



Department of Social Services

FY 2023 – 2025 Strategy

Draft for Public Comment

June 8, 2022

Executive Summary

This document is the Fiscal Year (FY) 2023 – 2025 strategy for the Clarke County Department of Social Services (DSS). As the county’s provider of social services mandated and regulated by the State of Virginia, we play a critical role in assuring the well-being of all residents. At the same time, there are many inter-related challenges that go beyond the scope of what we directly provide. The Department is uniquely capable of helping ensure residents are aware of and can access everything they need from DSS and the local and regional network of service providers to be safe, secure, and self-sufficient.

Vision

All residents of Clarke County are safe, secure and, whenever possible, self-sufficient.

Mission

To be the social and human services support, connection, community partner, and employer of choice for Clarke County.

Clarke County is a predominantly rural area with just under 15,000 people in 2020. The following are key facts about Clarke County, providing a backdrop for understanding “safety net” requirements:

- Total population has grown 5.3% over the past decade and continues to modestly increase
- Residents over 60 increased more than 20%, and they are now 30% of the population
- Median Household Income (MHI) is nearly \$82,000 in 2021, which is 6% higher than 2016
- Income disparity is substantial – African-American MHI is just 42% of the county median
- Lowest income households are around Millwood and on the east side of Berryville
- 6.2% of residents live below the poverty line, down from nearly 12% in 2016
- A significant percentage qualifies as Asset-Limited, Income-Constrained, Employed (ALICE)
- Unemployment decreased from 4.7% in 2015 to 1.8% in 2020, and is now just above 2%
- Food insecurity (FI) is about 9% in 2021 (about 1,350 people, including 300 children)

County residents have a wide range of socio-economic needs. Services are available locally and from regional providers, but there are many barriers that inhibit access and willingness to use them.

Key Resident Needs

*Financial support
Food security
Elder care
Affordable housing
Housing conditions
Affordable health care
Mental health care
Youth safety and stability
Living wage jobs
Child care access
Domestic violence help*

Several obstacles make it difficult to reach and engage residents who need critical social and human services help in one or more of the areas listed to the left. These include, for example:

- Lack of awareness of what is available
- Service gaps “in practice” in the county
- Fragmentation of the human services network
- Negative opinions of DSS and other providers
- In- and out-of-county transportation challenges
- Capacity to meet demand for certain services
- Social perceptions of needing assistance
- Lack of reliable internet connectivity
- Difficulty getting time away from work
- Close-knit, familial, “help each other” culture

These above represents the conditions to which organizations serving Clarke County have to respond. This three-year strategy will help address them in collaboration with our local and regional partners.

Goals, objectives, and actions we plan to take are listed below. Each of the actions is presented at the strategic level. Tactical activities to execute each action will be defined later.

Goal 1 – Become a “one-stop shop” for human services

Objective 1.1 – Improve county residents’ access to DSS support

- a. Develop opportunities for day care and after-school programs
- b. Coordinate existing transportation options for county residents
- c. Provide more points of service in outlying areas of the county

Objective 1.2 – Increase availability of integrated human services

- a. Develop an integrated human services framework
- b. Strengthen communication with existing partner organizations
- c. Build a network of human services providers in the region
- d. Coordinate efforts among non-profits serving Clarke County
- e. Create a single space for providers to serve residents
- f. Enable periodic presence in Clarke County for regional providers
- g. Promote options to engage virtually with human services

Objective 1.3 – Help “people who can” achieve sustainable self-sufficiency

- a. Provide coordinated self-sufficiency counseling to DSS customers
- b. Work with colleges to increase access to subsidized training
- c. Engage local employers to provide training and job opportunities
- d. Promote customer use of the region’s placement agencies

Goal 2 – Stand out in the community as a “helping” agency

Objective 2.1 – Enhance community recognition of residents’ needs

- a. Build public knowledge of how to recognize neighbors in need
- b. Educate first responders to identify issues and access solutions
- c. Continuously improve partners’ ability to diagnose and refer needs
- d. Inform key stakeholders of changing conditions and impacts

Objective 2.2 – Increase public awareness of available resources for help

- a. Establish a dedicated help line for information on resources
- b. Conduct a multi-media community awareness campaign
- c. Proactively distribute information on accessing human services
- d. Develop, disseminate, and maintain an up-to-date resource guide
- e. Strengthen web presence as a key source of information
- f. Be present at local non-profits to educate residents using them
- g. Hold public information sessions throughout the county
- h. Engage the business community in marketing services

Objective 2.3 – Improve the community’s perceptions of social services

- a. Develop a new brand for DSS (e.g., logo, tagline, identity)
- b. Make the main facility more visible, impactful, and attractive
- c. Be present, visible, and active at key community events
- d. Promote stories of help provided besides “enforcement”
- e. Ensure and leverage positive customer and provider experiences

Goal 3 – Deliver exceptional service as an “employer of choice”

Objective 3.1 – Improve our ability to recruit qualified, committed staff

- a. Define the intangible benefits of working at DSS
- b. Develop and communicate a clear, compelling employer brand
- c. Recognize and reward employee service and accomplishments
- d. Identify and proactively reach out to relevant talent pools
- e. Leverage current employees to recruit candidates

Objective 3.2 – Build staff capacity to provide high-quality resident experiences

- a. Continuously reinforce and connect vision, mission, and values
- b. Develop a working knowledge of DSS programs among all staff
- c. Improve communication and coordination among functions
- d. Develop and maintain an up-to-date partner resource guide
- e. Align performance standards with the integrated services model
- f. Redesign the performance management process

Objective 3.3 – Increase support for and retention of our talented employees

- a. Establish a comprehensive program for staff health and safety
- b. Update policies to increase workplace flexibility and quality of life
- c. Conduct and respond appropriately to annual staff surveys
- d. Develop a “team identity” and facilitate peer-to-peer support
- e. Offer more employee professional development opportunities

DSS staff will lead these actions. However, we cannot successfully implement this strategy without the participation of county resources and our local and regional partner organizations.

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1. Introduction

This document contains the Fiscal Year (FY) 2023 – 2025 strategy for the Clarke County Department of Social Services (DSS).¹ As the county’s provider of social services mandated and regulated by the State of Virginia, we play a critical role in assuring the well-being of all residents. At the same time, there are many inter-related challenges that go beyond the scope of what we directly provide. Our community’s needs can only be met through a collective response by local government, non-profits, and businesses.

Community Vision

All residents of Clarke County are safe, secure and, whenever possible, self-sufficient.

We believe the Department is uniquely capable of helping ensure residents are aware of and can access everything they need to be safe, secure, and self-sufficient. Taking advantage of our position in the county’s “safety net” requires a strategy that fully immerses us in our community, establishes us as a trusted source of help through our core programs, and fosters strong relationships with organizations in Clarke County and the surrounding region that provide complementary human services.

Our Mission

To be the social and human services support, connection, community partner, and employer of choice for Clarke County.

DSS is committed to offering exceptional experiences to consumers of our services. This means meeting them “where they’re at,” understanding and appreciating their circumstances, and tailoring our responses to their unique challenges. Together with a network of local non-profit and government partners, a highly qualified and passionate workforce, and an integrated community, we will help residents in need navigate their life situations to achieve personal and family stability and long-term growth.

Core Values

*Customers First
Empathy in Action
One Team
Community Approach
Collaborative Relationships
Care for Staff*

¹ This strategy uses Clarke County’s FY, which runs from July 1 – June 30.

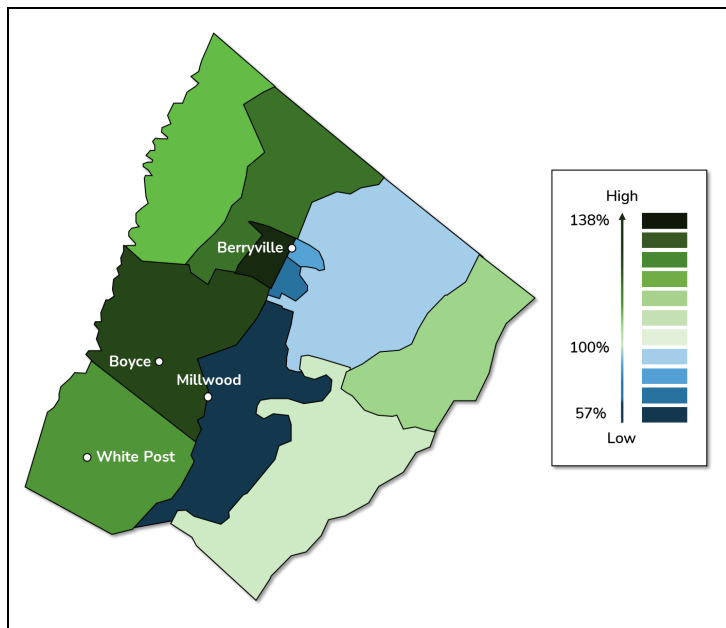
2. Key Clarke County Data

Clarke County has a total population of just under 15,000 people.² Predominantly rural, it has grown modestly in the past decade, with the number of residents increasing 5.3% from 2010.³ Age distribution has trended upward, and today almost 30% of the county is more than 60 years old. This is likely the result of both “aging in place” and on-going migration patterns that will likely continue into the future.

The population is still overwhelmingly White (86%), but the proportion of other racial and ethnic groups has risen over the past ten years. The number of African-Americans increased by about 10%, and this demographic now comprises 5% of the county. Hispanic residents nearly doubled and presently make up 6% of inhabitants. The remaining 3% are from other from other groups, Asian and “Other.”

Median Household Income (MHI) in the county is approximately \$82,000. There are significant disparities across racial and ethnic groups. The White population’s MHI is estimated to be \$85,521, African-Americans \$35,537 (42%), and Hispanics is \$113,213 (138%).⁴ Since 2015, MHI has increased in all groups, with the largest growth experienced by the Hispanic population (47%) and the smallest (8%) among Whites. Geographical variation is also noticeable. The lowest MHIs are mainly concentrated in the east side of Berryville and the south-central part of the county (see Figure 1, to the right).⁵ The percent of residents living below the poverty line has decreased from a high of 12% in 2016 to about 6% today,⁶ and the three major racial and ethnic groups are about equal.⁷

Figure 1. Geographical Distribution of MHI in Clarke County



² United States Census Bureau, *Clarke County, Virginia: Quick Facts* (2020). Retrieved from US Census Bureau, <https://www.census.gov/quickfacts/fact/table/clarkecountyvirginia/LFE041219>, Dec. 29, 2021.

³ World Population Review (WPR), *Population of Counties in Virginia* (2021, with growth statistics). Retrieved from <https://worldpopulationreview.com/us-counties/states/va>, Dec. 29, 2021.

⁴ Based on US Census Bureau, *American Community Survey, Clarke County, Virginia* (2019). Retrieved from Petersburg Progress-Index, <https://snwflk.me/3uhnwoF>, Feb. 1, 2022. Estimated current MHI reflect a 2.4% annual growth rate from 2019, the most recent confirmed data. Forecasted growth does not take into account Covid-19, which may have caused downward pressure on MHI in 2020 – 2021.

⁵ US Census Bureau, *American Community Survey, Clarke County, Virginia: MHI by Census Block* (2019). Retrieved from Petersburg Progress-Index, <https://snwflk.me/3s5JQZ3>, Feb. 1, 2022.

⁶ This is a major change from 2015, when almost 50% of African-Americans lived below the poverty line.

⁷ Note, however, that the poverty rate does not include all of the Asset Limited, Income Constrained, Employed (ALICE) population and, as a result, does not tell the entire story of potential need.

Unemployment in the county is approximately 2%.⁸ While this is low, the poverty rate is higher, and the food insecurity (FI) rate is about 9% (see note 7, above, for one reason for the differences).⁹ This equates to about 1,350 people, including over 300 children. Poverty and FI are largely functions of income, so they residents experiencing these conditions are likely concentrated in the geographic areas with lower MHIs.

3. Needs and Barriers

The above county data, combined with other quantitative and qualitative inputs collected in support of strategy development, highlights a number of human services needs in Clarke County, many of which are intertwined. DSS and other organizations in the county and surrounding areas offer most of the necessary services. However, there are gaps and barriers to access that limit capability to meet demand. Below is a summary of needs and obstacles identified through pre-planning research.

3.1 Summary of Community Needs

Key socio-economic issues in the county are discussed in Table 1, extracted from data, DSS leadership, staff, and stakeholder interviews, discussions with providers, and a community survey and focus groups.

Table 1. Key Community Needs

Community Needs	Discussion
Financial support	About 1,000 residents live beneath the poverty line (see above), and 30% of the working population qualifies as ALICE. ¹⁰ Over 40% of community survey respondents also listed “paying bills” as one of their top continuous challenges. Financial support may become even more important as government Covid-related assistance expires, as well.
Food security	As stated above, more than 1,300 people in the county are FI, about a quarter of whom are under 18 years old. This has been relatively stable over the past ten years, so the need for the Supplemental Nutrition Assistance Program (SNAP), food pantries, school support, etc. will likely continue. The end of Covid public support may also affect this.

⁸ US Bureau of Labor Statistics (BLS), *Unemployment in Clarke County, Virginia* (2021). Retrieved from FRED, <https://fred.stlouisfed.org/series/VACLAR3URN>, Feb. 1, 2022. The unemployment rate spiked in March 2020 to 8% due to the Covid-19 pandemic, but by November this had fallen to pre-Covid levels.

⁹ Feeding America, *Food Insecurity in Clarke County, Virginia Before Covid-19* (2017 – 2019). Retrieved from <https://map.feedingamerica.org/county/2019/overall/virginia/county/clarke>, Jan. 31, 2021. See also Feeding America Action, *State-by-State Resource: The Impact of the Coronavirus on Food Insecurity* (2021, estimated). Retrieved from <https://snwflk.me/3rgmL6G>, Jan. 31, 2021.

¹⁰ *Local Social Services Profile Report, Clarke County, State Fiscal Year 2020*. Provided by DSS.

Community Needs	Discussion
Elder care	As the population ages, more support for older adults is needed. This includes social security, affordable independent and assisted living facilities, Adult Protective Services (APS), end-of-life assistance, transportation, community support, etc. These needs will continue to increase for the foreseeable future, and services gaps will be magnified.
Affordable housing	Inventory of dwellings for low-income residents is limited. Median home value is over \$350,000, with new construction typically selling for \$400,000 or more. Fair Market Rent (FMR) for a one-bedroom apartment requires a gross household income of \$60,000, ¹¹ with relatively few units. Costs continue to increase in the county and surrounding areas.
Housing conditions	There are pockets of older houses in the county, many of which are occupied by long-term residents. These require on-going maintenance and, for disabled and elderly people, accessibility upgrades, both of which can be costly. This makes it difficult for certain groups to stay in their homes but, as noted above, there are not many alternatives.
Affordable health care	Nearly 13% of the population lacks health insurance, and just 3% have enrolled in Medicaid despite the 2019 expansion in Virginia. ¹² Also, access to primary care in-county is limited, and neither emergency nor specialized care is readily available locally. The nearest option for low-income residents is Sinclair Health Clinic, located in Winchester.
Mental health care	Our research highlighted the significance of mental and behavioral health issues affecting all age groups and both individuals and families. There is a on-going need for support such as that provided under the Children’s Services Act (CSA), and services for issues CSA does not cover. Mental health care options are not readily available in the county.
Youth safety and stability	In State Fiscal Year 2020, DSS addressed nearly 175 Child Protective Services (CPS) cases. ¹³ Additionally, as previously noted, about 10% of Clarke County’s under-18 population meets FI criteria at any given time. These and related issues are linked to family stability. Both immediate needs and underlying conditions will continue to require attention.

¹¹ City Data, *Clarke County, Virginia* (2019), Retrieved from <https://bit.ly/38DqJff>, Jan. 30, 2022. See also Virginia Housing, *Current Fair Market Rents* (2020). Retrieved from <https://www.vhda.org>, Jan. 30, 2022.

¹² Data USA, *Clarke County, Virginia – Health* (2021). Retrieved from <https://datausa.io/profile/geo/clarke-county-va#health>, Jan. 29, 2022. It appears this data is inconsistent with the *Local Social Services Profile Report*, which shows 13% of residents are covered by Medicaid, so more people may be insured than is suggested here. Regardless, the number of in-county providers is limited in general.

¹³ *Local Social Services Profile Report, Clarke County, State Fiscal Year 2020*.

Community Needs	Discussion
Living wage jobs	Though unemployment in Clarke County is low, the poverty rate and ALICE population (see above) suggests many people are not earning sufficient income for their life situations. This is a complex issue that may be explained by the types of jobs available in-county, marketable skill deficiencies, transportation and child care challenges, etc.
Child care access	About 550 single-family households in the county have children below school age. ¹⁴ While some have stay-at-home parents and others can rely on other family members, many of them need locally-provided, professional child care to be fully employed and make a sufficient net income. However, affordable child care in Clarke County is very limited.
Domestic violence help	The extent of this challenge, which includes physical, mental, and sexual abuse, cannot be easily quantified. However, qualitative feedback indicates it is a constant, on-going challenge in Clarke County. Significant in its own right, domestic violence is also linked to mental health and youth safety and stability issues referenced above.





3.2 DSS and Provider Coverage

The extent to which DSS and other organizations that include Clarke County in their service areas could *potentially* meet community needs and how *effectively* they currently do is summarized in Table 2.^{15,16}

Table 2. County and Regional Provider and Program Coverage of Key Resident Needs

Key to Potential and Effective Coverage Notations

 Full	 High	 Medium	 Low
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Community Needs	Potential	Effective	Comments
Financial support			Through DSS and other in-county non-profits
Food security			SNAP, food pantries, etc. can largely meet need

¹⁴ City Data. Retrieved from https://city-data.com/county/clarke_county-va.html, Feb. 1, 2022.

¹⁵ Potential coverage indicates the existence of providers and programs that include Clarke County in their stated coverage areas and the capacity of those providers to meet the level of community needs related to each issue. Effective coverage reflects whether providers are currently proactive serving and are generally known to residents. Table 1 does not necessarily indicate the level of actual use of services by the affected populations. See *Obstacles to Accessing Support* for further discussion of utilization.

¹⁶ *Appendix A, List of Area Providers* lists key organizations inside Clarke County and those that have the county in their “official” service areas, with notes on their current level of engagement as appropriate.

Community Needs	Potential	Effective	Comments
Elder care			Some supporting agencies are not fully engaged
Affordable housing			Inventory is very low and difficult to obtain
Housing conditions			Under-provided and generally unknown
Affordable health care			Out-of-county providers are not proactive
Mental health care			Non-profit activity ¹⁷ but few private alternatives
Youth safety and stability			DSS and schools can meet many youth needs
Living wage jobs			Providers exist but are not proactively serving
Child care access			DSS subsidizes but local care is very limited
Domestic violence help			Services mostly located outside of the county

3.3 Obstacles to Accessing Support

DSS and others in Clarke, neighboring counties, and the City of Winchester offer services that address, or could address, many of these issues, at least to an extent. However, both local and out-of-county programs tend to be under-utilized by residents in need. There are a number of barriers that makes help difficult to access or contribute to hesitancy to use what is available. Table 3, below, summarizes key obstacles that inhibit people from finding and utilizing assistance that would benefit them.

Table 3. Key Barriers to Human Services Access for Clarke County Residents

Barriers	Discussion
Lack of awareness	Residents do not know about us and our scope of services, nor about other organizations that are there to support them.
Gaps “in practice”	Some providers serve the county in their “official” service areas, but have not made concerted efforts to serve its residents.
Network fragmentation	County and regional service providers do not know about each other or are not proactive about coordinating and referring.
Negative opinions	Past interactions, word of mouth, and general perceptions of us and other providers make some residents reluctant to engage.
Transportation challenges	Limited options for transportation, as well as lack of knowledge of what is available, causes difficulties especially out-of-county.

¹⁷ Northwestern Community Services Board (NWCSB) recently opened an office in Berryville.

Barriers	Discussion
Availability shortages	The county’s capacity to meet certain needs is limited, including but not limited affordable child care and housing.
Social perceptions	There is a perceived stigma attached to asking for help in general, from government in particular but also from other providers.
Internet connectivity	Lack of availability and cost of internet access makes it difficult for residents to find resources and use on-line services. ¹⁸
Leave from work	Some jobs make it challenging for people to take time off to go to providers during normal business hours.
Community culture	The “rural,” “familial,” and “close-knit” culture of Clarke County turns residents to each other before human services providers.

4. DSS FY 2023 – 2025 Strategy

The community needs, coverage, and barriers discussed above represent the conditions to which human services providers serving Clarke County have to respond. DSS provides a wide range of state-mandated programs that address many of these needs. At the same time, we recognize the practical gaps in the “safety net” and the obstacles to obtaining assistance that need to be overcome to fully support county residents in need as they navigate difficult life situations and work toward sustainable self-sufficiency.

4.1 Strategy Principles

Our three-year strategy covering FY 2022 – 2024, as outlined in the sections below, is designed to address these issues, consistent with our core values, by pursuing these key aims:

- **Providing consistently high-quality social services with compassion** by building and sustaining a well-qualified, mission-driven, team-oriented, healthy workforce.
- **Making it easier to get whatever assistance people need** by expanding and promoting options for accessibility and strengthening the regional human services network.
- **Supporting the needs and growth of the “whole person”** with improved situational awareness and a commitment to developing residents’ ability to improve their lives long-term.
- **Increasing awareness of and willingness to use available help** through expanded outreach and by addressing perceptions of DSS and, more broadly, obtaining socio-economic support.

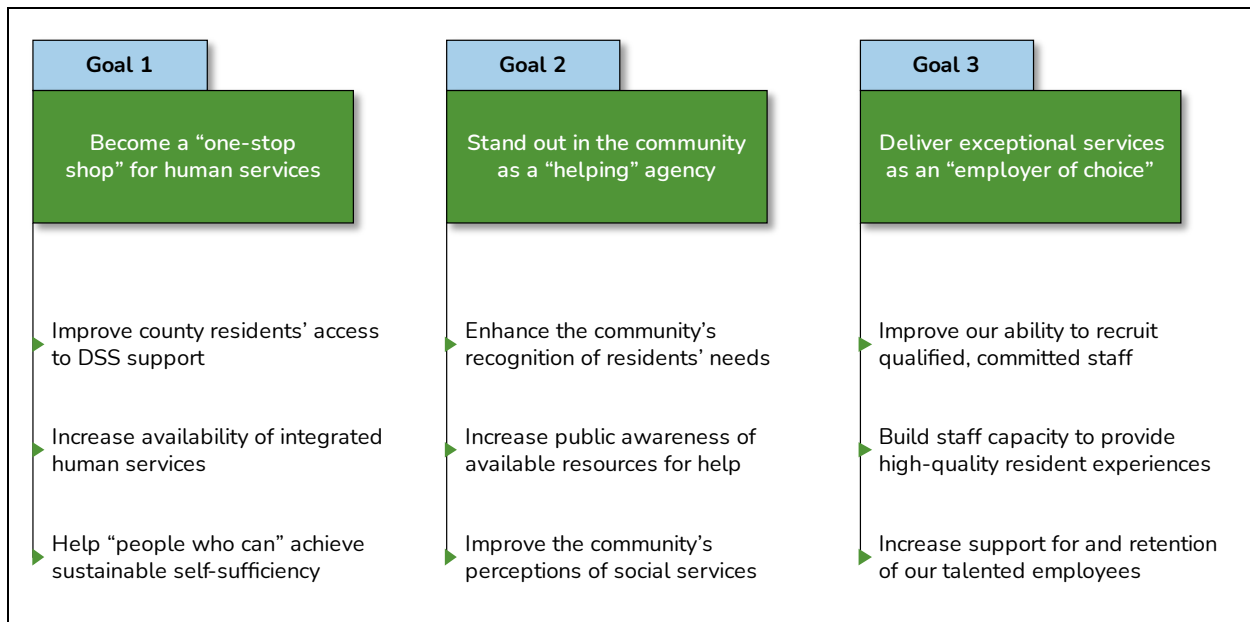
¹⁸ Connectivity improvements are underway. See ClarkeConnect, *Clarke County Receives VATI Grant for Rural Broadband Infrastructure* (2021). Retrieved from <https://bit.ly/3gzmmWM>, Feb. 5, 2022.

- **Helping address true gaps to better cover resident needs through** our own initiatives and by working closely with the Clarke County government to improve conditions.

4.2 Three-year Strategic Plan

Our goals and objectives for the next three years are summarized below in Figure 2, and are presented in more detail in the section immediately following the graphic.

Figure 2. High-level Strategic Plan Summary



Goal 1 – Become a “one-stop shop” for human services

Objective 1.1 – Improve county residents’ access to DSS support

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Number of interactions with DSS (applications, phone calls, foot traffic, web site)
- Number of residents served in outlying areas of the county (i.e., off-site service)

Strategic Actions

- Develop opportunities for day care and after-school programs
- Coordinate existing transportation options for county residents
- Provide more points of service in outlying areas of the county

Objective 1.2 – Increase availability of integrated human services

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Number of human services referrals and percent successful connections
- Number of people served on-site in Clarke County by out-of-county providers

Strategic Actions

- a. Develop an integrated human services framework
- b. Strengthen communication with existing partner organizations
- c. Build a network of human services providers in the region
- d. Coordinate efforts among non-profits serving Clarke County
- e. Create a single space for providers to serve residents
- f. Facilitate a periodic presence in Clarke County for regional providers
- g. Promote options to engage virtually with human services

Objective 1.3 – Help “people who can” achieve sustainable self-sufficiency

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Percent change in enrollment in SNAP-ET, VIEW, and TANF
- Number of people in self-sufficiency programs and percent who become self-sufficient

Strategic Actions

- a. Provide coordinated self-sufficiency counseling to DSS customers
- b. Work with colleges to increase access to subsidized training
- c. Engage local employers to provide training and job opportunities
- d. Promote customer use of the region’s placement agencies

Goal 2 – Stand out in the community as a “helping” agency

Objective 2.1 – Enhance community recognition of residents’ needs

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Number of educational sessions with community partners, the general public, etc.
- Number of referrals generated by first responders, neighbors, etc.

Strategic Actions

- a. Build public knowledge of how to recognize neighbors in need
- b. Educate first responders to identify issues and access solutions
- c. Continuously improve partners' ability to diagnose and refer needs
- d. Inform key stakeholders of changing conditions and impacts

Objective 2.2 – Increase public awareness of available resources for help

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Number of contacts generated by the help line, informational events, web site, etc.
- Percent increase of county residents insured, receiving benefits, etc.
- Percent of county residents receiving benefits through DSS

Strategic Actions

- a. Establish a dedicated help line for information on resources
- b. Conduct a multi-media community awareness campaign
- c. Proactively distribute information on accessing human services
- d. Develop, disseminate, and maintain an up-to-date resource guide
- e. Strengthen web presence as a key source of information
- f. Be present at local non-profits to educate residents using them
- g. Hold public information sessions throughout the county
- h. Engage the business community in marketing services

Objective 2.3 – Improve the community's perception of social services

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Number of community events attended by DSS employees
- Foot traffic, number of customer interactions, etc. at DSS facility
- Community perceptions as measured through periodic surveys

Strategic Actions

- a. Develop a new brand for DSS (e.g., logo, tagline)
- b. Make the main facility more visible, impactful, and attractive
- c. Be present, visible, and active at key community events
- d. Promote stories of help provided besides “enforcement”
- e. Ensure and leverage positive customer and provider experiences

Goal 3 – Deliver exceptional services as an “employer of choice”

Objective 3.1 – Improve our ability to recruit qualified, committed staff

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Ratio of interviews given to applications received and rate of offer acceptance
- Time to fill open positions with qualified employees
- Percent of new hires leaving DSS before one year

Strategic Actions

- a. Define the intangible benefits of working at DSS
- b. Develop and communicate a clear, compelling employer brand
- c. Recognize and reward employee service and accomplishments
- d. Identify and proactively reach out to relevant talent pools
- e. Leverage current employees to recruit candidates

Objective 3.2 – Build staff capacity to provide high-quality resident experiences

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Employee knowledge of programs, resources, etc. (e.g., through survey)
- Customer satisfaction with DSS services and interactions (survey, comments, etc.)

Strategic Actions

- a. Continuously reinforce and connect vision, mission, and values
- b. Develop a working knowledge of DSS programs among all staff
- c. Improve communication and coordination among functions
- e. Develop and maintain an up-to-date partner resource guide
- f. Align performance standards with the integrated services model
- g. Redesign the performance management process

Objective 3.3 – Increase support for and retention of our talented employees

Success Metrics

The following are example measures that we may use to evaluate achievement of the objective:

- Annual employee turnover rate or quantitative amount of attrition
- Employee satisfaction (e.g., through regular surveys, other feedback)

Strategic Actions

- a. Establish a comprehensive program for staff health and safety
- b. Update policies to increase workplace flexibility and quality of life
- c. Conduct and respond appropriately to annual staff surveys
- d. Develop a “team identity” and facilitate peer-to-peer support
- e. Offer more employee professional development opportunities

Appendix A – List of Area Providers

Below are brief summaries of key social services partners and providers other than DSS (see Section 3.2 in the main document). Asterisk (*) denotes organizations located in Clarke County. Cross (†) indicates organizations that include the county in their service areas, but are not currently known by, well-utilized by and/or proactively reaching out to inform or support residents. This is not an exhaustive list.

Organization	Brief Description
Access Independence†	Promotes independent living by providing services and resources that enhance the quality of life for people with disabilities.
American Red Cross†	Provides Community Preparedness Education (CPE), free smoke alarms, and shelter and financial assistance in the event of a disaster.
Blue Ridge Educational Center†	Day school for students with mental and behavioral health issues. May serve Clarke County residents, but requires transportation.
Blue Ridge Habitat for Humanity†	Builds houses for low-income people, and can make modifications for accessibility as well as repairs. Willing to serve Clarke residents. ¹⁹
Blue Ridge Hospice	Provides end-of-life care as well as family support services. Support currently available to residents of Clarke County if needed.
Catholic Charities, Diocese of Arlington†	Offers a range of social services programs. May be able to provide financial support, mental health care, and remote educational services. ²⁰
Centralized Housing Intake	Central entry point for households who are at risk of homelessness. Refers people to homeless services, housing programs, etc.
Christ Church Cares Food Pantry*	Provides food and other necessities to residents of southern Clarke County. Part of a network of food distribution centers serving the county.
Clarke County Health Department*	Vaccines, testing, WIC, and related services. Does waiver screenings and assessments with DSS, and can refer people to needed services.
Clarke County Juvenile Court Services*	Works with DSS to help youth re-integrate into the community, using the Department's range of youth, family, and other related programs.

¹⁹ DSS has begun developing a working relationship with Habitat to make maintenance and accessibility upgrades available for county residents. This is in its early stages, and holds significant potential.

²⁰ Catholic Charities is not currently very active in the western part of the diocese, but has been willing to discuss extending remote and other services past Loudoun County. Any initiative would likely take some time, but the organization has many programs from which Clare County residents would benefit.

Organization	Brief Description
Clarke County Parks and Recreation*	Offers recreational and other opportunities for both youth and adults. The department is also a potential child care provider for county residents.
Clarke County Public Schools*	Provides students subsidized meals. Works with DSS by identifying and helping or referring students with issues at home.
Concern Hotline	Anonymous suicide prevention call center that allows people in crisis to talk to counselors on-demand and get immediate support.
Duncan Memorial United Methodist Church*	Blue Ridge Area Food Bank (BRAFB)-affiliated food distribution center. Also provides child care and conducts community-building events.
FISH of Clarke County*	Primarily operating as a food pantry. Provides some emergency financial services and limited transportation to Clarke County residents.
Foster Families of CFW*²¹	Provides foster home placement and adoption services, a caretaker program, and resources for current and prospective foster families.
Grafton Integrated Health Services*	Operates a residential facility in northern Clarke County providing in-patient services to address mental and behavioral health issues.
Handley Regional Library System*²²	Offers programs for kids, adolescents, and adults (e.g., story time, Lego club, teen book club, one-on-one job seeker help, ²³ and computer access).
Heritage Child Development Center*	Child care and early education provider. Part of the non-profit Cheers School Family. Working with DHS to offer subsidized services.
Literacy Volunteers Winchester Area†	Offers several in-person and remote educational programs, such as financial management, ESL, and life skills. Open to opportunities in Clarke.
Lord Fairfax CC Workforce Solutions†	Provides job skills and credentialing courses. Had a grant initiative with Clarke County that was under-utilized and just ended.
Northwestern Community Services Board*	Has a range of programs for people affected by behavioral disorders, mental illness, substance abuse, developmental disabilities, etc.
NW Works†	Works with adults with disabilities and other individuals with barriers to employment through skill-building, job programs, etc.

²¹ Serves Clarke and Frederick Counties and the City of Winchester. DSS is an active part of this effort.

²² Programs provided at the Clarke County Library as well as the main library in Winchester.

²³ In conjunction with NW Works at the Winchester library. Services such as these that are not offered in Clarke County are available but not always accessible to county residents due to transportation, etc.

Organization	Brief Description
People, Inc. of Virginia*	Operates Head Start for 3 – 4yo children. Other limited services in Clarke, such as small business programs, foreclosure prevention, and loans. ²⁴
Shenandoah Area Agency on Aging	Provides services (e.g., in-home care, meals, etc.) that enable older adults to remain in their homes, rather than go into a nursing facility. ²⁵
Sinclair Health Clinic†	Nearest free clinic to the county (Winchester). Offers primary care, mental health, pharmacy, and other services. Accepts Medicaid.
The Laurel Center†	Provides a full scope of domestic and sexual violence support services, such as temporary housing, counseling, and related assistance.
Virginia Career Works, Shenandoah Valley†	State Workforce Development Center (WDC). Provides job skill training and employment connections. Open to Clarke County residents.
Virginia Co-op Extension, Clarke County*	Offers a range of financial management, housing, nutrition, and related educational programs that support resident self-sufficiency.
Virginia Regional Transit†	On-demand local and regular weekly bus service to Winchester for older adults, people with disabilities, and those considered low-income. ²⁶
Wheels for Wellness†	Provides transportation to medical appointments and treatments for eligible groups of people. Includes Clarke County in its service area.
Winchester Area Temporary Thermal Shelter†	Cold weather homeless shelter in Winchester. Open to working with DSS to give access to extended services to transition people out.

²⁴ People, Inc. once worked with the county on an affordable housing initiative. Per county officials, the end result of this effort is not entirely clear, but it does not seem to have moved forward in a meaningful way. However, maintaining a relationship may hold potential for the future.

²⁵ It is not clear how much Clarke County residents are aware of and utilizing the agency’s services.

²⁶ The extent to which this is known to the affected population is unclear. In 2021, VRT made over 1,800 trips but only 75 to medical appointments, roughly consistent with prior years. See Powell, M., *Virginia Regional Transit Sees Increased Ridership in Clarke County* (Winchester Star, Feb. 8, 2022). Retrieved from <https://snwflk.me/33bE280>, Feb. 8, 2021. 1,201 trips were for “personal errands,” while the remaining 566 were for “other” purposes with no further elaboration. The number of unique passengers is not specified and it is highly likely individual riders used the service multiple times. VRT indicated there is capacity to handle additional demand if residents are aware of the service and need to use it.

Appendix B – Implementation Timeline

Below is our schedule for implementing the actions described in Section 4 of this document. Start and end dates are by quarter. For example, if an action start indicates “1q22, it will start at some point during that quarter; if it indicates an end date of “1q22,” it will end by the last day of the quarter). “On-going” actions are continuous from initiation through the end of the strategy period (end FY25).²⁷ Note that we are using Clarke County’s FY for this timeline. FY quarters run from:

- Quarter 1 (q1) – July 1 through September 30
- Quarter 2 (q2) – October 1 through December 31
- Quarter 3 (q3) – January 1 through March 31
- Quarter 4 (q4) – April 1 through June 30

To meet schedule deadlines, we plan to use a variety of resources. Some of these are outside of DSS (e.g., county employees), while others may require participation of other organizations in the county and region working in collaboration with DSS. Resourcing is not included in the schedule below, as most of the actions are owned and supported primarily by our Director, staff, and board. Additional information on anticipated outside involvement is available from DSS upon request.

Goal 1 – Become a “one-stop shop” for human services

Actions		Start	End
1.1	Improve county residents’ access to DSS support		
a.	Develop opportunities for day care and after-school programs	3q23	1q24
b.	Coordinate existing transportation options for county residents	2q23	3q23
c.	Provide more points of service in outlying areas of the county	2q23	3q23
1.2	Increase availability of integrated human services		
a.	Develop an integrated human services framework	1q23	2q23
b.	Strengthen communication with existing partner organizations	1q23	On-going
c.	Build a network of human services providers in the region	1q23	On-going
d.	Coordinate efforts among non-profits serving Clarke County	1q23	On-going
e.	Create a single space for providers to serve residents	3q24	4q25
f.	Enable periodic presence in Clarke County for regional providers	4q23	1q24
g.	Promote options to engage virtually with human services	1q24	4q24
1.3	Help “people who can” achieve sustainable self-sufficiency		
a.	Provide coordinated self-sufficiency counseling to DSS customers	1q23	On-going
b.	Work with colleges to increase access to subsidized training	2q23	3q23
c.	Engage local employers to provide training and job opportunities	1q23	On-going

²⁷ Actions listed in this table are at the strategic level. Specific activities to execute the actions will be determined by each action’s owner, and may include milestone completion dates.

d. Promote customer use of the region’s placement agencies	1q23	On-going
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Goal 2 – Stand out in the community as a “helping” agency

Actions	Start	End
2.1 Enhance community recognition of residents’ needs		
a. Build public knowledge of how to recognize neighbors in need	1q23	On-going
b. Educate first responders to identify issues and access solutions	1q23	On-going
c. Continuously improve partners’ ability to diagnose and refer needs	1q23	On-going
d. Inform key stakeholders of changing conditions and impacts	1q23	On-going
2.2 Increase public awareness of available resources for help		
a. Establish a dedicated help line for information on resources	3q23	4q23
b. Conduct a multi-media community awareness campaign	4q23	2q24
c. Proactively distribute information on accessing human services	1q23	On-going
d. Develop, disseminate, and maintain an up-to-date resource guide	1q23	2q23
e. Strengthen web presence as a key source of information	2q24	3q24
f. Be present at local non-profits to educate residents using them	1q23	On-going
g. Hold public information sessions throughout the county	1q23	On-going
h. Engage the business community in marketing services	3q23	On-going
2.3 Improve the community’s perceptions of social services		
a. Develop a new brand for DSS (e.g., logo, tagline, identity)	1q23	1q23
b. Make the main facility more visible, impactful, and attractive	1q23	1q23
c. Be present, visible, and active at key community events	1q23	On-going
d. Promote stories of help provided besides “enforcement”	1q23	On-going
e. Ensure and leverage positive customer and provider experiences	1q23	On-going

Goal 3 – Deliver exceptional service as an “employer of choice”

Actions	Start	End
3.1 Improve our ability to recruit qualified, committed staff		
a. Define the intangible benefits of working at DSS	1q23	2q23
b. Develop and communicate a clear, compelling employer brand	1q23	2q23
c. Recognize and reward employee service and accomplishments	1q23	On-going
d. Identify and proactively reach out to relevant talent pools	1q23	On-going
e. Leverage current employees to recruit candidates	1q23	On-going
3.2 Build staff capacity to provide high-quality resident experiences		
a. Continuously reinforce and connect vision, mission, and values	1q23	On-going

b. Develop a working knowledge of DSS programs among all staff	2q23	On-going
c. Improve communication and coordination among functions	1q23	On-going
d. Develop and maintain an up-to-date partner resource guide	1q23	2q23
e. Align performance standards with the integrated services model	4q23	1q24
f. Redesign the performance management process	4q23	1q24
3.3 Increase support for and retention of our talented employees		
a. Establish a comprehensive program for staff health and safety	1q23	2q23
b. Update policies to increase workplace flexibility and quality of life	1q23	On-going
c. Conduct and respond appropriately to annual staff surveys	1q23	On-going
d. Develop a “team identity” and facilitate peer-to-peer support	1q23	On-going
e. Offer more employee professional development opportunities	3q23	On-going