STAFFORD
Virginia

Stafford County Plan for Human Services

George Washington's
Boyhood Home

EXECUTIVE SUMMARY

On November 16, 2010 the Stafford County Board of Supervisors approved the development of a human services master plan to ensure the County is leveraging service opportunities and scarce resources to meet the needs of Stafford's children and families. Our goal is to create a holistic, collaborative system of service delivery that will provide the citizens with high quality, cost effective services.

The initial process consisted of assembling a steering committee of community stakeholders, developing a work plan, and outlining a methodology that included: developing an operational definition of human services and then identifying data and related trends necessary to shape the plan. This was followed by collection of datasets; an identification of the existing network of services delivered by various County, partner, and community agencies, and faith-based groups; scheduling and facilitating community meetings with stakeholders; assessing community needs, including gaps and the need for greater collaboration through a series of surveys, and further defining needs and priority issues facing the citizens of Stafford.

As part of the planning process the populations served by human services agencies in Stafford County were separated into five defined 'target groups' of individuals/families. The agencies surveyed through the process serve one or more of these target groups within Stafford County.

- At-risk youth and families;
- Immigrants;
- Low income individuals and families;
- Those with mental health and behavioral concerns; and
- Developmentally challenged individuals and their families

Based on the gathered data from the agencies surveyed, multiple priorities were established within each "target group". These priorities were consistently linked to and often resulted from four identified core issues:

1. Lack of Existing Services- The service is not available, or not available at the level required.
2. Cost of Existing Services-The fees charged for a service, or the expenses related to acquiring it, act as barriers.
3. Accessibility-The service is difficult to access in terms of location and transportation, the restrictions or eligibility requirement in place, or other factors such as language barriers.
4. Lack of Service Coordination- Existing providers do not plan and work together in a way that assures services are structured so that clients can readily move from one to the other, so that referrals are appropriately and consistently made, or so that repeated intakes, eligibility and waiting periods are kept to a minimum.

After an examination of all results, it was then possible to identify specific objectives to address each priority. The resulting objective and action steps were formed into an ACTION PLAN for more effective, efficient, and collaborative human services.

The following objectives from the ACTION PLAN have been identified as key activities that will be carried out as next steps, as they are perquisites for the other activities and/or they can be accomplished with existing resources.

- Identify access points for available services by location, hours, and costs, in relation to each target group and based on the prioritized need. During this process a multitude of service providers were identified that are currently providing an array of services; this next phase will define and integrate the connections between the service providers which will improve accessibility.
- Establish a workgroup of providers and stakeholders for at risk youth and families to develop a 'one stop' service center for human services (building on survey and focus group outcomes), as well as alternatives, such as additional satellite offices in growth areas.
- Review and inventory types and sources of current data available from public human services providers on customer satisfaction (building on data from Survey 3).
- Develop a human services council made up of key stakeholders to review and redefine communication structures and collaborative processes within human services.

This written plan for human services is for existing human services agencies within the community to utilize as guidance when developing their own goals for service delivery. By leveraging the data within the plan human service agencies can begin to coordinate, collaborate, and prioritize service goals to better meet the needs of the citizens of Stafford County.

ACKNOWLEDGMENTS

The following groups and individuals, through their input, expertise, oversight, guidance and commitment, have been integral to the process of developing this human services plan for Stafford County, Virginia, funded by the Stafford County Board of Supervisors.

Project Steering Committee

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The following people were instrumental in hosting and/or scheduling focus groups during this process:

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Dean Sperry	Rappahannock Juvenile Detention Center
Kim Strader	Stafford County Department of Social Services
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Berkeley Whitley	Children's Home Society of Virginia

Braintree Solution Consulting, Inc. facilitated the focus groups as well as the first two of three surveys, and consulted in the collection and initial assessment of data from those groups, from multiple research efforts (e.g. Kids Count and the US Census), and from work with individual stakeholders. Braintree developed a draft community assessment with initial recommendations for action.

Stillmeadow-Benchmark Associates, Inc. (S-BA, Inc.) subsequently worked with Steering Committee members to develop additional data (including the current scope and capacity of human services in Stafford), conducted the third survey to develop specific priorities, analyzed all of the data collected and generated by the planning process, and wrote this plan for human services.

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INTRODUCTION

On November 16, 2010, the Stafford County Board of Supervisors approved the development of a human services master plan to ensure the County is leveraging service opportunities and scarce resources to meet the needs of Stafford's children and families. The development of such a plan also ensures a proactive and preventative approach to addressing the needs of our community. Currently, services are provided to Stafford's children and families by various state, local, not-for-profit, and faith-based organizations. Each of these organizations is a component in the human services continuum serving Stafford's children and families. As such, this plan is not intended to replace any agency strategic plans. Rather, this plan is intended to create an overarching collaborative framework that human services agencies can utilize in their own developmental processes.

A human services agency is an organization that seeks to improve the quality of life of those accessing services by providing, facilitating or recommending support for an array of basic social, physical health, housing and mental health services to needy clients in that community. The process of developing a human services master plan will continue to provide an opportunity for agency leaders to collaborate and work on improving relationships between agencies, particularly as to how we can best serve our County's most valuable resource: its citizens. Creating a collaborative network of organizations will increase the comprehensive care we provide to Stafford's children and families. This plan is intended to further the mission of the Board of Supervisors, to ***"provide excellent and efficient government services that promote a safe, healthy and prosperous community through responsiveness to all citizens"*** and the mission of the Human Services Office, to provide a link for and between human service agencies within the community in providing services to identified children and families within Stafford that are collaborative, child centered and family focused. To accomplish this, the steering committee for the plan has defined the following goals:

- To promote a vision where human services are accessible and accommodating to all citizens;
- To ensure the enhanced quality of human services provided;
- To encourage system-wide collaboration to better leverage local resources on behalf of citizens; and
- To provide an effective, efficient human services system to the citizens of Stafford County that will support a healthy and prosperous community.

METHODOLOGY

To support these missions effectively (both in terms of outcomes and cost-effectiveness) requires a common definition of human services (e.g. what is considered a human services agency or program), an understanding of the current types and levels of service delivery, and identification of community needs, including those seen as a priority by stakeholders and the gaps in services relevant to those needs. Steps in the development of the plan have included:

- Creating the work plan for the Steering Committee to guide the planning process, including development of objectives and action steps;
- Researching and agreeing upon an operational definition of human services [*See Existing Human Services Delivery System*];
- Defining data and related trends necessary to complete the initial Plan for Human Services;
- Defining the process for gathering the data and related trends;
- Coordinating collection of the defined data and information on related trends;
- Planning, scheduling and facilitating community meetings with stakeholders [*See discussion of focus groups*];
- Planning meetings with Stafford County staff;

- Assessing community needs, including gaps and the need for greater collaboration between and among service providers through a series of three surveys, further defining needs and priority issues for the citizens of Stafford. [*See discussion of stakeholder surveys; specifically Survey 3*];
- Developing and drafting a human services plan report based on the common themes and issues in each of these data sets. The plan will contain goals, objectives and recommended action steps to promote a human services system for Stafford County citizens which is more effective and efficient, accessible and accommodating, promotes greater collaboration to better utilize existing resources, and supports a healthy and prosperous community; and
- Finalizing the plan for human services for Board of Supervisors approval.

The Human Services Office contracted the services of Braintree Solution Consulting, Inc. and Focusing on Solutions LLC, and subsequently Stillmeadow-Benchmark Associates, Inc. to draw upon existing data and conduct new research with the stakeholders in Stafford's human services system, and to utilize all of these data sources in developing priority goals and proposed action steps to guide delivery of those services. The Human Services Office has based the collection of the data for this study on the need for meaningful, actionable and user friendly information that addresses Stafford's unique needs and not just point in time statistics. This process has involved research, focus groups, surveys, interviews, site visits, and collaborative sessions, all geared toward assessing the human services system and its programmatic and institutional resources and challenges.

The consultants and members of the Project Steering Committee worked as a team to employ a variety of methods to gather information relevant to socioeconomic issues affecting Stafford County, its children, and families, including:

Data & Trends Research & Analysis

The team conducted research for human services information relating to the target population groups in Stafford County. This included a compendium of human services providers and a workload detail. The sources included (but are not limited to):

Annie E. Casey Kids Count
Bureau of Labor Statistics
Census Bureau
Rappahannock Area Community Services Board (Stafford statistics)
Rappahannock United Way
Stafford Comprehensive Plan 2010-2030
Stafford County Human Services Office
Stafford County Public Schools
Stafford County Parks & Recreation
Virginia Cooperative Extension
Virginia Department of Education
Virginia Department of Health
Virginia Department of Juvenile Justice
Virginia Employment Commission
U.S. Department of Commerce, Bureau of Economic Analysis
U.S. Department of Health & Human Services

Meetings with the Steering Committee & Other Stakeholders

Braintree attended meetings with the Steering Committee members selected for this project, as well as a number of other human services stakeholders. The Stafford Interview Inventory lists the nature of each individual contact, as well as the methods in which each were engaged.

Stakeholder Surveys

The team designed three survey instruments via Survey Monkey to gather human services stakeholder data, stakeholder perspectives on their respective client populations and the larger human services issues in Stafford, as well as the driving issues behind the priority issues defined in the first two surveys. The surveys were provided online. In addition, for the first survey, the option was offered to do a phone interview instead. Copies of the survey instruments can be found in the Appendix.

Focus Groups

Braintree conducted focus groups with service providers and clients in a variety of human service fields, with targeted groups for providers and stakeholders, including:

- Stafford County Government Agencies (14 providers)
- Services for Pregnant Women (9 providers)
- Area Agency on Aging (19 client/stakeholders, 1 staff, 1 volunteer)
- Service Providers for Victims of Violent Crimes (7 providers)
- Early Care and Education (13 providers)
- Service Providers for Substance Abuse/Mental Health Services (14 providers)
- Service Providers for Homeless Service Providers (10 client/stakeholders and 2 providers)
- Disabilities Services Providers (13 client/stakeholders and 4 staff)
- Parents of Court Involved Youth (27 parents)
- Stafford County Foster Care Youth/Independent Living Group (12 Youth)
- Stafford County Social Services Parenting Program Participants (9 parents)
- Youth in Detention (25 youth)
- Rappahannock Regional Jail Staff (2 staff)
- Faith Based Community Leaders (16 participants)

EXISTING CONDITIONS IN STAFFORD COUNTY

Stafford County is a suburban community on the I 95 corridor located halfway between Washington, D. C. and Richmond, Virginia with a history extending to colonial times and a more recent history of substantial growth, with a population of over 132,000 in 2011. Stafford led all large communities in the state in job growth between 2006 and 2011, with the fastest job growth, in all of Northern Virginia over those five years.

- Census Bureau statistics from 2011 indicate Stafford has the 11th highest median household income in the United States, with well over half (56%) of those in the labor market commuting outside the county.
- Approximately one in four of those in the job market lives and works in Stafford.
- Overall, economic indicators are strong for Stafford. The local economy is generally seen as robust with comparatively low unemployment (4.9% in July of 2012, among the lowest in the state) and a high median household income of $91,348.
- The two largest population cohorts, by age, are those 44-54 and those 5-19. (Stafford County Community Profile, August, 2012)
- Per the 2010 census, homeownership is nearly 80%, 10 percentage points higher than the state average. Four percent of the population, compared to 10% statewide, lives below the poverty level.
- Looking at other key indicators of community health / wellbeing, the number of youth involved in the juvenile justice system decreased nearly 15% between 2005 and 2011, and the rate of new intakes into the system dropped nearly 50% (VA Department of Juvenile Justice).

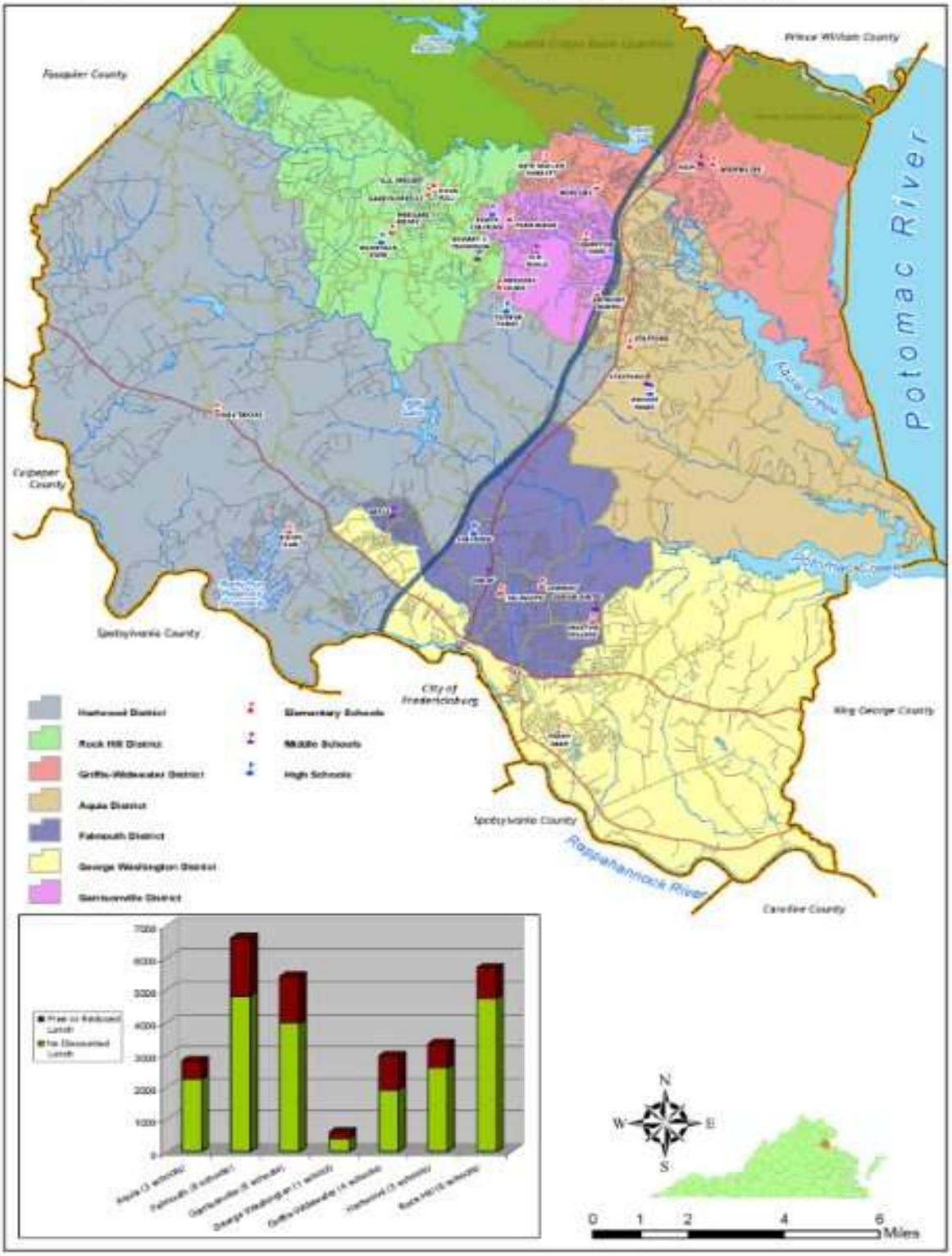
In any jurisdiction with such indicators of presumed wealth, human service providers sometimes find themselves defending their efforts for expansion, especially when applying for grant money and outside aid. While life in Stafford is good for many, leading to low percentages for many problem indicators, it must be recognized that there are large numbers of individuals and families in need of assistance. For example, Census figures indicate that:

- The relatively low poverty rate still means over 5,000 individuals live in poverty, and over 6,000 children qualify for free or reduced price lunch [*See map on following page*];
- Almost 10,000 individuals in more than 4,000 households depend on the Supplemental Nutrition Assistance Program (SNAP) to feed themselves and their families;
- 2,300 children under 19 have no health insurance (with 84% of those children living in poverty);
- Nearly 5,000 in the job market are unemployed;
- Over 15,000 children have both parents in the labor force;
- The median value of a home is over $355,000, placing great demands on median and low income families;
- Nearly 15,000 individuals speak English “less than well”, affecting their access to employment and many services;
- The Hispanic population more than doubled between the last two census, and 28% of Hispanic kindergartners were not ready for kindergarten in 2010 (Kids’ Count, Virginia) [*See map on page 6 for detail]* ;
- Even with the number of intakes cut nearly in half, over 1,100 intakes occurred in the juvenile court system last year.

Stafford County Public Schools

Percentage of Students Receiving Free or Reduced Lunch

Produced by the Stafford County GIS Office



EXISTING HUMAN SERVICES DELIVERY SYSTEM

The operational definition of human services, as created by the steering committee, is *to promote self-sufficiency and enhance the quality of life for all its citizens through accessible, responsive and coordinated human services, community partnerships, and the empowerment of individuals, families and communities. Leaders will maintain the highest level of commitment to work together, forming community partnerships across private, faith-based, and nonprofit service providers, to realize Stafford's fullest potential, develop innovative service delivery programs and leverage the resources of the collective human service system. The human service community will also work to empower citizens as partners in this process, facilitating opportunities for advocacy, providing information on resources, working to sustain efforts, and help reduce isolation and risk exposure for Stafford's most vulnerable citizens*.
The simplest (and therefore most general) definition of human services is any program, agency or facility with the mission of meeting basic health, welfare, and other needs of a society, or a group within the society, such as the poor, children, those with specific physical and/or mental health needs, or the elderly. According to the Occupational Outlook Handbook (US Department of Labor), employment in the human service field is anticipated to grow by 34% through 2016, which is faster than the average for all occupations combined.

Stafford is taking a preventative approach to human service delivery by developing this plan for human services. Preventative services are cost-effective and create a more efficient response to meeting the needs of the community. Within the context of this Plan for Human Services, and while not considered exhaustive, the tasks and roles of human services agencies include:

- Grass roots and community-based prevention and intervention programs, and other health organizations;
- Treatment and counseling within the fields of substance abuse, mental health, intellectual disabilities, corrections, juvenile justice and health care;
- Juvenile Courts and Court Service Units;
- Child care, child advocacy, and child welfare, including programs for adolescents;
- Residential facilities for children and adults with developmental disabilities, significant mental health needs, and intellectual disabilities;
- Programs and facilities serving the older population, including nursing homes, adult day care centers, senior centers, and independent living facilities;
- Public welfare agencies and services; and/or
- Social ministry and other full time church related practitioners engaged in pastoral counseling, community outreach and other forms of faith based social intervention.

Stafford currently has a wide array of human services delivered through County Departments, primary agencies, partner agencies (those currently receiving funding from Stafford), community based agencies (those not currently receiving funding from Stafford), and faith-based organizations. The services provided by each of these entities are detailed in the following tables. Services delivered directly by primary agencies are broken out in two ways: 1. by the type of population in relation to specific target groups, including court-involved/offenders, those with mental disabilities, those with physical disabilities, and low income individuals and families; and 2. by age group, including adults, children and youth, seniors, and services available to all county residents (regardless of age). Services delivered by partner agencies and by community based agencies are described in relation to the type of programming/services offered and in relation to target population(s), without regard to fixed categories. Descriptions of faith-based organizations identify the type of human services assistance provided within a church, ministry or worship group.

As can be seen from the extensive listing of 93 identified agencies/providers listed below and detailed (by service and service population) in the appendix, along with the multiple programs within those agencies, Stafford has a significant human services web.

PRIMARY AGENCIES

Community Services Board
Department of Social Services
Health Department
Human Services Office
Juvenile Court Services
Public Library
Parks and Recreation
Public Schools
Sheriff's Department
Virginia Cooperative Extension

PARTNER AGENCIES

disAbility Resource Center
Empowerhouse
Fredericksburg Area Food Bank
Healthy Families Rappahannock Area
Hospice Support Care
Lloyd F. Moss Free Clinic
Mental Health America of Fredericksburg
MICAH Ecumenical Ministries
Northern VA 4-H Educational and Conference Center
Piedmont Dispute Resolution Center
Rappahannock Area Agency on Aging
Rappahannock Area Council for Children and Parents
Rappahannock Area Court Appointed Special Advocates
Rappahannock Area Office on Youth
Rappahannock Big Brothers Big Sisters
Rappahannock Council Against Sexual Assault
Rappahannock Emergency Medical Services Council, Inc.
Rappahannock Legal Services
Rappahannock Refuge, Inc. (Hope House)
Rebuilding Together (Christmas in April)
SERVE, Inc.
The ARC of Rappahannock
Thurman Brisben Homeless Shelter
Volunteer & Information Services of the Rappahannock United Way

COMMUNITY-BASED AGENCIES

Alzheimer's Association Fredericksburg
American Cancer Society Greater Fredericksburg Leadership Counsel
American Red Cross Rappahannock Area Chapter
Bethany Christian Services
Birthright of Fredericksburg
Bragg Hill Family Life Center
Bridges Senior Care Solutions
Caroline Christian Health Center
Cancer Center of Virginia (Mary Washington Healthcare)
CC Hospice and Home Health
Catholic Charities of the Diocese of Arlington Inc. Fredericksburg Branch
Central Virginia Housing Coalition
The Childcare Network
Children's Home Society
Comfort Keepers
Community Health Center of the Rappahannock Region
Crossing Therapy Center
Department of Rehabilitative Services
Diabetes Management
Eldercare Connections
Family Innovations Inc. "SPARE"
Fredericksburg Area HIV/AIDS Support Services
Fredericksburg Area Lupus Branch of Central VA
Fredericksburg Area Sickle Cell Association
Fredericksburg Christian Health Center
Fredericksburg Counseling Services
The Greater Fredericksburg Habitat for Humanity
Fredericksburg Refugee Service
Fredericksburg Regional Boys and Girls Club
Fredericksburg Senior Citizens Association
Garrison Woods After School Program
Haven Shelter and Services
Heart- to-Heart
Home Instead Senior Care
Home Opportunities Made Economical, Inc. (HOME)
Homeless Prevention and Rapid Re-Housing Program
Hospice Support Services
Lions Club
LUCHA Ministries, Inc.
Middle College at Germanna
NAMI
Open Hand of Fredericksburg
Quinn Rivers Agency for Community Action
Rappahannock Area Regional Adult Education
Rappahannock Area YMCA
Rappahannock Goodwill Industries, Inc.

COMMUNITY-BASED AGENCIES (cont'd)

Safe Harbor Child Advocacy Center
The Salvation Army
Sena Foundation
Stafford Junction
USDA Rural Development
The Westwood Clubhouse

FAITH-BASED AGENCIES

Abundant Life Assembly of God
Agape Fellowship Ministries
Antioch United Methodist Outreach Pantry
Aquia Episcopal Church
Emmanuel AME Church
St. Peter's Lutheran Church
Triangle Baptist Church
Trinity Fellowship International Church

Many providers have strategic or long range plans for delivery of services, including multiple plans within primary agencies and a Comprehensive Plan 2010-2030 for Stafford as a whole. Additional plans have been developed by the Rappahannock United Way and other community based agencies. At this time, however, these plans are neither integrated, nor developed in an overall collaborative process. The goal of this project has been to create a plan for development of a comprehensive, integrated human services system for the citizens of Stafford

RESEARCH AND ANALYSIS

The following section provides description and analysis of the research, interviews, focus groups, and surveys, conducted during the process.

COMMON STRENGTHS WITHIN HUMAN SERVICES

Each focus group was asked to discuss the strengths of current services (in addition to needs, gaps and concerns). In addition to strengths noted in each group in relation to the particular focus of that group (e.g. comments on the particular strengths of senior services from the seniors group), there were two predominant themes evidenced in the comments across multiple groups:

The most common responses among stakeholders (with 27 specific responses) noted that Stafford enjoys a collaborative environment in the human services community, with a good effort among agencies and providers to work together. Examples of these responses include:

- Opportunities for advocacy and partnerships; providers desirous of collaboration; there is an open energy; relationship building;
- Collaborations occur to partner for funds in a cost effective manner;
- Private providers are welcomed here / by public / a collaborative approach;
- Networking across agendas to meet needs;
- Great relationships – collaborate around office space, transportation that saves money
- Monthly inter-agency coordinating council; and
- Stafford also benefits from the presence of a tight knit community of human service professionals who respect, know, and trust one another in public, private, and non-profit settings. These well-informed professionals complement the role of a Human Services Office that seeks to foster community involvement in human services.

There were also several mentions of the Sheriff's Department's collaboration with other agencies. While law enforcement is not always thought of as a human service, the Department's role includes training, presentations, being heavily involved in the community, and offers various prevention focused youth initiatives.

The 'tight knit community' mentioned above reflects the second notable theme in focus groups' responses: the presence of passionate, responsive providers with the desire to make a difference in the lives of others. Specific comments included:

- Intimacy of service
- Someone walks side by side through services, after care; there is a great deal of after care
- People want to "make a difference."
- There are passionate human services providers
- Sprit of altruism in helping professions
- Stafford has high expectations for quality services.

FOCUS GROUPS, INDICATORS AND IDENTIFIED ISSUES AND PRIORITIES

A total of 14 focus groups were convened by hosting organizations and conducted by Braintree with over 200 participants in total. Groups consisted of stakeholders, and may have been providers, clients or customers, or a mixture of the two, and ranged in length from 30 minutes to an hour and 45 minutes (depending on the size of the group and level of participation). *SEE detail under Methodology (page 3) for the types and numbers of participants in each group.* Participants were asked to consider the strengths and challenges of providing, or accessing, services in Stafford. In all of the focus group settings, participants' responses around the strengths of human services programs and challenges around providing/accessing services were recorded using contemporaneous notes by the facilitator or another support person. These results were then analyzed by S-BA, Inc. to identify common themes regarding needs and issues. The most consistent themes among concerns and challenges, discussed by focus group, were:

- Lack of necessary services (availability);
- The cost of existing services;
- Access to services (e.g. transportation, eligibility); and
- Lack of coordination among service providers.

Focus Group 1 - Stafford County Government Partners:

Common themes from the 14 participants include:

- The lack of available services, particularly as regards health and mental health care providers, due to waiting lists and a lack of Medicaid providers [11 responses], as well as problems with access due to transportation [3 additional responses]; and
- The misconception that Stafford's relative wealth and the relative well-being of its citizens means there is very little need for many human services, even though actual numbers remain high in relation to available staff and services in many cases, and the demand is growing in some areas as Stafford continues to grow even during economic downturn [7 responses].

Focus Group 2 - Service for Pregnant Women:

Common themes from the 9 participants include:

- Nearly a third of the responses spoke to problems accessing services, primarily due to the lack of public transportation (e.g. to Health Department referral services outside of Stafford), and to the lack of available multi-lingual resources, including translators and language specific resources for the increasing number of African language speakers and Haitians, as well as the Spanish-speaking population (which more than doubled during the last census).
- Collaboration was identified as an issue in 3 responses, including provider reluctance in making referrals to other agencies, and "starting from scratch" at each agency when referrals are made (lack of information sharing).

Focus Group 3 - Senior Center Participants (with 1 staff member and 1 volunteer):

Common themes from the 21 participants include:

- Transportation issues were the primary theme, with 6 of the 7 recorded comments on challenges focusing on the senior programs to a great degree, and talking about the need for expanded bus services, as well as problems with the existing buses and routes.

Focus Group 4 - Service Providers for Victims of Violent Crimes:

Common themes from the 7 participants include:

- Sixteen (16) responses focused on the lack of available services, due to the lack of sufficient numbers of staff, not seeking federal and other alternative funding sources, and accelerated problem levels that outstrip the system's capacity to respond effectively.
- Eleven (11) responses focused on the need for greater collaboration and cooperation, pointing to examples of the disconnect between those providing services to victims and the broader human services system. Greater than half of the 11 responses noted the misperception of service duplication within victim services.

Focus Group 5 - Service Providers for Early Care and Education:

Common themes from the 13 participants include:

- The majority of comments focused on the lack of available services, including the times at which services are currently offered, the lack or recreational resources, and the low quality of some programs (including staff training).
- Another theme (with 7 responses) was the lack of collaboration, particularly the perceived lack of interest on the part of funders and the community in working with providers to make a preventative or developmental investment in young children (e.g. before they need interventions from other components of the human services system). Within these responses, there was a perceived lack of interest on the part of funders and the community in general in putting sufficient funds into early care. This was seen as being rooted, at least in part, in a lack of knowledge about early child care and education in general.
- Four of the responses spoke to access, primarily the lack of transportation for low income families.
- Two responses talked about the cost of services as a barrier, including limited child care subsidies and affordable housing.

Focus Group 6 - Service Providers for Substance Abuse/Mental Health Services:

Common themes from the 14 participants include:

- Over half of the 39 responses fell into the recurring themes of: Lack of available services (8 responses), lack of access to existing services (8) and lack of collaboration (7). Specifically noted as deficits were the lack of psychiatrists, specialized treatment of children, and services for young adults (18-25), as well as housing for the chronically mentally ill (as part of the homeless population).
- Lack of funding was identified in three responses as the issue behind a lack of services.
- Access issues included transportation (citing problems with both buses and cabs), the 'red tape' involved in insurance and determining eligibility, and the lack of any services in North Stafford, as well as a lack of information on these services for new citizens.
- Collaboration issues focused on poor communication about available services (beyond the new citizens mentioned above), including the lack of any central network of information or any "central mechanism", insufficient knowledge for appropriate referrals, and insufficient knowledge about the services available.

Focus Group 7 - Homeless Services:

Common themes from the 12 participants include:

- Of the 17 responses recorded, 6 addressed lack of access, due primarily to lack of transportation and secondarily to child care waiting lists (and tuition costs) and the criteria for renting.
- Four other responses spoke of the lack of affordable housing due to long waiting lists (e.g. HUD) and no incentives for landlords to attain/maintain full occupancy (presumably in subsidized housing).
- *NOTE: Low income/affordable housing was also seen as a challenge in several of the responses in other groups, including Group 1 (3 responses), and Groups 4-6 (1 response in each) and in Group 14 (2 responses).*

Focus Group 8 - Disabilities Services Providers:

Common themes from the 17 participants include:

- Roughly half of the responses (9 out of 20) focused on collaboration and the availability of services as the greatest challenges. The lack of collaboration was attributed to a lack of knowledge among the staff at the Department of Social Services (DSS) about other service providers in the arena and about eligibility requirements (stemming at least in part from insufficient training), and communication between the major 'players' (schools, County and Sheriff's Department).
- Availability issues included a lack of mental health care, necessary staffing levels for DSS, and accessible businesses and services. (The latter are also access issues).

Focus Group 9 - Parents of Court Involved Youth:

Common themes from the 27 participants include:

- There was very little feedback on the justice system or the court, limited to one severe criticism of the FAPT and one response regarding the lack of meaningful community service options.
- More than half of the responses spoke to challenges related to the schools, ranging from problems within the classrooms (e.g. lack of interaction, student involvement) to the ineffectiveness of suspensions. A common theme was the combined lack of resources (e.g. no summer school, fewer activity buses and the cost of services, summer school, sports at some schools, student parking).
- Three of the group's responses addressed access to services, including the lack of activity buses and difficulties using FRED.
- Three responses centered on availability of services, including the lack of support groups for children with eating disorders and a need for parenting classes for families with small children.

Focus Group 10 - Foster Care Youth/Independent Living Group:

Common themes from the 12 participants include:

- This group shared a wide range of concerns, but as with Group 9, few directly addressed the planned topic. Only 2 of the 36 comments spoke to Foster Care or Independent living, one addressing age limits for being in foster care and the other asking for changes in social workers.
- Discernible themes were changes in school menus (which varied by respondent), and the need for more youth activities (over a third of the responses, with no predominate types of activities mentioned), which can be viewed as availability, but was more focused on what are typically private enterprises (malls, amusement parks).
- There were 5 responses calling for more parks and additional facilities at parks.
- Two responses spoke to the cost of services, including FRED and health care.

Focus Group 11 - DSS Parenting Program Participants:

Common themes from the 9 participants include:

- The lack of activities for youth; 5 of the 9 responses speaking to concerns about the availability of services were focused on sports, parks and recreation and entertainment, two were concerned about

the availability of pediatric care, another spoke to long waiting times for "specialists", and one asked for longer library hours.

- Of the 7 responses focused on access, 5 referenced transportation, 1 found it difficult to get to services that have been moved to Fredericksburg, one found the DSS website difficult to navigate.

Focus Group 12 - Youth in Detention:

Common themes from the 25 participants include:

- There were few consistent themes among the 21 responses from this group, with the only common ground being the need for more things for youth to do, particularly no cost and low cost alternatives.

Focus Group 13 - Regional Jail Staff:

Common themes from the 2 participants include:

- This was originally scheduled to be a group of incarcerated individuals, but was conducted with two jail staff, instead. There was one pattern in the limited number of responses (6): 4 of the 6 answers focused on a lack of funding or reduced funding, (including reduced support from the state and increased dependence on grants).

Focus Group 14 - Faith Based Community Leaders:

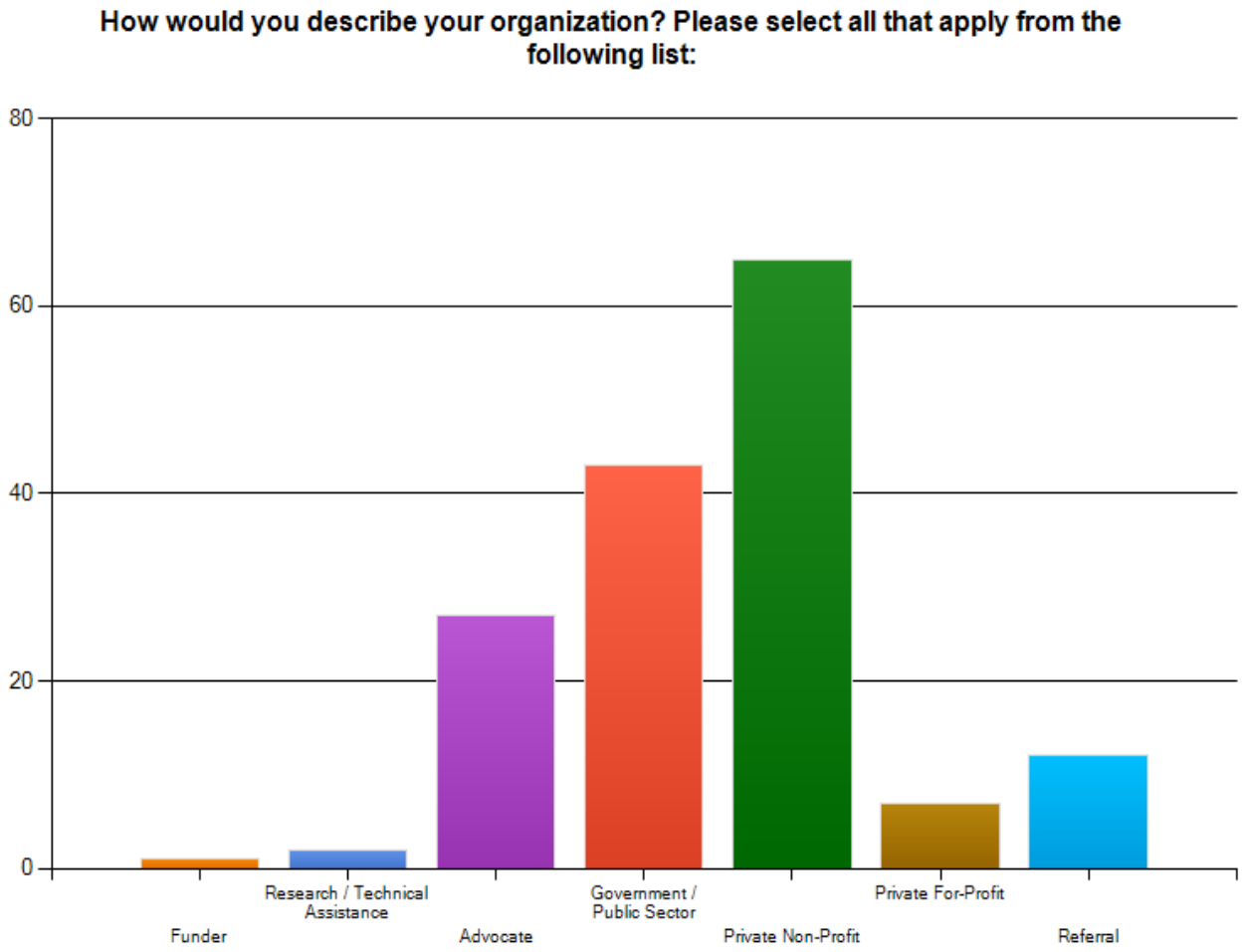
Common themes from the 16 participants include:

- Over half of the comments were on the topics of access to services (11 comments) and availability of services (8). Those discussing access spoke about the difficulties in getting through barriers such as a lack of staff with languages other than English, complicated application and eligibility processes, and a lack of information on what services are available in general, with the latter two topics predominant. Availability was seen as a significant issue for non-English speakers and for those with differing cultural backgrounds, for youth in and out of school (and those youth in the justice system for "petty" offenses), and for those in need of housing.
- Also, 4 respondents spoke to the cost of services (and income eligibility requirements) as substantial barriers.
- The need for greater diversity and/or cultural competency was an underlying theme in 6 of the responses, as well.

PROVIDER/STAKEHOLDER SURVEYS

Braintree designed two survey instruments via Survey Monkey to gather human services stakeholder data, as well as stakeholder perspectives on their respective client populations and the larger human services issues in the County. The third survey was designed by Steering Committee members and S-BA, Inc. The surveys were provided online. In addition, for the first survey, the option was offered to do a phone interview instead. Copies of the survey instruments can be found in the Appendix.

The first survey was emailed to over 100 stakeholders and providers in September of 2011 and collected 123 responses, 60 of which were complete (with all possible questions answered). This first survey emphasized the collection of stakeholder feedback on the issues affecting various age groups (from early childhood to the elderly) in Stafford. As the graphic below indicates, a satisfactory cross-sampling of different types of institutions were included in the survey. With over 60 non-profit entities participating and over 40 governmental organizations, a healthy mix of public-private was achieved. *Additional details on the survey respondents are provided in the appendix.*



Based upon the feedback obtained from the first survey, stakeholder focus groups, existing reports and studies, and key informant interviews, Braintree developed a second survey in the winter of 2012 for the purpose of distilling the totality of information available into a series of strategic issues that could be prioritized and ranked by stakeholders. Since this second survey would serve to choose and select important issues from other important issues, the Steering Committee undertook an examination of the draft survey and provided feedback as to its content and design. After the Steering Committee had completed their review and the appropriate changes were made, the survey was then disseminated to the same stakeholders that received the first survey. While the number of total responses to the second survey was not as high as with the first, the number participating exceeded expectations. In all, 85 stakeholders responded to the Prioritization Survey with 68 of them (80%) submitting complete responses. This was actually an increase in the number that submitted complete response to the initial survey (60) and here again a broad and diverse representation of stakeholders was achieved.

The final survey, answered by 43 individuals (with a smaller number of responses attributed to the gap between surveys and the short turnaround time for this final stage of prioritization), was developed on the basis of all of the data collected up to that point in the process, and was driven by two goals.

1. To assure, to the extent possible, that the priorities identified in the second survey represented the opinions and experiences of those with knowledge in each of the previously defined target areas. For example, it was important for us to discern whether the overall responses to the priorities regarding immigrants were consistent with the responses of stakeholders in that arena, be they clients or providers. To

that end, respondent agencies/programs and roles were compared to their individual responses, and a review of the results indicates that respondent typically opted out of the questions where they had no personal or professional expertise or experience. In other words, there was no demonstrable skewing of priorities and the needs behind those priorities by relatively unreliable factors such as third party information, a single anecdotal experience or a 'best guess' (e.g. "everybody says…").

2. To better identify the rationale for the priority issues defined in the two surveys and the focus groups. To accomplish this, respondents were asked to identify which one of four factors they saw as the need behind, or the principal cause of, the identified priorities. The four factors, selected on the basis of a detailed analysis of the prior surveys and the focus groups, are:

Lack of Existing Services:
The service is not available, or not available at the level required (e.g. frequency, intensity).

Cost of Existing Services:
The fees charged for a service, or the expenses related to acquiring it, act as barriers.

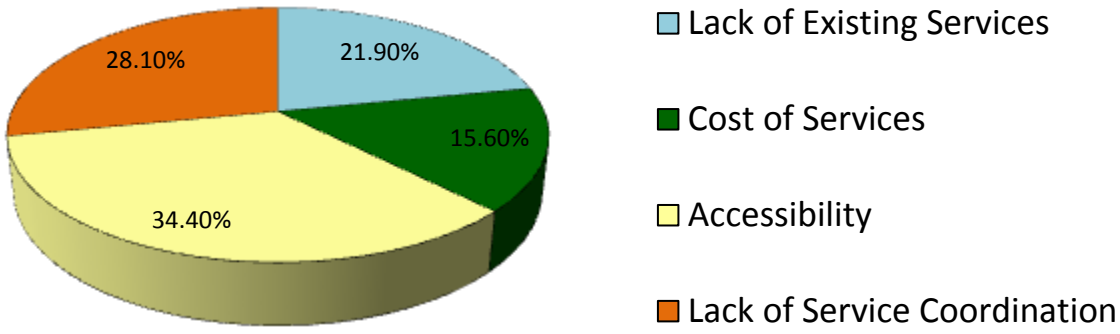
Accessibility:
The service is difficult to access in terms of location and transportation, the restrictions or eligibility requirements in place, or other factors such as language barriers.

Lack of Service Coordination:
Existing providers do not plan and work together in a way that assures services are structured so that clients can readily move from one to the other, so that referrals are appropriately and consistently made, or so that repeated intakes, eligibility and waiting periods are kept to a minimum.

The pie charts and brief summaries on the following pages indicate which of these factors the respondents to the third survey see as the primary barriers or issues driving the need for each priority action. Answers to one or more follow up questions (unedited) are appended and should, serve as discussion points for the relevant action steps detailed in the following section.

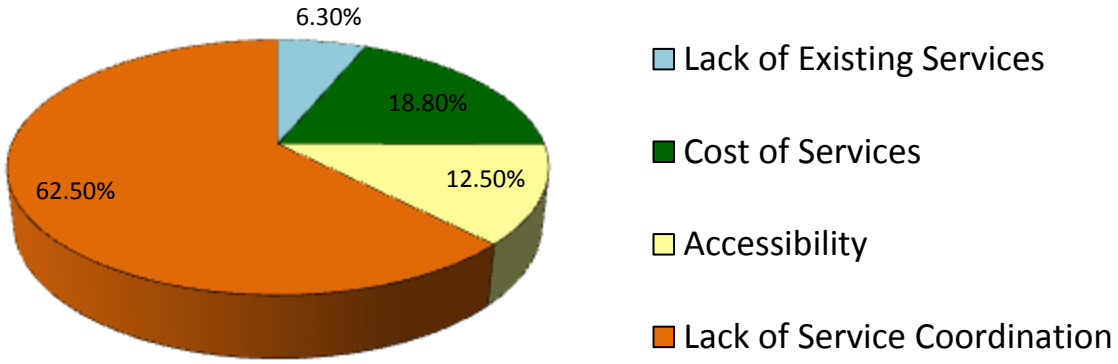
The graphic following the pie charts at the end of the section summarizes the degree to which each of the four factors are seen as underlying issues across target populations.

TARGET GROUP: AT RISK YOUTH AND FAMILIES.
PRIORITY 1: BUILD/CREATE A "ONE STOP CENTER" FOR PROVIDING COMPREHENSIVE SERVICES.



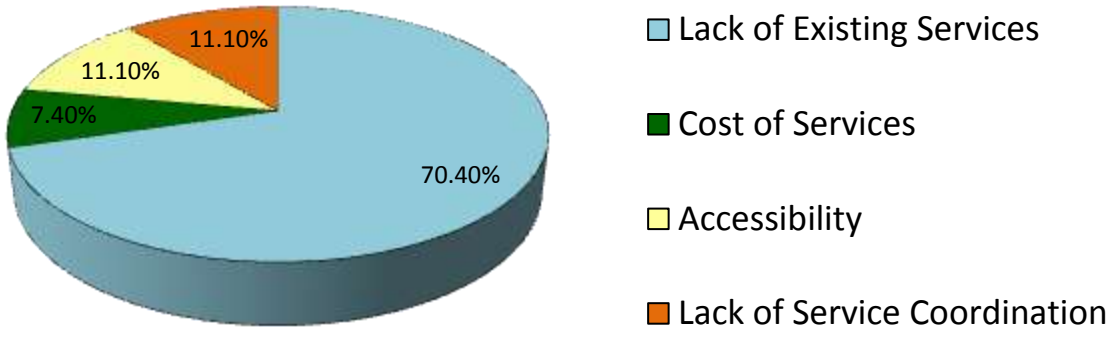
In excess of one third of respondents see accessibility as the major barrier or roadblock to services for at risk youth and families that can be addressed by creating a one stop center. Over a quarter (28.1%) see lack of service coordination as the barrier best addressed by such a center, while just under 22% see a lack of existing services as the root problem that needs to be addressed with such a center.

TARGET GROUP: AT RISK YOUTH AND FAMILIES.
PRIORITY 2: IMPROVE COLLABORATION AMONG PUBLIC AND PRIVATE ENTITIES WORKING WITH AT-RISK POPULATIONS.



The predominant barrier to at-risk services requiring improved collaboration among public and private entities, by nearly three responses to one, is the lack of service coordination, rather than a lack of services or accessibility. Nearly one in five responses indicated that the cost of services requires improved collaboration.

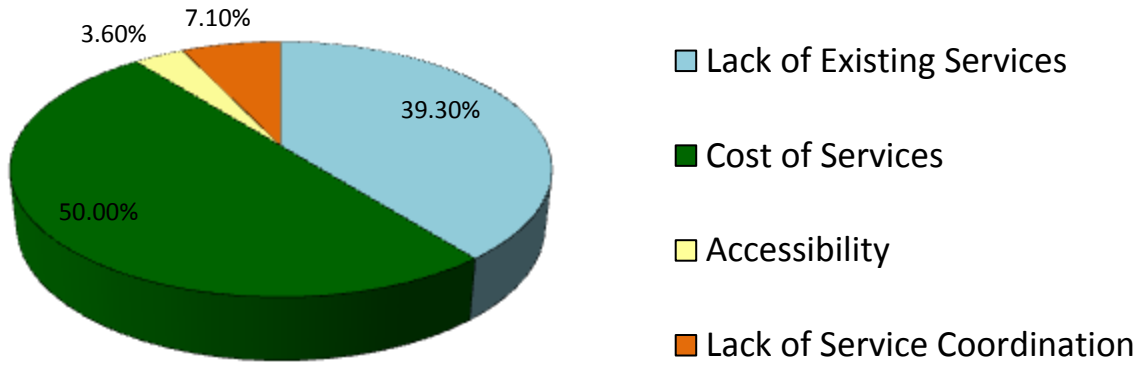
TARGET GROUP: IMMIGRANTS
PRIORITY 1: IMPROVE COORDINATION BETWEEN AGENCIES (PUBLIC AND PRIVATE) SERVING NON-ENGLISH SPEAKERS.



Unlike Priority 2 for at risk youth and families, where the predominant issue making collaboration a priority is a lack of service coordination, over 70% of respondents felt it is the lack of existing services that makes improved coordination a priority in working with immigrant families and individuals. No other response exceeded 11.1%.

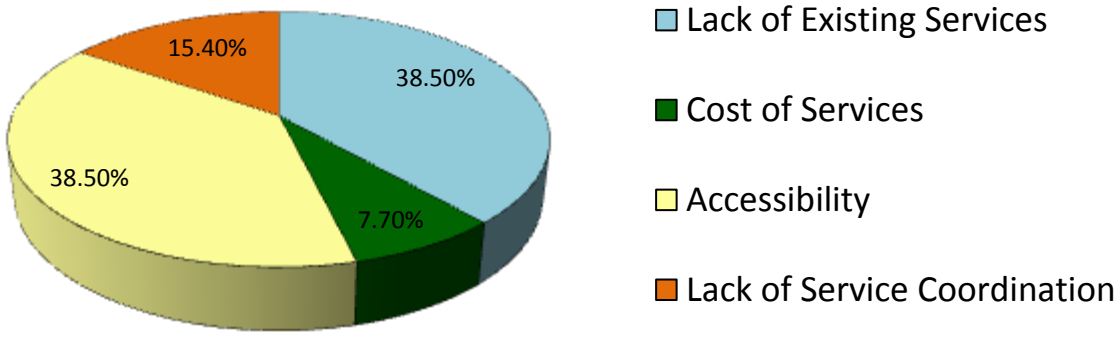
TARGET GROUP: IMMIGRANTS

PRIORITY 2: INCREASE TRANSLATION AND INTERPRETATION CAPACITY OF SERVICE PROVIDERS.



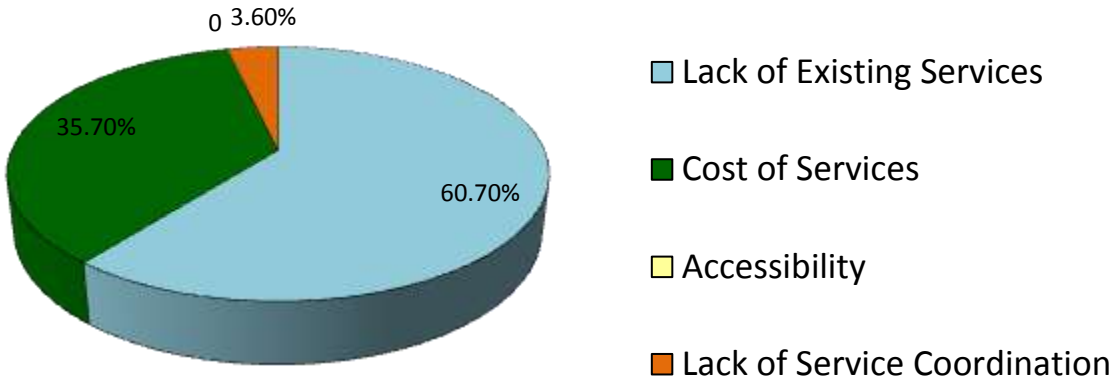
Driving the need for increased translation and interpretation capacity is the lack of existing services (39.9%) and the cost of the limited services that are available (50% of respondents).

TARGET GROUP: LOW INCOME INDIVIDUALS & FAMILIES
PRIORITY 1: IMPROVE THE JOB PROSPECTS AND SELF-SUFFICIENCY OF LOW INCOME / UNEMPLOYED (JOB TRAINING, WORKFORCE DEVELOPMENT, ETC.).



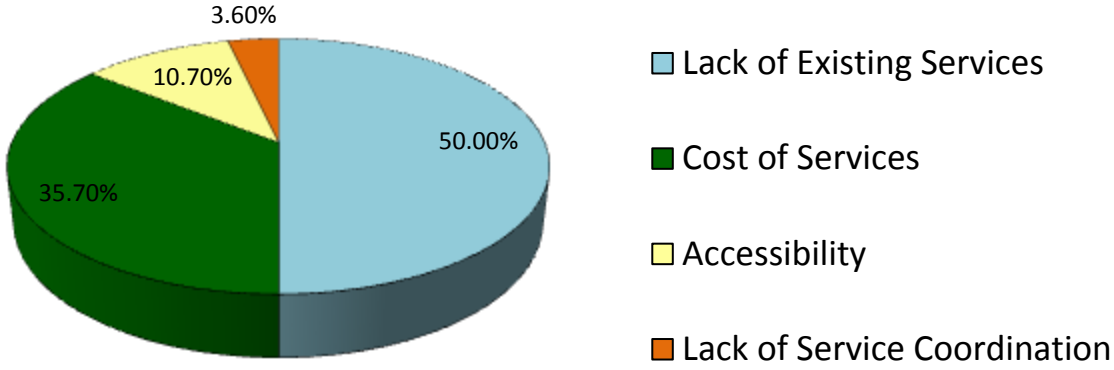
The lack of existing services and access to those services are both seen (by 38.5% of the respondents) as the primary barriers to improved job prospects and self-sufficiency for unemployed and underemployed (low income) individuals.

TARGET GROUP: LOW INCOME INDIVIDUALS & FAMILIES
PRIORITY 2: HOUSING & HOUSING ASSISTANCE.



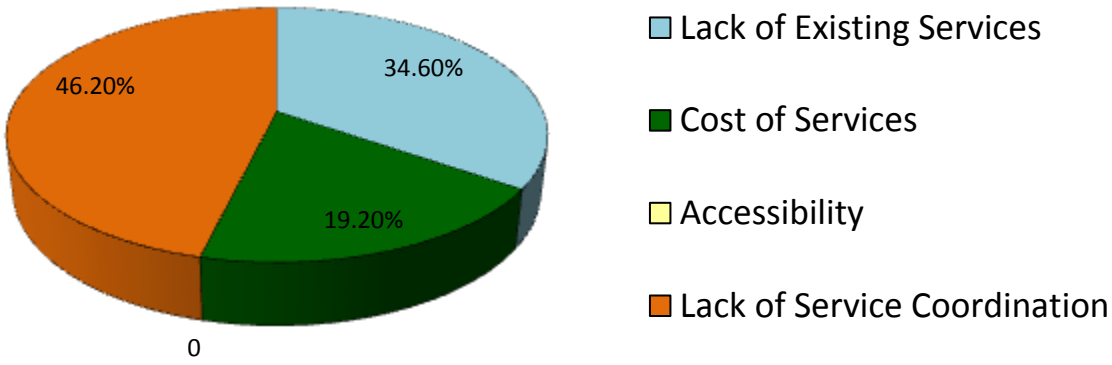
The need for housing and housing assistance for low income families is seen by more than 6 out of 10 respondents as the result of a lack of services, and the cost of the services that are in place is seen by more than one in three respondents as driving the need.

TARGET GROUP: THOSE WITH MENTAL HEALTH & BEHAVIORAL CONCERNS
PRIORITY 1: MAINTAIN OR INCREASE FUNDING FOR AGENCIES PROVIDING SERVICES TO THESE POPULATIONS.



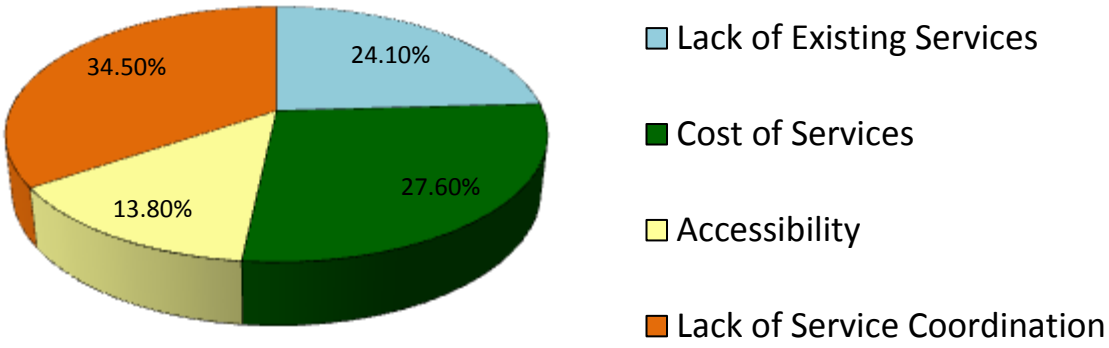
Half of the respondents identify the lack of existing services as their reason for calling for increased or at least level funding for mental health and counseling agencies. More than a third (35.7%) saw the cost of existing services as the primary barrier calling for such funding.

TARGET GROUP: THOSE WITH MENTAL HEALTH & BEHAVIORAL CONCERNS
PRIORITY 2: ENCOURAGE A MORE HOLISTIC, WRAP-AROUND AND CLIENT-CENTERED APPROACH TO CARE.



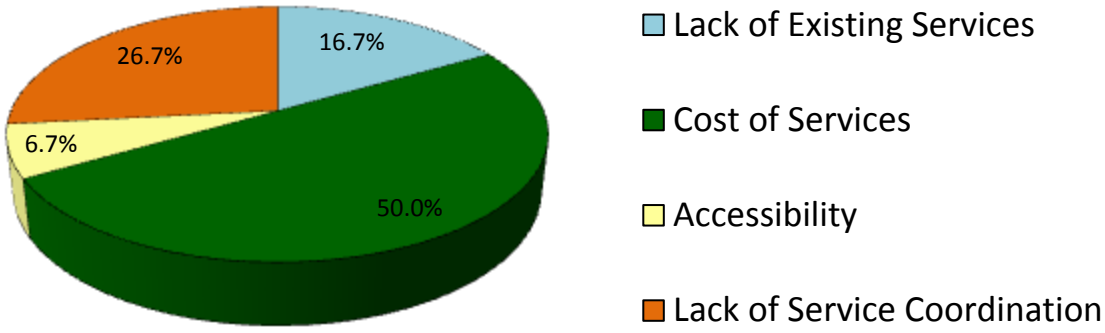
The need for a more holistic model, built on wrap around services and a client-centerd apporach to care stems from a lack of coordination among existing services, according to over 46% of respondents. More than a third see a lack of services as the reason such an approach is needed, and just under 20% see the cost of existing services as the driving issue.

TARGET GROUP: DEVELOPMENTALLY CHALLENGED INDIVIDUALS & THEIR FAMILIES
PRIORITY 1: PROVIDE A GREATER LEVEL OF SUPPORT TO CHILDREN AND PARENTS (WRAP AROUND SERVICES).



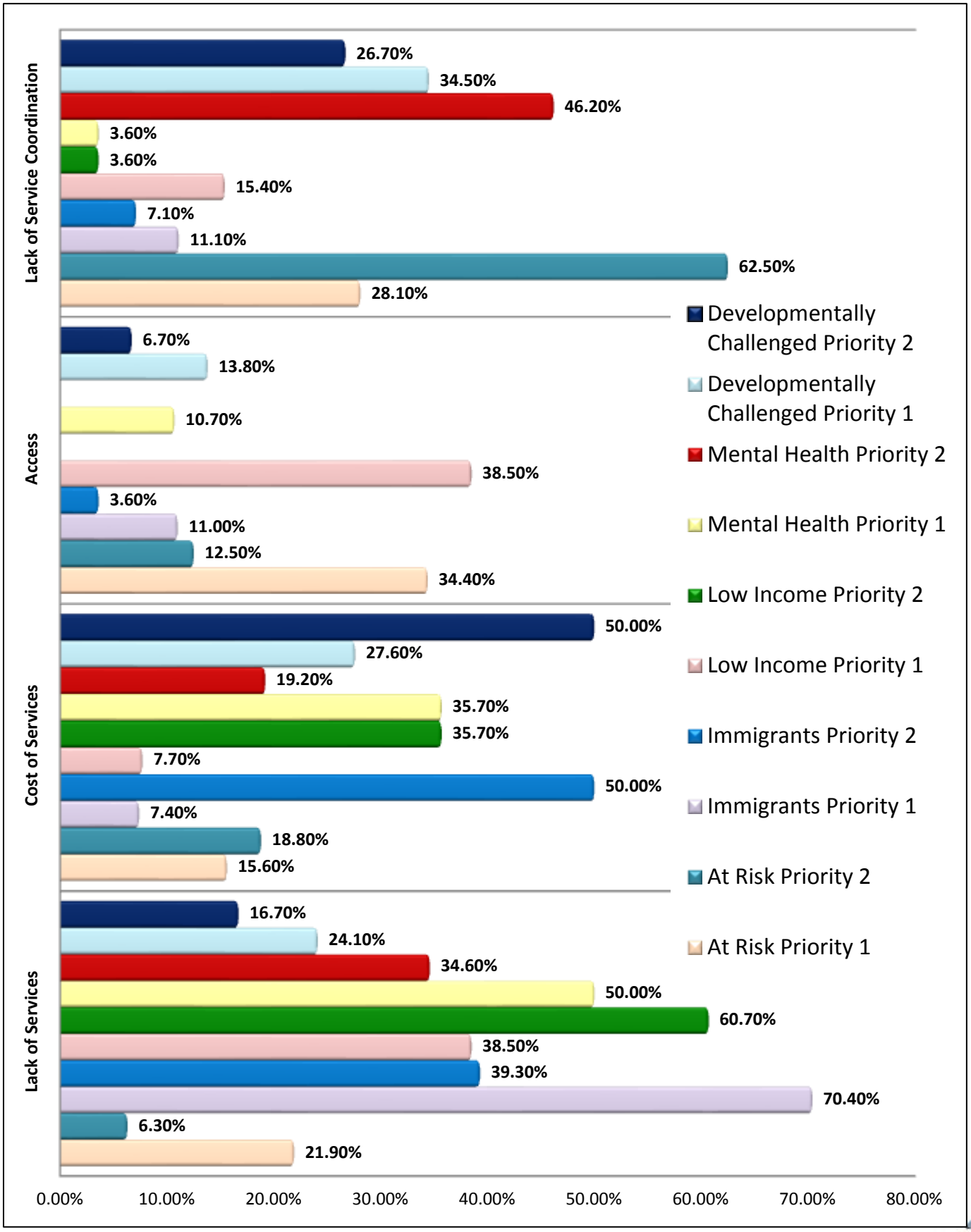
Just over a third of the respondents identified the lack of service coordination as the primary barrier to providing a greater level of support through wrap around services. Just over a quarter noted the primary barrier was the cost of services and just under a quarter noted the lack of existing services was the primary barrier.

TARGET GROUP: DEVELOPMENTALLY CHALLENGED INDIVIDUALS & THEIR FAMILIES
PRIORITY 2: INCREASE UTILIZATION AND CAPACITY OF DEVELOPMENTAL PROGRAMS FOR CHILDREN, YOUTH AND ADULTS.



While lack of service coordination was also seen as a barrier to increased utilization and capacity (26.7% of respondents), the pattern was different here, with almost twice as many respondents (50%) seeing the primary barrier as the cost of services.

SUMMARY – BARRIERS TO SERVICES AT A GLANCE, SUMMARY OF SURVEY 3



ACTION PLAN

***Actions steps highlighted in red are those identified as next steps**

The identified action plan detailed below is comprehensive in nature and is intended to be utilized by the entire community of human service agencies and organizations within Stafford County. The process of reviewing the identified objectives and action steps is intended to be cohesive and collaborative. The establishment of a working group or "human services interagency council" [*See action step 4.2.1 below*] will be the vehicle for the implementation of the below action steps. The Stafford County Human Services Office will lead the development of this interagency council.

ACTION PLAN	
OBJECTIVE	**ACTION STEPS**
GOAL 1 - To promote a vision where human services are accessible and accommodating to all citizens	
1.1 To assure accessibility of services by minimizing difficulties related to location (e.g. transportation), hours of access and simplicity of application (e.g. intake and eligibility processes).	1.1.1 Convene mental health provider representatives, public and private, to participate in 'mapping' effort to identify prioritized needs and available services by location, and hours.
	1.1.2 Convene provider representatives for at risk youth and families, public and private, to participate in 'mapping' effort to identify prioritized needs and available services by location, and hours.
	1.1.3 Establish a workgroup of providers and stakeholders for at risk youth and families to develop a 'one stop' service center for human services (building on survey and focus group outcomes), as well as alternatives, such as additional satellite offices in growth areas.
	1.1.4 Coordinate the implementation of a shared public/private web site for human services to act as a central repository for program information, as well as an initial point for information and referral.
1.2 Increase accommodation of all citizens accessing human services.	1.2.1 Investigate promising one-stop models and review as part of the inter-departmental and interagency retreats (*SEE Goal 2*).
	1.2.2 Conduct focus group with faith based providers on the range of services provided, identified gaps and their ideas in relation to a one-stop site.
	1.2.3 Identify services available to non-English speakers, including ESOL classes, translation, interpretation, and provision of materials in Spanish and other languages, and costs for such services.
	1.2.4 Inventory services required, by virtue of federal dollars and grants received, to accommodate non-English speakers.
	1.2.5 Map needs in comparison to available services for non-English speakers. Share this information as part of Technologies of Participation (ToP) processes (*SEE Goal 3*).
	1.2.6 Identify services available to the developmentally challenged.
	1.2.7 Inventory services required, by virtue of federal dollars and grants received, to accommodate the developmentally challenged.
	1.2.8 Map recreational services and activity opportunities for youth, in comparison to youth population.
1.3 Improve available transportation to human services offices/locations.	1.3.1 Map available transportation in comparison to needs identified in the agency mapping efforts described in 1.1.1, 1.1.2 and 1.2.4, and existing costs.
	1.3.2 Research specialized transportation and 'pool' options (including fleet

ACTION PLAN	
OBJECTIVE	**ACTION STEPS**
	sharing) that could be developed through the collaboration of public and/or private providers.
	1.3.3 Form a workgroup to engage community-based organizations and for-profit entities to identify possible additional transportation resources.
1.4 Increase housing 'stability' for low income families and individuals.	1.4.1 Map available shelter, supportive housing, subsidized and low income housing, and compare to known demand.
	1.4.2 Identify funding and resources for additional housing options.
	1.4.3 Map available job training and employment programs, compare to numbers and levels of need.
GOAL 2 - To ensure the enhanced quality of human services provided	
2.1 Ensure quality through response to stakeholder feedback.	2.1.1 Review and inventory types and sources of current data available from public human services providers on customer satisfaction (building on data from Survey 3).
	2.1.2 Identify data that can be shared publicly.
	2.1.3 Review customer satisfaction data to identify themes and issues ameliorable to responses at the agency/department/county level.
2.2 Develop a structure for effective response to stakeholder complaints, and concerns.	2.2.1 Assess the feasibility (through cost/benefits analysis) of a Human Services Ombudsman charged with responding to citizen/stakeholder concerns about Human Services delivery.
	2.2.2 Incorporate the ombudsman or other customer service structures into the strategic plan discussed in 3.3.3.
	2.2.3 Assess the feasibility of Town Hall meetings as structured opportunities for citizen feedback and Human Services agency responses.
GOAL 3 - To encourage system-wide collaboration to better leverage local resources on behalf of citizens	
3.1 To establish reliable data for making human services funding and staffing decisions.	3.1.1 Integrate mapping tasks (from action steps and goals above) identifying needs and available services.
	3.1.2 Establish a set of common customer satisfaction measures for all human services agencies, and schedule review times for assessment of satisfaction levels.
3.2 To ensure the effective and efficient delivery of services to Stafford citizens, through enhanced communication.	3.2.1 Hold an interagency retreat focused on identifying service priorities, involving primary and partner agencies.
	3.2.2 Hold a second interagency retreat focused on identifying service priorities, involving community and faith based agencies.
	3.2.3 Develop a human services orientation for all Stafford employees so they can act as information and referral sources whether they are actually working within a human services program or not. Provide informational updates for staff once they are in place (so their knowledge is kept current).
	3.2.4 Create valid and reliable structures for communication between public and private agencies.
	3.2.5 Identify existing structures for communicating with the public in regards to available services and changes in service levels or structure, as well as promising approaches in use elsewhere.
	3.2.6 Implement the most promising approaches through the most appropriate department or agency, and/or the equivalent of public relations staff in multiple departments/agencies.
	3.2.7 Explore development of a 'learning community' of human service

ACTION PLAN	
OBJECTIVE	**ACTION STEPS**
	providers on such a shared website, or on Stafford's website, as a tool for providers to share information, best practice and evidence-based practice.
3.3 To ensure the effective and efficient delivery of services to Stafford citizens, through enhanced collaboration.	3.3.1 Working from the service priorities developed in the above retreats, and from the priorities set in this Human Service Plan, develop a combined strategic plan for human services utilizing ToP or similar consensus building tools.
	3.3.2 Identify existing one-stop models that may be viable for implementation in Stafford (e.g. models used successfully in jurisdictions with similar levels of service, geography and/or size) – examine opportunities for partnering with community-based and faith-based organizations.
	3.3.3 Acquire citizen/stakeholder feedback on the strategic plan and proposed one-stop models.
	3.3.4 Finalize plan, incorporating development of the selected one-stop model or an alternative.
GOAL 4 - To provide an effective, efficient human services system to the citizens of Stafford County	
4.1 To assess the effectiveness of human services through valid, reliable measures.	4.1.1 Establish a working group for service/program evaluation.
	4.1.2 Review performance indicators (measuring both impact and cost to determine cost effectiveness) from each human services agency, identifying indicators that can be used across programs/agencies with minimal disruption.
	4.1.3 Establish common criteria for meaningful outcome measures across programs.
	4.1.4 Develop a menu of indicators drawn from those already in use and best practice, with each program adopting (or continuing to use) one or more indicators.
	4.1.5 Incorporate client feedback through tools developed in Goal 2.
	4.1.6 Conduct an initial assessment for a trial period.
	4.1.7 Revise assessment and implement on an ongoing basis.
4.2 Assure consistent, sustained services in the face of turnover and staff loss (e.g. due to reductions in funding or grants, or reduction in force).	4.2.1 Establish a working group for information sharing and collaborative (cross-agency) service delivery. (Possibly combined with above 4.1.1)
	4.2.2 Establish cross-agency sustainability plans to ensure continuous service delivery.

KEY ACTION STEPS / ACTIVITIES AS NEXT STEPS

Based on the research and analysis detailed on the preceding pages, the following key Action Steps from the ACTION PLAN have been identified as Next Steps. The action plan itself is comprehensive in nature and will require community involvement, investment and collaboration to complete. The following key Action Steps are prerequisites for the other activities (must be carried out prior to the other activities listed, as they will provide necessary information, foundation, etc.). In addition, they can be accomplished with existing resources (do not require further study, acquisition of new funding, etc.)

As an initial step the establishment of a Human Services Council shall occur to further define responsibilities and timelines of future action steps.
(*Numbers below reference the Action Plan steps in prior section.*)

SERVICE MAPPING

1.1.1 Convene mental health provider representatives, public and private, to participate in 'mapping' effort to identify prioritized needs and available services by location, and hours.
Human Services Council

1.1.2 Convene provider representatives for at risk youth and families, public and private, to participate in 'mapping' effort to identify prioritized needs and available services by location, and hours.
Human Services Council

ONE-STOP CENTER(S)

1.1.3 Establish a workgroup of providers and stakeholders for at risk youth and families to develop a 'one stop' service center for human services (building on survey and focus group outcomes), as well as alternatives, such as additional satellite offices in growth areas.
Stafford County Human Services Office/within 8 months

1.2.2 Conduct focus group with faith based providers on the range of services provided, identified gaps and their ideas in relation to a one-stop site.
Dr. Frank Lacey, Touch Hearts Christian Center/within 3 months

CUSTOMER SATISFACTION

2.1.1 Review and inventory types and sources of current data available from public human services providers on customer satisfaction (building on data from Survey 3).
Human Services Council

2.1.2 Identify data that can be shared publicly.
Human Services Council

COMMUNICATION/COLLABORATION

3.2.4 Create reliable and valid structures for communication between public and private agencies, particularly faith-based entities.
Human Services Council

3.2.5 Identify existing structures for communicating with the public in regards to available services and changes in service levels or structure, as well as promising approaches in use elsewhere.
Human Services Council

4.2.1 Establish a working group for information sharing and collaborative (cross-agency) service delivery.
Stafford County Human Services Office/within 5 months

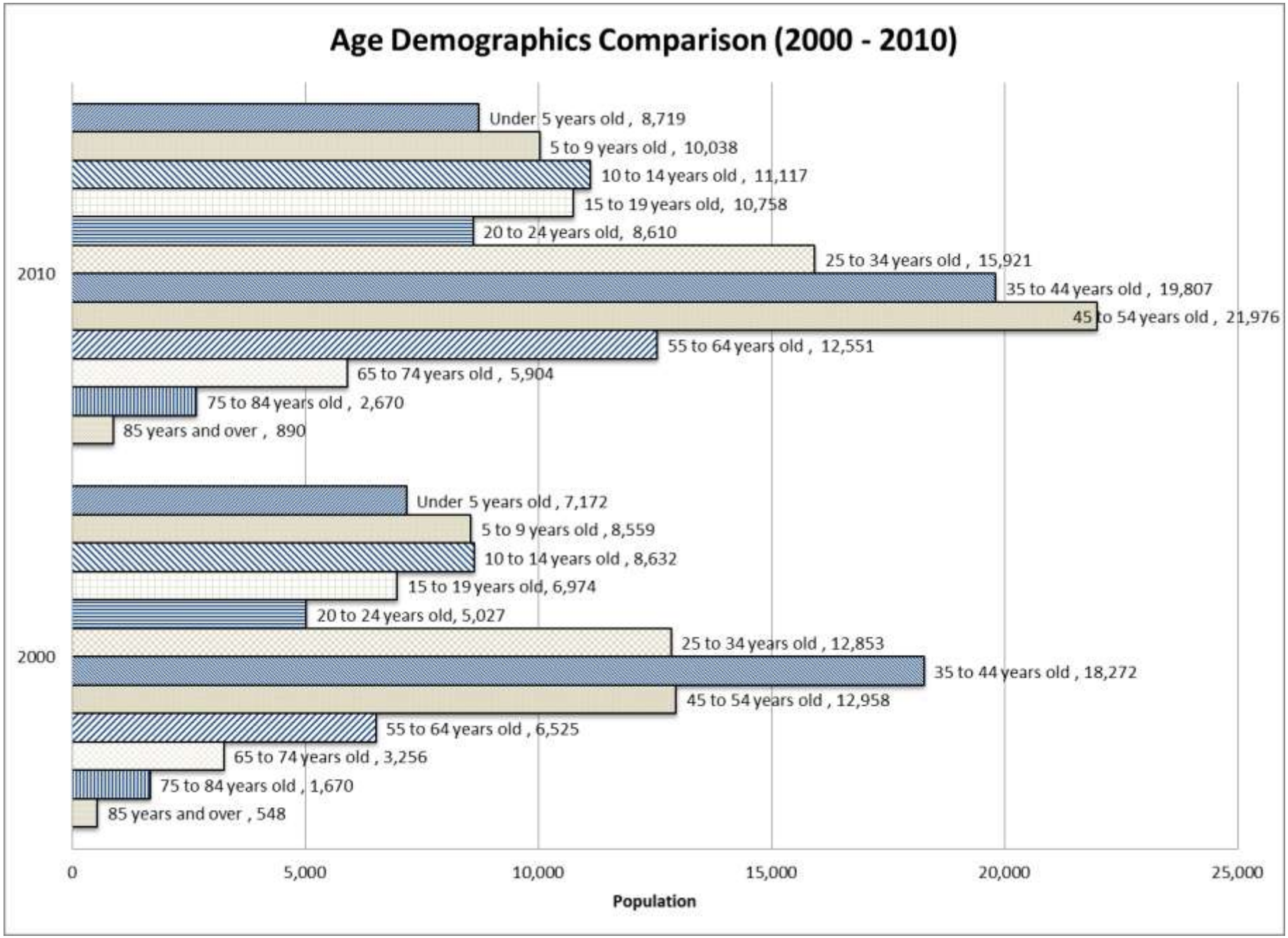
CONCLUSION

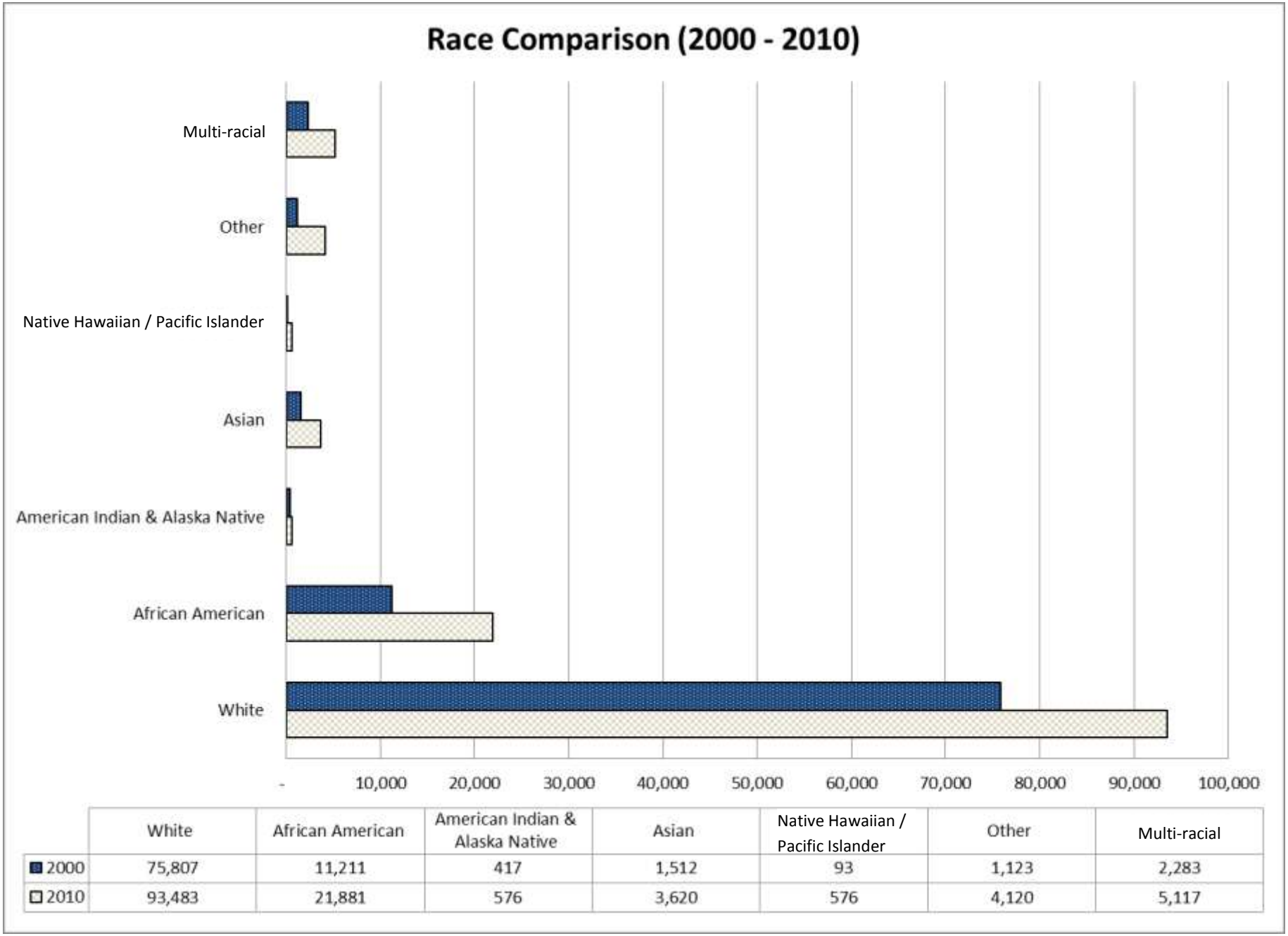
As identified within the Stafford County Plan for Human Services the simplest definition of human services is any program, agency or facility with the mission of meeting the basic health, welfare, and other needs of a society, or a group within the society. The plan itself is intended to provide developmental guidance to the existing network of service providers. It is important to understand that this plan is a living document in that, when the key action steps are completed, additional goals and objectives may be identified. Like any plan, the Stafford County Plan for Human Services will only yield results if utilized and updated regularly.

By implementing the action steps that relate to each of the four defined goals identified in the plan, Stafford County is taking preventative measures to ensure that our community is being proactive in how we plan, implement, and deliver human services to the citizens of the community. These action steps will ensure we are enhancing the quality of services provided and will encourage system-wide collaboration that provides us an opportunity to leverage our resources thus creating an effective, efficient human services system for the citizens of Stafford County.

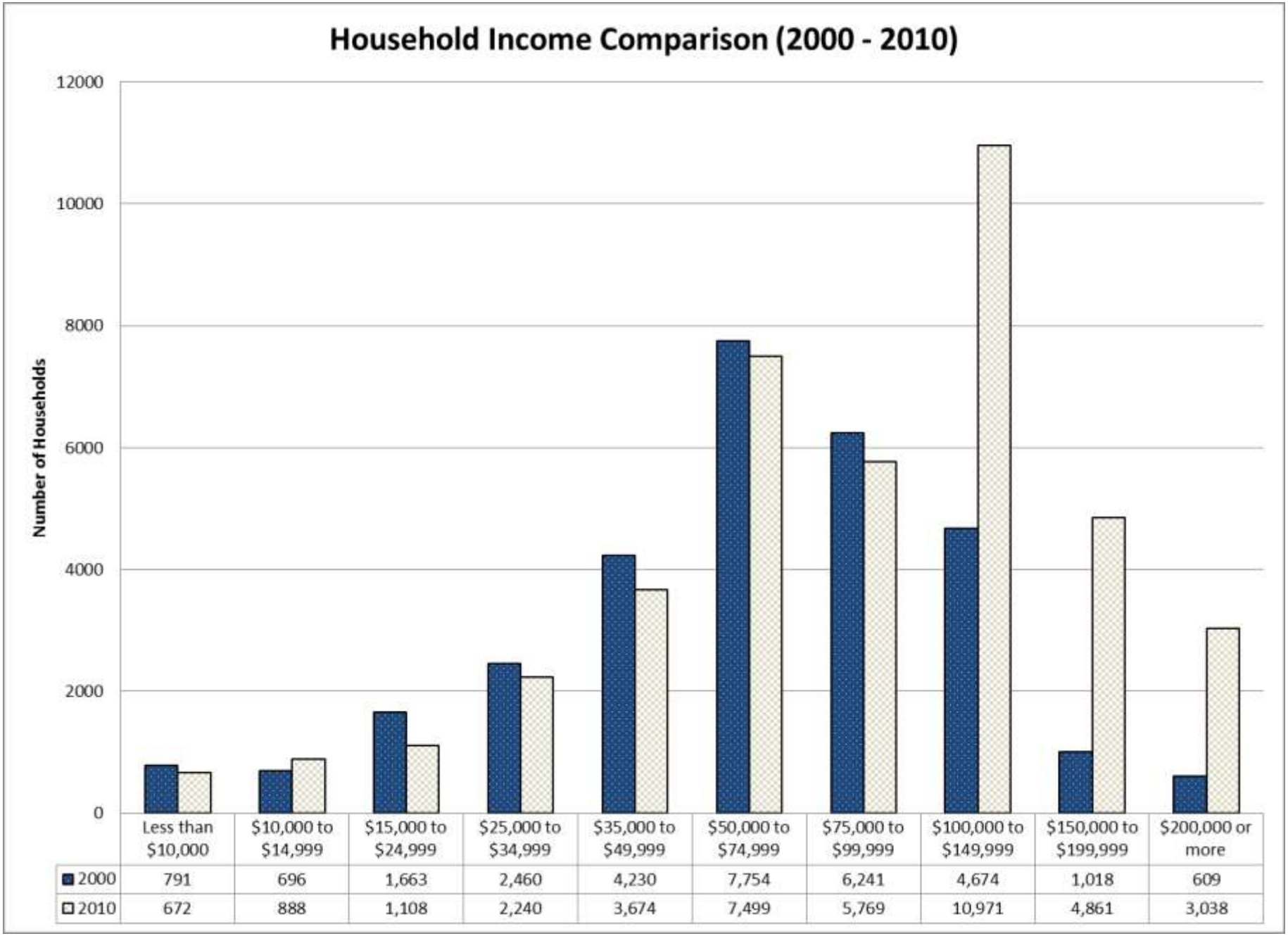
APPENDICES

- Background: Age
- Background: Racial Demographics
- Background: Household Income
- Background: Poverty Rates
- Background: Unemployment Rates
- Background: Per Capita Income
- Background: Juvenile Justice Data
- Human Services Agency Detail
- Service Workloads
- Survey Respondent Detail from Survey 1
- Copy of Survey 1 Results
- Copy of Survey 2 Results
- Copy of Survey 3 Results
- Additional Question From Survey 3

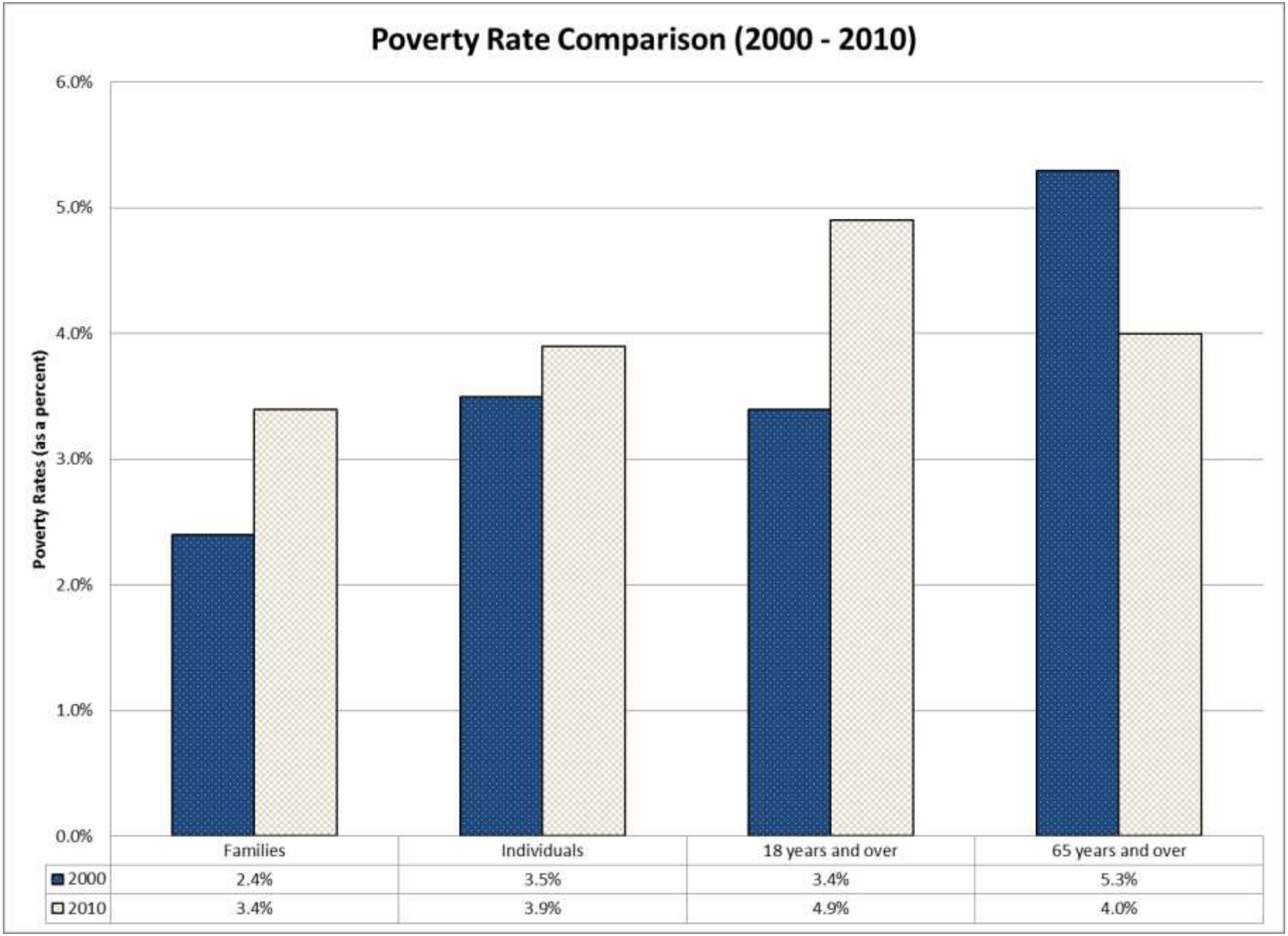

Age Demographics Comparison (2000 - 2010)
2010
Under 5 years old , 8,719
5 to 9 years old , 10,038
10 to 14 years old , 11,117
15 to 19 years old, 10,758
20 to 24 years old, 8,610
25 to 34 years old , 15,921
35 to 44 years old , 19,807
45 to 54 years old , 21,976
55 to 64 years old , 12,551
65 to 74 years old , 5,904
75 to 84 years old , 2,670
85 years and over , 890
2000
Under 5 years old , 7,172
5 to 9 years old , 8,559
10 to 14 years old , 8,632
15 to 19 years old, 6,974
20 to 24 years old, 5,027
25 to 34 years old , 12,853
35 to 44 years old , 18,272
45 to 54 years old , 12,958
55 to 64 years old , 6,525
65 to 74 years old , 3,256
75 to 84 years old , 1,670
85 years and over , 548
0
5,000
10,000
15,000
20,000
25,000
Population

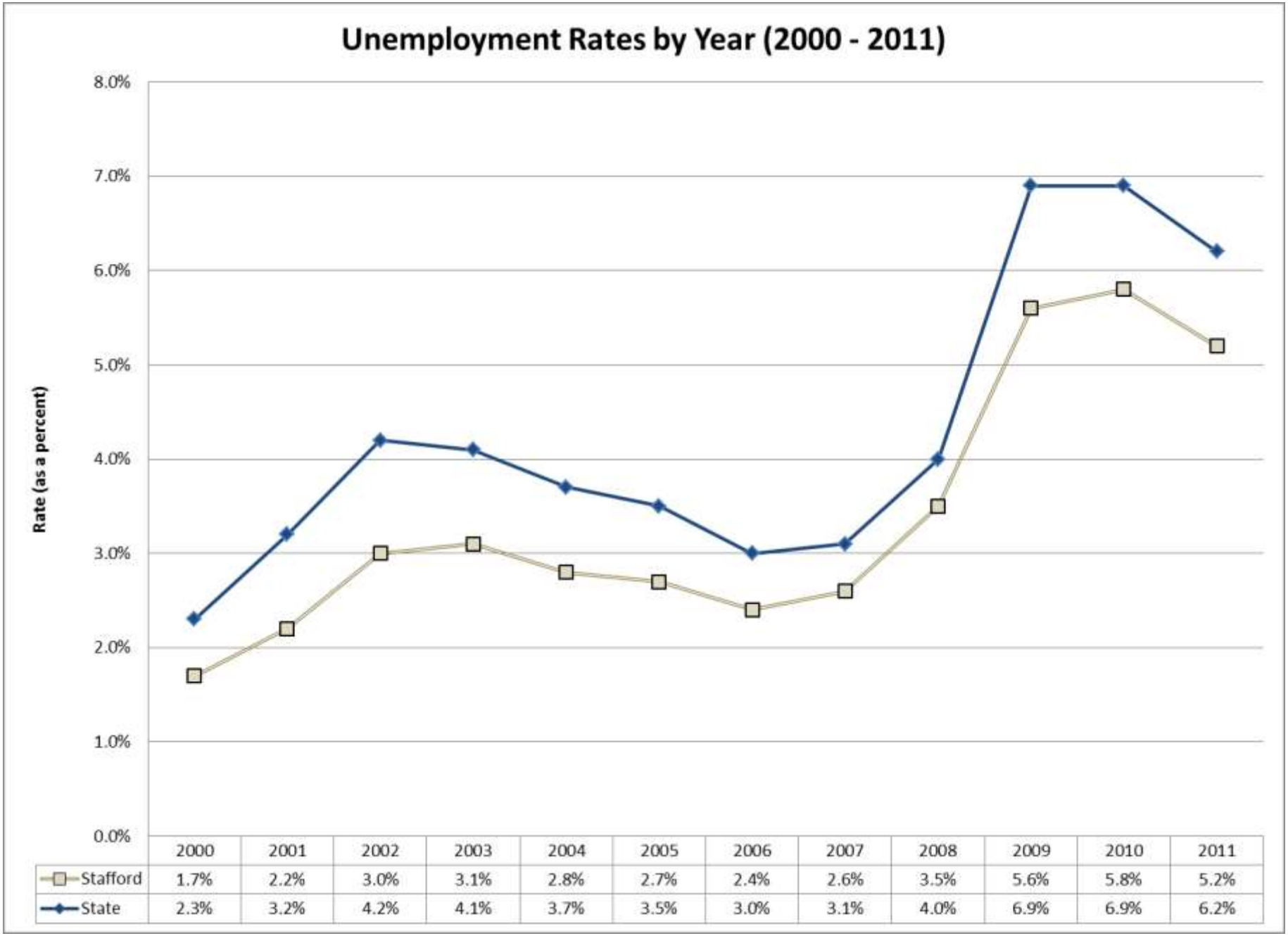


	White	African American	American Indian & Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other	Multi-racial
2000	75,807	11,211	417	1,512	93	1,123	2,283
2010	93,483	21,881	576	3,620	576	4,120	5,117

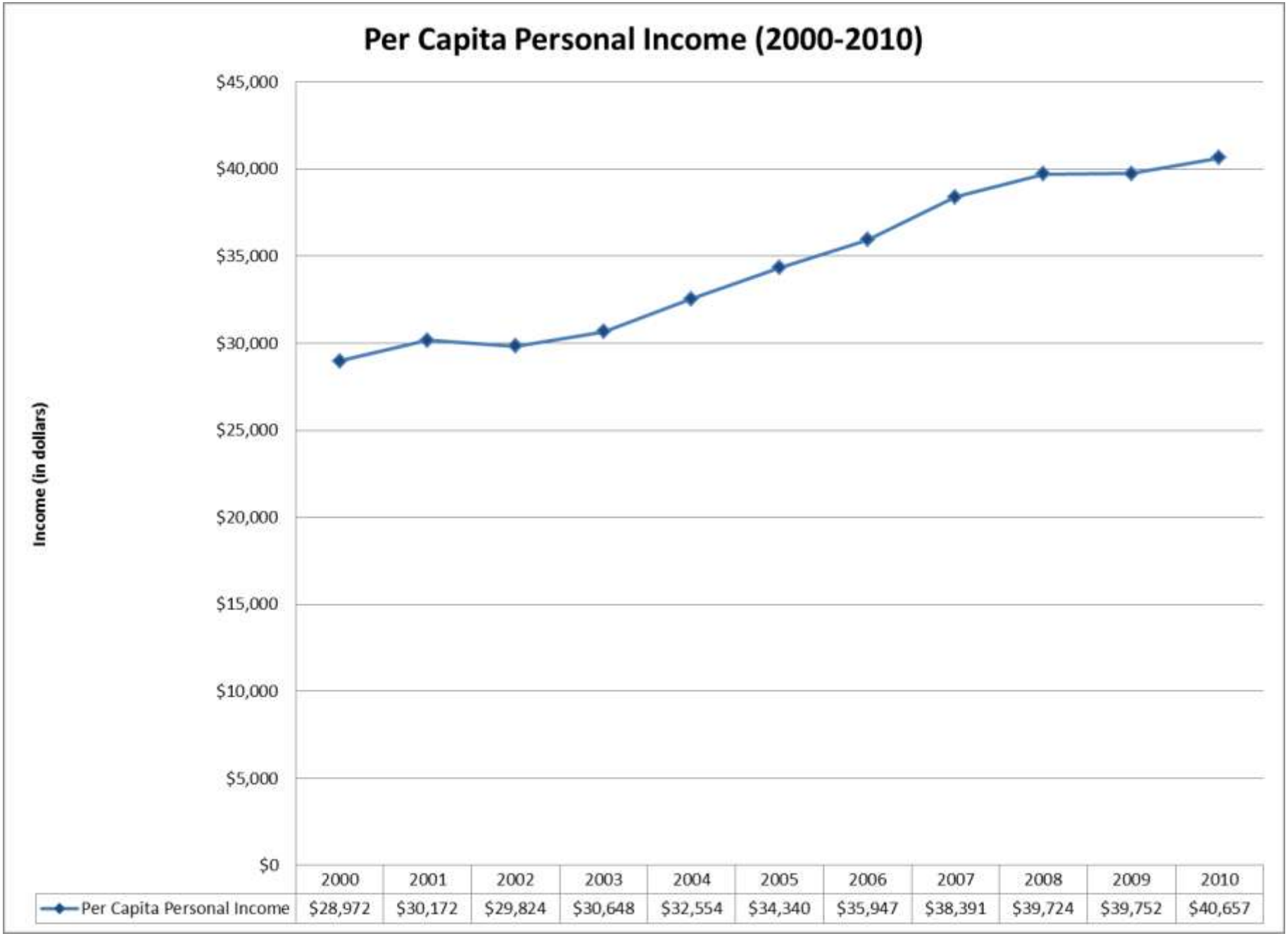


	Less than $10,000	$10,000 to $14,999	$15,000 to $24,999	$25,000 to $34,999	$35,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 to $199,999	$200,000 or more
2000	791	696	1,663	2,460	4,230	7,754	6,241	4,674	1,018	609
2010	672	888	1,108	2,240	3,674	7,499	5,769	10,971	4,861	3,038


Poverty Rate Comparison (2000 - 2010)
Poverty Rates (as a percent)
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Families
Individuals
18 years and over
65 years and over
2000
2.4%
3.5%
3.4%
5.3%
2010
3.4%
3.9%
4.9%
4.0%



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Stafford	1.7%	2.2%	3.0%	3.1%	2.8%	2.7%	2.4%	2.6%	3.5%	5.6%	5.8%	5.2%
State	2.3%	3.2%	4.2%	4.1%	3.7%	3.5%	3.0%	3.1%	4.0%	6.9%	6.9%	6.2%



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Per Capita Personal Income	$28,972	$30,172	$29,824	$30,648	$32,554	$34,340	$35,947	$38,391	$39,724	$39,752	$40,657

Department of Juvenile Justice (DJJ) Data from Data Resource Guide															
Department of Juvenile Justice (DJJ) Data from Data Resource Guide															
(Rate = # of offenses/juv. population x 1000)															
Intakes	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010		FY 2011		Change
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	07-11
Caroline	315	117.2	346	123.0	358	125.0	379	133.7	564	200.2	351	128.6	259	88.9	-28.8%
King George	243	101.6	268	107.7	319	126.2	106	40.2	208	78.6	170	59.8	170	57.7	-54.3%
Spotsylvania	1,244	84.6	1,559	102.5	1,744	115.7	1,754	117.8	1,676	113.7	1,586	97.4	1,384	84.2	-27.2%
Stafford	1,878	117.2	1,586	96.8	2,004	124.0	1,739	107.7	1,650	103.8	1,349	74.5	1,153	62.4	-49.7%
Fredericksburg	658	448.2	568	399.4	557	388.7	527	336.3	479	307.1	355	247.2	269	151.4	-61.1%
Planning District	4,338	116.4	4,327	112.9	4,982	130.9	4,505	118.3	4,577	121.6	3,811	92.1	3,235	76.0	-41.9%
State	91,051	110.3	92,552	111.7	91,679	112.3	87,958	107.9	88,255	109.9	86,125	107.6	75,531	90.8	-19.2%
Felony	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010		FY 2011		Change
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	07-11
Caroline	57	21.2	53	18.8	34	11.9	63	22.2	137	48.6	98	35.9	60	20.6	73.6%
King George	51	21.3	54	21.7	94	37.2	7	2.7	107	40.5	94	33.1	76	25.8	-30.6%
Spotsylvania	235	16.0	339	22.3	310	20.6	357	24.0	363	24.6	302	18.5	179	10.9	-47.0%
Stafford	318	19.9	397	24.2	624	38.6	383	23.7	398	25.0	309	17.1	274	14.8	-61.6%
Fredericksburg	112	76.3	111	78.1	123	85.8	59	37.7	51	32.7	51	35.5	41	23.1	-73.1%
Planning District	773	20.7	954	24.9	1,185	31.1	869	22.8	1,056	28.0	854	20.6	630	14.8	-52.5%
State	18,321	22.2	20,105	24.3	20,448	25.1	18,369	22.5	17,884	22.3	14,861	18.6	12,636	15.2	-39.4%
Misdemeanor	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010		FY 2011		Change
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	07-11
Caroline	168	62.5	158	56.2	183	63.9	204	72.0	336	119.3	166.0	60.8	121.0	41.6	-34.9%
King George	145	60.6	105	42.2	110	43.5	68	25.8	123	46.5	94.0	33.1	121.0	41.1	-5.6%
Spotsylvania	690	46.9	898	59.1	1,012	67.1	981	65.9	895	60.7	878.0	53.9	863.0	52.5	-21.8%
Stafford	1,178	73.5	943	57.6	1,109	68.6	1,065	66.0	975	61.3	795.0	43.9	696.0	37.6	-45.2%
Fredericksburg	387	263.6	312	219.4	303	211.4	320	204.2	327	209.6	233.0	162.3	183.0	103.0	-51.3%
Planning District	2,568	68.9	2,416	63.1	2,717	71.4	2,638	69.3	2,656	70.5	2,166.0	52.3	1,984.0	46.6	-34.7%
State	45,542	55.2	45,654	55.1	45,489	55.7	44,645	54.8	43,984	54.8	38,937.0	48.7	36,793.0	44.2	-20.7%

Department of Juvenile Justice (DJJ) Data from Data Resource Guide															
Department of Juvenile Justice (DJJ) Data from Data Resource Guide															
(Rate = # of offenses/juv. population x 1000)															
Alcohol	**FY 2005**		**FY 2006**		**FY 2007**		**FY 2008**		**FY 2009**		**FY 2010**		**FY 2011**		**Change**
	#	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**07-11**
Caroline	2	0.7	-	-	11	3.9	33	11.6	25	8.9	12.0	4.4	6.0	2.1	-46.8%
King George	8	3.4	7	2.8	7	2.8	3	1.1	28	10.6	18.0	6.3	15.0	5.1	83.3%
Spotsylvania	47	3.2	33	2.2	49	3.2	63	4.2	87	5.9	48.0	2.9	64.0	3.9	20.3%
Stafford	101	6.3	73	4.5	128	7.9	108	6.7	133	8.4	121.8	6.7	70.3	3.8	-52.1%
Fredericksburg	8	5.4	5	3.6	15	10.5	42	26.8	15	9.5	16.0	11.2	4.0	2.3	-78.4%
Planning District	166	4.5	118	3.1	210	5.5	249	6.5	288	7.7	215.8	5.2	159.4	3.7	-32.2%
State	2,276	2.8	2,499	3.0	2,934	3.6	2,934	3.6	3509	4.4	3,096.8	3.9	3,146.5	3.8	5.2%
Narcotics	**FY 2005**		**FY 2006**		**FY 2007**		**FY 2008**		**FY 2009**		**FY 2010**		**FY 2011**		**Change**
	#	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**07-11**
Caroline	10	3.8	-	-	10	3.5	27	9.5	30	10.6	26.0	9.5	14.0	4.8	37.4%
King George	22	9.3	14	5.6	9	3.5	9	3.4	15	5.7	11.0	3.9	11.0	3.7	5.6%
Spotsylvania	78	5.3	94	6.2	89	5.9	126	8.5	114	7.7	100.0	6.1	104.0	6.3	7.3%
Stafford	113	7.0	102	6.2	132	8.2	104	6.4	180	11.3	99.6	5.5	103.8	5.6	-31.5%
Fredericksburg	46	31.4	36	25.2	16	11.3	22	14.0	27	17.2	28.1	19.6	29.9	16.8	49.3%
Planning District	270	7.2	245	6.4	256	6.7	288	7.6	365	9.7	264.8	6.4	262.7	6.2	-8.4%
State	5,281	6.4	5,275	6.4	5,226	6.4	5,277	6.5	5049	6.3	4,456.3	5.6	4,195.3	5.0	-21.3%
Assault	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009		FY 2010		FY 2011		Change
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	07-11
Caroline	55	20.6	-	-	56	19.5	63	22.2	82	29.0	74	27.1	50	17.2	-11.9%
King George	27	11.5	19	7.6	21	8.3	14	5.3	34	12.8	35	12.3	24	8.1	-1.6%
Spotsylvania	203	13.8	231	15.2	225	14.9	225	15.1	199	13.5	213	13.1	226	13.7	-8.0%
Stafford	254	15.8	208	12.7	240	14.9	296	18.3	161	10.2	225	12.4	201	10.8	-27.1%
Fredericksburg	80	54.7	60	42.3	80	56.0	69	44.0	42	27.0	32	22.3	30	17.0	-69.7%
Planning District	619	16.6	518	13.5	622	16.4	667	17.5	519	13.8	579	14.0	530	12.5	-23.8%
State	13,476	16.3	13,605	16.4	13,110	16.1	12,050	14.8	11553	14.4	10,725	13.4	10,698	12.9	-20.0%

Department of Juvenile Justice (DJJ) Data from Data Resource Guide															
Department of Juvenile Justice (DJJ) Data from Data Resource Guide															
(Rate = # of offenses/juv. population x 1000)															
Weapons	**FY 2005**		**FY 2006**		**FY 2007**		**FY 2008**		**FY 2009**		**FY 2010**		**FY 2011**		**Change**
	#	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**07-11**
Caroline	11	4.1	-	-	5	1.7	2	0.7	7	2.4	8	3.0	5	1.7	-3.4%
King George	5	2.1	1	0.4	4	1.6	3	1.1	1	0.4	14	5.1	2	0.7	-57.8%
Spotsylvania	30	2.0	30	1.9	37	2.4	32	2.1	35	2.4	36	2.2	26	1.6	-34.1%
Stafford	51	3.2	114	7.0	36	2.2	23	1.4	20	1.2	19	1.0	16	0.9	-60.9%
Fredericksburg	1	0.5	14	10.0	7	5.1	11	7.0	7	4.6	1	0.7	4	2.3	-55.1%
Planning District	97	2.6	159	4.2	89	2.3	71	1.9	70	1.9	79	1.9	53	1.3	-46.4%
State	2,367	2.9	2,591	3.1	2,292	2.8	2,023	2.5	1968	2.5	1,435	1.8	1,259	1.5	-46.1%
Larceny	**FY 2005**		**FY 2006**		**FY 2007**		**FY 2008**		**FY 2009**		**FY 2010**		**FY 2011**		**Change**
	#	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**#**	**Rate**	**07-11**
Caroline	31	11.6	-	-	20	7.0	82	28.9	79	28.0	28	10.3	33	11.3	61.4%
King George	24	10.2	31	12.5	52	20.6	9	3.4	20	7.5	44	15.3	9	3.1	-85.1%
Spotsylvania	182	12.3	246	16.2	244	16.2	307	20.6	375	25.5	351	21.5	256	15.6	-3.8%
Stafford	210	13.1	228	13.9	208	12.9	238	14.7	250	15.7	216	11.9	180	9.7	-24.6%
Fredericksburg	183	124.6	139	97.9	116	80.8	114	72.8	177	113.6	119	82.8	99	55.7	-31.1%
Planning District	630	16.9	645	16.8	640	16.8	750	19.7	902	24.0	757	18.3	577	13.6	-19.5%
State	12,201	14.8	11,847	14.3	11,460	14.0	11,786	14.5	13093	16.3	11,934	14.9	10,139	12.2	-13.2%

AVAILABLE HUMAN SERVICES BY AGENCY – Primary Agencies			
SERVICE TYPE POPULATION			
Court- Involved/Offenders	**Those with Mental Disability**	**Those with Physical Disability**	**Low Income Individuals & Families**
COMMUNITY SERVICES BOARD			
• Adult Drug Treatment Court • Juvenile Drug Treatment Court • Staff based at the Rappahannock Regional Jail, Juvenile Detention Center, and Probation & Parole Office • Conduct court-ordered evaluations • Complies with court-ordered services • 24-hour Emergency Services	• 24-hour Emergency Services • Intellectual Disability Services include: Case Management/Support Coordination (infant/child; child/adolescent; and adult); day support (Rappahannock Adult Activities, Inc.); Residential Services (adults; group homes, supervised apartments; sponsored placement, and supported living program) • Access to psychiatrists, medication management, and outpatient therapy • Constructing Respite Care Group Home Early Intervention Services – Parent Education – Infant Development Program (infants/toddlers with developmental delays)	• 24-hour Emergency Services • Therapist for the deaf/hard of hearing (located at the Fredericksburg Clinic) • All facilities accessible and ADA compliant For those with a co-occurring mental health/substance use disorder or intellectual disability, - Outpatient Therapy - Medication Management/Psychiatry - Case Management - Residential Services - Day Support Services Early Intervention Services – Parent Education – Infant Development Program (infants/toddlers with developmental delays)	• 24-hour Emergency Services • Fees based on ability to pay/sliding scale • No one is denied services based on an inability to pay • Most insurance including HMOs, Medicaid, and Medicare accepted
DEPARTMENT OF SOCIAL SERVICES			
• Court-Ordered Services • Interstate Requests • Regional Prisoner Re-entry	• Medicaid • Adult Services • Adult Protective Services • Foster Care/Foster Care Prevention • Child Protective Services • Auxiliary Grant Services	• Auxiliary Grants Program • Medicaid • Adult Services • Adult Protective Services • Energy Assistance • Companion/Home-Based Provider	• Energy Assistance Program • Supplemental Nutrition Assistance Program (SNAP) • Medicaid • Family Access to Medical Insurance Security Program (FAMIS) • Child Day Care Services • Earned Income Tax Credit • Employment Services • Temporary Assistance to Needy Families (TANF) • Crisis Services • Holiday Program
HEALTH DEPARTMENT			
N/A	N/A	N/A	N/A

AVAILABLE HUMAN SERVICES BY AGENCY – Primary Agencies			
SERVICE TYPE POPULATION			
Adults	**Children and Youth**	**Seniors**	**All County Residents**
COMMUNITY SERVICES BOARD			
• 24-hour Emergency Services • Intensive Outpatient Treatment • Outpatient Services/Psychiatrists • Medication Management • Adult Mental Health Case Management • Adult Substance Abuse Case Management • Crisis Stabilization Program • For adults with serious and persistent mental illness – day support services (Kenmore Club) and residential services (supervised apartment programs and supported living arrangements) • For adults with an intellectual disability – day support services (Rappahannock Adult Activities), support coordination/case management; and residential services • Virginia Wounded Warrior Program for veterans and their families • Substance abuse services for pregnant and parenting women	• 24-hour Emergency Services • Board Certified Child/Adolescent Psychiatrist • MH Child Counseling and Case Management • ID/MR Case management • Adolescent Substance Abuse Treatment Groups • Substance Abuse education in partnership with the Rappahannock Area Office on Youth • Community Education • Prevention Programs – DARE To Be You (families); Second Step; Too Good for Drugs; Media Detective; Media Ready; Rappahannock Area Kids on the Block; Project LINK; Early Intervention Services – Parent Education – Infant Development Program (infants/toddlers with developmental delays)	• 24-hour Emergency Services • Intensive Outpatient Treatment • Outpatient Services/Psychiatrists • Medication Management • Adult Mental Health Case Management • Adult Substance Abuse Case Management • Crisis Stabilization Program • For adults with serious and persistent mental illness – day support services (Kenmore Club) and residential services (supervised apartment programs and supported living arrangements) • For adults with an intellectual disability – day support services (Rappahannock Adult Activities), support coordination/case management; and residential services • Virginia Wounded Warrior Program for veterans and their families	• 24-hour Emergency Services • Intensive Outpatient Treatment • Outpatient Services/Psychiatrists • Medication Management • Adult Mental Health Case Management • Adult Substance Abuse Case Management • Crisis Stabilization Program • For adults with serious and persistent mental illness – day support services (Kenmore Club) and residential services (supervised apartment programs and supported living arrangements) • For adults with an intellectual disability – day support services (Rappahannock Adult Activities), support coordination/case management; and residential services • Virginia Wounded Warrior Program for veterans and their families • Substance abuse services for pregnant and parenting women • Fees based on ability to pay/sliding scale • No one denied services based on an inability to pay • Most insurance including HMOs, Medicaid, and Medicare accepted
DEPARTMENT OF SOCIAL SERVICES			
• SNAP • Auxiliary Grants • Medicaid • Information and Referral • Energy/Fuel Assistance • Adult Services • Adult Protective Services • Employment Services • Parent Education Classes	• Medicaid • Adoption Services • Child Day Care Provider Training • FAMIS • Child Protective Services • Foster Care Services • Family Preservation Services • Child Day Care Services • TANF, SNAP • Court-Ordered Services • Foster Care Prevention Services • Crisis Services	• Auxiliary Grants Program • Medicaid • SNAP • Adult Services • Adult Protective Services • Energy Assistance • Information and Referral • Long Term Care • Companion Provider/Home Based	• Refugee Resettlement Program • Emergency of Crisis Services • Information and Referral • Disaster Food Stamps (SNAP) • Earned Income Tax Credit • Foster Parent Training • Parent Education Classes
HEALTH DEPARTMENT			
• Family Planning, Maternity Services • Treatment for STDs • TB control + other communicable disease investigation and control, immunizations • Cervical + Breast cancer screening • WIC for pregnant/breastfeeding women • Refugee assessments	• Family Planning		• Septic and Well Permits • Food Safety • Emergency Preparedness and Response • Immunizations • Communicable diseases • Death Certificates • Health Education/Family Planning

AVAILABLE HUMAN SERVICES BY AGENCY – Primary Agencies			
SERVICE TYPE POPULATION			
Court- Involved/Offenders	**Those with Mental Disability**	**Those with Physical Disability**	**Low Income Individuals & Families**
JUVENILE COURT SERVICES			
• CHINS: Supervision, Truancy and Services Case Management • Probation, Parole Case Management • Diversion Case Management • School-Based Case Management • Field Surveillance Case Management • Drug Court • Urine Screens, Alcohol Breathalyzer Screens • Electronic (GPS) Monitoring / Curfew • Gang Education/Suppression: The Wrong Family & The Big Lie Videos • Post-Dispositional 90 Program, 180 Program; Detention Tours, Reentry • Shelter Care Services • Chaplin Youth Center Residential Program • Y.E.S.- Program • Anger Management Program • Community Service Work Coordination			All services are funded via co-pay, county funding or state funding; some have fee waivers
PUBLIC LIBRARY			
• Community service opportunities for court-involved youth and adults • Answer requests for legal research from incarcerated persons • Assist family members to make online appointments for prison visits • Provide legal research materials to the public • Rappahannock Legal Services • Literacy services for youth at the Rappahannock Juvenile Center	• Partner with RACSB to provide on-site job assessment for mentally disabled adults • Partner with RACSB to provide volunteer opportunities for clients with intellectual disabilities • Partner with Rappahannock Adult Activities, Inc.	• Assistive Services • Talking Books for the Blind and Physically Handicapped • Large-print books • Closed-captioned TV • Braille • Kurzweil machine • Magnifiers • Books by Mail • Wheelchairs and walkers • Portable listening devices • Sign language interpretation	• Partner with Open Hand of Fredericksburg to provide summer job opportunities to under-resourced youth • Partner site for United Way VITA tax program • Annual Food for Fines program with proceeds donated to local food banks, including SERVE • After school programming for at-risk teens • Early literacy partnerships with Head Start and Smart Beginnings Rappahannock Area
VIRGINIA COOPERATIVE EXTENSION			
N/A	N/A	N/A	N/A
PARKS AND RECREATION			
• PRCF has from time to time provided Court Mandated Community Service opportunities, usually in our Maintenance Division, but haven't done so recently.	• Persons with disabilities are mainstreamed into our programs and camps wherever possible but they must meet the same minimum standards of conduct that everyone has to meet. When needed students do have a coach assigned to work directly with them.	• Persons with disabilities are mainstreamed into our programs and camps wherever possible. Some students do have a coach assigned to work directly with them (i.e. blind students in both gymnastics and karate)	• Staff members seek donations from area business for our scholarship program. This allows us to provide free summer camp or participation in department programs for those who can't afford them. Low income seniors are offered meals and art programs.
PUBLIC SCHOOLS			
	Early Childhood Special Education	Early Childhood Special Education	Head Start

AVAILABLE HUMAN SERVICES BY AGENCY – Primary Agencies			
Adults			
Adults	**Children and Youth**	**Seniors**	**All County Residents**
JUVENILE COURT SERVICES			
• Paternity Petitions • Child Support Petitions • Spousal Support Petitions • Custody Petitions • Visitation Petitions • Protective Order Petitions	• Gang Prevention & Suppression Videos: The Wrong Family &The Big Lie • Project Uplift (Unified Prevention Loving Intervention For Teens)-partnership • Rites of Passage-partnership		• Paternity Petitions • Child Support Petitions • Spousal Support Petitions • Custody Petitions • Visitation Petitions • Protective Order Petitions
PUBLIC LIBRARY			
• Digital literacy classes • Literacy training for child care providers • Proctoring for distance learners, professional licensing exams, and DMV tests • Alliance for Literacy recruits, trains, and matches literacy volunteers with students • Curriculum enrichment resources for teachers • Community meeting rooms and performance space	• Early literacy center, each branch • Support SOLs through homework and research resources • Provide meeting/performing space and curriculum materials to home schoolers • School partnerships to increase literacy skills through: programs at the Rappahannock Juvenile Center; Café Book at middle schools; kindergarten library card campaign; and second grade SOL enrichment classes • Teen volunteer program • Partner with local coalition to promote programs and resources for the Week of the Young Child	• Work with Partners in Aging and other senior care providers to deliver programs to seniors • All branches are Senior Navigator sites offering one-on-one help	• Self-directed education through classes and events and access to research materials • Collections held system-wide available to Stafford residents in all formats and on all subjects • Research questions answered by professional librarians • Access 24/7 to premium online research tools • Mobile app and websites offer 24/7 access to resources and services • No-charge notary service
VIRGINIA COOPERATIVE EXTENSION			
• 4-H Volunteer Program • ServSafe Commercial Food Safety Course	• 4-H Youth Program • 4-H Clubs • 4-H Camp • Money Management Programs		• Starting a Family Child Care Business Program • Home Food Safety • Nutrition Programs • Wellness Programs • Smart Green Lawns Program • Home Horticulture Info/Assistance • Tree & Shrub Identification Series • Home Landscape Course • Private Pesticide Certification and Recertification • Commercial Pesticide Certification and Recertification • Master Gardener Course
PARKS AND RECREATION			
• Adult sports • Trips • Enhancement programs • Special events • Instructional classes	• Most programs are for youth.	• Senior Center • Trips • Exercise classes • Enhancement programs • Instructional classes	• Trips • Enhancement programs • Special events • Instructional classes
PUBLIC SCHOOLS			
• Adult Education	• Early Childhood / Head Start • Special Education • Junior ROTC • Alternative Education • Gifted and Talented • Dual Enrollment		

AVAILABLE HUMAN SERVICES BY AGENCY – Primary Agencies			
SERVICE TYPE POPULATION			
Court- Involved/Offenders	Those with Mental Disability	Those with Physical Disability	Low Income Individuals & Families
SHERIFF'S DEPARTMENT			
•	• Sheriff Star Force Cadet Program • Project Lifesaver Program • Critical Intervention Team	• Sheriff Star Force Cadet Program	• Shop With the Sheriff Holiday Shopping Program

AVAILABLE HUMAN SERVICES BY AGENCY – Primary Agencies			
SERVICE TYPE POPULATION			
Adults	Children and Youth	Seniors	All County Residents
SHERIFF'S DEPARTMENT			
• Citizen Police Academy • Homeland Security Neighborhood Watch Program • SCAM Busters Business Partnership • Business Watch Program • Drug Take Back Events. • TRIAD Program (Senior Adults) • Neighborhood Watch Crime Prevention Program. • Finger Printing for Stafford Citizens. • Concealed Weapon Permits.	• Youth Driver Task Force • Youth At Risk Committee • Badges for Baseball • Sheriff Star Force Cadet Program • Cadet Program for Youth. • Bike Safety/Rodeo Program • X-Ray candy at Halloween • Rappahannock Regional Gang/Terrorism/Drug Task Force • Sheriff's Office Gang Unit (also young adult) • DARE Program		• Critical Intervention Team • Domestic Violence Unit • Project Lifesaver Program • Neighborhood Watch Program • National Night Out • Stafford Crime Solvers • www.staffordcountysheriff.com • Crime Alerts • Reverse 911 Community Alert Program • Stafford Star Community Newsletter • 24 hour 9-1-1 Service • News Releases • Annual Report

AVAILABLE HUMAN SERVICES BY AGENCY – Partner Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICE POPULATIONS
disAbility Resource Center	• Provides information and referrals related to programs for people with disabilities and their families • Provides independent living skills training • Provides peer counseling and advocacy	• Stafford County residents with disabilities and their families or caregivers
Fredericksburg Area Food Bank	• Provides food to partner agencies to withdraw from the food bank and use to stock their community food pantries • Obtains food to keep food resources readily available for distribution	• Stafford County residents who live at or below 185% of the nutrition program poverty threshold income requirements or are defined as the working poor
Healthy Families Rappahannock Area	• Provides voluntary home visiting services to expectant and new parents • Provides regular home visits for fragile families who may be at risk of child abuse and neglect • Distributes information and educational materials regarding child development, positive parenting techniques, preventive health care, and child safety	• Stafford County residents who are new parents at risk for child maltreatment
Hospice Support Care	• Provides free, non-medical support to those experiencing life-altering or terminal illness • Provides bereavement services for children, teens, and adults • Offers a children's and teen's bereavement program that includes support groups and buddy programs	• Stafford County residents experiencing life-altering or terminal illnesses • Stafford County residents, especially children and teens, who need bereavement services
Lloyd F. Moss Free Clinic	• Provides free, nondiscriminatory quality health care services to medically indigent residents • Provides primary, non-emergency medical care including referrals to medical specialists and basic diagnostic testing • Offers prevention and individual patient education • Can fill prescription medications at on-site licensed pharmacy	• Stafford County residents between the ages of 18 and 65 who do not qualify for Medicaid or Medicare, must not have other health benefits or insurance, and must have a household income of less than 125% the Federal Poverty Guidelines
Mental Health America of Fredericksburg	• Provides education, advocacy, and service to all people with mental health needs • Educates to promote mental health awareness and understanding • Offers the Senior Visitors program, which is a supportive program addressing health and social needs of older adults	• All Stafford County residents • Stafford County residents who are 60 years old and older who are homebound, isolated, socially disadvantaged, or physically or mentally impaired
MICAH	• Provides a cold weather shelter and basic needs for homeless people	• All Stafford County residents, focusing on those who are ineligible to stay at other area shelters
Northern VA 4-H Educational and Conference Center	• Provides 4-H camping, training, and leadership programs to youth • Offers special camping., retreating, and educational experiences to children and adults with special needs	• Stafford County residents who are between the ages of 5 and 19 • Stafford County residents who have special needs
Piedmont Dispute Resolution Center	• Provides dispute resolution and restorative justice information, education, and community services • Provides mediation to litigants filing for child custody, visitation, and/or support	• All Stafford County residents, focusing on parents and children of parents or grandparents involved in child custody, visitation, and/or support or motions cases in J&DR court
Rappahannock Area Agency on Aging	• Provides transportation to access agency meal centers, essential shopping, special community events, and medical appointments, and provides transportation to people with a disability • Provides light housekeeping, laundry, shopping, cooking, and errands in order to keep the person at his or her home • Provides helpful information about the resources and programs available to older adults through the RAAA and other organizations in the community • Provides both meals either in a group setting or through home delivery and recreation and socialization activities	• Stafford County residents who are age 60 or older and have a low income or are socially disadvantaged or anyone with a disability • Stafford County residents who are age 60 or older and have a low income or are socially disadvantaged • Stafford County residents who are age 60 or older • Stafford County residents who are age 60 or older and have a low income or are socially disadvantaged and their spouses
Rappahannock Area Council for Children and Parents	• Provides education and primary support to parents in a client-friendly atmosphere where families can access community services in a confidential, non-judgmental environment • Offers education in nurturing parenting styles focusing on creating a nurturing, thriving environment within the family structure • Provides a unique place for men to hear, express, and learn effective ways to handle the stresses of being a father • Provides assistance and education to incarcerated parents	• Stafford County residents in a parenting role • Stafford County men in a fathering role • Stafford County residents who are incarcerated parents

AVAILABLE HUMAN SERVICES BY AGENCY – Partner Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICE POPULATIONS
Rappahannock Area Court Appointed Special Advocates	• Advocates for the best interest of abused and neglected children • Recruits, trains, and supports everyday citizens appointed by judges to advocate for the safety and well-being of children who are before the court due to parental abuse and neglect	• Stafford County residents who are between the ages of 0 and 18 • Stafford County residents who have been appointed by a judge to be an advocate
Rappahannock Area Office on Youth	• Provides education-based, group services to at-risk and court-involved youth • Provides community service opportunities to youth who are court-involved • Promotes agency collaboration around youth and family issues	• At-risk and court-involved youth ages 12-18
Rappahannock Big Brothers Big Sisters	• Helps children overcome negative odds that keep them from becoming successful adults • Provides a one-to-one mentoring program with carefully-screened adults and at-risk children	• Stafford County children between the ages of 6 and 13 who are facing some sort of adversity and are recommended to the program by social workers, guidance counselors, teachers, or other concerned adults
Rappahannock Council Against Sexual Assault	• Provides general education, prevention, and intervention about sexual violence • Provides a 24-hour hotline and hospital accompaniment service for crisis phone support, physical evidence recovery information, medical and law enforcement referrals, counseling services, and other forms of support • Provides a variety of educational and outreach services and presentations to the general public and allied professionals	• All Stafford County residents
Empowerhouse	• Provides a domestic violence shelter that offers safe emergency residential housing for the safety and protection of victims of domestic violence and their children • Provides a 24-hour domestic violence hotline for local access to workers trained to aid with domestic violence issues • Provides children impacted by domestic violence with age-specific programs and groups to assist with any issues that arise as a result of the domestic violence • Offers risk assessment, safety planning, support systems, education, and advocacy for adults impacted by domestic violence	• Stafford County residents, primarily females, who are the victims of domestic violence • Stafford County residents who have been affected by domestic violence in some way • Stafford county children between the ages of 0 and 17 who have been impacted by domestic violence • Stafford County adults who have been impacted by domestic violence in some way
Rappahannock Emergency Medical Services Council, Inc.	• Provides general oversight and leadership for the regional coordination of the EMS system • Provides regional coordination and planning for the training needs of EMS providers • Provides annual EMS certification testing programs • Provides yearly public education programs in partnership with EMS agencies	• Stafford County EMS licensed agencies • Stafford County EMS agency providers, healthcare professionals, and students at least 16 years of age • Stafford County residents who are at least 16 years of age and are enrolled in and completing initial EMS certification training courses • All Stafford County residents
Rappahannock Legal Services	• Provides free, high-quality legal services to indigent persons in civil legal matters • Produces a housing rights guide for tenants and landlords	• Stafford County residents who are under 125% of the Federal poverty guidelines • All Stafford County residents
Rappahannock Refuge, Inc. (Hope House)	• Provides homeless mothers and their children with safe housing and the opportunities for successful, independent living • Offers programs to improve the basic skills of families	• Stafford County women who have children or are pregnant and meet the Department of Housing and Urban Development's definition of homeless
Rebuilding Together (Christmas in April)	• Provides at no charge critically-needed home repair and rehabilitation services to qualifying low income and disabled homeowners • Provides renovations for basic housing needs	• Stafford County residents who are low-income homeowners and are elderly, disabled, or families with children •
SERVE, Inc.	• Provides emergency food assistance to families who are without resources and in need of food • Provides emergency financial assistance for families who are at risk of having their electricity disconnected, their water turned off, or their heating oil depleted.	• Stafford county families who are low-income and fall within the FAMIS poverty level guidelines
The ARC of Rappahannock	• Provides general support to all people with mental and developmental disabilities • Provides dental exams, x-rays, and cleanings to adults with intellectual and developmental disabilities • Covers expenses for additional dental treatment	• Stafford County adults with intellectual and/or disabilities

AVAILABLE HUMAN SERVICES BY AGENCY – Partner Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICE POPULATIONS
	• Provides general oral care education	
Thurman Brisben Homeless Shelter	• Provides at-risk and homeless men, women, and children with appropriate and essential shelter and services • Provides direct and residential services to people who are homeless and are willing to become a productive member of society • Provides indirect services such as GED assistance, job help, and financial assistance	• Stafford County residents who are homeless or at risk of becoming homeless
Volunteer & Information Services of the Rappahannock United Way	• Educates low to moderate-income workers about tax credit eligibility • Provides free tax preparation services • Provides financial literacy education • Informs families about local resources, services, and programs available to assist them with various needs	• Stafford County residents who have low to moderate incomes • All Stafford County residents and local businesses, churches, schools, nonprofit organizations, and public and private service providers serving individuals and families in need

AVAILABLE HUMAN SERVICES BY AGENCY – Community-Based Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICES POPULATIONS
Alzheimer's Association Fredericksburg	• Support Groups • Caregiver workshops • Educational community workshops • Respite care scholarships • In- service training for caregiver staff of residential communities and other programs needing Alzheimer's education	• Alzheimer's patients • Families • Caregivers
American Cancer Society Greater Fredericksburg Leadership Counsel	• Information, guidance and referrals to cancer patients and their families • Education to the community	• Cancer patients • Family members/care takers • And any individuals seeking information
American Red Cross Rappahannock Area Chapter	• Disaster services • Community education • CPR/ First Aid • Babysitting • Water safety courses • HIV/AIDS education • Social services/humanitarian law education • Holiday assistance • Blood donation	• Victims of disaster • Service to members of the military and their families • All County Residents
Bethany Christians Services	• Pregnancy counseling • Adoption and interim foster care • Pregnancy tests and ultra sounds • Relationship education for unmarried/pregnant couples	• Any age • Pregnant women • Unmarried couples
Birthright of Fredericksburg	• Pregnancy tests • Maternity and baby clothes • Referral medical help • Adoption • Pre-natal information	• Women faced with unplanned pregnancy
Bragg Hill Family Life Center	• Mentoring and tutorial support for youth • Health and nutrition awareness • Food assistance	• All County Residents

AVAILABLE HUMAN SERVICES BY AGENCY – Community-Based Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICES POPULATIONS
	• Community meals • Senior adult activities • Sports programs • Computer literacy classes • Financial literacy classes • Referral source	
Bridges Senior Care Solutions	• Coordination of community resources • Needs assessment • Public/private guardian and conservative services • Crisis intervention • Care for the elderly and intellectually disabled	• Anyone 18 years and older
Caroline Christian Health Center	• Primary care service for children and adults • Acute care for minor injuries and illness • Management of chronic disease • Immunizations • Well examinations • Child and adult health screenings • Prenatal care and routine pregnancies	• All who live in the City of Fredericksburg, Caroline, King George, Spotsylvania, and Stafford
Cancer Center of Virginia- A services of Mary Washington Healthcare	• Radiation therapy treatments • Psychosocial support • Brief counseling • Ongoing support groups • Educational programs/materials • Annual prostate screening	• Anyone with cancer who needs these services
CC Hospice and Home Health	• Health and home care • Physical therapy services • Senior services • Support groups	• Medicare • Medicaid • And private insurance hospice
Catholic Charities of the Diocese of Arlington Inc. Fredericksburg Branch	• Mental health counseling • Adoption home studies • Pregnancy counseling services • Emergency baby needs closet • Spanish speaking services	• Age 2 to adulthood
Central Virginia Housing Coalition	• Assistance for low to moderate income families to achieve home ownership • Housing choice Voucher program • Emergency grant funds for families facing eviction	• All County Residents
The Childcare Network	• Free referrals to local childcare and preschool programs • Information and resources on child care regulations • Training classes for those who work with children	• All County Residents
Children's Home Society	• Birth and parenting counseling • Adoption services • Foster care	• All County Residents
Comfort Keepers	• Companionship • Meal preparation • Laundry • Help with bathing	• 18+ • Elderly • New moms • Post Op patients

AVAILABLE HUMAN SERVICES BY AGENCY – Community-Based Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICES POPULATIONS
	• Dressing • Transportation • Grocery shopping/errands • Incontinence care • Feeding and helping with transferring	
Community Health Center of the Rappahannock Region	• Primary care-physicals, immunizations • Chronic Disease Management • General dentistry • General behavioral health services	• All County Residents
Crossing Therapy Center	• Adult substance abuse treatment • 12 step program • Relapse prevention and education	• Adults struggling with substance abuse issues and/or mental diagnosis
Department of Rehabilitative Services	• Physical and psychological evaluations • Vocational evaluation/training • Guidance and counseling • Physical and mental restoration services • Maintenance and transportation • Interpreter and note taking services • Job placement assistance • Supported employment services	• Those with a Disability or Barrier
Diabetes Management	• Ind. Consultation • Group classes and support groups • Educators that provide support to pregnant women and children and those dependent on insulin • Free community screenings	• Age 5 and older
Eldercare Connections	• In home assessments and evaluation • Insurance counseling • Arrangements and monitoring of home care services and/or adult care services • Evaluation of housing needs • Long distance care giving support and frequent updates	• Seniors and/or disabled
Family Innovations Inc. "SPARE"	• 5 hour divorce education class	• Anyone who is experiencing separation or divorce
Fredericksburg Area HIV/AIDS support services	• Medical case management, transportation • Food assistance • Rent and utility assistance • Medications assistance • Advocacy • Support groups • Prevention and health education • Free confidential testing	• HIV positive
Fredericksburg Area Lupus Branch of Central VA	• Telephone counseling and bi-monthly meetings	• Lupus patients, friends, and family
Fredericksburg Area Sickle Cell Association	• Counseling • Testing of at-risk individuals • Disperse educational material	• Infant to adult

AVAILABLE HUMAN SERVICES BY AGENCY – Community-Based Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICES POPULATIONS
Fredericksburg Christian Health Center	• Health care service to those who live under 200% of the federal poverty level	• Uninsured and based on income
Fredericksburg Counseling Services	• Counseling • Support groups depression and anxiety screenings • Mental health screenings • Information and referrals	• Uninsured and 200% below poverty
The Greater Fredericksburg Habitat for Humanity	• Build new housing for eligible low income families living in inadequate and substandard housing	• Have low income and inadequate housing
Fredericksburg Refugee Service	• Help refugee's apply for social security cards, food stamps, Medicaid, school registration, employment, and complete applications. • Cultural orientations • Nutritional programs	• Refugees or those seeking asylum
Fredericksburg Regional Boys and Girls Club	• Academic and recreational programs	• 5-17 year olds
Fredericksburg Senior Citizens Association	• Plan trips and activities • Craft group • Bridge club • Canasta groups • Monthly news letter	• 55 years young
Garrison Woods After School Program	• Youth Programs • Adult Programs • Social Services Coordinator • Computer Learning Center	• Residents of the Garrison Woods Area
Haven Shelter and Services	• Court and ER accompaniment • Case Management • Community Outreach • Advocacy • Crisis intervention • Information and referral • Safe shelter • Support groups	• Victims of domestic violence
Heart- to-Heart	• Support groups • Education	• Anyone with heart disease or family member
Home Instead Senior Care	• Companionship • Light housekeeping • Meal preparation • Sitter service • Medication renders • Dementia Care	• Individuals in need of care
Home Opportunities Made Economical, Inc. (HOME)	• Low income housing and housing for disabled person	• Low income individuals
Homeless Prevention and Rapid Re-Housing Program	• Temporary Financial Assistance • Housing relocation • Stabilization services	• Individuals and families at risk of becoming homeless or already experiencing homelessness
Hospice Support Services	• Transportation • Arrangement of loaned equipment • Bereavement support to families	• People with a life-threatening or terminal illness

AVAILABLE HUMAN SERVICES BY AGENCY – Community-Based Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICES POPULATIONS
	• Provide some supplies to patients	
Housing Opportunities Made Economical, Inc.	• Provides economical housing to persons with disabilities and general public	• All County Residents
Lions Club	• Free eye exams • Provides glasses/ hearing aids	• Social Service referrals
LUCHA Ministries, Inc.	• Emergency assistance • Counseling and pastoral care • Spiritual guidance and assistance with basic human needs • Cultural awareness workshops/trainings	• Hispanic population
Middle College at Germanna	• GED preparation • College credit through preparation for Employment classes • Develop job skills • Earn a career readiness certificate	• Students age 18-24
NAMI	• Support and advocacy group for families and friends of the mentally ill • Education • Support	• All County Residents
Stafford Junction	• After school programs • Health and safety day • Weekend/summer outings • School supplies as needed	• Youth in Stafford County
Open Hand of Fredericksburg	• Summer Youth Work Program • Preparation for Readiness Education Program	• High school youth and adults
Quinn Rivers Agency for Community Action	• Homeless prevention program • Assist people facing short term crisis situation late rent or mortgage payments • Reverse mortgage counseling • Mortgage delinquency counseling	• Residents below 80% area median income and facing a definable crisis situation that is short term
The Westwood Clubhouse	• Vocational transition program • Exploration of vocational interests • Work designed to help members regain self-worth and purpose • Supportive network of peers • Individualized service planning • A focus on modern technology skills • Development of general work skills • Community outreach opportunities • Food preparation and safety skills • Tasks focused on individual living skills	• Westwood Clubhouse Members must reside in Fredericksburg or the counties of Stafford, Spotsylvania, King George, Caroline, Fauquier or Culpeper County. • Members must be 18 years or older with a documented acquired brain injury. • Members must be able to manage self-care. • Members must be able to take medication independently. • Members must be able to participate with minimal structure and supervision. • Members must be motivated to make progress toward personal and programmatic goals. • Members must not pose a threat to the health/safety of the clubhouse. • Members must be receiving case management services from BIS
Sena Foundation	• One-on-one sharing • Support groups • Workshops • Volunteer and caregiver training • Television Series • Quarterly magazine	• Persons experiencing grief and loss in all stages of life

AVAILABLE HUMAN SERVICES BY AGENCY – Community-Based Agencies		
AGENCY	HUMAN SERVICES RELATED PROGRAMS	SERVICES POPULATIONS
The Salvation Army	• Humanitarian Services- emergency shelter, food, clothing, shoes, medical supplies, utility payments, and toys for needy persons • FEMA recipient organization • Energy Share	• Seniors • Low-Income • Veterans
Safe Harbor Child Advocacy Center	• Child Interviews • Case Management, Victim Advocacy • Linkage with mental health agencies • Medical/exams • Crisis response • Court support, Assistance with accessing criminal injuries compensation	• Children of sexual abuse, severe physical abuse, severe neglect or have witnessed a violent crime
USDA Rural Development	• Rural loan and grant making program, Agricultural loan program • Home ownership and credit services • Financial assistance • Home repairs	• All Citizens- eligibility based upon income and repayment ability
Rappahannock Goodwill Industries, INC.	• Vocational Services including: supported employment, job readiness skills training, assessments, work adjustment training, extended employment services, day support services • Non-vocational services: community based day support, education, information and referral and rehabilitation • Job Help Center- keyboarding, basic computer usage, career planning • Situational assessment and work adjustment training	• 18 years to adult, must be sponsored by referral agency. Program eligibility is specific to various program s. Some programs specifically geared toward person with disabilities but are open to the public.
Rappahannock Area YMCA	• Youth Camps • Adult sport leagues • Parent-tot development • Athletic swim • Special education for the mentally handicapped • Racquet ball • Weight training, Aerobics	• All with membership- senior, family, individual, youth and college memberships are available
Rappahannock Area Regional Adult Education Center	• GED Preparation • High school credit completion • English speakers of other languages • External diploma program • Classes for adults 18 years and older	• 18 years or older

AVAILABLE HUMAN SERVICES BY AGENCY – Faith-Based Agencies		
AGENCY	Location /Phone Number/Hours of Operation	TYPE OF ASSISTANCE
Abundant Life Assembly of God	200 Onvillle Road/ 720-2437/ 1st, 3rd Wednesday each week 5:00 pm-6:00 pm	• Food Pantry
Agape Fellowship Ministries	26 Perchwood Drive/657-5771/Tuesday, Thursday 7:00 pm-9:00 pm Monday, Tuesday, Wednesday and Saturday by appointment	• Food Pantry
Antioch United Methodist Outreach Pantry	138 Kellogg Mill Road/752-5368/ Thursdays 3:00 pm- 6:00 pm	• Food Pantry/Food for Life
Aquia Episcopal Church	Rt. 1 & 610/659-4007/ Tuesday to Friday 8:00 am to 5:00 pm	• Financial Assistance
Emmanuel AME Church	240 Chatham Heights Road/752-5368/ 2nd and 4th Saturday 10:00 am-2:00 pm	• USDA Food Pantry
St. Peter's Lutheran Church	1201 Courthouse Road, Rte. 630 east of 195/659-6366/Monday's 10:00 am -12:00 pm	• USDA Food Pantry- 1x monthly/ Partners with Stafford Department of Social Services
Triangle Baptist Church	4345 Inn Street/ 703-221-7191/ Tuesday 11:00 am-12:00 pm	• Food Pantry
Trinity Fellowship International Church	181 Kings Highway, Suite 133/379-2024/ Thursday 5:30 pm-6:30 pm	• Food Pantry

SERVICE WORKLOADS		
County Departments	**Representative Workload Statistics**	
Stafford County Human Services Office	Comprehensive Services Act, youth served: Group Home Placements at CYC:	195 8
Stafford County Department of Social Services	Lobby traffic (visitors): Abuse cases: Food Stamps (SNAP) – Recipients: Medicaid – Recipients: TANF – Recipients: Energy Assistance – Recipients: Child Day Care - Children: Children in Foster Care: Child Protective Services – total calls received: Adult Services – calls received:	24,622 552 13,924 13,088 1,799 4,549 300 79 1,133 407
Stafford County Citizen's Assistance	Total number of County volunteers: Total number of County volunteer hours reported:	78 12,926
Stafford County Parks and Recreation	Numbers of classes offered: Number of participants:	3,330 155,180
Stafford County Public Schools	Enrollment in Elem/Middle/High for: Enrollment in PreK for: Enrollment in outside placements: Special education population: Total in home schooling:	25,871 339 65 2,508 696
Juvenile Court Services (Stafford County)	Pre-dispositional Services: Post-Dispositional Services and Monitoring: Judicially Ordered Probation Supervision: Judicially Ordered Unsupervised Probation: Committed to Dept. of Juvenile Justice: Community Parole Supervision: Reports and Assessments: Probation and Parole Contacts: Outreach Detention/Electronic Monitoring: Truancy/Attendance Supervision: Community Service Supervision: Stop Thief Education: Parent Orientation to Probation: Anger Management Group: Intensive In-home Counseling: Shelter Care Service Placements at CYC: Civil Intake Petitions Criminal Intake Petitions Substance Abuse Screenings Substance Abuse Assessments	304 164 148 12 9 9 90 5699 174 0 4 1 0 22 0 13 3396 1378 23 40
Virginia Cooperative Extension (Stafford County)	Agriculture and Natural Resources served annually: 4-H Youth Development: Smart Choices Nutrition Education Program served annually:	
Intergovernmental Agencies	**Representative Workload Statistics**	
Central Rappahannock Regional Library	Total Registered Borrowers: Total Active Borrowers: Total Circulation: Attendance at classes & events: Computer checkouts: Research questions: Visitors:	184,050 184,050 9,827,151 49,995 251,829 867,626 2,977,364
Community Corrections and Pretrial Services	***Pretrial Services*** Average daily caseload: Average length of supervision, in days:	 324 76/126

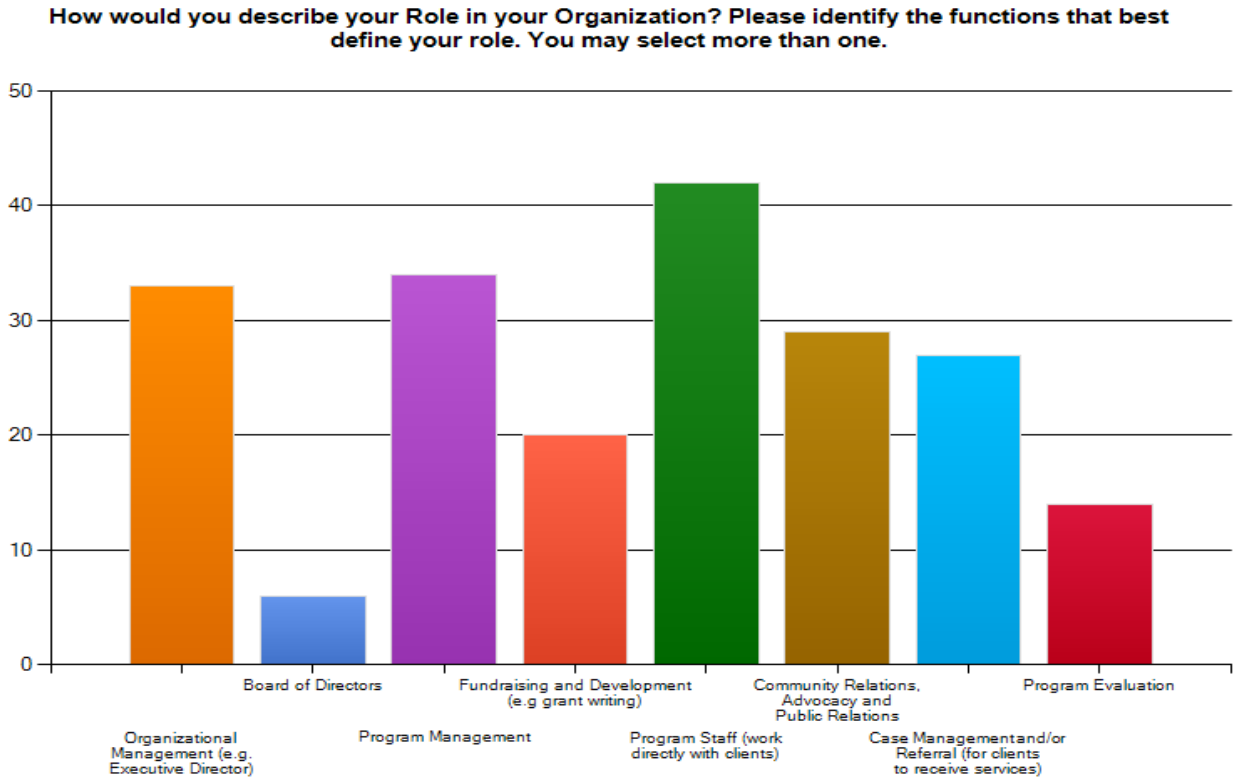
	misdemeanors/felonies ***Community Based Probation (Community Corrections)*** Average daily caseload: Average length of supervision, in days: misdemeanors/felonies	 920 203/219
Rappahannock Area Office on Youth	Stafford children served - CHINS program: Total children served - Anger Management Program: - From Stafford Total involved – Community Service Program: - From Stafford Days served in Stafford County Total served – Restorative Justice Program: - From Stafford Total served – Substance Abuse Services Program: - From Stafford	27 89 - 17 262 - 103 21 77 - 31 158 - 34
Rappahannock Area Community Services Board	Total residents served – Mental Health, Intellectual Disability & Substance Abuse: Additional served through Prevention Programs: MR (Intellectual Disability) Case Management served annually: Residential MR Program served annually: Stafford residents waiting for ID Residential Services: Day Health and Rehabilitation served annually – Rappahannock Adult Activities, Inc.: Supported Employment served annually: MH Adult Counseling served annually: MH Adult Case Management served annually: MH Child Counseling served annually: MH Child Case Management served annually: Community Education served annually: - DARE To Be You - Rappahannock Area Kids on the Block - Second Step - Too Good For Drugs - Project LINK Crisis and Acute Care served annually: - Crisis Stabilization - Emergency Services Early Intervention (Parent Education – Infant Development Program): Infant and Child Support Coordination (0-36 months with development delays):	 3,893 3,237 241 27 56 44 0 1,039 361 364 18 3,237 - 89 - 2,618 - 383 - 12 - 155 654 - 61 - 593 241 227
Rappahannock Area Health District	Food inspections: Educational sessions: Septic Applications: Well Applications: Subdivision Reviews, lots: Clinical Programs, patients served: Clinical programs, patient encounters: WIC – clients served: Unduplicated clinical clients: Clinical visit count:	441 14 308 163 55 2,643 5,057 3,361 2,645 5,057
Rappahannock Juvenile Center	Stafford children housed: Total number of days the children were housed:	516 6,541
Partner Agencies	**Representative Workload Statistics**	
DisAbility Resource Center	Total people served – Core Independent Living Services: - From Stafford Contacts made through Community Education: Contacts made for information and referrals: Presentations and workshops:	2,155 - 429 231 1,456 124

Fredericksburg Area Food Bank	Estimated number of food insecure people in Stafford: Total partner agencies: - Serving Stafford Food distributed in Stafford in pounds: Food distributed in Stafford in meals:	9,760 74 - 13 313,420 250,736
Healthy Families Rappahannock Area	Total family screens completed: - From Stafford Total assessments completed: - From Stafford Total home visiting services performed: - From Stafford	488 - 144 102 - 28 63 - 19
Hospice Support Care	Total people served – Children/Teen Bereavement Program: - From Stafford Total children who participated in support groups:	64 - 32 47
Lloyd F. Moss Free Clinic	Total unduplicated clients served: - From Stafford Total patient visits: Total volunteers: Total volunteer hours of care:	1,948 - 514 10,833 514 24,218
Mental Health America of Fredericksburg	Total people served – Senior Visitors Program: - From Stafford Total educational outreach events – Senior Visitors Program: Total people educated – Senior Visitors Program:	454 - 106 20 2,217
MICAH	Total number of people served: - From Stafford Total number of bed nights in shelter:	144 - 42 1,787
Northern VA 4-H Educational and Conference Center	Stafford children attending 4-H camps:	101
Piedmont Dispute Resolution Center	Stafford citizens served:	372
Rappahannock Area Agency on Aging	Total people served – Transportation Program: - From Stafford Total trips made – Transportation Program: - For Stafford citizens Total people served – Homemaker Program: - From Stafford Total hours – Homemaker Program: - For Stafford citizens Total people served – Information and Referral Program: - From Stafford Total people served – Nutritional Program: - From Stafford	242 - 52 32,676 - 7,243 96 - 9 6,130 - 546 2,171 - 404 485 - 92
Rappahannock Area Council for Children and Parents	New Programs: Total people served: - From Stafford	3 456 - 133
Rappahannock Area Court Appointed Special Advocates	Total number of children served: - From Stafford Total number of children served who were placed in safe permanent homes at program closure: Total foster children served who were placed in safe, permanent homes:	155 - 24 51 11
Rappahannock Big Brothers Big Sisters	Total children served: - From Stafford	293 - 92
Rappahannock Council Against Sexual Assault	Total clients served – Intervention Services/Crisis, Case Management, Legal Advocacy, Counseling Services: - From Stafford Total services/events provided – Education, Prevention, Training and Outreach Services: - From Stafford Total participants:	891 - 229 75 - 17 3,775

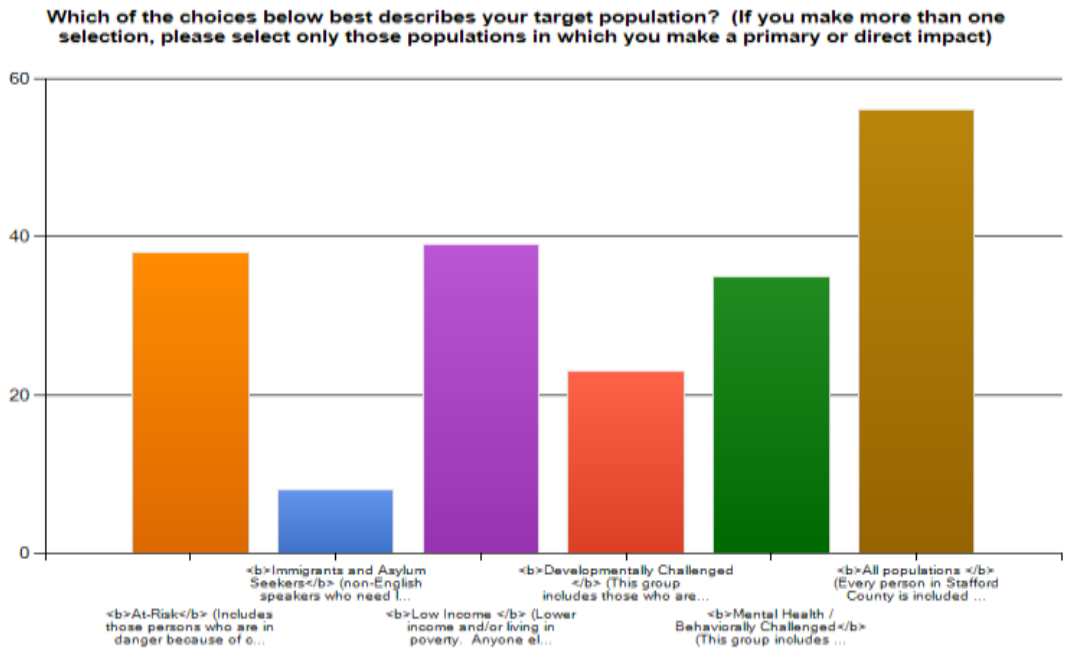
	- From Stafford	- 700
Rappahannock Council on Domestic Violence	Total adult women sheltered: - From Stafford Total domestic violence hotline calls: - From Stafford Total children served: - From Stafford Children sheltered: - From Stafford Children provided with education/support groups: Total adult victims served: - From Stafford Victims assisted in area J&DR courts:	127 - 19 1,267 - 295 276 - 91 115 - 41 116 753 - 244 407
Rappahannock Emergency Medical Services Council, Inc.	Total people served – Regional Coordination of EMS System: - From Stafford Total students served – Regional Education/Training & Simulation Center: - From Stafford Total people certified – Regional EMS Certification & Testing: - From Stafford Total people served – Community Awareness & Outreach: - From Stafford	23 - 7 641 - 172 678 - 143 2,296 - 376
Rappahannock Legal Services	Total people assisted with legal services: - From Stafford	1,555 - 271
Rappahannock Refuge, Inc. (Hope House)	Total people served – Hope House Transitional Housing Program: - From Stafford	55 - 16
Rebuilding Together (Christmas in April)	Total people served: - From Stafford	307 - 20
SERVE	Total families - Emergency Food Pantry: - From Stafford Total family members – Emergency Food Pantry: Total families – Emergency Financial Assistance: - From Stafford Total financial assistance, dollars: Total clients receiving USDA food: Senior Citizens or Disabled receiving food boxes: Total food distributed, tons:	2,862 - 1,751 8,044 218 - 133 29,887.29 1,555 103 95.7
The ARC of Rappahannock	Total dental clinics operated: Total people served in dental clinics: - From Stafford	9 102 - 20
Thurman Brisben Center	Total unduplicated households served: - From Stafford Total unduplicated clients served: - From Stafford Total individuals and families turned away due to lack of space: - From Stafford Total families receiving financial assistance to prevent homelessness: - From Stafford	561 - 135 736 - 173 402 - 69 79 - 17
Volunteer & Information Services of the United Way	Total people served – Tax Program: - From Stafford Total people served – Information Services: - From Stafford	902 - 342 31,898 - 7,925

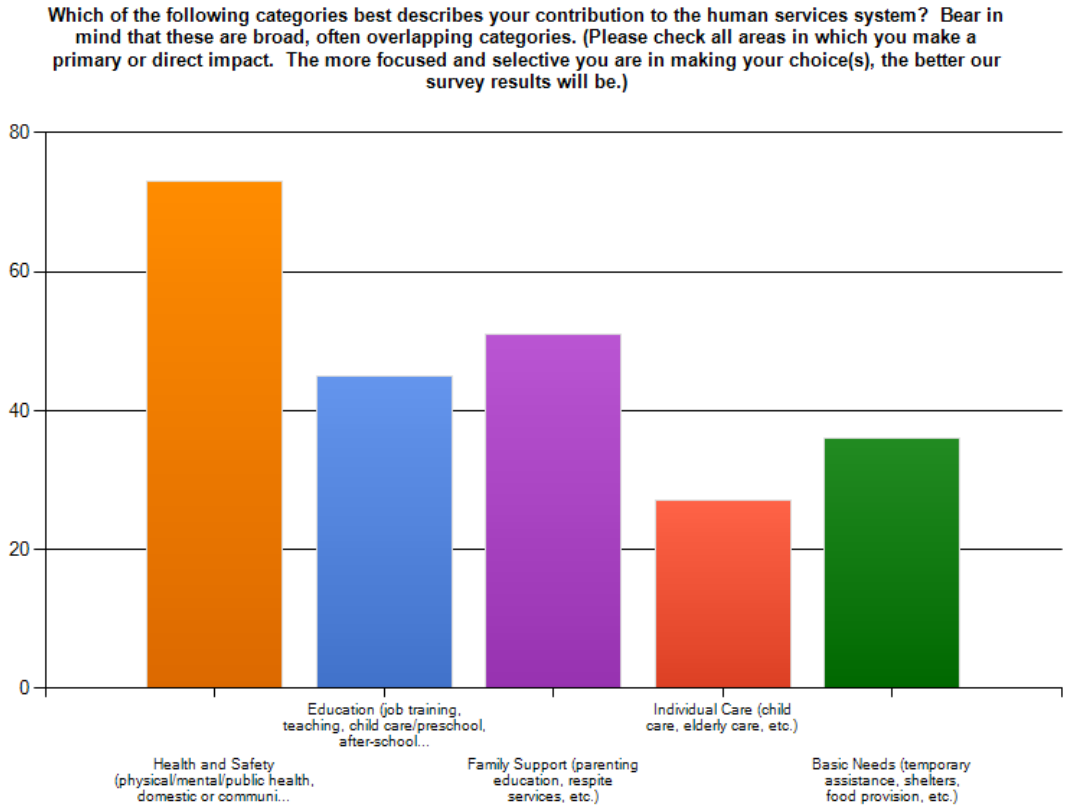
SURVEY RESPONDENTS FROM SURVEY 1

Survey Respondents were also asked about their individual roles within their organizations. This is important to document because it helps reveal the underlying perspectives of the respondents. Here again a very diverse array of stakeholders participated in the survey, providing results with greater credibility since no one type of stakeholder dominated feedback. It was particularly beneficial for survey results to obtain so much feedback from individuals that work directly with recipients of human services.



The initial survey also requested information regarding the geographic target for each respondents programming. While several townships within the County were the principal area of impact for some respondents, the vast majority (87.2%) served the entire county of Stafford. In addition, the survey sought to understand what types of clients the responding organizations served. The chart below provides evidence that the issues of concern to many types of populations in Stafford were represented in the survey.





The final graphic, above, provides additional insight into the types of services provided by respondents. Here, too, there is demonstrated diversity in the 'fields' of service represented, with a predominance in Health and Safety, that mirrors the County's range of service.

FULL RESPONSES FROM SURVEY 1

Respondents were asked a series of open-ended questions. The responses are listed below each question.

Question 1: In your opinion, what are the greatest strengths of human services in Stafford? What is going well for the County and its residents?

- *The commitment of the staff coupled with their experience.*
- *The People. DSS employees are professional, loving and caring*
- *If you live in North Stafford you live like kings, if you live in South Stafford, well we might as well be residents of Fredericksburg,*
- *Resources that assist our clients and how they network together to provide this assistance.*
- *Human services are provided by both private and public providers. There is good communication between service providers and a genuine concern for individuals and families served.*
- *Collaboration of resources and efforts of each organization to serve*
- *Human Services staff that are familiar with available resources in the community and the ability to access those services.*
- *Routine human services.*
- *Unsure,*
- *Many agencies have formed partnerships with one another for referrals. There is a hospital there with accessible services.*
- *Attentive personnel.*
- *BASED ON MY EXPERIENCE THE HUMAN SERVICE AGENCIES OPERATING IN STAFFORD COUNTY WORK WELL TOGETHER AND SUPPORT EACH OTHERS EFFORTS TO PROVIDE MAXIMUM SERVICE FOR COUNTY RESIDENTS. COUNTY GOVERNMENT HAS PROVIDED REASONABLE FINANCIAL SUPPORT TO MY AGENCY TO ASSIST IN OUR EFFORTS TO SERVE THE LOW-INCOME, AT-RISK SEGMENT OF THE SENIOR POPULATION.*
- *Stafford DSS. Some of the mental health agencies.*
- *Stafford County funding of substance abuse services for court-involved youth, funding prevention services, and advocacy for improving the juvenile system and prevention services.*
- *Job opportunities; high average income*
- *Caring Case Workers and Directors at the Stafford Co. DSS. People really do seem to be compassionate about helping families in need.*
- *I do not know enough about Stafford to answer this question*
- *There are excellent, flexible and affordable parenting classes.*
- *The willingness to reach out to those providing services; providing opportunities for people to volunteer.*
- *I am not very knowledgeable about all Stafford Human Services*
- *There is a number of county staff who are very kind, treat people with consideration and dignity, and more. The Department of Social Services does a very good job. There are times I wish more could be done, but I also understand about limited funding for services. The Assistant Director of DSS is very helpful.*
- *There are some excellent programs offered to the residents of Stafford County. It is a community that cares about its citizens.*
- *There are variety community resources that meet the needs of our county.*
- *I am not sure because I am not a resident of Stafford County and have not needed to use any services. I am familiar with the Victim Witness and I think that they might do a good job.*
- *Communication among the various youth serving agencies.*
- *Dedicated and supportive families and teachers in the county*
- *Individual care and concerns*
- *RACSB presence in Stafford County, also availability of DSS.*
- *A well-trained, professional human services workforce across multiple disciplines. A commitment to excellence. Creativity to provide top notch services on a limited budget. A low unemployment rate and a relatively small percentage of residents living in poverty.*
- *Compared to other places I have seen Stafford does a better job of identifying appropriateness of service.*
- *The availability of services through RACSB.*
- *Great collaborative agencies, services already developed and in place,*

- *Human services in Stafford is lacking in the following areas - drug and alcohol treatment for teens and adult population,*
- *Professionals we work with in the government sector seem open and amenable to feedback. They communicate a need and commitment to improving mental health services.*
- *Not particularly familiar with this area.*
- *From what I understand, the public assistance side of social services is responsive to the needs of their clients.*
- *Stafford County Public Schools are a strong point for the County.*
- *Several dedicated and caring civil servants in the Sheriff and Commonwealth's Attorney's offices.*
- *Have not been employed county long enough to answer this question*
- *The people of Stafford County are good, caring, giving and supportive community. The Stafford county Staff.*
- *Concern for young people.*
- *Development and education of preschoolers, i.e. Head start program*
- *The services are well organized. It is helpful to have a point person in Donna Krauss who provides clear leadership. The Department of Social Services provides a live person to respond to CPS reports and follows up appropriately.*
- *Stafford County is a wealthier community and thus has the funds available to meet the needs of its residents. They have a real variety of resources available and make great use of them to meet the needs of the residents.*
- *Quickly responsive.*
- *Stafford County recognizes the need to support non-profit organizations that adjunct and expand the services the county provides.*
- *Stafford County is an affluent County. The Public Safety entities do a very good job. The Public Health Department serves as many residents needing are that they can accommodate in their limited space. The school system is good.*
- *The Health Department seems to be fulfilling its mission.*
- *Stafford County DSS is a good community partner - works well with other nonprofits and human service agencies in the wider community. Good networking and sharing of resources.*
- *Availability of resources, coordination of services within the government*
- *The continued development of partnership outside of the organization in order to better serve the needs of the community.*
- *Well qualified staff, dedicated to serving Stafford County*
- *# of resources. Individual agencies' willingness to help. Coordination of efforts in crisis*
- *On the personal level, I never worked directly with Stafford County Human Services providers, with an exception of a small group that provided troubled youth direct services. I thought they did an amazing work trying to keep the individuals, their families and the community safe, but yet provided Human Services to these children and their families to allow a better family integration.*
- *Overall there seems to be adequate funding during most of the year.*
- *A great effort is made to coordinate services.*
- *A multi-disciplinary team staffs cases and helps develop a plan to assist families in need*
- *I don't know*
- *Variety of programs available*
- *Ability to work together*
- *Open mindedness of local government and willingness to locate essential community services within the county.*
- *Stafford has some wonderful library resources in Porter Library and England Run Library.*
- *Strong non-profit collaboration with Department of Social Services and the County.*
- *The Stafford County Sheriff's Office, Commonwealth's Attorney's Office, and Victim Assistance Program maintain a collaborative approach to preventing, investigating, prosecuting crime and assisting victims.*
- **Community Support, the 'Heart' of Stafford. *Local Governments support of non-profits. *Interest in Local Government to 'Know' what we working in this industry have to share about the community's needs; our client's reality, our support needs on their behalf and our insight. *A strong desire from the Stafford DSS to assist families in need they just are spread so thin that they cannot make as big a*

difference as they would like. The community suffers because of this. I have also heard that the reception desk area could use a lesson in client dignity and respect.

- *Many agencies already providing services to Stafford County, positive collaboration in responding to needs, a community awareness of what is needed.*
- *I am not aware of services to make an opinion of strength*

Question 2: What are some of the greatest challenges facing Stafford? What should we work to improve about our human services?

- *The continuing cut backs with regard to staffing.*
- *More funding. Better support groups*
- *Always a need for more mental health services within the criminal justice system to help reduce recidivism.*
- *From personal experience, citizens are treated like dirt. I was so ashamed when I took my daughter for services by the way she was treated by county personnel; her friend who accompanied us said she was treated in the same matter when she went in for services. I avoid all human services in Stafford and I have been a resident in White Oak for over 40 years. I use my experience to guide my staff to do just the opposite from what I experienced. We deal with low income people and they deserve respect as well.*
- *Limited transportation and to far of distance to certain resource such as VEC office.*
- *Population has increased dramatically and available services struggle to meet needs of individuals and families. Too few professionals and limited funding create a gap in services.*
- *Insufficient staff for the continuous growing population and need*
- *Human service agencies not fully cooperating with each other to plan for services when circumstances place agencies missions in conflict with each other.*
- *I receive many calls (at least 3 a week) from Stafford residents looking for housing assistance. This includes emergency grant assistance for rent/mortgage, home repair, and well replacement. Stafford should consider developing a program to serve its residents in this regard.*
- *Unsure*
- *Affordable housing resources, transportation, safe, affordable child care to parents needing to be employed,*
- *Growth of needy populations. Improvement is needed in achieving adequate communication between the Human Services organizations and the public.*
- *the greatest challenge facing the Rappahannock area agency on aging is the need for adequate funding to provide continued support services for existing clients and to have the resources that will be required to deal with the retirement of the baby boomers in Stafford and throughout planning district 16. Due to current economic conditions causing uncertainty about sufficient support from both the federal and state level the question for the future is whether the local governments can or will be able to make up the difference.*
- *Using community resources like the CASA program in order to provide an independent set of eyes and ears to the court with regard to issues of children at risk in the county. Children who are at risk for abuse and neglect and those who are being served under CHINS (services), protective orders.*
- *Population growth. Services for those for whom English is not the first language. Services at RACSB are inadequate; sessions are not frequent enough for children due to understaffing. Continued problems with substance abuse, poverty, and housing. Few doctors to provide ongoing care for those without health insurance; respite services for special needs children*
- *No youth survey data which makes it difficult to identify risk and protective factors for county youth.*
- *Those in income brackets who aren't eligible because of income, but don't make enough to provide all the basic needs. Housing costs are still high for most middle/lower income brackets.*
- *Too many cases and not enough case workers at the DSS.*
- *Growth and therefore, response to those in need of crisis as well as crisis prevention*
- *We desperately need housing (half-way programs) and labor opportunities for released inmates from RRJ, coupled with transportation to/from or onsite NA/AA meetings. Similarly, for older adolescents, there could be a live/work housing project that does NOT require FAPT funding. There is only Milepost 18, which most youths are unable to finance. Without such half-way houses, many youths disintegrate again upon release, simply by returning to their previous environment.*

- *I live in Stafford County and was a consumer of the Program for Teen Parents in 2005 at North Stafford High School. I am now an Intern for the program which now only covers Spotsylvania County. Living in Stafford and knowing many members of my community, I feel there is a great need for the Program for Teen Parents to return to Stafford County. The impact that it has on the teen parents is phenomenal.*
- *Population growth and the need to provide coverage to expanding groups of eligible individuals. Support collaborative efforts.*
- *See above*
- *Stafford and the surrounding counties need to address the lack of mental health providers. There are not enough for the number of residents who are in need of assistance. The other challenge is finding a way to lend financial support to nonprofit agencies that provide services in the county. Funds are shrinking and this can mean the demise of nonprofit.*
- *There are programs that are underutilized. I think we could improve our human services by maintaining more frequent and meaningful contact with one another. By doing so, we will be more keenly away or all that is available to the vulnerable citizens of our community.*
- *Some resources have been cut due to our economic times. The number of homeless families or more than one family living under one roof seems to be increasing. I feel one of our greatest needs in more staff are needed at our local Department of Social Services to meet the growing needs of our county.*
- *I cannot answer this except to say that there should be more communication between agencies that provide services.*
- *Funding of the services.*
- *Early identification and placement of individuals with ID need to be on the waiting list for services sooner.*
- *Public transportation lack of education and training for law enforcement officers on serving individuals with intellectual disabilities and children at risk*
- *Cutting support to important programs that aid the increasing aging population in the county. For example, funding was cut again to Metal health America of Fredericksburg for support of its Senior Visitors program. The effect of this is that while the Senior Visitors program is increasing in other governmental districts in the area, it is being frozen in Stafford.*
- *Lack of local homeless shelter and transitional housing.*
- *A greater awareness of human services needs with elected officials. A commitment to adequately fund human services organizations. A public transportation system that serves the entire County and can be used as a reliable means of transportation to and from work (frequency of routes and coverage area). Affordable housing for low-income residents.*
- *I have lived in Stafford County for over 25 years and have worked here for 2. My children were all educated in Stafford County public schools and they all received great educations and got into Virginia's best colleges. I think the economic stress that is currently facing the school system needs to be addressed, so the dollars we have are spent wisely and have the most impact on our kids. I have read of the need for a new high school in south Stafford. This may be true but then why have we spent so much money on refurbishing the old Stafford high school in recent years. This is a great example of what I feel is wrong with Human Services throughout the county and the country. delivery of human services has to become more directed, efficient and less wasteful.*
- *Staff*
- *More and more senior citizens are facing isolation, loneliness, insecurity, and fear. These feelings can easily lead to clinical depression. MHAF's Senior Visitor Program matches trained volunteers with isolated seniors. These volunteers enter the lives of seniors and help them laugh, learn, converse, engage in hobbies, shop, and enjoy life. Our agency is overwhelmed with request by, or on behalf of, seniors to accept new clients. This year Stafford withdrew its funding to MHAF to support the program. As a result we cannot accept new seniors from Stafford into the Senior Visitors program. We will do everything possible to not to withdraw services from those Stafford seniors we currently serve. Stafford should work to improve its human services by reinstating funding for this program.*
- *population is growing, agencies that provide services are getting more requests and are now underfunded to provide even the base services.*
- *Drug and alcohol treatment/education for teen and adult population - inpatient detox and 30 day programs. Also, after school programs for kids at risk.*

- *Financial cutbacks at state level in Medicaid covered rehabilitative services; Local Community Services Board that is territorial and not supportive/collaborative of private sector agencies. This has been common practice visible by overwhelming number of mental health care professionals. Stafford County should make efforts to collaborate with more efficient and ethical community based, private sector, mental health providers. The CSB is embedded in many aspects of consumer care that negatively impacts consumer choice and ability to access comprehensive care.*
- *Mobility and increase of population in Stafford County. Ability to fund for human services while not putting other areas needing funding at risk and also keeping taxes at a reasonable level.*
- *The only thing I have experienced relating to the human services is a lack of return phone calls left on the general voicemail. I, as a matter of fact, have called maybe a total of 3 times in the past, have not reached anyone and I have to date never received a call back. I found other ways to handle the situations and moved on. Stafford County has a very large population, but also a corresponding large number of individuals with mental health diagnoses. I think being sure this population is appropriately served is a tremendous challenge to maintain public safety.*
- *Expanded access to Health care Department of Social Services is so overwhelmed or inefficient that they cannot function effectively*
- *Prioritizing the funding of county and partner agencies so that struggling social service agencies are not left behind when the county focuses on business development. If the county does not support human services, the business climate will be adversely affected. Right now, it seems that the county is more focused on financially supporting new businesses than on supporting the essential work of human services.*
- *Have not been employed long enough to answer this question.*
- *Unemployment, over challenged/understaffed Social Services Department, Extreme conservative views from Stafford Government/board of supervisors. The Board of Supervisors.*
- *A general lack of early education for children. We are finding more, and more young people entering our program for a variety of reason.*
- *Transportation to services affordable housing*
- *N/A*
- *Sensitivity to the reality that your sister counties and city do not often have the resources afforded to Stafford County.*
- *Getting the word out to families about how to access services without having to identify a person to "represent" them or act as a case manager up front. The process itself to accessing services or funding can be very daunting for some families and I have had families say that they gave up because they could not get anyone to help them to help their family.*
- *Health care; low cost housing; transportation*
- *One challenge is the variety of increasing needs that residents of the county are facing with this current economic status. Many current needs are survival based related to finances, food, housing, health care.*
- *We need to provide a building to house multiple human services to enable them to work more closely together and to offer "one stop shopping" to the residents.*
- *increasing needs yet less staff; few services for older adults/seniors*
- *I see kids (and their families) who have a high intensity of need for more comprehensive wrap around services in the mental health area as well as with regard to respite for parents of children with disabilities. A number of the families in Stafford County are "transplants" who have no local support network upon which they can lean. This must be taken into account when planning services.*
- *Stafford Co sometimes seems to operate independently of the rest of the neighboring localities. Better regional approach.*
- *Diversity of population, growth*
- *The rapid growth of the County is a challenge. In order to keep up with needs, County leadership needs to recognize these needs and act accordingly.*
- *Maintaining current levels of public programs with declining budgets*
- *Communication amongst agencies providing services Lack of teamwork amongst agencies providing services Narrow definition of roles and responsibilities of agencies providing services Lack of creativity in providing services particularly in light of budget cuts Lack of support from County Board of Supervisors. Board of Supervisors can create disparity and contention between agencies by how the*

Board uses funding. Lack of coordinated leadership. Same people are always on committees including steering committee for this project. Barriers to resources for consumers.

- *The interconnection with all different agencies.*
- *Running out of funds (management) at the end of the year. Wait list at the RACSB- accessibility. Availability of psychological evaluations for teens in a timely manner. FAPT members tend to have their own agendas, too many strong personalities Human Services staff can be very rude and condescending*
- *Finding the money to pay for services. Tracking expenditures from the beginning, there is a shift of financial responsibility from our school system to CSA. Payments for special education/private tuition assistance have increased more than 10 times.*
- *The team faces many challenges in balancing fiscal responsibilities, limitations, and services available to meet the needs of Stafford County residents.*
- *To provide "umbrella" services to address the whole family. It seems like many of our clients have numerous issues which require them to find resources through various agencies and go through complicated processes to receive assistance. A "one-stop" office, easy to get to, and encompassing the many issues at-risk and low income families have, would be ideal. Finding a way for all govt., private and non-profit service providers to work together to treat all facets of the family.*
- *Shortage of funding for programs*
- *Financing our service Needs.*
- *Procedural methods of social services are not conducive with the needs of lower-functioning individuals.*
- *One difficulty is a need to help low-income level families find enough affordable housing in Stafford.*
- *Assistance to individuals who are disabled, not working and surviving on $647/month. Accessibility may be achieved by putting into code a percentage of new housing must be accessible and affordable. Encourage new growth to include services to the unserved.*
- *One of the current challenges is providing mandated victim services to all crime victims with limited staff proportionate to increased crime. We are experiencing a high volume of domestic cases along with an influx of immigration issues. The need for court translators continues to increase as the diversity of our population changes.*
- **Growing low-income population. *Lack of low-income housing. *Section 8 waiting list is 3 years! *Lack of Social Service Case Workers and the number of clients in their case load. Especially in comparison to other counties in our district! *Client input needs to be heard, I don't know how much effort goes into this, but it is imperative to the communities low-income to voice their concerns. They are the ones that have so much to share! They need to be heard! *Affordable child care *Homelessness*
- *Reduction of funds for agencies to provide quality and quantity of services.*
- *I cannot speak to this as I am not aware enough of what services are provided*

Question 3: What are the greatest challenges facing young children in Stafford County? What are the greatest service gaps for young children?

- *Parents with drug and alcohol problems*
- *I work with Child Protective Services and see that our children need services to prevent abuse and neglect as well as services to address child abuse after it has occurred.*
- *Young children everywhere struggle with school readiness, especially those whose parents both work or are from "at risk" homes. Head Start and Stafford County preschools meet some of this need, but there is still a gap in helping transition children to school.*
- *not enough spaces for Head Start. lack of staff at PEIDs program at RACSB and only part time staff. Babysitting for children of working mothers or fathers. Over diagnoses of ADHD*
- *child sexual abuse, witnessing sexual abuse,*
- *Lack of opportunity for quality early childhood education for children living in poverty.*
- *same as other page*
- *At risk for sexual abuse and other forms of violence*

Question 4: What are the trends and threats that you see on the horizon (either for your program or the population that you work with) over the next 5 years?

- *Parents on drugs and alcohol*

- *As the population continues to increase the already overwhelmed CPS staff will not be able to provide adequate services to protect children, particularly the most vulnerable preschool children. Children may be seriously injured or killed.*
- *With the difficult economy, I suspect more families are finding that both parents must work and this trend can lead to an even larger gap in school readiness among the 0-5 population.*
- *Infant mental health as a new direction. No Medicaid or Social Security funding. Cancellation of all services for disabled and impoverished children and adolescents. Continued unemployment.*
- *increasing population with decreasing funds. Continued lack of understanding of the connection between child sexual abuse and longer-term mental health, substance abuse, physical health and spiritual deficits that result.*
- *Significant increase in the number of non-English speaking families.*
- *Continuing questionable economy and lack of resources.*
- *Same as the others…*

Question 5: What are the greatest challenges you face in delivering services to young children in Stafford County?

- *A full load!*
- *Limited staff and limited funding*
- *We are a relatively new organization and are working hard to make our presence and mission known in Planning District 16.*
- *Threats of loss of funding for the program. Parent's difficulty following through due to economic issues and time constraints due to work. Lots of under socialized little children.*
- *Lack of adequate funds to provide prevention programs and intervention services.*
- *Lack of adequate funding.*
- *2 parents working, kids in daycare so cannot attend programs lack of finances to do extra things everyone is too busy to value leisure activities for youth*
- *Enough resources to provide services.*

Question 6: Remember that this is an opportunity for us to learn about what can and should be changed. To that end, how would you describe your ideal early childhood services system in Stafford County? If you could change anything, what would it be?

- *Nothing I can think of at the moment*
- *Prevention services for families to include parent education beginning prior to a child's birth, good treatment options for parents experiencing domestic violence issues, substance abuse, or mental health problems. Support system for parents, affordable high quality child care.*
- *See number 1 above.*
- *More Head Start slots. Transportation. More early intervention services. More occupational therapy and speech therapy for children, ages 0-12 for families with Medicaid.*
- *For sexual abuse: prevention program in daycare centers, early childhood centers, parent education and support for abuse prevention.*
- *Expanded opportunity for all children ages 3 to 5 to be involved in a quality pre-kindergarten school readiness environment.*
- *Busses to take children from daycare to recreational activities…….?*
- *Increased prevention services in the schools*

Question 7: Some changes require significant additional resources, but what could be done to improve the early childhood services system in Stafford County with very little or no additional money?

- *Parent volunteers*
- *Provide funding to replace CPS staff position which was cut in 2011/2012 budget*
- *Without additional funding, it would be difficult to introduce new programs but if the existing early childhood programs could be expanded to accommodate more children that would help.*
- *Nothing*
- *Volunteers*
- *More creative, inclusive attitude on the part of the Department of Social Services.*
- *partnering with daycare centers to utilize our programs and recreational opportunities*
- *Increased volunteerism,*

Question 8: What are the strengths of the service system for children? What's going right in Stafford County?

- *Caring people*
- *Professional and caring service providers*
- *Head Start has a great program but limited spots.*
- *Some services are out there. Just not enough*
- *Agencies already in place that provide such services that just need help meeting the demands.*
- *Head Start is very effective - but it serves far too small a population*
- *Excellent programs/excellent people*
- *Great agencies that already provide services and collaborate*

Question 9: What are the greatest challenges facing youth in Stafford County? What are the greatest youth service gaps?

- *Drug and alcohol awareness and prevention*
- *Dental assistance*
- *Same as for pre-school age*
- *Greatest challenges include poor parenting, lack of employment programs and insufficient skills to live independently. Gaps in services include insufficient sex offender services, job placing/coaching programs and require parenting classes as part of receiving other services.*
- *Having a caring adult in their lives*
- *Not enough agencies doing assessments. Those providing are understaffed. Housing unemployment. Poverty, domestic violence, child abuse, exposure to parental substance abuse, gangs, and peer influences transportation issues*
- *Prevention services aimed at reducing risk factors for at-risk youth.*
- *Gang activity; drug use/distribution; fatherless households, entire families who are gang-affiliated. Also, undiagnosed/untreated mental/emotional disorders prior to drug use and/or entering Juvenile Detention. More mentor programs and publicly funded residential programs are urgently needed (according to the model of Milepost 18).*
- *Youth is Stafford County, I feel are bored. There are not very many after-school activities for them to participate in at school. If they do wish to participate in after-school programs there is a lack of transportation for them to return home. Many parents are working and unable to pick up their children. Even things for the youth to do in their neighborhoods would help tremendously. Community/Teen centers are needed.*
- *Youth are lacking positive outlets for their energy and need to feel valued and needed by their community. Service gap (after school programs for at risk youth), and a central youth center such as the Boys and Girls Club. Also desperately need a volunteer mentoring program for teens regardless of ability to pay. Service gap in prevention services.*
- *Collapse of family systems.*
- *Comprehensive special ed services in LRE that maximize potential but also address functional skills and community based opportunities.*
- *At-risk for sexual violence, dating violence, sexual abuse and the resulting issues that arise: truancy, pregnancy, drug use, mental health problems, at risk for further perpetration.*
- *Expediting youth mental health and substance abuse services. Funding is always a barrier and challenge.*
- *Adequate transportation affordable housing Character formation and workforce readiness training long-term mentoring relationships*
- *Children who are at risk because of poverty and/or limited English proficiency*
- *There is very little for them to participate in from a physical activity stand point unless they are a part of a user group. All fields and facilities such as pools cater to user groups which serve an elite part of the population that can afford the fees associated with them and the indirect costs associated with participation (uniforms, suits, travel, etc.). Childhood obesity is an epidemic, yet there is nowhere for them to go to exercise.*
- *Alternative accessible alternative after school programs, sports, culture, enrichment outside of school Lack of recreational facilities, parks and open "play" areas. The arts focus on building and economic growth vs. quality of life for citizens. Quantity vs. quality mentality*
- *Access to affordable healthcare and dental care, lack of health insurance, lack of transportation*

- *Access to transportation Access to employment Lack of mental health services for youth on Medicaid or without health insurance. Long waitlist at public mental health agency. Lack of psychiatrists accepting Medicaid. Public mental health agency requiring consumers to use satellite office in consumer's county but consumer may live closer and can get services quicker at main office. Would like to see a crisis stabilization program for teens to decrease need for inpatient psychiatric hospitalization*
- *I don't know them.*
- *Community based activities and facilities are sorely lacking in Stafford. If you do not have active involved financially solvent parents with transportation, you are hanging out in your neighborhood. Greatest youth service gaps seems to be two fold RACSB inadequately staffed to address issues in a timely manner DSS does not like to involve itself with teens, says they have no placement options for them, they are too old*
- *How to navigate our educational system and how to grow up in a society that does not value family life.*
- *I believe one of the greatest challenges for older youth is a lack of programming/options for children who will age out of the system and face homelessness. Due to developmental and environmental issues, children often opt not to remain in foster care to benefit from potential programs/services. Developmentally, they make choices (as do most young adults in their age category) based on unrealistic expectations and beliefs. However, due to the lack of a safety net (i.e.: family support), these young adults often face homelessness, lack of supportive services, and lack of resources.*
- *Lack of before and after school programs. Paucity of youth activities for weekends and summer (that are accessible to all income levels) Transportation to get to/from available programs. Greatest youth services gaps are for those children 13 - 18 and those "aging" out of the foster care system.*
- *Employment opportunities for those youth with low incidence disabilities. Long term job supports in community based employment.*
- *Prevention services. Ongoing Support Services - services that can meet the youths' needs on an ongoing basis after treatment or prevention services have been completed...we let go or youth too early*
- *Rates of sexual abuse, sexual assault and interpersonal violence. Sexual abuse and assault are directly linked to truancy, school dropout rates, pregnancy, and drug use.*

Question 10: What are the greatest challenges you face in delivering services to youth in Stafford County?

- *Getting children off the streets and into church and youth programs, especially sports programs*
- *Not getting the parents to understand to be wise in spending their SNAP benefits. No program to teach nutrition for our children.*
- *Same as pre-school age*
- *Retaining quality staff due to low salaries*
- *Financial support*
- *Worry every year about funding. Some HMOs do not pay for CDC evaluations. Parents who do not speak English.*
- *Staying on top of the latest youth trends regarding substance abuse. Being able to complete youth needs assessments on a consistent basis to ensure that we are addressing the greatest need and to measure progress in addressing youth needs.*
- *In detention, mental/emotional disorders which often precede drug use and/or incarceration cannot be addressed effectively. Diagnoses are made only covertly, for fear the youth may "hide behind them," in attempts to avoid legal consequences. There are also well-meant yet misguided apprehensions regarding "labeling young children." However, more aggressive treatment attempts and referrals to services should be undertaken, urgently, BEFORE youth enter adulthood and find themselves without insurance, fall prey to addictions, and enter the cycle of endlessly repeating adult incarcerations. As stated previously,*
- *The Program for Teen Parents no longer operates in Stafford County.*
- *My program is in King George right now, but I have worked with Stafford youth in the past and our office serves Stafford Youth. Not sure what the greatest challenge is.*
- *Funding of the various services.*
- *Lack of community based opportunities and exposure while in school as well as individuals not on the ID Waiting list soon enough*

- *increasing population with decreasing funds. Continued lack of understanding of the connection between child sexual abuse and longer-term mental health, substance abuse, physical health and spiritual deficits that result.*
- *Primarily Medicaid funded programs working with the local CSB*
- *Adequate transportation*
- *Lack of consistent reliable funding.*
- *I have no space to run programs to serve youth who are not interested or capable of participating at an elite level. -*
- *Money and support. Bureaucracy. Micromanagement by board. Inability to empower employees to do the job they were hired to do. State of the economy-people holding on to money and not spending on programs=revenue streams.*
- *Lack of space*
- *Funding Coordination of services and teamwork with other agencies Narrow definition of role and responsibilities of individuals working in other agencies Parent education of teens' needs particularly those with significant mental health issues. Parent education of services available without facilitation from FAPT Respite for parents that they can access with facilitation from FAPT*
- *I don't much exposure in Stafford to be able to provide an opinion.*
- *Finding an appropriate service locally and that service having the ability to deliver services in a timely fashion. Sex offender services are lacking in Stafford.*
- *Finding the funds to pay for what is needed.*
- *Finding additional resources outside of traditional programs/services offered, especially in an area which is feeling the economic crisis.*
- *Finding volunteers to mentor children. Addressing the other urgent issues affecting the child's family (housing, food, tutoring, mental health services, medical and dental services)*
- *Transportation and the layout of the county. Not having a walkable community.*
- *Funding*
- *Reduction in funds to provide requested crisis response, counseling, prevention and education.*

Question 11: How would you describe your ideal service system for youth in Stafford County? If you could change anything, what would it be?

- *More resources for special needs children*
- *For our youth we need an area of play for when customers comes in with their children. Policy for our students that are trying to better themselves; the income range for our elderly to provide them more SNAP benefits.*
- *Same as pre-school age*
- *Identifying programs that are identified as best practices and evaluating effectiveness of programs. DSS is too focused on avoiding foster care placements that assisting families.*
- *Use community nonprofits for services that have been proven to have an impact.*
- *Educated and motivated parents with good parenting skills. Access to services. More services for impoverished or low income families.*
- *A System with targeted prevention services beginning at an early age for identified youth. Additional prevention services for youth 8-18 in the areas of crime, teenage pregnancy and STD's, mental health, and school dropout. Once involved in the juvenile system, a system that provides alternative programs in lieu of secure detention for youth who are deemed appropriate for community program. Community Programs would have a fairly significant parental or family component within each program.*
- *I am dreaming of the creation of a TRANSITIONAL VILLAGE, with housing upstairs and shops downstairs, including vans which take residents to necessary appointments, school/college and treatment programs. The shops may be car repair, dry cleaning services, bicycle rental/repair, electronics repair, at reduced prices to the community, but would establish an income base and work experience for released inmates. Older ones can mentor younger ones. Some staff around the clock and good working relationship with local Sheriff's Department are needed.*
- *I would take a closer look at the Family Life education within the schools to see if that could help to prevent more pregnancies. I would also bring the Program for Teen Parents back to Stafford County to help the teens who do get pregnant. We cannot stop teens from having sex and becoming pregnant but we can help to prevent an unplanned, second child before the parents are ready. We can help*

prevent children ending up in foster care due to parental neglect. We can help prevent family poverty by using the community resources to help put the teens on the right track. The program does not promote pregnancy in anyway, but it does help to give the teen parents a voice of their own and the ability to step up and be responsible for their own and their child's future.

- *A Central Youth Center with teen focused activities such as Bragg Hill Family Life Center or B&G Club. A focus on prevention for younger kids before they run into problems.*
- *Disallow home schooling.*
- *Stafford County Public Schools assisting individuals in getting ID services earlier in their lives when possible. Example: giving parents of Special needs students the information early on in school so that they may access community resources and supports like the EDCD waiver.*
- *Increased resources, sexual violence prevention programs in the schools, support through other youth serving agencies.*
- *Extinguish monopoly that local CSB has on consumer mental health care accessibility. However, this is more of a state issue presently, but other CSBs around the Commonwealth are navigating in a more efficient, and client centered manner.*
- *Access to education in workforce readiness, character formation, life skills, paid job internships, and long-term mentoring relationships for all under-resourced students so that they are provided with the training that will empower them to enter the workforce with confidence and the tools necessary to find sustainable employment.*
- *Effective private organization would receive funding from the County to allow them to dramatically expand the services offered to the youth in Stafford County*
- *I would like to be able to have space to offer programs to youth that are not affiliated with any user group and the space to provide swimming lessons to a specific grade of all elementary school children for a 6 week period each year so that they can get a little bit of experience regarding the water. They can then know what to do in the event of a water emergency, since we are more of less surrounded by water.*
- *More and better recreational facilities with more opportunities for youth. More parks and trails. More partnerships between community, schools and recreation*
- *see previous answer re: change*
- *Parents/Custodian initiates services without resorting to court/DSS involvement. Parents can initiate services at lower level and there is follow through by those agencies. Parents receive education on services available similar to vendor fair but for parents instead of professionals. Services could be extension of school day but still provided by outside agencies. Support parent involvement by including parents' in activities. Emphasis on parent role modeling in services so parents assume role rather than substituted by a professional.*
- *I don't know what needs to improve or be modified.*
- *Ideally, our DSS and RACSB would be proactive and immediately responsive to youth with service needs. There are times before a youth becomes delinquent they could utilize support and services, but DSS tends to shy away from being proactive and waits until there is abuse or neglect; RACSB is too busy. Why not offer more community based outreach programs on the front end?*
- *Funding for Special Education Private Tuition assistance is a service where CSA has responsibility for paying but no authority to direct decisions. Any system where authority and responsibility are separated is an invitation to excess.*
- *I think I would want to have a multi-disciplinary team whose role it was to "think outside the box" and creatively develop programs/services that would meet the needs of youth who fall through the cracks. I often feel we do not think creatively when seeking potential solutions and confine ourselves to utilizing already developed programs/services versus creating unique programs for individual needs. Providers can be creative in tailoring a program to meet individual needs, if engaged in the solution process.*
- *I would address the ENTIRE family and all of the issues that affect the child's ability to grow up in a safe, healthy, stable environment. (This includes gainful employment and/or job training for the parent/guardian, medical and dental services that are available regardless of insurance coverage, affordable housing, safe neighborhoods, etc.)*
- *Students with disabilities who are not continuing to post-secondary education would spend the last three years in community based employment opportunities, in schools, local government offices and businesses. The goal for everyone would be community based employment.*

- *Funding*
- *Improved funding to provide the needed counseling requests, additional prevention education in the schools and other youth serving agencies.*

Question 12: What could be done to improve the services system for youth in Stafford County with very little or no additional money?

- *Employ experienced parents and not just look for a college degree when hiring*
- *I believe we have the resources already, but bringing them together into one building.*
- *Same as pre-school age*
- *Require vendors to demonstrate effectiveness and agencies to provide services that are identified as best practices or risk losing funding.*
- *Partnering with community nonprofits*
- *Nothing*
- *Reallocating funds from programs that appear not to be working to programs that are meeting their goals. Tapping into grant resources that have little or no cash match. Expanding existing programs to serve larger populations.*
- *A revival and enhancement of the Big Brother/Big Sister or similar Mentor Program, taking youth out of their every-day environment and exposing them to a multitude of cultural and educational and societal influences. Identify more alternative, temporary assistance resources (food pantries, churches, etc.).*
- *Educate everyone who has interaction with these youth across the board. Educate everyone on all of the services that are available. Most times faculty and staff within the schools have more daily contact with the youth than their parents. Having more knowledge of community resources as a faculty or staff member will greatly benefit the youth.*
- *Start up a volunteer mentoring program for youth who are too old for Big Brothers Big Sisters.*
- *Disallow home schooling.*
- *Keeping school staff informed about resources, DHBHDS programs, and the WAIVER.*
- *Volunteers, parents*
- *Leadership from an outside entity to manage Mental Health and Substance Abuse treatment other than the CSB. This could be an appointed position, elected, employee of Stafford County Government…*
- *Our Summer Youth Worker Program which partners with employers, professionals, government, schools churches, and the private sector to provide paid employment, workforce readiness, character formation and life skills training to low-income youth at less than $900.00 per student for a 9 week summer internship. This includes all administrative and program costs for the program. Students are paid a gross salary of $1200.00 for their internship giving value-added income to low-income families that exceeds the cost of the program administratively. The fee to DSS for a low-income student to be in this program is $200.00/ Short term outcomes are value added income to the family, students are propelled into the workforce and at the same time receiving the tools they need to find sustainable employment in the future.*
- *Better dialogue between Stafford County Department of Social Services and the private non-profits that serve the disadvantaged youth in Stafford County*
- *stop outsourcing activities like softball to user groups and let the county run our own programs. It keeps the costs down to the participants, and we have more control of the quality of "product" If the schools and the county would work together instead of against each other.*
- *Partnerships above. Increased sharing of resources.*
- *don't know*
- *Coordination of agencies already in existence. Increase awareness of services in existence.*
- *Cannot provide opinion.*
- *Stafford needs to partner with other community groups to provide services.*
- *Shift some of the funding responsibility to our school system.*
- *Creativity requires little to no money but often requires additional legwork or team responsibility.*
- *Establishing a collaboration of services to address multiple issues. There is probably a govt. building where services can be brought together. Finding a way to identify all of the family's needs and connecting them in a meaningful way to the available assistance. Following up and providing the resources for the family to access services.*

- *Disability awareness education.*
- *More knowledge of resources in the community.*
- *Increased volunteerism and unkind donations of services and items.*

Question 13: What are the strengths of the service system for this population? What's going right in Stafford County?

- *Good court system*
- *Strengths are being truthful and dedicated to what you believe.*
- *Same as pre-school age*
- *There are sufficient services to address identified needs and there are prevention services in place to prevent youth from becoming a risk to public safety.*
- *Not that familiar with your services at this time*
- *see earlier notes*
- *Fewer youth are being placed in secure detention, probation caseloads have decreased, and Stafford County has been somewhat successful in preventing gangs within the community with very little funding to do so.*
- *As stated, parenting classes are excellent and readily available. Not sure how many actually make use of these.*
- *There are a vast amount of resources available within the county. As well as people who care.*
- *CSU is doing a great job serving youth who are at-risk for many things. They have a great and experienced staff that really cares about youth. Also Stafford Junction has many good programs including prevention and Brain Builders tutoring for young students.*
- *Communication among the agencies.*
- *Transitioning individuals are getting on the ID waiting list*
- *Agencies already in place that provide the services and already collaborating.*
- *Department of Social Services, Court Services, and Judicial systems are caring and compassionate professionals.*
- *Drug Court Yolanda Willis*
- *Stafford County Schools work effectively with private organizations to enhance the effectiveness of eh academic and emotional development of youth*
- *Many employees are dedicated to creating a better environment for the children. Those people need to be able to continue their passion for creating a better world for the kids.*
- *Great people and staff that care and have talent, interest and ingenuity.*
- *see previous answer*
- *Strong desire to assist youth. Variability of services*
- *I don't know.*
- *FAPT is easily accessible.*
- *Agencies have a broad knowledge of families and youth.*
- *I believe there is a large group of referral sources very dedicated to assisting families in accessing services.*
- *I don't know*
- *Stafford has some Transition Specialists and Job Coaches.*
- *Good at identifying youth who need services. Good collaboration between service providers.*
- *Great collaborations between youth serving agencies.*

Question 14: What are the trends and threats that you see on the horizon (either for your program or the population that you work with) over the next 5 years?

- *More programs to prevent CPS intervention*
- *Running out of room for files.*
- *Same as pre-school age*
- *I believe that there will be further research that indicates that court involvement (probation, detention, etc.) of low risk offenders is detrimental to wellbeing of the family. Alternative methods to address youth's need outside of the court process will need to be developed. Staff will shift from providing primary services (probation, intake and parole) to other services such as anger mgmt., parenting classes, etc.*
- *Change of demographics with increased African American and Hispanic children needing mentors.*

- *Cuts in Medicaid. Increasingly impaired population of children, adolescents and adults. Lack of funding. Unemployment. Public mentality of 'blame the victim'. /*
- *Increased problem behavior within the youth population due to the decrease in prevention and treatment services due to the economic breakdown. Increased gang presence and substance abuse increases.*
- *More and more drug babies being born, to more gang-affiliated (dead or disabled) parents, with increasing violence everywhere. As a result, many treatment approaches will fail due to chemically altered brains or developmental processes. Detention centers are ill-equipped at this time as a public detox facility and as a drug-treatment provider, as well as the determinate regarding neurol. damage and services needed.*
- *Teen pregnancy is rising. The stigma of being pregnant in high school is almost nonexistent. The numbers will only increase as the time goes by. We need to help them early before they end up in a bad place.*
- *I am hoping a trend is coming that prevention is the wave of the future, and I feel that all of our work toward getting that message out is finally paying off. A negative trend is that this population is becoming more highly sexualized through media and popular music at a rate we have not seen before and at a younger age.*
- *Lack of resources to take care of the problems.*
- *More Autism services and supports to be covered under the waiver*
- *increasing population with decreasing funds. Continued lack of understanding of the connection between child sexual abuse and longer-term mental health, substance abuse, physical health and spiritual deficits that result.*
- *Again, more with CSB discretion to manage care. Virginia is moving to Managed Care and concerns are that Local CSB will "push out" helping professionals that are able to discharge more effective treatment services*
- *We are expanding to 4 new sites in the next 5 years to serve 16 students per site (90) total each Summer It's not enough, for the rate of teen pregnancy, the high dropout rate among high school students, the major ethics crisis among youth, the lack of workforce readiness and life skills training is growing faster than we can attack it alone. Barriers to employment are lack of education, workforce readiness and life skills training among the low-income population. At the same time, other programs which attack specific issues related to this population, such as drug court, are having a positive impact on this population, and together we are seeing a trend to attack the long-term impact rather than Band-Aid fixes that enable rather than empower youth to change at the root.*
- *Significant increase in the number of families that do not have a high level of proficiency in the English Language. The social system is not adequate to handle such an increase*
- *user groups with "voices" getting more of the pie and smaller interest groups getting nothing because they do not have the numbers to influence voting.*
- *Less emphasis on active living to kids. The economy-people don't have money to spend on extracurricular activities. Deterioration of current facilities. Population growth without equal emphasis growth in number of parks/recreational facilities/leisure opportunities*
- *Lack of funding and increased need for services*
- *increase in inpatient psychiatric hospitalization and/or out of home placement early withdrawal from public education unemployment untreated mental health issues*
- *If the economy does not improve, these services might diminish.*
- *Substance Abuse service needs will increase Psychological evaluations need to be provided quickly for the Court Shelter care needs will increase Structures Group Home will continue to provide substandard care for youth from Richmond, overburdening our local Courts with unnecessary criminal charges - someone should pull their license. They have been shut down in other localities for this and relocated to Stafford.*
- *Controlling expenditures.*
- *The economy is in crisis and funding is reduced or harder to access. Families already have a difficult time navigating the system and with new steps in place both for FAPT and Medicaid access, many who could benefit from services will go without. I do believe the needs remain but the services are harder to access which will increase the number of children entering the foster care system, seeking out of home placements through residential or detention.*

- *Cuts in funding and grants, lack of jobs for the parents and guardians, lack of affordable housing, as the area becomes more and more a "bedroom" community of Washington DC. Govt's unwillingness to raise taxes to fund necessary programs.*
- *Employment First is gaining National attention. Virginia ranks in the bottom 10 percent in services to this population.*
- *No money to fund services.*
- *Increased population growth generally relates to increased interpersonal crime. Increased knowledge about sexual abuse and assault results in increased reporting.*

Question 15: What are the greatest young adult service gaps?

- *Mental Health.*
- *Getting the information about how to access services to them through marketing/advertising. Transportation to services affordable housing and transportation nearby employment opportunities*
- *Do not serve*
- *Don't work with them, but I would say parole transition and employment services and opportunities.*
- *Awareness*
- *HIV testing and education.*
- *I cannot answer this question effectively as I do not work directly with these groups.*
- *Public transportation affordable housing*
- *This is the highest rate of reporting of sexual violence (can include teens - although children are fast rising in reporting) not enough counseling that is trauma informed and extensive enough.*
- *Positive activities for teens, workforce readiness training, character formation, mentoring relationships*
- *I do not work with this population.*
- *Employment*
- *Activities - Parks and Rec's only caters to those with transportation and money. We need accessible youth activities for the poorer children. Woodlands are poorly run. Psychological and Sex offender evaluation Community mentoring*
- *Employment training. We tend to be too geared toward higher education.*
- *Same as youth*
- *There are few services specific to this age group. We are developing counseling and intervention services specific to this age group and working with the colleges to improve prevention of crime and education of risk factors and red flags in relationships.*

Question 16: What are the greatest challenges you face in delivering human services to young adults in Stafford County?

- *The barrier of detention and limited resources within the walls of the jail.*
- *Letting them know that our services are available if I do not have a contact person within referral agencies. Not being able to provide information to inmates at the regional jail or the schools about pregnancy counseling and their options for their pregnancy.*
- *Do not serve*
- *Don't work with young adults.*
- *Avenue to deliver message of prevention as well as the organization as a resource*
- *Finding places and opportunities to conduct testing and education for this age group. Funding hours for testing is also an issue.*
- *Lack of knowledge about our services.*
- *Lack of funding*
- *Funds, availability of appropriately trained counselors in sexual violence and trauma informed protocols.*
- *Adequate transportation for low-income families and youth.*
- *I do not work with this population.*
- *Education of resources*
- *Finding services locally*
- *Funding.*
- *Same as youth*
- *Resources, enough staff and time.*

Question 17: How would you describe your ideal service system for young adults in Stafford County? If you could change anything, what would it be?

- *That the schools, jail, and social services would have a Master list of agencies and what those agencies can so to help. It would be similar to what United Way has but would be more comprehensive to include all agencies serving Stafford County. To have more widely known and attended coalition groups who would meet monthly or quarterly. The participants would then be working together to provide the services to a similar population.*
- *Establish routine, confidential, free HIV testing hours at a site(s) in Stafford County where young adults gravitate and prove opportunities for HIV education.*
- *I am not sure what needs to be changed, but one of the biggest problems we have as a service provider and a nonprofit is getting our information to the people who need it.*
- *increase public transportation options*
- *Adequate resources to provide specialized counseling, prevention campaigns, workplace education.*
- *We deal with high school youth, ages 14-21, and I would require courses in workforce readiness, character formation, and life skills. This is moving in the right direction with financial literacy and economics as a requirement in the school curriculum. At the same time there are still too many deficiencies in the area of successful living.*
- *I do not work with this population.*
- *Coordination of services*
- *I would make the system more proactive.*
- *The way that Special Education Private Tuition Assistance is authorized and paid for.*
- *Same as youth*
- *Improve resources including funds, volunteerism, and unkind donations of services.*

Question 18: What could be done to improve the services system for young adults in Stafford County with very little or no additional money?

- *Coordination of providers to be more aware of what services other agencies provides through coalition gatherings and marketing to the general public. Have some agencies collaborate on a grant proposal to bring more money in for a specific program that perhaps the agencies could share in providing to the community.*
- *Provide HIV education opportunities during other events (schools, churches, county events/classes).*
- *Prevention in the school system. We provide our prevention coordinator to come in and give classes or lectures for no cost.*
- *encourage Charles Jett to retire*
- *Volunteers*
- *The Summer Youth Worker Program as listed for youth previously.*
- *Team up with community groups, public private partnership.*
- *Make our schools responsible for the funding of Special Education/Private Tuition Assistance.*
- *Same as youth*
- *Volunteerism, donations of services and items.*

Question 19: What are the strengths of the service system for this population? What's going right in Stafford County?

- *If the young adults are still in school, they are given referrals to additional resources. Families involved with Social Services and the Health Department are connected with other resources*
- *We have not been as actively involved as we need to be to provide a reasonable response.*
- *I'm not sure--several individuals I have served have requested not to live in Stafford Co.*
- *Agencies like ours already in place that offer services and just need more resources to keep up with the increasing demand.*
- *Drug Court Yolanda Willis*
- *FAPT is accessible.*
- *We are able to share knowledge about families and youth.*
- *Same as youth*
- *Collaborations between the service agencies now.*

Question 20: What are the trends and threats that you see on the horizon (either for your program or the population that you work with) over the next 5 years?

- Movement towards treatment rather than continued overlooking the problem areas.
- Increased substance abuse which impacts ability to become employed. Loss of family support to keep young adults out of gangs and drugs. High turnover for providers of services so that consistency is not always maintained for our clients or for our partnerships with other agencies. Weak economy forcing young adults to not complete college and be able to compete for better jobs to support themselves and their families.
- Growing number of abuse among all demographics and ethnicities
- There are an increasingly disproportionate number of individuals within specific groups in this age group that are being newly diagnosed with HIV.
- Lack of funding will impact Stafford County in the future and fewer services will be able to be provided.
- need for more services for individuals with intellectual disabilities who will soon be out of high school
- increasing population with decreasing funds. Continued lack of understanding of the connection between child sexual abuse and longer-term mental health, substance abuse, physical health and spiritual deficits that result.
- Poor ethics, lack of workforce readiness and life skills, lack of personal initiative brought on by entitlement attitudes.
- How to secure the increased funding that will be required.
- Same as youth- some states include young adults up to age 24 in school services.
- Increased population results in increased crime, improved response also results in .increased reporting of existing crimes.

Question 21: What are the greatest adult service gaps?

- *Mental health*
- *Need good substance abuse treatment programs -public, private, and inpatient*
- *Assistance and programs for the Seniors*
- *Housing*
- *Medical Care Dental Care Lack of Adequate number of Case Managers for total number of people with case files.*
- *Awareness*
- *Residence and work opportunities, as well as transportation, upon released from RRJ.*
- *HIV testing and to a lesser extent, education.*
- *Assistance for adults who have aged out of the youth services. Especially those with disabilities. There are not enough wavier slots for the youth who have aged out. These pertain to DSS.*
- *Transportation and child care. We offer many parenting and life skill classes but folks are unable to attend. Some reasons why the cost of gas, no transportation and child care are.*
- *There are too many of our adults on the ID waver waiting list that are NOT receiving ANY services*
- *Public transportation affordable housing*
- *Young adults, transitioning out on their own, no longer supported by their families.*
- *Home care. Identifying at risk seniors.*
- *Coordination with law enforcement*
- *Lack of money*
- *Adequate counseling for sexual violence and adult survivors of sexual abuse.*
- *Drug and alcohol treatment facilities - inpatient and outpatient.*
- *Public transportation to get to jobs, services, training programs job counseling and training*
- *Transportation, medical care, access to medication, housing, employment due to the horrible economy, respite care*
- *Transportation, access to affordable healthcare and dental services*
- *Lack of legal assistance or legal procedure education.*
- *Any services for the economically disadvantaged*
- *I cannot contribute with a lot of personal opinions from my end as my exposure with Stafford human services providers is limited to attendance to court.*
- *18-22*
- *Affordable Housing*
- *For healthcare: access to affordable health, dental, mental health, and pharmacy services*

- *Detox and substance abuse treatment options - Adequate transportation for medical and employment Affordable permanent housing- Transitional employment services*
- *Employment opportunities for the long term disabled.*
- *The greatest service gap, which includes all ages 0-65+, is a lack of Victim Services staff to provide services to all new crime victims and maintain current cases while performing other job requirements.*
- **Illegal, undocumented immigrants and their families need for assistance. *Support of government sponsored immigrants into the Stafford area. They are frequently unable to speak English, and are put up in nice apartments, then abandoned!*
- *No real gaps I'm services, more lack of resources to serve all requests.*
- *Income, affordable housing, transportation*

Question 22: What are the greatest challenges you face in delivering human services to adults in Stafford County?

- *Individuals being incarcerated are limited to resources.*
- *Very limited substance abuse services*
- *Insufficient resources*
- *The City is limited to serving its residents only. It does not serve Stafford residents who frequently call in need of housing services.*
- *Don't work with adults*
- *There just aren't enough resources for some of their needs. For instance medical, dental, financial, child care, affordable housing and unemployment.*
- *Awareness*
- *THERE ARE NOT MANY SERVICES FOR A D U L T FELLONS, to (re-)integrate them successfully into the community, with viable goals and chances. There is only the Thurman Brisben Shelter, Micah, AA/NA, 2-3 Oxford houses, 1 Bridge House, The Hope House (women), DRS and the Moss Clinic-- which aren't even in Stafford Co.-- who have minimal capacity and long wait lists. Moreover, addicts trying to recover need services SEAMLESSLY, i.e., without return first to their old neighborhood and friends, simply because they have nowhere else to go.*
- *Finding places and opportunities to conduct testing and education for this age group. Funding hours for testing for this age group is also an issue.*
- *We do mental health counseling. Our clients have no insurance and little money. One of their biggest hurdles is transportation to come to the office. This makes it difficult for us to maintain a regular schedule for these residents. When we can get a resident to our agency, they stay and get full benefit of our services.*
- *Some needs are great -for example help with utilities. Family have to go to several places to receive funds and the electric bill could be over $500.00 plus*
- *Money*
- *finding affordable transportation*
- *Lack of affordable housing, limited public transportation in N. Stafford.*
- *Bureaucratic programs more concerned with self-preservation than delivery of services*
- *Helping people in distress*
- *Lack of money*
- *Lack of resources to meet the demand in services.*
- *Lack of resources.*
- *Transportation to class sites*
- *The volume of need is overwhelming, Stafford is an affluent County yet it has areas of high need. These areas often are overlooked when opportunities for grant applications arise because the County, overall, has a high income level on average.*
- *Lack of space*
- *Bureaucratic red tape. Over-regulation. Lack of common sense.*
- *Adequate numbers of providers (physicians both primary and specialty care)*
- *Unknown*
- *I work with victims of sexual violence that do not speak English and trying to help them navigate through the Stafford County System is harder for me than working with other jurisdictions.*
- *Unable to meet the needs of everyone.*
- *Securing the basics for increased numbers in our County.*

- *Insufficient funding*
- *Finding affordable units for homeless clients Meeting transportation needs so that clients can get to and from work and medical appointments*
- *Affordable, accessible transportation off the FRED route and affordable, accessible housing options.*
- *One of the challenges faced in the Victim/Witness office is determining which victim receives appropriate/necessary services while adhering to the laws of Virginia governing services to crime victims. Many court matters are not resolved during the first hearing and it typically takes a year before a felony cases goes to trial. Providing continued services to these crime victims throughout their case is a vital element of successful prosecution.*
- **Lack of proper I.D. *Need for increased food and financial donations to support client growth and needs of community. *Lack of resources for homelessness.*
- *Increased populations, increased reporting of crime results in increased requests for services.*
- *Affordable housing*

Question 23: How would you describe your ideal service system for adults in Stafford County? If you could change anything, what would it be?

- *Substance abuse treatment which would be accessible to all adults, to include inpatient programs.*
- *Possible hub for all available services to be accessed with 800 number, and on-line*
- *Look at the King George DSS program for housing.*
- *Affordable housing Free Clinic in and for Stafford Co. Free Dental Clinic in and for Stafford Co.*
- *See previously: "I am dreaming of a Transitional Village..."*
- *Establish routine, confidential, free HIV testing hours at a site(s) in Stafford County where adults can be tested without fear of being identified.*
- *What might help if changed? Easily accessible TRANSPORTATION that is low priced. A system for those in need with little money to receive free bus passes. (If they don't use those passes for appointments, then that is on the person) More STAFF for human services departments so there is help for the people. More staff for Department of Social Services. This would help people in need of their services to receive the help without a long wait. For children in need, there need to be enough case managers available to provide care. Presently they are carrying too great of a case load, making it difficult for them to really provide the services they would like to provide. COMMUNICATION is another area that is vital. If you can't reach a human when you place a call, it is frustrating. Especially if you call and don't get a call back.*
- *Perhaps a central location for many agencies. To extend FRED busing to cover the whole county so folks could get to doctors' appointments or agency appointments.*
- *Better transition services and planning for individuals when they are getting ready to graduate.*
- *More public transportation*
- *Add some supervised transitional housing, a small homeless shelter; income based housing and improve Fred service in N. Stafford.*
- *I think things need to be more efficient. So much is made of tailoring service to each individual that little gets done for most. I favor a more generalized approach to delivering service, something that would be more programmatic and would require more effort by the recipients.*
- *Better coordination between law enforcement and medical assistance*
- *Lack of money*
- *increased resources, increased education, improved access*
- *De-criminalize substance abuse for teens and young adults, increase resources.*
- *Multiple sites geographically spread out to offer adult basic education classes' to include access to technology*
- *Computers that are connected to each other so we can identify who has accessed services and where, gathering aggregate data on who keeps appointments and complies with treatment-physical and medical to include prenatal care-so we can respond to people more quickly and prevent their having a crisis. Encrypted systems where e-mail information can be shared.*
- *I would build a human services building, similar to the public safety building that could house multiple human service agencies, such as public health, social services, etc.*
- *The ability to service citizen needs in an efficient, knowledge-based manner. The ability to CREATE resource tools that will help those citizens that are TRULY in need of assistance. If I could change ONE thing regarding barriers that prohibit us from providing good, common sense solutions for those*

in need, it would be to enact a law that would PROTECT service providers from frivolous law suits. There is no greater drain on the taxpayer than defending public employees who are trying to do their job to the best of their abilities.

- *Providers distributed throughout the County, with no barriers to access, and funding for the providers that at least covers the cost of providing care.*
- *Unknown*
- *I would have to be exposed some more to human services providers of Stafford County.*
- *We try to serve anyone in need.*
- *Full Employment.*
- *Maximizing the charitable capacity of the community with increased volunteerism and funding.*
- *It would be wonderful to see Stafford County take a community-based approach, like Fredericksburg has. Fredericksburg provides a worker who comes to our office and other social service agencies in the community and assists onsite with everything from food stamps to Medicaid. At a minimum, I'd love to see them provide a greater partnership with the city to make this program sustainable. I'd also like to see Stafford become more vocal on the homeless/housing issue. While many who end up on the street gravitate to the city, most people become homeless in one of the surrounding counties. Fredericksburg takes a largely hands off approach because it doesn't believe the counties are involved enough. And the only ones who lose are the clients.*
- *People with disabilities are included in all planning and service deliver. Not all people with disabilities are low income. The community needs to be accessible, both physical and programmatic for all people.*
- *An increase in staff would lessen the current gaps in service and provide a better service balance.*
- *That all service providers would understand the importance of helping our shared clients to be edified by giving them the dignity and respect that we all deserve. A kind word and compassion is needed to get through the hard times in life. These clients should always be listened to, respected, and valued as if they are guest and not a number. This is my number one pet peeve and what I would change if I could. I myself have seen disrespect here and there as I have made my rounds in the community and it angers me terribly. 'But for the grace of God go I'. This should be our community's mantra. Respect is free to give, a blessing to receive and a human right in my opinion.*
- *Increased resources, increased volunteerism,*
- *We deal in housing the homeless and some prevention assistance. Ideally, to not have homeless*

Question 24: What could be done to improve the services system for adults in Stafford County with very little or no additional money?

- *Have a portal where they could access the available resources*
- *Consult King George DSS housing programs.*
- *Nicer intake assistance at the Stafford DSS. Donna needs to be nicer and more respectful of the clients who are there asking for help. They tell us frequently how rudely they were treated; often they would come in in tears. They didn't feel like they could demand respect because they were afraid that they would be denied services. (their words, not mine).*
- *A free taxi service, taking uninsured, released inmates to their treatment/service appointments and AA/NA meetings! All inmates could be drug-tested upon arrival (without the threat of additional legal charges!!!), whereby all those who test positive for alcohol of drugs being automatically routed to in-house substance abuse treatment and education classes. Some additional personnel would be needed at RRJ to accomplish this, but no outrageous monetary sums as the construction of larger facilities would entail.*
- *For this group, testing is the most important issue and this involves funding staff hours to provide the service on a routine basis.*
- *Increased communication. Let the caller know you hear their needs and that you will work on what they need. Even if you don't have it within your control to provide what the person wants, often, just listening can be a morale booster. So, have workers set aside a few moments to return calls. When you call, leave a message, but don't hear back, people tend to get angry, situations may escalate, and at least part of the problem may have been taken care of with a phone call.*
- *More Volunteers & Training for them*
- *MORE Volunteer programs to support individuals in the community.*

- *increase taxes on large corporations who come into our community and pay people very little to work for them.*
- *Enlist more faith based support.*
- *see previous statement.`*
- *Continuing aid and counseling over an extended time*
- *Volunteers*
- *Unfortunately, you need money to run in-patient and out-patient facilities.*
- *Satellite service sites*
- *Have a forum on a quarterly basis where those who serve these populations can meet informally and get to know each other. So much more is accomplished when there is a positive relationship and trust Needs will be identified faster but also met more expediently if we are talking to each other more often and with trust.*
- *Ha, ha, ha. We are ALREADY DOING everything we can! We haven't had additional funding in 4+ years!*
- *Willingness on the part of providers to accept patients who don't have the ability to pay.*
- *I would have to participate more in Stafford.*
- *Making seniors more aware of programs available to them.*
- *Better coordination among charitable groups.*
- *Improved communication*
- *There needs to be an overall more regional discussion about all of social services. Community needs know no county lines. The greatest thing lacking in our community is that the city and counties are more concerned with themselves than the whole. That doesn't save money, time or provide the best benefit. It only marginalizes those in need that much greater and no one takes responsibility for the problem. There should also be more education about how investment in social services on the front end, saves on the back end.*
- *Continued communication and collaboration among agencies and the county.*
- *An increase in staff does not occur without a small financial cost. Volunteer and interns are currently utilized within the department.*
- *RESPECT IS FREE! I would ask that you incorporate 'Shoppers' into your system. You can even ask friends to come in to various organizations, non-profits, and Government agencies and act as if they are there in need of assistance. I would also invite you to have 'Shoppers' visit all of the agencies that Stafford County Government support financially to see the environment of the agency first hand. Of course, several 'Shoppers' would make for a more accurate evaluation. They would have to be inquiring as clients of course. Or else it wouldn't work to get the right perspective. I consider the client to be our customer and customer service is very important when these families are so depressed and down & out.*
- *Increased volunteerism*

Question 25: What are the strengths of the service system for this population? What's going right in Stafford County?

- *The Rappahannock Area on Aging is most helpful but is limited to what they can do Folks can access Medicaid and FS at the local social service agency and receive state and federal benefits when the meet the income and resource guidelines.*
- *Charity Tracker helps so much with accountability. Great Christmas and Thanksgiving assistance programs. Great back to school assistance programs. Caring Case Managers and Director (Michael). Support and Funding provided by County Board of Supervisors, Budget Office, and the County Administrator.*
- *Is there anything at all that Stafford offers to newly-released inmates and felons, usually attempting to recover from drugs and alcohol?*
- *We have not been as actively involved as we need to be to provide a reasonable response to this question.*
- *Aside from what I have already stated, I'm not sure what to add.*
- *Dedicated workers!*
- *Many caring people and organizations like the united way want to help bring services and supports to the people*
- *I have not heard of anyone happy with services in Stafford Co. in many years*

- *Staff dedication*
- *Cooperation with victim issues is improving*
- *Great agencies that already exist and provide services and just need help increasing the ability to meet the demand.*
- *Law enforcement in Stafford County is very good, but at times, I believe they are overwhelmed.*
- *Stafford County cares about it citizens and continually tries to balance services and funding needs.*
- *Adult education funds are provided by the school system*
- *The services for this population are strong, effective, and the folks who deliver them are devoted, skilled, professional.*
- *see previous answer re strengths*
- *The employees! Creative, caring, innovative and extremely patient and understanding.*
- *Highly trained, competent professional staff.*
- *Again, I would have to do more work in Stafford in order to answer this question.*
- *The groups that are helping need to focus on not duplicating services.*
- *Stafford is a generous community but we value what we receive in return.*
- *Variety of comprehensive services*
- *Of all the localities, I believe Stafford is the closest to taking responsibility for critical needs. I have found Stafford much more welcoming financially, advocacy and location wise of critical services, than any other in the region.*
- *Permit fees for accessibility are waived. Some counties continue to charge people to put up ramps for their homes.*
- *The Victim/Witness office ensures that Stafford County crime victims and witnesses receive fair and compassionate treatment while participating in the criminal justice system. Additionally, we play a key role in referring crime victims to community resources for physical, emotional, and financial assistance and maintain an effective working relationship with all the local agencies who provide these additional resources.*
- *Many things are going right in Stafford! Our clients are being helped in so many areas of need. They have access to health care, food, financial assistance. They have Thanksgiving and Christmas help with food and toys. Back to school supply support. They have many resources within our midst and many people who truly care about them and their needs. They have a DSS to go to for help in all of these areas and SERVE is right across the street and can pick up where the DSS leaves off. We all work very well together to provide the needs of the community. Community support on their behalf is abundant, though more support is always needed. We are very blessed by great leadership at the County level, Dept. of Social Services and within the churches.*
- *Great agencies that already collaborate*
- *Since we are seeing the homeless population rise, nothing*

Question 26: What are the trends and threats that you see on the horizon (either for your program or the population that you work with) over the next 5 years?

- *increase population and an increase of prescription drug abuse.*
- *Lack of funding and lack of resources and the current state government possibly sending the current programs to agencies that never handled them before. Additionally, our aging population continues to grow daily especially with the Boomers retiring and our resources continue to dwindle.*
- *Rise in Unemployment. Increase in families in need. Lack of sufficient housing for low income families. Lack of shelter space for homeless population. More children going without basic needs. Sr. Citizens suffering due to unbelievably low amount of food stamps. $16.00 a month in general. Single mothers can't afford to work because child care is so expensive. No support for release prisoners.*
- *More and more people entering the penal system as young adults, cycling in/out of jail for life, requiring ever-larger facilities.*
- *There are increasingly disproportionate numbers of individuals within specific groups within this age group that are being newly diagnosed with HIV.*
- *Given the economy and that it isn't likely going to improve a great deal over the next 5 years; I would anticipate the client base for my agency expanding further. More people are without insurance, money, or a job and this trend isn't likely to change greatly over the next 5 years. This is a challenge as my agency gets more calls for help and our space is limited. We did expand our size, but there are*

still limitations to the number of people we can see. As the population expands, I can see transportation to help residents get around the city and to county offices will become more problematic in future years.

- *Greater influx of foreigners*
- *the need for more services and supports for those graduating from school, as there may not be services or supports available to them.*
- *need for more public transportation*
- *I currently see a lot of young people (18-23) who are homeless, from Stafford, often abusing substances. The homelessness feeds the SA and the SA feeds the homelessness. Soon they will become the people who live in the woods.*
- *More emphasis on maintaining funding requirements seems to equal less delivery of actual service.*
- *Reduced funding for services*
- *Decline in financial support to not for profit service organization.*
- *increasing population with decreasing funds. Continued lack of understanding of the connection between child sexual abuse and longer-term mental health, substance abuse, physical health and spiritual deficits that result.*
- *In my area of services, we need additional staff and resources now and in 5 years, the need will nearly double.*
- *More people needing services and less funding available.*
- *unemployment still an issue lack of adequate housing increasing dropout rate from high school increasing refugee population to be served*
- *Massive change in the way health, mental health, and substance abuse services are provided based upon funding for Medicaid and Federal Block Grants*
- *Increased need for services and decreased funding*
- *Elimination of existing programs. Growth of those dependent on government assistance of some form or other. Those citizens who are fortunate enough to still have a steady job income will be FURTHER burdened by those in need. Tough decisions need to be made at ALL levels. Federal, State and Local.*
- *The continuation of poor economic conditions*
- *That services might diminish.*
- *We see more Hispanics.*
- *Greater dependency on government to solve our problems.*
- *Onset of health care reform legislation.*
- *While we have housed many of the older, more chronically homeless clients, we are seeing drastically younger people ending up on the street. They come with a far more complicated set of needs and troubles they must recover from. We alone are incredibly ill-equipped to assist them. There needs to be a far greater collaboration among the counties to deal with this, so that our homeless population in years to come won't drastically increase.*
- *As the population ages, more people will be in need of personal care attendants and services to remain in their homes.*
- *The trend is continued growth and diversity of the population. With these elements, an increase in crime is apparent. The economy also plays a significant factor in many of the crimes committed and there is no age limitation for victimization. The need for translators continues to increase, as well.*
- *Unemployment Homelessness Returning soldiers in need of all resources and support Low income housing Child Care affordability*
- *Increased populations result in increased crime, also increased response by professionals results in increased reporting of crime which results in increased requests for services.*
- *Income does not match housing costs*

Question 27: What are the greatest challenges facing seniors in Stafford County? What are the greatest gaps in services?

- *Lack of financial resources to support their need coupled with the increase in the numbers.*
- *Home repairs lots of people who are widows and living on SS and can't maintain housing on SS allowance*
- *If they are poor or on fixed incomes, there are no services to help them maintain their homes. When they are in disrepair, the seniors are forced to relocate leaving family and friends behind. More over most end up in nursing homes. RAAA is not designed to help to the degree most people think, try*

using them once. There are so many support needs in their homes that could prevent a move to a nursing home.

- *Populations of senior citizens in Stafford have increased dramatically, limited services available.*
- *When seniors are asked this question their number one answer is the need for transportation. The RAAA provides this service as does FRED but there is always more demand than resources. Seniors in rural parts of the county cannot access FRED because service is not available outside the heavily populated parts of the county. Adequate affordable housing for low-income seniors is another area where more resources would be helpful. There is also a need for adult day care services for low-income seniors and their caregivers. Finally, there is a need for the county to prepare for the retirement of the baby boomers and the additional services that will be required which will include everything from basic information and referral activity to more accessible transportation and livable communities that allow residents to "age in place."*
- *HIV testing and education.*
- *Support for people who have no friends or transportation*
- *Myths, reduced access to services,*
- *Greatest challenges include lack of financial security, lack of transportation, and challenge of aging in place (their own home). Greatest gaps in services include knowledge of, accessibility to and affordable services in all of the above areas.*
- *Social isolation that puts them at risk for depression and suicide; transportation (medical appointments, groceries, medications, etc.) for those who are immobile - many have had their driver's license revoked due to health conditions such as dementia;*
- *Accessing services and awareness.*
- *One of the greatest challenges is finding large senior facilities that allow all stages of senior abilities. They would incorporate anything from a need for a mild assistive living to an Alzheimer's unit to an intense care or hospice care unit within the same compound. Prince William County has several facilities like this, but as far as I know Stafford does not.*
- *Not enough resources*
- *Homeless elderly have no financial means of supporting themselves and they cannot afford to live in Stafford*

Question 28: What are the greatest challenges you face in delivering human services to seniors in Stafford County?

- *Funding to accomplish mission finding populations in the greatest need getting volunteers*
- *Again, I don't work in Stafford, I am a resident there. I work in another locality that addresses all of these people's concerns. We are able to do this because I can use Stafford as an example of what isn't done, observe the outcomes and then work to avoid that practice in my locality*
- *The greatest challenge faced by the RAAA is securing adequate resources to provide needed services. We do our best to coordinate with other human service organizations in order to provide service the most effective and efficient way possible. However, the RAAA is one of the smallest of the agencies on aging in the state and we are trying to find affordable ways to meet requests for existing services and to devise ways to provide new services that are needed. Funding is the key to these challenges.*
- *Finding places and opportunities to conduct testing and education for this age group. Funding hours for testing is also an issue.*
- *Not enough funds to meet the demand for the Senior Visitors program, while funds are available in other counties and Fredericksburg.*
- *Transportation for survivors, funds for offsite programs*
- *Lack of funding to expand services to meet the need.*
- *finding volunteers to match with Stafford seniors; reduction in funds over the last several years has resulted in a waiting list of seniors who could benefit from our free, weekly in-home individualized services*
- *Transportation*
- *Getting the word out that my service is free and can provide hours of enjoyment.*
- *Knowledge in the community*
- *Finding housing for seniors*

Question 29: How would you describe your ideal service system for seniors in Stafford County? If you could change anything, what would it be?

- *Increase the number of staff dedicated to supporting the needs of seniors and increases the amount of financial support available to that population.*
- *Get more applications, get more money, reduce waiting list, and can't serve all applicants*
- *Expand you Adult protection services and provide funds to encourage and support local volunteers in doing home visits, home repairs, etc. I know that there will be a claim that it is being done, but with the population size in Stafford, what is being done is on such a small scale that it isn't impacting the larger base of people who are really in need. Is there really any entity in Human Resources that actually knows who this population is, or is there lip service to the actual numbers? And can they give a face to the numbers?*
- *I think the best way to improve services for seniors in the county would be a cooperative/collaborative approach that brings together all the organizations that offer services to, or have an interest in seniors. This would include the RAAA, disability resource center, RACSB, DSS and any nonprofit and for profit in-home care providers that might want to participate. A discussion of community need among these stake holders could lead to innovative solutions.*
- *Don't work with seniors*
- *Establish routine, confidential, free HIV testing hours and education in Stafford County for seniors.*
- *Provide visitation and care services for seniors who have no other support services.*
- *Increased opportunities to provide information, access to sites, improved funds to do home-based services.*
- *Expansion of Partners In Aging (local non-profit organization focused on local senior needs and interests) or creation of some type of a "coordination" program to allow access to and coordination of current programs/resources (we have a lot of great services already in PD 16) for seniors and then expansion of services to meet unmet needs.*
- *More funding for senior programs to alleviate the loneliness and social isolation that are precursors of depression and risk of suicide*
- *Awareness of services*
- *A better communication system among services for seniors.*
- *Improve collaboration and resources*
- *Affordable housing especially for elderly*

Question 30: Some changes require significant additional resources, but what could be done to improve the service system for seniors in Stafford County with very little or no additional money?

- *Continue to do more with less.*
- *Help within building permit process, priorities for non-profits, weekend inspections; have to stop work to wait for inspection*
- *I work to have a donated fund base. This requires working with Churches on a massive level not just one here or there. I work with the Commonwealth's Attorney's office and have they diverted as many men and women to me for community service as is possible. I use those funds and that free labor force to repair homes, provide visits and even run to the grocery store if need be. I have at any time 20 to 30 people to work, it requires that I donate my time on weekends to meet this need, but it costs nothing and it impacts many*
- *as mentioned above, periodic discussions of community need among major stake holders could result in no cost/low cost improvements to the service system for seniors. Beyond this there is no specific no cost improvement I can recommend at this time.*
- *Provide HIV education opportunities during other events (schools, churches, county events/classes).*
- *Involvement in the Seniors Visitors program by county officials.*
- *Volunteers*
- *Coordination effort (position/hours designated for senior issues, internet, brochure, etc.) Education of what already exists for seniors in PD 16, support of current non-profit programs for seniors.*
- *volunteers provide our free services for seniors; increased recruitment efforts to gain more pro bono services by caring citizens; leveraged and shared resources*
- *More collaboration with the Area Agency on Aging*

- *There could be a coordinated website for Stafford County which would list anything from day programs, to nursing homes, rehab facilities, and services like mine (talking books for the blind and vision impaired) along with contact information.*
- *Increase volunteerism*

Question 31: What are the strengths of the service system for this population? What's going right in Stafford County?

- *Stafford County has highly motivated and experienced staff ready to do more with less.*
- *Using volunteer labor, discounted materials can do work with cost savings not a lot of overhead, 1 part time employee everyone else is volunteer, no rental for office space or storage, space is in-kind donation*
- *It would be unfair to respond, all I hear from neighbors is negative. In home service needs not being met, fear of losing one's home, the lack of transportation, etc.*
- *I think that the human service agencies that serve Stafford senior citizens are dedicated to providing excellent service in a collaborative manner. I have never encountered difficulty in working with any other agency or organization that serves Stafford seniors.*
- *We have not been as actively involved as we need to be to provide a reasonable response.*
- *They have contributed greatly to the growth of the county and should be supported. As more sub-divisions are being built that target senior citizens, support services for them are necessary. Seniors are at the highest risk for suicide.*
- *Great agencies that already collaborate and just need additional resources to meet the increased demands for services.*
- *Current support by the county of non-profits that serve seniors*
- *Partnerships with DSS, Agency on Aging, faith congregations - those who believe that seniors deserve to age at home with dignity and independence.*
- *The Area Agency on Aging does what they can*
- *There is a great hospital, and libraries.*
- *Agencies prepared to increase their services with increased resources*
- *There are none*

Question 32: What are the trends and threats that you see on the horizon (either for your program or the population that you work with) over the next 5 years?

- *An increase in the numbers of seniors who will require assistance.*
- *Downturn of economy; donations down; requirements are up*
- *The number will only increase as the population ages. If funding or staffing isn't gradually increased the one time impact will hit harder if someone makes a case of this.*
- *The most significant trend in aging is the impending retirement of the baby boomers. This group will demand and require more services and, perhaps, different services from those currently provided. Transportation that serves livable communities where people can age in place will be important factors in dealing with this demographic change that will affect the entire country. I am very concerned that at the very time when more resources will be needed they will not be available due to likely reductions in federal and state support. This in turn will place a larger financial burden on local governments which they may not be able to bear.*
- *There are no senior citizens who are multiple felons and drug users who would survive to that age. Those who do are usually homeless mental health cases.*
- *There are an increasing number of older people who are being diagnosed with HIV either because they are experimenting or because they believe they "are too old" to worry about HIV.*
- *The senior population will grow. Their tax capabilities will decrease, but they are more likely to vote.*
- *increasing population with decreasing funds. Continued lack of understanding of the connection between child sexual abuse and longer-term mental health, substance abuse, physical health and spiritual deficits that result.*
- *The senior population is going to overwhelm the system and will likely be very demanding, which they will be a voice with their votes!*
- *The aging population is the fastest growing, yet few services exist for seniors. With the military bases and federal government just miles north, Stafford could become a mecca for retirees with planning and funding.*

- *Unemployment, housing and transportation*
- *Seniors will increase over the next five years as baby boomers age. I hope that we are ready for them.*
- *We see more and more seniors entering homelessness due to the cost of housing. Elderly should not die on the streets. There should be some type of housing they can access and live their remaining days in peace.*

Question 33: Having taken the time to think about these issues, what is the one thing that you think the human service professionals should do?

- *Could rely more on non-profits. DSS refers a few people and could probably refer more.*
- *Hire experienced parents instead of inexperienced college kids*
- *Be proactive*
- *See and look at the whole picture of all people.*
- *Continue to coordinate services in order to avoid duplication of services*
- *Make sure we include non-profit mental Health providers such as the Fredericksburg Counseling Services in Fredericksburg, Virginia that supports the city and all surrounding counties providing mental health services based on income and lack of medical insurance.*
- *When working together, focus on how their agency could help a family rather than arguing what another agency should be doing.*
- *Consider housing programs.*
- *Work more closely together to get the word out to the public about the services available to them. Create more coalitions that are publicized for newer agencies or social workers to become involved with so that we can pool our resources.*
- *Collaborate as much as possible so that problem solving is not the responsibility of one single agency and enable various resources to be brought to bear on difficult issues.*
- *Understand emerging trends*
- *Make medical care a reality for everyone in need. The Moss Free Clinic does a great job, but they simply CANNOT handle all of the need. We need more Medical & Dental CARE opportunities in Stafford. I do believe that the local Drs. would be willing to work on a rotating schedule to help with this need if it were coordinated.*
- *Discuss all avenues for those in need of a service*
- *I'm already doing what I can.*
- *Bring the Program for Teen Parents back to Stafford County*
- *Round table discussions/opportunities for agencies, particularly non-profits to make their services known on a more detailed level. It's great that the County is doing this survey, but to really know what my agency does and the challenges it faces within the County and the region requires a more flexible venue.*
- *Get involved in area prevention efforts.*
- *Providing enough staff to meet the needs of residents as the residents needs continue to expand.*
- *More training in multicultural trends*
- *Advocate for cost effective systems that could involve public as well as private agencies.*
- *Advocate for individuals to have a life like mine*
- *Work on the availability of affordable housing.*
- *Remind themselves every day of the humanity of the people they serve.*
- *I have no suggestions.*
- *Understand the connection between child sexual abuse and longer-term mental health, substance abuse, physical health and spiritual deficits that result. Working to prevent, and intervene immediately to sexual violence and abuse, stalking and domestic violence helps reduce the problems listed above.*
- *Open up more community forums to discuss accessibility to mental health and substance abuse treatment. Stafford should look closely at their local CSB to determine if they are a viable and reliable resource for consumers needing care. Local CSB partners should embrace private sector agencies to create a more holistic and client centered approach to care. Furthermore, they should abstain from alienating private sector agencies and engaging in unprofessional conduct towards private sector colleagues and professionals.*
- *Continue to make their agencies the best possible and let everyone know which services are available.*

- *Move toward developmental programs that move people from dependency to self-sufficiency where possible Partner more with agencies that seek community development solutions to long-term social ills. Work to empower individuals where possible. Collaborate with agencies in the non-profit community that can add to or supplement their work. Networking and sharing resources.*
- *Be more inclusive in working with effective non-profits in the area in order to enhance their service delivery.*
- *partner and support each other and share resources*
- *set up satellite one stop centers that have cross trained employees shared among the service agencies represented*
- *Serve the people who need to be served efficiently and effectively while encouraging independence and self-reliance, understanding their illness and managing it.*
- *Constantly reevaluate the purpose and effectiveness of their programs for the current needs of local populations.*
- *continue to work as hard as they do and continue to seek improved facilities*
- *Appropriate adequate funding for professionals to meet the increasing needs of a growing county*
- *Continue doing the great job they are doing now! Be frank, be honest and don't set unattainable expectations for those in need.*
- *Continue to look for innovative ways to overcome barriers to access services.*
- *Provide more prevention opportunities for all youth in the county; specifically, allowing programs in the school that teach sexual assault primary prevention.*
- *increase communication*
- *Always work toward improving services already in place or create new ones to keep serving the population.*
- *More collaboration of services.*
- *Advocate for greater flexibility in the use of CSA funding. Recently, Stafford was told to not invest any longer in a school program that would save money by curbing private placements.*
- *Take a look at gaps in services and develop a multidisciplinary team to address the gaps and work with area service providers to develop programs to meet the unique needs of the county's residents.*
- *Work with both private and non-profits to ensure families have access to available services. Referring and collaborating.*
- *Continue to work together and partner.*
- *Collaborate more with other localities. I include politicians as human service professionals.*
- *Continue the research and education and strengthen the communication.*
- *Annual fund raising activities*
- *Increase collaboration and share resources*
- *Look into finding affordable housing means for their citizens, both young and old*

Question 34: Is there anything that you would like to add that was not specifically asked in this survey?

- *We can accomplish these things with a minimum of bureaucratic intervention, try not to make services difficult we can be responsive more so than some other agencies less than $100 expenditure one board member can approve*
- *Make sure we gather information from our diverse community*
- *Respect is a huge gift to those suffering from so many challenges. It is a free gift and is a basic human right that we can all afford to give. Our clients need this and they deserve it. We work for them, in every essence of the word. Without them we would not have a job. I think that everyone needs to realize this and remember that bullying is not acceptable or tolerated.*
- *The services we provide cut across age groups. Most affected are lower income individuals. There is a great deal of stigma that prevents people from having the courage to get tested. Education and presentations will go a long way towards helping reduce the stigma.*
- *CSA is the dominant program to assist families and children. We should be sure that we are following the original intent of the program when designing systems.*
- *People in the human services field at Stafford County have been professional, invested, skilled, and a joy to work with.*
- *Our agency provides several mental health programs - a Helpline, support groups, education and public policy - that do not receive any funding from Stafford County. Thus, survey answers are in response to the Senior Visitors program that receives funding from Stafford County.*

- *I am still unclear of the role of county government. Is the goal to have public agencies under the umbrella of county government? I see this as a conflict because of county's government's current focus on downsizing. I also see it as a conflict for the county board of supervisors to be making funding decisions involving human services. It would appear that human services are not a priority for them in light of the areas they have highlighted re: safety, development, education.*
- *I appreciate the county's willingness to engage with the community to make things better for our residents.*
- *Please realize that many mental health problems and substance abuse problems and youth related crime results from sexual assault/abuse and other interpersonal crime. We have two well-trained agencies that can serve these needs with improved resources.*

Stafford Human Services Master Plan - Stakeholder Priorities and Recommendations

SurveyMonkey

1. Braintree Solution Consulting, Inc. will maintain the confidentiality of your responses in this survey. Although responses will be shared with the County, the specific identity of survey responders will not. While Braintree will maintain your anonymity, as we may wish to follow up with you about some of your answers please provide us with some contact details below. If there is a better email address than the one by which you were contacted, please let us know in the space provided.

	Response Percent	Response Count
Name	100.0%	77
Title	98.7%	76
Organization	97.4%	75
Program	59.7%	46
Telephone	97.4%	75
Email	94.8%	73
answered question		77
skipped question		8

2. Which of the choices below best describes your target population? (If you make more than one selection, please select only those populations in which you make a primary or direct impact)

	Response Percent	Response Count
At-Risk (Includes those persons who are in danger because of community or environmental risk factors such as lead exposure, domestic violence, former incarceration, unsafe neighborhoods, etc.)	42.2%	35
Immigrants and Asylum Seekers (non-English speakers who need language, education, literacy services, etc.)	7.2%	6
Low Income (Lower income and/or living in poverty. Anyone eligible for public assistance and support programs designed to supplement low income and/or bring them out of poverty, like un-/under-employed or homeless)	31.3%	26
Developmentally Challenged (This group includes those who are at risk of or with documented developmental challenges that are sensory, cognitive, physical, social/emotional, adaptive and/or communicational. Eligibility for public assistance is based on these developmental issues and is usually provided regardless of income)	21.7%	18
Mental Health / Behaviorally Challenged (This group includes those who are at risk of experiencing behavioral problems in their home and family environment that are related to the behavior of others; and those who are at risk or have themselves evidenced behavioral and/or mental health	41.0%	34

problems)			
All populations (Every person in Stafford County is included in this classification, but with particular emphasis on those who are not in an eligibility-based program. These resources are available to anyone regardless of income, developmental progress and personal/environmental well-being)		36.1%	30
		answered question	83
		skipped question	2

3. Which of the following categories best describes your contribution to the human services system? Bear in mind that these are broad, often overlapping categories. (Please check all areas in which you make a primary or direct impact. The more focused and selective you are in making your choice(s), the better our survey results will be.)

		Response Percent	Response Count
Health and Safety (physical/mental/public health, domestic or community violence, etc.)		**63.0%**	**51**
Education (job training, teaching, child care/preschool, after-school programs, etc.)		38.3%	31
Family Support (parenting education, respite services, etc.)		44.4%	36
Individual Care (child care, elderly care, etc.)		21.0%	17
Basic Needs (temporary assistance, shelters, food provision, etc.)		33.3%	27
		answered question	81
		skipped question	4

4. Population-based Priorities: Low Income (Lower income and/or living in poverty. Anyone eligible for public assistance and support programs designed to supplement low income and/or bring them out of poverty, like un-/under-employed or homeless) Please select your top four priorities for issues affecting low income populations (*You may only select and assign four of the following issues)

	Top Priority	Second Priority	Third Priority	Fourth Priority	Rating Average	Response Count
Enhance Transportation	18.8% (6)	21.9% (7)	**31.3% (10)**	28.1% (9)	2.31	32
Increase early childhood program opportunities for low income groups	20.0% (4)	25.0% (5)	**30.0% (6)**	25.0% (5)	2.40	20
Housing and housing assistance	33.3% (14)	**38.1% (16)**	11.9% (5)	16.7% (7)	2.88	42
Improve respect for low income citizens	11.1% (1)	22.2% (2)	22.2% (2)	**44.4% (4)**	2.00	9
Increase utilization of existing services by lower income groups	14.3% (3)	28.6% (6)	14.3% (3)	**42.9% (9)**	2.14	21
Access to health care	22.2% (8)	**30.6% (11)**	19.4% (7)	27.8% (10)	2.47	36
Access to food and nutrition	22.7% (5)	4.5% (1)	27.3% (6)	**45.5% (10)**	2.05	22
Increase the capacity of social services (case workers, services, etc.)	15.2% (5)	18.2% (6)	**42.4% (14)**	24.2% (8)	2.24	33
Improve access to and capacity of mental health services	28.0% (7)	**32.0% (8)**	28.0% (7)	12.0% (3)	2.76	25
Improve the job prospects and self-sufficiency of low income / unemployed (job training, workforce development, etc.)	**45.2% (19)**	19.0% (8)	23.8% (10)	11.9% (5)	2.98	42
				Comment?		5
				answered question		**72**
				skipped question		**13**

6. Population Type Developmentally Challenged (This group includes those who are at risk of or with documented developmental challenges that are sensory, cognitive, physical, social/emotional, adaptive and/or communicational. Eligibility for public assistance is based on these developmental issues and is usually provided regardless of income) Please select up to three priorities from the list below

	Top Priority	Second Priority	Third Priority	Rating Average	Response Count
Improve the quality of early learning programs - especially those serving children with developmental delays	27.6% (8)	**48.3% (14)**	24.1% (7)	2.03	29
Increase utilization and capacity of developmental programs for children, youth and adults	21.6% (8)	29.7% (11)	**48.6% (18)**	1.73	37
Reduce the time it takes to identify, refer and place children with developmental difficulties	27.6% (8)	**41.4% (12)**	31.0% (9)	1.97	29
Provide a greater level of support to children and parents (wrap around services)	**52.9% (27)**	27.5% (14)	19.6% (10)	2.33	51
Better educate the public regarding the identification of developmental challenges and the resources available to address them	29.2% (7)	29.2% (7)	**41.7% (10)**	1.88	24
Promote self-sufficiency for disabled populations	35.5% (11)	25.8% (8)	**38.7% (12)**	1.97	31
				Comment?	3
				answered question	**69**
				skipped question	**16**

6. Population-Based Priorities Mental Health / Behaviorally Challenged Populations (This group includes those who are at risk of experiencing behavioral problems in their home and family environment that are related to the behavior of others; and those who are at risk or have themselves evidenced behavioral and/or mental health problems) Please select your top four priorities for issues affecting mentally/behaviorally challenged populations

	Top Priority	Second Priority	Third Priority	Fourth Priority	Rating Average	Response Count
Improve independence for residential and out-patient mental health clients	15.2% (5)	**30.3% (10)**	**30.3% (10)**	24.2% (8)	2.36	33
Housing for the homeless with mental health challenges	18.4% (7)	15.8% (6)	**39.5% (15)**	26.3% (10)	2.26	38
Encourage a more holistic, wrap-around and client-centered approach to care	**31.3% (15)**	29.2% (14)	20.8% (10)	18.8% (9)	2.73	48
Improve language translation and interpretation capacity at agencies providing mental health services	0.0% (0)	28.6% (4)	28.6% (4)	**42.9% (6)**	1.86	14
Increase the number and capacity of mental health providers	23.5% (8)	**38.2% (13)**	20.6% (7)	17.6% (6)	2.68	34
Improve public education regarding domestic violence and child abuse	22.6% (7)	9.7% (3)	25.8% (8)	**41.9% (13)**	2.13	31
Bolster financial support for Medicaid-supported mental health services	12.5% (3)	**33.3% (8)**	29.2% (7)	25.0% (6)	2.33	24
Maintain or increase funding for agencies providing services to these populations	**48.1% (25)**	21.2% (11)	15.4% (8)	15.4% (8)	3.02	52
					Comment?	6
					answered question	**70**
					skipped question	**15**

7. Population Type: Immigrants and Asylum Seekers (non-English speakers who need language, education, literacy services, etc.) Please select your top three priorities for issues affecting immigrant populations

	Top Priority	Second Priority	Third Priority	Rating Average	Response Count
Increase translation and interpretation capacity of service providers	30.8% (12)	30.8% (12)	**38.5% (15)**	1.92	39
Offer more English as a second language (ESOL) classes/education	**63.6% (14)**	31.8% (7)	4.5% (1)	2.59	22
Strengthen cultural sensitivity and awareness across Stafford	**41.2% (14)**	20.6% (7)	38.2% (13)	2.03	34
Maintain or increase funding for programs affecting immigrant populations	**37.5% (12)**	28.1% (9)	34.4% (11)	2.03	32
Increase capacity and utilization of family planning services for immigrant populations	22.2% (4)	33.3% (6)	**44.4% (8)**	1.78	18
Improve coordination between agencies (public and private) serving non-English speakers	26.0% (13)	**46.0% (23)**	28.0% (14)	1.98	50
				Comment?	3
				answered question	**69**
				skipped question	**16**

8. Population Type: At-Risk (Includes those persons who are in danger because of community or environmental risk factors such as lead exposure, domestic violence, former incarceration, unsafe neighborhoods, etc.) Please select your top four priorities for issues affecting at risk populations

	Top Priority	Second Priority	Third Priority	Fourth Priority	Rating Average	Response Count
Ensure prevention and an adequate safety net for children at risk	23.5% (12)	**33.3% (17)**	21.6% (11)	21.6% (11)	2.59	51
Improve the collection of survey data regarding at risk youth populations	0.0% (0)	**36.4% (4)**	27.3% (3)	**36.4% (4)**	2.00	11
Improve client-service orientation, respect and behavior at agencies serving at risk populations (including more opportunities for client input / oversight)	23.1% (6)	23.1% (6)	**34.6% (9)**	19.2% (5)	2.50	26
Improve public education regarding domestic violence and child abuse	13.6% (3)	18.2% (4)	27.3% (6)	**40.9% (9)**	2.05	22
Expand housing opportunities (particularly half-way homes) for formerly incarcerated	11.1% (3)	25.9% (7)	25.9% (7)	**37.0% (10)**	2.11	27
Institute strong support programs for teen parents	9.5% (2)	23.8% (5)	**33.3% (7)**	**33.3% (7)**	2.10	21
Improve collaboration among public and private entities working with at-risk populations	**36.6% (15)**	19.5% (8)	24.4% (10)	19.5% (8)	2.73	41
Enhance drug and alcohol prevention education for teen and adult populations	17.4% (4)	**30.4% (7)**	26.1% (6)	26.1% (6)	2.39	23
Build/create a "one stop center" for providing comprehensive services (*public and private)	**53.2% (25)**	21.3% (10)	14.9% (7)	10.6% (5)	3.17	47
Increase the capacity for language translation at social services and courts	9.1% (1)	18.2% (2)	**36.4% (4)**	**36.4% (4)**	2.00	11
					Comment?	4

answered question	71
skipped question	14

9. Population-Based Priorities All populations (Every person in Stafford County is included in this classification, but with particular emphasis on those who are not in an eligibility-based program. These issues relate to anyone regardless of income, developmental progress and personal/environmental well-being) Please select your top four priorities for issues affecting all populations (as defined above)

	Top Priority	Second Priority	Third Priority	Fourth Priority	Rating Average	Response Count
Enhance collaboration of service providers	19.5% (8)	19.5% (8)	29.3% (12)	**31.7% (13)**	2.27	41
Create a "One Stop" Service Center for all families and citizens	**45.7% (21)**	15.2% (7)	19.6% (9)	19.6% (9)	2.87	46
Improve language translation and interpretation among service providers	0.0% (0)	23.5% (4)	**41.2% (7)**	35.3% (6)	1.88	17
Improve public awareness of the services available to all residents	**34.0% (18)**	26.4% (14)	17.0% (9)	22.6% (12)	2.72	53
Enhance the quality of early care and education programs	7.4% (2)	**37.0% (10)**	22.2% (6)	33.3% (9)	2.19	27
Improve services and supports for the elderly	26.5% (9)	29.4% (10)	**32.4% (11)**	11.8% (4)	2.71	34
Additional parks and recreation facilities and programs	15.8% (3)	26.3% (5)	10.5% (2)	**47.4% (9)**	2.11	19
Improve public transportation options	24.5% (12)	28.6% (14)	**32.7% (16)**	14.3% (7)	2.63	49
				Comment?		3

answered question	73
skipped question	12

10. Before we go on to the next section covering age-based priorities, is there any priority you did not see listed above that you believe should be given consideration? Please note what type of population might be affected.

	Response Count
	11
answered question	11
skipped question	74

11. What age ranges/populations would you like to enter your perspectives for? In other words, if you work on behalf of any of the following populations, please select one and move on to that page of the survey. You will be directed to one set of questions for each age group at a time. At the bottom of each page you will be provided an opportunity to advance on to another age group or indicate you are done with the survey.

	Response Percent	Response Count
Children	14.9%	11
Youth	28.4%	21
Young Adults	10.8%	8
Adults	21.6%	16
Seniors	6.8%	5
No Thanks!	17.6%	13
answered question		74
skipped question		11

12. *Early Childhood The following list of issue areas is based on conclusions found in local reports, survey responses and research. They apply to all young children and are not limited to any particular group. In looking at the entire system of early childhood, how critical do you think these issues are for this population? In formulating your response, consider the challenges associated with each issue. For example, a "critical" response would be selected for an issue in which you see major service gaps.

	Critical	Somewhat Critical	Neutral	Somewhat Non-Critical	Non-critical	Response Count
School Readiness	**36.4% (4)**	27.3% (3)	27.3% (3)	0.0% (0)	9.1% (1)	11
Affordable Child Care	**70.0% (7)**	30.0% (3)	0.0% (0)	0.0% (0)	0.0% (0)	10
Physical Health and Safety	**45.5% (5)**	**45.5% (5)**	9.1% (1)	0.0% (0)	0.0% (0)	11
Family Supports	**72.7% (8)**	27.3% (3)	0.0% (0)	0.0% (0)	0.0% (0)	11
Quality Child Care	**54.5% (6)**	36.4% (4)	9.1% (1)	0.0% (0)	0.0% (0)	11
Parenting Education	**54.5% (6)**	36.4% (4)	9.1% (1)	0.0% (0)	0.0% (0)	11
Social-Emotional Health	40.0% (4)	**50.0% (5)**	10.0% (1)	0.0% (0)	0.0% (0)	10
Transition to Kindergarten	**36.4% (4)**	18.2% (2)	27.3% (3)	18.2% (2)	0.0% (0)	11
					answered question	**11**
					skipped question	**74**

13. Congratulations! Pretend that you have just won the $100 million lottery jackpot and you have very graciously decided to give it all to human services in Stafford that affect early childhood. How much would you allocate to the following issues? Please enter whole numbers that add up to $100 million. Each number is in the millions of dollars. For example, 1 = $1 million, 35 = $35 million, etc.

	Response Average	Response Total	Response Count
Quality Child Care (programs to ensure quality and standards, as well as provide accreditation support/TA)	11.56	104	9
Creating a "One Stop" Center serving children and families	18.00	180	10
Affordable Child Care (subsidies and other means of offsetting cost for parents and/or providers)	17.22	155	9
Physical Health and Safety (health insurance coverage, health clinics, etc.)	13.78	124	9
School Readiness (literacy initiatives, etc.)	12.56	113	9
Social-Emotional Health (mental health insurance coverage, children's mental health services, etc.)	12.22	110	9
Parenting Education (parent training classes, etc.)	15.00	105	7
Family Supports (respite services, adoption services, foster care services, temporary/emergency assistance programs, etc.)	**19.00**	**209**	11

answered question	11
skipped question	74

14. Is there anything not mentioned above you would want to see done in Stafford to improve outcomes for young children?

	Response Count
	4
answered question	4
skipped question	81

15. If you serve another of the major target populations and would you like to enter your perspectives for that group, please select it now:

	Response Percent	Response Count
Youth	80.0%	8
Young Adults	0.0%	0
Adults	0.0%	0
Seniors	0.0%	0
No Thanks!	20.0%	2
answered question		10
skipped question		75

16. *Youth The following list of issue areas is based on conclusions found in local reports, survey responses and research. They apply to all youth and are not limited to any particular group. In looking at the entire youth system, how critical do you think these issues are for this population? In formulating your response, consider the challenges associated with each issue. For example, a "critical" response would be selected for an issue in which you see major service gaps.

	Critical	Somewhat Critical	Neutral	Somewhat Non-Critical	Non-critical	Response Count
Affordable Youth Programs	**45.7% (16)**	28.6% (10)	22.9% (8)	2.9% (1)	0.0% (0)	35
Employment Opportunities	**48.6% (17)**	20.0% (7)	25.7% (9)	2.9% (1)	2.9% (1)	35
Quantity of Youth Programs	**44.1% (15)**	35.3% (12)	17.6% (6)	2.9% (1)	0.0% (0)	34
Mental Health	41.2% (14)	**44.1% (15)**	11.8% (4)	2.9% (1)	0.0% (0)	34
Gang Activity	17.1% (6)	**57.1% (20)**	17.1% (6)	8.6% (3)	0.0% (0)	35
Physical Health	22.9% (8)	**31.4% (11)**	**31.4% (11)**	14.3% (5)	0.0% (0)	35
Transportation	38.2% (13)	**41.2% (14)**	20.6% (7)	0.0% (0)	0.0% (0)	34
Quality of Youth Programs	34.3% (12)	**37.1% (13)**	20.0% (7)	8.6% (3)	0.0% (0)	35
Parent Involvement and Parenting Education	**60.0% (21)**	31.4% (11)	8.6% (3)	0.0% (0)	0.0% (0)	35
Teen Pregnancy	32.4% (11)	**41.2% (14)**	23.5% (8)	2.9% (1)	0.0% (0)	34
					answered question	**35**
					skipped question	**50**

17. Congratulations! Pretend that you have just won the $100 million lottery jackpot and you have very graciously decided to give it all to human services in Stafford that affect youth. How much would you allocate to the following issues? Please enter whole numbers that add up to $100 million. Each number is in the millions of dollars. For example, 1 = $1 million, 35 = $35 million, etc.

	Response Average	Response Total	Response Count
Gang Activity (law enforcement, outreach, youth development and prevention programs, etc.)	7.48	202	27
Affordable Youth Programs (subsidies and other means to offset cost for parent and/or providers, etc.)	11.03	342	31
Teen Pregnancy (outreach, awareness initiatives, services, etc.)	9.93	288	29
Quantity of Youth Programs (seed money for new programs, etc.)	10.30	309	30
Parent Involvement and Parenting Education (parent training classes, outreach programs to involve parents, etc.)	17.14	497	29
Creating a "One Stop" Center serving youth	**18.90**	**567**	30
Mental Health (mental health insurance coverage, mental health services, etc.)	11.22	359	32
Quality of Youth Programs (improving access to best practices, technical assistance services, etc.)	11.06	343	31

Employment Opportunities (youth training programs, etc.)	9.97	289	29
Physical Health (health insurance coverage, health clinics, etc.)	10.86	304	28
		answered question	35
		skipped question	50

18. Is there anything not mentioned above you would want to see done in Stafford to improve outcomes for youth?

	Response Count
	6
answered question	6
skipped question	79

19. If you serve another of the major target populations and would you like to enter your perspectives for that group, please select it now:

	Response Percent	Response Count
Early Childhood	0.0%	0
Young Adults	16.1%	5
Adults	16.1%	5
Seniors	3.2%	1
No Thanks!	**64.5%**	**20**
answered question		31
skipped question		54

20. *Young Adults The following list of issue areas is based on conclusions found in local reports, survey responses and research. They apply to all young adults and are not limited to any particular group. In looking at the entire system for young adults, how critical do you think these issues are for this population? In formulating your response, consider the challenges associated with each issue. For example, a "critical" response would be selected for an issue in which you see major service gaps or challenges.

	Critical	Somewhat Critical	Neutral	Somewhat Non-Critical	Non-critical	Response Count
Affordable Programs for young adults	**44.4% (8)**	33.3% (6)	22.2% (4)	0.0% (0)	0.0% (0)	18
Employment Opportunities	**73.7% (14)**	21.1% (4)	5.3% (1)	0.0% (0)	0.0% (0)	19
Quantity of Programs	**52.9% (9)**	11.8% (2)	17.6% (3)	17.6% (3)	0.0% (0)	17
Mental Health	**58.8% (10)**	35.3% (6)	5.9% (1)	0.0% (0)	0.0% (0)	17
Gang Activity	12.5% (2)	**75.0% (12)**	6.3% (1)	6.3% (1)	0.0% (0)	16
Physical Health	17.6% (3)	**58.8% (10)**	11.8% (2)	11.8% (2)	0.0% (0)	17
Housing	**57.9% (11)**	26.3% (5)	15.8% (3)	0.0% (0)	0.0% (0)	19
Quality of Programs	23.5% (4)	29.4% (5)	**41.2% (7)**	5.9% (1)	0.0% (0)	17
Transportation	**66.7% (12)**	5.6% (1)	27.8% (5)	0.0% (0)	0.0% (0)	18
Parent Involvement and Parenting Education	**35.3% (6)**	29.4% (5)	**35.3% (6)**	0.0% (0)	0.0% (0)	17
Teen Pregnancy and Family Planning	35.3% (6)	**52.9% (9)**	11.8% (2)	0.0% (0)	0.0% (0)	17
Improving Access to Services (appropriate referrals, red tape issues, wait times)	42.1% (8)	**47.4% (9)**	10.5% (2)	0.0% (0)	0.0% (0)	19
Emergency Services (shelters, temporary funds assistance, etc.)	**52.9% (9)**	41.2% (7)	5.9% (1)	0.0% (0)	0.0% (0)	17
Multi-lingual Services	17.6% (3)	**35.3% (6)**	23.5% (4)	5.9% (1)	17.6% (3)	17
Workforce Development and Training Opportunities	**50.0% (8)**	37.5% (6)	12.5% (2)	0.0% (0)	0.0% (0)	16
					answered question	**19**

skipped question		66

21. Congratulations! Pretend that you have just won the $100 million lottery jackpot and you have very graciously decided to give it all to human services in Stafford that affect young adults. How much would you allocate to the following issues? Please enter whole numbers that add up to $100 million. Each number is in the millions of dollars. For example, 1 = $1 million, 35 = $35 million, etc.

	Response Average	Response Total	Response Count
Creating a "One Stop" Center serving young adults	14.23	185	13
Transportation options	14.08	169	12
Housing	11.25	135	12
Gang Activity (law enforcement, outreach, youth development and prevention programs, etc.)	8.82	97	11
Affordable Programs (subsidies and other means to offset cost for parent and/or providers, etc.)	5.33	48	9
Teen Pregnancy and Family Planning (outreach, awareness initiatives, services, etc.)	6.17	74	12
Quantity of Programs (seed money for new programs, etc.)	6.73	74	11
Parent Involvement and Parenting Education (parent training classes, outreach programs to involve parents, etc.)	5.58	67	12
Mental Health (mental health			

Insurance coverage, mental health services, etc.)	**15.20**	**228**	15
Quality of Programs (improving access to best practices, technical assistance services, etc.)	5.00	45	9
Employment Opportunities (youth training programs, etc.)	10.53	158	15
Physical Health (health insurance coverage, health clinics, etc.)	9.64	106	11
Workforce Development and Training Opportunities (job outreach and referral services, vocational training, etc.)	9.29	130	14
Multi-lingual Services (ESL classes, language resource centers for providers/clients, etc.)	3.20	32	10
Improving Access to Services (appropriate referrals, red tape issues, wait times)	3.67	44	12
Emergency Services (shelters, temporary funds assistance, etc.)	9.00	108	12
	answered question		**17**
	skipped question		**68**

22. Is there anything not mentioned above you would want to see done in Stafford to improve outcomes for young adults?

	Response Count
	2
answered question	2
skipped question	83

23. If you serve another of the major target populations and would you like to enter your perspectives for that group, please select it now:

	Response Percent	Response Count
Early Childhood	0.0%	0
Youth	15.4%	2
Adults	23.1%	3
Seniors	0.0%	0
No Thanks!	**61.5%**	**8**
answered question		13
skipped question		72

24. *Adults The following list of issue areas is based on conclusions found in local reports, survey responses and research. They apply to all adults and are not limited to any particular group. In looking at all services and opportunities for adults, how critical do you think these issues are for this population? In formulating your response, consider the challenges associated with each issue. For example, a "critical" response would be selected for an issue in which you see major service gaps or challenges.

	Critical	Somewhat Critical	Neutral	Somewhat Non-Critical	Non-critical	Response Count
Affordable Programs for adults	33.3% (9)	**40.7% (11)**	25.9% (7)	0.0% (0)	0.0% (0)	27
Employment Opportunities	**57.7% (15)**	30.8% (8)	11.5% (3)	0.0% (0)	0.0% (0)	26
Quantity of Programs	19.2% (5)	30.8% (8)	**42.3% (11)**	7.7% (2)	0.0% (0)	26
Mental Health	40.7% (11)	**44.4% (12)**	14.8% (4)	0.0% (0)	0.0% (0)	27
Housing	**57.7% (15)**	19.2% (5)	19.2% (5)	3.8% (1)	0.0% (0)	26
Physical Health	30.8% (8)	**46.2% (12)**	19.2% (5)	3.8% (1)	0.0% (0)	26
Quality of Programs	28.0% (7)	**48.0% (12)**	24.0% (6)	0.0% (0)	0.0% (0)	25
Parent Involvement and Parenting Education	26.9% (7)	**42.3% (11)**	26.9% (7)	3.8% (1)	0.0% (0)	26
Family Planning	15.4% (4)	23.1% (6)	**57.7% (15)**	3.8% (1)	0.0% (0)	26
Improving Access to Services (appropriate referrals, red tape issues, wait times)	**44.4% (12)**	18.5% (5)	37.0% (10)	0.0% (0)	0.0% (0)	27
Emergency Services (shelters, temporary funds assistance, etc.)	**65.4% (17)**	23.1% (6)	11.5% (3)	0.0% (0)	0.0% (0)	26
Multi-lingual Services	**30.8% (8)**	26.9% (7)	**30.8% (8)**	7.7% (2)	3.8% (1)	26
Workforce Development and Training Opportunities	44.4% (12)	**51.9% (14)**	3.7% (1)	0.0% (0)	0.0% (0)	27
Transportation	33.3% (9)	**51.9% (14)**	11.1% (3)	3.7% (1)	0.0% (0)	27
					answered question	**27**
					skipped question	**58**

25. Congratulations! Pretend that you have just won the $100 million lottery jackpot and you have very graciously decided to give it all to human services in Stafford that affect adults. How much would you allocate to the following issues? Please enter whole numbers that add up to $100 million. Each number is in the millions of dollars. For example, 1 = $1 million, 35 = $35 million, etc.

	Response Average	Response Total	Response Count
Creating a "One Stop" Center serving adults and their children (family resource center)	**22.31**	**357**	16
Transportation options	10.41	177	17
Affordable Programs (subsidies and other means to offset cost for parent and/or providers, etc.)	9.06	163	18
Family Planning (outreach, awareness initiatives, services, etc.)	6.18	105	17
Quantity of Programs (seed money for new programs, etc.)	6.69	107	16
Parent Involvement and Parenting Education (parent training classes, outreach programs to involve parents, etc.)	11.38	148	13
Mental Health (mental health insurance coverage, mental health services, etc.)	12.17	219	18
Quality of Programs (improving access to best practices, technical assistance services, etc.)	5.86	82	14
Physical Health (health insurance coverage, health clinics, etc.)	16.44	296	18

Workforce Development and Training Opportunities (job outreach and referral services, vocational training, etc.)	10.78	194	18
Multi-lingual Services (ESL classes, language resource centers for providers/clients, etc.)	5.86	82	14
Improving Access to Services (appropriate referrals, red tape issues, wait times)	7.47	127	17
Emergency Services (shelters, temporary funds assistance, etc.)	11.10	222	20
Housing	15.29	321	21
		answered question	**26**
		skipped question	**59**

26. Is there anything not mentioned above you would want to see done in Stafford to improve outcomes for adults?

	Response Count
	0
answered question	**0**
skipped question	**85**

27. If you serve another of the major target populations and would you like to enter your perspectives for that group, please select it now:

	Response Percent	Response Count
Early Childhood	3.8%	1
Youth	11.5%	3
Young Adults	7.7%	2
Seniors	11.5%	3
No Thanks!	**65.4%**	**17**
	answered question	**26**
	skipped question	**59**

28. *Seniors The following list of issue areas is based on conclusions found in local reports, survey responses and research. They apply to all seniors and are not limited to any particular group. In looking at the entire system of services for seniors, how critical do you think these issues are for this population? In formulating your response, consider the challenges associated with each issue. For example, a "critical" response would be selected for an issue in which you see major service gaps or challenges.

	Critical	Somewhat Critical	Neutral	Somewhat Non-Critical	Non-critical	Response Count
Affordable Programs for seniors	**50.0% (4)**	37.5% (3)	12.5% (1)	0.0% (0)	0.0% (0)	8
Employment Opportunities	14.3% (1)	**42.9% (3)**	**42.9% (3)**	0.0% (0)	0.0% (0)	7
Quantity of Programs	0.0% (0)	**75.0% (6)**	25.0% (2)	0.0% (0)	0.0% (0)	8
"Aging in Place"	**50.0% (4)**	25.0% (2)	25.0% (2)	0.0% (0)	0.0% (0)	8
Assisted Living	28.6% (2)	28.6% (2)	**42.9% (3)**	0.0% (0)	0.0% (0)	7
Physical Health	25.0% (2)	**62.5% (5)**	12.5% (1)	0.0% (0)	0.0% (0)	8
Quality of Programs	37.5% (3)	**50.0% (4)**	12.5% (1)	0.0% (0)	0.0% (0)	8
Improving Access to Services (appropriate referrals, red tape issues, wait times)	25.0% (2)	**62.5% (5)**	12.5% (1)	0.0% (0)	0.0% (0)	8
Multi-lingual Services	0.0% (0)	**42.9% (3)**	28.6% (2)	14.3% (1)	14.3% (1)	7
Low cost in-home personal care services	37.5% (3)	**50.0% (4)**	12.5% (1)	0.0% (0)	0.0% (0)	8
Affordable Assisted Living Facility	**50.0% (4)**	37.5% (3)	12.5% (1)	0.0% (0)	0.0% (0)	8
Meals on Wheels	28.6% (2)	28.6% (2)	**42.9% (3)**	0.0% (0)	0.0% (0)	7
Geriatric Mental Health	12.5% (1)	**62.5% (5)**	25.0% (2)	0.0% (0)	0.0% (0)	8
Emergency Funds for Short Term Needs (housing, food, cleaning for hoarders, clothing, medical supplies, etc.)	42.9% (3)	**57.1% (4)**	0.0% (0)	0.0% (0)	0.0% (0)	7
Low Cost Housing	**57.1% (4)**	42.9% (3)	0.0% (0)	0.0% (0)	0.0% (0)	7
Transportation (door-to-door services, senior taxi)	37.5% (3)	**62.5% (5)**	0.0% (0)	0.0% (0)	0.0% (0)	8

No/Low Cost Chore and "Handy Man" Service	37.5% (3)	**50.0% (4)**	12.5% (1)	0.0% (0)	0.0% (0)	8
Assistance and/or housing for persons who are over-income for auxiliary grants	25.0% (2)	**50.0% (4)**	12.5% (1)	0.0% (0)	12.5% (1)	8
					answered question	**8**
					skipped question	**77**

29. Congratulations! Pretend that you have just won the $100 million lottery jackpot and you have very graciously decided to give it all to human services in Stafford that affect seniors. How much would you allocate to the following issues? Please enter whole numbers that add up to $100 million. Each number is in the millions of dollars. For example, 1 = $1 million, 35 = $35 million, etc.

	Response Average	Response Total	Response Count
Creating a "One Stop" Center serving the elderly (multiple services)	11.25	45	4
Affordable Programs (subsidies and other means to offset costs, etc.)	**17.00**	**85**	5
Quantity of Programs (seed money for new programs, etc.)	11.25	45	4
Grand-parent Involvement and Parenting Education (parent training classes, outreach programs to involve parents, etc.)	2.67	8	3
Quality of Programs (improving access to best practices, technical assistance services, etc.)	6.25	25	4
Physical Health (health insurance coverage, health clinics, etc.)	14.40	72	5

Workforce Development and Training Opportunities (job outreach and referral services, vocational training, etc.)	5.80	29	5
Multi-lingual Services (ESL classes, language resource centers for providers/clients, etc.)	1.33	4	3
Improving Access to Services (appropriate referrals, red tape issues, wait times)	7.60	38	5
Meals on Wheels	8.33	25	3
Affordable Assisted Living Facility	8.33	25	3
No/Low Cost Chore and "Handy Man" Service	9.00	63	7
Low Cost Housing	12.60	63	5
Transportation (door-to-door services, senior taxi)	10.83	65	6
Geriatric Mental Health	14.60	73	5
Emergency Funds for Short Term Needs (housing, food, cleaning for hoarders, clothing, medical supplies, etc.)	12.00	60	5
Low cost in-home personal care services	11.00	55	5
Assistance and/or housing for persons who are over-income for auxiliary grants	6.67	20	3

answered question	8
skipped question	77

30. With the retirement of the "baby boom" generation, new challenges are anticipated that affect the county as a whole as well as the services that affect seniors. What, in your opinion, should Stafford be doing to prepare for this increase in retirees and senior citizens?

Response Count
6

answered question	6
skipped question	79

31. Is there anything not mentioned above you would want to see done in Stafford to improve outcomes for seniors?

Response Count
5

answered question	5
skipped question	80

32. If you serve another of the major target populations and would you like to enter your perspectives for that group, please select it now:

	Response Percent	Response Count
Early Childhood	16.7%	1
Youth	0.0%	0
Young Adults	0.0%	0
Adults	33.3%	2
No Thanks!	50.0%	3
answered question		6
skipped question		79

33. Is there anything that you would like to add that was not specifically asked in this survey?

	Response Count
	11
answered question	11
skipped question	74

Stafford County Master Plan Survey

SurveyMonkey

1. Please complete the following – if you prefer to remain anonymous, it is still important that you give us your overall agency name, so we can gain insight into how agencies with different roles/service populations view these priorities.

		Response Percent	Response Count
Name:		88.4%	38
Title:		86.0%	37
Agency:		**100.0%**	**43**
Email Address:		88.4%	38
		answered question	**43**
		skipped question	**0**

2. Population: Individuals & Families At Risk

Priority 1: *Build/create a "one stop center" for providing comprehensive services.*

	Response Percent	Response Count
Lack of Existing Services	20.0%	7
Cost of Existing Services	17.1%	6
Lack of Service Coordination	28.6%	10
Accessibility (Lack of Public Transportation / Location of Services)	**34.3%**	**12**
Use the space below to detail your views on the identified priority and the primary barrier you selected:		21
	answered question	**35**
	skipped question	**8**

3. Population: Individuals & Families At Risk

Priority 2: *Improve collaboration among public and private entities working with at-risk populations.*

	Response Percent	Response Count
Lack of Existing Services	5.7%	2
Cost of Existing Services	17.1%	6
Lack of Service Coordination	**65.7%**	**23**
Accessibility (Lack of Public Transportation / Location of Services)	11.4%	4
Use the space below to detail your views on the identified priority and the primary barrier you selected:		15
	answered question	**35**
	skipped question	**8**

4. Population: Individuals & Families At Risk - Follow-up Question

What would you see as the essential components or effective structure for a "One Stop Center"?

	Response Count
	29
answered question	29
skipped question	14

5. Population: Immigrants

Priority 1: *Improve coordination between agencies (public and private) serving non-English speakers.*

	Response Percent	Response Count
Lack of Existing Services	72.4%	21
Cost of Existing Services	6.9%	2
Lack of Service Coordination	10.3%	3
Accessibility (Lack of Public Transportation / Location of Services)	10.3%	3
Use the space below to detail your views on the identified priority and the primary barrier you selected:		15
answered question		29
skipped question		14

6. Population: Immigrants
Priority 2: *Increase translation and interpretation capacity of service providers.*

	Response Percent	Response Count
Lack of Existing Services	40.0%	12
Cost of Existing Services	**46.7%**	**14**
Lack of Service Coordination	10.0%	3
Accessibility (Lack of Public Transportation / Location of Services)	3.3%	1
Use the space below to detail your views on the identified priority and the primary barrier you selected:		14
	answered question	**30**
	skipped question	**13**

7. Population: Immigrants - Follow-up Question 1
In your opinion tell us where duplication of services might exist; describe whether agencies tend to work in silos or isolation rather than in collaboration.

	Response Count
	21
answered question	**21**
skipped question	**22**

8. Population: Immigrants - Follow-up Question 2

What are the gaps in providing ESOL Classes? (For example: Talk about the need versus the number/type of classes available, what are the best times to hold classes as well as registration and is this being done now?)

	Response Count
	20
answered question	20
skipped question	23

9. Population: Low Income Individuals & Families

Priority 1: ***Improve the job prospects and self-sufficiency of low income / unemployed (job training, workforce development, etc.).***

		Response Percent	Response Count
Lack of Existing Services		39.3%	11
Cost of Existing Services		7.1%	2
Lack of Service Coordination		17.9%	5
Accessibility (Lack of Public Transportation / Location of Services)		35.7%	10
Use the space below to detail your views on the identified priority and the primary barrier you selected:			18
		answered question	28
		skipped question	15

10. Population: Low Income Individuals & Families
Priority 2: *Housing & housing assistance.*

		Response Percent	Response Count
Lack of Existing Services		60.0%	18
Cost of Existing Services		36.7%	11
Lack of Service Coordination		3.3%	1
Accessibility (Lack of Public Transportation / Location of Services)		0.0%	0
Use the space below to detail your views on the identified priority and the primary barrier you selected:			15
		answered question	30
		skipped question	13

11. Population: Low Income Individuals & Families - Follow-up Question 1
What are the contributing factors for Stafford having insufficient low-income housing? (For example, describe any lack of available housing stock, lack of interest by developers and landlords. Tell us if the wait list for HUD and other subsidized programs is an issue, and whether the short term or transitional options are available, such as rental assistance, temporary shelter.)

	Response Count
	22
answered question	22
skipped question	21

12. Population: Low Income Individuals & Families - Follow-up Question 2
What would you identify as the key job market issues for Stafford County? (For example, talk about commuting distance, higher rates of unemployment for some age groups.)

	Response Count
	23
answered question	23
skipped question	20

13. Population: Those with Mental Health & Behavioral Concerns
Priority 1: *Maintain or increase funding for agencies providing services to these populations.*

	Response Percent	Response Count
Lack of Existing Services	51.7%	15
Cost of Existing Services	34.5%	10
Lack of Service Coordination	3.4%	1
Accessibility (Lack of Public Transportation / Location of Services)	10.3%	3
Use the space below to detail your views on the identified priority and the primary barrier you selected:		18
answered question		29
skipped question		14

14. Population: Those with Mental Health & Behavioral Concerns
Priority 2: *Encourage a more holistic, wrap-around and client-centered approach to care.*

		Response Percent	Response Count
Lack of Existing Services		37.0%	10
Cost of Existing Services		18.5%	5
Lack of Service Coordination		**44.4%**	**12**
Accessibility (Lack of Public Transportation / Location of Services)		0.0%	0
Use the space below to detail your views on the identified priority and the primary barrier you selected:			14
		answered question	**27**
		skipped question	**16**

15. Population: Those with Mental Health / Behavioral Concerns
To what programs, services, or target populations would you direct additional funding if it was available in order to improve delivery of services?

	Response Count
	24
answered question	**24**
skipped question	**19**

16. Population: Developmentally Challenged Individuals & Their Families
Priority 1: *Provide a greater level of support to children and parents (wrap around services).*

	Response Percent	Response Count
Lack of Existing Services	24.1%	7
Cost of Existing Services	27.6%	8
Lack of Service Coordination	**34.5%**	**10**
Accessibility (Lack of Public Transportation / Location of Services)	13.8%	4
Use the space below to detail your views on the identified priority and the primary barrier you selected:		12
	answered question	**29**
	skipped question	**14**

17. Population: Developmentally Challenged Individuals & Their Families
Priority 2: *Increase utilization and capacity of developmental programs for children, youth and adults.*

	Response Percent	Response Count
Lack of Existing Services	16.7%	5
Cost of Existing Services	**50.0%**	**15**
Lack of Service Coordination	26.7%	8
Accessibility (Lack of Public Transportation / Location of Services)	6.7%	2
Use the space below to detail your views on the identified priority and the primary barrier you selected:		11
	answered question	**30**
	skipped question	**13**

18. Population: Developmentally Challenged Individuals & Their Families - Follow-up Question

In your opinion are services for this population too specialized, not specialized enough, and what are the identified gaps to services?

	Response Count
	19
answered question	19
skipped question	24

19. What should be done to improve access to human services overall (for all populations)? Please include how you think these improvements should be implemented and by whom they should be implemented.

	Response Count
	18
answered question	18
skipped question	25

20. What types of data do you currently collect and analyze to assess customer feedback on service quality and service needs at your agency?

	Response Count
	22
answered question	22
skipped question	21

21. How do you report that data (i.e. in what format was the most recent report)?

	Response Count
	20
answered question	20
skipped question	23

22. Would you be willing to share the data that you have collected, in whole or in part, with our committee?

	Response Percent	Response Count
Yes	68.2%	15
No	31.8%	7
answered question		22
skipped question		21

APPENDIX – ADDITIONAL QUESTIONS FROM SURVEY 3

➲ Individuals & Families At Risk - Follow-up Question - What would you see as the essential components or effective structure for a "One Stop Center"?

Staff possesses an accurate, working knowledge of all agencies.

Close collaboration among all entities to share information

Someone to coordinate the "One Stop Center" who is very knowledgeable and good at multitasking and follow-up.

County government Social Services Health Department Parks and Rec Voter Registration

Public transportation that goes directly to the location. A location that can house the providers who are for profit and nonprofits. The facility needs to be as nice as what most medical office buildings are. The residents deserve to be treated like those with money and insurance. One problem though, who would help pay for the build out for nonprofits? Who would make it affordable for a nonprofit to be able to rent? I pay $14.50 a square foot. Few places are going to lower rent to a nonprofit that they can afford. The other key problem is parking. There has to be good parking available. At my office we have 17 interns, 3 staff, and up to 20 + patients a day. This is a lot of spaces. For our clients, if there isn't parking, they will not keep their appointment.

We are building one in King George via Project FAITH, it will house DSS, Health, a free clinic a community college and RGI facility with a day care center It is a great opportunity to address health, food and education.

The only model I'm aware of is "Our Health" in Winchester.

Acquiring the staff to provide care and operate the facility.

Intake personnel who are equipped to identify the needs and direct the client to the right resource. This infers that they are completely up to date on what services are available and what each service provides within their respective framework.

Location, funding, staffing, management

The essential components would include a mechanism that allows all participants to be tracked and that would create a service plan suited to their needs. Each client would begin at a service clearing house and be moved through the system by priority of need in an individual service area. It is also important that the One Stop have all major service elements represented and the appropriate client meeting spaces.

Transportation to or building located in areas with high number of individuals and families at risk

Staff that are experienced in assessing risk factors, clinical needs, and knowledgeable in connecting to appropriate resources.

RACSB would consider having a staff member onsite should space be available.

A computerized access and collaboration between Human Services, Financial Aid/Assistance, and DMV (for applying for ID), and crisis help, such as help with issues of interpersonal violence, child support, also registration for Head Start, information on affordable day care, etc. Also a community closet for free clothes, household items, etc. such as RCDV had back in the early 2000's for a while.

Ease of access and a coordinated service structure.

Same day scheduling; access to services within 36 hours; flexible hours including evenings and weekends; knowledgeable/experienced staff; and ability to follow-up with referral sources.

Health Department and Social Services in one building

Central location, on the bus route, with enough room for each agency to provide efficient services to individuals.

A central intake person who would know the services of all the agencies and be able to route people to the correct service agency.

Properly funded so that it is not scrounging around for basic operating expenses; multiple venues for this one stop center so that all county residents will be close to one; extended hours.

A key element would be an automated tool that defines capabilities of the various private/public entities and defines how to access them.

Unified acceptance of one another and our missions. Respect for clients and their rights, dignity first before anything. Respect for various criteria relative to 'grey area' providers. We are not all alike and cannot be under one set of screening criteria across the board. A lot can be the same, but some of us will need to have a little more leeway to help those that cannot be seen by stricter non-profit guidelines.

Convenience for clients, transportation, united 'team' of providers, same basic ideals as far as dignity, respect and putting the client first. I would like to suggest an additional facet of this program. It would like to see a 'Client Services Office' and their role would be to ensure that the clients were receiving the help that they need in a respectful and fair environment. I would also like to see "Shoppers" used to guarantee these basic respect issues are met to the best of your ability. There are no guarantees of course, but I believe that if we all knew there was a chance that we were being watched, that the dignity and respect given to the clients would rise and provide more than just for their physical needs, but for their emotional needs as well.

Team working together for the same common cause

1. Integrated system or knowledge base in order to share "real time" information between participating organizations. 2. Who's in charge? There has to be some type of management structure even when dealing with multiple entities. A board or committee of some sort with policy authority would be ideal.

Including multiple types of services, to include nonprofit, governmental, and for profit agencies. There must be a "hub" or central office for the center that coordinates the activity within the center. Location is vital determining where the best possible site needs to be is the first step. A primary objective is to improve accessibility to services. It may be that this is a multi-year project that takes shapes over time.

Collaboration on what that looks like and location

All agencies working together but communication to users of the services as to what is available and how to access. Public education and awareness.

➲ Immigrants - Follow-up Question 1 - In your opinion tell us where duplication of services might exist; describe whether agencies tend to work in silos or isolation rather than in collaboration.

Unknown

I am not sure about this one.

I'm not sure there is a lot of duplication of services. The cultural and language barrier makes it hard all around.

I don't see a lot of duplication; the problem seems to be lack of services, not too many services.

They all work in Silos. I deal directly with the Russian immigrants and know that we work that way as well

Unknown

I'm not aware of duplication of services. In general there is lack of knowledge of resources and an understanding of the scope of services offered because agencies tend to operate in silos.

Some agencies don't recognize the need for this

Typically the duplication exists at the DSS level, where they replicate many services provided by outside entities. They should be a backstop not out front.

Not enough collaboration and if there is collaboration then the agencies that are working with immigrants are not at the table.

Agencies tend to work in isolation rather than in collaboration.

I truly believe the overall mission of providers and agencies is one of collaboration. There may be individuals within the organization who may operate more in isolation, but I believe the leadership of all the agencies understands that in time of limited resources and increasing need that it serves no one to operate in isolation.

In some cultures, there is a stigma to seek public assistance for mental health concerns.

Even when an agency has bi-lingual staff, those staff cannot be expected to serve multiple agencies and still be able to do their jobs. We need a pool of interpreters who can serve all agencies, and interpreting is their only role. Agencies work in isolation but for good reason as mentioned above.

I am not sure that there is significant duplication of services for this population. I would guess that there is a lack of knowledge in this population of the services that are available.

I can speak to the refugee population, and I feel there is good collaboration between the Refugee Resettlement Services and RAHD. It is my impression that there is little duplication and most agencies work in collaboration.

I am not qualified to address this subject.

This is only slightly problematic due to the churches that have the opinion that 'if they didn't need it that they wouldn't ask for the help.' To which I personally agree. The problem is that though this is frequently the situation with this specific population, it is not normally the situation with the remainder of our clients who may be abusing the system.

I am not saying that it isn't needed or necessary for their wellbeing, but I do think that this is not an area that is collaborated well at all. From what I understand, many of the churches and organizations that serve illegal immigrants have the opinion that if they are hungry, we will feed them. We too help this population loosely where we can. I am just answering the question.

I believe agencies tend to work in silos when dealing with these issues.

What services there are seem to work in isolation rather than collaboration. Because most of them charge and we don't have budget for that expense, we rarely use the services, so I don't know if there is duplication

➲ Immigrants - Follow-up Question 2 - What are the gaps in providing ESOL Classes?

Unknown

The branches of the Central Rappahannock Regional Library serve as class locations, which works well because of our multiple locations and open hours. We could likely accommodate additional classes if the need is there.

I am not sure about this one.

I could see the language barrier, lack of transportation, fear if the person is an illegal, and money to pay for the classes. I don't know, but I would guess that there aren't that many classes out there.

I see transportation and child care as the biggest obstacles for ESOL classes. Many of the families we work with never pursue classes because they can't get there or they don't have anyone to watch their children.

There appears to be plenty of opportunity to get this service now without altering the existing mode of operation

Don't know

The need is great, but there is a breakdown which occurs between clients that are waiting to be served in their native tongue versus learning English. There should be a push for both to occur.

Transportation to sites where these classes are being held.

Unfamiliar with this situation.

Unfamiliar with ESOL classes and what is available now.

I am not familiar with current ESOL classes in the area. Best time would seem to be evenings.

I do not have significant knowledge on this topic.

Too few classes being held, cost prohibitive to employ "teachers", location to hold classes is a problem, classes should be held during the day and evening.

I am not qualified to address this subject.

Communication problems with non-Spanish speaking staff that would be a part of the coordination of the classes and participation into the program. Babysitting, transportation, and MAINLY TRUST. If they are not legal, then they may not trust us to have their best interest at heart and be fearful of being turned in.

TRUST. Many of these clients are not legal and are afraid to trust or disclose any information.

N/A

COST at taxpayer expense!

Offer times that work with working schedules and consider child care concerns.

➲ Low Income Individuals & Families - Follow-Up Question 1 - What are the contributing factors for Stafford having insufficient low-income housing?

Unknown

Lack of affordable housing

N/A

Yes to all the above. It is cheaper in Spotsylvania but they can't afford there either

Lack of temporary shelters; lack of supportive housing; lack of population-specific shelters/housing (teens, families, etc.); wait-lists for Section 8; rental assistance is not available.

You cannot wait or rely on any State resource to do this job for you; you need to make it a goal to build on your own. contact Project FAITH in KG they have built a town dedicated to the housing need and have expanded to Caroline to help meet their needs, it is a private venture and hasn't cost the local government anything except a few tax variations

Not sure.

Not sure it is a priority for County Government. Awareness of the issue needs to be heightened and communicated.

Demand exceeds the supply

The most likely cause is the fact that most of the Stafford citizenry is not interested in having a low income housing project near them, but most understand the importance. The real issue is the stigma of such a place.

Stafford's focus in the past has not been on affordable housing for the low income. Even now, the number of $300,000 + homes going up far outweighs what the community really needs.

There is limited housing for MH and ID people.

Examples cited are it - lack of available housing stock, wait list for subsidized housing, minimal transitional options.

Yes, the wait list for HUD and other programs is an issue, as the number of individuals and families who need help far outnumber the available resources. We need to turn to D.C. and other metropolitan areas that have come up with creative solutions to affordable housing. Some regions have also turned run-down housing into affordable housing communities, with a rent-to-own possibility. Basically Stafford needs to have a facilitated discussion with all stakeholders to come up with ideas and options.

Insufficient affordable housing stock is part of the problem as is long wait list at existing facilities.

There is lack of available low income housing, there is a lack of interest by developers and landlords, related to the foreclosures, as more are looking for rental property, so developers and landlords are able to charge high rents and get it. The wait for HUD assistance is long and temporary housing is already overpopulated.

There is little economic incentive for developers and landlords to provide low income housing. The Central Virginia Housing Coalition may be able to help with this problem. Additional funding to the Central Virginia Housing Coalition could certainly be helpful.

Long wait list for HUD, etc.! Not enough resources that is affordable for low income families. Also, we need more temporary shelters. And, yes, even for those who have addictions. We need to help those who are without hope, many who have served their country and are reaping the devastation from it.

Yes, the wait list for HUD is a huge factor. If you have lost your job and you are picking up odd jobs, HUD would make a big difference. They might even be able to avoid homelessness. Also, Accountability comes into play again. Most of the times there are some other reasons that go into why they lost their jobs and why their rent is so far behind. I would like to see preventative measures taken to enforce good sustainability skills for those who are at risk or have recovered from homelessness.

We have a lack of available housing stock as well as a lack of interest from local officials to provide opportunity for this type of development to take place. The shelter for our region is in Fredericksburg, there is hardly any transitional housing in Stafford, and most clients if they are from Stafford are placed in the City, King George, or Spotsylvania. This is an area that needs to be addressed.

Lack of housing stock in the area

Do not know

➲ Low Income Individuals & Families - Follow-Up Question 2 - What would you identify as the key job market issues for Stafford County?

Unknown

Although the situation has been steadily improving, there are still not enough good jobs in the area, leading to people needing to commute to find the jobs they need.

Job market is very tough right now, especially for very young and older job-seekers. Those without a college degree or those who are handicapped.

High cost of housing, lack of transportation

Again, all the above.

For such an urbanized area this should not have been an issue, perhaps tax incentives would help some of the smaller employers and encourage them to hire

Lack of local jobs available due to current economy.

Significant disparity for higher paying jobs.

See priority one

There are really only two commerce districts in Stafford, which makes for commuting issues, especially if one factors in route 95.

So many small businesses keep going under due to the greed of commercial landlords unwilling to adjust rent contracts that were made in the heyday when the economy was good. These take away jobs from those in lower level positions.

Not enough jobs for young adults.

Commuting issue to find employment that pays enough to live in Stafford.

Commute availability of higher paying opportunities in the Washington, D.C. metro area; there are opportunities related to HOT lanes, Quantico, and government contractors

Commuting distance, higher paying jobs tend to be outside Stafford area. Quality of life decreases as commuting time increases.

Education and training so that heads-of-household earners who are currently earning minimum wage can follow a path of their choosing which can lead to increased income and job satisfaction.

Commuting distance and the cost of a long commute are important factors for the low-income population.

Commuting is an issue. The young adult population is unable to secure full time, well-paying jobs.

Commuting distance is a major issue.

Lack of motivation on the job candidate's side. Lack of a true desire to get off of welfare and to become self-dependent often times because they will not benefit by being employed. Childcare is very expensive and so they cannot afford to work and also 'why work if I won't make any extra money and I will have to put my kids in daycare all day long. I'd rather stay at home and be with my kids." I WOULD LIKE TO SEE A LOW INCOME DAYCARE PROVIDER. One that would benefit the kids through education as well as the parent who could actually reap the benefits of working by having more income as well as self-respect and happy kids.

Honestly, I think it is poorly qualified job candidates more than anything.

Distance, skill level, training

Higher rates of unemployment and lack of skills and training

➲ **Those with Mental Health / Behavioral Concerns – Follow up Question: To what programs, services, or target populations would you direct additional funding if it was available in order to improve delivery of services?**

Team meeting outside of FAPT

The chronically homeless need intensive mental and physical health services. Agencies such as Micah and Mental Health America of Fredericksburg work well with these clients and others in need.

The Sunshine Lady House for Mental Health Wellness and Recovery

In-home providers WRAP Services (through NAMI) Local children's mental health crisis center

Agencies like the RACSB and FCS need more of the direct funding which allows for the agencies to be more available. One huge problem is a minimum locations that deal with substance abuse. And work with medication management for patients. Not a lot of options out there.

Children, this population is growing and an ounce of prevention will save you money when they get older and have more issues

RACSB, Fredericksburg Counseling Services, Lloyd F. Moss Free Clinic, and Mental Health America

The economically disadvantaged who lack access and follow-up.

Low-income children; prevention services like Circle of Parents by RACCAP. It builds relationships with families and teaches good parenting. Intervention needs to happen, but not as 100% of money spent. Start increasing the funding to all preventive program projects. Otherwise there will be no change. You will always have "more consumer clients instead of clients who grow up healthy and take care of themselves.

Residential services

My initial answer speaks to this. Stafford needs to create a working definition for special needs and fund accordingly. It is possible that some organizations have to narrow a focus or too broad of one. There are many great programs, but it would seem that programs serving families with special needs children would free up working adults to continue to support both their families and the county.

The most vulnerable who do not have other ways to get their needs met.

Young adults who have MH or functional impairments in with independent living.

Programs, public and private, licensed by DBHDS so that oversight and accountability is provided.

Additional funding to RACSB would help support their outpatient services and Emergency Services. Additional county support to those programs would allow the agency to direct additional resources to other programs like day support and residential

Target youth who have been exposed to violence or who have multiple family stressors, and are at risk of perpetration/victimization or self-harm as a result of this experience.

The low-income population in this category could be better served with increased funding to RACSB and other related nonprofit mental health service providers such as Mental Health America.

Low cost substance abuse centers,

I am not very well qualified to address this issue.

Dependency issues resulting in an inability to shelter many, many homeless alcoholics, etc. Many of these are war vets and simply cannot grasp at a twig to move forward.

Teens with behavioral concerns.

Acute services and crisis stabilization. Services for identified adults with autism who are aging out of the special education system that will no longer be able to live at home- where can these youth live. We need more housing all levels of functioning populations of those with mental health issues.

Not discriminate for those with insurance options versus those without insurance options to access services; concern also for growing teenage and early adults who need this service and there are NO adequate providers for the service

Therapy and treatment

➲ Developmentally Challenged Individuals & Their Families - Follow-up Question - In your opinion are services for this population too specialized, not specialized enough, and what are the identified gaps to services?

Programs are specialized, but some families need additional assistance to manage and ensure that they are maximizing the benefits received from the specialized services

There are too few abilities to place these young people in a work environment because so few employers are will to take a chance.

There needs to be services, as needed per individual, available to those with all disability types, not specialized organizations that serve only those with a specific disability criterion. Gaps in services include a one-stop system of entry, system of coordination, housing, employment, and transportation.

They are lacking in availability and funds to do the above. There will always be this population to work with.

I believe that the services are specifically designed for each situation and they are good at what they do

Not sure.

Current services represent efficiency with available resources

I would say that many of these services are too specialized. Often these agencies are a response to personal experience and can have a tendency to focus on one service area and neglect others, which prompts the creation of multiple agencies with similar missions. This is an unfortunate side effect of trauma, but a good plan could eliminate this.

Diversity of services available in Stafford and surrounding areas; connecting families to the services and helping to guide them through the system is necessary

Not specialized enough.

No opinion

I think the services available are properly focused but there needs to be more access to what already exists.

Too specialized....too many don't meet the criteria for the services, but are too advanced for other options.

There seems to be an inequality in the services the county provides; i.e. the schools.

Low income families are at risk of not being able to receive this help.

Again... Continuation of support throughout adolescence into adulthood. Many necessary programs just stop after the age of 18/21.

There are services for this population; they are not always accessible in our community. Often times to receive highly specialized services families are traveling to Northern Virginia or Richmond for answers. I don't necessarily think that is a bad thing as they have large systems that can handle all the complexities necessary for this population.

Other localities have a therapeutic recreation coordinator position that works with individuals in the recreational setting to assist with providing programs and creating programs for their needs. Ensures ADA guidelines are followed etc.

Not specialized enough and not enough service to meet the demands

Four additional questions were asked in the third survey:

1. The following question applies to all services, not one target group or priority, and is provided as general information relevant to the planning process:

What should be done to improve access to human services overall (for all populations)?

A staff from each public service office should be housed at the Human Services office. Staff should be cross trained by the other agencies. This will allow for a one-stop shopping office.

Improved communication among agencies. They currently do a great job of networking, but there is always the opportunity to do even more!

Offer a conference in Stafford County for support agencies to come and explain what they do. There can be booths as well as workshops planned.

Funding for nonprofit agencies that provide care for these residents and have solid outcome measurements.

Hire more polite people. I have actually been so humiliated by the receptionist that I walked out of the office. She absolutely refused to put me in touch with the person I needed to do business with.

I think funding is the key issue. Social Service agencies and nonprofit organizations are struggling to obtain needed funding to increase/enhance their services during this time of economic stress. Without adequate funding and support improvements are difficult to make. Local governments, with their funding limitations, have not been able to provide any funding increases for the past several years.

In healthcare the need is more providers (physicians/advanced practice nurses). Public/Private partnerships should be evaluated and created to address the issue.

I'm not sure I agree with the premise of this question. The more that is done, the more is expected.

There are far too many service agencies that are still unfamiliar with the services offered by other agencies. This is further amplified by the fact that DSS often offers similar services, but with less specificity. I have said it often, but I will say it again. Concordia solves this

As the amount of families at and below poverty increase as the middle class decreases, it is important that services focus on how to help these families get back on their feet and to provide the necessary care for developmental disabilities and mental health conditions caused/aggravated by the increased stress levels.

Services that assist people in understanding what services are available and assist them in having the skills to access the services.

Continued communication and opportunities for collaboration. Greater understanding among different agencies of the work they do.

Improved access to all services is very important across population categories. Expanded public transportation into rural areas would help significantly as would enhanced paratransit services from agencies such as the RAAA and RACSB. Federal and state funding is available for the present to sustain existing services but additional funding will be needed to significantly expand services. Increased local funding may be necessary to achieve this goal.

I strongly believe a Human Services Building, housing several agencies would be the best improvements, related to accessibility, required space and for coordination of services. I think they should be implemented by the County.

Federal, State and local funding needs to increase for human services. Implementation should be done at the state and local levels.

SHOPPERS! I think that respect and dignity are Huge and frequently not afforded to those in need of help. I have personally experienced this myself when I took my alcoholic brother for assistance somewhere and this is not acceptable. Dignity is free and no one should be treated like they don't matter.

From the local government perspective I would say it would be beneficial to determine how the County can support the current delivery system and be an integral part of any changes that need to occur. This should be done in a partnership between local governments, nonprofits, for profits to ensure everyone who supports our citizens is involved. I believe creating a human services council that can spearhead projects and take actions should be formed. This group could look at current systems in place and work towards identifying projects or other priorities that need to happen. We need a centralized group that can then spread the word, get feedback, go back into the community and bring information back. This collaboration and improvement of communication across agencies will get us in the right direction. I believe that Stafford County should be a main player in how this gets implemented.

If better and more options were available for mental health supports and job training programs for ALL individuals.

2. What types of data do you currently collect and analyze to assess customer feedback on service quality and service needs at your agency?

3. How do you report that data (i.e. in what format was the most recent report)?

4. Would you be willing to share the data that you have collected, in whole or in part, with our committee?

The answers to questions 2-4 were not complete. While a small number of participants responded to question 2 with useable information, the wording of question 3 led to responses such as 'WORD document' rather than the desired descriptions of how the information is currently shared. Only 8 of the respondents indicated a willingness to share outcome data, and this did not include many of the larger human services provider agencies. This information, like the answers to question 1, is not sufficient to draw any conclusions, but has been referenced in the development of action steps, and is most as a starting point for future discussions of evaluation and customer satisfaction, as noted in the Action Steps section of this plan, below.