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Fairfax County Board of Supervisors Health & Human Services Committee, Tuesday, June 16, 2026

Date Tuesday, June 16, 2026
Place Fairfax County Board of Supervisors, Virginia
Length 1h 37m (video)

- Official meeting video (Fairfax County): <https://video.fairfaxcounty.gov/player/clip/4185>
- Official Board of Supervisors page (Fairfax County): <https://www.fairfaxcounty.gov/boardofsupervisors/>

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Speech-to-text: whisper.cpp, model large-v3-turbo. Produced 2026-10-27. Each paragraph starts with its time [HH:MM:SS] in the meeting video.

[00:00:00] Hello, everybody. Just calling to order our HHS committee meeting. Welcome back. And before we get started, I just want to make sure people saw the meeting minutes from last meeting. Any questions, changes, concerns about the meeting minutes from last meeting? If not, the meeting minutes are adopted.

[00:00:17] I'll move on from there. Before we get started, I just wanted to say a brief remarks. And Chris does not know this is coming, but I'm going to say it anyway. And don't worry, it's very nice. Today is Chris Leonard's last HHS meeting. as i said i would be nice i didn't promise anything about anybody else and so like all goodbyes it's a little bittersweet right and i'm sure more for my colleagues as i've only been here for a short amount of time but in that short time i think i've come to know chris as many of us do as a really nice straightforward honest collaborative guy who really cares about

[00:00:56] the work he's doing and the people he's serving, and that was evident from the first conversation we have. You welcomed me so warmly. You've really been a partner from day one, very open, always willing to meet, but also willing to engage in the tough conversations and actually say, hey, you know what? Maybe we need to take a different approach, and that speaks volumes of your character, so I just wanted to say that. You've been a great asset to the county.

[00:01:20] you started as a budget analyst in 1999 at 12 right moved up as it to the deputy director of community and recreation services in 2003 later acting director when that merged forming neighborhood

and community services you became the director I don't know why I'm telling your history because you know it but I thought everybody else should know just how long you've served the county and how well you served the county.

[00:01:47] In 2020, you were appointed deputy county executive for health, housing, and human services at a particularly difficult time for human services, and you've served impeccably and with heart. And now I know you're returning to your roots. I heard there might be some basketball coaching in your future.

[00:02:03] Definitely. Right, which fits you perfectly, and I hope you watched the Knicks game the other night. Unfortunately. Sorry, I didn't mean to needle you a little bit, but it can only be so nice. Just kidding. Do you want me to send them those text messages? So I just wanted to start before we got into the meat of the meeting, just to wish, Chris, a grateful thank you for all the work you've done and all the best in your basketball, coaching, or other future.

[00:02:28] You've made a lasting impact here in the county, and we're really grateful for your years of dedication and service. Thank you. Yes, I absolutely did not know that was coming today. So I definitely appreciate this, and I've had a great time working with all the board members and the difficult conversations, but we always get there.

[00:02:50] We seem to always get there in Fairfax. So very, very proud of the organization. You've got a very strong organization, great workforce, so keep leaning on them. But I really appreciate this unexpected surprise. Thank you. You're welcome, and sorry about the surprise, but at least it's a pleasant one.

[00:03:07] But you will be missed. So having said that, I want to turn to a couple of items, the items that we're discussing today and just introduce a bit before turning it over to Chris Leonard for his presentation. We're going to discuss both the HR1 Medicaid, the federal HR1 bill, changing Medicaid and SNAP changes, with a real fundamental restructuring of this program.

[00:03:27] And I'll speak to it a little bit more after you speak. And then the other topic that we're going to dig into is a report from the Beyond the Bell program and the pilot and kind of get some information on how it went and some data. So with that, I'll turn it over to you, Mr. Leonard, and then we'll turn it over to Mr. Chairman and go on.

[00:03:44] Sure. Thank you. The two presentations today, the first presentations on H.R. 1, maybe the best thing about H.R. 1 is they did give us some time to work on the implementation timeline, but we've known over the last year this was coming, so you're going to hear today from Michael and his team on how we're working that and very much like we dealt with Medicaid unwinding very successfully,

[00:04:12] Much like we dealt with a number of other things post-pandemic, I am 100% confident that what you'll hear today is you're going to hear some stuff that's probably going to sound like it was easy to get to, but it was the result of hours and hours and hours of work of Michael and his team, some of which are here today in the audience as well.

[00:04:30] So without further ado, I'm going to turn it over to Michael Beckett and his team to get rolling here. Good afternoon, Michael Beckett, the director for the Department of Family Services.

[00:04:46] I'm here with Alicia Blackwell, who is the Deputy Director for Programs and Services, and Lisa Tatum, who is the Division Director for Public Assistance and Employment Services Division. Today we're

coming here to update you on some changes specific to Medicaid and SNAP pursuant to H.R. 1 being passed.

[00:05:07] These unprecedented changes are not sort of, in theory, These are things that are actually about to come to shape starting as early as October of this year. So as a result of the One Big Beautiful Bill, significant changes are coming to sort of how the cost sharing related to these programs are working.

[00:05:30] In FY27, these changes will increase the administrative costs to the states from 50% to 75%. The federal government has sort of single-handedly shifted sort of cost away from itself to states.

[00:05:47] Because of this particular shift, we project a reduction in revenue of approximately \$8.8 million for a full fiscal year. But because the changes take effect on October 1st, the partial year impact for the FY27 reduction in revenue is estimated to be about \$6.7 million.

[00:06:05] However, it's an estimate only because we are, the estimates are contingent upon our actual expenditures as well as the state's adopted budget. These changes to this administrative cost shift has been taken into account for this upcoming adopted, for the adopted budget.

[00:06:26] But I would say even more importantly, the impact to people is what I really want to talk about. When we are looking at the cost shifts, the penalties to the state for the SNAP error rate is rather significant, especially if any state has an error rate over 6%, that the federal government has shifted the responsibility of paying benefits out of benefits that go into people's pockets to states because of the error rate.

[00:06:59] If you look at the chart that's on the screen, Virginia sits at above the 10% category. Our error rate is 11.5%, and that was for FY24.

[00:07:15] These numbers come out at the end of every June, so we're expecting new numbers to come out. We are hopeful that these numbers have gone down. Virginia is projecting that the error rate is somewhere between 8% and 10%, but we're not necessarily sure.

[00:07:31] We'll learn on or about June 30th. One of the things about errors, I think it's helpful to understand that there are two different types of errors. There are agency errors, and that is when the department sort of provides more benefit or not enough benefit based on the information that we have available.

[00:07:58] But there are also participant errors that we are held accountable to. So if the individual does not provide us sort of the correct information on income, household size, and in a case audit that information is found out, we are penalized and that information is added to the state's error rate.

[00:08:16] I think it's also important to understand, because this is the question that I get all the time, so what's Fairfax's error rate? And the state can't tell us. The number of cases that are reviewed by the state at the county level is statistically insignificant.

[00:08:33] We may have 7 to 10 cases pulled per month out of 30,000. And so we have like a monthly error rate. We could, in that month, we could have zero errors and we have, you know, and that's perfect. Or we could have three out of five cases in error and then we end up with a 67% error rate.

[00:08:55] And so it is a moving target. But I think what's important for us is that what are we doing about it? Because we're not just sort of sitting and waiting only for the state to tell us sort of what they saw month over month over month.

[00:09:11] We have a team of folks here from the Department of Family Services who do a bang-up job every month. And one of the things I think is so important is that we're really working to develop a culture of change with a focus on quality, accuracy, and timeliness.

[00:09:26] And for me, that's important, because when these changes came about, it felt rather demoralizing to focus on just these numbers. And what I would say inside the department is the state has a \$270 million problem. Fairfax does not.

[00:09:42] What we have is a problem of making sure that people have the right amount of benefit at the right time. And if we do that, if focusing on the people being served in the community, then we're doing our part to move the needle at the state level. But let's focus on the people who we serve, that if we are the helpers, then let's help make sure that people have access to food in the right amount at the right time.

[00:10:04] And so there's a cultural shift that's happening inside the department, focusing on customer services and the people who we serve. In addition to that, we are looking at ways to improve our business processes through technology. We worked with the Department of Information Technology to develop a SNAP policy chatbot inside the department to help staff be able to go and ask questions to an AI tool that was trained on SNAP policy, and that was well received by our staff and very helpful.

[00:10:36] We will sunset -- we're going to sunset that tool because the Virginia Department of Social Services is actually integrating a policy chatbot into the VA case management system at some point in the not-too-distant future. We are examining emerging technologies to support workload management, and we're also enhancing staff training and remediation processes.

[00:10:57] We are reviewing cases to make sure that we are sort of catching errors before they actually occur, but we're also remediating sort of staff when we recognize a pattern. We are really, we've taken our job outreach and community education rather seriously.

[00:11:17] We want to make sure that our community partners, as well as the applicants themselves, are aware of how to go about completing an application. The fewer errors that we receive, the fewer errors that we will endure throughout this process, and we are constantly making sort of changes to our continuous and quality improvement process.

[00:11:40] We are not just sitting and waiting for the state to tell us things. We are influencing sort of what's happening at the state. We are sitting on every possible committee and work group that we can to make sure that our voice is there because we are the largest jurisdiction with the largest sort of caseload and workload.

[00:12:00] And so Alicia is going to talk a bit more about Medicaid changes. Thank you, Michael. Just as you mentioned, we're going to talk now about Medicaid changes that are forthcoming that will take effect within this year and at the beginning of 2027.

[00:12:19] So there are four primary changes, non-citizen eligibility restrictions, retroactive eligibility reductions, twice-annual eligibility redeterminations, and new work and community engagement requirements. I'm going to cover the first three bulleted items, and Lisa will cover the final bullet.

[00:12:38] So to help organize our internal planning around these changes, we've assembled a special cross-departmental team entitled MOCA. We've gone through several kind of large-scale changes as it relates to Medicaid in the last couple of years, and so we like to kind of name our initiatives with our

interdepartmental teams. And so MOCA stands for Medicaid Operational Changes for HR1 Actions, and this team is working diligently to help ensure our operational readiness for the forthcoming changes. And we've partnered with the county's GIS services team to create a heat map that overlays the impacted Medicaid expansion population.

[00:13:16] So the map that you have on the slide, you'll see kind of yellow areas, and those yellow areas represent high concentrations of impacted individuals. And so those areas across the county are highlighted and include Fair Oaks, Annandale, Bailey's Crossroads, and the Route 1 Corridor.

[00:13:34] So these are high-impact areas that we're focusing our communication strategies and also other plans that we'll talk about in our presentation today. And our North Star is to really ensure that throughout all of these changes that no one who is eligible loses coverage.

[00:13:52] And so you'll see that reflected in our planning process. Next slide, please. So the first change that takes effect on October 1st of this year involves non-citizen eligibility. So under the new rules, full Medicaid eligibility for non-citizen adults will be limited to legal permanent residents, Cuban and Haitian entrants, and compact or free association migrants, which are a couple of Pacific islands.

[00:14:22] And so this deviates from a long list of other eligibility statuses that are available right now and shrinks the list from about 10 to 15 to about three to four groups that will now qualify. While impacted individuals may no longer be eligible for Medicaid, they might still be eligible for emergency Medicaid.

[00:14:44] And so emergency Medicaid is limited to acute life-threatening conditions or injuries where immediate care is necessary to avoid serious health risks or severe impairment. Guidance from our state partners at VDSS and DMAS on emergency medical eligibility is still pending.

[00:15:03] We recognize that this will reduce the impacted population's access to preventative care and has the potential as well to increase the need for safety net health services. It's important to note that this change does not affect eligibility for non-citizen children under the age of 18.

[00:15:23] It also does not affect prenatal and pregnancy coverage for this population. So our role in this is to ensure that we are supporting state communication and providing resource information to impacted individuals related to safety resources in Fairfax County. DMAS will begin sending notices to impacted individuals starting in July. Following that communication, DFS will activate our community engagement and outreach plan, which Lisa will talk more about. We are already in discussions with the health department, the community services board, neighborhood and

[00:16:00] community services, and other key partners about the impact alongside our outreach planning. We are also maintaining ongoing dialogue with health system partners such as Inova directly and through the health department's community health access team. Our outreach network is broad and includes Inova, pharmacies, federally qualified health centers, free clinics, community centers, recreation centers, senior centers, libraries, parks, Fairfax County public schools, faith groups, business advisory councils, houses of worship, fraternal organizations, and cultural and ethnic affinity

[00:16:37] organizations. We want to make sure that impacted residents hear directly from DFS and trusted messengers in the community. Next slide. And so the second of the four changes involves retroactive coverage, which becomes effective January 1st, 2027. Currently, Medicaid can cover medical expenses retroactively for up to three months before the date of application. H.R. 1 reduces that retroactive coverage period. For Medicaid expansion members, retroactive coverage will be

[00:17:13] reduced to just one month. For non-Medicaid expansion coverage groups, it will be reduced to two months. This change has significant implications for health system partners, particularly hospitals and health systems that rely on retroactive Medicaid coverage to offset the cost of care. And so what are we doing about it? We are conducting a readiness review and initiated an internal planning process to the impact in partnership with INOVA. We are performing a workload analysis to understand the operational impact of getting applications from

[00:17:51] INOVA faster to minimize the disruption for both the resident and our health system partners. Next slide. The third of the four Medicaid changes will take effect January 1st, 2027, and this impacts twice annual eligibility redeterminations. So currently, Medicaid enrollees have their eligibility reviewed one time per year. Under H.R. 1, that will change to every six months for those who get Medicaid through expansion. At any given point in time, we have

[00:18:25] approximately 50,000 Medicaid expansion enrollees in Fairfax County. So doubling the frequency of redeterminations for this population represents a substantial increase in workload and also an administrative burden for citizens to have to do this twice per year versus once per year.

[00:18:43] They will also have to demonstrate new community engagement work requirements in the month before their application or renewal date. And this is really important because these changes take effect January 1st, 2027. So beginning in late December or in late 2026, as early as December 2026, enrollees will have to be eligible for work requirements that don't take impact until the following month. So it will be hard for citizens to know what these changes are without a good communication strategy. So we've been fortunate and grateful for the Board of Supervisors who

[00:19:22] have approved 13 new positions to help support the increased Medicaid workload. We're also conducting an application and renewal business process review with a vendor to help identify and implement operational efficiencies to help us consider where new and emerging technologies could improve our workflows to help handle the increased volume.

[00:19:44] While we are analyzing our internal processes, we are very actively working on our external planning by developing an outreach and community engagement plan to help enrollees understand what they need to do and by when. So I'll turn things over to Lisa, who will talk about the fourth change, as well as the robust communication plan that will accompany our overall strategy.

[00:20:05] Good afternoon, everybody. I'm the Division Director of Republic Assistance, and for the federal work and community engagement requirements, this January 1st, 2027 date is a key date for us in our planning. So that is when the work and community engagement requirements will be enacted.

[00:20:29] So under this rule, Medicaid expansion enrollees, and so it isn't everybody on Medicaid, it is the specific population that Alicia has talked about and Michael, this 50,000 roughly, that under this new rule, they need to be able to work, volunteer, or participate in an education or training program for a total of 80 hours per month.

[00:20:56] Enrollees will need to demonstrate their compliance with this in the month before their redetermination date. So when we have these six-month renewals, they'll need to show us what types of activities, whether they're working, community engagement activities, up to 80 hours per month.

[00:21:16] It is an ongoing requirement, so every six months they will need to be able to demonstrate this compliance in order to retain their Medicaid. Now, there are exceptions to the rule, and we are also

waiting for further clarification from the Department of Medical Assistance Services at the state, but we know that caregivers, people with disabilities, individuals with special needs, pregnant and postpartum women are exempt from the work and community engagement requirement.

[00:21:52] As you can imagine, this is a significant operational. This is new. This is not something that we're doing or expanded upon, and we're already working to make sure that we understand all the implications regarding this.

[00:22:11] One of the things is getting the data to be able to support what types of resources we will need in order to successfully enact that. The other thing is that VDSS and DMAS are developing some public-facing dashboards that are not yet live but should be soon.

[00:22:36] And these are related to the Medicaid changes, and they are in the final stages of development and testing. So that is what is happening here. And so what's our role? We are, of course, engaging with our community partners and working together with our sister agencies as well to provide a full community response to this problem.

[00:23:08] The first thing is understanding who it is. So, state data has indicated that 70% roughly of the existing Medicaid expansion population is already complying with this. They are working, they are doing other activities that make them already in compliance with the work and community engagement requirements.

[00:23:35] Also, there is a meaningful number still that remains, though, because our numbers are large here in Fairfax County. So 50,000, 70%, there's still folks. Then after exemptions, trying to really get down to that.

[00:23:52] And we have requested that data and are waiting for it from the state to be able to tell us exactly how many residents that we're going to need to prepare for. We are participating in state-level work groups to support both the state strategy and then to inform our local planning.

[00:24:11] One of the strengths that we bring is that DFS is the operator of our Virginia Career Works, and so we are the one-stop operator for that in the region, and so we already have those relationships established since we operate that to be able to connect Medicaid recipients who are required to work to work to connect them to these employment and training resources. So we'll be developing a new referral process similar to SNAP work requirements. We

[00:24:46] operate the SNAP employment and training program, which is similar but not the same. And so we know how to do this. We just need to be able to adapt it to our Medicaid enrollees. Another thing, we are working with volunteer Fairfax because there may be some people who choose the volunteer route to meet their compliance, and we want to make sure it's easy and ready for them to be able to access that, and especially for those people who may face some barriers to traditional employment.

[00:25:20] So our community engagement strategy is quite robust. We know from our Medicaid aid unwinding activities that working with the community strategy partnership team and other people in the community adds so much because there's only so much that we can do in our role and we're dependent on working with our community partners. We are committed to ensuring that those

[00:25:54] who remain eligible, retain their coverage, and to informing those individuals impacted about the health safety net or other resources to be able to have their medical needs met. So with that is the

partnership that Alicia was talking about with our, with Inova, pharmacies, certainly our FQHCs, the free clinics, community centers, faith groups, libraries, everyone to be able to help spread the word because information is needed for the folks who are

[00:26:29] going to be impacted. So across all these changes, we have developed a comprehensive community engagement strategy to make sure that residents know what is changing, what they need to do, and where to get help. Our strategy is on two tracks. We're going to be doing some first direct targeted communication to our Medicaid enrollees through mail, email, text, phone calls.

[00:26:59] And then our second strategy is more indirect and which is working through our partners who are also working with the same population and at points of service where people are most likely to be coming to ask questions about Medicaid or medical settings. We look forward to working with and CS and the faith community through their interfaith coordinator as another avenue for spreading this information. We're waiting for a toolkit from VDSS and DMAS for our communication

[00:27:36] strategy. We're ready to go. We just need the words. It's important to have one voice in this type of communication. And once that comes out, we also will tailor some of our communications specific to Fairfax County and where people can go if they, for no reason of their own, are no longer eligible for Medicaid for the non-citizens specifically. So we're going to be partnering with the Office of Public Affairs, Mass Media. We have big plans to make sure that

[00:28:14] this information gets out because people need to know. They need to know what to do to continue receiving their Medicaid, and they need to know if they are no longer eligible, where it is that they need to access services.

[00:28:30] So again, this whole community effort, we are really committed to making sure that no one is left behind because they didn't know. And to also connect those people with health safety net resources.

[00:28:46] And for those who remain eligible, we're going to do everything we can to make sure that they retain their Medicaid eligibility and health coverage. You, Michael? So I will say we are working in the blind a bit because the state's ability to provide us adequate data to understand the local impact is sort of lagging behind.

[00:29:16] I will say that the state did get its most recent and final update from the Centers for Medicaid and Medicare Services just last week on certain definitions related to medical frailty and being an exemption category. So while the state has not given us what we feel like we need, as Chris mentioned earlier, we've had an incredible runway.

[00:29:40] And we believe that as long as we have the information that we need by the middle of July, we'll be able to activate our communication and outreach strategy. We feel like we don't want to do it too early. So we figure first week of August on the non-citizen eligibility sort of group is the first push, and then we will sort of scaffold that later in the summer with information regarding the changes related to twice annual eligibility as well as the work requirements, because we really want to get that word out.

[00:30:13] We want to make sure that people have the information in their hands and see us as the subject matter expert and be able to help them navigate. But one of the things I want to... bring up is that as we learn more about the impact locally to the constituents, but also to our ability to get this work done, we may work with the Department of Management and Budget and the County Executive to really determine what other resources we might need in order to meet these new mandates.

[00:30:46] But as Lisa and Alicia have both said, DFS is committed to ensuring that those people who remain eligible or who are eligible remain eligible because we recognize that health care is life-saving. And I often say that if people need access to food, it's easier to find access to food in this conversation than it is to find ongoing access to health care. The people I worry about is everyone, but I think about the people who have chronic health conditions, who are currently relying on Medicaid to for life-sustaining sort of therapies

[00:31:23] treatments and medications who are who are going to lose out and how are we going to be able to support them but I would be remiss to end this conversation without saying that this work is not something that the department has done alone and I'd like to thank the BOS for your support already with the 13 positions to support the Medicaid workload and I also want to take a moment to recognize the health department for all of the great work that they've been doing to help us connect and understand the health safety net the csb around understanding the impact to the mental health community and neighborhood and community services for their constant ongoing

[00:32:02] support to help us really navigate sort of in the community as we really are going to need trusted messengers and credible agents to really help us navigate this work and last last but definitely not least, to the Department of Family Services team, some out here who are represented, who have really sort of taken this on as a mission.

[00:32:23] Thank you. Any questions? Thank you. Thank you very much. And while it's very sobering, some of the changes and the impact it's going to have on some of our populations who have great needs, I really appreciate the work and the proactive planning that you all have done around this to try to minimize the impact and ensure people can retain their health care coverage as best as possible.

[00:32:44] Just a few points I'll make, and I'll turn to the chairman and my colleagues to ask questions. A couple of things I wanted to bring up. I saw that there was exemptions for certain folks, caregivers, people with disabilities, pregnant women. Are there criteria that people have to prove they fall into those categories?

[00:33:00] Because if there are, one, we need to make sure folks know what paperwork they need. I bring this up in particular for adults with disabilities because sometimes they're diagnosed as children, and they don't go back to get re-diagnosed. And when you're looking at things like developmental disabilities, it can be 18-month waiting lists.

[00:33:22] So I don't know if we've looked at that or not, but that's something to really look at to make sure that if they have to prove eligibility, because I didn't hear that in the discussion, right? I just said it was there as an exemption, but the 18 months has already passed, right?

[00:33:38] So something really to look at there. A few things also on the work volunteer requirements. I'm sorry, I'm sorry, do you have an answer? I apologize. Thank you, Supervisor Heiser. The answer I would respond is that we'll also be relying on, through DMAS, some of their access to systems that if there is somebody receiving SSI disability of some sort, that they tell us that, hey, you're already getting that.

[00:34:08] We don't need to make you prove it because we can see that access. And so we will be working closely once these definitions are flushed out a bit more to be able to make it not that we're like, oh, you have to prove this all the time. If there is other access to information electronically that the state can access or we can.

[00:34:29] So I share that. I mean, some of the caregiver things will know how old their children are. So we'll know, oh, we see that you have children under this age. Okay, you're exempt. And those types of things. but we'll pay attention to reducing the administrative burden as much as we can.

[00:34:47] Yeah, and there are caregivers of adults, and also not every disabled person receives SSI. So I just wanted to make sure that we're not having things fall through the cracks there. And there's a couple other points, so I'll move on. But I'm concerned about the timeline of the workforce requirements because it's over the holidays.

[00:35:04] And so just might want to back up the planning because if you want to prove they're working on January 1st, which is a federal holiday, I'm very concerned about that. I'm also concerned about the impact on transit. People can't get to a job or volunteer opportunity, then they fail this requirement.

[00:35:25] And I think that's something we need to think through in our planning. How can people get there as well? So just if they don't have a disability, they don't qualify for metro access. So those are just a couple of things. I recognize that this increases a lot of infrastructure and caseload work.

[00:35:42] I would encourage you to look at your timelines of when letters are mailed to people for eligibility, re-eligibility, and how long it takes to get there. I can tell you from personal experience, it can take three to four weeks from the date of the letter to the way it arrives in a mailbox, which leaves a week or less to turn paperwork around in the family.

[00:35:58] So I would do some end-user experience on those pieces of it to make sure that that isn't creating a log jam that you think is giving them plenty of time, but the reality is it's not. So just a few comments. I understand the idea behind this, but I think health care is a human right, and the Medicaid expansion has proven to work to get people access to health care that's allowed them to work.

[00:36:27] So what we can do to ensure people can have that human right of health care, we should need to do. So thank you for your work on that. Supervisor Heiser, if I could sort of make a clarification. In terms of notifications, the state makes notifications and sends letters out on eligibility, and that is outside of our control.

[00:36:44] No, I just think we should work with state partners. Yes. Oh, absolutely. I think that's an important thing. I should have clarified that. But it's an important piece to let them know, too, that this is what the experience, like, do some, for the state and you, some end user experience to make sure they're not bottlenecks that we're not aware of, right, considering how tight the timelines are now. But I appreciate you saying that.

[00:36:59] You know, thinking about this, sort of like our transportation meeting, I think we have to just get into the state's mindset to help us figure out ways to do it easier and faster and better. So this might be another one of our delegation meetings that we go down to Richmond and talk to them about how we fix what we see as a problem since we are servicing probably the majority of clients.

[00:37:24] Michael? Thank you. Chairman? Actually, where the county executive was is where I was going to start, which is as the biggest impact and largest county in Virginia, we probably have to drive the conversations at the state level just being candid. We do this better than anyone else.

[00:37:41] We know our clients probably better than anybody else. And one of the things that jumps out at me, and it's a concerning factor on the SNAP piece, on the error rate in particular, is we're kind of all in

this boat together as if we all operate the same systems. And so I guess my first question on SNAP, and then I have a couple quick ones on the Medicaid expansion or on the Medicaid eligibility changes.

[00:38:03] But on the SNAP piece, how are we directly affected by other parts of the state's inability or lack of sophistication in collecting data? Do you have any sense of that? I mean, obviously, we know what the percentages are.

[00:38:20] We don't know what ours is, specifically to your point earlier. But how downstream, if there are widespread high percentage failures in other parts of the state, do the good actors in the state also pay a penalty? I would say significantly, because the way this works is that the state samples from across the 120 or so social services departments and pools that data and sends it to the federal government.

[00:38:47] The federal government does not look at one jurisdiction over another. It looks at how the Commonwealth is performing. So this is where the state as a backbone becomes really important, because obviously the good actors here could be the ones that have the greatest penalty.

[00:39:03] And there are going to be parts of the state where if this is difficult for us to do, you can imagine how some other parts of the state, how difficult it's going to be for them to do. And it's not intentional, necessarily. It's just a mere fact of sophistication. So whatever the state can be doing as a backbone for those areas to be supportive of them is a message we need to make loud and clear.

[00:39:24] We don't necessarily need them doing that here, but we need them doing that in other parts of the state. I mean, people are presumed innocent until proven guilty, but let's err on the side of there are going to be parts of the state that are not going to be able to operationalize this. And so what is the state going to do to help them, which helps us, is, I think, a strategic mindset we need to be in.

[00:39:45] The other piece is on the eligibility changes. There's a number of different dates here along the lines of what was discussed earlier. When those dates get here, is everybody presumed out of compliance until they prove they are?

[00:40:03] And is there any grace period with those dates? So in regard to the January 1st, specifically around the community and work engagement requirements, it will be at renewal. So when they come for their renewal, their next renewal, they would be able to show us.

[00:40:22] So, it isn't a one day that everybody is out of compliance and everybody needs to send their stuff in so that there would be at the renewal date that's already established and then they'll move to the every six month renewal date.

[00:40:37] So, they'll honor the first one and then they, those that need to meet that requirement, we'll make sure to let them know ahead of time so that they can know the information And as Supervisor Hyder was talking about, trying to make it as easy as possible for them to comply.

[00:40:55] So, yes, it's not all at once. It will be at the six-month requirement. However, those people who are new applicants coming in after July 1st will need to demonstrate it at the time of application. So that one's a trickle, but what about the other eligibility changes that are in here?

[00:41:14] In regard to the non-citizen changes, those are going to be taken care of through DMAS. They will inform, as we were talking about, the letters that will be going out in July. Based on the responses from the recipient, they will state whether their status has changed or not.

[00:41:33] Because some people may have gained a different citizenship category, and they have an opportunity to present that. If they do not or their citizenship hasn't changed, they'll be transferred into the emergency services category of Medicaid. And with that is limited compared to the full Medicaid that they are currently receiving.

[00:41:54] That group we're most concerned about. I won't, you know, be quite blunt about it. That is really our focus at this moment to make sure they know. And it is all at once. It is all at once. October 1st would be all at once for that group of people.

[00:42:09] So that's a lot. I forgot that, October 1st, yes. I mean, good news that we've planned ahead, you know, in terms of resources here, but that's going to be a heavy, heavy lift at one point in time. And so real quickly on that issue, those people who cannot produce evidence that they are citizens here, what happens, is there a reporting requirement that you have determined that they are no longer eligible or do they just fall off the rolls?

[00:42:45] DMASC will let them know. I'm not talking about the person receiving the benefit. I'm talking about the person paying the benefit. Is there a notification? Do we have to affirmatively notify the federal government that somebody is no longer eligible for Medicaid due to citizenship or do they just fall off of the rolls as no longer eligible?

[00:43:05] We will actually have to go and look into sort of that policy issue. I think it's important for us to know what our requirements are in that space, because it's one thing to have someone fall off the rolls. It's another to have to certify somehow that they may not be here legally, and that has other ramifications for society as a whole that I think we need to give some thought to.

[00:43:31] We'll have to check with DMAS on that. As far as I know from the communications we have, Fairfax does not have that requirement, but I don't know if DMAS is somehow required to make an additional notification. That would be nice to know, especially as we, you know, approach legislative sessions and other things to know that.

[00:43:48] And then my last question is, for those who are coming off of Medicaid, regardless of their reasons, we obviously, you mentioned the health department, we obviously have our clinics in the county. So as part of our communication strategy, referring them to those resources, You mentioned ANOVA as a partner.

[00:44:05] I mean, the worst thing that could happen here is every time somebody gets ill, they go into the emergency room. But are we putting a lot of focus on prevention strategies? I mean, it's one thing to tell someone where they can go for services if they're no longer eligible for Medicaid.

[00:44:21] It's another to tell them why they should be going and what types of things they should be thinking about from a preventative standpoint. Is that a part of the communication strategy, or is it just a handoff strategy? I think it will vary between the two timings of the groups.

[00:44:38] For example, the October 1st group will all of a sudden on that day change to the emergency services Medicaid. Those we would make sure to inform, and with that information, Fairfax will make sure that they know where to go and what to do and what resources are available, and mitigate it as much as we can.

[00:44:59] They're just not eligible anymore through no fault of our own, And so that's going to be a hard thing for our staff to have to also deal with the people who will be calling. It could result in increased appeals for appealing that decision because anything is appealable in our system.

[00:45:21] And so there's nothing we can do about it, but that doesn't prevent people from trying for that. So in the community engagement requirements, those people who are interested and engaged and really are reaching out, we're going to make it easy for them and let them know what exactly they need to do.

[00:45:39] Okay, and I think there's a simple messaging strategy here too from thinking of like our nonprofit community partners and others to say, hey, if you lose eligibility, here's some things to think about that they can also publish and share with their clients, not the least of which is what other services are out there, But then also from our health department, some of the very important health factors that we can remind people, you know, just because you've lost eligibility doesn't mean you should never go in for a checkup or certain things that are available to you.

[00:46:11] So I do think there's a strategy here besides, and it sounds like you're in the same place, besides just communicating for people that they're no longer on, but now what do you do about it? Right, exactly. And just to add to that, we're really concerned in planning with our community safety net partners around people using the emergency room for something that could have been addressed in preventative care or a condition that may have exacerbated because they couldn't access preventative care.

[00:46:37] And so emergency rooms, for example, we've had this conversation with INOVA. They're preparing for that uptick of people coming to emergency care when they could have been treated otherwise through preventative measures. Absolutely. Thank you. Thank you. Supervisor Alcorn?

[00:46:53] Thank you. Just very quickly, really appreciate this. This is really helpful information sobering, I would say, as well. I did just want to go back, Dr. Beckett, to some of your early slides and talking about the error rate and just point out I know you have really worked hard to figure out how to use technology to increase the efficiency of these operations.

[00:47:20] And I just have to thank you for that and also just point out this helps. You know, the work that you've done really is helping, I think, make this be more manageable. So I really appreciate you and the whole staff for embracing, as you put here, improvements to our continuous quality improvement process.

[00:47:43] So thank you. Thank you. Supervisor Lusk. Thank you, Madam Chairman. I think I want to piggyback off the point that Supervisor Alcorn just made, and I appreciate the acknowledgement that we're going to examine emerging technologies to support SNAP workload management.

[00:48:06] The question I wanted to ask here is kind of also connected to what the chairman was saying earlier about the error rates. Is there potential to develop a tool, AI or other software tool, that could actually help us basically go through and check the applications to ensure that they're in compliance.

[00:48:31] So basically, looking at income, looking at other qualifying eligibility requirements, and basically being able to have that checked by the computer and giving us an answer. I wish we could. I really do.

[00:48:50] But the systems that we are required to use belong to the state. And after lots of wrangling with the Virginia Department of Social Services and the Office of the Attorney General, the answer was

localities may not have access to the data directly in the Virginia case management system.

[00:49:08] However, I am hopeful with some of the strategies with technology that they're using to support improving the error rate at the state level will come to fruition. But, you know, there are things that we could do locally if we had access that the state is not allowing us to do that would position us a lot differently.

[00:49:32] Supervisor, yeah. It's always been the case with everything that we deal with, unfortunately, with the state. I mean, if we go back to COVID and just the QR codes, we had to deal with things that they couldn't deal with.

[00:49:49] And I remember having a conversation with Secretary Casey, and he promised to me personally that we would be getting into a place where they upgraded their technology. They're a little bit behind us with their systems, and our systems are having trouble – or their systems are having trouble talking to other systems.

[00:50:09] But that's another thing that we can – Point of advocacy here is that maybe this is an area that we can kind of push the state and others. Virginia is a delegation and others to try to get a change in Richmond because it affects all of us.

[00:50:28] Well, something has to change, and I'm not sure what it is, but we have been pushing on various sundry categories and topics, but this hasn't happened, unfortunately. I understand, and certainly know we can't violate state law and other requirements.

[00:50:46] On the question of the SNAP benefit itself, are there any specific changes to the amount that participants will be eligible for as a result of these changes? So they're going to still get the same amount they got before.

[00:51:02] Okay, that's one positive thing. On the Medicaid work requirements, and this is kind of interesting. So we think that 70% are meeting the work requirements or fall into an exemption category.

[00:51:20] So that's 30% that we could estimate don't, which then leads us to a number. You take 50, 70% of that, 37,000. So you're roughly 15,000 people that we would need to be addressing for either work, some type of training, or some type of volunteer service.

[00:51:43] How are we, and I notice you've got DFS as the operator of the Regional Virginia Career Work Center, how are we going to work with our kind of 30% to figure out how we get them into either the employment, the training, or the volunteering, or some combination of those three?

[00:52:07] I'll start by saying one of the things that I'm doing is I actually sit on a work group at the state level where they're actually sort of working to develop sort of a strategy now. Part of the challenge is that there's a significant price tag to the potential growth in the workload estimated in the millions across all jurisdictions to actually manage that new workload with additional people.

[00:52:33] Right now, if we model this off of, and this is how I've been thinking about it, if we look at the SNAP employment and training sort of caseload of the people, most people are either going to do what they need to do, most people, which means that they need very little touch.

[00:52:53] They might need some direction where to go. I think tragically some people are going to choose to sort of drop out of the program sort of completely. But then there's another group that I call sort of moderate touch and high touch.

[00:53:10] And moderate touch may be a bit of a warm handoff to a place where they can get support and services. But high touch really requires a level of case management. and the estimation is about 1,000 people in Fairfax. And that's based on the numbers that we have right now.

[00:53:27] I've been pushing directly with the commissioner at VDSS and one of the deputy secretaries to get us access to data. And there, as Lisa mentioned, that there is a public dashboard that's coming, but there's also a by names list of people who they believe are affected in the county.

[00:53:44] And so in some dashboards, so we'll be able to target some interventions and strategies But until we really know how many people there are, this is what I mean by we're operating in the blind and our best laid plan might go awry.

[00:53:59] So we're trying to sort of think sort of strategically and differently simultaneously, but hopefully, and I think to Lisa's point, it's at the point of eligibility redetermination where this is really going to come up for folks. So it's not one big push at one time.

[00:54:16] So we will have, even after the implementation, nonetheless a short runway, but nonetheless a little bit more opportunity to evaluate impact. Yeah, that was a very good point, and I appreciate hearing that as well. That gives us a little bit of a reprieve, but we still have to be working pretty aggressively with the numbers that we have.

[00:54:36] Thank you for that response. I appreciate it. Thank you. I just wanted to mention we've got one more topic to cover as well today. So, Supervisor Storkin, thank you. Thank you. Some quick questions. The expansion, Medicaid expansion, that's really the ACA expansion, and that's mostly, was it income?

[00:54:55] I don't know. Were there other groups that were added as part of the ACA? They were adults who were income eligible, didn't have to have dependents for other categories. So, and that was a great success in adding all kinds of people to receive medical care.

[00:55:12] one of the best things we've ever done, personally, to expand health care. And we know that there's been chipping away at that ever since, and that's a shame and wrong. And I think we're all wanting to see better than that from our government. Second thing was the 80 hours per month.

[00:55:30] Is that something they have to do during that six-month period, or are they just the month before eligibility they have to qualify? I mean, how much of that is assessed to ensure that they're, in fact, eligible for the months going forward? The month before, they would have to be eligible, but ongoing they have to average at least 80 hours per month. Average. Yeah, and there's exceptions for people who perform seasonal work so that they can average out, for example, if they work 200 hours because they are farmers and over the summer they work more hours than maybe another month that can be averaged out. So there is some consideration for that. So for that six months, they basically get

[00:56:08] to have 480 hours during that six months, six-eighths or 48? Correct. Okay. And I know we all had a whole meeting on this, the 13 positions. How many positions are there now?

[00:56:25] We have 13 additional. What does this represent? I just don't recall, and I'm hoping you can just have that in my brain. So we have recently, in response to this, done some restructuring within our division to devote, which these positions will be added to specifically Medicaid only and these increased work requirements. So as far as entire staffing across all of the benefit programs.

[00:56:50] Well, that's focused on this kind of... That's focused on the Medicaid, and I want to be close, but I want to make sure to give you the right answer. Apples to the 13 positions. That's really what I'm looking for, apples to the 13 positions. So we would have added an additional team to roughly, and I'd like to get back to you more exactly.

[00:57:10] Okay. Because I don't want to be able to, I don't want to say something and have it not be right. So thank you. And Supervisor Sturck, I do think it's helpful to understand that in the public assistance division, it's not easy to compare apples to apples. Right, you have other.

[00:57:26] Because we have multiple programs, and so one person produces Medicaid as well as SNAP. And and TANF so and we're dedicating these positions specifically to Medicaid. Okay. Okay. I know we're running out of time. So the last one is just the point of I fully support not-for-profits Having not only what this is, but also what the alternatives are for people who are now not qualifying I think chairman's point. I'm all in I think that's critical And not-for-profits need to be in the middle of that and need to help us do that

[00:58:04] And then the outreach work, particularly you talked about targeted areas, you know, bus shelters and buses, et cetera. I particularly want to weigh in to encourage that to happen on the one. I think that's a great way to do it along the corridor. And short reels, shorts, other languages, all that, I think those are quick ways for people to get that.

[00:58:25] So thank you. Thank you very much. I know it's a very meaty topic, and I'm sure there will be more updates as we work on this. So thank you as well. um i will turn over to talk about beyond the bell thank you all right while we transition i just want to um first of all i definitely want to reassure you just in my five and a half years in this particular position i kind of intuitively know that this happened but whether it's the health department during the pandemic or the csb during the opioid crisis or behavioral health youth behavioral health over the last five years or now this with medicaid unwinding and then this As much as we contact our state agencies, those state agencies contact us to figure out what we're doing.

[00:59:05] So there's a lot of information sharing, but rest assured they are taking our advice with regards to how we handle these things because we are blessed to be able to have some substructures that maybe don't exist in the rest of the state.

[00:59:21] So our next presentation coming, this is the Beyond the Bell program that you probably first heard about last carryover. I know all of you know about the persistent for years. I remember when I was in Lloyd's seat getting calls from board members about the persistent wait lists for our SAC programs, which weirdly were not in our Title I school district, so we think we've addressed that as well.

[00:59:45] We have increased participation in our Title I schools as well. But we put in place a pilot program that you're going to hear about today. We committed to coming back and presenting the results of that pilot. and then kind of some recommendations for how we're moving forward.

[01:00:02] And that's what Lloyd is going to go over here this afternoon. So thank you. Thank you very much. Go ahead, Mr. Tucker. Thank you, and good afternoon. Thank you, Chairman McKay, Supervisor Seismal Heiser, for having us and board members. We appreciate this time today.

[01:00:18] My name is Lloyd Tucker, Director of the Department of Neighborhood and Community Services, and I'm joined by our Deputy Director, Palace Washington, today. So we're going to be discussing

beyond the Bell pilot. Childcare is an issue we all strongly care about, but in Fairfax County, we have fallen short addressing our needs.

[01:00:44] It is an economic driver that gets workers into the workforce and an opportunity structure that provides equity for families giving every child a fair start. The Fairfax County SAC program, operating since the 1970s, as you can tell by our slide, has been providing essential before and after school care to Fairfax County school families.

[01:01:08] While the core mission is unchanged for SAC, it has continually evolved in an attempt to meet growing population demands and complex economic and environmental challenges. The drivers that you can see on the top of the arrow show the evolution of the program.

[01:01:28] From the 1970s to the 2000s, the county and FCPS experienced demographic and economic shifts, which include rapid population growth, surging housing costs, and the need to support the Alice population, or asset-limited, income-constrained, and employed population. The county and Board of Supervisors' priorities shaped evolving mandates, including the S.C.I.P., which is a successful children and youth policy team in 2013, the One Fairfax policy in 2016, and the Chairman's Task Force for Equity in 2021, which drove the program's focus on equity or excuse me, equitable

[01:02:04] community outcomes. Workforce participation and needs catalyzed or were catalyzed by our alignment with upward mobility goals by the ensuring reliability, accessible child care that allows parents to actively participate in the local workforce during the post-pandemic area from 2022 through 2025. And the way that we attempted to address these through our program impacts based on the drivers that I just mentioned are by removing barriers such as outdated organizational policies, by expanding accessibility and adjusting our enrollment criteria and fee

[01:02:43] scales, and through modernized operations by adapting to modern environmental factors such as the digital shift in the county and growing from serving just eight schools in the 1970s to covering all Fairfax County schools, elementary schools, excuse me. Also, through consolidating programs for efficiency by streamlining our programs like Camp Fairfax, which we're all familiar with, RecQuest and RecPAC, to maximize government efficiency and responsive governance.

[01:03:17] And then providing tiered and responsive supports by implementing our approaches and flexible service models to successfully support our families. Our most recent transformation became or came in the form of the BTB or Beyond the Bell pilot. This successful pilot was implemented at 20 schools across all supervisory districts. Pilot sites were chosen using multiple criteria including SAC waitlist size, vulnerability index, Title I designation, and the percentage of students eligible for free and reduced meals. By using these criteria, the pilot program continued to

[01:03:53] offer the same sliding fee scale and subsidies currently available through the SAC program. Throughout the presentation, we will share how NCS leveraged drivers and demands as catalysts for change. Our presentation will describe the innovation management model we deployed to develop and implement the pilot, the outline, and excuse me, an outline pilot successes, optimization, standards, and our path ahead for the Beyond the Bell pilot.

[01:04:22] Thank you, Lloyd. Good afternoon, Chairman McKay, Supervisor Seismore Heiser, fellow board members. Again, my name is Pallas Washington. I am the Deputy Director for Neighborhood and Community Services. Of all of the pilot or policy drivers that Lloyd has mentioned, the 2021 Chairman's

Task Force for Equity and Opportunity was truly what demanded high quality and universal child care and drive upward mobility or economic mobility. So our response to Neighborhood and Community Services was to mandate, form of this

[01:05:00] mandate, was to use data-informed analysis to pinpoint the barriers of high quality and universal child care in our systems to address child care wait lists in our SAC programs. We found that the rigid Virginia Department of Education licensure requirements restricted our operational flexibility. So we identified five areas, as you can see on the slide deck, that would create the most impact in any program that we created. The first is on met demand. Though we served 9,000

[01:05:39] participants in staff, a staggering 8,000 children remained stranded on wait lists across 139 schools. For staffing, we confirmed that our Fairfax County employment standards already exceeded state rules, making traditional VDOE hire requirements redundant and slow.

[01:06:01] Affordability. With over 35 percent of Fairfax County public school students economically disadvantaged, we decided to focus on Title I schools, free and reduced schools, and vulnerable communities. Program standards, shifting to a Virginia license-exempt program would not only expand capacity, but it will still help us maintain the VDOE compliance and regulations.

[01:06:31] Space constraints, expansion had to be reliant on our relationship with Fairfax County Public Schools. Using the NCS drivers that I just mentioned, we structured a design pilot that was really like a research study. We utilized a strict initiate, plan, design, analyze, execute, and engage methodology to safeguard accountability and to validate our process and results.

[01:07:04] We secured a VDOE licensure exemption late summer 2025. This was a critical pivot to bypass administrative hiring bottlenecks, enable rapid scaling, while also maintaining the health oversight of VDOE. It also allowed us to shift from a 1 to 18 to 120 to 22 ratio. This change remained lower than the standard elementary school classroom, but it instantly unlocks lots.

[01:07:38] We launched the Beyond the Bell pilot on October 1, 2025 at 20 elementary schools, scaling it directly on top a trusted existing SAC infrastructure to address system gaps.

[01:07:54] As we planned and executed, we developed a design team with child care subject matter experts across the organization that systematically mobilized strategies for program delivery. As we evaluated, we entered into a process of ongoing engagement.

[01:08:14] We interacted with 175 families who validated the design. 99% verified child safety, 92% praised our social-emotional environment, and 81% confirmed baseline quality was successfully preserved. All of our planning efforts delivered data-backed evidence of the pilot's success over the first seven months. By dismantling the systemic VDOE

[01:08:47] bottlenecks, the pilot achieved an unprecedented 94% reduction before school and a 98% reduction of the after-school wait list. As of April 2026, the program expanded to serve 1,697 kids, a net increase of 199 kids from our October 2025 baseline. We successfully scaled the sliding fee scale utilization from 34% to 54% of enrolled families. This was huge. And though less than

[01:09:26] 1% of families lost their child care subsidies, the lowest tier of the sliding fee scale is still cheaper than subsidies for many of our families. The pilot also identified areas where we could optimize

our child care practices, and we organized them into four key pillars. Neural inclusion, certified credibility, workforce investment, and underutilized access. Neuroinclusion

[01:10:00] was a key element for us to analyze and understand. As we analyzed the population being served, we found that 16% of the total SAC population requires some form of specialized support. Across the 20 BTB sites, 140 children required individual support plans due to medical or neurodivergent needs. Our engagement also showed that 72% of our families, neurodivergent children

[01:10:32] express satisfaction with the program quality compared to 86% of our baseline. For credibility, BTB quality is frequently questioned, but NCS is moving beyond a minimum standards towards a truly operational excellence using national models to design a quality framework engineered for out-of-school time. Our field position rate is 79%. And as of April, our utilization for the program sits at

[01:11:06] 49% before school, 69% after school. It is telling us that we do need to do a little bit more community outreach to fill the remaining slots. I will also like to share with you that strategies we're developing to guarantee our program integrity, transcend baseline regulatory requirements and strengthen supports for all children. We want to make sure that our quality, safety, and standards are rigorous and they provide a core framework for moving forward.

[01:11:44] I just want to highlight of the list, I know you have it in front of you as well, just one or two out of each category to understand the totality of our work. We have refined our individual support plan process as a quality measure to address unique entry needs.

[01:12:03] Under safety, we have established safety measures through parent and participant code of conducts, as well as established playground certifications to assist with our health and safety.

[01:12:19] And for our standards, we have established continuous compliance auditing system to monitor our performance and digitize our program transparency. We have learned a lot through these seven months, and it has been invaluable. And as we've led an infrastructure enhancement of child care practices, it has been an immeasurable process for us.

[01:12:44] But it also told us a lot about the gaps in the county system yet to be answered or addressed. Next, Lloyd will share with us a proposed strategy to address those gaps. Thank you, Pallas. So go to the next slide, please.

[01:13:02] Thank you. So as you can see, we're proposing a transition for the Beyond the Bell pilot program. To get us closer to improving our child care system, we strongly propose a systematic four-phase expansion of the Beyond the Bell program, transitioning it from a successful pilot to full implementation by school year 2029-2030.

[01:13:32] We will maintain the site selection criteria while also factoring in upcoming school boundary redesigns and capital improvement projects. For this transition to be successful, like the pilot, we must maintain our key principles, such as collective impact partnership with FCPS, school selection criteria and BOS, or excuse me, Board of Supervisor District alignment, data-informed monitoring and reporting, enhanced operational infrastructure and program supports, quality improvement and accountability, targeted engagement for community awareness and access and outreach, and program sustainability.

[01:14:10] This expansion directly aligns with the board's strategic priorities for livable, affordable communities by expanding equitable access to high-quality, affordable school-age child care and

eliminating multi-year program wait lists. Furthermore, transitioning from a traditional model to a Virginia Department of Education local government license-exempt framework, like other adjacent jurisdictions have already done, optimizes staffing flexibility and increases capacity without compromising safety or care standards.

[01:14:43] The four-year rollout plan focuses on building awareness, expanding capacity, surpassing regional high-quality benchmarks, and ensuring sustainable, affordable service delivery. Ultimately, continued data-informed evaluations and strengthened collaboration with FCPS will secure long-term operational scaling and long-term sustainability that establishes Beyond the Bell as a regional model for excellence.

[01:15:12] Next slide. Was I the one to do that? Really? So thank you. So in collaboration with Fairfax County Public Schools, NCS has identified 21 schools across all nine Board of Supervisors districts for expansion in school year 2026-27.

[01:15:33] The expansion of the Beyond the Bell pilot for phase one in school year 26-27, just like the pilot, requires an investment of additional resources to support the additional students that will be served in the schools that have been identified in each year of expansion.

[01:15:52] Additional costs include the conversion of 18 existing benefits-eligible positions to merit, increased food costs for snacks, general operating costs increases for educational activity and health and safety supplies, and increased training for our staff. Given the current size of the wait list across the SAC program, it is anticipated that the additional revenue generated by the expansion will cover the increased costs like it has for this pilot, making the expansion and return on investment cost-neutral for the county. To see the impact of these positions in time for 2026-27

[01:16:31] school year, resource approval will be sought through the FY26 carryover review process, and recruitment will begin immediately unless otherwise directed by the Board of Supervisors. This concludes our presentation, but before we open for questions, I want to leave you with a quote from Fairfax County Public Schools Superintendent Dr. Michelle Reed.

[01:16:57] Students need strong supports both inside and outside of the classroom to reach their fullest potential, and programs like the Beyond the Bell program do exactly that. By successfully increasing access to child care before and after school, this program provides all families with more stability that translates to stronger academic performance in the classroom.

[01:17:20] Learning happens best in the community, and we're fortunate our Fairfax community includes strong student programs like Beyond the Bell. Together, all things are possible. I want to thank you, the Board of Supervisors, for support during the Beyond the Bell pilot. Thank you so much for school year 25-26 and optimistically for your support to expand the program.

[01:17:42] Also, thank you to Fairfax County Public Schools for your industrious partnership during the pilot design and implementation phases. And a special, most appreciative thank you to our NCS colleagues who did a yeoman's job implementing the pilot at all 20 identified locations and those who are a part of our design team and subgroups.

[01:18:03] Thank you. Thank you very much. And in essence of time, I will keep my comments very brief and just thank you for the work here. And I think what struck me was that the 49% before school, and I believe it was 63%, but I didn't quite write down after-school utilization.

[01:18:20] And I'm kind of curious how that relates, what percentage of what. So that's the percent of total utilization currently. We started in October, which was late in the school year. Many parents had already found additional child care opportunities, but the wait list was still there.

[01:18:39] So we addressed the wait list, but we still have capacity. And I think we continue to talk about what it means by VDOE exempt, what it means by national standards that you mentioned. I think providing a lot more specificity around that would be helpful for our community as we grow the pilot.

[01:18:55] So I have other comments, but I'll stop there to get my colleagues a chance. Let's start with the chairman. Yeah, first of all, I do want to thank the staff for their work on this. I know it hasn't been easy, but doing things differently and thinking about how to do things differently is not always easy, especially when you're dealing with something as sensitive as people's kids.

[01:19:14] And so, you know, the rough conversations that came about from the roundtable, the chairman's task force, other groups that have really shed light on some real equity issues and concerns about kids being able to access safe before and after school activities, some of the geographic challenges that we face, the wait list issues.

[01:19:39] You know, unless we really changed the program, we weren't going to be able to achieve some of the results that would have moved the equity needle. And I think that has to be acknowledged. That's the reality, and I think that's a real plus that has come about out of this.

[01:19:56] I think the only concern I have, and I know that, you know, slide seven is not the only slide that shares this. But I think for some of the parents who are concerned about this, I don't think it's very clear to them exactly what the difference is between this program and what a licensed program by the state is. So when we use the proper terminology, which is license exempt local government program, that sounds to any normal person like it's not as good a program.

[01:20:35] That's what that translates to for people just from an optics standpoint. And so I think as we move forward, we have to do a lot of work in explaining to people what is the real Delta, what is the real tradeoff. I mean, we know trying to serve the entire community that the more kids that are in this program, the better.

[01:20:54] But for people who pay the full freight, they're sitting there thinking, am I sending my kid to a subprime program compared to what existed before? And I think we're going to have to spend a considerable amount of time explaining that to folks.

[01:21:10] And it does beg the question that maybe there's an opportunity to talk to the state about licensing in general, that maybe the terminology we shouldn't be using is license-exempt local government operator or whatever it is.

[01:21:27] Maybe there's some other terminology that needs to be used that describe a really good program and explain to people very clearly what the tradeoff was. And so I'm even unclear a little bit in my mind about that. So if I walked out of here today into one of the pilot SAC programs and then walked out of that and walked into one that's not part of the pilot, would I notice anything different?

[01:21:52] Would I see anything different? What would be – how would I know the difference between those two? So you shouldn't see a difference except for if there were – I think what we've tried to do is create a program or a pilot that was consistent with the SAC program.

[01:22:10] and a lot of our colleagues in NCS who participated in the pilot would be able to vouch for the ability to receive a lot more training on working with our young people with neurodivergence, with being able to understand better how to work together with new ratios that could definitely benefit the kids and to be responsive still to their needs.

[01:22:37] So I think that there's a lot of anecdotal and qualitative data that we could share with you and from parents that would help to tell that story as well that we don't have a chance to do now. But you shouldn't see a difference or a drop-off.

[01:22:53] And actually, like Pallas mentioned in her slides, we already exceed the VDOE license standard, which is minimum for folks across the state. So we've been Fairfaxed, but we need to make sure that we maintain that but also increase our capability and ability of our staff to constantly be upskilled and kept constantly involved and trained and developed on what's coming with and what's new with the different populations that we work with.

[01:23:27] Yeah, I think we need to really market that heavily because, for one, if you're a parent, regardless of your income, it shouldn't matter. You want your kid going to a high-quality program. I mean, it shouldn't matter what your income is.

[01:23:43] You should have the same standards. You should want to hear what you just said to get the confirmation that you're putting your most prized possession in someone else's hands. And so I think that marketing is important for all of us. But then from a practical standpoint, if we don't do that and we lose some of the people in the system that are paying the full amount for the program, then we no longer get to tout what you rightly did, which is this can be done in a cost-neutral standpoint.

[01:24:11] And so I think we have to balance that. Like, this is a high-quality program for anyone who's putting their kids in. These are the reasons why. Here's where we exceed those standards. This, to me, feels like it needs a surge in marketing to explain what's going on because I think the optics of it work against us, even if it doesn't really get at the ground level that there's really any significant difference.

[01:24:36] So that's my two cents. But I think this is really good. I really appreciate the work that's being done on it. Thank you. And I would just like to also add that we do plan – we are exploring accreditation. So what also works for our Fairfax population and the level of standard that we want to maintain and reach?

[01:24:57] Thank you very much. Supervisor Paulczyk followed by Supervisor Alcorn and then Supervisor Smith. Thank you so much, Supervisor Seisman Heiser. Thank you so much. I want to start by saying, and I was looking back, 1979. So by the time we get to Phase 4, that's 50 years of SAC.

[01:25:15] And looking at the time, and I think the changes in investments and the structural changes your team has implemented this year, but also in the last couple of years around merit staff and ensuring that we have the most quality.

[01:25:31] But really getting to what's been a struggle is those wait lists. This is phenomenal. I know it's a pilot year. I know there's still a lot of work ahead, but this is something I heard about being on the school board because most people think the schools run the program.

[01:25:50] We've been trying to address for a long time. So I just want to start by saying thank you. This absolutely, I think, is groundbreaking and showing the responsiveness to the next phase. We know that

child care, I believe, has superseded housing costs now for our Alice population.

[01:26:09] So it's helpful across the board, including to economic development, which we were meeting with this morning. So thank you for that. I have a couple, oh, and I was going to say addressing the fee structure. That was another big win and a big target is we'd heard about the fee structure.

[01:26:26] So thank you to your team for doing that and to DMB who also helped. I think my question I addressed a little bit is, yes, some of the lack of filling those spots is because people had started programs. But it's good to know you have qualitative data because anecdotally, I'm hearing different things and that whole like integrity of implementation across sites, targeted supports. How are you all looking to really ensure not just in policy, but that in practice, we are supporting especially those sites that seem to be struggling a little

[01:27:04] bit more with the shift or expansion in programming. For the 20 schools that we embarked on, all the staff that are part of those 20 schools are in a community of practice, and they have been absolutely informing the process the entire time. They have been engaged in ongoing engagement to understand what do we need to be looking at, what are some of the strategies that we need to be able to implement. And we've implemented those to ensure that we are not only meeting the fidelity

[01:27:41] of the program, but also thinking about it innovatively of how to address some of the... So I would say, and we spoke to our entire workforce in April to kind of give them an idea of all of the strategies that we were taking, that we were implementing. So I would say that the great majority are very excited about what this means, about what the future means to us in terms of BTB and recognize the need to really address the wait list?

[01:28:12] I guess my question is a little bit maybe beyond that. It's a little bit more hearing from families, right? So the outcomes of this. And I think some families have heard it, and probably in the programs that were already robust, right, and had a wait list, not because they were lacking staff necessarily, but because they were so successful and had such great partnership with the school, et cetera.

[01:28:34] And I think some of the ones that maybe were already struggling to retain staff maybe are struggling as well to expand in this new program, is what I've heard anecdotally. So I guess if you could tell me exactly, have you received data from the families in a targeted way?

[01:28:53] Have you looked at targeted data? And what are the plans to really support and hold those standards for all of the programs? So absolutely we have. And we have an addendum that we can provide you all after the meeting that shares a lot of the qualitative data that I shared earlier.

[01:29:13] Just to tell you two quick examples. One, Pallas, myself, I think you all are familiar with Chris Scales. We met with a mom who emailed Dr. Riccardi Anderson a couple of weeks ago, who emailed the superintendent, who emailed the county executive.

[01:29:33] And we just met with this mom on Thursday or Friday of last week. And the mom totally said, thank you, because I've been given misinformation about the program. And, you know, there's always multiple sides to it, to a story.

[01:29:49] But getting that feedback from the mom after she shared with us how much she had heard what was produced by colleagues or perhaps in some instances staff who might be a little resistant to change. And that's a reality that we're dealing with as well.

[01:30:07] She was refreshed, at least as she expressed to us, and looked forward to taking this information back to her colleagues after speaking with us. Another example is just in our community engagement exercise that we did down at the Huntington Community Center with a leader of their HOA that was speaking.

[01:30:30] You know, she was there to talk about another topic, which was the potential reduction that included the Huntington Community Center. But after she finished speaking, she said, and if you all can please bring the Beyond the Bell program to Cameron Elementary School like you have it at, I believe it's Mount Eagle Elementary School.

[01:30:51] All of my friends are raving about it to have kids there. So we have a lot of stories like that that we don't necessarily share or promote because we're appreciative of that. But we know that our staff are doing a great job. And, you know, it is a shame that sometimes you get the squeaky wheels or folks who have questions, and it's nothing wrong with that.

[01:31:12] But we'll do a better job of telling our story and meeting some of those questions or concerns like you're sharing it. I have two very quick recommendations for that. One would be, I like the way you said, I believe some kind of local waiver, because that's what we're used to with Medicaid.

[01:31:28] So until we get the full changes, again, that wording of this is a waiver, it's not, you know, something dramatic. And then, you know, considering maybe open houses or ways, especially when the wait list opens up, which I think I have to sign up for this year.

[01:31:45] Just finding ways to bring more families in maybe during the summer if you're able to really see and feel what it looks like. But, yeah, and just sharing those stories with us as well so that we can share them out when we hear concerns. Absolutely. Thank you.

[01:32:02] Thank you so much, Supervisor Alcorn and Supervisor Smith. And I know I'm undoing Jimmy's good work, so if we could try to be succinct on this side, that would be helpful. Yeah, thank you, Madam Chair. Just very quickly, first of all, congratulations on the pilot. It shows very good, some very good results relating to the wait lists and reducing those.

[01:32:25] Could you share from slide five, not today, but could you provide the actual numbers of those? That would be, because I know you said the total number, but it would be good to see those actual ones. I do continue to have some, I guess, questions about the quality and safety, which I know has been the major area of discussion in the community.

[01:32:51] I thank you for sharing the qualitative information that you said that you had prepared, some of the feedback and outcomes. That would be very helpful. I look forward to that. On the safety part in particular, I know that state licensing, it means something in certain contexts.

[01:33:14] I mean, it's an outside entity that comes in and can, and frankly, what I want to know, I need to know, is there's somebody outside of this program who will play the same role that the state plays for our private sector licensed providers and licensed programs?

[01:33:36] Because what I don't want to see happen is a situation where somebody at NCS, you know, basically because they've been managing the contract, you know, are they the only ones that are responsible for making sure that the standards that we are applying is upheld? What is that process going to look like? And you don't have to give me an answer now, but I, it would be really helpful to get more

information on that because that, that, that is a, that is a real thing. You know, a program can be wildly popular, uh, but still have problems with compliance with

[01:34:12] those state standards. And then the last thing I would really appreciate having, because it sounds like my colleagues are definitely ready to move forward with this, I think we need to keep track and understand the impact of these phases on the overall child care industry in the county.

[01:34:34] I know I've certainly talked with child care providers in my district that, well, anyway, It's complicated. I know the number of kids available, and sometimes there are openings, and we don't have a uniform child care service industry across Fairfax County. It varies a lot from place to place. So getting a better understanding of sort of the implications and the impacts as this rolls out in different parts of the county would be helpful.

[01:35:10] Yeah, thank you. You don't have to get it now. Thank you very much. Supervisor Smith? Thank you. Slide nine, maintain school selection criteria and BOS district alignment. I wasn't sure what you meant by alignment. We ensure that every district has a school that's actually identified as a BTP.

[01:35:34] Okay, that's good. The chairman's comments about license-exempt programs, and you said like other jurisdictions have. I'd be curious to know about that. But the emails we got from people was they were afraid to send their kid to an unlicensed program, and they were afraid about the number of kids in the program.

[01:35:55] I think there's a lot of good information in here about what the program really is, but that didn't get to the community back when this was first starting. And so packaging that, I think, is really important. And I really, I was a little bit confused by the comment that you need to have more community outreach to fill slots, but we know that there's a wait list, so I didn't, go ahead.

[01:36:22] So the existing wait list went down. Okay. After we gathered, you know, had everyone enrolled in the program, we still had room to support more. Thank you for that clarification. But thank you. I think it's important that you move forward with different.

[01:36:37] Thank you. Thank you. I think we'll follow up with staff around how we can show the criteria. I think I heard a lot about that today. I want to thank you for your time. I know we're over time, so thank you again. Congratulations, Chris. No, don't apologize. Congratulations, Chris, again, and we'll miss you.

[01:36:54] Thank you. With that meeting, this meeting is adjourned.



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