

Department of Family Services

FY 2025 Advertised Budget Plan: Performance Measures

Director's Office

Goal

To provide oversight and leadership to Department of Family Services cost centers in order to ensure the provision of quality and timely services to DFS clients.

Objective

To meet or exceed 75 percent of DFS objectives.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Department of Family Services budget overseen	\$134,411,533	\$146,212,006	\$156,592,827	\$154,242,481	\$168,229,552	\$168,229,552
Efficiency						
Ratio of the Director's Office budget to the department's overall budget	1:\$135	1:\$162	1:\$119	1:\$121	1:\$81	1:\$121
Service Quality						
Percent of DFS service quality targets achieved ¹	NA	50%	75%	47%	75%	75%
Outcome						
Percent of DFS objectives accomplished ¹	NA	55%	75%	50%	75%	75%

¹In FY 2021, DFS's ability to perform surveys was hampered by the COVID-19 pandemic. Therefore, surveys were not conducted.

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Domestic & Sexual Violence Services

Objective

To ensure that 98 percent of clients who have experienced domestic and/or sexual violence who access services are satisfied with the services they received. To ensure that 97 percent of clients who have experienced domestic and/or sexual violence who access services receive safety planning as part of their services.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Number of DV/SV clients served	3,751	4,181	4,100	3,920	4,340	4,500
Service Quality						
Percentage of survivors who report being satisfied with the services received.	91%	82%	98%	90%	90%	90%
Outcome						
Percentage of survivors who receive safety planning as part of the services provided.	90%	84%	98%	87%	98%	95%

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Objective

To ensure that 95 percent of Anger and Domestic Abuse Prevention and Treatment (ADAPT) clients, most of whom are court ordered, demonstrate self-responsibility for perpetration of prior abuse. To ensure that 99 percent of ADAPT clients respond affirmatively to at least 75 percent of self-improvement statements that demonstrate positive changes in behaviors and/or attitudes.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Number of ADAPT client intakes.	190	195	250	130	250	250
Service Quality						
Percent of ADAPT clients satisfied with services	99%	86%	99%	87%	90%	90%
Outcome						
Percent of ADAPT clients responding affirmatively to at least 75 percent of self-improvement statements at program closure	92%	86%	99%	96%	90%	90%
Percent of ADAPT clients demonstrating self-responsibility for prior domestic abuse	93%	97%	95%	85%	95%	88%

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Operations*

Objective

To provide clients with information, or connect them to the appropriate resources, in a timely and accurate manner while maintaining less than an 8 percent call abandonment rate.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Number of caller requests for information	111,934	99,859	117,833	111,075	112,186	113,308
Service Quality						
Average wait time until call answered	2.30	1.24	3.12	6.06	3.00	2.30
Outcome						
Percent of calls abandoned	9.94%	8.90%	14.00%	20.00%	12.00%	8.00%
Percent of calls resolved by Call Center staff	57%	57%	68%	74%	75%	76%

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Self-Sufficiency

Goal

To provide employment services and public assistance to the economically disadvantaged populations so individuals and families may achieve and maintain the highest level of productivity and independence equal to their abilities.

Objective

To process Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance to Needy Families (TANF) and Medicaid/FAMIS applications within or exceeding the state-mandated time frames of 97.0 percent of the time.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
SNAP applications received	23,605	25,056	26,898	27,233	29,047	30,861
TANF applications received	3,927	4,963	4,882	5,050	5,130	5,210
Medicaid/FAMIS applications received	45,166	36,169	33,669	35,327	34,485	33,643
Service Quality						
SNAP applications completed within state-mandated time frame	21,723	23,253	26,483	21,306	26,456	26,885
TANF applications completed within state-mandated time frame ¹	3,915	4,991	4,961	5,217	5,078	5,157
Medicaid/FAMIS applications completed within state-mandated timeframe	34,230	29,806	30,272	30,676	29,435	28,716
Outcome						
Percent of SNAP applications completed within state-mandated time frame ¹	99.6%	99.4%	99.0%	99.1%	99.0%	99.0%
Percent of TANF applications completed within state-mandated time frame ¹	99.4%	99.1%	99.0%	99.0%	99.0%	99.0%
Percent of Medicaid/FAMIS applications completed within state-mandated timeframe ¹	91.3%	89.3%	97.0%	96.3%	97.0%	97.0%

¹ Applications completed within time frame includes the completion of some cases carried over from a previous month.

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Objective

To achieve or exceed an average monthly wage of \$2,450 for Virginia Initiative for Employment Not Welfare (VIEW) clients.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Clients served in VIEW program	512	570	950	1,041	1,000	1,000
Service Quality						
Percent of VIEW clients placed in a work activity ¹	NA	NA	90%	75%	90%	90%
Outcome						
Average monthly wage for employed clients in VIEW program	\$2,696	\$2,723	\$2,600	\$2,700	\$2,600	\$2,650

¹ DFS's ability to perform surveys was hampered by the COVID-19 pandemic. Therefore, surveys were not conducted.

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Adult and Aging Services

Goal

To promote and sustain a high quality of life for older persons and adults with disabilities by offering a mixture of services, provided through the public and private sectors, which maximize personal choice, dignity and independence.

Objective

To maintain at least 80 percent older adults and adults with disabilities receiving case management services who continue to reside in their homes one year after receiving services.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Adult and Aging clients served ¹	2,928	3,359	3,359	3,564	3,564	3,564
Long-term care service screenings completed	NA	NA	1,521	1,605	1,605	1,605
Service Quality						
Percent of Adult and Aging clients satisfied with services ^{2,3}	NA	89%	90%	93%	90%	90%
Percentage of long-term care screenings completed within the standard of timeliness	NA	NA	98%	96%	95%	95%
Outcome						
Percent of clients who remain in their homes after one year of services ⁴	92%	93%	80%	93%	80%	80%

¹ Clients served includes both new clients and clients continuing to receive services.

² Survey data is for clients receiving services through the home-based care program.

³ Due to the COVID-19 pandemic, satisfaction surveys were not conducted in FY 2021.

⁴ This measure is calculated for clients enrolling in case management through their first year of services and clients discharged from case management in less than a year.

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Objective

To maximize personal health, wellness, and independence by providing an opportunity for social contact and nutritious meals so that (a) 80 percent of congregate meal participants score at moderate or low risk on the Nutritional Screening initiative, a state-required risk assessment tool, and (b) the nutritional status of 80 percent of home-delivered meal clients is maintained one year after receiving services.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Home-Delivered Meals	372,306	325,921	325,921	335,607	335,607	335,607
Congregate Meals	217,735	183,410	183,410	197,185	197,185	197,185
Service Quality						
Percent of clients satisfied with home-delivered meals ²	NA	93%	90%	92%	90%	90%
Percent of clients satisfied with congregate meals ²	NA	93%	90%	91%	90%	90%
Outcome						
Percent of congregate meal clients served who score at or below a moderate nutritional risk category	79%	81%	80%	87%	80%	80%
Percent of home-delivered meal clients whose nutritional status is maintained	84%	85%	80%	81%	80%	80%

¹ The measure for "Meals" has been discontinued and has been replaced by measures that provide the data separately for the Home-Delivered Meals and Congregate Meals programs.

² In FY 2021, DFS's ability to perform surveys was hampered by the COVID-19 pandemic. Therefore, surveys were not conducted.

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Objective

To protect older adults and incapacitated adults by investigating reports of abuse, neglect or exploitation so that at least 90 percent of investigations are completed within the state standard of 45 days and by offering case management services as appropriate.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
APS Investigations conducted	1,255	1,162	1,162	1,052	1,052	1,052
Service Quality						
Investigations completed within the State standard of 45 days	1,067	901	1,046	690	690	690
Outcome						
Percent of investigations completed within 45 days	85%	76%	90%	66%	90%	90%

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Children, Youth and Family Services

Goal

To enable children to live safely in families; to ensure that families remain safely together whenever possible; to protect children from harm and prevent abuse and neglect; to support and enhance parents' and families' capacity to safely care for and nurture their children; and to promote family strengthening and child protection by providing family support and education services and involving community volunteers and donors in child welfare programs.

Objective

To maintain at or exceed 97 percent, the percentage of child abuse complaints where contact occurs within the appropriate response time.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Child abuse complaints accepted	1,878	2,701	2,660	2,793	2,947	2,935
Service Quality						
Child abuse complaints where contact occurs within the appropriate response time	1,818	2,339	2,530	2,532	2,800	2,788
Outcome						
Percent of child abuse complaints where contact occurs within the appropriate response time ¹	98%	90%	95%	91%	95%	95%

¹ Appropriate response time is defined by state regulations based on risk factors assessed at intake.

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Objective

To achieve 95 percent of the families served by Protection & Preservation Services (PPS) whose children remain safely in their home.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Unduplicated # of families served by PPS during the year	389	380	400	251	237	214
Service Quality						
Percent of CPS Ongoing clients who receive at least one face-to-face visit each month ¹	98%	97%	99%	93%	99%	99%
Outcome						
Percent of families served by PPS whose children remain safely in their home	98%	99%	99%	99%	99%	99%

¹ The language for this measure was changed beginning in FY 2020 to better reflect the data being reported; however, the calculation for the measure has not changed.

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Objective

To achieve permanency for 80 percent of children exiting foster care, working towards the state goal of 86 percent. Permanency is defined as adoption, return home or placement with relative.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Children served in foster care	285	267	275	281	275	275
Service Quality						
Median time (in years) that children are in foster care - all children served	1.34	1.29	1.40	1.17	1.40	1.40
Outcome						
Percent of children exiting foster care to permanency	85.0%	70.0%	80.0%	77.0%	80.0%	80.0%

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Objective

To maintain or exceed the state target of 90 percent for the percentage of families being served in Healthy Families Fairfax who demonstrate an acceptable level of positive parent-child interaction as determined by a standardized tool.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Families served in Healthy Families Fairfax	820	821	750	799	750	750
Service Quality						
Percent of Healthy Families Fairfax participants receiving at least 75 percent of their required home visits	87%	81%	80%	82%	80%	80%
Outcome						
Percent of families served in Healthy Families Fairfax who demonstrate an acceptable level of positive parent-child interaction as determined by the NCAST standardized tool.	100%	78%	90%	100%	99%	99%

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Objective

To maintain or exceed 80 percent for the percentage of parents served in the Parenting Education Program (PEP) who demonstrate improved parenting and child-rearing attitudes as determined by a standardized tool.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Families served in the Parenting Education Program	373	316	250	250	250	250
Service Quality						
Percent of participants satisfied with the Parenting Education Program	100%	94%	95%	94%	95%	95%
Outcome						
Percent of parents served in the Parenting Education Program who demonstrate improved parenting and child-rearing attitudes as determined by the AAPI-2, standardized tool	81%	78%	80%	76%	80%	80%

Healthy Minds Fairfax

Healthy Minds Fairfax includes both the Children’s Services Act (CSA) and the Children’s Behavioral Health Collaborative (CBHC) Program. CSA provides mandated services to children, youth and their families, many with a broad range of behavioral health needs, with the goal to deliver services in a family-focused, community-based setting. The CBHC coordinates the full continuum of behavioral health services across multiple County agencies, Fairfax County Public Schools (FCPS), and private providers, and provides direct services when necessary to fill pressing gaps.

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Children’s Services Act (CSA)

Goal

To ensure appropriate, timely, and cost-effective services for at-risk children, youth, and their families and to deliver these services within the community and in the least restrictive setting, ideally, in their own home environment.

Objective

To serve 10 percent or more of children in Children’s Services Act (CSA) in the community annually.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Children served by CSA	1,039	1,018	1,050	NA	1,075	1,075
Service Quality						
Percent of parents satisfied with services	80%	92%	90%	NA	90%	90%
Outcome						
Percent of children in CSA served in the community	90%	93%	91%	90%	91%	92%

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Children’s Behavioral Health Collaborative (CBHC)

Goal

To improve behavioral health functioning of youth and to help parents access services available through insurance and other private sources as well as public services when necessary.

Objective

To improve the behavioral health functioning of at least 70% of youth who are provided short-term services in the Children’s Behavioral Health Collaborative (CBHC) program.

Performance Indicators

Indicator	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Output						
Youth provided CBHC short-term services	253	515	545	386	400	520
Service Quality						
Percent of CBHC short-term service parents satisfied with services	88%	89%	90%	90%	90%	90%
Outcome						
Percent of youth provided short-term CBHC services with improved behavioral health functioning	67%	78%	70%	78%	70%	70%