

***ALBEMARLE COUNTY DEPARTMENT OF SOCIAL SERVICES
STRATEGIC ACTION PLAN
January 2004 through December 2006***

*Developed by the Department of Social Services Strategic Planning Team
Prepared by Strumpf Associates: Center for Strategic Change*

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INTRODUCTION

During the last several years, the Albemarle Department of Social Services has undergone many changes, including implementation of welfare reform, a new workforce investment system, and changes in family preservation policies. We have changed our internal organizational style to become an organization that leads and manages for quality by continuously improving our service delivery and striving to exceed our customers' expectations. We believe that we have weathered these changes well and that our customers have benefited. We also believe that we can improve the way we approach our work through a more strategic outlook that anticipates what we will need in the future. We believe that the time is now to think systemically about how to become more integrated within the department and about how to partner with the community to ensure that our customers receive the best services we have to offer.

The department's leadership invited community members to join with us and the staff to think strategically. It is the first time that such collaboration between partner organizations, concerned individuals, and DSS staff has been undertaken to create a strategic plan for the Albemarle Department of Social Services. The process and the outcome were designed to provide strategic directions for the next five years and a strategic action plan for the next three years. This Strategic Planning Team created the resulting strategic plan.

A Changing Landscape. Over the last few years, the economic landscape changed from unprecedented good times to uncertainty. These conditions present both an opportunity and a challenge for our organization and our community. The opportunity is to thrive financially and to increase resources while enhancing the quality of the community through our services. The challenge is to catalyze change within our own organization, to ensure that we do not become fragmented or distracted from our core business by changing financial, programmatic, and economic demands.

Across our department, we focus on the transformation of our community, our customers, and ourselves. We are driven to improve the lives of people in our community. And we recognize that while many are at risk, they also have enormous potential. If we can connect them to caring, competent, and compassionate professionals, if we can connect them to each other, their families, and their community, we can lift their aspirations and inspire achievement.

Among Virginia's low-income residents, only 32% report being employed while 53% say they are unemployed and not looking for work, and 15% are unemployed and looking for work. Nearly two-thirds (64%) of low-income households consist of one to four members, including spouses, partners, children, siblings, and relatives.¹ Albemarle County's unemployment rate has remained below the state and national averages for the past fifteen years. Albemarle County's unemployment rate was 2.3% in 2002, compared to the statewide average of 4.1% and the national average of 5.8%. According to the U.S. Census, the median age of Albemarle County residents was 37.4 in 2000 compared with 31.7 in 1990. Twenty-five percent of the population was under the age of 18, and the fastest growing segment of the population over the past ten years is those persons in the 55 to 65 age group.

¹ From an Analysis of Virginia's Low-income survey 2002

The well-being of children depends greatly on the material well-being of their family. Childhood poverty has both immediate and lasting negative effects. Children in low-income families fare less well than children from more affluent families on critical indicators such as economic security, health, and education. Compared with children living above the poverty line, children living below the poverty line are more likely to have difficulty in school, to become teen parents, and as adults, to earn less and be unemployed more frequently.²

Of the 71 million Americans under the age of 18—13 percent (9.2 million) are categorized as *at risk*. Although *at risk* children can be found at every economic level and in every geographic location, those at highest risk are disproportionately urban and poor. Thirty-three percent of all African American children, 25 percent of all Hispanic children, and 6 percent of all Caucasian children are in the high-risk category³.

Every day in the nation:

- Six percent of all children live in families with incomes of less than half the poverty level, or \$8,802 a year on average for a family of four, while 26% of children live in families with incomes less than 150% of the poverty level, or \$26,405 a year.
- Eighty percent of all children have at least one parent working full time all year.
- Children living in poverty are much less likely to have a parent working full time all year than children living at or above the poverty line – 35% and 89% respectively.
- Eleven percent of households with children pay more than half of their income for housing, while 28% pay more than 30% of their income for housing.
- While the number of children experiencing food insecurity and hunger has decreased, over half a million children live in households with child hunger.⁴
- Full-time employment rates of out-of-school young adults vary considerably by educational attainment and race-ethnic group. Only one of four black high school dropouts and 42 of every 100 white high school dropouts were employed full time in 2001 versus 63 of every 100 white high school graduates and 78 to 81 percent of black and white bachelor degree holders.
- A higher share of the nation's 16 to 24 year-olds are enrolled in school today than at the end of the 1980s, but young people in school today are less likely to be employed than they were in the late 1980s.⁵

Our Opportunities and Commitment. An old proverb goes something like “*May you live in interesting times.*” Preparing individuals, children, families and our community for the next decade provides exciting opportunities for change. We will need to maximize the talents and skills of our own internal workforce to keep pace with and stay ahead of changes in the economy and in the state of children and families today and into the future. We plan to place a high premium on building strategic alliances and working in partnership with the community so that all individuals, children, and families have hope and access to the opportunities available to them to become self sufficient.

² From America's Children: Key National Indicators of Well-Being, 2002

³ The Annie E. Casey Foundation (2000), 2000 Kids Count Data Book, The Center for the Study of Social Policy, Washington, D.C.

⁴ America's Children: Key Indicators of Well-being, 2002

⁵ Northeastern University's Center for Labor Market Studies presented in a report titled **Left Behind in the Labor Market**.

We envision and commit to a time not yet for our community and ourselves. We envision a future where all people are safe, prosperous, educated and healthy; where the department's people and services are a catalyst to ignite self-awareness through self-examination; where we are a tool for community and human development.

To meet these challenges over the next three years, we will focus on strategically investing in five areas:

- Building strategies focused on prevention and early intervention
- Aligning services to meet the needs of **all** individuals in our community
- Building community support
- Building strategic alliances with the community
- Aligning and increasing resources.

We have developed this Strategic Plan for the purpose of positioning the department to meet the strategic challenges that our customers, our organization, and our community face over the next five years, both known and predicted. We are committed to making this investment in our collective future.

LOCAL DATA AND STRATEGIC CHALLENGES

The strategic planning team conducted an environmental scan by analyzing strategic challenges through the lens of the current state of demographics, the economy, children/youth and families, and education. From these challenges evolved the strategic goals that set our direction over the next three years.

STATE OF OVERALL DEMOGRAPHICS

IN GENERAL

- **Ethnicity** – According to the 2000 census, the Albemarle County racial make up is 84.9% White, 9.6% Black/African American, 2.9% Asian, and 2.6% Hispanic. From 1980 to 1990, the Asian population grew rapidly from 0.9% to 2.4%, while the Hispanic population only grew from 0.7% to 1.1%. Conversely, from 1990 to 2000, the Hispanic population grew more rapidly from 1.1% to 2.6% while the Asian population growth slowed from 2.4% to 2.9%. In 2000, the White and Black/African American population was less as a percentage of the whole because of the growth in Asian and Hispanic populations.
- **Language** – According to the 2000 census, 8.6% of individuals in Albemarle County speak a language other than English at home. From 1980 to 2000, the percentage increase was from 3.8% to 8.6%.
- **Age** – According to the 2000 census, 11.8% of Albemarle County residents are 65 years or older, while 25.2% of the population is age 19 or younger. In the 20-year period from 1980 to 2000, the largest percentage age group growth was in the over 65 year old population, increasing by 125%. The second largest growth was in the age group 45-64 years with an increase of 111%. Under age five populations grew by 47%.
- **Education** - Albemarle County residents are highly educated. Of those 25 years and older, nearly 48% have at least a bachelor's degree. However, 13% of the population has less than a high school education.
- **Marital Status and Household Size** – According to the 2000 census of the population 15 years and older, 58.8% of the population is married and together, while 1.8% is married and separated. Over twenty-four percent (24.1%) of the population has never married. Over nine percent (9.1%) of households are female head of households with no husband present. This percentage has decreased from 1980 to 2000, from 11.7% to 9.1%.
- **Income and Poverty** – According to the 2000 census, 37.6% of households have an income in the range of \$35,000 to \$75,000. According to the US Census Small Area Income and Poverty Measurements, the poverty percentage decreased for the total population from 1997 to 1999 from 8.5% to 6.8%. The poverty trend decreased for children ages 0-17 from 1997 to 1999 from 12.6% to 9.1%. For female head of households, 12.4% are below the poverty level. In 2000, the percent of white families in poverty is 3.2% while the percentages for Black, Asian, and Hispanic families in poverty is 10.2%, 12.8%, and 11.5% respectively. Data from 1990 to 2000 indicates that families in poverty decreased across all races except for Asian families that remained at 12.8% in 1990 and 2000. Census data indicate that Black and Asian families with children experience a higher percentage below poverty (6.9% and 10.6%, respectively) than White and Hispanic populations. Data show that White and Black female-headed households below poverty experience higher incidence (2.4% and 4.0%, respectively) than Asian or Hispanic (0.0% and 0.0%, respectively)

- **Homelessness**

(Source: Thomas Jefferson Area Coalition for the Homeless Survey conducted on January 21-23, 2003. The survey was conducted by volunteers who gave the survey out to 115 individuals. One hundred and nine (109) surveys were completed.)

General characteristics:

- Gender: male =58% female =42%
- 62% had been homeless for less than six months
- 31% were homeless for the first time

Employment

- 36% described themselves as being currently employed
- 51% reported having worked full or part time in the last 30 days

Circumstances

- 33% reported unemployment as a contributing factor to their homelessness
- 24% reported unemployment as the only cause of their homelessness
- 14% reported domestic violence or abuse as the only cause of their homelessness
- 22% were evicted from their prior residence
- 8% were homeless upon being discharged from a prison, jail, or treatment facility

Families

- 39% were homeless with other members of their family
- 23% had dependent children who were also homeless
- 35% were involved in the day-to-day care of their children

Education

- 76% had completed high school or an equivalency
- 34% had some college experience
- 7% had a college degree

Services

- 30% had visited the Drop In Center in the last 30 days
- 11% had used Region 10 services in the last 30 days
- 7% had used the Charlottesville Free Clinic in the last 30 days
- 62% had eaten at soup kitchens in the last 30 days
- 5% received TANF (Temporary Assistance for Needy Families) in the last 30 days
- 35% reported having used food stamps in the last 30 days

Background

- 21% of adults surveyed were in a homeless shelter or foster care before age 18
- 7% were veterans

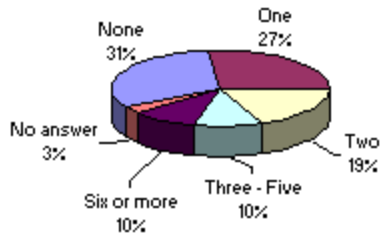
Last residence

- 79% had their last residence in the state of Virginia
- 56% had their last residence in the Thomas Jefferson Planning District
- 42% had their last residence in the City of Charlottesville

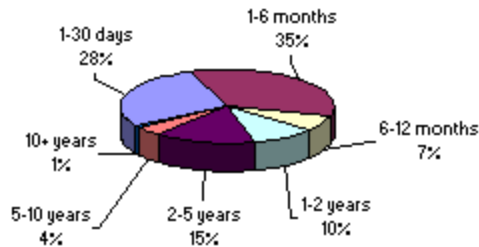
Other characteristics

- 66% used the bus as a primary means of transportation
- 66% reported that they had been able to see a doctor while homeless

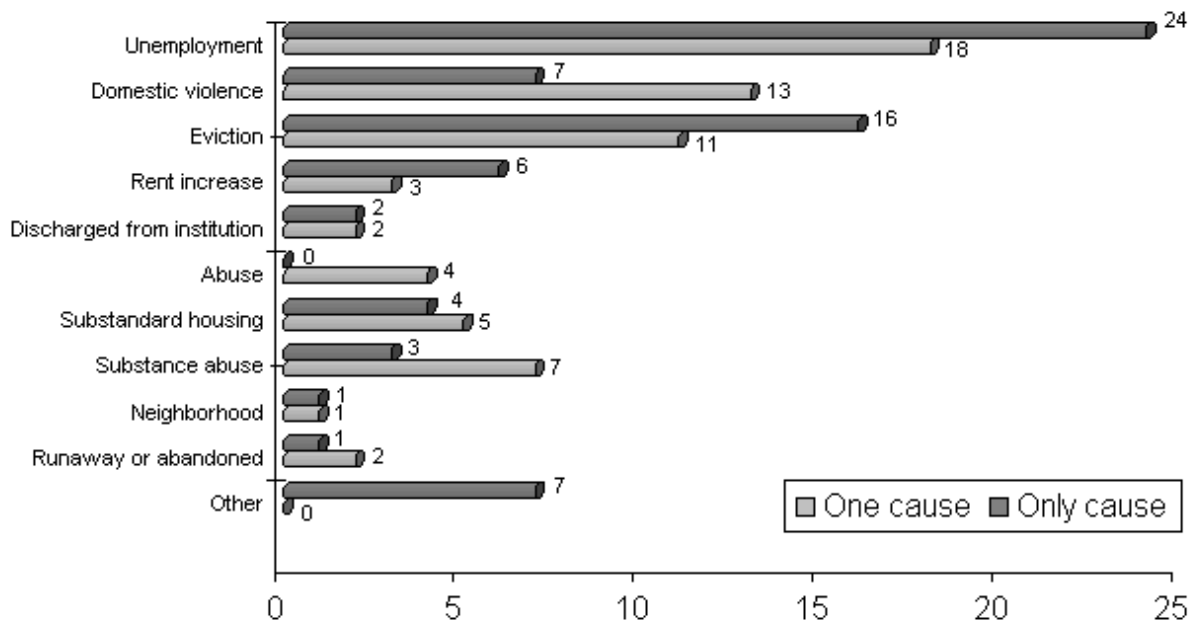
Prior episodes of homelessness



Duration of homelessness



Reasons for leaving last housing



? **Business Demographics** (Source, U.S. Census Bureau, 1997 Economic Census, data for Albemarle Co, VA)

o **Industry clusters**

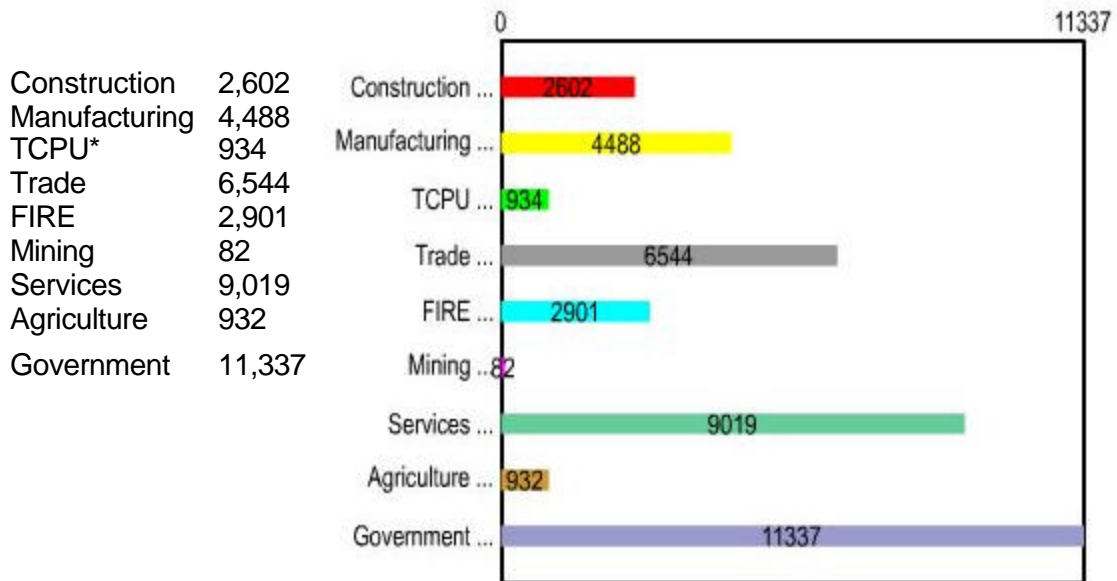
Employment by Sector (3rd Qtr. 2002)*		
555	Natural Resources and Mining	1.4%
2,963	Construction	7.5%
4,972	Trade	12.6%
436	Transportation and Utilities	1.1%
2,909	Manufacturing	7.4%
878	Information	2.2%
1,576	Financial	4.0%
13,248	Services	33.6%
11,857	Government	30.1%
0	Other	0.0%
39,394		Total Employees 100%

*By Business Establishment

Employment by Occupation (2000 Census)*		
20,541	Managerial, Professional & Related	51.9%
4,415	Service	11.2%
8,860	Sales & Office	22.4%
249	Farming, Fishing & Forestry	0.6%
3,061	Construction, Extraction & Maintenance	7.7%
2,458	Production, Transportation & Material Moving	6.2%
39,584		Total Employees 100%

*By Place of Residence

Employment by Industry

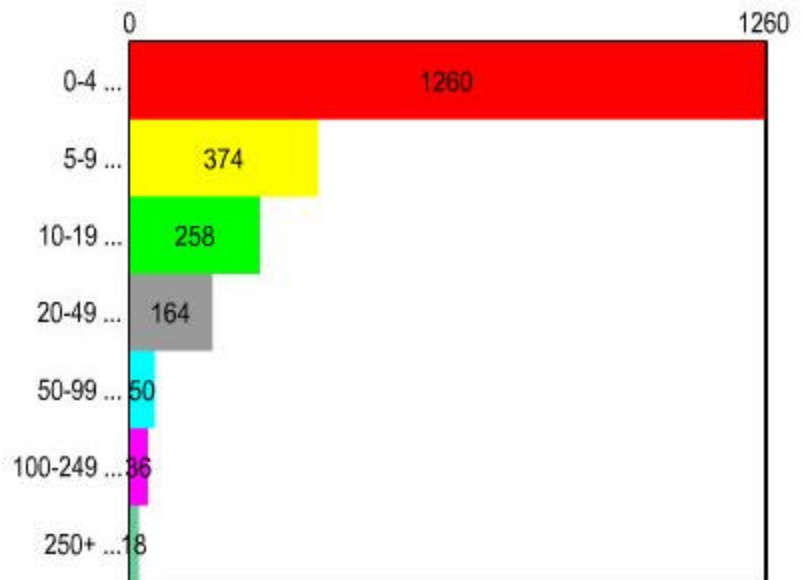


Source: Covered Employment & Wages, Annualized 2000

*TCPU – Transportation, Communication, and Public Utilities

Employers by Size of Establishment

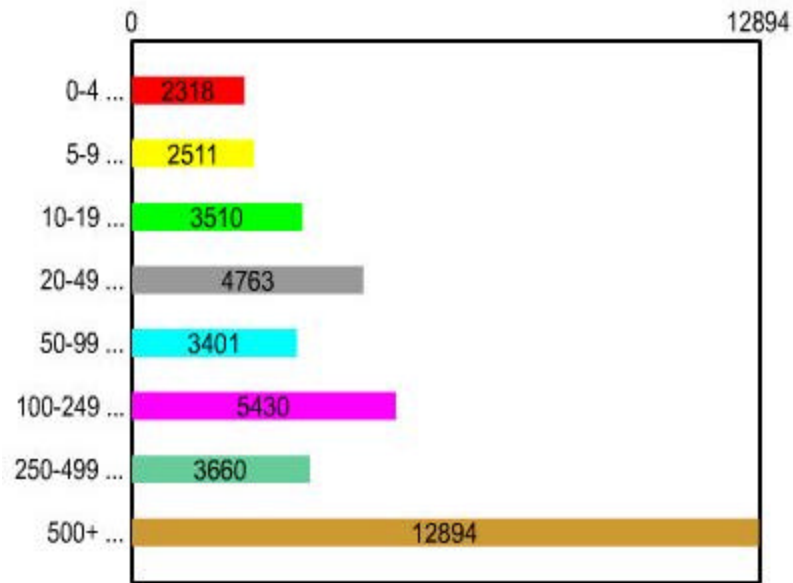
Range	Employers
0-4	1,260
5-9	374
10-19	258
20-49	164
50-99	50
100-249	36
250+	18



Employment by Size of Establishment

Range Employees

0-4	2,318
5-9	2,511
10-19	3,510
20-49	4,763
50-99	3,401
100-249	5,430
250-499	3,660
500	12,894



- **Minority Owned Business** - Minorities listed in the chart below include Blacks, Hispanic, Asian, Pacific Islander, American Indian, and Alaska Native.

Group	All firms		Firms with paid employees			
	Firms (number)	Sales and Receipts (\$1,000)	Firms (number)	Sales and Receipts (\$1,000)	Employees	Payroll (\$1,000)
Universe (All Firms)	5,852	2,678,680	1,706	2,541,222	20,778	437,577
Total minorities	314	33,021	82	26,779	418	6,905
Black	133	9,186	17	6,817	148	2,774
Women	1,530	177,563	193	116,113	1,066	25,713

Source 1997 Economic Census, Minority- and Women-Owned Businesses, Albemarle County, VA

- **Self Employed** - while not specifically described as home based businesses, self employed workers in own not incorporated businesses comprised 7.9%.

? Wages

Estimated Wages (September 2001)		
Occupations	Mean	Median
First-Line Production Supervisor/Manager	hr./\$19.18	\$17.79
Machinist	\$15.96	\$13.62
Industrial Machinery Mechanic	\$13.86	\$13.69
Industrial Truck and Tractor Operator	\$11.15	\$11.24

Freight/Stock/Material Mover	\$7.85	\$7.67
Production Worker	\$9.90	\$8.99
Electrical & Electronic Equipment Assembler	\$9.85	\$8.92
Welder, Cutter, Solderer & Brazer	\$12.18	\$11.39
Team Assembler	\$19.99	\$20.51
Packaging & Filling Machine Operator	\$10.04	\$10.17
Hand Packer	\$9.15	\$8.87
Truck Driver, Heavy & Tractor-Trailer	\$16.28	\$14.92
Assembler/Fabricator, Non-Precision	\$11.22	\$11.12
Supervisor/Manager of Office & Administrative Support	wk./\$709	\$599
Electrical & Electronic Engineering Technical	\$780	\$800
Secretary	\$417	\$379
Computer Programmer	\$944	\$834
Computer Support Specialist	\$778	\$748
Office Clerk	\$409	\$408
Bookkeeping, Accounting & Auditing Clerk	\$508	\$490
Shipping, Receiving, and Traffic Clerk	\$436	\$426

STATE OF THE ECONOMY

- Housing** – According to the US Census of Population and Housing in Albemarle County, 65.9% of all housing is owner occupied and 34.1% of all housing is renter occupied. And, 30% of the population pays 35% or more of their income in gross rent. Data from 1980 to 2000 indicate that owner occupied housing has increased from 60.4% to 65.9%, while renter occupied housing has decreased from 39.6% to 34.1%. The total number of families applying to the County for affordable housing assistance in 2001 was 300. In 2001, the Board of Realtors reported a median sales price of \$210,000 for all home sales in the County, and a median of \$131,000 for the City of Charlottesville.

Albemarle County Housing Stock Through May 2002	
	Total Number of Dwelling Units

Single-family	22,531
Single-family Townhouse	2,153
Single-family Attached	1,137
Duplex	311
Multi-family	6,368
Mobile Homes	1,884
	Total 34,384
Source: County of Albemarle, Dept. of Planning & Community Development	

Year	Single Family	Single Family Attached	Single Family Townhouse	Duplex	Multi-Family	Mobile Homes	Accessory Apts.	Total New Dwelling Units
1990	484	24	84	0	163	49	*	804
1991	409	73	71	0	43	18	*	614
1992	465	91	78	0	212	20	*	866
1993	551	62	95	0	72	25	*	805
1994	511	58	59	3	286	22	*	939
1995	458	52	47	0	0	28	11	596
1996	494	40	45	0	226	29	1	835
1997	556	56	32	2	208	49	2	905
1998	559	63	42	0	184	18	8	874
1999	601	81	58	0	0	27	3	770
2000	540	65	6	0	0	26	13	650
2001	437	54	45	0	295	33	11	875

Source: Development Activity Reports, County of Albemarle
*** Accessory apartments were not tracked in these years.**

- **Labor Market** – Albemarle County has enjoyed a low unemployment rate for several years. Data indicate a troubling trend, however, in that the unemployment rate has increased from 1999 to 2002 from 1.2% to 2.3%, an increase of nearly 100%. Admittedly, this is a small compared to Virginia generally, that is 2.3% for Albemarle versus 4.1% for Virginia in 2002. Education, health, and social services equal 35% of the jobs in the Charlottesville Metropolitan Statistical Area (MSA) of which Albemarle County is included.
- **Business Environment** – For the Charlottesville MSA, Virginia Employment Commission, Industry, and Occupational Employment Projections: 1998-2008 data show that wholesale and retail trade is projected to show an 18.8% growth, while health services (including government hospital) is projected to grow 34.2% and educational services (including government educational) is projected to grow at 23.8%. Declining industries include agriculture, forestry, mining, construction, and manufacturing.
- **Employment** - The average American changes jobs an average of nine times before the age of 34. (*Source: Bureau of Labor Statistics*).

STATE OF CHILDREN, YOUTH AND FAMILIES

SUBSTANCE ABUSE

- Alcohol arrests for people 19 and under moved from 2.3/1000 in 1997 to a high of 12.7/1000 in 2001, then down to 9.6/1000 in 2002. Arrests for underage drug and alcohol possession three-year average increased from 3.8/1000 for 1994-1996 to 6.2/1000 in 1999-2001. (*Source: Stepping Stones, July 2002*).
- There were 3,939 total arrests (all ages) for crack cocaine in Virginia during 2001. This is an increase over the 3,535 crack cocaine arrests during 2000.

Number of Arrests, by Type of Drug, Virginia, 2000-2001		
Crack Cocaine	3,535	3,939
Cocaine	1,766	1,793
Hashish	16	21
Heroin	635	663
Marijuana	13,559	14,248
Morphine	52	54
Opium	7	9
Other Narcotic	851	1,133
LSD	39	38

PCP	15	15
Other Halucinogens	38	27
Amphetamines/Methamphetamines	203	194
Other Stimulants	37	53
Barbiturates	17	10
Other Depressants	47	52
Other Drugs	185	252
Unknown Drug Type	2,182	2,363
Total	23,181	24,864

- The production and distribution of marijuana are often times associated with violent crime in Virginia. According to responses to the NDIC National Gang Survey 2000, numerous street gangs that distribute marijuana have committed violent crimes such as assaults, carjackings, drive-by shootings, home invasions, and homicides.
- Crack cocaine is the drug most often associated with violent crime in the state.
- Marijuana, the most commonly abused drug in Virginia, is widely available throughout the Commonwealth.
- According to 1999-2000 data from the National Household Survey on Drug Abuse, almost 44% of Virginia citizens ages 12 and older felt that smoking marijuana once a month posed a great risk.

Percent of Citizens Reporting Drug Use, by Age, Virginia, 1999-2000

Percent of Citizens Reporting Drug Use, by Age, Virginia, 1999-2000				
	12 to 17	18 to 25	26+	All Ages
Past month use of any illicit drug	7.26%	13.76%	3.11%	4.82%
Past month use of marijuana	5.82	12.50	2.60	4.13
Past month use of illicit drug other than marijuana	3.35	4.85	1.40	2.01
Past year cocaine use	1.30	4.77	1.00	1.49
Great risk of smoking marijuana once a month	39.28	27.71	47.10	43.95

Juveniles

- According to the *Virginia Community Youth Survey: 2000*, alcohol was the drug most commonly used by 8th, 10th, and 12th graders within the past month.

Percent of Students Reporting Drug Use in the Past Month, Virginia, 2000

Percent of Students Reporting Drug Use in the Past Month, Virginia, 2000			
	8 th	10 th	12 th
Alcohol	17.7%	36.8%	51.9%
Binge drinking (past 2 weeks)	7.8	19.1	28.8
Cigarettes	12.1	22.5	35.3
Smokeless tobacco	4.6	7.4	10.9
Marijuana	5.9	18.0	27.2
Psychedelic drugs	1.6	2.6	6.4
Cocaine	1.1	1.4	3.8
Inhalants	7.4	4.8	1.7
Methamphetamines	0.6	2.0	3.2

- Nearly seventy-seven percent of 12th graders reported using alcohol at least once during their lifetimes

Percent of Students Reporting Lifetime Drug Use, by Grade, Virginia, 2000			
	8 th	10 th	12 th
Alcohol	43.4%	66.8%	76.6%
Cigarettes	33.3	53.7	68.0
Smokeless tobacco	11.3	17.1	25.0
Marijuana	11.2	31.0	50.7
Psychedelic drugs	2.7	6.5	13.6
Cocaine	2.9	4.4	6.3
Inhalants	15.7	13.0	12.6
Methamphetamines	1.4	4.3	7.0

- There were 1,726 juvenile arrests for liquor laws violations in Virginia during 2001. This is a decrease over the 1,743 liquor laws violations in 2000

Number of Juvenile Arrests, Virginia, 2000-2001		
Offense	2000	2001
Murder and non-negligent manslaughter	13	20
Forcible rape	49	51
Robbery	284	252
Aggravated assault	555	479

Burglary	984	996
Larceny/theft	4,137	3,737
Motor vehicle theft	442	456
Arson	178	177
Driving under the influence	308	283
Liquor laws	1,743	1,726
Drunkenness	304	224

(Source: Office of National Drug Control Policy, Drug Policy Information Clearinghouse, State of Virginia, Profile of Drug Indicators)

- ✓ School reports of violence have increased from 26.0/1000 in 1998 to 28.8/1000 in 2001. *(Source: Stepping Stones, July 2002).*
- ✓ The number of suspensions increased from 72/1000 in 1997 to 122/1000 in 2001. *(Source: Stepping Stones, July 2002).*

HEALTH

- ✓ The number of calls to the Poison Control Center has increased from 7.8/1000 in 1997 to 16/1000 in 2001 for the Charlottesville/Albemarle community. *(Source: Stepping Stones, July 2002).*
- ✓ There has been an increase in low birth weight babies from 5.3 of total live births on average between 1991-1993 to 6.4% between 1998-2000. *(Source: Stepping Stones, July 2002)*

FINANCIAL STATUS

- Overall poverty trends show a slight increase from 7.8% in 1995 to 8.0% in 1998 but a decrease in 1999 to 6.8%. Child poverty trends reflect a similar trend line with a rate of 10.3% in 1995 to 12.3% in 1998 and 9.1% in 1999. *(Source: US Census Small Area Income and Poverty Measurements).*
- The Women, Infants and Children feeding program has decreased from 18.4/1000 in 1997 to 15.8/1000 in 2001 for the Charlottesville/Albemarle community. *(Source: Stepping Stones, July 2002)*
- The average number of children ages 0-17 per thousand receiving Temporary Assistance for Needy Families (TANF) has decreased from 34 on average in 1991-1993 to 12 in 1999-2001. *(Source: Stepping Stones, July 2002).*
- The number of subsidized housing slots has decreased from 81.4 units per 1000 in poverty in 1998 to 70.9 in 2001. *(Source: Stepping Stones, July 2002).*
- Food Stamp participation has decreased from 29.7/1000 in 1997 to 23.5/1000 in 2001. *(Source: Stepping Stones, July 2002).*

Family Characteristics

- ✓ The number of children in foster care has increased from 8.4/1000 children ages 0-17 in 1997 to 9.3 in 2001. (*Source: Stepping Stones, July 2002*).
- ✓ Child Care spaces have decreased from 20/100 children ages 0-5 in 1995 to 16/100 in 1999. (*Source: Stepping Stones, July 2002*).

STATE OF EDUCATION

POPULATION INFORMATION

- ✓ There has been an increase in residents who speak a language other than English in the home from 3.8% in 1980 to 8.6% in 2000. (*Source: US Census of Population*).
- ✓ The population has grown from 55,783 in 1980 to 84,186 in 2000, an increase of 26%, while the number of children under five has increased by 47% during that same time period. (*Source: US Census of Population, Table 1*).

SCHOOL DISCIPLINE

- ✓ Alcohol arrests for people 19 and under moved from 2.3/1000 in 1997 to a high of 12.7/1000 in 2001, then down to 9.6/1000 in 2002. Arrests for underage drug and alcohol possession three-year average increased from 3.8/1000 for 1994-1996 to 6.2/1000 in 1999-2001. (*Source: Stepping Stones, July 2002*).
- ✓ The number of suspensions increased from 72/1000 in 1997 to 122/1000 in 2001. (*Source: Stepping Stones, July 2002*).

EDUCATIONAL ATTAINMENT

- ✓ The population of Albemarle is highly educated. Of those 25 years and older, 48% have at least a bachelor's degree while 13% of the total population have less than a high school diploma. (*Source: US Census of Population*).
- ✓ The number of youth needing special education services increased from 86 in 1999 to 116 in 2002. (*Source: Virginia Dept of Education*).
- ✓ The High School graduation rate is steady but 17% of students do not graduate and 8% of those that do not graduate are in poverty. (*Source: Monticello Area Community Action Agency – Community Assessment*).
- ✓ The percentage of students enrolled in 9th grade that graduate four years later moved from a low of 73.5% in 1997 to a high of 84.2% in 2001.

HOUSING IMPACT ON EDUCATION

- ✓ The number of subsidized housing slots has decreased from 81.4 units per 1000 in poverty in 1998 to 70.9 in 2001. (*Source: Stepping Stones, July 2002*).

ORGANIZATIONAL OVERVIEW

DEPARTMENT'S VISION, MISSION AND VALUES

ALBEMARLE COUNTY

VISION: To maintain Albemarle County's stature as a quality community by promoting the values of education and lifelong learning, historic and scenic preservation, safety, affordability, cultural diversity, citizen participation and economic opportunity that make the County a desirable place in which to grow up, raise a family and grow old while preserving our natural resources, rural character and visual beauty for future generations.

The Department of Social Services presents the following strategic directions in support of the County's core purpose.

VISION: Together with our partners we mobilize communities of care to ensure that all persons thrive.

MISSION: Our mission is to serve the community by promoting self-sufficiency, family well being, and quality of life.

CUSTOMERS: Our primary external customers are *individuals and organizations* who use our services⁶ and those who are in need of services.

Our *staff* is our primary internal customer.

ROLE: The Department will play several roles in furtherance of our vision and mission:

- We will be an **advocate** for the people we serve, raising the level of the community's awareness to the impact of doing too little to address their needs
- We endeavor to **catalyze change** in the community to move it toward our vision of opportunity for all.
- We will be **stewards** for the safety and security of our customers, ensuring safe living environments within the community.
- We will be a **community facilitator and convener** to identify issues and act collectively with community partners to address them.

⁶ The department has three service categories: **Information Services** (intended to educate, broker, refer, etc.); **Prevention Services** (intended to divert individuals and families from the need for 'primary care'); and **Direct Services** (intended to move individuals and families from instable to more stable situations).

**ORGANIZATIONAL
CORE VALUES**

Our Common Values:

We believe in the following shared principles....

HOPE. We work in ways that instill hope by opening doors to opportunity.

RESPECT. We share and show esteem, appreciation and acceptance of diversity and treat all individuals with honor and dignity

OPPORTUNITY. We bring to bear all of our talents and resources to provide opportunities for our customers to succeed and thrive.

SELF DETERMINATION. We recognize that individuals are responsible for their own development and have the freedom to choose.

STRATEGIC GOALS

The Department has identified five strategic goals to guide our work over the next three years. We believe that these five goals will help the Department become more focused on our core work, more diverse in our delivery structure, broader in our approach to providing services to all those in need within our community, and more stable and relevant within the various communities with which we interact. By accomplishing these goals, we will better assist all our customers.

- GOAL ONE:** Develop and implement strategies focused on prevention and early intervention.
- GOAL TWO:** Ensure all services meet the needs of the changing demographics within the community. (i.e., increase in aging population, increase in needs of children, etc.)
- GOAL THREE:** Build private and public support for policies and resources that support people in need of services.
- GOAL FOUR:** Strengthen strategic alliances within the community that result in a strong community infrastructure working in partnership to serve our customers.
- GOAL FIVE:** Develop new revenue and resource streams to address evolving service needs.

THREE-YEAR ACTION PLAN

GOAL ONE: Develop and implement strategies focused on prevention and early intervention

<i>WHAT [ARE YOU GOING TO DO]</i>	<i>HOW [ARE YOU GOING TO DO IT]</i>	<i>WHO [WILL TAKE THE LEAD]</i>	<i>BY WHEN [WILL IT BE COMPLET E]</i>	<i>MEASURES OF SUCCESS</i>
1.1 Increase staff referrals to community prenatal health, support and information resources.	1.1.1 Identify partners 1.1.2 Identify resources 1.1.3 Identify obstacles to access to prenatal services 1.1.4 Train staff on effective referrals 1.1.5 Develop internal measures for staff referrals and follow up	Family and Children Division (F&C) Personnel and Staff Functional Team (PSFT) F&C	12/2004 12/2004 12/2004 12/2005 12/2005	Compare internal measure against the community count of prenatal visits Readily available data
1.2 Improve school readiness for County children	1.2.1 Advocate for increased Bright Stars funding 1.2.2 Increase Bright Stars sites 1.2.3 Identify referral resources to enhance school readiness 1.2.4 Encourage school readiness training for day care providers through coordination with community providers 1.2.5 Train staff on what school readiness means 1.2.6 Train staff on community	F&C in partnership with Schools; Administration/Leadership-Team (LT)and Head Start F &C Division Day Care Staff/Admin. through the Partnership for Children F&C/PSFT F&C/PSFT	1/2007 8/2007 12/2004 12/2004 12/2005 12/2005	Additional Bright Stars Programs School readiness training for Day Care Providers operational Training done Internal Referral Measures

	referrals to early childhood development resources			
1.3 Deliver coordinated, comprehensive, timely services for at risk families with children	1.3.1 Develop and implement Multi-Discipline Teams	F&C in partnership with CCF and comm. agencies	12/2004	Operational Multi-Discipline Team in Charlottesville/Albemarle
	1.3.2 Expand Family Support Program (FSP) to Middle Schools	Admin./LT/FSP in partnership with Schools	8/2007	Operational FSP in County Middle Schools with greater eligibility in all FSP programs
	1.3.3 Broaden scope of FSP eligibility		8/2007	
1.4 Improve support services to keep the elderly safe in their own homes	1.4.1 increase # of available aides providing public and private in-home services by advocacy for higher wages	Adult division/ Administration/ LT	12/2007	Wage increase for licensed providers
	1.4.2 Link with Region Ten and the Mental Health Assoc. for improved access and increased community based mental health services	Adult Division Partnership with Region Ten and the Mental Health Association	12/2006	Clients assessed/served by community mental health services increase by 10%
	1.4.3 Expand funding for companion services	Adult Division, Admin./LT	12/2006	Funding increases by 100%
	1.4.4 Advocate for affordable housing alternatives	Adult Division, Admin/LT	12/2007	10% increase of housing availability
1.5 Increase access to DSS services	1.5.1 Explore feasibility of satellite sites	LT/Admin.	12/2006	Pilot satellite operational (if indicated).
	1.5.2 Explore linkages with County plan for automated systems for customers to	LT/Information Management and Technology Functional Team (IMTFT)	12/2006	Decision made whether/how to pursue and what type of automated applications

	apply for benefits/services 1.5.3 Explore options for extended/non traditional agency hours	LT/PSFT	6/2004	Decision made regarding feasibility of extended/nontraditional office hours
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GOAL TWO: Ensure all services meet the needs of the changing demographics within the community (i.e. increase in limited English proficient population, increase in aging population, increase in needs of children, etc.)

<i>WHAT [ARE YOU GOING TO DO]</i>	<i>HOW [ARE YOU GOING TO DO IT]</i>	<i>WHO [WILL TAKE THE LEAD]</i>	<i>BY WHEN [WILL IT BE COMPLETE]</i>	<i>MEASURES OF SUCCESS</i>
2.1 Provide for language needs of DSS customers	2.1.1 DSS Staff is educated and trained in meeting and exceeding Civil Rights Act Title VI requirements	Leadership Team; PSFT; Managers	7/01/04	External customer survey; internal customer post-test
	2.1.2 Identify language needs by improving data gathering through surveys, focus groups, etc. and analysis	Managers; IMTFT	7/01/04	Data available and analyzed
	2.1.3 Budgetary allowance for interpreters	Administration; Managers	7/1/04	Budget line item for interpretation in 05-06 budget
	2.1.4 Provide for recruitment and hire of bilingual staff	Administration; Managers	7/01/04 (Recruitment); 7/01/06 (Hiring)	Core competencies and job descriptions include 2 nd language as preferred item; Two staff vacancies filled with bilingual candidates

	2.1.5 Provide for phone interpretation service	IMTFT	7/01/04	Phone service available and utilized
	2.1.6 Provide for translation of written documents, inc. brochures, application forms, etc. into predominant languages	Administration, Managers	7/01/04	Documents translated and available
	2.1.7 Provide for video and other means of communication	Administration, Managers, IMTFT	7/01/05	Videos and other means of communication available
2.2 Provide for needs of aging population in DSS care	2.2.1 Identify changing needs by improving data gathering, inc. Geographic Information Systems (GIS)	Adult Division, in coordination with Area Agency on Aging (JABA)	7/01/05	Regular report (quarterly) to agency on information gleaned from data
	2.2.2 Strengthen alliances with community service providers; develop collaborative efforts for identified but unmet needs	Adult Division	7/01/05	Survey of internal customers, partners and stakeholders
	2.2.3 Increase number of staff	Administration; Adult Division	7/01/06	Additional staff position(s) approved
	2.2.4 Explore coordination and use of volunteers in service delivery	Adult Division	7/01/05	# of volunteers increases

2.3 Provide for needs of children and youth in DSS care or custody; or receiving support or services	2.3.1 Identify changing needs by improving data gathering, analysis, inc. GIS	F&C Division	7/01/05	Centralized data base in DSS provides easy access to info about children in care
	2.3.2 Strengthen alliances with community service providers	F&C Division	7/01/05	Survey of internal customers, partners and stakeholders
	2.3.3 Improve recruitment and availability of foster homes	Foster Care & Adoption Managers; Tri- Area Foster Families (TAFF)	7/01/06	Increased number of available foster homes
	2.3.4 Improve recruitment and availability of adoptive homes for special needs children	Foster Care & Adoption Managers; TAFF	7/01/06	Increased number of special needs children placed
	2.3.5 Increase availability of specialized treatment services	Administration; F&C Division; Community Partners	7/01/06	Increased number of practitioners/agencies providing specialized treatment services
	2.3.6 Increase availability of respite care for over-burdened families	F&C Division; Community Partners	7/1/06	Increased number of respite care providers; increased funding to support respite care
2.4 Ensure that all services are delivered in customer friendly and sensitive manner	2.4.1 Provide for ongoing cultural awareness and sensitivity of staff	Cultural Awareness and Sensitivity Workgroup (CASW)	7/01/05	External customer survey; internal customer survey
	2.4.2 Provide for outreach to specific	CASW	7/01/05	Regular contacts with representative

	populations 2.4.3 Modify service delivery to meet the needs of special needs populations, i.e. deaf, blind, illiterate, etc.	Adult Division; F&C Division	7/01/04	agents/groups of populations served Gather data about modifications in special needs cases
2.5 Improve ease of access to DSS services	2.5.1 Provide for satellite office(s) and/or out-stationing of eligibility intake workers to provide needs assessment	Leadership Team; F&C Division; Adult Division	7/01/06	Physical locations established; #s of customers utilizing services
	2.5.2 Validation system or passes for bus riders to COB	Leadership Team	7/1/04	#s of validated bus tickets or passes provided
	2.5.3 Develop creative outreach approaches for special populations	F&C Division; Adult Division	7/01/05	#s of outreach contacts
2.6 Provide for needs of non-traditional DSS clients	2.6.1 Gather data about non-traditional clients groups, i.e. Able Bodied Adults w/out dependents	Adult Division; F&C Division; Community Partners	7/1/05	Data available and analyzed
	2.6.2 Collaboration to provide effective services	Adult Division; F&C Division	7/1/06	Collaborative partners identified and collaboration formed
2.7 Provide for non-traditional DSS services to existing and new customer groups	2.7.1 Explore non-profit under DSS	Administration	7/01/05	Non-profit entity described; legal work accomplished
	2.7.2 Explore models provided in other communities	Leadership Team; Adult Division; F&C Division	7/01/05	Models researched; visits to other communities accomplished

GOAL THREE: Build private and public support for policies and resources that support people in need of services.

<i>WHAT [ARE YOU GOING TO DO]</i>	<i>HOW [ARE YOU GOING TO DO IT]</i>	<i>WHO [WILL TAKE THE LEAD]</i>	<i>BY WHEN [WILL IT BE COMPLETE]</i>	<i>MEASURES OF SUCCESS</i>
3.1 Scan environment with regard to current strategies designed to build support thru information and advocacy	3.1.1. Review the 'as is' state to determine current strategies for awareness building and advocacy; examine current messages	LT	July 1, 2004	Data collected/analyzed; strategies identified.
	3.1.2 Benchmark with other agencies	LT	September 2, 2004	Report completed
	3.1.3. Collect and analyze data to include best practices and focus group information	LT	December 31, 2004	Report completed
3.2 Define target audience(s)	3.2.1 Using data and information, create a list of viable audiences both public and private	LT	March 31, 2005	List created
	3.2.2 Reach consensus on a manageable list of audiences	LT	April 30, 2005	List finalized
3.3 Define and identify resources to conduct 'messaging strategy'	3.3.1 Identify possible resources from all program areas	LT All Managers	September 1, 2004	Resources identified
	3.3.2 Get agreement and commitment for resources	LT	December 31, 2004	Agreement and commitments confirmed
3.4 Create and define message	3.4.1 Identify common themes	LT	May 31, 2005	Themes identified
	3.4.2 Link community	LT	July 31, 2005	Issues linked

	<p>issues on social welfare and poverty to the need, importance, and impact on DSS services</p> <p>3.4.3 Identify and communicate community impact</p>	LT	September 1, 2005	Message and impact identified
3.5 Create "marketing plan"	3.5.1. Create internal DSS communication to support external message	LT All Managers	November 1, 2005	Internal communication structure created.
	3.5.2. Create external communication strategies	LT All Managers	November 1, 2005	External communication structure created.
3.6 Implement plan	3.6.1 Utilize internal communication structure.	LT All Managers	June 30, 2006	Increase of public and private support for policies and resources.
	3.6.2 Utilize external communication structure.	LT Director	June 30, 2006	Increase in public and private support for policies and resources.
3.7 Conduct evaluation	3.7.1 Set evaluation criteria	LT All Managers	August 1, 2005	Criteria set
	3.7.2 Evaluate against the criteria	LT All Managers	September 30, 2006	Evaluation tool completed and implemented; results obtained and used.

GOAL FOUR: Strengthen strategic alliances within the community that result in a strong community infrastructure working in partnership to serve our customers

<i>WHAT [ARE YOU GOING TO DO]</i>	<i>HOW [ARE YOU GOING TO DO IT]</i>	<i>WHO [WILL TAKE THE LEAD]</i>	<i>BY WHEN [WILL IT BE COMPLETE]</i>	<i>MEASURES OF SUCCESS</i>
4.1 Identify current strategic alliances	4.1.1 Define Strategic Alliance	Strategic Planning Team	Q3/2004	Agreed upon definition from which to work.
	4.1.2 Conduct survey to identify current alliances.	DSS Assistant Directors, with staff	Q3/2004	-Survey design developed and completed. - Strategic alliances identified. - Priority strategic alliances are identified.
	4.1.3 Analyze the results of the survey.	Leadership team and All managers	Q3/2004	Agreement of all managers that survey is complete.
	4.1.4 Measure effectiveness of current alliances by developing assessment tool and measure of effectiveness or by using an existing assessment tool that measures effectiveness of alliances.	Leadership Team	Q3/2004	Developed and completed assessment tool.
	4.1.5. Analyze results of assessment tool.	Leadership Team	Q4/2004	Effectiveness measures based on assessment tool; list of effective alliances.
	4.1.6 Utilize results to identify priority alliances that have potential for strategic	All managers, Administration through divisions.	Q4/2004	-Plan developed. -Plan implemented. List of alliances

	alliances.			that have potential for strategic alliances.
4.2 Determine need for alliances (new and existing) based on identified needs and data.	4.2.1 Engage other agencies and organizations in a forum/roundtable discussion (or planning session) on community and service need challenges based on needs/data.	Leadership Team	Q4/2004	Successful forum based on satisfaction survey of forum content and program.
	4.2.2 Develop list of challenges, gaps, and needs from existing sources.	All managers; Administration through divisions.	Q1/2005	Comprehensive list.
	4.2.3. Analyze results.	All managers; Administration through divisions.	Q1/2005	New alliances identified.
	4.2.4. Utilize the results.	All managers; Administration through divisions.	Q1/2005	- Plan developed. - Plan implemented.
4.3. Form strategic alliances as identified, including new partners.	4.3.1. Determine cost and program effectiveness of current alliances.	Leadership Team	Q2/2005	Budget Impact Statement; survey customer satisfaction.
	4.3.2. Solicit suggestions to improve cost and program effectiveness of current alliances.	Leadership Team	Q2/2005	Budget Impact Statement; survey customer satisfaction.
	4.3.3. Improve and/or discontinue	Leadership Team	Q2/2005	Strategic alliance addresses assessed need.

	existing alliances.			
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GOAL FIVE: Develop new revenue and resource streams to address evolving service needs.

WHAT	HOW	WHO	BY WHEN	MEASURES OF SUCCESS
5.1 Conduct organizational assessment of existing services to determine relevancy.	5.1.1 Develop criteria for organizational assessment (e.g. identify services, resources, talents, skills, people, strengths and core business.	LT	3/1/04	Criteria identified.
	5.1.2 Assemble data using criteria	LT	7/01/04	Data report completed.
	5.1.3 Analyze results to keep, re-align, abandon.	LT	10/1/04	Services are identified to keep, re-align, abandon; rationale articulated.
	5.1.4 Develop implementation plan based on analysis.	LT	12/30/04	Plan designed
	5.1.5 Implement Plan	LT	3/30/05	Plan implemented.
5.2 Identify unmet service needs (gap analysis)	5.2.1 Identify existing relevant department and community needs assessment.	LT	1/30/04	Assessments identified.
	5.2.2 Conduct additional needs assessment as needed.	LT	6/30/04	Assessment completed.
	5.2.3 Analyze results to initiate, expand or ignore services	LT	10/1/04	List of need priorities developed; rationale articulated.
	5.2.4 Develop implementation plan to meet gaps identified based on priorities.	LT	10/01/04	Plan designed.

	5.2.5 Implement Plan	LT	10/01/04	Plan implemented
5.3 Identify potential \$ revenues (govt/private) for assistance to others	5.3.1 Conduct scan of: government (state/federal/local funds); non-government (foundations, donors); fee generated funds.	Director	3/31/04	1.3.1.1. Comprehensive list generated.
	5.3.2 Establish Revenue Maximization workgroup	IV-E workgroup	11/1/03	Workgroup established.
	5.3.3 Explore establishment of non profit status.	Rev Max workgroup	12/30/03	Report of findings forwarded to Leadership Team
	5.3.4 Explore regional and strategic alliances partnerships for funding opportunities.	Rev Max workgroup	6/30/04	Partnerships identified and report forwarded to Leadership Team.
	5.3.5 Explore regional development officer.	Director	1/30/06	Report of findings forwarded to Leadership Team.
	5.3.6 Explore expanded Advisory Board role.	Director	6/30/04	Report of findings forwarded to Leadership Team
	5.3.7 Target best prospects	Admin.	4/30/04	Identification of top five prospects.
	5.3.8 Build relationship with funders	Director	7/30/04	Funders know ACDSS contact. Funders willing to talk with ACDSS contact Funders see ACDSS as a High Performance Organization (HPO). ACDSS receives information regularly from funders.
	5.3.9 Learn the non-government fundraising and friendraising	Admin.	1/30/04	Fee based services will generate x% of program budgets. Appropriate staff has received training and certification in fundraising.
	5.3.10 Develop requests	Admin.	9/30/04	Five funding proposals are submitted.

5.4 Identify other resource streams (non-cash resources).	5.4.1. Conduct research to identify other ways to expand or enhance services. 5.4.2. Target best prospects. 5.4.3. Build relationships with sources. 5.4.4. Learn about other opportunities for developing resources. 5.4.5. Develop strategies	LT Admin. Director Admin. Admin	3/31/04 4/30/04 7/30/04 1/30/04 9/30/04	Comprehensive list generated. Identification of top five prospects. Sources know ACDSS contacts. Sources willing to talk with ACDSS contacts. Sources see ACDSS as HPO. ACDSS receives information regularly from sources. Appropriate staff has received training from sources. Up to five strategies are developed to access other sources of support. Implement Strategies
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OPERATING PRINCIPLES

The following principles define the way the Department approaches the operational aspects of their daily work, in accordance with our values, goals, and strategies. The core processes employed by the organization to accomplish the goals will operate in the following fashion.

- Strategies developed will be embedded in research and best practice information to become a knowledge-rich learning organization.
- Continuous Quality Process Improvement strategies are used to ensure our strategies meet changing expectations of our customers and the market place.
- The CQI principle of data-driven decision-making is used in the operational end of all systems and processes.
- Ongoing evaluation will provide data to continuously assess the outcomes and appropriateness of programs and delivery systems for which we will hold ourselves accountable.
- Strategies are used to strengthen organizational effectiveness and to build capacity.

DESIRED OUTCOMES OF THE STRATEGIC ACTION PLAN

At two years:

- Create strategic alliances to augment and expand services.
 - Develop two formal strategic alliances, with a formal resource agreement signed and in place.
 - Achieve a 90% customer satisfaction rating from these new partners on an annual customer survey.
- Residents are more aware of the services.
 - Community awareness has increased by 20%.
- Increase customer satisfaction (internal and external).
 - Achieve a 90% customer satisfaction rating from each customer group on annual customer survey.

At three years:

- Funding for the department's services is diversified.
 - Increase the amount of nontraditional governmental and nongovernmental sources of funds by 10%.
- Staff satisfaction increases.
 - Decrease staff turnover rate by 25%.
 - Increase all staff access to relevant training opportunities.
 - Organizational ability to respond to language needs of the population increases.
- Create effective and sustainable prevention and early intervention strategies
 - The % of resources dedicated to prevention and early intervention has increased by 25% at the end of three years.
 - The community identifies DSS as a provider of choice to assist with families in need prior to intensive intervention strategies being called for.
 - Referrals from community for prevention services has increased by 25%.
 - Decrease the rate of children in foster care from 8.4 to no more than 6 per thousand youth ages 0 – 17.
 - Increase awareness among all customer groups of impact of domestic violence by 20%.
 - Increase high school graduation rates (to include GED) of youth aging out of foster care by 15 %.

PERFORMANCE OUTCOMES FOR THE STRATEGIC GOALS AT THE END OF TWO (2) YEARS

<i>Measure</i>	<i>Indicator for Measure</i>	<i>Measurement</i>	<i>Standard</i>
Create strategic alliances to augment and expand services.	a. Develop formal strategic alliances. b. Increase customer satisfaction among these new partners.	a. Number of formal resource sharing agreements put in place over the period. b. Annual Survey of Partners	a. Two formal resource sharing agreements signed with two new partners. b. Achieve a 90% customer satisfaction rating from these new partners.
Residents are more aware of DSS services.	Community awareness has increased.	Conduct a market saturation survey at the end of year 2 of the strategic plan and ask “service/program questions” (e.g., if you or a family member were in need of emergency housing assistance, would you think to contact the DSS – first; not at all; etc).	Against an established baseline (or use of national statistics about awareness) awareness has increased by 20%.
Increase internal and external customer satisfaction.	Increase customer satisfaction for each customer group.	Annual customer survey	Achieve a 90% customer satisfaction rating from <i>each</i> customer group.

PERFORMANCE OUTCOMES FOR THE STRATEGIC GOALS AT THE END OF THREE (3) YEARS

<i>Measure</i>	<i>Indicator for Measure</i>	<i>Measurement</i>	<i>Standard</i>
Diversify the department’s funding.	a. Diversification of resources	a. and b. Establish a baseline of current resources and evidence of increased and diversification of resources over the period.	10% of the operating budgets will come from sources not currently providing funding (e.g., nontraditional government sources and nongovernmental sources.

<i>Measure</i>	<i>Indicator for Measure</i>	<i>Measurement</i>	<i>Standard</i>
	b. Increase overall funding		b. Revenue will increase by 10% at the end of the period
Increase staff satisfaction.	a. Decrease staff turnover. b. Increase staff access to relevant training opportunities. c. Increase internal language capabilities.	a. Establish a baseline of current turnover rate and evidence reduction against the baseline over the period. b. Survey staff to identify barriers to participating in training. c. Establish a baseline of current number of staff that provide translation and the number of languages available and measure increase in both number of staff and number of different languages.	a. Turnover decreases by 25%. b. 100% of staff participating in training report ease of access. c. The number of staff who can provide interpretation increases by 50% percent.
Create effective and sustainable prevention and early intervention strategies	a. The % of resources dedicated to prevention and early intervention increases b. The community identifies DSS as the provider of choice to assist families in need of prevention and early intervention services.	a. Establish a baseline of resources currently dedicated to these strategies and measure resource allocation/reallocation at the end of each year b. Conduct a telephone survey of service providers to ascertain whether they perceive that DSS regularly delivers these types of services	a. 25% of the Departments prevention and early intervention resources have been allocated for prevention and early intervention b. 80% of those surveyed positively identify DSS as a regular provider of services.
Increase referrals from community for prevention services	Increase ability to provide services for referrals (directly or thru community assistance)	Against a current baseline of requests for prevention level services that are turned away, track ability to develop and deploy needed prevention services	25% increase in the number served.
Decrease in per	Rate of children in	Against a current	Decrease the rate of

capita number children in foster care	foster care is reduced	baseline of children in foster care for the 3 year period	children in foster care from 8.4 to no more than 6 per thousand youth ages 0 – 17.
Increase awareness of domestic violence.	Increase awareness among all customer groups of impact of domestic violence.	a. Conduct a survey of customers to ascertain a baseline of awareness. b. Conduct a survey to compare awareness against the baseline at 3 years.	The number of staff who indicate increased awareness increases by 20%.
Increased high school graduation rate (to include GED) for youth aging out of foster care.	Graduation rate has increased.	a. Establish a baseline of current graduation rate. b. Compare the number of participants graduating against the baseline at 3 years.	The percentage of participants who graduate from high school increases by 15% (i.e. from 45% to 60%).
Increased post secondary education rates for IL participants.	Participation rate in post secondary education increases.	a. Establish a baseline of current participation. b. Compare the number of participants against the baseline at 3 years.	The number of participants who attend post-secondary education increases by x%.