, Fairfax County leadership decided to provide an opportunity to gather new survey data to determine whether the pandemic altered the perceptions and needs

of older adults. In early 2022, the CASOA survey was readministered through a mailing to a randomized sample of 22,000 residents aged 50 and older and was offered in English, Arabic, Korean, Spanish, and Vietnamese, reflecting the languages most spoken in the County. It had questions about quality of life, residents' commitment to the community, work and volunteer opportunities, opportunities to socialize, retirement, housing, caregiving, the use of public transportation, senior centers, and other community services. The survey questions were designed to assess six aspects of livability—Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities. Summary scores of community livability from 0 to 100 were created through the aggregation of a series of resident ratings within each of the six livability domains. Higher scores are interpreted as positive; lower scores (e.g., below 50) indicate room for improvement.

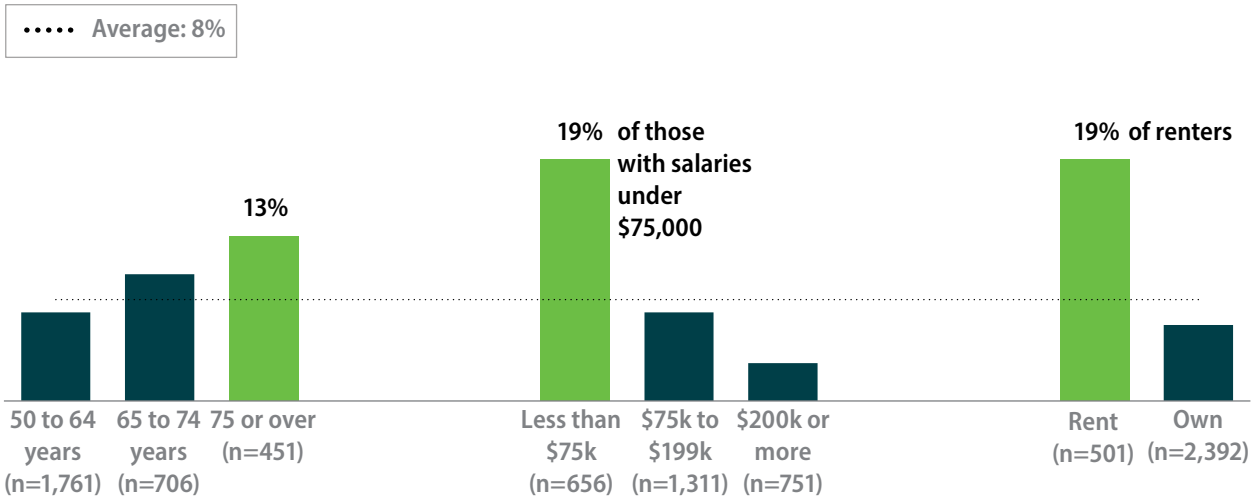
The 2,919 Fairfax County resident respondents identified areas of strength and challenge. The survey data revealed that the County ranked high in safety, physical health, and social engagement. The areas where survey respondents indicated older residents were most challenged included remaining in or finding housing that is affordable to them, obtaining information about services, accessing health care services, and locating culturally competent providers. At least 26 percent of CASOA respondents reported that one or more of these issues posed a major or moderate problem for them in the last 12 months. During discussions about housing needs, conducted during community engagement, many residents pointed to tax burden being a challenge in being able to remain in their homes in the future.

Groups with Higher than Average Need: Housing



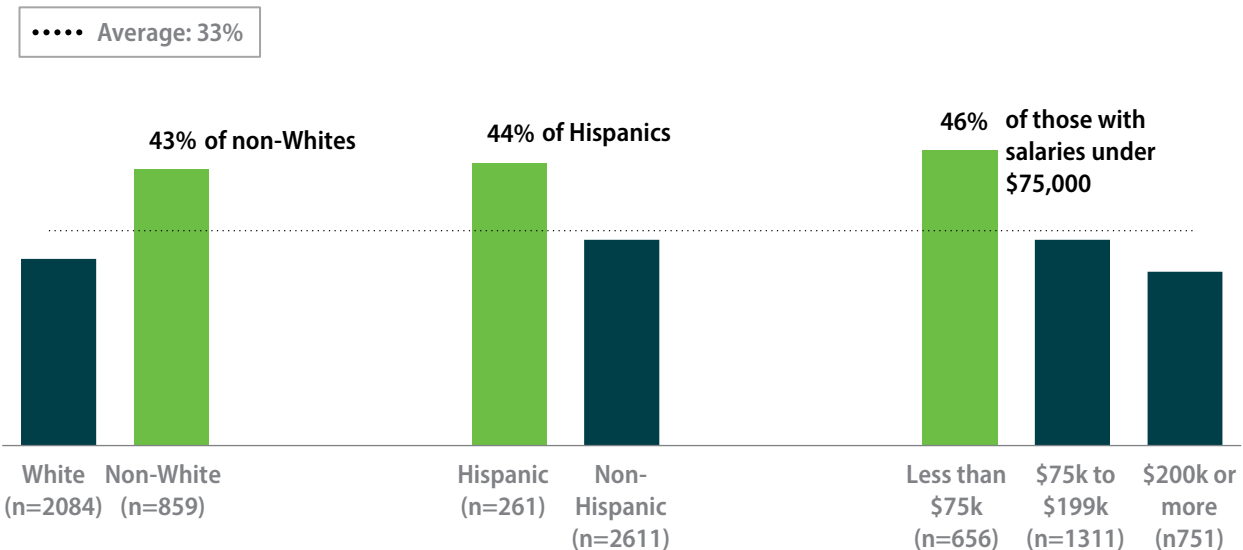
The availability of housing that was both affordable and accessible for older adults was given an average livability score of 27 out of 100. The total percentage of older adults needing appropriate housing was 35 percent; groups with higher-than-average needs included adults aged 75 and older (48%), non-Whites (42%), adults with incomes lower than \$75,000 (59%), and renters (49%).

Groups with Higher than Average Need: Independent Living Needs



In 2022, respondents' answers to questions about support for the independence of older adults received a livability score of 37, which was slightly trending downwards compared to responses in 2019. The total percentage of older adults needing independent living supports was 8 percent; groups with a higher-than-average need included adults aged 75 and older (13%), individuals having incomes lower than \$75,000 (19%), and renters (19%).

Groups with Higher than Average Need: Access to Information on Older Adult Services



Non-Hispanics rated access to information about older adult services 41 out of 100, a decline from a score of 53 in 2019. The difference in results suggests that ratings are trending negatively for having adequate information on dealing with public programs, such as Social Security, Medicare, and Medicaid; availability of financial or legal

planning services; and access to information about resources for older adults. The total percentage of older adults who need information about older adult services is 33 percent; groups with a higher need than average include non-Whites (43%), Hispanics (44%), adults earning less than \$75,000 (46%).

A large percentage of older adults reported good or excellent overall physical (85%) and mental health (89%); however, the availability of affordable health care (52%) and the availability of long-term care (40%) received lower ratings. Nine percent reported receiving assistance (paid or unpaid) for at least one hour per week. Access to health care services overall was a challenge for 26 percent of the respondents. Mental health was a great challenge for respondents, with an average livability score of 38 out of 100—a decrease from a score of 48 out of 100 in 2019. The availability of affordable quality mental health care received a positive rating from 38 percent of the respondents—a figure that has been decreasing since 2019. The total percentage of older adults who reported needing mental health services is 24 percent; groups with a higher need than average include individuals earning less than \$75,000 (40%), renters (37%), and individuals who live alone (30%).

Respondents rated their physical health higher, with an average livability score of 72 out of 100, higher than the national benchmark. Ratings for specific subcategories of physical health, such as falling or injuring oneself at home, fitness opportunities, and availability of affordable quality food, however, are decreasing. The total percentage of older adults with a need for health care service is 27 percent; groups with a higher-than-average need included adults ages 75 and older (37%), non-Whites (32%), individuals earning less than \$75,000 (45%), and renters (41%).

Phase 2: Qualitative Data Collection (Inclusive Engagement) and Analysis

In 2022, the Fairfax County Department of Family Services partnered with Health Management Associates (HMA), a national health care consulting and research firm, to conduct the qualitative data collection, called the Inclusive Engagement phase of the SHAPE the Future of Aging Plan development. The purpose of the Inclusive Engagement phase was to supplement the quantitative data gathered through the CASOA survey by meeting directly with a wide range of older residents and other stakeholders in all areas of Fairfax County to discuss issues of pertinence to aging in place and planning aging services.

HMA started its inquiry with review, analysis, and integration of relevant County and state assessments and plans to align all Inclusive Engagement activities with those documents. Specifically, HMA analyzed:

- ▶ **2022 CASOA** results stratified by geography, race, and ethnicity.
- ▶ **The Fairfax Countywide Strategic Plan**, adopted in October 2021, is galvanized by four key drivers: commitment to equity through One Fairfax; a focus on the 10 Community Outcome Areas identified as most important by members of the community; an integrated approach to collecting and using data; and inclusive engagement of all county residents, employees, and other key stakeholders. These elements set a new foundation for the way different functions in County government work together with a shared vision in pursuit of achieving real and sustained progress for the benefit of all people who live, work, and play in Fairfax County. The plan charts a path forward across 10 Community Outcome Areas:
 - ◆ Cultural and Recreational Opportunities
 - ◆ Economic Opportunity
 - ◆ Effective and Efficient Government
 - ◆ Empowerment and Support for Residents Facing Vulnerability
 - ◆ Environment and Energy
 - ◆ Healthy Communities
 - ◆ Housing and Neighborhood Livability
 - ◆ Lifelong Education and Learning
 - ◆ Mobility and Transportation
 - ◆ Safety and Security

(See Shape the Future of Aging Alignment with Fairfax County Plans and Initiatives, Appendix B, page 33.)



- ▶ **One Fairfax:** “One Fairfax is a joint racial and social equity approach adopted by the Fairfax County Board of Supervisors and School Board. It commits the county and schools to intentionally consider equity when making policies or delivering programs and services. It’s a declaration that all residents deserve an equitable opportunity to succeed—regardless of their race, color, nationality, sex, gender identity, sexual orientation, religion, disability, income or where they live.” Equity (and, more specifically, communities of opportunity) is a primary driver because it helps County and school leaders to look intentionally, comprehensively, and systematically at barriers that may be creating gaps in opportunity, and to intentionally and strategically direct resources to fill the gaps. Equity is considered in decision-making and in the development and delivery of future policies, programs, and services. The Countywide Strategic Plan focuses on transforming areas where residents face economic, educational, health, housing, and other challenges more broadly by:
 - ◆ Understanding Opportunity and Vulnerability: Using data and analytics tools to better understand the dynamics of opportunity and vulnerability within Fairfax County.
 - ◆ Targeting Interventions to Build Opportunity: Facilitating the development of targeted, strategic interventions in low-opportunity areas to build and reinforce critical support structures for residents and businesses.
 - ◆ Targeting Interventions to Connect to Opportunity: Intentionally connecting low-income and other marginalized residents to existing opportunities.
 - ◆ Encouraging the Development of an Inclusive Economy: Building on Fairfax County’s strong economy by expanding opportunity for more broadly shared prosperity, especially for people facing the greatest barriers to advancing their well-being.
- ▶ **2021 U.S. Census data for Fairfax County** to understand population trends and identify hot spots of older adults in greater need.
- ▶ **Fairfax County’s previous aging services plan, the 2014 50+ Community Action Plan**, its annual updates, and the 2019 final report to determine where progress had been made and past priorities that have been discontinued for various reasons.
- ▶ **The Northern Virginia Aging Network Legislative Platform** to ensure that strategies in the SHAPE the Future of Aging Plan are consistent with legislative priorities and actions.
- ▶ **The 2023 Fairfax Area Agency on Aging Area Plan**, which described a range of County aging services, including socialization and recreational opportunities, volunteer programs, home-delivered and congregate meals, falls prevention, money management, and many others.

After reviewing these materials, the HMA team designed a series of community events and interviews with County-approved facilitation guides aligned with all County documents, especially their focus on the needs of minority and socioeconomically disadvantaged residents. It prioritized collecting input from groups underrepresented in the CASOA survey data, including racial, ethnic, and linguistic minority residents (African Americans; Asians, including Chinese, Korean, and Vietnamese; Hispanics; and Arabic, Urdu, and Farsi speakers). HMA also sought feedback from individuals in long-term care and continuing care settings whose views were omitted from the CASOA survey.

From October to December 2022, HMA conducted a series of facilitated in-person or virtual community events and interviews with diverse individuals and communities from all parts of Fairfax County, including its four Human Service Regions, nine magisterial districts, and the cities of Fairfax and Falls Church. HMA facilitators took detailed notes for all Inclusive Engagement activities, which included:

- ▶ **Town Halls**, defined as open, facilitated, cross-County events of up to 60 participants to gather information on all older residents' needs and County aging services. They took place in the four human services regions—Reston, Annandale, Fairfax, and South County.
- ▶ **Community Gatherings**, defined as invited, facilitated, regional events of 10 to 20 participants to gather information on all older residents' needs and County aging services. They took place at 11 sites, one event in each of Fairfax County's nine magisterial districts, and one each in Fairfax and Falls Church.
- ▶ **Focus Groups**, defined as invited, facilitated, small-group conversations with five to 10 participants to gather information on topics or specific groups identified to inform additional information. HMA led 11 separate Focus Groups.
- ▶ **Key Informant Interviews**, defined as invited, facilitated conversations with small groups of county and community leaders to gather information on topics that needed further exploration. HMA conducted 13 separate Key Informant Interviews.

OVERARCHING THEMES AND GAPS

By synthesizing the information gathered at the Inclusive Engagement events with the data from the CASOA survey and other documents, themes and gaps were identified to support healthy aging across the diverse communities within Fairfax County. They can be organized into two general overarching insights that affect all aspects of the lives of older residents and other insights that fit into specific SHAPE categories. The overarching insights include:

Fairfax County's older adults generally enjoy living in their communities but have diminished hopes of aging in place because of the ever-higher cost of living in the County.



Resident concerns about the affordability of living in Fairfax County are evident in the CASOA data and were discussed at nearly every Inclusive Engagement event, confirming the affordability success measure within the Community Outcome Area of Housing and Neighborhood Livability highlighted in the Countywide Strategic Plan. Approximately 92 percent of CASOA survey respondents said Fairfax County is a good or excellent place to live, but

only 53 percent said it is a good or excellent place to retire. Only 59 percent rated the prospect of remaining in their community throughout their retirement as good or excellent. In comparing Fairfax County to other communities which have completed the CASOA survey, Fairfax County ranked 258th out of 279 in terms of cost of living and last—84th out of 84 communities when older adults were asked how likely they are to remain in their community throughout retirement.

Inclusive Engagement participants pointed to higher costs for housing, health care, prescription drugs, technology, personal aides, and other essentials as reasons to leave the County. “Everything is more expensive,” said a participant at the Annandale Town Hall. “Overall expenses are significantly higher. Some things become luxuries.” A participant in the Korean Language Focus Group said, “Many [older residents] have competing demands on their finances—long-term care costs, living alone without family supports, housing, transportation, and food costs. Medical costs not covered by Medicare or Medicaid [are also a concern].”

Their degree of worry about affordability was palpable. “[The] biggest problem with finances is trying to project how long my money will last,” said a participant at the Mason Community Gathering. “Not everyone has the luxury of retirement or aging in place,” a participant in the Adults with Disabilities Focus Group noted. “[They] focus on survival.”

Fairfax County has an impressive array and diversity of available aging services, but there is distressingly low awareness among its older residents and other stakeholders about many of these services, as well as the sources of information to learn more about them.

Access to services—a key theme and a measure of success in several of the 10 Community Outcome Areas in the Countywide Strategic Plan—is undermined if residents are unaware of them. Lack of awareness, unfortunately, has been true for aging services in the Fairfax County area. Only 37 percent of CASOA survey respondents rated the availability of information about resources for older adults as excellent or good. A participant in the Faith Community Leadership Focus Group said, “I spend a lot of time hunting for resources for congregation members and would love to have it all in one place (resource guide) and a phone number where people can call and have confidence that they are getting good and complete information.”

A Family Caregiving Focus Group participant added, “Caregivers report not knowing what resources are available to them—where to start, what to ask, who to talk with. The information needs to be available through different mediums/modalities to maximize accessibility.”

SERVICES FOR OLDER ADULTS AND FAMILY CAREGIVERS: CAREGIVER SUPPORT, DEMENTIA FRIENDLY, RESOURCES

1. Many of Fairfax County’s older residents have adapted to advances in technology to access news and information online, but some of these individuals still lack in-home computers and smartphones, struggle with technological literacy, or lack English proficiency. Sharing information about aging services and events in multiple formats and languages is critical to keep all individuals informed.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Lifelong Education and Learning*.

Many older adults in Fairfax County are active users of the Internet and social media. The CASOA survey indicated that 96 percent of the CASOA survey respondents regularly access the Internet from their homes and 70 percent said they visit social media sites. Some participants in Inclusive Engagement events did raise concerns about a digital divide in which some older residents without access to the Internet or social media may be missing key information about County resources. A Community Gathering participant noted, “If you cannot use technology, then you aren’t getting the information the County provides.”

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A Focus Group participant said people need access to technology or they face “a significant barrier to connecting with resources.” Although residents understand that Fairfax County and community organizations provide helpful resources, they also believe that limited access to technology and unfamiliarity with how to use technology could be hurdles to learning about these resources.

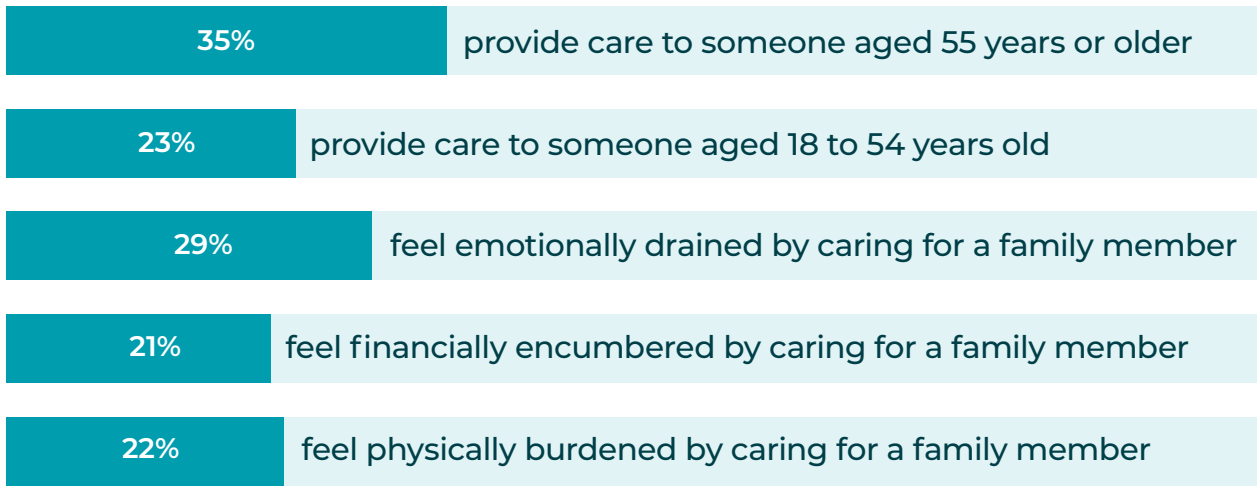
This challenge is heightened among people for whom English is not a primary language. The 2021 U.S. Census indicated that nearly 40 percent of Fairfax County residents speak a language other than English in their homes. As one Focus Group participant noted, “Because of language barriers, it is often difficult to learn about opportunities.” Inclusive Engagement event participants encouraged County agencies and community-based organizations to provide published information about services and events in multiple languages and across multiple platforms to ensure that a wider range of the Fairfax County population can benefit from available resources.

2. Family caregivers provide essential logistical, emotional, and hands-on support that enables older residents to age in place. But these caregivers have been under tremendous pressure in recent years, as they face the dual challenges of a prolonged pandemic and caring for an older loved one. Caregivers would benefit from increased support services, including training, respite care, support groups, and help with navigating benefits, resources, and information.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, Empowerment and Support for Residents Facing Vulnerability.

The Family Caregiver Alliance, a national caregiver advocacy group, defines family caregiver as “any relative, partner, friend, or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, an older person or an adult with a chronic or disabling condition.” Many Fairfax area residents are engaged in family caregiving. According to the Centers for Disease Control and Prevention (CDC) 2019 Behavioral Risk Factor Surveillance System Data, one in five adults in Virginia are caregivers. The 2022 CASOA survey found that 35 percent of survey respondents across Fairfax County were providing care to someone aged 55 years or older and that 23 percent of respondents were providing care to someone aged 18 to 54. In addition, 29 percent of CASOA survey respondents reported feeling that caring for a family member was emotionally draining, 21 percent reported feeling financially encumbered, and 22 percent reported feeling physical burdened—all common symptoms of burnout.





The County offers many supports for family caregivers. Additionally, Dementia Friendly Fairfax, part of the national Dementia Friendly America advocacy movement, works to ensure that County residents with dementia and their family caregivers are understood, accepted, and well supported. More help and attention for family caregivers in general, however, seems needed. A Family Caregiver Focus Group participant said, “Most caregivers have long-term needs and need consistent support.”

Another added, “Peer-based support systems are helpful. The County should consider integrating this model.”

3. Fairfax County has embraced equity as a foundational principle to improve quality of life for all residents. Nonetheless, further study is necessary to determine whether and to what extent various segments of the older population are marginalized, including aging adults with disabilities and individuals who belong to racial/ethnic minority groups. Providing enhanced services specific to their needs—as well as increasing their awareness of those targeted resources—would increase their sense of belonging and having access to care from trusted providers.

This theme aligns with the Countrywide Strategic Plan’s Community Outcome Area, *Empowerment and Support for Residents Facing Vulnerability*.

The CASOA survey did not collect information regarding the specific needs of older adults with disabilities. Some Focus Group participants and key informants praised Fairfax County’s focus on the needs of older adults, but also highlighted the need for increased attention to adults with disabilities, stating, “[T]his group feels like they are an afterthought.” Another participant said, “Within the realm of disabilities in general, access to public transportation can be an issue. An affordable apartment may not be along a Metro line or near public transit. All these things [affect] resource access (groceries, health care, etc.)”

The CASOA survey did ask respondents about their sexual identity and gender identity, but the response rate was very low. Several Inclusive Engagement participants expressed concerns that older LGBTQIA+ are also overlooked. One Focus Group participant said, “LGBT older adults fall in between the cracks [and are] bounced between aging and DEI [diversity, equity, and inclusion], etc.”

HOUSING AND NEIGHBORHOOD SUPPORTS: AFFORDABLE HOUSING, HOME MODIFICATIONS, HOME MAINTENANCE, VILLAGES, LIVABLE COMMUNITIES

- 1. Housing affordability is a significant concern for Fairfax Area residents of all ages, including older adults who want to remain in their homes or downsize to smaller houses or apartments nearby. Although the County has several established programs to assist community members with financing, more resources should be directed toward providing relief to older homeowners and renters to help them age in place.**

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Housing and Neighborhood Livability*.

Many older residents have lived in stable housing in Fairfax County for years. According to the CASOA survey, 82 percent own their own homes; of those who own their homes, 37 percent of these individuals have paid off their mortgages, so their only housing expenses are maintenance, utilities, insurance, and real estate tax. More than half of all respondents (56%) have lived in the County for more than 20 years; 87 percent over six years.

Despite this strong evidence of housing stability, the CASOA survey also found that only 21 percent of respondents were satisfied with the availability of affordable quality housing. This was echoed during several Inclusive Engagement sessions in which participants indicated that rising housing costs for owners and renters, the increasing cost of living, property taxes, and being priced out of the market for downsizing are challenges facing adults across socioeconomic strata. One Town Hall participant stated, “Rent is very expensive; this is a challenge for lower- and middle-income older adults.” A Focus Group participant said, “Affordability in general is a concern—property taxes, maintenance costs, caregiver costs, etc. All costs add up. Many are leaving the County because these things are very expensive in Fairfax County, especially for individuals who have retired and are relying on small pensions or Social Security.”


Some financial advisors suggest that older adults downsize to better manage their finances and home maintenance needs, but this proposition sometimes proves difficult or is less viable than anticipated. As another Focus Group participant indicated, “It is hard to even downsize if, for example, an individual sells a house,” noting that condo assessments and co-op fees may still be unaffordable.

Several participants at Inclusive Engagement events noted that cost may be just one barrier to affordable living. They suggested that some residents who are aware of the availability of financial assistance are still hesitant to connect with such resources. “Not only [is housing] expensive, but there is a stigma about needing help,” said a participant of one Community Gathering.

- 2. High housing costs disproportionately affect older adults with low incomes and limited savings, especially if they are in declining health or lack family support. To help them remain in their homes and avoid, in the worst-case scenario, becoming homeless, they need additional supports.**

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Housing and Neighborhood Livability*.

Across Fairfax County, only 15 percent of CASOA survey respondents said they are satisfied with the cost of living in their communities, and 31 percent indicated that having enough money to meet daily expenses was a concern to them. Issues related to Housing and Neighborhood Livability, such as affordability, are of greater concern among older adults with health problems, such as strokes or dementia, who may not have a support network, such as nearby family members, to help care for them. One Community Gathering participant lamented the situation that older adults in declining health face as they contemplate their living arrangements, “As residents’ health declines, where do they go next? When it gets to the point that they need assisted living, where can they go? The waiting list for Medicaid beds is too long.”



Fairfax County offers resources that address some of these challenges. For example, the County’s Lincolnia housing model pairs subsidized housing with social services/service coordination. Although such services exist, they may not be available to all residents who need them.

3. Increasing numbers of older residents in Fairfax County appear to be curious and open to being educated about shared housing options that exist, so they can decrease their expenses and alleviate social isolation. But many still need greater assurance that their privacy and personal safety will remain secure when considering living with individuals whom they may not know.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Housing and Neighborhood Livability*.

The CASOA survey did not obtain feedback regarding home sharing. However, throughout Inclusive Engagement events, participants were asked whether sharing a residence is an intriguing prospect for alleviating many concerns older adults have about living independently.

Participants in several Focus Groups noted that home sharing for an older adult might take the form of “renting out space at a reasonable price to a student, young professional, etc., in exchange for maintenance assistance around the house.” This approach could address concerns around costs and provide an avenue to home maintenance for older adults who find it difficult to keep up with the demands of home ownership. This type of arrangement also might address issues of loneliness and isolation, which can take a toll on older adults.

However, several participants at Inclusive Engagement events expressed that while older adults would appreciate the assistance and company in theory, most are wary of welcoming a stranger into their homes. One Focus Group participant summed up these sentiments, “Shared housing is an [interesting] alternative, but [many are] concerned about issues of reliability and safety.”

4. As people age, their need increases for environmental accessibility and accommodations, such as single-floor living, wide hallways and doorways, and no-step home and shower entry. Greater access to low-cost or free home modification services to address these needs is essential. Even when a home is already accessible, maintaining it is often challenging for older residents.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Housing and Neighborhood Livability*.

There was acute awareness among participants that older adults’ housing needs change as they age. 21 percent of the CASOA survey respondents were satisfied with the availability of accessible homes and 30 percent indicated it can be difficult to find housing in Fairfax County that suits their needs. 49 percent reported problems maintaining their home and 48 percent maintaining their yard.

Several participants in Inclusive Engagement events expressed a desire for prioritization of home maintenance resources for older adults who want to remain in their communities. One Focus Group participant said, “Home repairs, aging in place, rentals should be priorities... there needs to be more consideration for preventing falls, ensuring safety of homes for older adults.”

A prominent barrier that older adults face in accessing living spaces in their own homes, however, is the cost of paying for services to install or remodel rooms and doorways to accommodate their needs. A Focus Group participant noted, “The County has a building program [that can help with] the cost of certain modifications to [the] home (carpenters, electricians, plumbers, etc.)”

Fairfax County and various community-based organizations provide resources that address the housing needs of older adult residents. A Focus Group member, however, added, “Funding is limited, and there are cases where people take advantage of the services... Lots of services provided by Fairfax County are income-based.”

While available resources may be of assistance to low-income residents, middle-class populations may be ineligible for help. Demand also may outpace capacity. “The volume of interest exceeds available housing resources, and waiting lists are common,” according to one stakeholder.

ACCCESS TO MOBILITY OPTIONS: TRANSPORTATION, MOBILITY SUPPORT, WALKABILITY

- 1. When older adults no longer feel safe walking or driving in their communities, their isolation increases and quality of life declines. Some older residents reported finding it difficult to walk in certain areas because sidewalks are not level, construction too often obstructs walking paths, and roads lack shoulders. While most older residents can drive and easily get to the places they need to visit, others reported feeling hesitant about driving on local highways.**

This theme aligns with the Countywide Strategic Plan’s Community Outcome Areas, *Mobility and Transportation and Safety and Security*.

The CASOA survey indicated that most older Fairfax County residents are satisfied with their ability to get around their communities; 79 percent of respondents reported being able to easily get to the places they usually need to visit, and 67 percent indicated satisfaction with the overall quality of the transportation system in their communities. Although 80 percent of respondents were satisfied with the ease of traveling by car, fewer (66%) said they were satisfied with the ease of traveling by foot in their communities. One Key Informant Interview participant emphatically stated, “Walkability should mean you can get somewhere! There are lots of nice trails, but they don’t go anywhere. So many roads aren’t safe for walking!”

In addition, 14 percent of the CASOA respondents reported they no longer can drive, which creates a significant challenge for them. As one Key Informant Interview participant noted, “When people stop driving as they become older, they become more socially isolated because they can’t connect with resources. Their well-being suffers.” Some older residents have cut back on driving on heavily traveled roads with higher speed limits. “[I] try not to get on the Beltway unless absolutely necessary,” said one. These individuals often lean on their support systems, such as family members to get them to their destinations. “My children drive me,” a Town Hall participant said.

- 2. Improvements in Fairfax County’s public transportation system are ongoing, but for multiple reasons, the County’s mass transit system often is inadequate to meet the needs of older residents.**

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Mobility and Transportation*.

Among the CASOA respondents, 44 percent said they find Fairfax County’s public transportation easy to navigate; however, the survey did not assess in further detail which aspects of the public transportation system are most navigable. Public transportation is available along major routes across Fairfax County, but options within many communities are limited. A Community Gathering participant noted, “There are not enough bus lines/bus stops. People have to walk quite a ways to get a bus.”

Having to go to such lengths to use public transportation may negatively affect older adults’ physical and mental well-being, especially if they must navigate several bus routes and trains to reach their destinations. The County should expand its public transportation options. One participant also noted that some bus stops in the County do not have shelters where older people can protect themselves from harsh weather conditions and rest.

During Inclusive Engagement events, many participants were aware of helpful resources in Fairfax County, such as NV Rides, a local ride share service, and Fastran, a specialized service for individuals enrolled in human service programs. These transportation services, however, present other challenges because they can be expensive and/or unreliable. A Focus Group participant explained, NV Rides “is entirely volunteer-run, and the personal vehicles used by volunteers, and the volunteers themselves, have limitations.” A participant from a senior center said the facility’s older adults use Fastran but noted that Fastran’s schedule for picking up passengers sometimes conflicts with scheduled senior center activities. So, though these options are helpful, they have room for improvement. Some community and senior centers offer their own transportation resources, but the availability and quality of these options are dependent on funding.

Several participants in Inclusive Engagement events also cited the need for more readily available information about transportation options and routes, adding that this information should be updated continually and offered across multiple modalities and in multiple languages.

3. Buildings and facilities should be universally accessible and navigable.

This theme aligns with the Countywide Strategic Plans’ Community Outcome Area, *Safety and Security*.

The CASOA survey found that 72 percent of respondents are satisfied with the overall design or layout of their community’s residential and commercial areas. Participants at Inclusive Engagement events provided feedback about other settings, including medical facilities and group homes. A Focus Group participant mentioned that “medical health facilities [sometimes] do not have the proper assistive devices and technology...to [help older adults] transfer from a wheelchair to a bed [or get on] a scale.” The same set of participants noted that accessibility in some group homes can be an issue.


Because older adults may have physical limitations that make navigating some facilities challenging, building planners and developers should examine whether their sites are comprehensively accessible to all residents and visitors. The County requires all buildings to use universal design. In addition, these facilities should feature clear signage and other accommodations for individuals who require visual or hearing assistance.

PERSONAL WELL-BEING: COMMUNITY ENGAGEMENT, ISOLATION, PUBLIC AND MENTAL HEALTH, NUTRITION

1. Fairfax County values its rich diversity and strives for greater equity. Evidence suggests, however, that older adults from some racial, ethnic, religious, and sexual and gender minority groups have greater needs and less satisfaction with living in the County. Some older residents from minority groups also reported facing discrimination and feeling unwelcome in their communities.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Areas, *Empowerment and Support for Residents Facing Vulnerability and Effective and Efficient Government*, as well as *One Fairfax*.

Data suggests that disparities exist among older adults from minority groups in the County, especially those from Asian populations (e.g., Chinese, Korean, Vietnamese, Indian) and increased markedly between 2019 and 2022. Asian respondents in the 2022 CASOA survey indicated greater difficulty meeting daily expenses than other racial/ethnic groups. They ranked the availability of affordable quality housing lower, reported lower levels of social connectedness, and perceived less availability of affordable quality physical health care. More Asian respondents reported difficulties with obtaining information about what services are available to older adults. More than half of the Asian respondents said that having safe and affordable transportation is a problem compared to 35% overall. While there were only slight changes in feeling valued in their communities among most respondents from the 2019 to 2022 CASOA surveys, Asian respondents had significant decreases.



Some residents from minority groups in general said they have experienced discrimination in their communities, leading to feelings of disconnection. In fact, 37 percent of CASOA survey respondents felt that the community lacked openness and acceptance toward people of diverse backgrounds. Only 31% of respondents who identified as White felt this way compared to 41% of Black or African American respondents, 43% of Hispanic respondents, and 54% of Asian respondents.

This sentiment also was reflected in comments from some participants in the Inclusive Engagement events, including an attendee at one Town Hall who said, “There is a lot of hate speech going on in social media, and it impacts those from different ethnic and cultural backgrounds.”

Some participants with racial and ethnic minority backgrounds also expressed a lack of trust in health care providers and social service agencies. One participant said, “There is sometimes a trust barrier due to previous trauma and experiences related to race and ethnicity.”

A Focus Group participant expressed that an important part of creating an inclusive community is representation and that minority groups need to serve at all levels of leadership and government. Members of diverse and minority communities also expressed a desire for culturally competent services. One Town Hall participant said, “[We] need a bridge between racial and ethnic community, as well as those of different ages!”

LGBTQIA+ participants in Inclusive Engagement events also spoke about their experiences with discrimination when dealing with institutions, including health care organizations and social services agencies, and the need for a safe, inclusive space. “Looking back,” one person said, “[members of] the Stonewall generation have battled discrimination most of their lives and are currently aging without protection. People are fearful of government programs, health care providers, state programs.”

2. Local older residents have a long and impressive record of community engagement and volunteer service through the County’s local organizations, schools, and Villages. Older adults, however, expressed a desire for the County to make information about volunteer opportunities more readily available to a greater number and diversity of older adults.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, Cultural and Recreational Opportunities.

The CASOA survey found that 41 percent of older adults reported limited engagement with their communities. A Focus Group participant spoke about the importance of volunteering, stating, “One of the things that makes people feel good is having a sense of purpose. What makes the Villages work are the volunteer roles within the Village.” (For context, the Village model involves neighbors joining together to form a volunteer group that offers support and access to services for their older neighbors.) Though it can be challenging for older residents to continue to feel as though they are actively engaged in their communities, volunteer opportunities are a meaningful way to get involved and build relationships.

Unfortunately, numerous barriers to volunteering may prevent older adults from enjoying the increased sense of belonging and being of value, which volunteers often experience. Language differences, stringent volunteer requirements, and lack of transportation impede volunteerism. It can also be difficult for older adults to learn about the availability of volunteer opportunities. The CASOA survey found that more than 73 percent of respondents rated opportunities to volunteer as good or excellent in 2022, down from 88 percent in 2019.

A Town Hall participant agreed with the importance of volunteer opportunities and indicated that COVID-19 may have led to fewer chances to get involved. “[More] volunteer opportunities are needed. Before COVID-19, the schools were a great place to volunteer because of the connections between kids and older adults,” according to this respondent. Older adults are also at higher risk from COVID-19 and may be unable to volunteer in a close-

contact environment such as a school. Inclusive Engagement participants also expressed a need for accessible and safe volunteer opportunities in Fairfax County for older adults from diverse backgrounds (i.e., language spoken, education level, etc.) and greater communication about the availability of these opportunities.

3. During many of the Inclusive Engagement events, older residents reported feeling lonely and isolated in their communities and expressed a desire to reconnect with others as the pandemic restrictions end. Enhancing opportunities for increased connectedness through in-person, telephonic, or online interactions would help relieve social isolation.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Cultural and Recreational Opportunities*.

National surveys over the past decade have shown that older adults have experienced increasing loneliness and disconnection from their support systems and communities, particularly during the pandemic. Social isolation and loneliness have been associated with detrimental effects on physical health, such as increased hypertension and heart disease, and mental health, including increased rates of anxiety, depression, and cognitive decline. Among CASOA survey respondents, 33 percent said that feelings of loneliness and isolation are a problem for them. However, 23 percent said it was only a minor problem, 7 percent a moderate problem, and only 3 percent a major problem.

Some Inclusive Engagement participants noted that as people age, building connections becomes more difficult as friends and families grow apart and opportunities to connect decline.

To counter social isolation and loneliness, some participants said more intergenerational programs and engagement would be welcomed to create more opportunities for young and older people to connect.

A Community Focus Group participant explained, “Increased connectedness...helps people stay in their homes.” Several participants described the changes in their neighborhoods and said they no longer know or speak to their neighbors. One said, “Nobody has the time to just sit and talk with me.”

The pandemic made the isolation and loneliness worse. “Many older residents suffered the loss of their support networks,” said a Focus Group participant. “They may not have had the technology to go online and join an exercise group or chorus. They became much more isolated.”

Isolation may trigger anxiety, which can lead to more isolation and other detrimental effects. “When older adults feel anxious,” said another Focus Group participant, “they further isolate themselves. This increases their vulnerability to scams.”

To counter isolation, a participant in one Key Informant Interview said one community-based organization is moving toward an intergenerational model for its residency program, which offers opportunities for participation in arts programs at public schools, senior centers, parks, community centers, libraries, and affordable housing communities. Other participants suggested volunteerism and online groups to serve as safe meeting grounds for older adults.

4. Older residents reported barriers accessing physical and mental health care in Fairfax County for multiple reasons:

- ▶ Challenges finding health care providers who accept specific insurance plans and can offer appointments in a timely manner.
- ▶ Too few health care providers who can communicate in a language other than English and understand culturally based health beliefs and behaviors.
- ▶ Time pressures on health care providers and their office staff members that preclude them from listening to and understanding older residents’ health needs and answering their questions.

- ▶ Poor options for dental insurance and dental care.
- ▶ Difficulties finding reliable transportation to health care offices.
- ▶ Technology challenges with using telehealth services and patient portals.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Healthy Communities*.

Being able to access care at the time it is needed is important to help maintain older adults’ physical and mental well-being and allow them to remain in their homes and communities. While most respondents to the CASOA survey did not cite concerns with accessing care, 30 percent reported that getting the health care they needed was a minor, moderate, or major problem. Participants in the survey and Inclusive Engagement events provided multiple explanations—including health insurance issues, provider availability, and quality of care—for the challenges they’ve experienced accessing physical health care.

In the CASOA survey, 34 percent of respondents reported they had difficulty finding affordable health insurance, and 30 percent of respondents reported they had difficulty getting the health care they need. One event participant noted, “Many older adults who have Medicaid or Medicare have difficulty accessing services because many providers in the area don’t accept those insurances.”

A participant at one Community Gathering noted limited availability of medical appointments, adding, “Not being able to get doctor’s appointments in a timely fashion, for whatever reason, is a critical issue.” A Town Hall participant described difficulty finding physicians who listen to their patients’ needs, stating, “Even if you get to a doctor, the quality of health care has deteriorated. Doctors don’t take the time to understand your health.”

Another participant suggested that, since the pandemic, health care workers are under supported and overworked. Other noted barriers to health care access include lack of transportation, limited technology or technological know-how for using telehealth, and difficulty finding culturally sensitive providers who speak languages other than English.

Participants also had many concerns about dental care for older residents. Although there is some Medicaid dental coverage now, a participant in a Focus Group said, “Dental care is a...big issue, in [terms of] getting care and getting insurance.” Another added, “Dental care is zero.” A participant at another Town Hall said, “Dental care is so expensive! [Someone I know], whose income is \$800 a month, got stuck with a \$3,000 dental bill!”

Among the CASOA survey respondents, 89 percent indicated that their overall mental health and emotional well-being was excellent or good. But for older residents in need of mental health services, accessing care is another challenge. 62 percent of CASOA survey respondents said that availability of affordable, quality mental health care was fair or poor. Inclusive Engagement participants identified two significant barriers that often prevent the County’s older residents from accessing mental health care: a lack of available services and social stigma against mental health disorders and treatments. Mental health advocates say that this stigma is more prevalent among older adults from minority communities because of cultural beliefs.

- ▶ Several Inclusive Engagement participants expressed frustration with trying to access mental health services because many mental health agencies either don’t accept their health insurance or have little availability due to mental health workforce shortages exacerbated by the pandemic. “There is truly a gap in mental health providers available and those who take different insurance types,” one participant said. “We face the same challenges with the three Rs—recruitment, retention, resignations—that mental health agencies throughout the country are dealing with,” said one of the participants in a Key Informant Interview, referring to an organization that primarily serves individuals with Medicaid and Medicare. That participant added, “A lot of mental health agencies that take commercial insurance also have wait lists.”

- ▶ Lacking health insurance of any kind makes accessing mental health services much harder, especially for members of minority groups. “Mental health [care] without insurance is hard to access, especially in Spanish,” a participant pointed out.
- ▶ Speakers of languages other than English reported difficulty finding mental health providers who speak their language and understand their culture. A Focus Group participant expressed that support group facilitators should speak the same languages as the people in it. “We don’t want the members who speak English to dominate the group,” said the participant. “We can’t superimpose the Western way of doing things. [We] have to offer different languages or else people won’t be able to participate.”

In addition to speaking older adults’ languages in Fairfax County, it is important that mental health providers understand the cultures of the people in their care. Sometimes mental health stigma is a barrier to accessing care. A participant noted, “The area is multicultural and multiracial, and these different cultures look at mental health differently. Sometimes getting [mental health] help is discouraged in different cultures. For some it can be considered a bad thing to go to the psychologist or psychiatrist.”

5. Participants expressed inadequacy with the availability of long-term services and supports (LTSS), including assisted living and skilled nursing facilities and home- and community-based services, in Fairfax County.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Areas, Housing and Livability and Healthy Communities.

LTSS comprises a range of facility-based care, including skilled nursing facilities and assisted living facilities, and home- and community-based services, including non-medical personal care, home health care, and case management. Only 40 percent of CASOA respondents rated LTSS options as good or excellent in Fairfax County, and only 32 percent for daytime care options. Satisfaction with LTSS options is one of the areas where respondents who identified as Asian were notably less satisfied, with only 19% rating LTSS options as good or excellent and only 18% for daytime care options.

Inclusive Engagement participants also expressed dissatisfaction with the LTSS options available in the Fairfax County area. The primary issue for them was affordability; unless participants had been able to purchase Long-Term Care insurance earlier in their lives, many found the cost of LTSS services out of reach.

Several participants noted that federal and state funding for LTSS is insufficient. A participant in the 50+ Community Ambassadors Focus Group pointed out that “Medicare does not support all the equipment needed for aging at home or [paying for home health aides].” In one Key Informant Interview, a participant shared, “The state provides a small pot of money for in-home care [that is] not close to meeting the need.” Even if funds were available, eligibility restrictions preclude many older adults from qualifying for them. Another participant in a Key Informant Interview said, “There are large groups of people who don’t qualify for in-home care and don’t qualify for public-paid services.”

Poor quality of available LTSS services, especially facility-based care in the aftermath of the pandemic, was also a common concern. A participant said, “Many nursing home residents are Medicaid recipients and struggle to get [regular onsite medical] care...Residents feel like they are not heard and not followed up with.”

As with mental health services, workforce shortages negatively affect the LTSS industry. Participants in the Long-Term Care Focus Group agreed that hiring skilled nurses and aides to staff LTSS facilities was extremely challenging nowadays. A participant at the Commission on Aging Key Informant Interview said, “We need more home health aides and better transportation to get them to where in the County they are needed.”

6. **Some older residents and key informants identified food insecurity as a pressing issue for Fairfax County. They said they want greater access to affordable, healthy food options and education on how to make better dietary decisions.**

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Healthy Communities*.

Food insecurity was a much-publicized national issue during the pandemic, and it affected some older residents in Fairfax County as well. In 2022, 12 percent of respondents reported that having enough to eat was a problem. The CASOA survey also found that the availability of affordable quality food trended negatively from 2019 to 2022 dropping from 67% of respondents saying it was excellent or good in 2019 to 56% in 2022.

Several Inclusive Engagement participants said affordability is the major impediment, primarily caused by rising food prices. This was recently exacerbated when the Supplemental Nutrition Assistance program (SNAP) pandemic allotment for older adult recipients ended. “Families are living on the edge of self-sufficiency,” said a participant in one Key Informant Interview. “They aren’t making enough money to eat healthily. Food and gas price increases have made the situation worse,” added another participant.

According to one participant, “Many seniors retire without a pension plan and rely on Social Security only. They don’t have enough funds for food and housing. [Most] focus on paying for housing.” Limited income leads to poor food choices. A participant at a Community Gathering said, “Fruits and vegetables are expensive. Junk food is cheap.”

Several food banks and other free and low-cost nutrition programs are available in and around the area to help older adults meet their nutritional needs. Some participants reported challenges finding an adequate quality and variety of food through these services. One Focus Group participant said, “The free food that is distributed is often not nutritious. More guidelines should be given to food pantries.” Another participant suggested that more older residents might participate in food assistance programs if a wider variety of foods were available. Some programs can offer food but are not able to accommodate food matching diverse cultural requests. Another Focus Group participant highlighted the importance of being able to choose their own food, stating, “Agency over your food purchases is incredibly important to people.”

Another barrier to healthy eating can be older residents’ functional limitations, especially if they are living alone without others’ assistance. “Some older adults have difficulty cutting fresh produce and opening cans,” said a participant in a Key Informant Interview. Participants suggested that distributing pre-cut foods in easy-to-open packages or prepared foods would help these residents. This is worse for older residents who are experiencing some cognitive impairment and are living alone.

Greater knowledge about healthy food could also lead to healthier eating. At one Community Gathering, participants expressed interest in increased nutrition and wellness education and local gardening opportunities through senior and community centers and faith-based organizations.

ECONOMIC STABILITY AND PLANNING: FINANCIAL STABILITY, EXPLOITATION, EMPLOYMENT, END OF LIFE, BUSINESS PARTNERSHIPS

1. **High inflation is negatively affecting the ability of older adults living on fixed incomes to pay for their basic needs, such as housing, transportation, food, and health care, and technology-related costs, such as computers, cellphones, and broadband.**

This theme aligns with the Countywide Strategic Plans Community Outcome Area, *Empowerment and Support for Residents Facing Vulnerability*.

When asked about the cost of living in Fairfax County, only 15 percent of CASOA survey respondents rated it as good or excellent. The survey found that only 16 percent of respondents thought the economy would have a very positive or somewhat positive impact on their family income in the next six months.

Inclusive Engagement participants also expressed many concerns about the impact of inflation on their continued ability to make ends meet. “Everything is more expensive. Overall expenses are considerably higher,” said a participant. Participants described competing demands for their finances including long-term care costs, living alone without family support, transportation, food, medical co-payments, helping family members, and other expenses. While older adults have their own financial responsibilities, some also are supporting children and grandchildren.

For some older adults, the rising cost of living means postponing retirement as long as possible. A participant who is already retired shared, “People feel [inflation] more once they are retired” because they are often living on fixed incomes. Participants expressed concern that their income will not stretch as far, and their savings and investments will be depleted.

2. Some older Fairfax County residents are considering reentering the workforce to supplement their fixed incomes and better meet their financial needs. But significant barriers exist that limit employment opportunities for older adults, including age discrimination, the digital divide, lack of timely or convenient transportation, and physical and cognitive limitations.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, Empowerment and Support for Residents Facing Vulnerability.

Concerns about inflation are prompting more older residents to consider reentering the workforce. Employment supports for older adults was an area where Fairfax County scored above most benchmark communities. Opportunities to build work skills ranked second out of 40 communities and opportunities to enroll in skill-building or personal enrichment classes was 19th out of 84 communities where this question was asked. 54 percent of the CASOA survey respondents reported they had good or excellent opportunities to build their work skills. Only 38 percent of respondents, though, indicated that employment opportunities for older adults were good or excellent.

Inclusive Engagement participants suggested multiple barriers prevent them from working, including physical limitations, lack of transportation, and discrimination. A Town Hall participant noted, “It is difficult for someone in their late seventies [who needs income] to find jobs. And when they do find a job, it can be too physically taxing and difficult to find transportation to get to and from work.”

Several participants expressed a desire to work but felt that prospective employers favor younger candidates, either for the lower cost of employment or because of their comfort with technology. A Town Hall participant said, “It’s not that older people don’t want to work. It’s that they are being overlooked [due to ageism].”

3. As the incidence of financial exploitation of older adults has risen nationally and regionally in recent years, Fairfax County’s Adult Protective Services (APS) has developed programs in partnership with AARP, Land Development Services, and other entities to prevent its older residents from falling prey to scams. These programs should be periodically reviewed and strengthened to counter the increasing dangers.

This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, Safety and Security.

As technology advances, so does the sophistication of online criminal activity and the number of older adults who are negatively affected. Older adults also may be vulnerable to unethical contractors or car repair shops. In 2022, 20 percent of CASOA survey respondents said that being a victim of fraud or a scam was a minor, moderate, or major problem. Older residents expressed concerns that becoming a victim of a scam could be financially devastating. A Community Engagement participant said, “[Financial scams] affect the ability [of older adults] to age smoothly as they deplete their life savings.”

Several participants cited education as key to prevention. One participant was grateful for the speakers who come to his senior center to teach about scams, saying, “Without [them], I wouldn’t know about the scams.” But another participant said, “We need more education for older adults who are susceptible to financial scams.”

RECOMMENDATIONS

To better meet the identified needs of Fairfax County’s older residents within the next five years, various potential local and countywide strategies, addressing the overarching and SHAPE the Future of Aging themes, can be considered. The recommendations identified below encompass multiple possibilities, many which can be built upon initiatives started under previous aging service plans. They are not intended to be prescriptive, so much as stimulating and perhaps inspiring. In some of the proposed strategies for each recommendation, the primary strategy suggested is further detailed study. Ideally, partnerships can be forged among the County’s diversity of older adults, community-based organizations, business and faith community leaders, County department and elected officials, and other stakeholders to assess, choose, and implement the most promising solutions going forward.

SERVICES FOR OLDER ADULTS AND FAMILY CAREGIVERS: CAREGIVER SUPPORT, DEMENTIA FRIENDLY, RESOURCES

Publicize comprehensive, easy-to-access information in multiple languages about services and events for older adults.

Proposed Strategies:

- ▶ **Provide multiple avenues of communication**—including online and print materials as well as broadcast and social media in several languages—to provide comprehensive, easy-to-access information. In a county as large, complex, and diverse as Fairfax County, no single means of disseminating information about aging services will reach every older resident.
- ▶ **Research how older adults are currently learning about resources and identify gaps.** Study older residents’ use of currently available information clearinghouses—such as the Fairfax County Aging, Disability and Caregiver Resource Line, 211 Virginia, and Virginia’s Senior Navigator—to learn about aging services. This tactic also might include studying the efficacy of the Fairfax County Department of Family Services’ Older Adult webpage to attract views and clicks. Explore how to increase resident awareness and usage of these resources.
- ▶ **Produce a senior resource handbook.** Provide materials in multiple languages. At several Inclusive Engagement events, participants suggested disseminating information in multiple languages—including Spanish, Mandarin, Cantonese, Korean, Farsi, Arabic, and Vietnamese—to accommodate many of the older residents who primarily speak a language other than English. This should include information available on the County’s Older Adults webpage, as well as in popular resources such as the Golden Gazette and the Age Well Guide. These resources also should be reviewed to ensure they are at a level of readability that is accessible to most residents.
- ▶ **Utilize existing dissemination networks to share information about aging services.** For example:
 - ◆ Partner with homeowners’ associations (HOAs) to distribute resource information and print materials.
 - ◆ Regularly mail postcards and flyers to older residents with instructions on how to access resources.
 - ◆ The 50+ Community Ambassador Program’s scope of activities should be expanded to regularly circulate information through faith-based organizations and in non-English speaking communities.



- ▶ **Study family caregivers' awareness of and satisfaction with current programming.** Consider options for developing a face-to-face community navigator program for individuals who are uncomfortable with using technology to access information and resources and would welcome face-to-face engagement.
- ▶ **Explore creating a peer-to-peer program for older adults of diverse communities to promote information-sharing among cultural groups.** Inclusive Engagement participants described older residents, especially those who immigrated to Fairfax County as adults, maintaining their close social circles within their cultural groups for comfort and familiarity. A formal peer-to-peer program that draws on the cohesion of these social circles might reach older residents who would otherwise be unaware of available services.

Increase support and guidance for family caregivers.

Proposed Strategies:

- ▶ **Create a family caregiver peer-to-peer program.** By expanding the 50+ Community Ambassador program's scope of activities to include a family caregiver peer-to-peer program, promote inclusion of caregivers from all demographic groups, and provide an in-person support system for caregivers.
- ▶ **Consider increasing services to underserved areas of the County.** During the Inclusive Engagement events, specific gaps in aging services were identified that, if addressed, could provide increased caregiver support. For example, conduct a feasibility study for adding adult day health centers in Fairfax area communities which have no such services.
- ▶ **Establish guidelines for new businesses setting up Dementia Friendly training for their employees.** All residents benefit from gaining greater understanding of the challenges and needs of individuals with dementia and their caregivers. Employees of public-facing, service-oriented businesses should help create a more supportive environment for customers dealing with dementia, as well as employees with dementia-related cognitive challenges.

Increase support for Fairfax County's older residents with disabilities.

Proposed Strategies:

- ▶ **Survey adults with disabilities to understand needs.** Aggregate data to understand how the needs of older adults with disabilities may differ from other respondents.
- ▶ **Research use of peer supports in other counties for older adults with disabilities.** Identify best practices and then develop Fairfax County individual and family peer programs.
- ▶ **Expand older adult educational opportunities.** Educational programs in safe driving, home safety, falls prevention, age-related cognitive changes, and other topics help older adults remain safe and more likely to age in place. The County and non-profit community-based organizations can collaborate to increase online and in-person educational opportunities.

HOUSING AND NEIGHBORHOOD SUPPORTS: AFFORDABLE HOUSING, HOME MODIFICATIONS, HOME MAINTENANCE, VILLAGES, LIVABLE COMMUNITIES

Advance opportunities to reduce housing costs for older adults so they can remain in their homes.

Proposed Strategies:

- ▶ **Convene a multi-sector, multidisciplinary workgroup to study potential strategies for relieving Fairfax County's affordable housing challenges.** Affordable housing is a crisis in many regions of the country for populations of all ages and backgrounds. Because of the complexity of the challenge, developing effective strategies for meeting it will require studying the impacts of multiple policies and approaches:

- ◆ Benchmark best practices utilized in other counties for fostering aging in place.
- ◆ Explore how other communities have approached property tax policies, and real estate approaches, such as homesteading, to address older adults' tax and real estate burdens.
- ◆ Determine the effects of the County's current zoning and other regulations on housing construction of smaller homes and efficiency apartments for older residents who would like to downsize from larger homes.

▶ **Develop additional resources to educate consumers about home sharing.** Home sharing was discussed at all Inclusive Engagement events as a potential remedy for high housing costs and home maintenance needs for older residents. It also was considered as a means of reducing social isolation and feelings of loneliness among older adults. Many participants, however, expressed hesitancy at the prospect of sharing a living space with a stranger. To address this concern, the County should:

- ◆ Educate residents about what home sharing is and what options exist.
- ◆ Share templates for formal rental agreements between homeowners and tenants to help older adults feel an extra sense of security about legal and financial processes.
- ◆ Advertise home-sharing opportunities and success stories with information about other County services, such as the availability of applications to add Accessory Dwelling Units.

Increase support and partnerships targeted to help older residents who are housing insecure.

Proposed Strategy:

▶ **Develop braided funding opportunities through federal and state grants and health care and academic partnerships to increase service-enriched housing.** Such housing resources should be targeted for low-income community-dwelling older adults who are at risk for hospitalization, nursing home placement, or homelessness to reduce Medicaid and social services costs.

Assist older residents in accessing resources to meet their home accessibility needs.

Proposed Strategies:

▶ **Partner with universities and non-profit community-based organizations to expand resources to assist older adults with home modifications to meet their accessibility needs.** Home modification services are an integral part of Medicaid home- and community-based services. They can offset the cost of adapting home environments to increase the safety of older adults with functional limitations and address non-functional design. Participants at the Inclusive Engagement events spoke highly of services provided through local programs. These services should be expanded by partnering with local trade schools and universities to encourage student participation, and employers' service day projects should also be targeted to help with minor repair needs.

▶ **Adopt innovative, evidence-based models for increasing housing accessibility and advancing aging in place.** There are several promising models being implemented in communities across the country. For example, Johns Hopkins University's Community Aging in Place—Advancing Better Living for Elders (CAPABLE) is a home-based program that integrates services from an occupational therapist, registered nurse, and handyman for four to five months for older adults with functional limitations who need home adaptations. Extensive research demonstrates it makes homes more livable for older adults and lowers their health care costs and skilled nursing facility stays. It has been implemented in more than 40 sites around the country, though none in the Commonwealth of Virginia. The County could partner with a local affordable housing agency, university, and/or health system to pursue external funding opportunities to create a CAPABLE pilot model in multiple County locations to promote aging in place.

ACCESS TO MOBILITY OPTIONS: TRANSPORTATION, MOBILITY SUPPORT, WALKABILITY

Increase walkability and accessibility.

Proposed Strategy:

- ▶ **Encourage greater County planning consideration of accessibility, walkability and navigability when planning new sidewalks, maintaining existing sidewalks, improving street and path lighting, and repainting any fading crosswalks and road lines.**

Increase the viability and convenience of non-automobile transportation options for older adults.

Proposed Strategies:

- ▶ **Expand existing transportation networks.** Consider expanding existing transportation resource networks, such as Fastran and the Mobility Management program. These networks could garner greater acceptance by older residents with functional and cognitive limitations by recruiting volunteers to assist them who are trained to aid people with significant disabilities.
- ▶ **Increase older adult awareness of alternative transportation options that are affordable and accessible.** Multiple transportation options currently exist for individuals who no longer drive and are not near public transportation. Consider carpooling and vanpooling opportunities as well as Uber Health and Lyft Healthcare, and private ridesharing, as these services provide low-cost transportation to health care appointments. Information about these and other options should be readily available through online and print guides to services for older adults.
- ▶ **Consider strategies for lowering transportation costs of alternative options.** One barrier to promoting non-automobile transportation options is financial; many older adults who cannot use public transit and must rely on ridesharing services find it difficult to afford these resources. The County can improve affordability by increasing the availability of ridesharing and taxi vouchers and reduced rates for other transportation methods.

PERSONAL WELL-BEING: COMMUNITY ENGAGEMENT, ISOLATION, PUBLIC AND MENTAL HEALTH, NUTRITION

Increase inclusion and acceptance for all older residents.

Proposed Strategy:

- ▶ **Consider additional initiatives for increasing inclusion for older residents.** Though a large portion of Fairfax County's population is composed of diverse communities from different cultural, racial, ethnic, religious, sexual, and gender minority groups, results of the CASOA survey and Inclusive Engagement events indicate that some still experience discrimination and feel unwelcome. Additional initiatives may be considered:
 - ◆ Fairfax County has successfully used 50+ Community Ambassadors to engage with older residents of diverse backgrounds to connect them with resources and create a greater sense of community. Expanding the role and numbers of 50+ Community Ambassadors may further enhance community cohesion and acceptance. The ambassadors should receive regular training in cultural competence and Dementia Friendly principles.
 - ◆ To supplement the efforts of 50+ Community Ambassadors, the County should formally identify and train neighborhood champions for cultural groups in all communities to welcome new residents and foster a sense of belonging.

- ◆ Educate community and community-based organizations against ageism and other forms of discriminatory practices and behaviors.
- ◆ Expand community education programs to help LGBTQIA+ individuals feel recognized and better accepted. The County and local organizations can collaborate to develop programming that expands access to information about trans health, LGBTQIA+ individuals of color, anti-violence, and PRIDE, as well as sponsoring PRIDE events in Fairfax area communities.
 - *Ensure cultural competency education for aging services providers. Most public servants are trained in equity and cultural competence to better serve their constituents. The County can ensure its staff and service providers receive training in best practices for working with older adults who are LGBTQIA+ and people with disabilities. For example, all Fairfax area senior center employees could complete SAGECare's LGBTQIA+ cultural competency program. (SAGE stands for Services and Advocacy for LGBT Elders.)*
 - *Create dedicated space and time to discussing needs with the LGBTQIA+ community to determine what supports are needed. These initial efforts should create a forum for dialogue on what older adults from the LGBTQIA+ community ultimately want as a gathering place of their own.*
 - *Provide access to interpretation devices in senior centers.*

Increase access to and engagement with physical and mental health care for all older residents.

Proposed Strategies:

- ▶ **Convene a multi-sector gathering to collaborate on initiatives for recruiting providers to Fairfax County.** Increasing access to health care for Fairfax County's older residents depends in large part on attracting more providers. Not only is there a health care workforce shortage nationally, geriatricians and other health care professionals trained to care for older adults have always been in short supply. Consider convening a gathering of local leaders from multiple sectors, including physical and mental health, social services, business, the faith community, and racial and cultural groups, to jointly develop initiatives for recruiting providers.
- ▶ **Encourage local health systems and behavioral health organizations to train culturally competent health care providers with experience and expertise with the specific populations of Fairfax County.** Most providers are required by their licensures and employers to have some training in cultural competence and cultural humility. If such training were focused on the specific complement of minorities within the County, then it would likely make those older adults more comfortable seeking care and engaging with available providers. Ideally, many of those providers speak the primary languages of older residents.
- ▶ **Foster growth of telehealth.** The pandemic proved the viability of telehealth. To increase access to health services for older adults in a geographically large county with limited public transit, telehealth services must grow. Enable more older residents to use telehealth by:
 - ◆ Expanding community education in multiple languages about technology options in the community.
 - ◆ Seeking funding from foundations and the business community for purchasing and distributing low-cost computers through aging services agencies to older residents of limited means.
 - ◆ Encouraging local health systems to explore the use of hybrid systems in which community health workers, peers, and volunteers travel with computers to the homes of homebound residents to facilitate telehealth services.
- ▶ **Increase community education in multiple languages.** To increase the engagement in health care services by diverse older adults, local health systems and the County should offer more community education programs

in multiple languages at senior and community centers about physical and emotional wellness and appropriate preventive and therapeutic care for older adults. These efforts can increase older adults' comfort with navigating the health care system and thereby promote engagement.

- ▶ **Expand trusted, community-based engagement.** The County's versatile 50+ Community Ambassadors program can reach out to, engage, and encourage immigrants to seek health care services without fear of being questioned or deported.
- ▶ **Integrate more health services into senior centers.** Even when older adults in many communities are uncomfortable going to doctor's offices and hospitals for health care, they often have been willing to engage physical health professionals in private offices in the senior centers that are familiar to them. The County's senior centers, including those serving diverse communities such as Korean and Arabic speakers, should partner with local health systems to situate in-person and telehealth services onsite.
- ▶ **Consider launching an anti-mental health stigma effort.** To help older residents and their family caregivers overcome feelings of stigma about mental health treatment, support community education programs, such as Mental Health First Aid, in multiple languages that are designed to increase community knowledge about mental health disorders and thereby reduce the stigma associated with seeking treatment.

Increase community engagement and decrease social isolation of older residents.

Proposed Strategies:

- ▶ **Expand volunteer options that increase community engagement.** Volunteering has been demonstrated to increase community engagement and reduce social isolation and loneliness. To increase and publicize volunteer opportunities for older residents, the County can expand its Venture into Volunteering marketing effort to reach more older adults from the diversity of County communities. The County can also recruit culturally diverse advocates to provide guidance to prospective volunteers as needed.
- ▶ **Partner with the Fairfax library system.** To build on existing resources, consider partnering with the library system as a social engagement hub for older adults, and create a separate link on the Fairfax County Public Library webpage for older adults that includes information about services and social engagement opportunities.
- ▶ **Partner with organizations that offer lifelong learning opportunities,** including Lifetime Learning Institute, Osher Lifelong Learning Institute, and Arts Fairfax.

Expand nutrition and wellness activities for older residents.

Proposed Strategies:

- ▶ **Provide resources to improve awareness of free food options.** Fairfax County should expand partnerships with food pantries and meal delivery programs and reach out to potential new partners (e.g., Imperfect Foods and healthy food subscription services).
- ▶ **Enhance residents' knowledge of nutritious food and affordable options and benefits.**
 - ◆ Some grocery chains around the country have run pilot programs within their stores to provide community nutrition education, including free counseling sessions with dietitians. Such programs would assist Fairfax County's older adults in reading food labels and learning to make healthy but inexpensive food choices.
 - ◆ The County should expand its partnerships with the Fairfax Food Council and other volunteer organizations to conduct nutrition demonstrations at senior and community centers and expand community gardens where older adults can volunteer.

ECONOMIC STABILITY AND PLANNING: FINANCIAL STABILITY, EXPLOITATION, EMPLOYMENT, END OF LIFE, BUSINESS PARTNERSHIPS

Increase awareness and education for financial security to prevent/reduce economic distress of older adults.

Proposed Strategies:

- ▶ **Consider providing financial planning seminars at senior and community centers.** These educational programs, provided by financial advisors at no cost, should be directed at all adult residents (early, mid-, and late-career) to better prepare them for a financially secure retirement.
- ▶ **Identify and advertise locations where older adults aged 65 and older get discounts.** Older residents may benefit from a directory of contractors, movie theaters, stores, transportation services, restaurants, and other service providers that offer discounts to people aged 65 and older.
- ▶ **Identify and advertise locations where older adults could get access to low-cost technology.** Increase access to low-cost technology for older adults by directing them to vendors of refurbished phones and discounted broadband fees.

Increase awareness of protections to prevent financial exploitation of older adults.

Proposed Strategies:

- ▶ **Increase awareness, visibility, and reach of Fairfax County's Silver Shield Anti-Scam Program.**
- ▶ **Research scam awareness programs used by other counties, as well as national resources, such as the National Elder Fraud Hotline, which operates under the auspices of the U.S. Department of Justice Office for Victims of Crimes.**

Increase employment prospects for older adults who are interested in joining the workforce.

Proposed Strategies:

- ▶ **Develop a messaging campaign to combat ageism.** A campaign may include showing the positive impact hiring older adults will have on a business by publicizing success stories at local companies. Publicly recognizing companies that have made a commitment to hiring older workers may help demonstrate to other businesses how employing older residents can also benefit them and bring in new business.
- ▶ **Consider opportunities to partner with job coaching programs for older residents.** Older residents reentering the workforce typically want to maintain their job skills and acquire new ones. The County can consider creating a peer-to-peer networking and job coaching program for older residents. Older residents would be able to share their knowledge with their peers, and younger generations can volunteer to work with older adults.

Increase the percentage of older residents' completing end-of life planning.

Proposed Strategies:

- ▶ **Create an end-of-life planning task force.** Many communities and health systems have boosted their efforts in recent years to provide education and encouragement about end-of-life planning because it allows people greater choice and frequently reduces their health care costs. Consider organizing a multi-sector task force to study initiatives of other nearby counties and create a uniform process for engaging adults in end-of-life planning, using common forms, and uploading those forms to a common online platform. End-of-life planning and other needs of older adults who have lost a spouse specifically should be addressed.

- ▶ **Train 50+ Community Ambassadors to educate residents about the importance of end-of-life planning and then refer them to primary care providers and other professionals for planning guidance.**

ACCOUNTABILITY AND MEASURING SUCCESS

Fairfax County will assign accountability and have a measurement of success for each initiative undertaken. To ensure accountability, a community-based leader will be identified as a Champion during each initiative’s first year to spearhead it on an ongoing basis; a Commissioner from the Fairfax Area Commission on Aging (COA) will serve as an advocate for initiatives; and a Fairfax County staff member will serve as the County Liaison for the Champion and COA advocate. To measure success, one to four bullet points will be assigned to each initiative to reflect the progress made. One bullet will indicate little progress or inactivity; four bullets will indicate an achieved operation. An update on SHAPE the Future of Aging Plan initiatives will be produced annually.

SCORING KEY	
● ● ● ●	Initiative has been achieved or is now an established, ongoing operation
● ● ●	Initiative has made good progress and accomplished more than half of its initial goals
● ●	Initiative has made some progress
●	Initiative has made little progress or is inactive, due to limited resources or obstacles

Champion: Community-based leader empowered by the Board of Supervisors’ (BOS) endorsement of the SHAPE the Future of Aging Plan to develop and implement a work plan for the specific initiative.

Commission on Aging (COA) Advocate: Fairfax Area Commission on Aging (COA) representative who serves as an advocate for the initiative’s Champion and County Liaison.

County Liaison: Fairfax County staff person who provides assistance and linkages to County resources and serves as County contact for the initiatives’ Champion and COA Advocate.



APPENDIX A: STAKEHOLDER ENGAGEMENT

ENGAGEMENT TYPE	DATE
Town Halls	
Reston Community Center	October 31, 2022 (in-person)
Hybla Valley Community Center	November 1, 2022 (in-person)
Fairfax County Government Center	November 4, 2022 (in-person)
Annandale Heritage Center	November 10, 2022 (in-person)
Community Gatherings	
City of Falls Church	October 20, 2022 (virtual)
City of Fairfax	November 10, 2022 (virtual)
Hunter Mill District	November 15, 2022 (virtual)
Springfield District	November 16, 2022 (In-person)
Braddock District	November 17, 2022 (virtual)
Mason District	November 17, 2022 (In-person)
Providence District	November 22, 2022 (In-person)
Dranesville District	November 29, 2022 (virtual)
Sully District	November 29, 2022 (virtual)
Franconia District	November 30, 2022 (virtual)
Mount Vernon District	November 30, 2022 (virtual)
Focus Groups	
Adults with Disabilities	November 9, 2022 (virtual)
Community Ambassadors	November 14, 2022 (virtual)
Family Caregivers	November 15, 2022 (virtual)
Faith Community Leadership	November 28, 2022 (virtual)
Spanish-speakers	November 28, 2022 (virtual)
Central Senior Group – in Korean	November 29, 2022 (in-person)
Vietnamese-speakers	November 30, 2022 (virtual)
Housing	December 1, 2022 (virtual)
Mandarin-speakers	December 1, 2022 (virtual)
Farsi-speakers	December 14, 2022 (in-person)
Arabic-speakers	December 15, 2022 (virtual)
Key Informant Interviews	
Commission on Aging	October 19, 2022 (virtual)
Long Term Care Coordinating Council	November 9, 2022 (virtual)
LGBTQIA+	November 11, 2022 (virtual)
Arts Fairfax	November 21, 2022 (virtual)
Food	November 21, 2022 (virtual)
Older Adult Safety	November 22, 2022 (virtual)
Homelessness	November 28, 2022 (virtual)
Long-Term Care Facilities	November 28, 2022 (virtual)
Access to Health Care: Mental Health	November 29, 2022 (virtual)
Adult & Aging Equity Workgroup	November 29, 2022 (virtual)
Lifetime Learning Institute and Osher Lifelong Learning Institute	November 29, 2022 (virtual)
Gum Springs Senior Center (South County)	December 5, 2022 (virtual)
United Community	December 6, 2022 (virtual)

APPENDIX B: ALIGNMENT WITH FAIRFAX COUNTY PLANS AND INITIATIVES

The SHAPE the Future of Aging Plan will reinforce One Fairfax and falls in alignment with the Fairfax Countywide Strategic Plan. Through novel approaches to Services, Housing, Access, Personal Well-Being and Economic Stability—*The SHAPE the Future of Aging Plan will focus on transforming islands of disadvantage—areas where older adults in Fairfax County face economic, educational, health, housing, and other challenges—into communities of opportunity by:*



Understanding Opportunity and Vulnerability: Using data and analytical tools to better understand the dynamics of opportunity and vulnerability as experienced by older adults within Fairfax County.



Targeting Interventions to Build Opportunity: Promoting the development of targeted, strategic interventions in low-opportunity areas to build and reinforce critical support structures for older adult residents.



Targeting Interventions to Connect to Opportunity: Intentionally connecting low-income and other marginalized older adults to existing opportunities.



Encouraging the Development of an Inclusive Economy: Building on Fairfax County's strong economy through expanding opportunity for broadly shared prosperity, with a focus on older adults who face the greatest barriers to well-being.



COUNTYWIDE STRATEGIC PLAN CROSSWALK

Strategic Plan Community Outcome Areas	Related Indicators of Success	Most Direct Connection to SHAPE the Future of Aging	Additional Connections (Tactical Level)
Cultural and Recreational Opportunities	<ul style="list-style-type: none"> ▶ Access to Local Arts, Sports, and Cultural Opportunities ▶ Satisfaction with Local Arts, Sports, and Cultural Opportunities ▶ Awareness and Appreciation of Diverse Cultures ▶ Representation of Diverse Cultures 		<ul style="list-style-type: none"> ▶ Personal Well-Being
Economic Opportunity	<ul style="list-style-type: none"> ▶ Healthy Businesses in a Diverse Mix of Industries ▶ Economic Stability and Upward Mobility for All People ▶ Preparing People for the Workforce ▶ Promoting Innovation in the Local Economy ▶ Promoting Economic Vibrancy in All Parts of Fairfax County 	Economic Stability and Planning Financial stability, exploitation, employment, end of life, business partnerships	<ul style="list-style-type: none"> ▶ Housing & Neighborhood Supports ▶ Personal Well-Being
Effective and Efficient Government	<ul style="list-style-type: none"> ▶ Customer Satisfaction with County Services ▶ Inclusive Community Engagement ▶ Effective and Representative County and School Workforce ▶ Effective Technology and Quality Facilities ▶ Financial Sustainability and Trustworthiness 		<ul style="list-style-type: none"> ▶ Personal Well-Being
Empowerment and Support for Residents Facing Vulnerability	<ul style="list-style-type: none"> ▶ All People Are Respected, Understood, and Connected ▶ Services Are Easy to Access and Use ▶ Services Are High Quality and Coordinated ▶ All People Can Meet Their Basic Needs 	Services for Older Adults & Family Caregivers Caregiver support, dementia friendly, resources	<ul style="list-style-type: none"> ▶ Personal Well-Being ▶ Economic Stability and Planning
Environment and Energy	<ul style="list-style-type: none"> ▶ Promoting Air, Water, and Land Quality ▶ Supporting Sound Environmental Policy and Practices 		<ul style="list-style-type: none"> ▶ Housing & Neighborhood Supports
Healthy Communities	<ul style="list-style-type: none"> ▶ Access to Health Services ▶ Improving Physical and Behavioral Health Conditions ▶ Promoting Health-Related Behaviors 	Personal Well-Being Community engagement, isolation public & mental health, nutrition	<ul style="list-style-type: none"> ▶ Access to Mobility Options
Housing and Neighborhood Livability	<ul style="list-style-type: none"> ▶ Affordable and Quality Housing ▶ Adequate Quantity and Availability of Housing ▶ Access to Amenities that Promote Healthy Neighborhoods ▶ Flexibility and Adaptability of Land Use Rules ▶ Preventing and Ending Homelessness 	Housing & Neighborhood Supports Affordable housing, home modifications, home maintenance, Villages, livable communities	<ul style="list-style-type: none"> ▶ Access to Mobility Options
Lifelong Education and Learning	<ul style="list-style-type: none"> ▶ Access to Early Childhood Education ▶ Supporting Academic Achievement ▶ Supporting Career-Based Training ▶ Participation in Learning Opportunities ▶ Access to Quality Technology ▶ Increased English Language Proficiency 		<ul style="list-style-type: none"> ▶ Personal Well-Being ▶ Economic Stability and Planning
Mobility and Transportation	<ul style="list-style-type: none"> ▶ Efficient and Varied Transportation Options ▶ Infrastructure Condition, Sustainability, and Environmental Impact ▶ Traveler Safety ▶ Increased Accessibility, Affordability, and Equity 	Access to Mobility Options Transportation, mobility support, walkability	
Safety and Security	<ul style="list-style-type: none"> ▶ Following Laws and Regulations ▶ Timeliness and Quality of Emergency Response ▶ Effective and Equitable Administration of Justice ▶ Safety-Related Prevention and Preparedness ▶ Reliable and Secure Critical Infrastructure 		<ul style="list-style-type: none"> ▶ Services for Older Adults & Family Caregivers ▶ Personal Well-Being

APPENDIX C: ACKNOWLEDGEMENTS

We acknowledge the thousands of community members who provided input for the SHAPE the Future of Aging Plan, both through the Community Assessment Survey of Older Adults and the inclusive engagement phases. We thank the many organizational leaders and staff who impacted this process. Below we recognize our Board of Supervisors, the Fairfax Area Commission on Aging, and key County staff, departments, and programs that contributed to the creation of the plan.

Fairfax County Board of Supervisors	Fairfax Area Commission on Aging
Jeffrey C. McKay, <i>Chairman, At-Large</i>	Catherine S. Cole, <i>Chair, At-Large</i>
Pat Herrity, <i>Springfield District, Chair, Older Adults Committee</i>	Cathy Muha, <i>Vice Chair, Sully District</i>
James R. Walkinshaw, <i>Braddock District, Vice Chair, Older Adults Committee</i>	Martha J. Cooper, <i>Secretary, City of Falls Church</i>
Penelope A. Gross, <i>Mason District, Vice Chairman, Fairfax County Board of Supervisors</i>	Mike Perel: <i>Braddock District</i>
John W. Foust, <i>Dranesville District</i>	Carolyn Sutterfield, <i>City of Fairfax</i>
Rodney L. Lusk, <i>Franconia District</i>	Kay Larmer, <i>Dranesville District</i>
Walter L. Alcorn, <i>Hunter Mill District</i>	Sharron Dreyer: <i>Franconia District</i>
Daniel G. Storck, <i>Mount Vernon District</i>	Phyllis Miller Palombi*, <i>Joanne Collins, Hunter Mill District</i>
Dalia A. Palchik, <i>Providence District</i>	Kathleen Hoyt*, <i>Irvin Katz, Mason District</i>
Kathy L. Smith, <i>Sully District</i>	Diane R. Watson, <i>Mount Vernon District</i>
	Joseph A. Heastie, <i>Providence District</i>
	Tom Bash*, <i>James R. Kirkpatrick, Springfield District</i>
	*Former Commissioner

FAIRFAX COUNTY GOVERNMENT STAFF

DEPARTMENT OF FAMILY SERVICES (DFS)

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CONTRIBUTING DEPARTMENTS

Countywide Strategic Plan	Housing & Community Development (HCD)
One Fairfax	Neighborhood & Community Services (NCS)
Fairfax-Falls Church Community Services Board (CSB)	Office Of Public Affairs (OPA)
Health Department (HD)	Police Department (PD)



Strengthening Our Practice

Practice Model Implementation



FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES



Why We Are Doing This

“The work of child welfare is in a constant state of assessment. We are constantly assessing risk, needs and strengths all amid constant change”.

We realize this is the right thing to do

We are committed to strengthening our framework of care while navigating drivers of change at the County, State, and National levels.

Fairfax County Drivers of Change	Statewide Challenges/ Opportunities (CSFR/JLARC)
<ul style="list-style-type: none">• Safe & Connected™ practice model• Statewide Program Improvement Plan• Family First (Planning and Implementation)• Countywide Strategic Plan and One Fairfax Policy• Child Welfare Institute (CWI)• Ripple affects from a Global Pandemic• Black Lives Matter social justice movement	<ul style="list-style-type: none">• Foster family recruitment and retention• Staff turnover• Relative / kinship placements• Inconsistent health screenings and assessments• Challenges achieving timely permanency• High caseloads• Technology modernization (mobile and case mgmt.)• Upcoming JLARC report on CPS

Our Mission

We partner with families and collaborate with the community to keep children Safe, and families Connected.



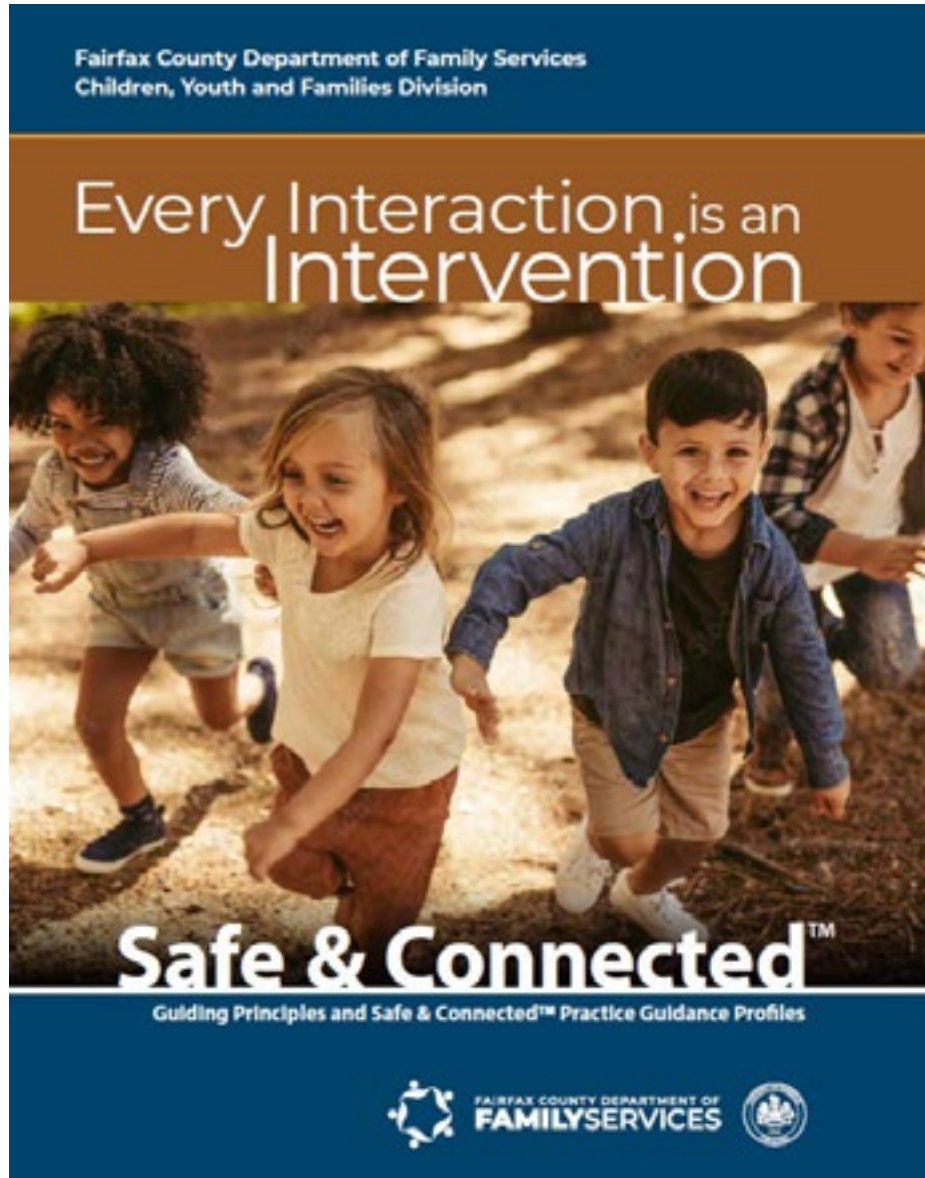
Our Vision

Our vision is a world where communities take responsibility to break down systems of oppression through intentional focus on the strengths, uniqueness, and diversity of all children and families so that they thrive in their environments.

We do this in the spirit of true partnership with families and collaboration with community stakeholders to provide holistic interventions that make a difference.



Our Practice Model



Safe & Connected: Strengthening Our Practice

Partnership

Building relationships that honor families.

Collaboration

Bringing families and their service providers together.

Culture Is Always Present

Being curious about diverse cultural backgrounds helps build respectful relationships.

Language Impacts Practice

How we talk with and about families shapes the way we work with them.

Critical Thinking Leads To Improved Practice

We have a responsibility to families to ensure that we arrive at well-reasoned decisions.

Use of Research and Applied Evidence

Integrating information regarding each family's unique characteristics, preferences, and circumstances with external research findings informs our professional judgment.

Our Four Strategic Priorities -

- 1** **Safe & Connected™:** fully implementing our practice model throughout each of our programs, strengthening our practice to improve how we serve families.
- 2** **Child Welfare Institute:** providing holistic professional staff development through our CWI Partner Align Redesign project that is grounded in our practice model, supporting our staff through the changes through training, coaching and supervision standards
- 3** **Equity:** committing to challenging ourselves; to practice with intention, curiosity, and an open mind so that we engage with each other and with those we serve honoring their strengths, uniqueness, and diversity.
- 4** **Relative Engagement:** strengthening our family engagement by collaborating and partnering with the family network, recognizing them as the experts on their respective situations.



Current Priority Initiatives

Higher-than-ever vacancy rates have required us to initiate two efforts to strengthen our workforce and ensure we are able to meet our mandates for child safety.

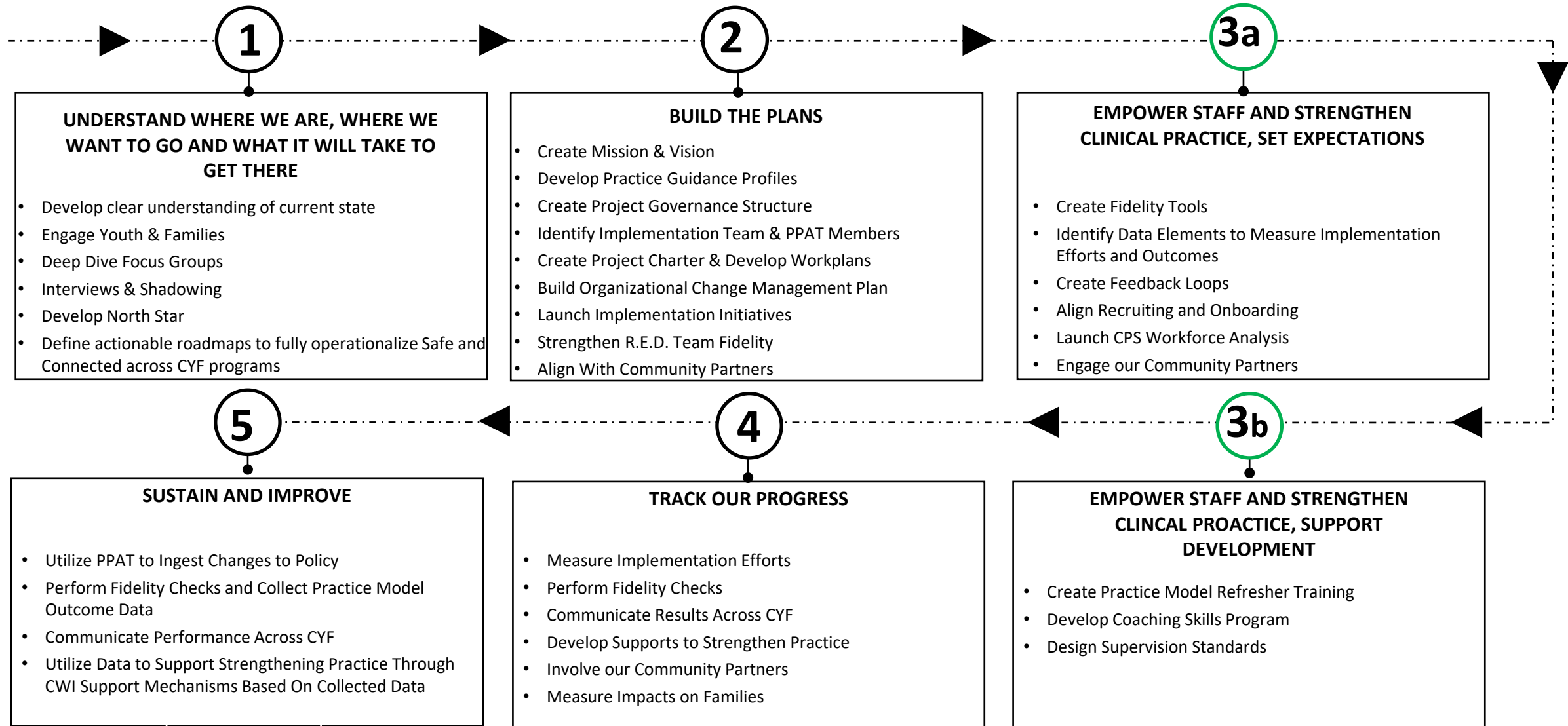
1 ReSTOR CYF – Strengthening our Workforce: Focus on Recruitment, Selection, Training, Onboarding, and Retention – reduce the vacancy rate to ensure adequate staffing to provide the full array of CYF services



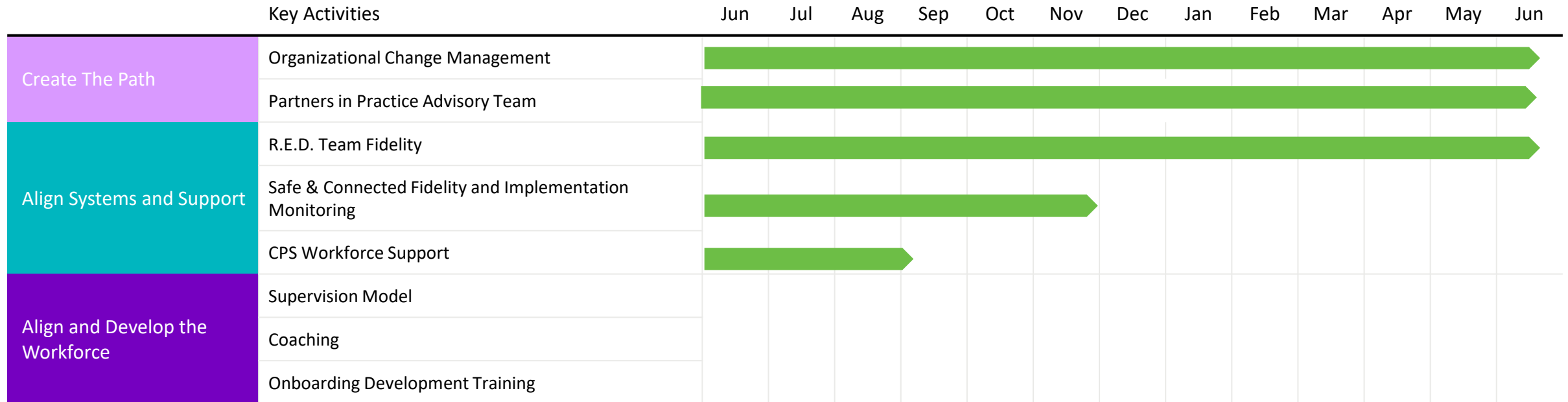
2 CYF Capacity Plan: Ensure there are sufficient practitioners to appropriately respond to Child Protective Services (CPS) referrals in a manner that minimizes disruptions to other key CYF programs, services, and resources.



FULLY IMPLEMENTING & INTEGRATING OUR PRACTICE MODEL



Where We Are Focusing Now





THE PATH FORWARD:

**DOMESTIC AND SEXUAL VIOLENCE SERVICES
STRATEGIC PLAN**

2022-2025

Prepared By: SZH Consulting | April 2021

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MESSAGE FROM THE DIVISION DIRECTOR

On behalf of the Department of Family Services' Division of Domestic and Sexual Violence Services (DSVS), I am pleased to present our 2021-2026 strategic plan to improve services to residents of Fairfax County and enhance collaboration with partners, non-government organizations (NGOs), community groups and key stakeholders.

This plan represents a culmination of nearly three years of deep organizational analysis guided by strategic reflection. We studied the history of racial and social justice movements, and their impact on the field of interpersonal violence. We gathered input from community partners and stakeholders and reviewed best practices. We analyzed data to identify the most impactful actions we can take in the next five years to support all persons impacted by interpersonal violence. Collectively, we decided our path forward.

When we started this journey in Spring, 2018, we never imagined how the world and our communities would forever be changed by the devastation of the COVID-19 pandemic and the social injustices that shook our collective conscience. It is under this context that DSVS finalized our mission, vision and values. Although Fairfax County adopted the One Fairfax policy (<https://www.fairfaxcounty.gov/topics/one-fairfax>) in the Fall of 2017, the murder of George Floyd brought disparities and issues of social justice to the forefront. We placed equity and access in the center of our planning process to inform our approach for how we can better serve those who need us the most.

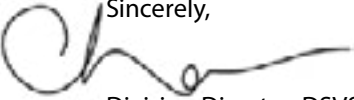
We have been altered. There is no going back.

During the pandemic, interpersonal violence increased in number and severity as layoffs, stay-at-home orders, and income loss exacerbated situations at home, which were already unsafe for many. The Department of Family Services, like many agencies around the nation, quickly pivoted to provide virtual services. DFS took a people-focused approach and centered ourselves on the personal health and safety of the staff and our community members while continuing to provide high quality services. As a bonus, we discovered the value of improved technology on our ability to serve the community and engage our partners. We learned the importance of flexibility and agility.

We are different now ... ***more nimble ... more resilient ... more strategic.*** This strategic plan reflects all we have learned about ourselves and our communities.

On behalf of the DSVS leadership team, I invite you to review the plan and share in our excitement about the future. We look forward to working side by side with our partners and stakeholders to create and strengthen collaborative efforts to improve the safety and wellbeing of all persons impacted by interpersonal violence.

I am eternally grateful for the contributions of DSVS staff, partners, and survivors in the development of this strategic plan and I look forward to these ideas becoming action.

Sincerely,

Division Director, DSVS

EXECUTIVE SUMMARY

In January 2020, the Department of Family Services Domestic and Sexual Violence Services (DFS-DSVS) kicked off an effort to develop a 3-5 Year Strategic Plan, to optimally meet the needs of the community, and the various stakeholders that it serves. This plan was developed to ensure alignment of goals, objectives, and priorities with Fairfax County's overarching strategic plan and goals to provide equitable outcomes for all Fairfax residents.

The DSVS Strategic Plan was completed in April 2021 and was designed to ensure that planning for the future is set on a firm

foundation. Core to this strategic planning effort is the alignment with the Countywide Strategic Plan and the One Fairfax Policy, in order to meet the needs of the community and advance the work on efforts to mitigate racial and social inequities, and ultimately advance equity. The Department has worked to align these areas and create a shared vision for our workforce. Under the leadership of Toni Zollicoffer and the DSVS Strategic Plan Steering Committee (Please See Appendix A), the group worked over a period of fifteen months to reconceptualize our vision, mission, and core value statements using the lens of One



Drive towards ensuring equitable services and outcomes for all of Fairfax County



Build sensitivity and agility to respond rapidly evolving external environment

- ▶ COVID
- ▶ Social Unrest
- ▶ Changing Political Landscape



Align with County's overarching Strategic and One Fairfax Plan



Comprehensively assess and identify, both available and needed, resources to successfully execute the strategic plan

Fairfax and the goal of partnership in making a collective impact with the Strategic Plan.

The following principles guided the strategic planning work:

- ▶ Drive towards ensuring equitable services and outcomes for Fairfax County residents.
- ▶ Build sensitivity and agility to respond to the rapidly external environment.
- COVID
- Social Unrest
- Changing Political Landscape
- ▶ Align with County's overarching Strategic Plan, One Fairfax and the Department of Family Services mission, vision, and values.
- ▶ Comprehensively assess and identify both available and needed resources to successfully execute the strategic plan.

DEPARTMENT OF FAMILY SERVICES (DFS) MISSION, VISION AND CORE VALUES

The Department of Family Services focuses on:

- ▶ Safety and protective services for children, older adults, people with disabilities, and victims of domestic and sexual violence, human trafficking, and stalking.
- ▶ Supportive programs that build on the strengths and resilience of families, children, people with disabilities, and older adults so they can thrive.

These services mitigate crime, abuse, and neglect; lessen the strain on public safety and judicial resources; increase the workforce and tax base; improve self-sufficiency and educational outcomes; and create an environment where all residents have opportunities to contribute to the success of the community. They are delivered collaboratively and with compassion, through people-focused practices that encourage innovation and demand accountability.

The DFS mission statement defines who we are and what we do. A vision statement defines what we aspire to be. Values are the guiding principles that shape our behavior and actions. Together this triad serves as the foundation for the Department of Family Services from which structures are built, plans are developed, and services are provided. The strategic goals that we develop within our program areas—and in concert with the County's strategic

priorities—are what we strive to do in support of the values and our daily activities on behalf of the people we serve and those who serve them. Together these elements make our agency a stronger, focused organization.

Mission:

The Department of Family Services (DFS) strengthens the well-being of our diverse community by protecting and improving the lives of all children, adults, and families through partnership, advocacy, outreach, and quality services.

Vision:

Fairfax County is a community where everyone *lives their success story and thrives*.

Core Values:

People-Focused:

- ▶ *Meeting People Where They Are*. Each employee of DFS focuses on the people we serve to deliver value and make a positive impact on their lives and communities in which they live. We recognize that the individual is the expert in

their own life and with empathy and compassion, we work in partnership to resolve challenges.

- ▶ *Welcoming Every Voice.* Each DFS team member is engaged as a valued partner in our work. Each voice is vital to the success of the organization no matter what role a person has in the Department, everyone is a valued contributor. Each employee actively contributes to a culture of mutual respect, dignity, and service.
- ▶ *Investing in Employee Growth and Development.* Investment in employees' success, professional growth, and development is central to the success of our organization. By making this investment, the department is committed to ensuring that employees have the tools to be successful in their roles, have opportunities to learn and employ new skills, and are supported in mastering their roles to provide exemplary service.

Equity

- ▶ *Embracing Collective Action.* While our core principle of teamwork solidifies and strengthens our relationships, we need to move beyond empathy and solidarity to embrace the power of collective action. DFS recognizes that if we are to make significant strides towards true equity and physical and psychological safety for our workforce and for every person we serve, there are operational changes and action steps that must be taken. While we realize our individual efforts may be awkward and uncharted, DFS has long fought to secure equal footing for those we serve. We are well-positioned to create and operationalize steps to reduce inequities and address systemic oppression which hampers the growth and wellbeing of our communities.
- ▶ *Rejecting Oppression.* We unequivocally reject racism, violence, and bigotry in all its forms, including the systemic racism directed at people of color which has been woven into the fabric of our policies, procedures, and practices. DFS further rejects the

criminalization of people of color, both native-born and immigrant. While we have specifically called out some forms of bigotry such as racism and xenophobia, we intentionally and collectively advocate for each person's right to physical and psychological safety, justice, and access to opportunity. DFS is committed to moving the system away from its oppressive underpinnings through critical self-examination and reflexive practice.

Accountability

- ▶ *Practicing Good Stewardship.* We are dedicated public servants and exercise great care in our efficient management of County resources.
- ▶ *Acting with Integrity.* We always serve with honesty and transparency and pride ourselves in doing the right thing, even when no one is looking.
- ▶ *Taking Ownership.* We accept responsibility and ownership for our work, our decisions, our successes, and our shortcomings. We engage in proactive communication and use our voices to elevate challenges and actively seek solutions.
- ▶ *Managing with Data.* We engage in data-driven decision making, making sure our work is achieving the desired results, and monitor and adjust our approach and business processes accordingly.

Partnership

- ▶ *Embracing Partnership and Alignment.* We recognize that to achieve our mission and make our vision a reality, we are not able to make system-level nor client-level changes in isolation. Strategic partnership at all levels – with clients, co-workers, within and across departments, and with community partners and other jurisdictions are required. We seek opportunities to collaborate, plan and align our work at all levels for the benefit of our community members.

- ▶ *Expect the Diversity of Perspectives.* We are dedicated to ensuring a diversity of voices and experiences. We are strengths-focused and strive in our inclusiveness to create the best outcomes for our community and its residents.

Innovation

- ▶ *Striving for Learning and Continuous Improvement.* We challenge the status quo and advocate for new and innovative approaches to our work to advance the effectiveness of our work and the wellbeing of our community. As a learning organization, we embrace failing forward – taking risks, learning from mistakes, and building on successes. We are bold and creative in problem solving. We

encourage and empower employees to take measured risks.

- ▶ *Embracing New Opportunities.* We constantly seek to enhance existing partnerships and create new partnerships, funding sources and service improvements. We adjust to changes in our environment with flexibility and agility.
- ▶ *Encouraging Diversity of Perspectives.* We will genuinely encourage and listen to all ideas without judgment. We will actively seek input from and encourage full engagement of people from all different levels and perspectives. Employee involvement is intentional, with representation across impacted areas.

ABOUT DOMESTIC AND SEXUAL VIOLENCE SERVICES (DFS-DSVS)

The Department of Family Services' Domestic and Sexual Violence Services (DSVS) offers compassionate and comprehensive state-accredited programs for adults, teens, and children who have been affected by domestic and sexual violence, stalking and human trafficking. DSVS also offers services to coordinate and improve systems' and communities' responses to domestic and sexual violence, human trafficking, and stalking.

DSVS administers a variety of programs and services designed to improve the safety and well-being of individuals, families, and communities. These programs and services provide essential support for County residents who face multiple, often overlapping challenges and vulnerabilities. DSVS' services are offered virtually and in person at multiple sites in Fairfax County. The services directly provided by DSVS and in partnership with community organizations provide the framework for a strong, equitable, and resilient Fairfax County: safe communities, a thriving economy, improved quality of life, and opportunities for everyone to feel connected and engaged.

Specifically, DSVS provides the following services and programs.

- ▶ **ADAPT. Anger & Domestic Abuse Prevention and Treatment.** We offer a certified 18-week domestic abuse intervention program that will teach you skills to prevent abuse through the development of compassion for yourself and others.
- ▶ **Advocacy Services.** We offer information, referrals, and support with a plan to help keep you safe. We help you through the court process, assist you with protective orders, and attend court hearings with you. We also offer guidance with housing and economic options.
- ▶ **Community Engagement Services.** Community Education, Outreach, and Prevention. We offer workshops, talks, and table displays for community and faith-based groups, businesses, and schools.
- ▶ **Training and Guidance.** We offer training, guidance, and support for people who work with victims and survivors.

- ▶ **Exam for Victims and Survivors.** Our staff and volunteers will meet you at the Inova Fairfax Hospital Ewing Forensic Assessment and Consultation Team (FACT) Department to provide you with support.
- ▶ **24-Hour Domestic and Sexual Violence Hotline. 703-360-7273.** We offer information, referrals, guidance, and support to help keep you safe. We are available by telephone 24 hours a day, 7 days a week.
- ▶ **Emergency Shelter: Artemis House.** We connect victims and survivors to emergency shelter and support. Available 24 hours a day, 7 days a week.

- ▶ **Volunteer Services.** You can help make a difference! Volunteers are an important part of our mission in providing support to our community.
- ▶ **Counseling Services.** We offer counseling services for you and your family. Services include individual and family counseling for children and teens who have been sexually abused or have seen domestic violence. We also offer group counseling.
- ▶ **Countywide Coordination.** We bring our community together to figure out what barriers exist and how to overcome them.

DSVS MISSION, VISION, AND CORE VALUES

DSVS mission, vision, and core values frame and operationalize our services and are aligned with the County's Strategic Plan, One Fairfax, and DFS Strategic vision.

Mission:

We work with communities to transform society's response to domestic violence, sexual violence, human trafficking, and stalking by challenging oppression, collaborating to inform policy and providing all persons impacted by violence with equitable access to trauma informed support, advocacy, education, and a space for healing.

Vision:

Peaceful, thriving, powerful communities where all people are safe and free from oppression, fear, and violence.

Core Values:

- ▶ **Collaboration:** We cultivate, develop, and maintain community-focused collaborative relationships based on unique strengths, diverse perspectives, and shared purpose.
- ▶ **Trauma-Informed:** We are calm, consistent, reliable, and foster resilience in relationship with our clients. Through advocacy, education, outreach, policy, and services, we promote community understanding of traumatic stress and its effects. We conduct consistent and rigorous evaluation of our practices, policies, and procedures to implement process improvements.
- ▶ **Person-centered:** We honor individuals as experts in their own lives and work in partnership to achieve positive outcomes.
- ▶ **Empathy:** We show genuine care, interest and validation for others' thoughts, feelings and perspectives by respectfully listening without judgment.

- ▶ **Accountability:** We are transparent in all of our work and communication with internal and external stakeholders and take responsibility for the quality and results of our work.
- ▶ **Equity:** We advocate for all community members to have fair access to available opportunities, resources, and support so that they may meet their full potential.

- ▶ **Manage with Data:** We engage in data-informed decision making, making sure our work is achieving the desired results, and monitoring and adjusting our approach and business processes accordingly.

PREPARING FOR STRATEGIC PLANNING

In the Spring of 2018, a group of dedicated DSVS staff formed a community engagement workgroup to review the DSVS 2016 environmental scan, and to conduct community surveys and focus groups with partner organizations. The committee, led by Keesha Coke, was comprised of six other DSVS staff: Colleen Armstrong, Ayaan Ali, Sarah Freeman, Mery Juarez, James Miller, and Zahra Rehman. The workgroup's activities were facilitated by Anne Suh of Fairfax County's Organizational Development and Training division (OD&T). Over several months, the workgroup conducted 4 focus groups with 20 partner agencies and received 391 qualifying responses to its community survey. The Department of Family Services Data Analytics unit compiled and analyzed the survey and provided DSVS with a report of their findings.

In January, 2020 SZH Consulting, LLC through a competitive Request for Proposals process was hired to lead DSVS through its strategic planning process. Results from the work of the community engagement committee, along with organizational documents and data were provided to SZH Consulting. This information formed the foundation to begin the strategic planning process. The COVID-19 pandemic, at its height in March 2020, caused delays and the strategic planning work did not begin in earnest until late summer, 2020. In August and September 2020, DSVS participated in a two-day history lesson about how the movement to end violence against women began and who was included and excluded from protection. This was seminal to the DSVS strategic planning process and provided the foundation for updating its mission, vision, and values.

ALIGNING DSVS CORE VALUES WITH DFS CORE VALUES

DSVS Values	Aligning with DFS Values
Person-Centered	People-Focused
Equity	Equity
Empathy	People-Focused/Equity
Trauma – Informed	People-Focused/Equity
Accountability	Accountability
Collaboration	Partnership
Manage with Data	Accountability/Innovation

SWOT ANALYSIS

Our overall process started with a SWOT analysis to get a clear understanding and alignment on what DSVS does well, what might

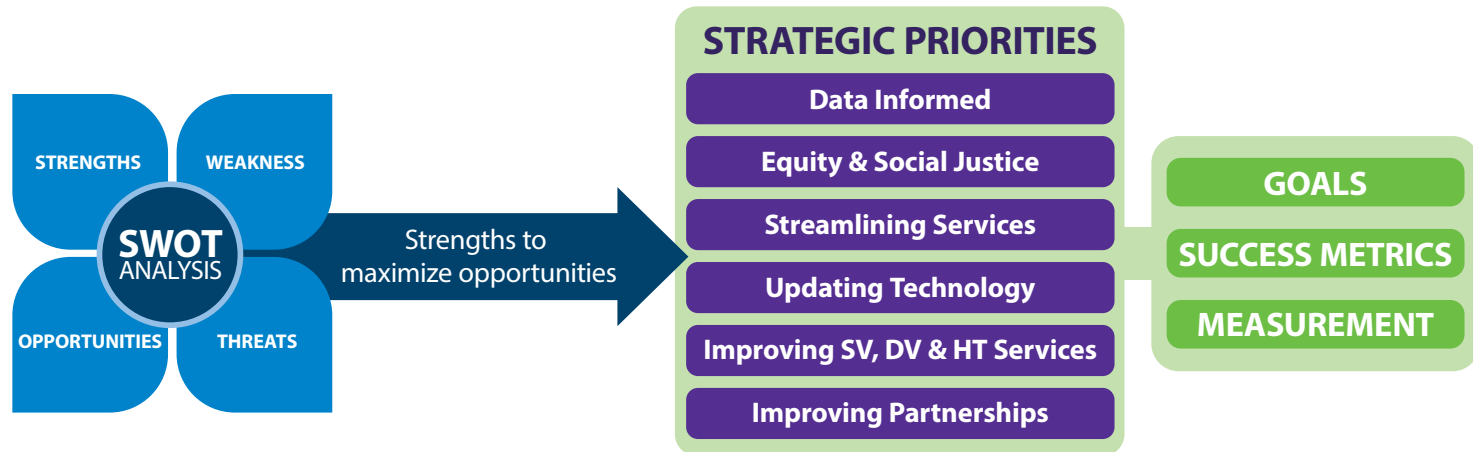
be opportunities for improvement, and what could come in the way of optimally realizing the organization’s mission and vision.

STRENGTHS Internal advantages that give DSVS an edge over fulfilling its mission	WEAKNESSES Internal characteristics of DSVS that put it at a disadvantage; come in the way of success
<ul style="list-style-type: none"> ▶ Responsiveness to client needs by compassionate staff ▶ Delivering educational information ▶ Effective community partnership and networking ▶ Internal communications (strong, flows-well, transparent) 	<ul style="list-style-type: none"> ▶ Limited insight into the needs of diverse, under-served and/or marginalized communities ▶ Limited understanding of and outreach to non-English speaking communities ▶ Lack of prioritizing efforts based on resource capacity ▶ Data informed decision-making
OPPORTUNITIES External elements that DSVS could use to its advantage	THREATS External elements in the environment that could cause trouble for DSVS/come in the way of success
<ul style="list-style-type: none"> ▶ Address broader, and increasingly diverse, needs of people who use DSVS services and develop non-criminal justice /alternative responses to domestic and sexual violence ▶ Further embed and amplify outreach in the community through various channels ▶ Improve grant development process ▶ Improve/elevate services to address sexual violence, human trafficking and stalking ▶ Strengthen relationships with external partners ▶ Renewed public discourse and attention to social unrest related to systemic oppression 	<ul style="list-style-type: none"> ▶ Heightened social and political tensions ▶ Shrinking budgets and limited resources ▶ Limitations to how we share or don't share information ▶ Public mistrust of government and governmental agencies

STRATEGIC PATH APPROACH

The Strategic Planning process was guided by a Steering Committee composed of representatives from DSVS functional teams, community partners, a representative from Fairfax Office of the Chief Equity Officer, and a survivor/ former recipient of DSVS services. The role of the Steering Committee was to ensure that the strategic plan reflected the collective voice of and representation from across key DSVS roles and stakeholders. Through the SWOT Analysis, the Steering Committee voted to use “strengths to maximize opportunities” as the optimal strategic path for DSVS, which then led to the identification of six key Strategic Priority Areas.

Each committee member formed larger working groups, leveraging the engagement and expertise from the greater DSVS team, for each of the six key Strategic Priority Areas. Every DSVS staff member participated and contributed to the formulation of the Strategic Plan. They embarked on data collection, research, and cross-team collaboration to identify for each priority area, the opportunities and challenges related to the area, relevant SMART goals, key performance indicators and success measurements. This Strategic Plan represents a culmination of the work by the teams, with input from the community.



The following section provides in-depth overview of the six Strategic Priorities that have been identified for DSVS.

DSVS KEY STRATEGIC PRIORITIES

PRIORITY AREA 1:

Integrating an Equity and Social Justice Lens into all parts of the work in a meaningful way

Introductory Statement:

DSVS will re-evaluate its philosophical approach and assess whether its approach has applicability to a diverse population of victims/survivors. DSVS will use information (data and best practices) to make appropriate changes to be more responsive to the diverse needs of victims from differing backgrounds, ages, and gender identities. Key areas to address are: true victim choice and self-determination, access to meaningful services, and the systems' ability to build in natural and community support and resiliency into the Coordinated Community Response (CCR).

For purposes of this document and for the scope of work, DSVS serves and defines victim/survivor as any person who has been assaulted by a non-caregiver and/or physically, sexually and emotionally abused in an intimate partner relationship. DSVS also serves victims/survivors of stalking in intimate partner relationships and survivors/victims of human trafficking. For intimate partner violence, DSVS recognizes that a victim of domestic violence may experience harm at the hands of another and/or may perpetuate the harm done to them by harming others. In the context of domestic violence, DSVS supports the healing and safety of victims who are harmed and also provides opportunities for victims who do harm to be accountable and make behavioral changes that support and enhance safety.

Outcome Statement:

As a result of this priority area, over the next three years, all programs and services within DSVS will practically integrate equity and social justice focuses into its work with individuals, partners, stakeholders and the community. DSVS staff will have increased knowledge and

skills to permeate equity into all policies, procedures, and practices and will have a working knowledge of intended and unintended consequences of policies and how they impact those served. DSVS will regularly engage in courageous conversations about systemic and institutional racism as it relates to the work of DSVS and will have built-in opportunities for staff to engage in self-care. DSVS programs and services will reflect the needs and wants of a diverse community, will reach a broader, more diverse population and will offer relevant and meaningful services and programs.

Challenges/Opportunities:

- ▶ There is not shared understanding across DSVS about systemic oppression and its impact on marginalized persons and families
- ▶ There are opportunities to fully integrate education about systemic oppression and its impact on persons who experience interpersonal violence into all programs and services
- ▶ In gathering data, there is not common language or understanding of the difference between race and ethnicity in defining demographics across databases
- ▶ There are limitations in demographic choices to capture gender and gender fluidity. As a result, it is difficult to code data accurately to reflect the various populations we serve
- ▶ DSVS also has limitations with data integrity and with collating and synthesizing data captured in multiple databases and spreadsheets
- ▶ Data indicates that there is disparate utilization of services along race and ethnicity descriptors for what are described as "high-touch" and "low-touch" services

- ▶ Since the incidence of domestic violence is not more prevalent in one race, ethnicity or socio-economic group, it is important to understand who is accessing emergency shelter services and why and what intersectional issues make it more or less likely for someone to seek emergency shelter

- ▶ Partnerships are not expansive enough for DSVS to have a true pulse on the needs, gaps, and desires of diverse populations and communities
- ▶ Messaging to the public that those who do harm can also be a victim of interpersonal violence, maltreatment as a child or a child witness to domestic and/or sexual violence.

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>1 Serve with proficiency historically marginalized populations, increasing the diversity of clients in all programs and services (direct and systems' services).</p>	<p>1.1 Number of individuals from identified historically marginalized populations served in the county</p> <p>1.2 Percentage of identified historically marginalized populations utilizing services who report feeling respected and supported when receiving DSVS services (Year 2)</p>	<p>1.1 Regular data pulls of demographics of individuals served per program or service</p> <p>1.2 DOW surveys; regular customer satisfaction surveys (Year 2)</p>
<p>2 Leverage existing partnerships with NGOs/ community groups that serve historically marginalized populations to better serve these populations.</p>	<p>2.1 Number of partnerships cultivated with NGOs/ community groups that serve or represent historically marginalized populations with regards to DSVS service areas</p> <p>2.2 Percent increase in referrals from existing partners that serve historically marginalized populations related to DSVS services (Year 2)</p> <p>2.3 Number of new initiatives/ programming delivered in response to needs and requests of historically marginalized populations with regards to DSVS service areas (Years 2 and 3)</p>	<p>2.1 Surveys, qualitative feedback from identified partners</p> <p>2.2 Data pulls of percent change in number of referrals from existing partners that serve historically marginalized populations (Year 2)</p> <p>2.3 Net increase in the number of joint projects/ initiatives with existing partners (Year 2)</p> <p>2.3 Number of new services/programs delivered by DSVS (Year 3)</p>

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>3 Transform workforce in knowledge base, skill set, diversity, and in ability to have courageous conversations (with accountability)</p>	<p>3.1 Percent increase for all staff in acquisition of knowledge related to equity and equitable outcomes</p> <p>3.2 Percentage of staff able to demonstrate application of concepts related to equity and equitable outcomes (Year 2)</p>	<p>3.1 Results of training pre and posttests; qualitative data through observations and reports by supervisors of staff's knowledge acquisition, staff self-report and assessment</p> <p>3.2 Results of self-assessment pre and posttests; qualitative data through observations and reports from supervisors of staff's knowledge acquisition, staff self-report and assessment (Year 2)</p>
<p>4 Infuse equity into all parts of DSVS' policies and practices</p>	<p>4.1 Number of DSVS policies and practices that have been reviewed and revised using the One Fairfax framework to address equity and equitable outcomes (Year 2)</p>	<p>4.1 Inventory of DSVS policies and practices revised to address equity and equitable outcomes (Year 2)</p>
<p>5 Infuse social justice framework into DSVS practice</p>	<p>5.1 Number of DSVS programs and services that engage in social justice activities through information, education, and advocacy that have been reviewed and revised using the One Fairfax framework to address equity and equitable outcomes (Year 3)</p>	<p>5.1 Inventory of engagement in social justice activities (Year 3)</p>

PRIORITY AREA 2:

Assessing, Improving and Deepening Partnerships

Introductory Statement:

People impacted by domestic and sexual violence, stalking, and human trafficking experience barriers to getting help and participating fully in Fairfax County communities. Removing these barriers requires more than just the services of this agency. It requires a coordinated and community response framework that includes culturally-specific and neighborhood-specific organizations, service providers, civic groups, and other diverse institutions through which people access the community. DSVS seeks to support and build community partners' access to information, skills, services, and other resources to increase their capacity to help. DSVS will elevate, connect, and learn from the expertise of community organizations, especially those that work with underserved populations. DSVS will seek to support the people and organizations this population already turns to for help.

Outcome Statement:

Fairfax County DSVS, through community identified best practices and standards, will evaluate, develop, and maintain committed, trusted, and diverse partnerships. DSVS and its partners will create and strengthen agency to agency relationships with mutual benefits, input, and collaboration for both organizations by using an agreed upon framework for partnership engagement and community asset mapping to address the needs of those impacted by domestic and sexual violence, stalking, and human trafficking including underserved populations. Increased focus and attention will be given to communities that have been historically underserved or under-engaged and to collaborating with trusted people and organizations within these communities.

Challenges/Opportunities:

- ▶ How will the community have the capacity and resources to help all of those in need?
- ▶ How does DSVS engage in partnerships with individuals and institutions that might not have paid staff, organizational structure, or services such as neighborhoods, social networks, and culturally specific communities?
- ▶ Culture shift of identifying and utilizing a partnership framework as our guide for assessing and improving partnerships. (i.e. moving beyond personal relationships)
- ▶ Lack of an existing mechanism which would enable DSVS to consistently consult, communicate and share information about partnerships. (i.e. moving beyond personal relationships)
- ▶ How does DSVS engage in the era of COVID?
- ▶ Will the organizational leadership allow for a balance of managing outcomes/widgets and the time it takes to build partnerships?
- ▶ How will financial challenges be considered/accounted for?
- ▶ How are support and assistance to victims/survivors provided that utilize knowledge and expertise of non-professionals such as family, friends, and trusted community members?
- ▶ The current community model, even within culturally specific services, tends to use a paradigm of helpers as professionals (advocacy, counseling, legal counsel, etc.)
- ▶ An opportunity to reach out into the community to build trust through assessment of resources, strengths, and underserved
- ▶ Leveraging countywide coordination/CES/ DVAC teams to strengthen partnerships (trainings and outreach)

- ▶ NCS has a lot of experience building and sustaining system wide communication (how does DSVS maximize this opportunity)
- ▶ Community partners can offer sustainable and excellent programs through diverse professional expertise and technical assistance
- ▶ An opportunity to strengthen a framework around partnership development that could have lasting impact on the community

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>1 Determine traditional/nontraditional partnership framework with the following elements:</p> <ul style="list-style-type: none"> ▪ Partnership definition ▪ Partnership engagement ▪ Partnership identification ▪ Open and continuous communication ▪ Shared measurement for data and results ▪ Commitment to common shared agenda of goals focused on system change ▪ Training for staff and our community partners ▪ Client Driven ▪ Asset mapping 	<p>1.1 Identification of Partnership framework</p>	<p>1.1 Written approval of the identified Partnership Framework</p>
<p>2 Develop and complete assets map of existing resources to serve underserved and marginalized communities.</p>	<p>2.1 Completed Asset Map</p>	<p>2.1 Asset mapping is completed for all relevant areas</p>
<p>3 Expand partnerships based on the partnerships framework with traditional organizations and providers.</p>	<p>3.1 # of partners that agree to become a member of the partnership framework</p> <p>3.2 # of staff and partners that get trained in the framework</p> <p>3.3 Improvement in the quality-of-service delivery to clients as a result of partnership framework</p>	<p>3.1 Increase in # of partners</p> <p>3.2 Pre and post measure of knowledge gained of the framework through training (review of Nintex forms)</p> <p>3.3 Quarterly or semi-annual review of Partner Surveys/RBA</p>

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>4 Explore and develop partnerships with non-traditional professional providers to support the community:</p> <ul style="list-style-type: none"> a. Training Curriculum b. Development of ongoing process for support and engagement c. Promotion of county and community resources and services d. Marketing and recruitment plan 	<p>4.1 # of non-traditional/non-professional partners providers (ambassadors) identified</p> <p>4.2 # of individuals/ambassadors that get trained in the framework.</p> <p>4.3 % of ambassadors that agree to participating in the framework</p> <p>4.4 Improvement in the quality-of-service delivery to clients as a result of partnership framework</p>	<p>4.1 Increase in # of ambassadors</p> <p>4.2 Pre and post measure of knowledge gained of the framework through training (review of Nintex forms)</p> <p>4.3 Quarterly or semi-annual review of Ambassador Surveys</p>
<p>5 Increase and enhance partnerships with organizations (small and not well-resourced) that have built and developed trusted relationships with underserved and marginalized communities</p>	<p>5.1 % of partnerships with the organizations that serve underserved and marginalized communities</p> <p>5.2 % of partners that indicate their involvement with our organization enhances their work with marginalized and underserved community</p> <p>5.3 # of people in underserved populations impacted by violence accessing services and resources in the community (measure community-wide and measure</p>	<p>5.1 Increase in # of partnerships with orgs that serve underserved and marginalized communities</p> <p>5.2 Quarterly or semi-annual review of the Satisfaction Surveys with orgs. that serve marginalized and underserved communities</p>

PRIORITY AREA 3:

Improving/elevating services to address sexual violence, human trafficking, and stalking

Introductory Statement:

The current deficit in Sexual Violence (SV) services must be addressed in several areas: coordinated community response; training for staff and partners; SV-specific outreach and partner projects; client services, and alliances and joint efforts with communities disproportionately affected by SV.

Attention to SV services requires a shift in frame from immediate physical safety to long-term emotional safety, active listening, SV civil advocacy and medical assistance. An emphasis on active partnership and collaboration is needed to enable allied organizations and communities to benefit diverse victims of SV and advocate together on other forms of inequities and victimization.

DSVS plays an active role in county and statewide responses to human trafficking (HT) but is unable to contribute the same level of engagement as it does to domestic and sexual violence. Addressing human trafficking should focus on coordination with existing providers in Fairfax County, and with the statewide response to HT. DSVS should also clarify their role in addressing stalking in Fairfax County as it relates to domestic and sexual violence and collect data about its prevalence both inside and outside the context of intimate partner violence.

Outcome Statement:

By elevating the issues of sexual violence, human trafficking, and stalking, DSVS will facilitate an effective coordinated community response to the issues at an appropriate level based on need. DSVS will determine its identity in relation to sexual violence, human trafficking, and stalking: partners and community members will be more aware and knowledgeable about SV/HT/stalking and related issues, and staff and volunteers will be trained and better able to

support victims and survivors. Partnerships with SV/HT/stalking service providers, community organizations, and other community resources will be built and deepened, and survivors will have greater access to appropriate services.

Challenges/Opportunities:

- ▶ Identity as a sexual violence organization – How will DSVS communicate this to the community?
- ▶ Develop partnerships and build trust with community organizations not currently involved in sexual violence work, and how to determine if/when it is appropriate to do so (ex. DV focused orgs, public health orgs, culturally specific advocacy organizations, faith communities)
- ▶ Label SV work and workers without creating silos or overburdening staff
- ▶ Conduct systems advocacy with law enforcement to reduce re-traumatization of victims of sexual violence and human trafficking
- ▶ Provide and/or support legal services for victims/survivors of sexual violence and human trafficking
- ▶ Assign/recruit specialized sexual violence staff and increase knowledge of all staff and volunteers about sexual violence, human trafficking, and stalking
- ▶ Collect and assess data on sexual violence advocacy outreach and prevention work
- ▶ Address language access and use of culturally relevant models for addressing sexual violence (particularly with underserved populations)
- ▶ Engage communities with histories of oppression leading to mistrust of government and other systems

- ▶ Incorporate peers and survivors into DSVS work safely and effectively without creating staff burden or friction
- ▶ Additional staff/time needed to acquire funding, provide technical assistance, and coordinate county human trafficking response (typically state-level coordination)

- ▶ Empower survivors (and staff) with knowledge about stalking and equip them with knowledge about how to protect themselves from stalking behaviors

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>1. Create a sexual violence identity within DSVS by educating staff and volunteers, labeling SV efforts, and prioritizing sexual violence both in the strategic planning process and as an agency. The development of a sexual violence identity within DSVS will be both informed by and impacted by program planning, outreach efforts, capacity and knowledge-building, direct service provision, and partnerships with external stakeholders.</p> <p>2. Build internal capacity to respond to sexual violence by allocating resources to SV-specific services and outreach, training staff and volunteers on SV-specific issues, developing and updating policies and procedures related to SV, and maintaining continuous assessment of sexual violence services.</p>	<p>1.1 XX% of community members will demonstrate increased knowledge regarding sexual violence services and resources</p> <p>1.2 XX% increase in programming, goals and objectives specifically to address sexual violence</p> <p>2.1 XX% of staff and XX% of volunteers trained on how to respond to sexual violence and know available resources for survivors within DSVS and in the community</p> <p>2.2 XX% of staff and volunteers report that they feel confident and knowledgeable about addressing sexual violence in their work</p> <p>2.3 # of systems walkthroughs completed or reevaluated in the context of sexual violence services</p>	<p>1.1 Community survey data</p> <p>1.2 Metrics specified in Goals 2, 3, and 4</p> <p>2.1 Number of staff and volunteers who have been trained on sexual violence 101</p> <p>2.2 Pre and post tests utilized in sexual violence trainings</p> <p>2.3 Updated job descriptions and training requirements for new and current staff</p> <p>2.4 Survey of staff members regarding sexual violence knowledge</p> <p>2.5 # of staff who regularly participate in SV projects including training, coordinating bodies, campaigns, workgroups, etc.</p>

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>3. Foster awareness among county residents and allied professionals in the Fairfax County community regarding the issues of sexual violence, human trafficking, and stalking through education, allyship, and coordinated outreach.</p>	<p>3.1 # of sexual violence outreach events, trainings and/or campaigns conducted</p> <p>3.2 # of attendees/people reached (community members, allied professionals, etc.)</p> <p>3.3 Net increase in knowledge of sexual violence and related topics among attendees</p> <p>3.4 Increased communication with community about SV trainings, campaigns, and awareness events</p>	<p>3.1 Pre/post training evaluations by attendees</p> <p>3.2 # of attendees of sexual violence community outreach events and training</p> <p>3.3 # of sexual violence outreach events conducted annually</p> <p>3.4 Data regarding social media engagement</p>
<p>4. Foster a coordinated community response to sexual violence focused on building, expanding, and maintaining partnerships and alliances to improve access to resources for all victims/survivors of sexual violence and their communities.</p>	<p>4.1 XX% of sexual violence outreach projects that include coordination and participation by partners</p> <p>4.2 # of SV specific trainings provided to partners by or through DSVS</p> <p>4.3 Increased cooperation with legal, medical, educational, and culturally relevant service providers for sexual violence clients</p> <p>4.4 Increased number of partnerships with organizations engaged in anti-oppression work</p>	<p>4.1 # of outreach projects involving partnership</p> <p>4.2 # of partner organizations showing continued engagement with coordinating bodies</p>
<p>5. Develop opportunities for peer and survivor participation into SV work in collaboration with community partners.</p>	<p>5.1 Increased survivor participation in the development and/or implementation of sexual violence programming</p>	<p>5.1 TBD; Model for survivor participation must first be identified</p>

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>6. Strengthen agency and community-wide focus on human trafficking (sexual exploitation) by supporting and coordinating partner organizations in the county and collaborating with statewide response to serve victims of human trafficking.</p>	<p>6.1 Net increase in technical assistance and support offered to or brokered) on behalf of member organizations to build capacity to respond to human trafficking</p> <p>6.2 # of trafficking focused coordination groups or projects DSVS actively participates in</p> <p>6.3 # meetings held with countywide human trafficking coordination group</p> <p>6.4 # of organizations engaged with countywide coordination body</p>	<p>6.1 # of meetings of statewide and regional coordination efforts attended by DSVS staff</p> <p>6.2 # of partners engaged with county coordination body</p> <p>6.3 Creation of an assigned position to address human trafficking and sexual exploitation</p>
<p>7. Clarify and strengthen the role of DSVS in community response to stalking within and outside of the context of intimate partner violence in Fairfax County.</p>	<p>7.1 XX% of DSVS staff and XX% of volunteers will demonstrate increased knowledge of stalking and DSVS' response to stalking</p> <p>7.2 DSVS will have a clear definition of stalking to be used internally and with the community</p> <p>7.3 XX% of DSVS programs and services will develop goals related to stalking</p>	<p>7.1 Survey of DSVS staff and volunteers to determine current understanding of stalking</p>

PRIORITY AREA 4: Becoming more Data-Informed

Introductory Statement:

Improve programming and decision making through strategic and consistent use of data. DSVS will develop methods to consistently use data to inform decision-making that will improve equity in processes and outcomes for clients. Current program data is captured, cleaned, analyzed and stored on a regular basis. Opportunities to improve use of data to inform decision making include having all staff have access to and skills to use data to inform decision making; multiple points of entry for data access, and limited data collection in some program areas.

The strategies in this section seek to provide a coordinated and systematic approach to increasing data capacity in DSVS to include human capital, organizational, and technology development. Through training of front line, supervisory, managerial, administrative and technical staff, DSVS will increase organizational capacity to use data to inform practice. Data Dissemination strategies will be solidified and routinized to ensure easy access to data at all levels in the organization. In collaboration with other DFS partners, technology will be used to enhance current data collection, analysis, and availability to end users to continue to inform decisions that are made to improve overall service delivery to clients.

Outcome Statement:

DSVS will collect and use data to:

- ▶ Document DSVS work, efforts, and work products
- ▶ Make informed decisions and choices that support equity
- ▶ Prove impact to funders, partners, community, and county
- ▶ Answer questions from within and outside DSVS, such as how much/often, who, why

- ▶ To support these data efforts, DSVS will:
- ▶ Ensure that staff is educated so data is useful to them
- ▶ Incorporate data from outside DSVS
- ▶ Provide tools for staff, partners, and community to access useful data
- ▶ Ensure that data is collected efficiently, and data is relevant and accurate

Challenges/Opportunities:

- ▶ The need to define benchmarks based on outcomes and goals
- ▶ Some county wide data is available but there are different collection measures and it is difficult to crosswalk data among systems
- ▶ There isn't a universal definition of domestic violence across programs to know about prevalence and who is impacted
- ▶ Disparate data systems to collect all required data; lack of comprehensive tool to capture, analyze, store, and present data
- ▶ Lack of staff training in specified data tools (MS Power BI)
- ▶ Resources have not been geared towards connecting with data from partner and other county agencies that could inform practice
- ▶ Lack of understanding of the limitations of VAWA and data collection and creating solutions that honor VAWA but allow the ability to use the data to inform practice
- ▶ Staff training and level setting about the purpose of data and how to use it to inform practice and improve services.

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>1 Maximize the clarity and completeness of data across DSVS.</p>	<p>1.1 XX% of data systems and reports will provide YY% of timely and accurate data for decision making, reports, and staff use</p> <p>1.2 XX% of reduction in dual data entry (Streamline case data entry requirements – could measure this in the number of fields to enter a case, or time spent</p> <p>1.3 XX% of DSVS data systems will have users trained in a Unified, consistent, standard data collection effort</p> <p>1.4 XX% of DSVS staff will have access to on-demand software tools that allow for viewing of relevant data for decision making, monitoring, self audit, and quality assurance</p>	<p>1.1 # of DSVS programs that capture and report race and ethnicity data</p> <p>1.2 1.2 # of as is business processes mapped, with ID of dual data entry points</p> <p>1.2 # of trainings on data literacy with pre and post training knowledge assessment/test</p> <p>1.3 1.3 # of reporting tools and new report methods developed</p> <p>1.4 1.4 # of interactive data projects created</p>

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>2 DSVS will use data effectively in decision-making and to establish interventions</p>	<p>2.1 At least XX% of DSVS programs will have robust and clearly defined set of benchmarks and KPIs</p> <p>2.2 At least XX% of programs and services will be able to determine benchmark equitable outcomes</p> <p>2.3 XX% of DSVS employees will respond positively to pulse surveys about the use of data in day-to-day work</p> <p>2.4 At least XX% of relevant policies and procedures, group and individual supervision templates, and onboarding materials have embedded components related to use of data</p> <p>2.5 At least XX% of staff will have completed and shown mastery on training related using DSVS data successfully and incorporating data into the day-to-day work</p> <p>2.6 XX% of time data is pulled from at least two reliable third party data sources in annual reports and other outward facing documents as evidenced by annual document reviews</p>	<p>2.1 Regular surveys, staff at all levels will be able to articulate KPIs for their service areas and how their work directly contributes to them</p> <p>2.1 2.2 # quarterly team meetings with DA Team by program</p> <p>2.3 2.3 # of Data Ambassadors identified.</p> <p>2.3.1 # of Regular Data presentations/discussions</p> <p>2.4 Review of P&Ps to assess whether the materials have embedded components related to the use of data</p> <p>2.5 Pre/post tests</p> <p>2.6 Reliable source information cited in annual report and other outward facing documents</p>
<p>3 Data collection, storage, dissemination and analysis will be managed ethically, responsibly and in compliance with local and federal laws.</p>	<p>3.1 XX% of DSVS data systems will be compliant with all federal and local laws, using a Data Governance framework</p> <p>3.2 XX% of DSVS staff members are trained on ethical and responsible use, storage, analysis, and dissemination of data</p> <p>3.3 XX% of “Lessons Learned” Ethics Advisory Committee issues will be addressed within YY timeframe</p>	<p>3.1 Decrease in # of systems that are not compliant with Federal and local laws</p> <p>3.2 # of data governance policies established</p> <p>3.3 # of external data requests that are responded to using identified data informed practices</p>

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>4 DSVS staff will have working knowledge on how to use data successfully and have a basic level of data literacy in relation to DSVS metrics, accessing systems and program data.</p>	<p>4.1 At least XX% of staff will have completed and shown mastery on training related using DSVS data successfully and incorporating data into the day-to-day work</p> <p>4.2 DSVS will incorporate at least XX% of vetted terms into the organization's vernacular such as onboarding, training materials, team meetings, etc.</p>	<p>4.1 Pre/post tests</p> <p>4.2 # of vetted terms incorporated into onboarding, training materials, and team meeting agendas.</p>

PRIORITY AREA 5: Updating Technology, Systems and Processes

Introductory Statement:

DSVS provides services and supports to high-risk domestic and sexual violence, human trafficking, and stalking victims and survivors. The division maintains several stand-alone data repositories that are not aligned. For the quantity of data and broad range services the division provides, this inefficiency causes redundancies in data entry and impacts extraction, quality, storage, and integrity of data. Updating technology systems and processes has been designated as a strategic priority to ensure improved access to services; timeliness and quality of services; regulatory compliance (federal, state, and local); streamlining of processes; and improvement of efficiencies for staff. Data is captured for the following services:

- ▶ Counseling services for victims of domestic and sexual violence, stalking and human trafficking
- ▶ Advocacy services for victims of domestic and sexual violence, stalking and human trafficking
- ▶ Hospital Accompaniments (SANE and IPV)
- ▶ Domestic violence intervention program for perpetrators of violence
- ▶ 24/7 Crisis Lines (DV Hotline and LAP line)
- ▶ Emergency Shelter (Artemis House)
- ▶ Community Engagement Services (via Outreach and Education events)
- ▶ Volunteer Management System
- ▶ Varying administrative processes (e.g., emergency resources; referrals, Speaks requests, waitlists)

Outcome Statement:

DSVS will have the best possible solutions in breed, enterprise-wide technology system(s) with integrated business intelligence and

associated business processes that provide ease of use, data integrity, data integration, data reporting, and adherence to requisite levels of regulatory compliance.

Challenges/Opportunities:

Challenges:

- ▶ DIT, Internal County Audit, and other programs that guide County technology and data storage requirements are less familiar with federal and state statutes that govern DSVS to inform technology, systems and data decisions
- ▶ Input Data Validation - there is a low level of 'intelligence' built-in to safeguard against erroneous / inconsistent / missing data input
- ▶ Searches and Queries - there is limited capability to search through client records for particular terms, service attributes, demographic characteristics etc.; no real-time data; no clinical notes or billing codes data
- ▶ Report Customization - changes to existing 'canned' reports entail special development charges and lengthy lead times
- ▶ Report Generation - there is no capability to produce existing reports in near real-time; reports are run in batch mode overnight
- ▶ Data Import/Export - there is no practical method for importing or exporting data to/from the CP database and exchange data with other tools and repositories; data must be manipulated externally, starting with CSV flat files
- ▶ Caseload Management - there is no practical capability or features for caseload management built into the system
- ▶ Supervisory Review of Caseload Management - current systems lack business intelligence processes to conduct audits and quality assurance reviews to support staff with utilization, caseload management, and strategic learning opportunities

- ▶ Status Snapshot Display—there are no dashboard-type graphic display features available
- ▶ DocuSign—current process consists of multiple steps and is not user friendly for clients; provider shares IP address, which is PHI
- ▶ For one reason or another, current system is not being utilized to its fullest potential across all programs
- ▶ Reduce redundant data entry in multiple systems
- ▶ Programs/staff feel siloed within their programs
- ▶ Communications tend to happen just within programs

Opportunities:

- ▶ Require technical support users, within or partnering with, DIT, County Attorney, Internal Audit, etc. to guide adoption of technology, systems, and data management processes in compliance with Federal, State and local regulatory mandates
- ▶ Develop training/super users to have better understanding of all the tools/features available through the system

- ▶ Provide continuous training for updates
- ▶ Enact use of common forms/tools that can be shared across programs
- ▶ Expand/maximize use of all functions/features available within existing system(s)
- ▶ Engage with other organizations to examine how systems can intersect or come up with a process on how data from one system can be transferred to another (not staff)
- ▶ Increase the capacity of all DSVS staff's general knowledge and skills to be able to support other program areas, understand the work of other programs, eliminate silos
- ▶ Expand internship program to BA level, or reassess how interns are used within programs
- ▶ Identify a central intake process/person/platform to unify all programs
- ▶ Improve communication across all programs

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>1 Upgrade existing technology to be VAWA compliant (software and hardware) and to address the inefficiencies, redundancies, and systems challenges.</p>	<p>1.1 % increase VAWA compliant systems being used across all programs</p> <p>1.2 % of technology that is modernized</p> <p>1.3 Net reduction in the number of data storage repositories being used across all programs (lagging metric/requirement for new technology)</p> <p>1.4 Net increase in number of partial or fully automated workflows (lagging/requirement metric)</p> <p>1.5 Net reduction in duplication of effort for documentation in multiple systems (lagging metric)</p>	<p>1.1 Establish IT requirements matrix for a minimum of 2/4 systems</p> <p>1.2 Establish IT requirements matrix for a minimum of 3/7 communication platforms with clients</p> <p>1.3 System Completion Established policies and procedures for VAWA, VA Code technology adherence for DSVS</p> <p>1.4 Established IT roadmap that includes tracking of data captured, sources of data, and dual data entry requirements</p>

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>2 Mitigate barriers and improve ease of Access and Utilization of technology</p>	<p>2.1 Net increase in the number of standardized policies and procedures across the division to establish consistency of technology usage with local, state, and federal requirements</p> <p>2.2 Net increase in continuous quality improvement processes embedded into DSVS services and programs</p> <p>2.3 # People trained in use of new technology/ # of user manuals (self-help guides) created</p>	<p>2.1 Review 100% of DSVS technology related policies and procedures</p> <p>2.2 Eliminate 100% of outdated or irrelevant technology related policies and procedures</p> <p>2.3 25% of remaining technology related policies and procedures will be standardized into a designated format</p>
<p>3 Capitalize on strategic funding opportunities that align with DSVS' goals and objectives</p>	<p>3.1 Net increase in the number of applications submitted to fund technology goals</p> <p>3.2 Net increase in the # of applications approved that meet tech goals</p> <p>3.3 Net increase in the number of budget requests made to Fairfax County for technology upgrades</p> <p>3.4 Net increase in personnel and resources dedicated to support DSVS technology</p>	<p>3.1 Two funding opportunities will be approved for DSVS technology enhancements</p> <p>3.2 Full integration of DFS IT POC into DSVS technology support processes</p>

PRIORITY AREA 6: Streamlining DSVS Services

Introductory Statement:

DSVS is a small division within the Department of Family Services. Issues of domestic and sexual violence, human trafficking and stalking intersect with the work of many of the county's agencies and departments. As such, DSVS' services and programs are broad in scope, making it challenging to focus on areas where the need is greatest, and the harm is most severe. The scope of this priority area will be to focus DSVS efforts to ensure the greatest impact of services to targeted populations in a more efficient, cost-effective, and productive manner.

Outcome Statement:

As a result of this priority area, DSVS will deliver evidence informed programs and services that yield the greatest impact to the community and advance the mission and vision of DSVS. DSVS will have an established process for determining its activities, programs and services that align with the stated goals and objectives of the division.

Challenges/Opportunities:

- ▶ DSVS has a multitude of services that are broad in scope, leaving little room for deeper focus and work in areas such as prevention and technical assistance (as well as other areas)
- ▶ With the given resources, DSVS is unable to give adequate focus to all of the core issues which fall within our mission and vision, such as sexual violence, human trafficking, and stalking
- ▶ Data that can inform decisions may be limited and/or unavailable

- ▶ Lack of clarity internally and externally on who we are tasked to serve as it relates specifically to domestic and sexual violence, Interpersonal violence (IPV), human trafficking and stalking
- ▶ There is a lack of clarity between DSVS' role as government versus role as a direct service provider
- ▶ Multiple points of entry into services presents inadvertent challenges (e.g., gaps, redundancies). Due to lack of focused service delivery, outcomes and targets may not be most representative (e.g., reliable vs. valid service delivery)
- ▶ This is an opportunity to redesign services in a way that proactively and collaboratively addresses community needs and adapts to new and emerging trends/best practices
- ▶ To develop strategic focus for underdeveloped areas in DSVS such as prevention and technical assistance
- ▶ Define service populations
- ▶ Clarify distinctions and overlap between role as a governmental agency and service provider
- ▶ Make the workload more manageable and efficient, giving employees a sense of self-efficacy in their work
- ▶ Scrub and analyze data for intentional usage to guide service delivery
- ▶ If multiple entry points is a challenge, this could create an opportunity to consider a form of coordinated entry
- ▶ Clarify outcomes

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>1 Integrate and consolidate common internal processes across DSVS into a core model that promotes efficiency, consistency, and accountability across all programs and services.</p>	<p>1.1 Net reduction in the number of duplicative processes performed for multiple programs, services, staff requests</p> <p>1.2 Net increase in number of partial or fully automated workflows</p> <p>1.3 Net reduction in duplication of effort for documentation in multiple systems (dependency with technology priority)</p> <p>1.4 Net increase in the number of standardized policies and procedures across the division to establish consistency with local, state, and federal requirements</p> <p>1.5 Net increase in the number of DSVS processes that are subsumed by DFS</p> <p>1.6 Net increase in continuous quality improvement processes embedded into DSVS services and programs</p>	<p>1.1 Baseline of P&Ps and workflows</p> <p>1.1 # of P&Ps and workflows identified for improvement</p> <p>1.2 # of workflows identified to be moved to partial or full automatization</p> <p>1.3 # of programs that implement new recommended technology</p> <p>1.4 # Successfully fulfilling accreditation checklist pertaining to P&Ps</p> <p>1.5 # of DSVS processes identified to be subsumed by DFS.</p> <p>1.6 # of continuous quality improvement processes embedded</p>
<p>2 Intentional shift from less impactful to more impactful programs and services across the division.</p>	<p>2.1 Net increase in DSVS' programs, services, and activities that meet a defined impact threshold</p>	<p>2.1 Impact threshold researched, developed and applied</p>

GOALS	SUCCESS METRICS	MEASUREMENTS
<p>3 Organize and deliver external services and programs more effectively and efficiently.</p>	<p>3.1 Increase in the net utilization of all active trainings, events, services and programs</p> <p>3.2 Increase in the number of activities and events conducted in partnership with other disciplines where outcomes for survivors are disparate</p> <p>3.3 Increase in the number of technical assistance provided</p> <p>3.4 Net improvement in access to available county-wide programs and services to marginalized and underserved communities</p> <p>3.5 Net change in the access to DSVS programs and services including service delivery in communities not currently being served</p>	<p>3.1 Total # of customers/clients served in educational, engagement, and outreach activities</p> <p>3.1 Total # of direct services, community engagements/outreach and advocacy activities and macro-level interventions</p> <p>3.1 Resource utilization (i.e. value composite- how much time and resources are spent on an activity vs. the value to the community or to advancing the mission)</p> <p>3.2 # of partners from other disciplines that sign an MOU with DSVS</p> <p>3.2 # of partnership activities and events done in collaboration that address intersectionality or disparate outcomes across systems for survivors.</p> <p>3.3 Net increase in the number of technical assistance activities provided to other organizations</p> <p>3.4 Collaborative meeting (DVAC, DV Network) focused on assessing the efficacy of coordination of services with our partners</p> <p>3.5 Expansion of community-based services in communities that want them</p> <p>3.5 Improved language</p>
<p>4 Capitalize on strategic grant opportunities that align with DSVS' goals and objectives.</p>	<p>4.1 # of grants that meet goals of strategic priorities</p> <p>4.2 # of grant submissions that meet strategic priorities and have budgeted infrastructure and grants management support</p>	<p>4.1 # of grants that have been approved by funder to refine work plans to better align with DSVS strategic priorities</p> <p>4.2 Analysis of new grant applications that meet goals and meet the cost/benefit threshold (i.e. funding for support infrastructure, reporting, project management)</p> <p>4.2 Receipt of grant awards that include funding allocation for infrastructure and/or grant</p>

ALIGNING KEY STRATEGIC PRIORITIES WITH DFS AND DSVS VALUES

STRATEGIC PRIORITY	DFS VALUE (S)	DSVS VALUE (S)
<p>PRIORITY AREA 1: Integrating an Equity and Social Justice Lens into all parts of the work in a meaningful way</p>	<p>EQUITY</p> <ul style="list-style-type: none"> • Embracing Collective Action. • Rejecting Oppression. <p>PEOPLE-FOCUSED:</p> <ul style="list-style-type: none"> • Meeting People Where They Are. • Welcoming Every Voice. • Investing in Employee Growth and Development. 	<p>EQUITY: We advocate for all community members to have fair access to available opportunities, resources, and support so that they may meet their full potential.</p> <p>PERSON-CENTERED: We honor individuals as experts in their own lives and work in partnership to achieve positive outcomes.</p> <p>EMPATHY: We show genuine care, interest and validation for other's thoughts, feelings and perspectives by respectfully listening without judgement</p>
<p>PRIORITY AREA 2: Assessing, Improving and Deepening Partnerships</p>	<p>PARTNERSHIP</p> <ul style="list-style-type: none"> • Embracing Partnership and Alignment • Expect the Diversity of Perspectives 	<p>COLLABORATION</p> <p>We cultivate, develop, and maintain community-focused collaborative relationships based on unique strengths, diverse perspectives and shared purpose</p>

STRATEGIC PRIORITY	DFS VALUE (S)	DSVS VALUE (S)
<p>PRIORITY AREA 3:</p> <p>Improving/elevating services to address sexual violence, human trafficking, and stalking</p>	<p>PARTNERSHIP</p> <ul style="list-style-type: none"> • Embracing Partnership and Alignment. • Expect the Diversity of Perspectives <p>ACCOUNTABILITY</p> <ul style="list-style-type: none"> • Practicing Good Stewardship. • Acting with Integrity. • Taking Ownership. • Managing with Data <p>EQUITY</p> <ul style="list-style-type: none"> • Embracing Collective Action. • Rejecting Oppression 	<p>COLLABORATION</p> <p>We cultivate, develop, and maintain community-focused collaborative relationships based on unique strengths, diverse perspectives and shared purpose.</p> <p>TRAUMA-INFORMED</p> <p>We are calm, consistent, reliable, and foster resilience in relationship with our clients. Through advocacy, education, outreach, policy, and services, we promote community understanding of traumatic stress and its effects. We conduct consistent and rigorous evaluation of our practices, policies, and procedures to implement process improvements.</p> <p>ACCOUNTABILITY</p> <p>We are transparent in all of our work and communication with internal and external stakeholders and take responsibility for the quality and results of our work.</p> <p>EQUITY</p> <p>We advocate for all community members to have fair access to available opportunities, resources, and support so that they may meet their full potential</p> <p>EMPATHY</p> <p>We show genuine care, interest and validation for other’s thoughts, feelings and perspectives by respectfully listening without judgement</p>
<p>PRIORITY AREA 4:</p> <p>Becoming more Data-Informed</p>	<p>ACCOUNTABILITY</p> <ul style="list-style-type: none"> • Practicing Good Stewardship. • Acting with Integrity. • Taking Ownership. • Managing with Data 	<p>ACCOUNTABILITY</p> <p>We are transparent in all of our work and communication with internal and external stakeholders and take responsibility for the quality and results of our work</p> <p>MANAGE WITH DATA</p> <p>We engage in data-informed decision making, making sure our work is achieving the desired results, and monitoring and adjusting our approach and business processes accordingly</p>

STRATEGIC PRIORITY	DFS VALUE (S)	DSVS VALUE (S)
<p>PRIORITY AREA 5: Updating Technology, Systems and Processes</p>	<p>ACCOUNTABILITY</p> <ul style="list-style-type: none"> • Practicing Good Stewardship. • Acting with Integrity. • Taking Ownership. • Managing with Data 	<p>ACCOUNTABILITY</p> <p>We are transparent in all of our work and communication with internal and external stakeholders and take responsibility for the quality and results of our work</p> <p>MANAGE WITH DATA</p> <p>We engage in data-informed decision making, making sure our work is achieving the desired results, and monitoring and adjusting our approach and business processes accordingly</p>
<p>PRIORITY AREA 6: Streamlining DSVS Services</p>	<p>ACCOUNTABILITY</p> <ul style="list-style-type: none"> • Practicing Good Stewardship. • Acting with Integrity. • Taking Ownership. • Managing with Data 	<p>ACCOUNTABILITY</p> <p>We are transparent in all of our work and communication with internal and external stakeholders and take responsibility for the quality and results of our work</p> <p>MANAGE WITH DATA</p> <p>We engage in data-informed decision making, making sure our work is achieving the desired results, and monitoring and adjusting our approach and business processes accordingly</p>

THE PATH FORWARD

APPENDIX A

Steering Committee Members:

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APPENDIX B

Domestic and Sexual Violence Services (DSVS)

Community Feedback Survey Findings

Qualifying Respondents

429 respondents filled out the DSVS Community Feedback Survey. However, the survey starts off by asking the 2 following questions to qualify if respondents are able to continue filling out the survey.

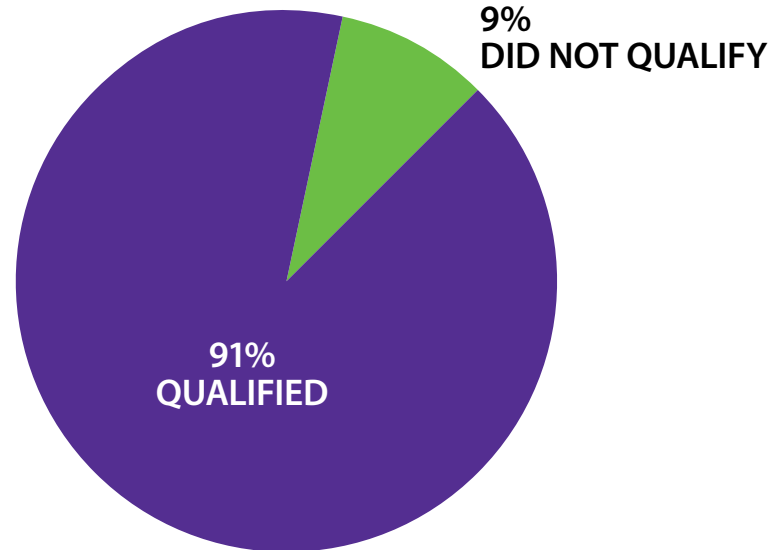
- ▶ Are you currently above the age of 14?
- ▶ Are you currently a Fairfax County resident?

If both questions were answered “yes”, then the respondent qualified to continue filling out the survey. 91% or 391 respondents were over the age of 14 and current Fairfax County residents.

Demographic Data

Of all the qualifying respondents, 341 or 87% provided demographic data across all categories. Nearly two thirds (64%) of those that responded to these questions were between the ages of 35 and 64 years old, the vast majority were female (82%) and/or heterosexual (87%). Survey respondents were largely White (70%), however, it is important to note that the survey was created in several different languages, and that a small number of surveys that were completed in a language other than English are not included in this analysis. When analyzing responses by Race/Ethnicity, we will compare White vs Non-White as overarching categories, due to the small sample sizes of any race/ethnicity other than White¹. If race/ethnicity data is not mentioned below, there was not a significant difference in responses for that question.

PERCENT OF RESPONDENTS WHO QUALIFIED TO CONTINUE THE SURVEY



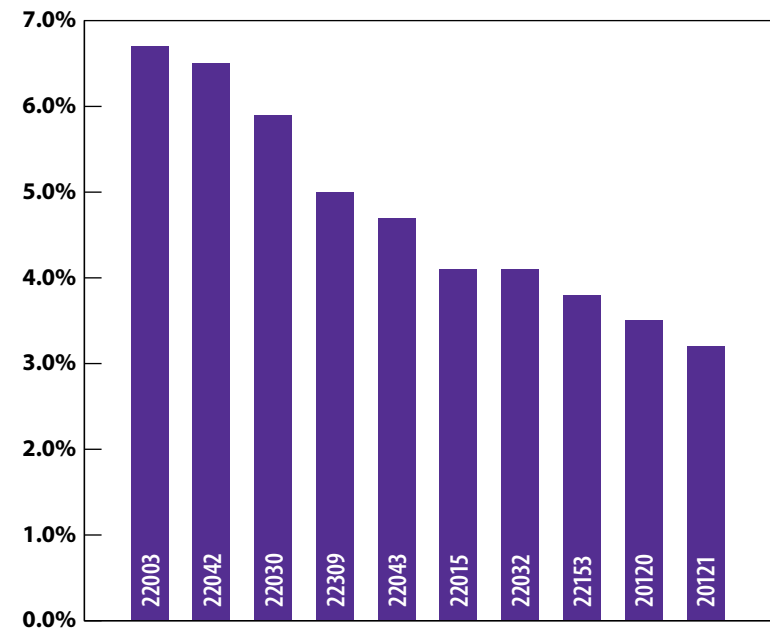
¹ For the purposes of this report out, Non-White includes Asian/Pacific Islander, Black or African American, Hispanic/Latino, and Other. Other includes those of more than one race. “Prefer not to answer” and blanks were kept separate.

Demographics A (n=341)	Percentage
AGE	
14-17 years old	1%
18-24 years old	4%
25-34 years old	11%
35-44 years old	22%
45-54 years old	19%
55-64 years old	23%
65-74 years old	11%
75 years or older	5%
Prefer not to answer	4%
GENDER IDENTITY	
Female	82.1%
Male	14.1%
Non-Binary	0.3%
Transgender	0.3%
Prefer Not to Answer	3.2%
Demographics B (n=341)	Percentage
SEXUAL ORIENTATION	
Asexual	1.5%
Bisexual	2.3%
Heterosexual	87.1%
Gay	0.0%
Lesbian	0.9%
Pansexual	0.9%
Other	0.3%
Prefer not to answer	7.0%

RACE/ETHNICITY	
Asian/Pacific Islander	6%
Black or African American	7%
Hispanic or Latino	8%
Native American or American Indian	0%
White	70%
Other	3%
Prefer Not to Answer	6%

There were 49 different responses on which zip code respondents reside in, the top 10 of which are included in the chart below. The top two zip codes identified were 22003, located in Annandale, at 6.7% and 22042, located in Falls Church at 6.5%.

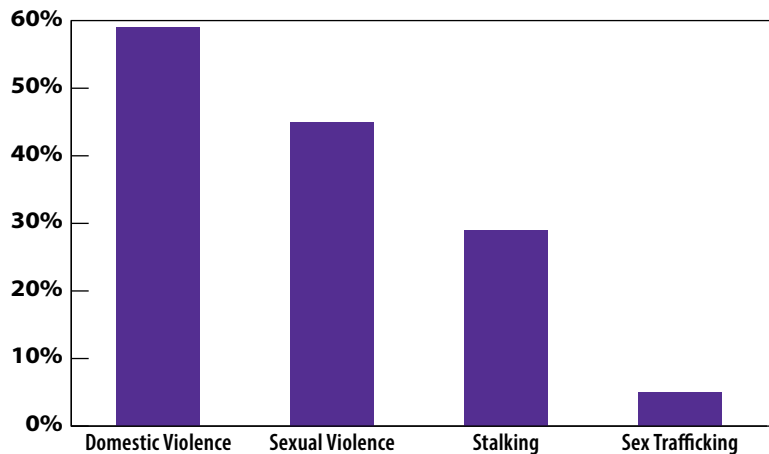
TOP 10 ZIP CODES OF RESPONDENTS



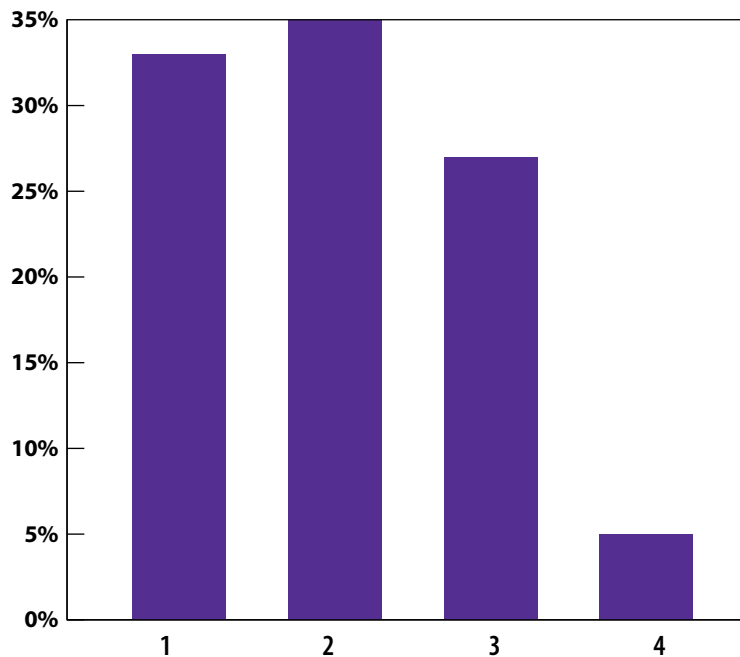
Have you, or anyone you know, experienced any of the following? Check all that apply.

There were 376 respondents who answered the question above. To focus on the prevalence of abuse, the answer “none of the above” was omitted from the chart on the right. For informational purposes, 32% of the 376 respondents had answered “none of the above”. Percentages for this question will add up to higher than 100% as respondents could elect more than one option. Again, respondents were given the option of selecting more than one type of abuse. This fact begs the question, of those who experienced or knew of abuse (254 respondents), how many types of abuse were experienced? What combinations of abuse are most prevalent? The chart to the left shows the prevalence of experiencing multiple types of abuse. Of those who experienced abuse, 56% experienced the combination of Domestic Violence and Sexual Violence, followed by 37% of respondents who experienced the combination of Domestic Violence and Stalking.

TYPES OF ABUSE EXPERIENCED/KNOWN BY SURVEY RESPONDENTS



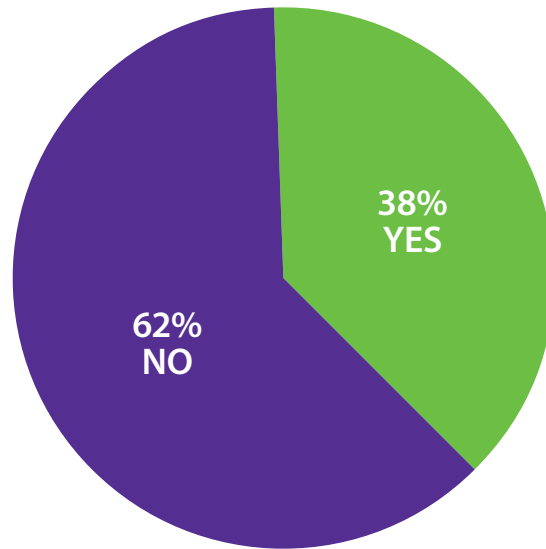
OF THOSE WHO EXPERIENCED/KNEW OF ABUSE, HOW MANY TYPES REPORTED?



Did you or the person(s) you know receive services in Fairfax County related to the domestic violence, sexual violence, stalking, or sex trafficking?

Almost all respondents (253 respondents) who experienced or knew of someone who experienced abuse answered the question above. The majority of respondents identified that no services were received after abuse. Of the 253 respondents, 95 did receive services after abuse, 158 did not.

DID YOU OR THE PERSON YOU KNOW RECIEVE SERVICES?



Who provided services? Check all that apply.

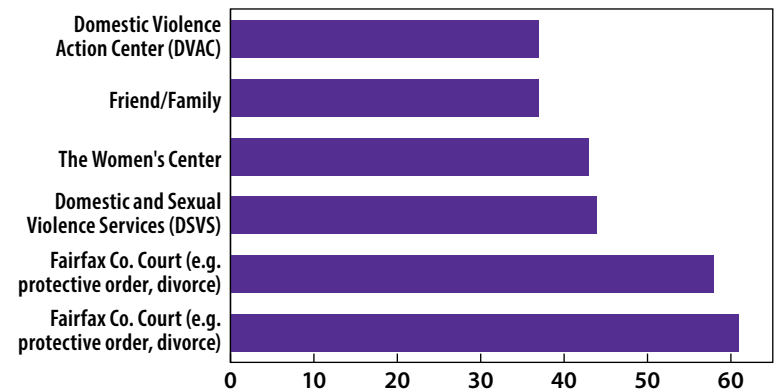
Almost all respondents who received services (93 respondents) identified who provided services. For the purposes of this report, the top 6 most frequent providers of services are highlighted in the chart below. Listed below the chart are the service providers that are not in the top 6. As respondents could choose multiple service providers, percentages will add up to over 100%.

Regarding race/ethnicity, White and non-White respondents access the top service providers at approximately the same rate. The only exception to this is The Women’s Center with 32% of non-White² respondents receiving services from The Women’s Center compared to 47% of White respondents.

² The sample size for non-White respondents is low (n=22). More data would validate if this is a true disproportionality.

- ▶ Other service providers identified:
- ▶ Community Organizations (12%)
- ▶ Counseling services in Fairfax County (34%)
 - Other- SafeSpot Children’s Advocacy Center of Fairfax County (2%)
- ▶ Religious Group, church, or institution (19%)
- ▶ School (e.g. college/university or child’s school) (15%)
- ▶ Shelter in Fairfax County (20%)
- ▶ Unsure from where (11%)

TOP 6 MOST FREQUENTLY USED SERVICE PROVIDERS

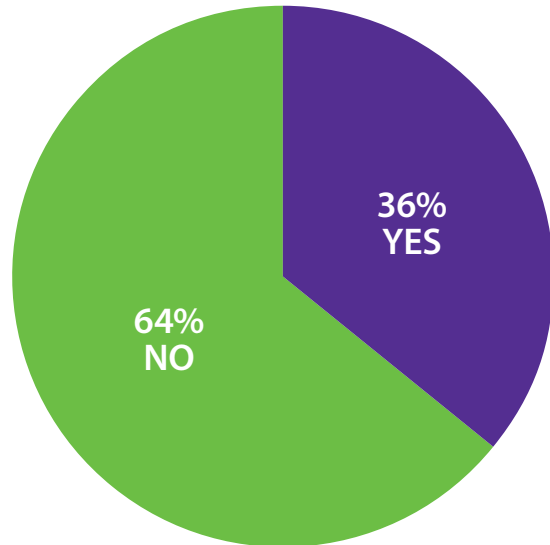


Were there things that prevented you or the person(s) you know from receiving help in Fairfax County?

As identified on the top of page 3, 158 respondents identified that services were not received after the abuse happened. 152 of these respondents answered the question asking if there were things preventing them from receiving help in Fairfax County. The majority (98 of the 158) of respondents identified that there was nothing that prevented them from receiving help. 54 respondents identified that there were things preventing them from receiving help.

Regarding race/ethnicity, non-White³ respondents had higher rates of barriers to receiving help (46%) when compared to White respondents (32%).

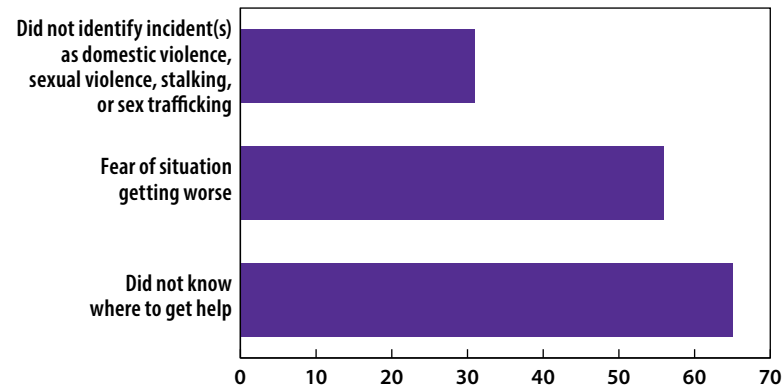
WERE THERE THINGS THAT PREVENTED YOU OR THE PERSON(S) YOU KNOW FROM RECEIVING HELP IN FAIRFAX COUNTY?



What prevented you or the person(s) you know from receiving help in Fairfax County? Check all that apply.

52 respondents who identified that there were things preventing them from receiving help chose to answer this question. Almost two thirds of the respondents who answered this question, were prevented from receiving help in Fairfax County due to not knowing where to go to get help. The chart below outlines the top 3 reasons why respondents were prevented from receiving help. As respondents could choose more than one option, percentages will add up to over 100%. Listed below the chart are the other prevention reasons that did not make the top 3.

WHAT PREVENTED YOU OR THE PERSON(S) YOU KNOW FROM RECEIVING HELP IN FAIRFAX COUNTY?



³ Again, the sample size for non-White respondents is low (n=35). More data would validate if this is a true disproportionality.

Other reasons you or the person(s) you know were prevented from receiving help:

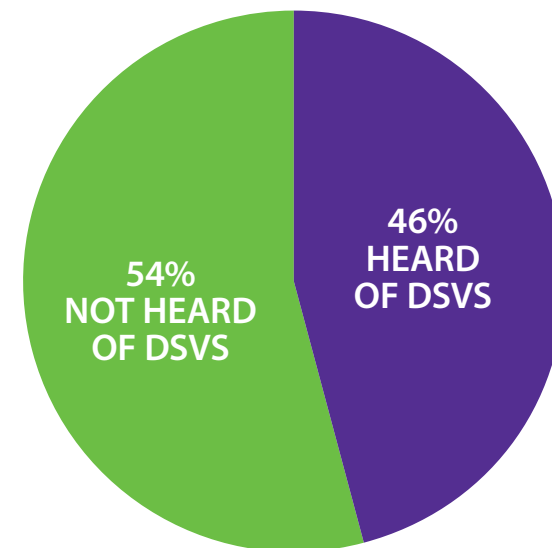
- ▶ Was not a resident of Fairfax County at the time of the abuse (13%)
- ▶ Against cultural norms (10%)
- ▶ No transportation to access services (10%)
- ▶ Concerns about immigration status (6%)
- ▶ Program did not have capacity or waitlist (2%)
- ▶ Abuser ran away and officers never contacted me again. (2%)
- ▶ Abuser was my husband. With small children, I was afraid I could not support them on my own. (2%)
- ▶ Fear related to organized crime and sex trafficking (2%)
- ▶ Help was not available during the time I was sexually abused and then later on was physically abused. (2%)
- ▶ No one could help me until my stalker made a specific threat of violence, according to police. They couldn't help until a crime was committed. (2%)
- ▶ Not enough physical evidence, mental and emotional violence leaves no physical bruises. (2%)
- ▶ Uncomfortable with government agencies. (2%)
- ▶ Was handled by my office security (2%)
- ▶ Was told not enough abuse by my lawyer (2%)
- ▶ Services not available in preferred language (0%)⁴

⁴ Refer to the demographics data section on page one regarding the data on non-English speakers.

Have you heard of Fairfax County Domestic and Sexual Violence Services (DSVS)—formerly known as the Office for Women and Domestic and Sexual Violence Services (OFWDSVS)?

Of the 364 respondents to this question, 167 of them, or slightly less than half (46%) had heard of DSVS.

HAVE YOU HEARD OF FAIRFAX COUNTY DOMESTIC AND SEXUAL VIOLENCE SERVICES (DSVS)?

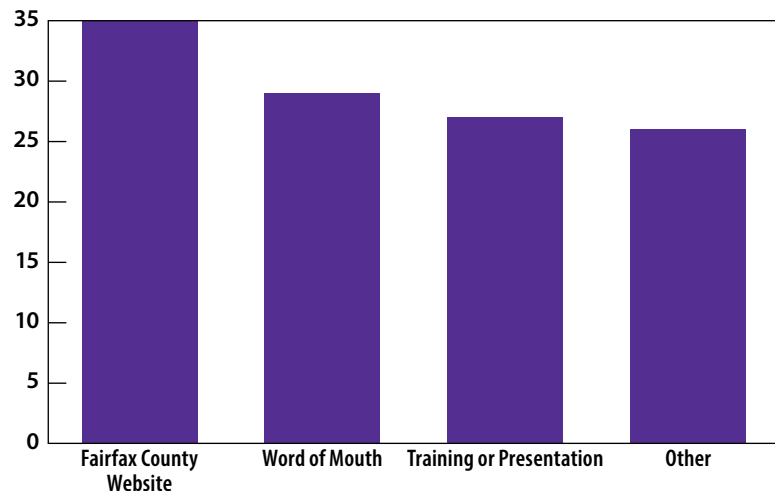


How did you learn about Fairfax County Domestic and Sexual Violence Services (DSVS)? Check all that apply.

All 167 of those from the previous question also responded to **how** they learned of DSVS. Just over a third (35%) of the respondents reported that they learned about it through the county website (44% of non-White⁵ respondents vs. 31% of White respondents), followed closely by word of mouth (29%) and a training or presentation (27% overall; 38% of non-White vs. 25% of White respondents).

Forty-three respondents (26%) chose 'other' for this response. Of those 43 that chose 'other', 22 learned of DSVS through work, such as working for the county, working as a volunteer, etc. (17% of White respondents, vs. 6% of Non-White respondents), and 9 learned through some type of event.

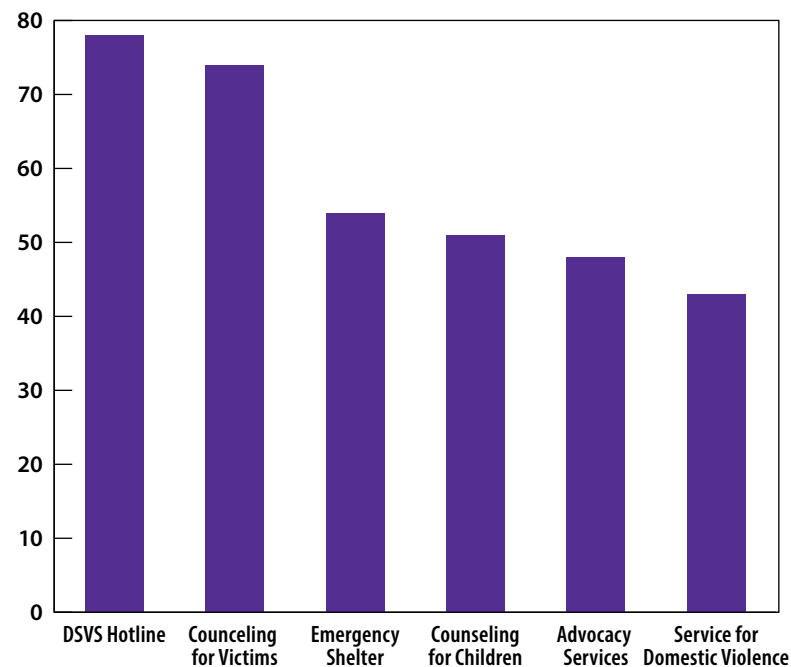
TOP 4 WAYS PEOPLE LEARN OF DSVS



Which of the services offered by Domestic and Sexual Violence Services (DSVS) do you know about? Check all that apply.

Nearly 80% of respondents who answered the question on which services they knew about (n=153), reported that they knew about the DSVS hotline. This was followed closely by those who reported they knew about counseling for victims (74%).

TOP 6 SERVICES THAT PEOPLE WERE AWARE

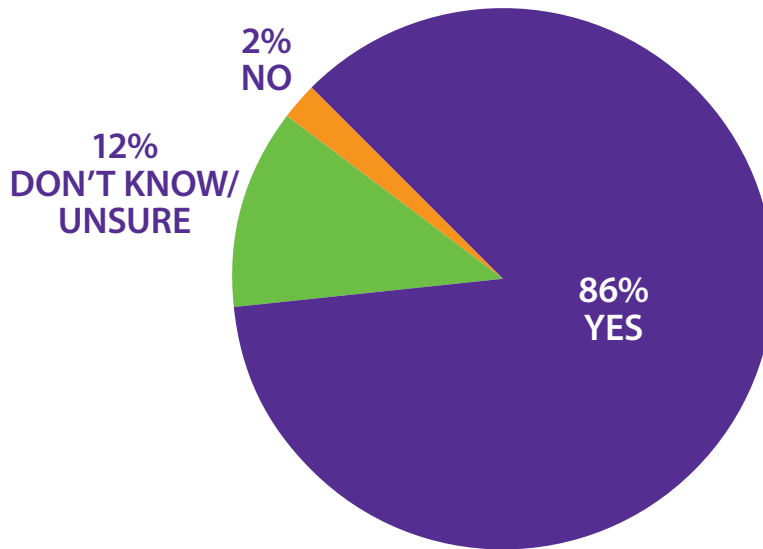


⁵ The sample size for non-White respondents is low (n=32). More data would validate if this is a true disproportionality.

Would you use or recommend services through Fairfax County's Domestic and Sexual Violence Services (DSVS)?

Of the 153 respondents who stated in the preceding question which services they knew about, 152 selected whether or not they would actually recommend the services that Fairfax County DSVS provides. The vast majority (86%) stated that they would use or recommend DSVS services. 94% of Non-White⁶ respondents said yes, compared to 84% of White respondents.

THOSE WHO WOULD USE OR RECOMMEND DSVS SERVICES



⁶ The sample size for non-White respondents is low (n=32). More data would validate if this is a true disproportionality.

Why would you use or recommend Fairfax County's Domestic and Sexual Violence Services (DSVS)? Check all that apply.

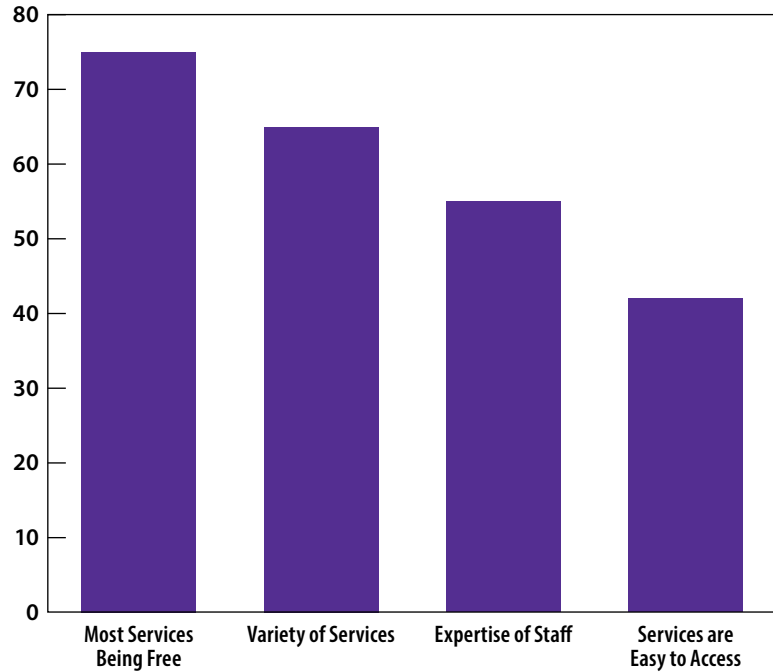
When asked a follow up question as to reasons why they would use or recommend DSVS services, 137 (90%) of the 152 from the last question chose one or more reasons in response. Exactly three quarters of those who responded to this question selected 'Most Services Being Free' as a reason for doing so. Nearly two thirds (64%) selected 'A Variety of Services' and just over half (55%) selected 'Expertise of Staff' as reasons they would use or recommend DSVS Services. Only 50% of non-White⁷ respondents identified 'Expertise of Staff' as a reason that they would recommend DSVS services, compare this to 63% of White respondents who selected the same reason.

Other reasons listed for using or recommending DSVS services (7%):

- ▶ Because they can support victims
- ▶ Compassionate, knowledgeable, dedicated staff
- ▶ Don't really know
- ▶ Knowing the quality services Fairfax County provides in other areas, this has to be topflight. I have great respect for staff of all our Fairfax Human Services.
- ▶ One of the few services available for this type of situation.
- ▶ Responsiveness of staff. Effort made to ensure persons get what they need. Area for improvement: communications gap between FFX City police and DSVS
- ▶ Services are great, but provision is inconsistent.
- ▶ Services are needed
- ▶ Shelter I saw was comfortable and clean
- ▶ Very limited option to address this matter but this one.

⁷ The sample size for non-White respondents is low (n=30). More data would validate if this is a true disproportionality.

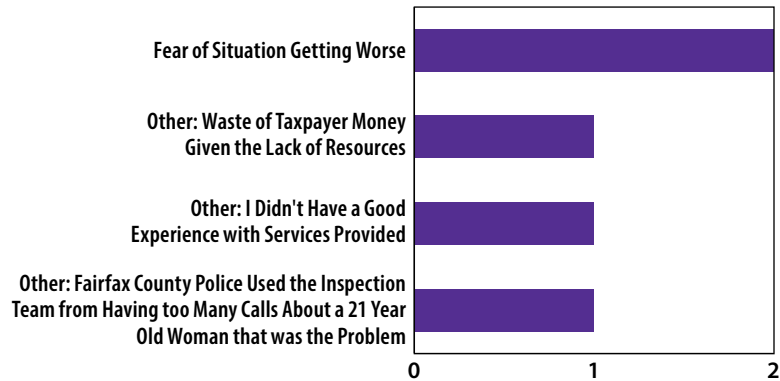
REASONS FOR USING OR RECOMMENDING DSVS SERVICES



Why would you not use or recommend Fairfax County's Domestic and Sexual Violence Services (DSVS) services? Check all that apply

Only 3 respondents (2%) answered previously that they would not use or recommend DSVS services, so in the chart below, we see their follow up responses on the reasons why they wouldn't do so. Two of the three respondents indicated that they wouldn't use or recommend DSVS services due to fear of the situation getting worse.

COUNT OF REASONS FOR NOT USING OR RECOMMENDING DSVS SERVICES



SUMMARY

The survey showed that DSVS's clients are largely straight white females between the ages of 35 and 64 years old, slightly more than half of whom have been the victim of domestic or sexual violence themselves. The majority of victims received services by the police department or the courts with only 44% receiving services from DSVS. In fact, only 46% of respondents had ever heard of DSVS. Of those who received services through DSVS, satisfaction was very high with 86% willing to recommend using this service to others, mostly due to the large variety of free services offered. Of those victims who did not get services in Fairfax County, lack of awareness of the services offered was the greatest obstacle, followed closely by fear that the situation would get worse.

There were some differences in responses by race, with nonwhite respondents being less likely to use the Women's Center and being more likely to perceive that there were barriers to getting help. How non-whites learned about DSVS services differed from whites and they were more likely to recommended DSVS services.

However, these findings should be qualified due to the low percentage of non-whites who responded to the survey. And the lack of inclusion of surveys completed in any language other than English. Were this survey to be repeated, a more systemic effort should be made to ensure a representative sample of County residents are surveyed and those responses are included in the analysis.

ADDENDUM TO THE 2022 EQUITY IMPACT PLAN: ENGAGING MEN OVERVIEW AND RECOMMENDATIONS

The Department of Family Services (DFS) Equity Lead Team and the Engaging Men Workgroup present this white paper to raise the Department’s awareness of how we see certain populations – particularly men of color – in our work throughout DFS. Through training, research, and analysis, the workgroup has identified a gap in how we engage with men, and more specifically, men of color. This paper describes the gap and is presented to the DFS Senior Management Team and the DFS Equity Team as a lens to further shape our approach to working with men of color who seek our services as caregivers of children and adults. This team asks the DFS SMT to review and as appropriate integrate the recommended equity practices across the department in current and future planning and incorporate the tenets of this paper into the department’s Strategic Framework and the 2023 Equity Impact Plan. As leaders aligned with the DFS values, we should hold ourselves accountable on how we—with intention—operationalize the recommendations.

Overview

The common construct of masculinity in the United States purports that men have certain expectations and normative gender roles in the context of family and interpersonal relationships and community presence. Specifically, they are providers and protectors for their families. When engaging with an organization like the Department of Family Services the typical social construct of masculinity is discordant with reasons that a man is engaged with the agency.

It is typical that, when in transaction with DFS, men are seeking supports like food assistance, employment assistance, caregiving assistance, services as a someone who caused harm to or were harmed by an intimate partner, child, family member, or vulnerable adult. Seeking support from DFS or being required to work with DFS may conflict with the common discourse of masculinity in our culture. Contrary to this narrative, the services and resources offered by DFS are available to support wellness in families and with individuals. Accessing these services should be without shame or stigma as our services are to support resilience and self-sufficiency in families.

As DFS focuses its equity lens and associated work with men and boys, we notice that in child welfare every child has a father and he and his family should be engaged at the start of a protective services intervention; in Domestic and Sexual Violence Services men are also victims and should be taught to be violence interrupters in homes and communities; in Adult Services while many men are in need of support services to improve their quality of life, many men are also caretakers of aging and disabled spouses and family members; and in Public Assistance and

Employment Services men are also in need of food, access to health care, cash assistance and employment supports. While not all male bodied people subscribe to the gender-specific attributes and normative behaviors prescribed by society, men may feel they are subjugated when in supportive services or their behavior is deemed in conflict with society’s view of the role of provider and protector.

Men have a vital role to play in addressing unequal power dynamics in interpersonal relationships and ending violence against women and in the community. Inequality and oppression in all its forms is among the root causes of intimate partner, sexual, and family violence. These forms of violence are preventable through collaborations of community members at multiple levels of society—in our homes, neighborhoods, schools, faith settings, workplaces, and other settings. We all play a role in violence prevention and in establishing norms of respect, safety, equality, and helping others. Efforts to engage men and boys in interrupting cycles of violence is growing rapidly, across policy and programming, research, advocacy, and activism. Men are key partners in prevention and supporting well-being in families and communities. While studies show most partner violence is perpetrated by men against women, only a small percentage of men overall perpetrate violence and most men do not condone violence, and many want to help, but do not know how.

Building Capacity

In October and November 2021, a group of DFS team members representing Adult & Aging, Children, Youth, and Families, Domestic and Sexual Violence Services and Public Assistance and Employment Services– both supervisory and non-supervisory attended a training series entitled “Dear Black Male” sponsored by the Child Welfare League of America (CWLA). The four-session series shared the history and culture of African Americans and other men of color with a focus on understanding and demystifying negative cultural archetypes of Black men in America. Through lecture and discussion, participants:

- ▶ Developed an understanding of the importance of the role of the historian in interpreting African American history.
- ▶ Expanded their knowledge and awareness of the disproportionality of Black males who are institutionalized and the impact it has on communities.
- ▶ Learned the most common mistakes professionals make when working with Black males and how to avoid them; and
- ▶ Engaged in dialogue to identify strengths-based practices and interventions that foster family health and resilience.

Synopsis of Sessions

The training sessions are described below:

Session 1—Historical Overview: reviewed the history of race and racism in the United States and discussed how historical, social, political, institutional, and cultural factors contribute to, legitimize, and maintain racial inequities.

Session 2—Media’s Portrayal of African Americans: examined media’s historical impact on the misrepresentation and over criminalization of African Americans and how false narratives of racial difference marginalize and exclude communities of color leading to negative real-world consequences.

Session 3—Mass Incarceration of African American Males: examined how the Law-and-Order political strategy directly affected minority communities and households and how many communities attempted to benefit economically from mass incarceration by using prisons as a strategy for economic growth.

Session 4—Mental Health and the Family: discussed the history and culture of African Americans and analyzed how cultural and intergenerational trauma have shaped the identity and contemporary impact to the perceived self-value of men of color and the challenges they face.

Following each session of the training series, participating DFS team members participated in round table discussions about how the information shared related to the work we do at DFS. We walked away with an understanding that it is necessary to approach male engagement with humility and recognize that the lived experience of everyone – while unique – is shaped by the historical cultural context and contemporary discourse of gender, men, and masculinity. There is a specific focus on how the cultural context shapes the narratives and impacts men of color.

Challenge for DFS

The Department of Family Services is a reflexive organization; we digest new information, examine how this learning impacts the community, consider these issues through the lens of our mission, vision, and values, and transparently consider how we examine our policies and practice to improve our community engagement and customer service.

The DFS team who participated in this training committed to participating in ‘Engaging Men Workgroup’ to consider how this learning and additional research – supported by One Fairfax – should shift our paradigm in addressing the needs of men who approach the department with needs as caregiver, provider, protector, and problem solver for their family system. Fundamentally, we wanted to explore a question: As a social services agency serving a diverse population, what do we need to do differently to engage with men as caregivers of children and adults?

Team members worked diligently to add to the learning by participating in a literature review that helped us examine men in the context of the services offered by DFS. Workgroup members deconstructed ‘maleness’ in society and why it’s important to the work of DFS and our work with men of color who seek our services. The literature reminds us that “while some men of color find strength and stature by adhering to traditional masculine norms, these traits can be obstacles to their mental and physical well-being. Even when help is available, the norms surrounding manhood become barriers to men of color who are reluctant to seek help. The findings show that self-reliance may be detrimental to mental health and is linked to depression” (Wadley, 2020). Our responsibility as an agency is to create space for men of color to be vulnerable and to seek our services without fear of stigma or shame.

Men of all backgrounds hold a variety of roles in the context of family; as fathers, men have the responsibility to enrich the lives of their families, and their children. Fathers are more likely to be engaged when expectation, opportunities, and encouragement are present. In our work with fathers there needs to be an expectation that the father is involved, as appropriate, at all points of our professional engagement. Families and communities expect the

male to be dutifully involved, however when there is disruption in the expected course of family events; separations, homelessness, family violence, intimate partner violence, economic stress, change in health status, change in caregiver roles, etc., men may need to be supported to attend to these tangible and emotional changes through the services offered by DFS and the broader network of health and human services providers.

Given these identified challenges, the group thoughtfully considered how DFS can improve our approach to male engagement and shape our service delivery system to engage and support our men and boys who receive our services. During this process, the group identified a variety of positive ways that DFS currently engages men such as: The work of the Fatherhood Engagement Unit to support and promote the importance of fathers in Fairfax County. The work of DSVS to engage men and boys as allies in gender-based violence prevention. The use of communication tools such as the website, newsletters, and social media to portray the diversity of men positively engaged with our programs.

Recognizing these successes there is still much work to be done. The workgroup proposes five goals for the department to take to provide more supportive engagement practices at the intersection of masculinity, race, and socio-economic status.

The workgroup recommends that the Department of Family Services Equity Team and the Senior Management Team consider adding these goals to the equity impact plan and include elements of this narrative in future iterations of the DFS Strategic Framework, that DFS divisions incorporate elements of this narrative into their work plans, and that we fully examine our approach to customer service toward men in all aspects of our service delivery system for both internal and external customers.

Descriptive Data on Men Served by DFS

Data on men and boys served by the Department of Family Services highlights two distinct disproportionalities that impact male engagement, particularly engagement of males of color.

Men in the workforce

The percentage of male clients served by DFS differs depending on the program of interest. For example, in FY2021, 37% (n=11,973) of clients served by the Adult and Aging were male. In FY2021, 80% (n=75) clients served by the ADAPT (Anger & Domestic Abuse Prevention & Treatment Program) program were male. While the percentage of males served in each program can vary greatly, the percentage of males in the DFS workforce is disproportionately small. Males make up just 13% (n=1021) of the DFS workforce. Representation matters, particularly when men seeking services are required to participate. With a small percentage of the DFS workforce being males, it can be difficult for male clients to find staff that they can relate to and who can understand male-specific needs and circumstances.

Men receiving services

The percentage of males of color served by DFS differs depending on the program of interest. It is important to note that, in most programs analyzed, males of color are overrepresented. In all programs analyzed, white males were underrepresented.

Success Indicator:	Metric:	
Timeliness and Quality of Emergency Response	% of emergency calls for service that are responded to within industry or county standards/benchmarks	Adult Protective Services (APS) initiates emergency reports within 24 hours, the state mandated time frame. Data reporting is in development by state partners and we anticipate it being available by 2023

Males in Fairfax County by race/ethnicity (CY2020, n=570,272) Males served by Adult and Aging by race/ethnicity (FY2021, n=4,430) Males served by Child Protective Services referrals by race/ethnicity (FY2021, n=7,510) 1 Males served by Employment Services by race/ethnicity (FY2021, n=314) Males served by the ADAPT program by race/ethnicity (FY2022, n=75) African American or Black 10% 16% 15% 28% 11% Asian 19% 21% 9% 36% 11% Hispanic 16% 4% 36% 7% 43% White 60% 41% 57% 26% 16%

To highlight a few points, African American or Black males make up 10% of all males in Fairfax County, yet they account for 16% of males served by Adult and Aging and 28% of males involved with Employment Services. Asian males make up 19% of all males in Fairfax County and yet they account for 36% of all males served in employment services. Hispanic males make up 16% of all males in Fairfax County and yet they account for 36% of all males served

by Child¹ Protective Services and 43% of all males served by the ADAPT program. On the other hand, White males make up 60% of all males in Fairfax County and yet make up 26% of all males served in employment services and just 16% of all males served by the ADAPT program. Males in need of DFS services are disproportionately males of color.

Recommended Goals and Objectives

Goal 1. Improve the delivery of supportive services by increasing staff understanding of attending to masculinity, race, and socioeconomic status in the provision of services

Objective 1.1 Develop and implement a positive statement about the type of environment DFS is cultivating in attending to men of color who seek DFS services

Objective 1.2 Enhance the onboarding experience to include information about the DFS Equity Statement and commitment to addressing institutional racism to support the safety, health, and wellness of clients who seek our services

Goal 2. In all service and program areas seek opportunities at the micro-, meso-, and macro- system levels to identify and implement strategies that build on the role men have as violence interrupters at home and in communities.

Goal 3. Engage staff to assess implicit bias in all contact with men of color who seek DFS services.

Objective 3.1 Assess the availability of, and interest in, training opportunities for DFS staff in reducing racial bias and improving inclusion.

Objective 3.2 Hold Implicit Bias training for DFS Supervisors and staff to help identify how implicit bias shows up in our work.

Objective 3.3 Review communication materials for inclusive language and photos demonstrating the positive aspects of male caregivers.

Goal 4. Implement practices to support health and wellness in the provision of services

Objective 4.1 Develop practices for attending to the mental health of men and the stressors they face.

Goal 5. Promote Human Services careers to men of color.

Objective 5.1 Raise awareness about the disparity in representation in the human services field and the value of having men as social care providers and leaders.

Objective 5.2 Continue to strengthen hiring and recruitment practices to attract and cultivate diverse candidates, particularly men of color, seeking a career in human services.

Conclusion

A common theme in our research is how men, particularly men of color, internalize society's expectations of protector and provider and do not seek help or support when needed. The impact of cultural and intergenerational racial trauma exacerbates stressors for men of color and research shows this leads to negative impacts on their health and wellness.

We can make a positive impact on the lives of men and boys of color and the communities in which they live, by elevating the DFS values to recognize that the people we serve are the experts in their own lives and meeting them where they are. By attending to men of color in an unbiased way, we can better support engagement leading to increased economic opportunity and wellbeing. By ensuring our messages and materials are welcoming, we can improve our engagement with men of color and their families.

Operationalizing These Goals

As a social services agency serving a diverse population, we need to engage differently with men who seek our services as caregivers of children and adults. We ask the DFS Senior Management Team to integrate the recommended equity practices across the department. By focusing our lens on men of color and operationalizing these recommendations into our work, we will reduce silos in our practice and see our fellow teams as experts in their work to support the client's needs.

¹ Males involved in Child Protective Services referrals could be anyone involved in the referrals- i.e., alleged victim, alleged person who caused harm, family member, sibling, etc.

Training and Workgroup Participants

Membership in this workgroup represented a cross section of all DFS divisions and the DFS human resources office.

Michael A. Becketts

Director

Director's Office

Champana Bernard

Father Engagement Supervisor

Children, Youth & Families

Jonathan Bell

Supervisor

Adult & Aging Services

Alycia Blackwell

Deputy Director

Director's Office

Arrika Freeman

Social Services Specialist

Children, Youth & Families

Bennie Herron

Father Engagement Specialist

Children, Youth & Families

Fariyah Kuraishi

Human Services Worker

Public Assistance and Employment & Training

Andrea Nunes-Gardner

Social Services Specialist Supervisor

Domestic and Sexual Violence Services

Ricardo Sanchez

Social Services Specialist

Domestic and Sexual Violence Services

LaDonna Sanders

Social Services Specialist Supervisor

(Protection and Preservation Services)

Children, Youth & Families

Daphne Saunders-Johnson

Social Services Specialist –

(Foster Care and Adoptions)

Children, Youth & Families

Jeanne Veraska

Sr. Social Service Specialist Supervisor

Children's Services Act

Robyn Walden

DFS Human Resource Director

Director's Office

Sarah Young

Management Analyst

Children's Services Act

Sandra Zacharias

Human Services Worker

(Bridges to Success/SNAPET)

Public Assistance and Employment & Training

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Boards and Commissions under DFS

List of Boards and Commissions under DFS

Descriptions of Boards and Commissions under DFS

Boards and Commissions under DFS

Board/Commission	Division Responsible
Advisory Social Services Board (ASSB)	Director's Office
Commission on Aging	Adult and Aging Services
Commission for Women	Domestic and Sexual Violence Services
Community Policy Management Team	Children's Services Act Office
Council to End Domestic Violence (CEDV)	Domestic and Sexual Violence Services
Disability Services Board	Aging and Adult Services

Descriptions of DFS Boards and Commissions

Commission on Aging

- Identifies and promotes better understanding of the problems of the aging and to plan and promote and where it is found necessary, conduct activities to contribute to their well-being.

Commission for Women

- Promotes the full equality of women and girls in Fairfax County.

Community Policy Management Team

- Provides leadership in the development of new concepts and approaches in the provision of services to children, youth and families of Fairfax County and the cities of Fairfax and Falls Church. The primary focus of the CPMT is to lead the way to effective services to children already at risk of experiencing emotional/behavioral problems, especially those at risk or in need of out of home placements, and their families.

Council to End Domestic Violence (CEDV)

- Unites senior-level public officials and community leaders, advises the Board of Supervisors on a range of domestic violence policy, legislative and program issues, and guides the development of a coordinated and collaborative community response to domestic violence in Fairfax County.

Disability Services Board

- Provides input to state and local agencies on service needs and priorities of persons with physical and sensory disabilities and provides information and resource referral to local governments regarding the Americans with Disabilities Act.

DFS BUDGET

Major Milestones¹ in the County Budget Process

Current Fiscal Year	Month	Future Fiscal Year Planning
Fiscal Year begins July 1 Agencies and DMB work on closing out previous fiscal year and recommend necessary adjustments to current fiscal year as part of Carryover Review County Executive provides Carryover Review to the Board of Supervisors	July	
September: Carryover Review adopted by Board of Supervisors, with adjustments	August-October	Agencies analyze past trends and prepare budget submissions for review and analysis by DMB
	November/ December	DMB analyzes agency budget submissions and prepares recommendations to County Executive considering available resources, community needs and Board of Supervisor priorities
Agencies analyze spending and revenue collections and submit analysis and adjustments to DMB for consideration as part of the Third Quarter Review.	January	Advertised Budget developed FCPS Superintendent releases budget and public hearings held
County Executive provides Third Quarter Review to Board of Supervisors	February	County Executive releases Advertised Budget FCPS School Board adopts Advertised Budget
	March	Numerous community and committee meetings held on budget
Third Quarter Review approved by the Board of Supervisors	Late April/Early May	Public Hearings on budget Budget adopted by the Board of Supervisors and guidance adopted for next fy FCPS School Board holds public hearings on budget Budget adopted by FCPS School Board
Fiscal year ends June 30	June	

¹ This is not an exhaustive list of activities, especially with respect to the current fiscal year, as staff is constantly monitoring spending and revenues, among other financial management activities.

FY2025 Budget Process Timeline

COUNTY DATES		SCHOOL DATES
	FCPS Superintendent releases FY 2025 Proposed Budget	January 2024
	School Board holds public hearings on budget	January 2024
February 2024	County Executive releases FY 2025 Advertised Budget Plan	
	School Board adopts FY 2024 (proposed) Budget Plan	February 2024
February 2024	Joint County/School Budget Committee to discuss FY 2025 budget and tax rate	February 2024
March 2024	Board of Supervisors Advertises FY 2025 tax rate	
April 2024	Board of Supervisors holds public hearings on FY 2025 Budget	
May 2024	Board of Supervisors marks up FY 2025 Budget	
May 2024	Board of Supervisors adopts FY 2025 Budget	
	School Board adopts FY 2025 Approved Budget	May 2024
July 1 2024	FY 2025 Budget Year begins	July 1, 2024



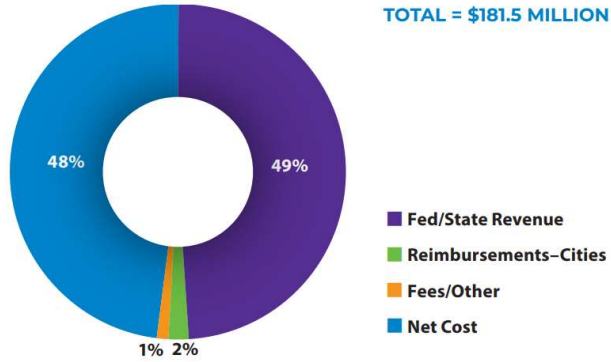
7/19/2023

2

DFS Budget FY2022

DFS TOTAL EXPENDITURES

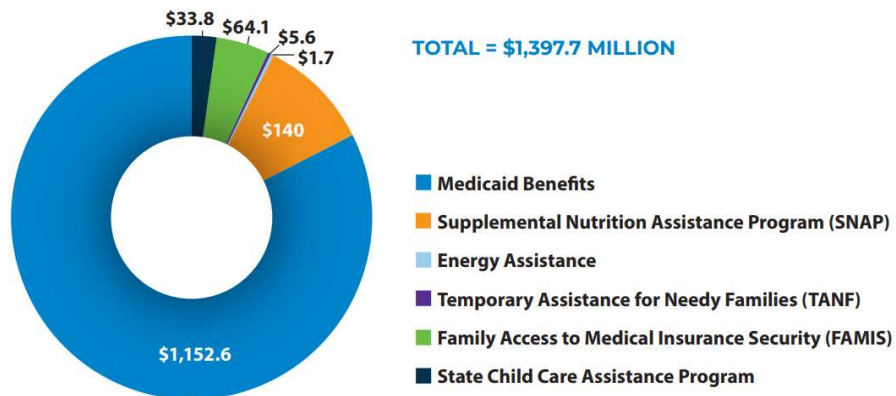
TOTAL = \$181.5 MILLION



7/19/2023

3

Impact Of Public Assistance Programs On The Local Economy



BOARD MEMBERS IN ACTION

County Activities for Members

- Budget Presentations
- New Legislative/Budget Initiatives or Policy Positions
- Proclamations and other Recognitions and Awareness Months

Community Networks Interface with staff



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

April 14, 2021

Chairman Jeff McKay
Board of Supervisors
County of Fairfax
12000 Government Center Parkway
Fairfax, Virginia 22035

Dear Chairman McKay:

The Advisory Social Services Board (ASSB) advises the Director of the Department of Family Service (DFS) to support the agency in providing vital programming that meets the basic needs for vulnerable residents of Fairfax County. DFS accomplishes its work by addressing safety and protection, furthering economic self-sufficiency, supporting family resilience, and improving quality of life for Fairfax residents.

This has been an especially trying year for DFS staff, clients, and stakeholders. Given the hardships imposed by the COVID-19 crisis, ASSB members are proud of how DFS staff rose to the occasion, and we are delighted to hear that FY22's proposed budget contains no effective service cuts. Thank you so much for recognizing the needs in our community and for supporting staff at a time of increased demand for the services they provide.

In this upcoming fiscal year, however, we expect a range of new challenges for DFS to undertake. Just as the onset of the pandemic created demand for services to be delivered in novel ways and irregular levels, so too will our county's reopening see a new set of demands. For example, DFS staff anticipate a significant increase in referrals to Child Protective Services as children and youth return to school. In addition, we anticipate a growing need for public assistance benefits and employment services as those who have been dislocated from their work may continue to be affected by the aftermath of the pandemic – even in the recovery stage. Undoubtedly, the impact to individuals and need for health care services will also grow.

We also ask the Board to be mindful of the racial and social equity implications from the COVID-19 crisis. As we noted last year, residents of color are being disproportionately affected by the pandemic in areas of health and social wellbeing. We ask the Board to maintain an equity lens in future regulatory and funding decisions should we see an increased workload that comes from equitably helping members of these communities.

The ASSB's work is guided by notion embedded within One Fairfax, "We all do better when we ALL do better." During these difficult times it remains important that we remember that the success we see in Fairfax County is built upon a framework that provides all residents with the opportunity to live their best lives.

Department of Family Services
12011 Government Center Parkway
Fairfax, Virginia 22035
Tel: 703-324-7800; TTY 703-222-9452
www.fairfaxcounty.gov




FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES

As general and targeted funding makes its way to Fairfax through our state and federal partners to continue to address the pandemic, we ask the Board to be strategic in how these resources can be used to support vulnerable residents. We encourage you to consider how the County can combine new funding streams, such as those coming from the American Rescue Plan Act, with existing resources to support affordable housing initiatives, workforce development activities, access to childcare, health access, and the safety and protection of our community.

Thank you so much for the opportunity to provide comments on the budget during this time.

Sincerely,



David T.S. Jonas, Chair
Fairfax County Advisory Social Services Board

Cc: Michael A Becketts, Director
Department of Family Services





County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

July 21, 2021

Dear Director Becketts and DFS Staff:

Thank you so much for the opportunity to review and offer thoughts on the 2022 Fairfax County Human Services Issue Paper. Below you will find four sections with recommendations on additional language for the report that we believe will help further Fairfax County's policy goals when requesting legislation, funding, and regulatory support from the Commonwealth related to family services.

Foster Care

For foster care services in Fairfax County, we recommend the issue paper request:

- Continued support for the Children's Ombudsman office within the Virginia's Department of Social Services. Long-term funding and support for this office will help identify potential cases of mistreatment and improve outcomes for foster families here in Fairfax County.
- More support for state, local, and volunteer-generated outreach to potential foster families, including more visible recruitment efforts and more programming to build awareness around the need for more foster families, particularly those willing to care for children under two and those in high school.
- Where possible, increased financial support and certification help for foster families, specifically for those willing to care for very young children, teenagers, and those willing to help keep families together.

Tenant Legal Assistance

- As the draft issue paper notes, the Commonwealth should "Expand resources available to ensure legal assistance and aid to tenants facing eviction." We would further note that while resources are critical, they may not always reach potential beneficiaries due to a lack of proactive notification. We recommend language that advocates for a robust prevention program.

Caregiving

- We note that the Older Adults and People with Disabilities section does not have a specific recommendation outside of reaffirming the previous position. We recommend adding language to indicate that the County supports funding for programs that promote



the independence, self-sufficiency, and community engagement of older adults and people with disabilities.

- We recommend language noting the need for increased wages for home health aides. Low wages are one of the most important drivers of high turnover, disrupting successful relationships built between aides and clients.
- We recommend language that focuses on the needs of young people with disabilities that oftentimes arise when transitioning from school programs to day services. Specifically, we recommend language noting that parents need safe and reliable transportation, the need for these young adults to be able to maintain a variety of social interactions, and the need for day programs to have extended hours for working parents.

General Notes

- The draft we were provided had statistics and an outlook generally in line with FY 2021. For example, it noted that we were operating in a time of reduced revenues, which may not be the case for FY 2022. We know staff will update these aspects of the report, but we did want to bring it to staff attention just to be extra sure!

Again, thank you so much for the opportunity to provide comments on this very important policy document. Please do not hesitate to reach out to us if you have any questions or concerns.

Sincerely,

David T.S. Jonas, Chair
On behalf of the Fairfax County Advisory Social Services Board

Cc: Each member of the Fairfax County Advisory Social Services Board



Proclamations, Recognitions, and Awareness Months

- February – Eligibility Worker Appreciation
- March – Social Work Appreciation, Developmental Disabilities Awareness
- April – Child Abuse Prevention
- May – Foster Parent Appreciation, Older Americans
- June – Fatherhood Awareness
- September – Hunger Awareness, Kinship Care Recognition
- October – Disability Employment Awareness, Domestic Violence Awareness
- November – Adoption, Caregiver Appreciation

ENGAGING WITH THE COMMUNITY

Engaging With Your BOS Member

Partnerships

- Human Services Council
- Other BAC's
- Influencing and informing your circles

Board Priority Tasks

- April – Budget Testimony
- June – Consideration of New Legislative/Budget Initiatives or Policy Positions
- October – December – ASSB Annual Report

FAIRFAX COUNTY BOARD OF SUPERVISORS

(www.fairfaxcounty.gov/boardofsupervisors)

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*Fairfax County is committed to non-discrimination in all county programs, services and activities. Reasonable ADA accommodations/alternate information format will be provided upon request.
Call 703-342-3151, TTY 711.*

A Brief Guide to Fairfax County Boards, Authorities, Commissions and Committees (BACs)



MAY 2022



A publication of Fairfax County, Virginia

Fairfax County offers the public many opportunities to serve the community. If you are interested in serving on a board, authority, commission or committee, also known as “BAC,” contact your district supervisor listed in this brochure. Please be prepared to provide a current résumé. Members of some BACs must file financial disclosure statements upon appointment and annually thereafter.

The following list includes Fairfax County's BACs. To learn more, visit the BAC Web page at www.fairfaxcounty.gov/bacs/ or contact the Office of the Clerk for the Board of Supervisors at 703-324-3151, TTY 711.

County Boards, Authorities, Commissions and Committees

- A. Heath Onthank Memorial Award Selection Committee
- Advisory Plans Examiner Board
- Advisory Social Services Board
- Affordable Dwelling Unit Advisory Board
- Affordable Housing Advisory Council (AHAC)
- Agricultural and Forestal Districts Advisory Committee
- Airports Advisory Committee
- Alcohol Safety Action Program Local Policy Board
- Animal Services Advisory Commission
- Architectural Review Board
- Athletic Council
- Audit Committee
- Barbara Varon Volunteer Award Selection Committee
- Board of Building & Fire Prevention Code Appeals
- Board of Equalization of Real Estate Assessments
- Board of Zoning Appeals (*appointed by Circuit Ct.*)
- Burgundy Village Community Center Operations Board (*selected by Lee Local District #1A citizens*)

- Cathy Hudgins Community Center Advisory Council
- Celebrate Fairfax Inc. Board of Directors (*4)
- Chesapeake Bay Preservation Ordinance Exception Review Committee
- Child Care Advisory Council
- Citizen Corps Council
- Civil Service Commission
- Commission for Women
- Commission on Aging
- Community Action Advisory Board
- Community Criminal Justice Board
- Community Policy and Management Team, Fairfax-Falls Church
- Consumer Protection Commission
- Council to End Domestic Violence (CEDV)
- Criminal Justice Advisory Board (CJAB)
- Dulles Rail Transportation Improvement District Advisory Board, Phase I
- Dulles Rail Transportation Improvement District Advisory Board, Phase II
- Economic Advisory Commission
- Economic Development Authority
- Engineering Standards Review Committee
- Environmental Quality Advisory Council
- Fairfax Area Disability Services Board
- Fairfax Community Long Term Care Coordinating Council
- Fairfax County Convention and Visitors Corporation Board of Directors
- Fairfax County Employees' Retirement System Board of Trustees
- Fairfax-Falls Church Community Services Board
- Geotechnical Review Board
- GMU Fairfax Campus Advisory Board
- Health Care Advisory Board
- History Commission
- Human Rights Commission
- Human Services Council
- Industrial Development Authority
- Information Technology Policy Advisory Committee

- Juvenile and Domestic Relations District Court Citizens Advisory Council
- Library Board
- McLean Community Center Governing Board (*selected by Dranesville Small Tax District #1 citizens*)
- Mosaic District Community Development Authority
- Oversight Committee on Distracted and Impaired Driving
- Park Authority
- Planning Commission
- Police Civilian Review Panel
- Police Officers Retirement Board
- Redevelopment and Housing Authority
- Reston Community Center Board (*selected by Hunter Mill Small Tax District #5 citizens*)
- Reston Transportation Service District Advisory Board
- Small Business Commission
- Tenant-Landlord Commission
- Trails, Sidewalks and Bikeways Committee
- Transportation Advisory Commission
- Tree Commission
- Trespass Towing Advisory Board
- Tyson Transportation Service District Advisory
- Uniformed Retirement System Board
- Volunteer Fire Commission
- Water Authority
- Wetlands Board
- Young Adults Advisory Council (YAA)
- Youth Basketball Council Advisory Board

Regional Boards and Authorities

to which the Board of Supervisors appoints members

- Health Systems Agency Board
- No. Va. Community College Board
- No. Va. Regional Park Authority
- Route 28 Highway Transportation District Advisory Board
- Upper Occoquan Sewage Authority



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

April 12, 2023

Chairman Jeff McKay
Board of Supervisors
County of Fairfax
12000 Government Center Parkway
Fairfax, Virginia 22035

Dear Chairman McKay:

The Advisory Social Services Board (ASSB) advises the Director of the Department of Family Service (DFS) to support the department in providing vital programs and services that help support vulnerable Fairfax County residents. DFS accomplishes this work by addressing safety and protection, furthering economic self-sufficiency, supporting family resilience, and improving the quality of life for residents.

The ASSB is very pleased with what DFS has been able to accomplish in another year marked by the lingering hardships caused by the pandemic and thanks the Board of Supervisors for their ongoing support of critical human services and those provided by DFS in particular. We understand that there was very little room in the FY 2024 proposed budget for new or expanded initiatives, and the majority of new funding was allocated to preserve the county's "core." More specifically, the ASSB appreciates the addition of \$8.4 million to provide contract rate adjustments in FY 2024 as our community human service partners struggle with inflationary and employee retention pressures and the \$0.4 million added to DFS' baseline budget to support higher Auxiliary Grant income supplements for Social Security Insurance recipients and those with disabilities.

The ASSB's top concerns for FY 2024 center on continuing to support the County's long-term strategies and DFS' core work. Affordable housing, for example, is a significant and critical short- and long-term challenge for the county given that 44 percent of renters pay more than 30 percent of their income on housing. Our human service agencies witness the adverse impacts that housing insecurity has on the lives of our community's most vulnerable residents every day. Affordable housing is essential to individual and family well-being. It provides stability and security; enables household budgets to accommodate other basic needs like food, transportation, and medical care; and is essential to our youngest residents feeling safe and secure so they can focus on learning and being kids.

The Board's recently adopted goal of creating a minimum of 10,000 affordable units by 2034 and near doubling of the baseline funding allocated to affordable housing development are steps in the right direction, along with the investments proposed in the *FY 2023 Third Quarter Review* for affordable housing and homelessness services. However, given the significant investments

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Fairfax, Virginia 22035
Tel: 703-324-7800; TTY 703-222-9452
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FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES

needed to make progress, action must be taken in every budget, even in times of constrained resources. Hence, the ASSB supports and urges the Board to consider additional FY 2024 funding for emergency rental assistance to expand support beyond pre-pandemic levels and, if possible, to further support the 10,000 affordable unit goal.

As we look forward, additional significant investments will be needed along with alignment of resources, innovative land use and zoning policies, and the ongoing collaboration across county agencies, boards, authorities, and commissions is vital to effectively meeting the challenges ahead.

Finally, we ask the Board to continue pursuing the racial and social equity goals advanced by the Chairman's Task Force on Equity and Opportunity. The ASSB takes seriously the recommendations advanced by the Task Force, and we believe many of these recommendations meet the notion embedded within One Fairfax, that "We all do better when we ALL do better." We remain committed to a Fairfax County that provides all residents with the opportunity to live their best lives.

Thank you so much for the opportunity to provide comments on the budget during this time.

Sincerely,



Laura Martinez, Chair
Fairfax County Advisory Social Services Board

Cc: Michael A Becketts, PhD, Director
Department of Family Services



ANNUAL REPORT

Requirements and Purpose

- Annual written report
- Describes actions of the ASSB and plans for future actions and activities
- Provided to members of the Board of Supervisors, City Councils, the County Executive

October – preparation begins

January – report provided to members of the Board of Supervisors, City Councils, the County Executive



2022

ADVISORY SOCIAL SERVICES BOARD

ANNUAL REPORT



FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES



Advisory Social Services Board

The Advisory Social Services Board interests itself in all matters pertaining to the wellbeing of the residents of Fairfax County. The Board monitors the formation and implementation of social support programs; meets with and advises the Director of the Department of Family Services, for the purpose of making recommendations on policy matters; makes an annual report to the Board of Supervisors concerning the administration of the social services programs; and submits other reports as appropriate.

DISTRICT	BOARD MEMBER
-----------------	---------------------

<i>At-Large - Chairman's Office</i>	David T.S. Jonas, Chair
<i>Braddock District</i>	Karen Darley
<i>City of Falls Church</i>	Mary Wilcox
<i>City of Fairfax</i>	Andre Lee
<i>Dranesville District</i>	Benjamin Zuhl
<i>Hunter Mill District</i>	Joe Koszarek
<i>Lee District</i>	Saud Hasan Shah, Secretary
<i>Mason District</i>	Vacant
<i>Mount Vernon District</i>	Raymond McGrath
<i>Providence District</i>	Laura Martinez
<i>Springfield District</i>	Amrita Banerjee
<i>Sully District</i>	Alice Foltz, Vice Chair

Michael A. Becketts, Ph.D., MSW, MSHA, M.Ed
Director, Department of Family Services

Letter from the Chair

Dear Chairman McKay and Members of the Board of Supervisors,

The Advisory Social Services Board (ASSB) presents this annual report on the services provided by the Department of Family Services (DFS) and the outcomes DFS achieved in 2022. The ASSB is required under the Code of Virginia to issue an annual report on the department's activities, and as this report shows, the need for DFS services remains high throughout Fairfax County. **In particular, the ASSB in 2022 studied the intersection between housing policy and DFS outcomes, with the ASSB concluding the Board of Supervisors must continue to take greater measures to expand the amount of housing—both affordable and market-rate—in order to continue to improve the quality of life for residents DFS works tirelessly to promote.**

Over the past year, the ASSB focused its meetings on the intersection of housing and the needs of vulnerable groups such as older adults, victims of domestic violence, and families with children. Crucially, the ASSB discovered, the success of programs and services in DFS often depended on the affordability and availability of housing.


These essential services, as well as others offered by DFS through the divisions of Adult and Aging; Children, Youth, and Families; Domestic and Sexual Violence Services; and Public Assistance and Employment Services continue to help people in need and provide assistance through prevention programs, avoiding the need for more serious, and expensive, actions later. We know with critical early intervention children are more likely to be successful in school, teens are more likely to be engaged in work or educational pursuits, adults are more likely to own homes and businesses, and older adults are more likely to remain active and independent. These elements form the foundation of our robust community here in Fairfax County.

As a result, we strongly believe that (1) successful programs in DFS and throughout the Health, Housing, and Human Services system must remain funded and be allowed to expand to meet demand as needed throughout Fairfax County, and (2) reforms should be implemented to fully meet the demand for housing in Fairfax County. Ideally, the board should take the steps necessary to study, develop, and implement zoning reforms; change our county's proffer system; increase the amount of housing available to families with extremely low-income; and update land development policies (such as converting underutilized commercial office space to housing) to both increase the amount of and reduce the cost of housing.

Finally, the ASSB remains proud of DFS' accomplishments in another year marked by the county's response to the COVID-19 crisis. DFS took many of the new initiatives and innovations in delivering services developed in 2020 and 2021 and applied them to the long-term benefit of the community in 2022.

As we build upon our accomplishments, we look forward to working collaboratively with the county to address the challenges of affordable housing and providing stability, opportunity, and the improvement of people's lives.

Sincerely,



David T.S. Jonas, Chair
Advisory Social Services Board





ABOUT THE DEPARTMENT OF FAMILY SERVICES

The Fairfax County Department of Family Services (DFS) provides services supporting the development of a strong and resilient Fairfax County: safe communities, a thriving economy, excellent schools, and opportunities for everyone to feel connected and engaged.

DFS has over 50 programs and services. These services allow us to partner with our public safety and judicial resources and lessen the strain on these systems by: responding to allegations of abuse and neglect of children and vulnerable adults; providing resources and support for those experiencing interpersonal or sexual violence; providing employment and training support to increase the workforce and tax base; improving self-sufficiency of county residents facing various socioeconomic challenges; supporting lifelong learning of children and adults; and creating an environment where all residents have opportunities to live their success story and thrive.

There are four main divisions that provide direct services to the community:

- ▶ ADULT AND AGING
- ▶ CHILDREN, YOUTH, AND FAMILIES
- ▶ DOMESTIC AND SEXUAL VIOLENCE SERVICES
- ▶ PUBLIC ASSISTANCE AND EMPLOYMENT SERVICES

Our service delivery system is supported by key administrative and operational offices, which include Children's Services Act Office, Communications and Public Information, Fiscal Services, Human Resources, Logistics and Facility Services, Information Technology and Data Analytics, and Professional Development and Training.

DFS VALUES: Our values and their underlying principles shape organizational behavior to lead to better outcomes for those served by DFS.

PEOPLE-FOCUSED



- ▶ Each employee of the Department of Family Services focuses on the people we serve to make a positive impact on their lives and communities in which they live.
- ▶ Each voice is vital to the success of the organization. No matter what role a person has in the department, everyone is a valued contributor.
- ▶ We are committed to ensuring that employees have the tools to be successful in their roles, have opportunities to learn and employ new skills, and are supported in mastering their roles to provide exemplary service.

INNOVATION



- ▶ We strive for new, innovative, and more effective approaches for our work to advance the wellbeing of our community.
- ▶ We work to enhance existing partnerships and create new partnerships, funding sources, and service improvements.
- ▶ We actively seek input from and encourage full engagement of people with a diversity of perspectives.

PARTNERSHIP



- ▶ We engage in strategic partnerships at all levels—with clients, co-workers, within and across departments, and with community partners and other jurisdictions.

- ▶ We seek opportunities to collaborate, plan, and align our work at all levels for the benefit of the community.
- ▶ We are dedicated to ensuring a diversity of voices and experiences are included in decision making.

EQUITY



- ▶ We are well positioned to create and operationalize steps to reduce inequities and address systemic oppression, which hampers the growth and wellbeing of our communities.
- ▶ We unequivocally reject racism, violence, and bigotry in all its forms, including the systemic racism directed at people of color which has been woven into the fabric of our policies, procedures, and practices. Read our full Equity Impact Statement at FairfaxCounty.gov/familyservices/about.

ACCOUNTABILITY



- ▶ We are dedicated public servants who exercise great care in our efficient and effective management of county resources.
- ▶ We serve with honesty and transparency.
- ▶ We accept responsibility and ownership for our work including our decisions, our successes, and our shortcomings.
- ▶ We engage in data-driven decision making, monitoring and adjusting our approach and business processes accordingly to ensure our work is achieving desired results.

MISSION:

The Department of Family Services strengthens the wellbeing of our diverse community by protecting and improving the lives of all children, adults, and families through assistance, partnership, advocacy, outreach, and quality services.

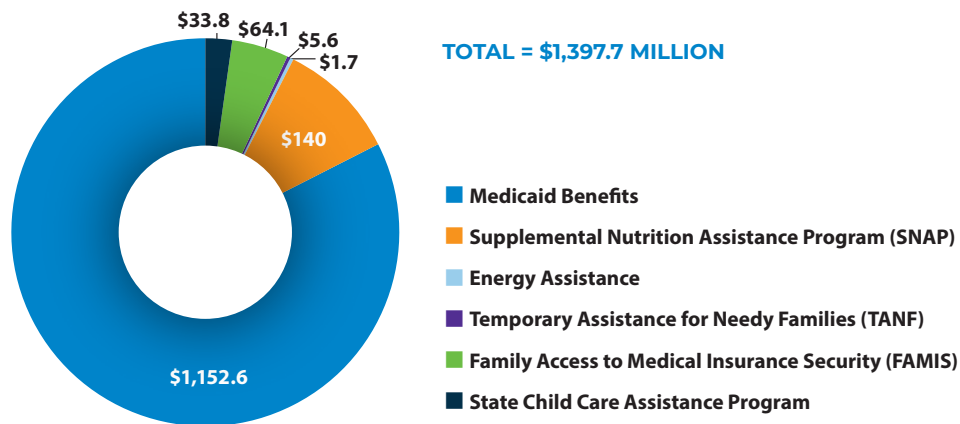
VISION:

Fairfax County is a community where everyone lives their success story and thrives.

STATEWIDE BENEFITS FY 2022

Fairfax County, Fairfax City, and City of Falls Church (in millions)

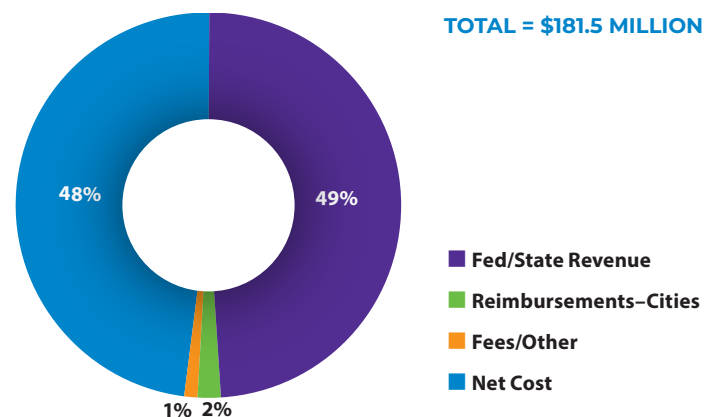
DFS conducts eligibility determinations for state and federal public assistance programs, where the financial assistance benefit flows directly from the state to the recipient. In FY 2022, the state disbursed a total of \$1,397.7 million dollars to residents of Fairfax County, Fairfax City, and Falls Church City for these programs: Medicaid, Supplemental Nutrition Assistance Program (SNAP), Energy Assistance, Temporary Assistance for Needy Families (TANF), Family Access to Medical Insurance Security (FAMIS), and State Child Care Assistance Program subsidies.



DEPARTMENT OF FAMILY SERVICES (ALL SOURCES, FY 2022)

DFS social service programs and other client assistance are also funded through the county financial system, and offset with revenue from county, state, and federal funds. Nearly \$181.5 million was expended in FY 2022, including fringe benefits and \$13.4 million in grants.

DFS TOTAL EXPENDITURES



\$181.5 million expended in FY 2022, including fringe benefits.

You can find detailed FY 2022 budget information online at FairfaxCounty.gov/Budget/Budget-Archives.



ADULT & AGING

The Adult and Aging Division of the Department of Family Services provides services and education to older adults, adults with disabilities, and family caregivers. Each program area maximizes safety and independence, as well as enhances family and social supports, with an emphasis on community education and volunteer resources.

Adult Protective Services

Conducts investigations and provides services in response to allegations of abuse, neglect, and exploitation involving adults aged 60 and older and incapacitated adults aged 18 and older.

Adult Services

Provides case management services, Medicaid Long Term Care Screenings and Supports (LTSS), and home-based care for eligible adults over 60, and adults with disabilities.

Disability Rights and Resources

Promotes the self-sufficiency and well-being of people with disabilities through advocacy, education, consultation on legal rights and protections, solution management, and by connecting people to resources and services.

The Fairfax Area Agency on Aging

Organizes, coordinates, and offers community-based services and opportunities for older adults, adults with disabilities, and family caregivers using an extensive network of volunteers and partners. Services include:

- ▶ Home Delivered Meals
- ▶ Health and Wellness Programs
- ▶ Caregiver Programs
- ▶ Volunteer Solutions
- ▶ Northern Virginia Long-Term Care Ombudsman Program
- ▶ Insurance Counseling
- ▶ Congregate Meals and Transportation Services
- ▶ Golden Gazette and Outreach
- ▶ Information and Referral (Aging, Disability, and Caregiver Resource Line)
- ▶ Case Management Services

ADULT & AGING PERFORMANCE INDICATORS

		FY 2020	FY 2021	FY2022
Adult Protective Services	Investigations	1,346	1,255	1,162
	Clients who needed protective services	913	902	780
Adult Services/Case Management	Clients served	2,785	2,928	3,359
Aging, Disability, and Caregiver Resources Line	Number of interactions	17,906	17,989	20,795
Fairfax Area Agency on Aging Volunteer Solutions	Volunteers who served older adults and adults with disabilities	3,155	750	1,923
	Number of volunteer hours	97,019	16,287*	22,930

*Reflects the decrease from FY 2020 in face-to-face volunteer opportunities during the COVID emergency for Home Delivered Nutrition, the Volunteer Ombudsman Program, and more.

The Story Behind the Numbers

The mission of the Adult and Aging Division is to promote and sustain a high quality of life for older adults and adults with disabilities by offering a mixture of services, provided through the public and private sectors, which maximize personal choice, dignity, and independence.

Adult Protective Services (APS) responds to allegations of abuse and neglect of vulnerable adults. APS investigated 1,162 reports of abuse, neglect, or exploitation in FY 2022. There was a slight decrease in the number of investigations likely due to a decline in APS reports made by long-term care facilities and other community-based providers as they shifted their focus to COVID-19 disease prevention and mitigation of disease outbreaks.

Nevertheless, the substantiation rate (780) of reports requiring intensive service provision due to the acuity of clients' needs represent a full two-thirds of all investigations.

Adult Services provides ongoing supports so that older adults and adults with disabilities can remain safely in their homes and access community-based resources. In FY 2022, the number of Adult Services clients grew by 15 % over the previous fiscal year to 3,359 clients. Adult Services caseloads experienced consistent increases throughout the fiscal year, with the steepest increase occurring between January 2022 and June 2022. While caseload numbers initially stalled or decreased at the start of the COVID-19 pandemic, the program saw a significant increase in cases once the governor's stay at home emergency order was lifted.

As part of the Older Americans Act mandate, the **Area Agency on Aging (AAA)** collaborates with community partners to serve older adults so they can remain in their home with supportive services in place. In FY 2022, the Aging, Disability, and Caregiver Resources (ADCR) Line processed 20,795 interactions on multiple needs, an increase of 16 percent from FY 2021. Of the 20,795 interactions, 10 percent (2,177) were for consultations. ADCR staff, who speak six other languages (Korean, Spanish, Hebrew, Russian, Azerbaijani, and Turkish) provided support and resources through the intake line on 39 other need areas.

The **Volunteer Solutions** program plays a critical role in support of older adults, adults with disabilities, and caregivers in the Fairfax area by providing various volunteer opportunities. The program partners with nonprofits, schools, and private businesses to collaborate and coordinate volunteer opportunities. These services often fill important gaps that promote independent living and community inclusion, which are critical to the social and emotional well-being of older adults and adults with disabilities. Efforts to prevent and mitigate COVID-19 outbreaks coupled with the governor's stay at home emergency order led to a countywide pause on in-person volunteer opportunities. As a result, there was a significant reduction in the number of volunteers and the number of hours donated in FYs 2020 and 2021. In FY 2022, volunteers were welcomed back to in-person opportunities, and the program more than doubled the number of adults who volunteered (1,923) and increased the number of donated hours by 41percent (22,930). Additionally, several innovative hybrid volunteer opportunities are in place, further increasing the ability for volunteers to serve older adults, adults with disabilities, and their caregivers. The value of the Adult and Aging volunteer hours using the 2021 Virginia Average Hourly Volunteer hourly rate is \$30.80, which equates to \$706,244.





Adult & Aging Success Story

A 67-year-old, Korean-speaking woman needed help securing housing after her husband passed away. She was also diagnosed with colon cancer requiring chemo and radiation treatment. Her anxiety soared while experiencing the loss of her husband, loss of her home, and failing health. Jenny*, a DFS social worker fluent in Korean, interpreted the housing needs in the housing assessment, advocated for the client to ensure she received other services, and bridged the communication/language barrier the client had with her own adult children. Thanks to Jenny's assistance, the woman was able to obtain an emergency housing voucher and she moved into a newly renovated apartment which is in the area client wants to live. She is now able to focus on her cancer treatment. The client expressed gratitude to be able to move into stable housing and for all the supportive service she has received from APS. We are grateful to see this client thriving in our community.

*Names have been changed to protect confidentiality.



CHILDREN, YOUTH & FAMILIES

The Children, Youth, and Families Division includes programs designed to protect children from harm, prevent child abuse and neglect, support families, and help them remain together safely for the long-term emotional and physical health of the children. These intervention services operate on a continuum from prevention through assessment, investigation, mitigation, and eventual cessation of abuse and neglect.

Child Abuse and Neglect Prevention

Supports families, particularly those at risk of child abuse or neglect, through community-based parent education and other family support services. Programs include Healthy Families Fairfax, Neighborhood Networks, Parenting Education Programs, and Volunteer and Partner Services, designed to provide early intervention to mitigate risks to children.

Child Protective Services

Protects children from parental or caretaker abuse and neglect by assessing their safety and risk of harm, and the family's strengths and needs. Practitioners provide support and connect families to services needed to help keep families safely intact. These services tend to be short-term, with early positive results.

Protection and Preservation Services

Prevents child abuse and neglect and preserves families by enhancing families' ability to provide safe, stable, and nurturing environments for their children. Practitioners provide clinical case management and support services to children living at home with their families. These services tend to be longer term, with the goal of avoiding family separation.

Family Engagement Program

Brings immediate and extended family members together through partnership meetings, kinship support, and father engagement, empowering them to make decisions regarding the safety, stability, and well-being of their children. Settings are family-driven and focus on family strengths.

Foster Care and Adoption Services

Provides placements and services for children who cannot safely remain with their families. Practitioners also provide services to children's birth families and resource families to enable children to return home safely, be placed with relatives, or be placed in adoptive families.

Foster Care and Adoption Resource and Support

Practitioners in this program recruit, train, and support foster and adoptive parents; match children with appropriate placements; help teens learn life skills and achieve permanency; and provide financial and supportive services, when needed, to adoptive and kinship/guardianship parents.

Quality Programs

Supports the CYF division through data analysis and reporting, program evaluation, continuous quality improvement projects, professional development, and project management.

CHILDREN, YOUTH, AND FAMILIES PERFORMANCE INDICATORS

		FY 2020	FY 2021	FY2022
Child Protective Services	CPS Hotline Calls	13,102	11,005	13,318
	<i>Calls resulting in a CPS assessment or investigation</i>	2,113	1,878	2,701
Foster Care & Adoption	Number of children in care on last day of fiscal year	191	198	181

The Story Behind the Numbers

In FY 2022, the number of hotline calls was higher than the previous year and closer to pre-pandemic levels. This was most likely due to an increase in “eyes on children” as in-person education and extracurricular events resumed. DFS was successful in facilitating multiple media stories about community involvement in child abuse prevention and how to call the hotline. We also reached out to mandatory reporters to review and clarify the reporting process.

The number of calls resulting in an assessment or investigation increased as well. DFS continues to see an increase in the complexity of cases including those involving parental substance abuse and mental health disorders, and intimate partner and domestic violence.

The decrease in the number of children in foster care is likely due to an increased focus on diversion and increased support to families and extended families to allow children to remain safely in their homes.

In FY 2023, CYF will build on its success through four strategic priorities: 1) strengthening our clinical practice using the Safe and Connected™ practice model, 2) strengthening our professional development efforts through a major redesign of our Child Welfare Institute and enhanced focus on workforce recruitment and retention, 3) incorporating an equity lens into all we do, and 4) enhancing our efforts to engage relatives and keep children with their immediate and extended family whenever possible. Together, these four priorities are helping us achieve greater outcomes that ensure children’s safety and help families reach their goals.





CYF Success Story

The Burgo family* has provided foster care for a male youth for more than four years. They have provided the ideal mixture of being available to give James* guidance while he learns to make independent decisions. He came into their care at 16 years old, and their family has supported him through finishing high school and adjusting to college where James is now a senior. They've encouraged James to save money, so that he'll have a good savings account when he ages out of foster care. The Burgos have also helped James in negotiating his relationship with his biological family, and he now has a much-improved relationship with them. Even now that James is being served under Independent Living program, he still stays with the Burgo family on vacations from college. His college girlfriend has also visited with the foster family. They have provided him with a strong foundation to get started in his next phase of life.

*Names have been changed to protect confidentiality.



CHILDREN'S SERVICES ACT OFFICE

The Fairfax-Falls Church Children's Services Act (CSA) program administers a Virginia law that funds a continuum of child welfare, special education, and intensive mental health and substance abuse services for children and youth across multiple county agencies, the school system, and private treatment providers. Following a System of Care model, CSA supports child-serving agencies to help youth and families in our community access services and supports to meet their behavioral health care needs. As a part of the Healthy Minds Fairfax initiative, the model for CSA promotes collaboration between agencies, schools, and the provider community for integration of service delivery for youth and their families with oversight by cross-agency management and leadership teams. The Cities of Falls Church and Fairfax are included in the scope of the program and contribute to the cost of serving participants from those jurisdictions.

CHILDREN'S SERVICES ACT OFFICE PERFORMANCE INDICATORS

	FY 2020	FY 2021	FY2022
Percent of children in CSA served in the community and not in a facility	91%	90%	84%

The Story Behind the Numbers

The Children's Services Act program is a mandated state program that combines state and local funding to purchase a continuum of specialized services. The CSA program staff along with other administrative staff from DPMM and DFS Fiscal Management staff support the provision of behavioral health care services across public human services agencies and the schools including child welfare, private special education, and intensive mental health treatment services. The local match rate varies by type of service but averages 46% of the cost.

COVID has had a significant impact on youth mental health nationwide. The acuity and complexity of youth mental health needs in the Fairfax-Falls Church community appears to have increased. Two areas have increased including the need for treatment of eating disorders and primary substance use disorders, particularly for opioids. CSA has been recruiting providers to meet these specialized treatment needs and expand the continuum of care. The leadership board, the Community Policy and Management Team, has approved new policies to expedite access to care for substance use disorders and hospital diversion. CSA has also continued to support DFS CYF in the implementation of the Family First Prevention Services Act (FFPSA) by contracting and coordinating eligible in-home evidence-based treatment services.

Although it was anticipated that referrals to CSA would increase, service delivery and utilization has been negatively impacted by difficulty with recruitment and retention of qualified staff. Private providers have waiting lists and/or offer reduced hours of services. Staffing limitations at the public agency level have impacted CSA referrals, resulting in reduced referrals from programs such as Child Protective Services (CPS) and Protection and Preservation Services (PPS). Fewer children have been served by CSA with a 10% and 2% reduction in FY 2021 and FY 2022 respectively. It is unclear if the number of youth served will return to pre-pandemic levels in FY23 and may be largely dependent on resolution of workforce issues.



Children's Services Act Success Story

Last year, Carl*, a teen, was hospitalized several different times, struggling with medication compliance, displaying high-risk and unsafe behaviors, and was being considered for admission into long-term residential care. Through many sacrifices and hurdles, the treatment team and the family continued to stay resilient for seven months to show Carl they would not give up on him and that he could achieve his goal of transitioning back home. This goal eventually came true when the team identified an appropriate group home called Gateway Homes, which assisted the client and family with identifying and achieving one of the biggest challenges of medication compliance. After achieving this goal, completing the program, and returning home, Carl and the family have continued to show fantastic progress and success including Carl successfully engaging in therapeutic services and being medication compliant. Carl has also shown fantastic progress in the school environment, in which he has shown interest in clubs and sports and also vocalized an interest in transitioning to a higher level of education after graduating next year in the spring. Mom has shown amazing progress throughout the past year, in which she has been able to grow as an advocate for Carl and improve her insight and understanding regarding the maturation of Carl's diagnosis. Mom has also been able to navigate and identify resources and services in Fairfax County to continue assisting the sustainability and stability of her son in the community.

*Names have been changed to protect confidentiality.



DOMESTIC & SEXUAL VIOLENCE SERVICES

The Domestic and Sexual Violence Services (DSVS) Division offers compassionate and comprehensive state-accredited programs for women, men, teens, and children who have been affected by domestic and sexual violence, stalking, and human trafficking.

Domestic and Sexual Violence Services

Provides a 24-hour crisis hotline, the Lethality Assessment Protocol (LAP), advocacy, information, counseling, resources, and liaison for emergency shelter for victims and survivors of interpersonal violence. The division also provides countywide coordination to improve access to services and the community responses to interpersonal violence. DSVS provides intervention treatment to persons that do harm to family members. DSVS also provides education, outreach, and training on issues related to interpersonal and gender-based violence such as domestic and sexual violence, human trafficking, and stalking.

Advocacy Services

Enhances safety for victims of domestic violence, sexual violence, and stalking through counseling, court education and accompaniment, and support accessing appropriate resources.

Community Engagement

Promotes awareness of the impact of interpersonal violence, including its overlap with other social determinants of health and wellbeing. The unit operates Fairfax County's Domestic and Sexual Violence 24-Hour Hotline and the LAP, and Hospital Accompaniment Support Advocates (HASA) provide support before, during, and after a forensic exam. Community Engagement provides programs and trainings focused on prevention and intervention strategies.

Coordinated Community Response

Engages human service and public safety agencies, as well as nonprofit organizations and community leaders, in identifying and implementing best practices, developing innovative prevention and intervention programming, and raising awareness of the prevalence and impact of interpersonal violence in our community.

Counseling Services

Provides short-term, individual, family, and group counseling to survivors of domestic and sexual violence, stalking, teen dating violence, and human trafficking.

Anger and Domestic Abuse Prevention and Treatment (ADAPT)

Offers violence intervention services for adults who have caused harm to household/family members or dating partners and violence prevention services for high-conflict couples.

Human Trafficking Services

Provides hotline services, advocacy, and counseling to victims of human trafficking. The unit works closely with other regional, county, and community groups to collect data, provide training, and develop response plans.

Stalking Services

Provides direct advocacy and counseling services for survivors of stalking either in person or through the Fairfax County Domestic and Sexual Violence 24-Hour Hotline. The unit provides training and technical assistance to allied professionals to increase their capacity to respond to survivors of stalking in their work.

DOMESTIC & SEXUAL VIOLENCE SERVICES PERFORMANCE INDICATORS

		FY 2020	FY 2021	FY2022
Survivor Services Clients	(includes Advocacy, Counseling, Hotline, LAP, and HASA)	3,637	3,751	4,181
DV Emergency Shelter Admissions		361	356	361

Note: Client Counts are unduplicated within each service line but not across service lines.

The Story Behind the Numbers

DSVS works with communities to transform society’s response to domestic violence, sexual violence, human trafficking, and stalking by challenging oppression, collaborating to inform policy, and providing all persons impacted by violence with equitable access to trauma-informed support, advocacy, education, and a space for healing.

Community measures indicate an overall increase in the number and severity of incidents of domestic violence in FY 2022. Fairfax County Police Department responded to 8% more domestic violence calls over FY 2021 and 32% more arrests due to strangulation were made. As of October 14, 2022, 36% of all homicides in Fairfax County were domestic violence related.

Combined Counseling and ADAPT saw an average of 176 clients per month in FY 2022 and Advocacy received 2,000 calls. Advocacy served nearly 1,000 clients, providing over 3,900 services. DSVS led 112 outreach, training, and education events in FY 2022.

DSVS continues to lead and actively serve on countywide workgroups and task forces designed to improve the systems’ response to interpersonal violence. Due to DSVS’ advocacy, county partners are working to enhance accountability and services to those that cause harm as a way to increase victim safety and have improved education and awareness about the dangers of firearms in relationships where domestic violence is present.

Survivors of interpersonal violence continue to experience unmet needs. As the cost of living continues to rise and wages remain flat, survivors continue to struggle to find and maintain stable, affordable housing for themselves and their families. While not all survivors need emergency shelter, there is a need for financial and rental support to rebuild economic security, reduce the risk of homelessness, and increase financial independence. The National Report Card on Education and Fairfax County Youth Survey both highlighted the educational crisis that students face and the mental health concerns that are top of mind for parents and children. These issues are compounded when survivors also are concerned about their physical and emotional safety. Survivors and their families benefit from low barrier, easy access to mental health and substance abuse treatment.





DSVS Success Story

Dara* had been in an abusive two-year marriage. She was finally able to get out, and she got a job. But the first day of the job, she got COVID. DSVS helped her with paperwork to get housing, helped with her finances, helped her retain a lawyer to handle her legal issues, and got her into therapy. Her struggles with mental health issues became worse during COVID.

Two months after this assistance, Dara just disappeared. When our advocate was finally able to reconnect, Dara said she hadn't left the house in weeks; she hadn't been able to shower. She was having trouble completing simple tasks. In addition, Dara was receiving threatening calls from her ex-husband. DSVS got her into a women's support group. We helped her update her resume. We helped her organize her finances.

Slowly, our advocacy started paying off. Initially very quiet in the women's support group, she's now one of the most ardent members. She's advising other women and even arranged a picnic for the ladies in the group. She's also back at work, happy, and beginning to thrive!

*Names have been changed to protect confidentiality.



PUBLIC ASSISTANCE AND EMPLOYMENT SERVICES DIVISION

Helps eligible individuals and families apply for and receive financial, medical, and food assistance to meet basic needs as they transition to self-sufficiency.

The Supplemental Nutrition Assistance Program (SNAP)

Helps individuals and families with low income to purchase food.

Medicaid

Provides medical care for adults; people with low income; people who are blind or have other disabilities; pregnant women; children in need and their caretakers; and refugees when they first enter the U.S.

The Energy Assistance Program

Helps households with low income pay their heating and cooling bills.

The General Relief Program

Provides financial assistance to adults with low income who have temporary disabilities and to children in need living with non-relatives.

Temporary Assistance for Needy Families (TANF)

Provides temporary financial assistance to low-income families with children, as parents prepare for and seek employment.

Long-Term Services and Support

A unit of specially trained staff determines initial and ongoing financial eligibility for long-term care programs such as Medicaid and Auxiliary Grants.

The Health Access Assistance Team

Connects people in need with health care and a “medical home,” such as a federally qualified health center operated by Neighborhood Health or HealthWorks, and the Medical Care for Children Partnership (MCCP) program which is a public/private partnership to connect uninsured children with medical and dental assistance. The collaboration supports optimal utilization of health care resources.

Employment Services

Helps connect and prepare job seekers with employment and training opportunities through one-stop employment resource centers locally known as Virginia Career Works Centers. The program area offers employment workshops, occupational skills training, and job search assistance.

PUBLIC ASSISTANCE AND EMPLOYMENT SERVICES DIVISION PERFORMANCE INDICATORS

		FY 2020	FY 2021	FY2022
SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps)	Number of Recipients	54,501	61,057	66,399
TANF (Temporary Assistance for Needy Families)	Number of Recipients	3,587	3,469	4,445
Medicaid	Number of Recipients	153,949	163,942	185,954
Child Care Assistance	Unduplicated # of Children Receiving Child Care Assistance from State and Federal Dollars	2,996	2,785	3,529
Employment Services	Virginia Career Works Clients Served	24,480	29,598	37,662

The Story Behind the Numbers

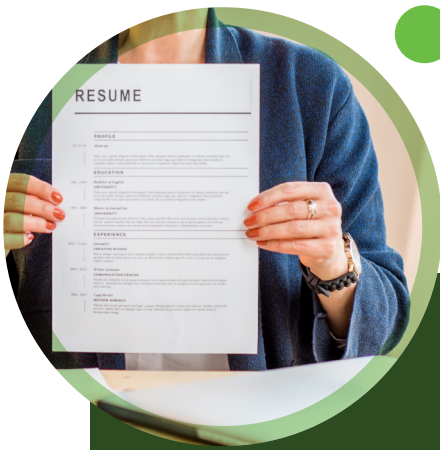
The PAES division plays a critical role in helping Fairfax County residents meet their basic needs. Although the economy improved in FY 2022 from the initial impacts of the COVID-19 pandemic, individuals faced high inflation, decreased purchasing power, food insecurity, and health stressors. Many Fairfax County residents continued to seek the safety and security of the programs offered by the PAES division to help support themselves and their families.

Throughout the COVID public health emergency, many families struggled to meet their food needs and received assistance from the SNAP program. In June 2022, 51,699 individuals facing food insecurity received over \$12.8 million in SNAP benefits. The number of individuals receiving help with meeting their food needs increased by 17% from a year earlier. Boosts made to the SNAP program due to the COVID-19 pandemic remained in effect to include the issuance of SNAP emergency allotments which increased benefits to the maximum amount for each household with a minimum increase per household of \$95. This helped households participating in the SNAP program purchase healthy foods and freed up money for other basic expenses. In addition, during the emergency, the Pandemic Electronic Benefits Transfer (P-EBT) program, administered by the Virginia Department of Social Services in partnership with public schools, provided food benefits to families of school aged children who no longer had access to free or reduced priced meals. SNAP benefits play an important role in helping to ensure that Fairfax County residents lead a healthy life. However, rising inflation and increases in the cost of food, resulted in households experiencing an overall decrease in their food purchasing power. This is especially hard for the low-income households served by the PAES division who already struggle to put food on the table.

Participation in the Medicaid program rose throughout FY 2022, in large part, due to the continuous coverage requirement of the Families First Coronavirus Act (FFCRA) enacted during the public health emergency. FFCRA prohibited cancellation of any individual's health coverage except for a few specific reasons. This has helped thousands maintain coverage during the disruption of the pandemic, protecting them from interruptions in coverage and access to care. Medicaid was the primary source of health coverage for 185,954 low-income and disabled individuals during FY 2022.

As of June 2022, Fairfax County's unemployment rate is down to 2.5% from 10.2%, in February 2020. While our local labor market is near pre-pandemic conditions, the distribution of job loss during the pandemic disproportionately impacted low-income, people of color, women, and workers with lower levels of formal education and training. As a result, these job seekers are most in need of employment services to be marketable in today's labor market.

The pandemic work requirement waiver has continued for Virginia Initiative for Education and Work (VIEW) and Supplemental Nutrition Assistance Program Employment and Training (SNAPET). Cases have remained steady since FY2021 as the programs remain voluntary for TANF and SNAP recipients. The TANF work requirement resumes January 2023, however the date for the return of the SNAP work requirement has not yet been announced. VIEW and SNAPET programs continue to make efforts to educate eligible public assistance recipients of the services available to participants.



PAES Success Story

Ms. Sanchez* came to SCSEP (Senior Community Services Employment Program) in March 2021 after being unemployed for a year due to the pandemic. SCSEP staff placed Ms. Sanchez at a host agency where she gained skills in peer recovery to add to her resume, then assigned her to the Reston Employment Center to complete her online job skills training tasks. The Reston Employment Center staff noticed her positive attitude, reliability, and great work ethic and knew she would be a great addition to assist in the Employment Center as a SCSEP trainee. She was assigned to the Center in July 2022 at the request of the professional staff and excelled in her duties. Ms. Sanchez assisted job seekers and provided support to professional staff and other SCSEP trainees. She continued her job search and was happy when an opportunity became available at the Reston Employment Center. She applied, was selected for an interview, and offered the position earning \$23 per hour. We are all proud of Ms. Sanchez for her persistence and work ethic and look forward to working with her as a colleague!

*Names have been changed to protect confidentiality.

A FOCUS ON AFFORDABLE HOUSING

The ASSB wholeheartedly supports the efforts of the Fairfax County Board of Supervisors with respect to affordable housing challenges and the impact on individuals and families in the county. Producing and preserving affordable homes is essential to the success of our community. Affordable housing is getting harder to find for Fairfax families with low to moderate income. Over the past year, the ASSB has focused on the intersection of affordable housing on groups facing vulnerabilities, such as older adults, survivors of domestic violence, and families with low income who have children. We learned about the various programs and services offered by the county from different departments.



Housing and Community Development

The Department of Housing and Community Development (HCD) presented information about the range of housing types available in Fairfax County — ranging from emergency shelters to pathways toward homeownership. On the housing services continuum were an assortment of housing options and types, each critically important in different circumstances. Because of the efforts to increase access and options, HCD has seen a substantial reduction in homelessness, an increase in permanent housing beds, and a sharp increase in funding.

Neighborhood and Community Services

Neighborhood and Community Services shared with the ASSB information about the array of funding sources, emergency supports, and eviction prevention strategies. Programs such as emergency rental assistance and utility assistance allow residents to pay delinquent rent or utility payment and up to three months of payments into the future to maintain housing stability. As part of a comprehensive approach to eviction prevention, landlords can seek rent assistance in partnership with their tenants. These crucial services offer additional avenues to maintaining housing stability.

Department of Family Services

DFS addresses housing insecurity and stability by working with the cadre of internal and community supports to help residents access appropriate housing and the services needed to keep them in their homes. Individuals and families are assessed for housing needs and receive case management services to support housing stability and access, including ongoing advocacy throughout the process. DFS programs and services assist older adults, survivors of domestic violence, and families with children who are homeless or at risk of being homeless.

The Aging, Disability, and Caregiver Resource Intake Line connects individuals to Rental Assistance, HUD Housing, or other supportive services. Volunteer Solutions mobilizes and connects volunteers to opportunities supporting older adults, adults with disabilities, and caregivers with maintaining their housing environments. Services include trash removal, light housekeeping and organizing, minor household repairs, yardwork, grocery shopping, transportation support, social visitation and meaningful social engagement opportunities. The annual Helping Hands project aids individuals in preventing eviction from hoarding or unsafe conditions.

The Northern Virginia Long-Term Care Ombudsman Program advocates for improving care and quality of life for those ages 60 and over who receive long-term care services in their homes. The Medical Respite Program provides care and support for individuals experiencing homelessness as they recover from an acute medical need. These services are provided in partnership with Fairfax County shelters, the Health Department, Office to Prevent and End Homelessness, and community-based nonprofit partners. Disability Rights and Resources maintains a list of accessible housing and apartment communities that provide reduced rent for participation in an affordable housing program.

The Adult Services Home-Based Care program offers a wide range of services and case management support to help people remain in their own homes. Adult Foster Care offers room and board, supervision, and special services to adults with physical or mental health needs. The local program is an alternative option to an assisted living facility.

Through the Domestic and Sexual Violence 24-Hour Hotline, crisis line specialists and volunteers assist with housing and financial needs and provide information and referrals to emergency and family shelters. Crisis line specialists provide referrals to Artemis House and Bethany House, shelters for victims fleeing domestic violence, sexual violence, and stalking. They complete warm handovers to DSVS Advocacy Services, which connects individuals to housing-related support, including screening and assistance with shelter entry, and accessing financial needs and support to maintain housing.

DSVS has a dedicated housing and economic specialist who manages domestic violence referrals to the Rental Services and Supports Program and the Domestic Violence Supportive Housing Prevention Program. The specialist collaborates with the Department of Housing and Community Development, Northern Virginia Family Services, and Shelter House, Inc. to assist victims with housing support and stabilization.

The Children, Youth, and Families Division provides financial support to families through Family Unification Program Housing Choice Vouchers. This grant program is designed to maintain housing for families where housing insecurity is the primary factor in either the imminent separation of children, a delay in discharge of children from foster care, or where youth aged 18-24 will leave foster care within 90 days and are homeless or at risk of becoming homeless.

The Public Assistance and Employment Services Division supports housing stability by administering two limited assistance programs for families in crisis who are eligible for TANF or are receiving TANF. When there has been a temporary loss or delay in receiving income, the Diversionary Assistance program can provide short-term, one-time-only assistance to resolve a specific emergency or crisis related to basic needs, such as shelter expenses. The Emergency Assistance program can provide financial assistance to TANF eligible households that have experienced a natural disaster, fire, or are facing eviction.

These essential services, as well as others offered by DFS, help people live with dignity and improve their wellbeing, avoiding the need for more serious and expensive interventions later. Affordable housing is the basis for inclusive and diverse communities because it is the platform for individual and family wellbeing. Stable housing promotes economic self-sufficiency and upward mobility and promotes sustainable local economic growth.

Affordable housing is a critical challenge, and the need will continue to increase over the next 15 years. The ASSB believes more work remains to connect residents facing vulnerability and marginalization to appropriate housing and services needed to keep them in their homes. The alignment of resources, innovative land use and zoning policies, and the ongoing collaboration across county agencies, boards, authorities, and commissions is vital to effectively meeting the challenges ahead.



LOOKING FORWARD

As we look forward to 2023, the ASSB is mindful of four key trends in Fairfax County that we will be monitoring:

The unwinding of pandemic-era program waivers for various social services.

Changes in Medicaid will likely create unprecedented workloads for DFS Medicaid staff in an era of high staff vacancies. Pandemic-era SNAP provisions will continue to wind down, resulting in many families seeing a reduction in their benefits when the emergency allotment expires. We will be monitoring ongoing coordination among staff to ensure SNAP recipients are preparing for the decrease in benefits and have information to connect to other community resources for food if needed.

Demand for DFS services.

Demand will continue to hinge on the following key factors: increases in the number of people living below the poverty level; the continued, adverse impact of the coronavirus pandemic on people facing vulnerabilities; Medicaid expansion; the ongoing need for services related to child abuse and domestic violence; and an expanding older adult population. DFS is confident that these and other challenges can be surmounted with creative thinking and partnership with community organizations.

Continued funding.

The ASSB appreciates the maintenance of DFS baseline resources and that DFS continues to maintain high quality service delivery to clients and to meet state mandated processing timeframes. DFS has been able to achieve a high level of success and expand to meet demand as needed throughout Fairfax County because the programs remain fully funded.

Children and youth.

In 2023, the ASSB will focus on youth and child wellbeing to develop a shared understanding of the disparities that exist by race and gender, learn what children and young people need and want to be well, what local government is and should be doing to support them, and how the community will work together to create the conditions for all young people to thrive in Fairfax County. We hope our findings will be useful to DFS and partners outside of DFS and that our recommendations can be implemented in time.



FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES

 **by phone**

Department of Family Services Main Number
and Public Assistance Customer Care

703-324-7500; TTY 711,

Monday through Friday,
8 a.m. to 4:30 p.m.

 **email**

DFSInfo@FairfaxCounty.gov

Please do not include confidential information.



 **in person**

FairfaxCounty.gov/FamilyServices/Office-Locations



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For More Information About the Department of Family Services

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