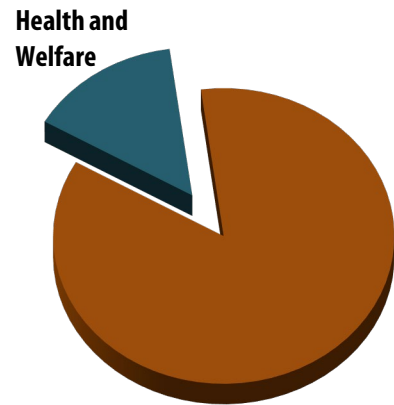


# Health and Welfare Program Area Summary

## Overview

The Health and Welfare program area consists of three agencies – Agency 67, Department of Family Services; Agency 71, Health Department; and Agency 79, Department of Neighborhood and Community Services. As part of the *FY 2021 Carryover Review*, the Board of Supervisors approved the reorganization of Agency 77, Office of Strategy Management for Health and Human Services. Funding and positions have been redirected to both health and human services agencies including Agency 71, Health Department; Agency 79, Department of Neighborhood and Community Services; and Fund 40040, Fairfax-Falls Church Community Services Board, as well as non-health and human services agencies including Agency 02, Office of the County Executive; Agency 11, Human Resources; Agency 13, Office of Public Affairs; Agency 20, Department of Management and Budget; Agency 30, Department of Economic Initiatives; and Agency 70, Department of Information Technology. This reorganization will allow strategic policy and planning efforts to continue in a hybrid of centralized cross-system coordination and imbedded corporate agency supports.



County General Fund Disbursements

The collective mission of the agencies in the Health and Welfare program area is to protect the vulnerable, help people and communities realize and strengthen their capacity for self-sufficiency, and ensure good outcomes through prevention and early intervention. In addition to these three agencies, there are others that support the Fairfax County Health and Human Services (HHS) System. They are Agency 38, Department of Housing and Community Development; Agency 81, Juvenile and Domestic Relations District Court; Fund 40040, Fairfax-Falls Church Community Services Board (CSB); and Fund 40045, Early Childhood Birth to 5. Human Services functions are also addressed in other funds such as Fund 50000, Federal-State Grants and Fund 10020, Consolidated Community Funding Pool. The HHS System works to communicate the relationships among public and community-based efforts to achieve shared goals for individuals, families, and communities. The HHS System continues to focus on cross-cutting strategic initiatives, the broad community outcomes they support, and the system's progress toward achieving them. A detailed narrative for each agency within the Health and Welfare program area can be found on subsequent Volume 1 pages of the [FY 2023 Advertised Budget Plan](#).

The community outcome areas are summarized below:

- People are able to meet basic needs for themselves and their families
- Children thrive and youth successfully transition to adulthood
- Seniors and persons with disabilities live with maximum dignity and independence
- People and communities are healthy
- People have access to high-quality appropriate services at the right time
- The HHS System maximizes the community's investment in human services

The Department of Family Services (DFS) serves residents in regional offices and community sites throughout the County. DFS programs and services are provided through four divisions: Public

## Health and Welfare Program Area Summary

Assistance and Employment Services; Adult and Aging; Children, Youth, and Families; and Domestic and Sexual Violence Services, as well as Children's Behavioral Health Collaborative which includes Healthy Minds Fairfax and the Children's Services Act. The services provided by DFS mitigate crime, abuse, and neglect; lessen the strain on public safety and judicial resources; increase the workforce and tax base; and improve self-sufficiency and educational outcomes. The department partners with community groups, faith-based organizations, businesses, and other public organizations to meet changing community needs. DFS is critical in the County's effort to help residents negatively impacted by economic factors. Applications for food, financial, and medical assistance rose significantly due to the COVID-19 pandemic, with ongoing caseload totaling nearly 147,500 for Public Assistance programs at the end of FY 2021. The number of cases is also exacerbated by the cessation of Medicaid case closure per the public health emergency and federal policy. DFS maximizes the use of grant funding to support many different types of programs and services. Grant funding primarily supports employment services, services targeting the aging population, services for victims of domestic and sexual violence, and services for youth.

The Fairfax County Health Department (FCHD) has five core functions: preventing epidemics and the spread of disease; protecting the public against environmental hazards; promoting and encouraging healthy behaviors; assuring the quality and accessibility of health services; and responding to disasters and assisting communities in recovery. These functions are the community-facing elements of the 10 Essential Public Health Services (EPHS), which define public health and serve as the framework for nationally-adopted quality and performance improvement initiatives nationwide, such as local public health accreditation. In May 2016, the FCHD was accredited by the Public Health Accreditation Board, having met national standards for high quality public services, leadership, and accountability. The FCHD is one of 319 health departments nationwide that have achieved accreditation. The FCHD will seek reaccreditation in early FY 2023, after being granted a one-year extension due to COVID-19.

While pandemic response activities are ongoing, the FCHD resumed work in FY 2022 to finalize the update to the agency's strategic plan, incorporating additional updates based on lessons learned from COVID-19. The revised plan will continue to address the challenge of securing and retaining resources for ongoing activities that are critical to the community while seizing opportunities to leverage community assets and other resources that enable the department to reorient towards population-based programs focusing on disease prevention and health promotion. While progress has been made in developing internal resources, building a strong local public health system remains central to effective delivery of the 10 EPHS and to adequately address the public health challenges of today and the future.

The Department of Neighborhood and Community Services (NCS) has four primary functions. The first is to support County/community efforts to identify service gaps, collectively implement solutions to address those gaps, and evaluate effectiveness of program/service solutions. The second function is to provide a range of services for children and their families to promote healthy child development and quality care and education. The third function is to deliver information and connect people, community organizations, and human service professionals to resources and services provided within the department, and more broadly throughout the community. Access to services is provided across the spectrum of needs (including transportation to services) and, in some cases, includes the provision of direct emergency assistance. Finally, the department promotes the well-being of children, youth, families, and communities. NCS supports partners and the community by facilitating skill development and the leveraging of resources that can resolve self-identified challenges. In partnership with various public-private community organizations, neighborhoods, businesses, and other County agencies, the department also uses prevention and community building approaches to provide direct services for residents and communities throughout the County.

# Health and Welfare Program Area Summary

## Program Area Summary by Category

Category	FY 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>FUNDING</b>				
<b>Expenditures:</b>				
Personnel Services	\$159,883,058	\$190,458,109	\$192,654,375	\$215,136,474
Operating Expenses	99,424,280	129,341,218	139,042,352	132,316,799
Capital Equipment	276,480	0	192,351	0
<b>Subtotal</b>	<b>\$259,583,818</b>	<b>\$319,799,327</b>	<b>\$331,889,078</b>	<b>\$347,453,273</b>
Less:				
Recovered Costs	(\$6,545,915)	(\$9,650,335)	(\$9,650,335)	(\$9,794,953)
<b>Total Expenditures</b>	<b>\$253,037,903</b>	<b>\$310,148,992</b>	<b>\$322,238,743</b>	<b>\$337,658,320</b>
<b>Income</b>	<b>\$103,146,249</b>	<b>\$126,066,807</b>	<b>\$121,161,335</b>	<b>\$130,768,220</b>
<b>NET COST TO THE COUNTY</b>	<b>\$149,891,654</b>	<b>\$184,082,185</b>	<b>\$201,077,408</b>	<b>\$206,890,100</b>
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
	2825 /	2839 /	2948 /	2957 /
Regular	2715.02	2728.27	2840.31	2848.91

## Program Area Summary by Agency

Agency	FY 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
Department of Family Services	\$134,411,533	\$147,732,466	\$150,712,006	\$156,122,577
Health Department	47,868,459	72,619,720	77,712,498	83,023,790
Office of Strategy Management for Health and Human Services <sup>1</sup>	2,550,601	3,400,338	0	0
Department of Neighborhood and Community Services	68,207,310	86,396,468	93,814,239	98,511,953
<b>Total Expenditures</b>	<b>\$253,037,903</b>	<b>\$310,148,992</b>	<b>\$322,238,743</b>	<b>\$337,658,320</b>

<sup>1</sup> As part of an organizational review that was approved as part of the *FY 2021 Carryover Review*, funding and staff from Agency 77, Office of Strategy Management for Health and Human Services, were realigned with health and human services (HHS) agencies and non-HHS agencies.

## Budget Trends

The agencies in the Health and Welfare program area protect the vulnerable, help people and communities realize and strengthen their capacity for self-sufficiency, and ensure good outcomes through prevention and early intervention. For FY 2023, the total funding level of \$337,658,320 for the Health and Welfare program area represents 19.4 percent of the total General Fund direct expenditures of \$1,743,187,376. This total reflects a net increase of \$27,509,328 or 8.9 percent over the FY 2022 Adopted Budget Plan total of \$310,148,992. The increase is attributed to increases of \$12.4 million for employee compensation increases, including \$7.5 million for a 4.01 percent market rate adjustment (MRA) for all employees and \$3.7 million for performance-based and longevity increases for nonuniformed merit employees, both effective July 2022, as well as \$1.2 million in other personnel adjustments; \$7.5 million for School Health Nurses that were approved as part of the *FY 2021 Carryover Review* as well as one new public health nurse to support Falls Church City Public Schools; \$2.3 million for contract rate increases; \$1.9 million to support community centers, including funding positions and operations for the new Lorton Community Center and expanding programming at recently opened centers; \$1.4 million for positions supporting public health preparedness and Health Department operations that were approved as part of the *FY 2021 Carryover Review*; \$1.3 million for School-Age Child Care, including two new rooms at Lorton Community Center as well as five new rooms that were approved as part of the *FY 2021 Carryover Review*; \$0.8 million for positions supporting the Emergency Rental Assistance program that were

## Health and Welfare Program Area Summary

approved as part of the *FY 2021 Carryover Review*; \$0.5 million for positions to support the Child Protective Services Mobile Unit that were approved as part of the *FY 2021 Carryover Review*; \$0.5 million to support positions for coaching and job training that were approved as part of the *FY 2021 Carryover Review*; \$0.5 million for positions in the Public Assistance program that were approved as part of the *FY 2021 Carryover Review*; \$0.3 million to support short-term behavioral health services that were approved as part of the *FY 2021 Carryover Review*; \$0.3 million for new positions to support domestic and sexual violence services; \$0.2 million to support positions for Family First In-Home Services that were approved as part of the *FY 2021 Carryover Review*; \$0.1 million for a new position to support the epidemiology program; and \$0.05 million to support increases in Department of Vehicle Services charges and PC Replacement. These increases are offset by decreases of \$2.3 million for realignments associated with Agency 77, Office of Strategy Management for Health and Human Services, to agencies not included in the Health and Welfare program area; \$0.2 million for the transfer of the remaining balance supporting the Artemis House Domestic Violence Shelter contract from Agency 67, Department of Family Services, to Agency 38, Department of Housing and Community Development; and \$0.05 million to account for a transfer of the administration of the Medical Care for Children Partnership. A detailed narrative for each agency within the Health and Welfare Program Area can be found on subsequent Volume 1 pages of the FY 2023 Advertised Budget Plan.

The Health and Welfare program area includes 2,957/2,848.91 FTE positions, an increase of 9/8.6 FTE positions from the *FY 2022 Revised Budget Plan*. This net increase is a result of new positions, including 3/3.0 FTE positions to support domestic and sexual violence services; 2/2.0 FTE positions to expand and support programming offered at the new Sully Community Center and renovated Original Mount Vernon High School; 2/1.6 FTE positions to open two new School-Age Child Care rooms; 1/1.0 FTE position to support epidemiology; and 1/1.0 FTE position to support a Public Health Nurse for Falls Church City Public Schools.

### One Fairfax Impact

The agencies in the Health and Welfare Program Area promote social and racial equity by applying an equity lens in all aspects of work, policies, and practices, in order to identify the root cause of health inequities, and to support the safety, health, and wellness of county residents.

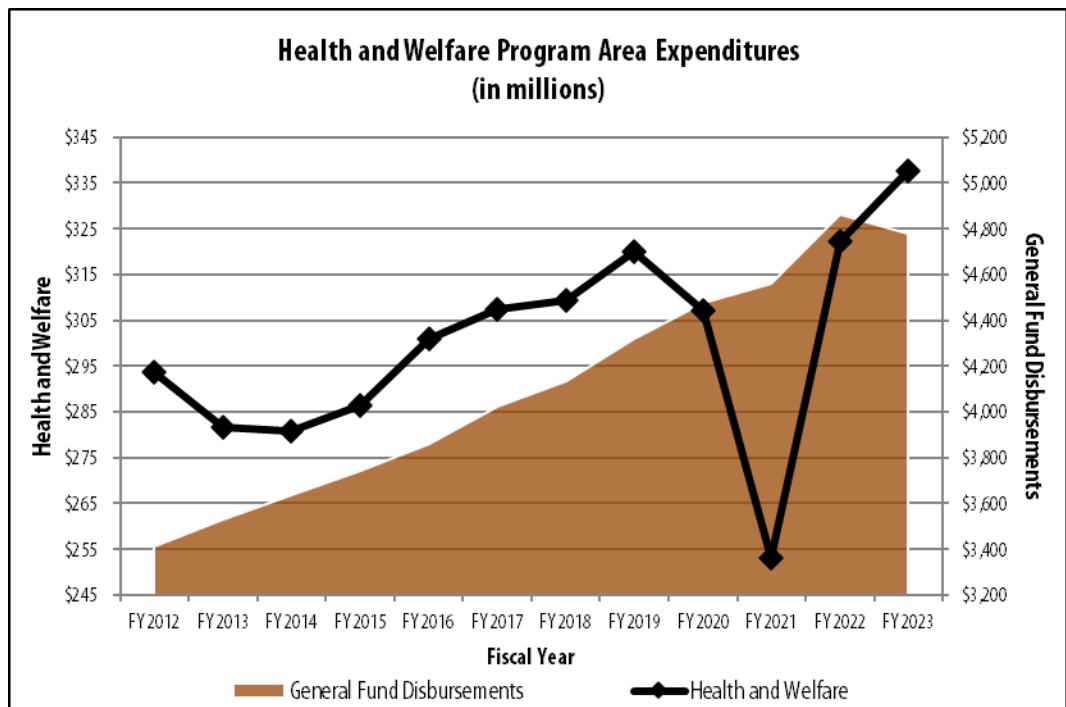
The FY 2023 Advertised Budget Plan includes new funding in the amount of \$1,380,187 in the Health and Welfare Program Area to advance equity. Funding supports additional positions previously approved by the Board of Supervisors as part of the *FY 2021 Carryover Review* in the Health Department to develop and implement a community health preparedness and resiliency program; advance equity, access and functional needs in emergency planning and response; develop an environmental preparedness program, including work on climate change's impacts on human health; work with healthcare facilities to advance readiness for future public health emergencies; and address wide-ranging lessons learned from the COVID-19 pandemic that will require long-term solutions. It should be noted that an increase of \$659,033 is included in Agency 89, Employee Benefits, for a total of \$2,039,220.

# Health and Welfare Program Area Summary

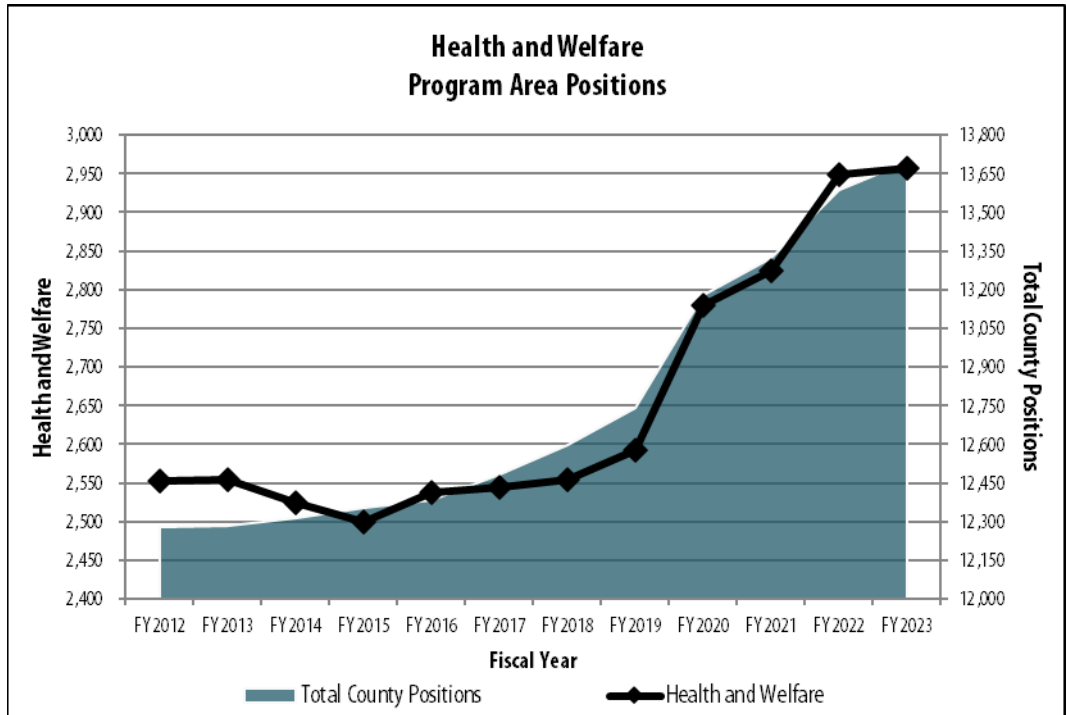
## Trends in Expenditures and Positions

The following charts illustrate funding and position trends for the agencies in this program area compared to countywide expenditure and position trends. There was a significant decrease in expenditures in FY 2021 due to the COVID-19 pandemic. This was from a combination of utilizing the Coronavirus Aid, Relief, and Economic Security (CARES) Act Coronavirus Relief Fund (CRF) for positions in the Health Department that were redeployed to assist with response activities as well as a decrease in expenses across the Health and Human Services system due to a decrease in demand for services (e.g., FASTRAN, School-Age Child Care, Children's Services Act) as a result of the COVID-19 pandemic. In addition, the transfer of school readiness activities from the Department of Neighborhood and Community Services to Fund 40045, Early Childhood Birth to 5, as well as the transfer of the Office to Prevent and End Homelessness to the Department of Housing and Community Development in the Community Development program area contributed to the decrease in expenditures.

Expenditures in FY 2022 are consistent with pre-pandemic levels. The FY 2023 expenditure increase is primarily from the 82/82.0 FTE Public Health Nurses added as part of the *FY 2021 Carryover Review* and needed to meet a state mandate to provide at least three specialized student support positions per 1,000 students.

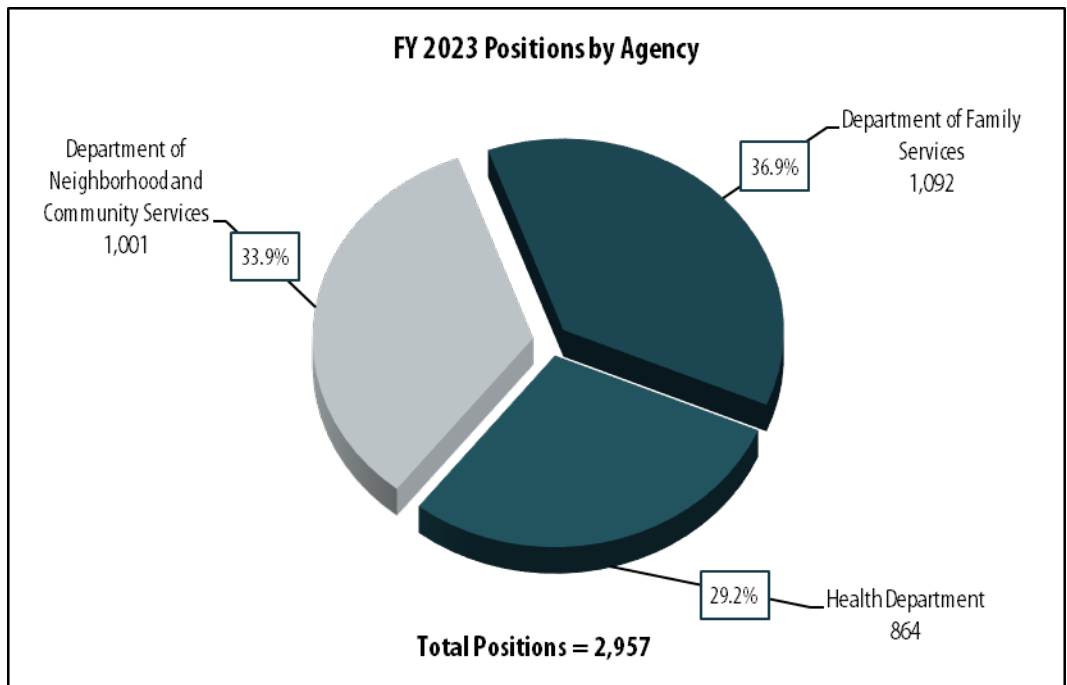
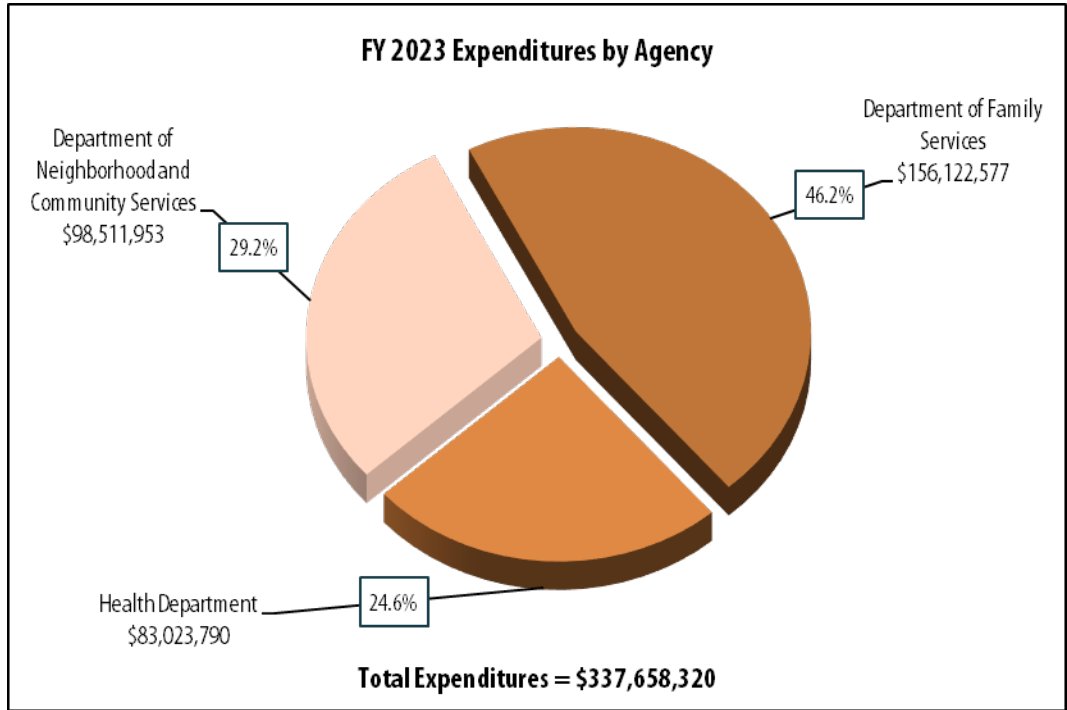


# Health and Welfare Program Area Summary



# Health and Welfare Program Area Summary

## Expenditures and Positions by Agency



# Health and Welfare Program Area Summary

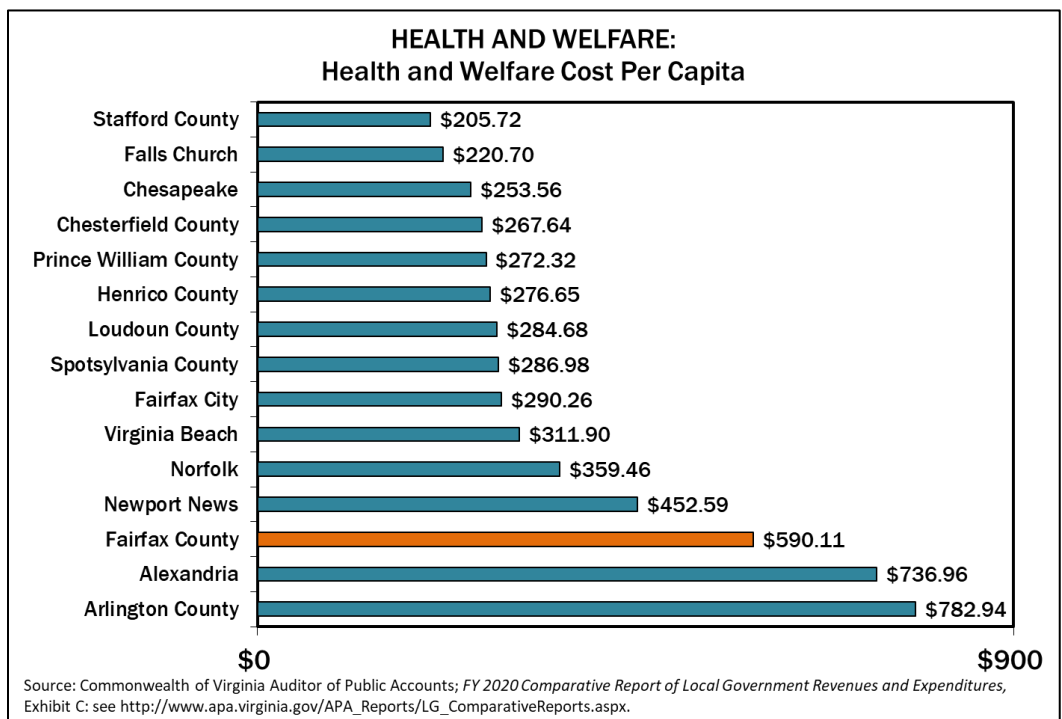
## Benchmarking

Comparative performance information for the Health and Welfare program area comes from a variety of sources. This is one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected. Data included for this program area was obtained from several sources, including the Commonwealth of Virginia’s Auditor of Public Accounts (APA), the U.S. Census Bureau, and the Virginia Department of Health.

The APA collects financial data annually from all Virginia jurisdictions. FY 2020 data represents the latest data available. As seen below, Fairfax County’s cost per capita for Health and Welfare indicates the high level of local support for these programs and reflects the County’s increasing urbanization that brings its own challenges in terms of human service needs.

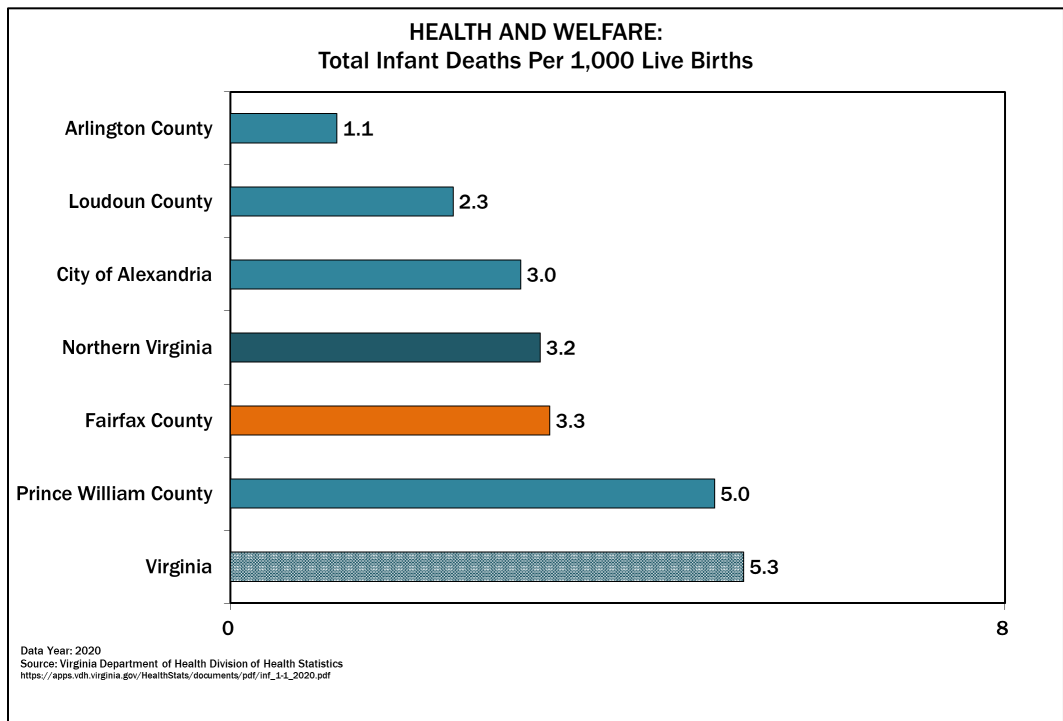
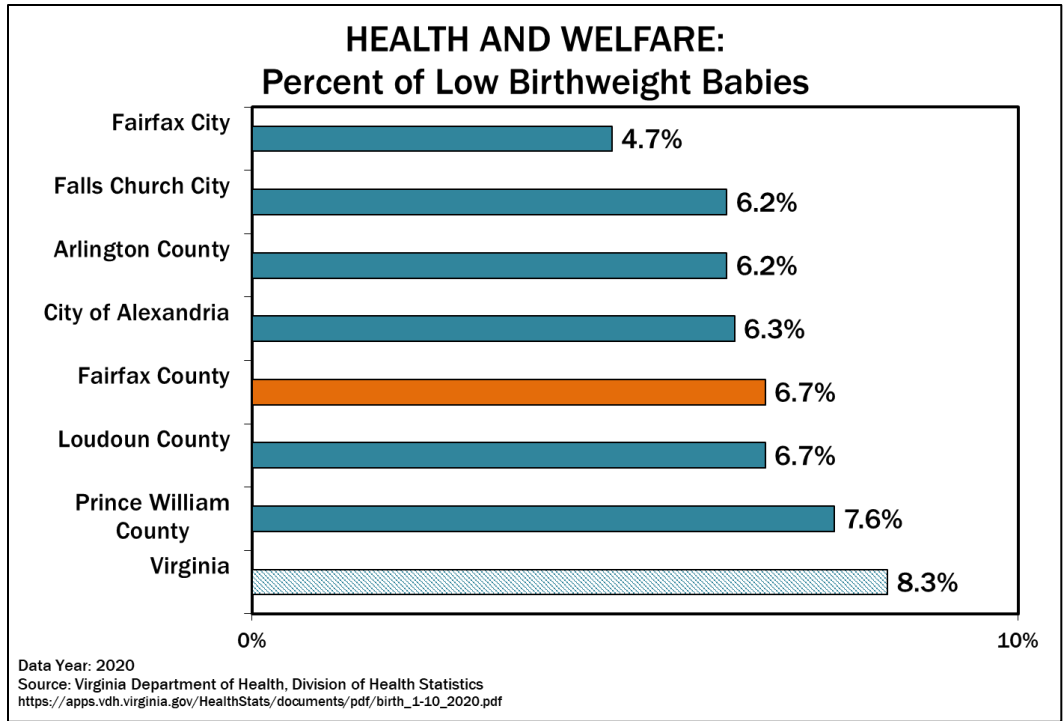
The U.S. Census Bureau American Community Survey (ACS) is an ongoing survey that provides vital information about the United States and its people on an annual basis. ACS data helps inform decision-making for federal, state, and local government and helps determine the distribution of a range of funds provided by the federal and state government. The ACS is a good source for benchmark data since all the survey responses come from the same data set, which eliminates the need to reconcile different methodologies used by different jurisdictions. The data presented here is drawn from the 2015-2019 Five-Year Estimate, which draws on multiple surveys to develop a more accurate result than a single data year.

Data provided by the Virginia Department of Health (VDH) and Virginia Department of Social Services (VDSS) is included to show how Fairfax County compares to other jurisdictions in the region and, where available, the regional average, the statewide average, and the national average. Current data is no longer available from several of the sources, including the Centers for Disease Control and Prevention, which was used for previous presentations of Health and Welfare benchmark measures. In most cases, similar data from comparable sources like the VDH Division of Health Statistics are included. Additionally, in an effort to identify additional benchmark data, indicators related to poverty rates, access to health insurance, and food insecurity are included. The most recent available data is presented.

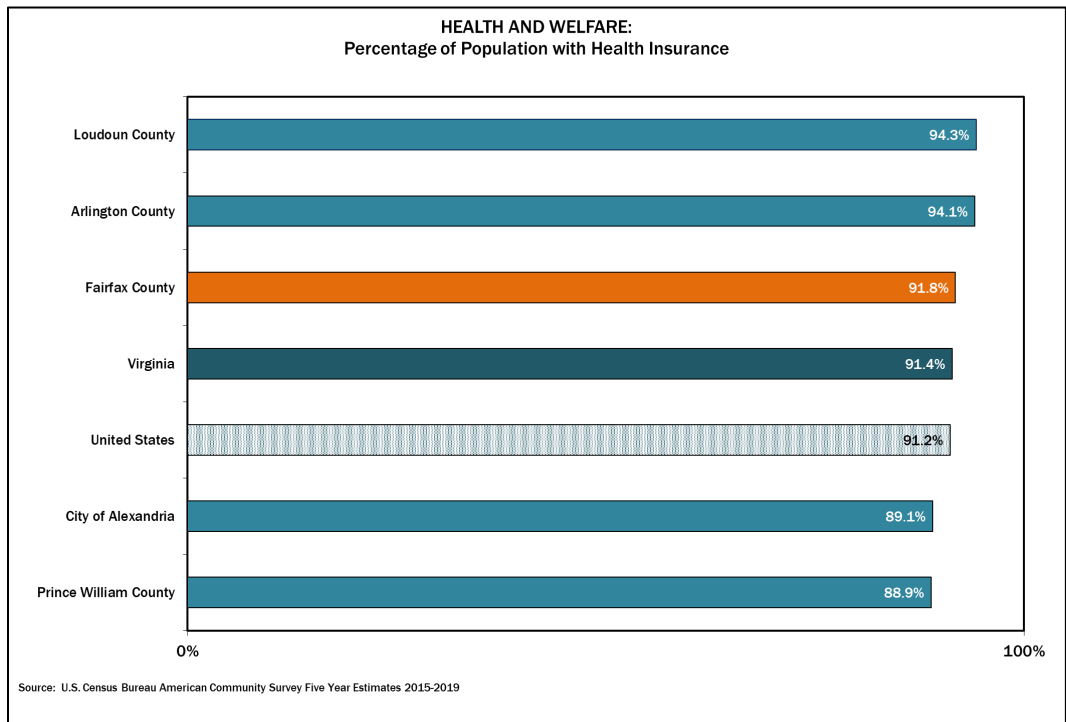
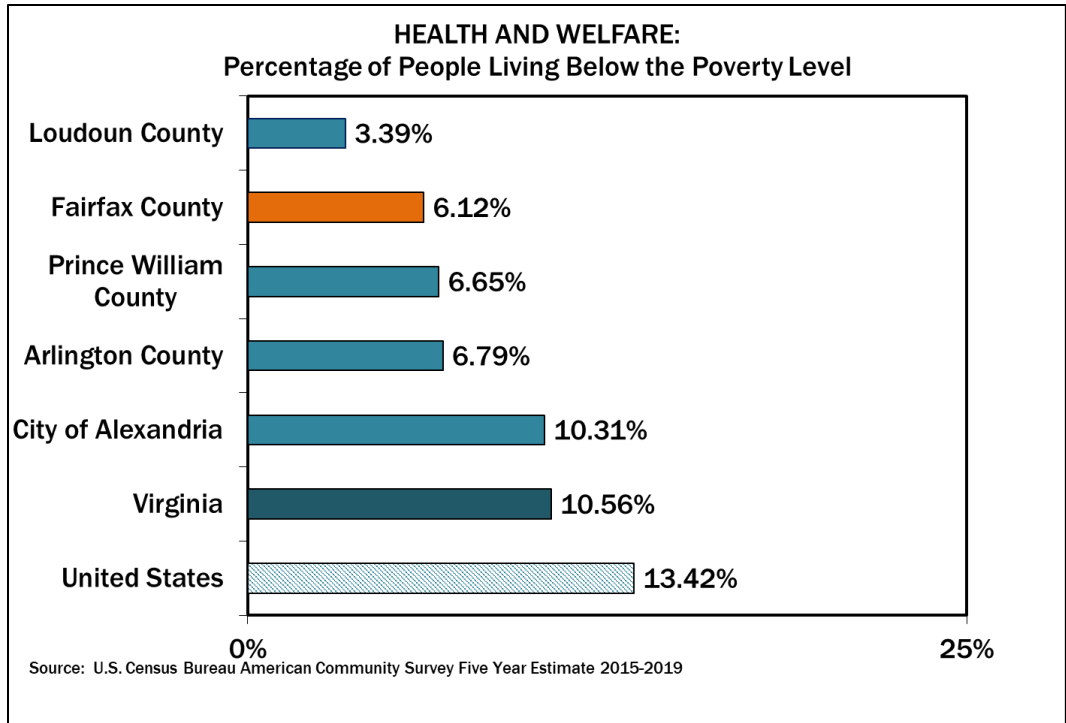




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