Health and Welfare Program Area Summary

Overview

The Health and Welfare Program Area consists of four agencies – the Department of Family Services, the Department of Administration for Human Services, the Department of Systems Management for Human Services, and the Health Department. Their collective mission 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 four agencies, there are others that comprise the Fairfax County Human Services System. They are the Juvenile and Domestic Relations District Court (Public Safety Program Area), the Department of Community and Recreation Services (Parks, Recreation and Libraries Program Area), the Department of Housing and Community Development (Community Development Program Area), as well as a number of Other Funds found in Volume 2 of the FY 2009 Adopted Budget Plan, including the Fairfax-Falls Church Community Services Board (Fund 106 in Volume 2). Human Services functions are also addressed in Other Funds such as Fund 102, Federal/State Grant Fund; Fund 103, Aging Grants and Programs; Fund 118, Consolidated Community Funding Pool; Fund 314, Neighborhood Improvement Program; and Fund 315, Commercial Revitalization Program. Since 1996, the Fairfax County Human Services System has worked to communicate the relationships among public and community-based efforts to achieve shared goals for individuals, families, and communities. The Human Services System continues to focus on cross-cutting strategic initiatives, the broad community outcomes they support and the system's progress toward achieving them. 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 Human Services System maximizes the community's investment in human services

Strategic Direction

As part of the countywide focus on developing strategic plans during 2002-2003, the four agencies in this program area each developed mission, vision and value statements; performed environmental scans; and defined strategies for achieving their missions. These strategic plans are linked to the overall County core purpose and vision elements. Common themes among the agencies in this program area include:

- Self-sufficiency of residents to address basic needs
- Prevention
- Early intervention
- Access to service
- Partnerships with community organizations to achieve mutual goals
- Building capacity in the community to address human service needs
- Cultural and language diversity
- Emerging threats, such as communicable diseases and bioterrorism
- Building a high-performing and diverse workforce
- Maximizing local, state and federal resources

COUNTY CORE PURPOSE

To protect and enrich the quality of life for the people, neighborhoods, and diverse communities of Fairfax County by:

- Maintaining Safe and Caring Communities
- Building Livable Spaces
- Practicing Environmental Stewardship
- Connecting People and Places
- Creating a Culture of Engagement
- Maintaining Healthy Economies
- Exercising Corporate Stewardship

Health and Welfare Program Area Summary

A number of demographic, economic, social, and governance trends affect this program area. With regard to demographics, the tremendous growth in population has a profound impact on the services provided by these agencies. Fairfax County has experienced double-digit population growth in each decade since the 1970s. From 2000 to 2010, it is projected to grow by another 15 percent. Fairfax County's population mirrors the national trend in that it is growing older. In 1970, the median age in the County was 25.2 years; by 2000, the median age was 35.9 years. The aging of the population is attributed to the aging of the baby boomers and increasing life expectancy. In 1970, the life expectancy in the United States was 70.8 years and by 2000 it was 77.0 years. Additionally, the County is growing more diverse. Among the 524 counties nationwide with a population of 100,000 persons or more, Fairfax ranked 20th for its increase in diversity between 1990 and 2000. In 1970, 3.5 percent of residents were foreign born; by 2003, one out of every four residents was foreign born.

With the national and local economy recovering from the downturn of the past few years, many still face significant financial stress. The region's high cost of living contributes to this stress for people who lack the necessary job skills for moderate to high paying jobs. Additionally, the shortage of affordable child care is another barrier to sustainable employment.

In recent years, Human Services agencies have played a crucial role in responding to a number of public health and safety concerns such as the threat of chemical, biological or radiological attacks, as well as emergent diseases such as the West Nile virus and pandemic flu. Domestic violence likewise presents a growing problem, given the demographic trends and economic status variation within the County.

Addressing the many issues facing Human Services has resulted in the development of a shared governance model for how residents are given a voice, how decisions are made on matters of public concern and how partnerships are formed to develop solutions to community challenges. Building both capacity and community are essential if Fairfax County is to address the many needs in this area.

Linkage to County Vision Elements

While this program area supports all seven of the County vision elements, the following are the main focus:

- Maintaining Safe and Caring Communities
- Creating a Culture of Engagement
- Maintaining Healthy Economies
- Exercising Corporate Stewardship

The majority of strategies in this program area are dedicated toward **Maintaining Safe and Caring Communities**. Priorities include enhancing children's services, improving the system of long-term care, protecting public health, building and maintaining partnerships, and providing greater access to health care. Children who are in need of services for developmental, emotional or behavioral problems or who are at risk for out-of-home placements are served by various Human Services agencies, the courts, the schools, community providers and caring family members. Building on the collaborative processes of the Comprehensive Services Act (CSA), Fairfax County agencies that serve children have been working to improve the system of care for all children in need of services. The goal is to create and sustain a community-based system where services to children and families are well-timed, collaboratively-planned, effectively delivered and fiscally responsible.

As Human Services agencies become more involved in major emergency events, they have developed programs that both respond to and prepare for them as well as to better protect the public in general. The Epidemiology/Bioterrorism Preparedness Unit has greatly enhanced the department's ability to monitor and identify trends for communicable diseases, food-borne illness complaints and hospital conditions. The Unit has also been a key player in the development of the County's Pandemic Influenza Response Plan. Bioterrorism response capacity also remains an ongoing focus. The Medical Reserve Corps, comprised of volunteers from medical and non-medical backgrounds who augment the capacity of the public health system to respond to large scale disasters, is now fully staffed and has been publicly recognized as a model program in the United States.

The growth in the 65 and older population, as well as the need to support all adults with disabilities, is already having far-reaching effects on every facet of the community and presenting challenges to policy-makers, service providers, businesses, and families. In 1999, the Board of Supervisors chartered a Citizens' Task Force for Long-Term Care, which has developed and is implementing a strategic plan for addressing these issues. The goals are to enable Fairfax residents who are elderly or who have disabilities to live as independently as possible, and to ensure that services are available, accessible, acceptable, and affordable for those who need them. In addition, a home-based care study by the College of William and Mary's Center for Excellence in Aging was completed and provided the County with valuable insight about how to better utilize cost-effective service models, consolidate services, and improve the overall support for seniors in need. In late 2004, the Department of Systems Management for Human Services, Department of Management and Budget, Department of Housing and Community Development, and George Mason University's Center for Regional Analysis collaborated to prepare a comprehensive demographic report. This report, entitled *Anticipating the Future: A Discussion of Trends in Fairfax County with a Focus on Seniors,* was prepared in response to direction from the Board of Supervisors as part of the FY 2006 Budget Guidelines in which the Board directed staff to take a comprehensive look at population trends, particularly the aging population, and to use them for planning future service delivery.

Responses to those studies include the opening of Braddock Glen Adult Day Health Care Center, which makes this the County's sixth Adult Day Health Care (ADHC) center, expanding the Senior Plus program to help senior adults who require a higher level of assistance participate in senior activities within existing Senior Centers, and continuing to foster the development of additional investment strategies to build service capacity for affordable assisted living and long-term care needs in the community.

Although Fairfax County has a wealth of health care resources, there are still many who do not have access to care. There are also disparities in health care provision and outcomes among socio-economic and racial/ethnic groups. Several successful initiatives have been underway to address components of this challenge. For example, Health Access Assistance Teams (HAAT), which are multi-agency teams that conduct enrollment for those seeking medical care, connect residents with the most appropriate medical home. Human Services agencies are placing a system-wide focus on access to health care, building on the momentum of existing efforts to ensure that all children and adults in the community have access to culturally-appropriate medical and behavioral health care, and that federal, state, local, and private health care resources are used strategically. The County will continue its successful Healthy Families Fairfax program which provides intensive home visiting services to first-time parents who are at risk for abuse due to family history or other stress factors. This program is a unique partnership between two County agencies – the Health Department and the Department of Family Services (DFS), as well as three nonprofit agencies – United Community Ministries, Northern Virginia Family Service, and Reston Interfaith. In late FY 2007, the Health Department began a three year effort in partnership with the private health care community to conduct a comprehensive community health assessment. The result will be a plan that will help guide the development of health care services into the future, and those finding applicable to the public sector will be used to update the Health Department's strategic plan. Also during FY 2007, a strategic relationship was developed to restructure the health care safety net for low income, uninsured and underinsured individuals – in both public and non-profit services – in order to maximize resources, improve continuity of services, leverage additional non-County funding sources and prepare for the future of health care technology. In FY 2007, the Health Department initiated a School Health Study. The scope of the study, which involved research and data analysis on current capacity and demand for school health services, resulted in the development of an internal strategic plan which was presented to the Health Care Advisory Board in FY 2008, The School Health Strategic Plan recommendations, approved by the Health Care Advisory Board, will be implemented over a 5-10 year period as resources allow.

In the past decade, the roles and expectations of government have changed dramatically. To be effective, human services providers must also succeed at **Creating a Culture of Engagement**. Given limited resources, it has become imperative that Fairfax County leverages its strengths and resources through partnerships that focus on the public sector's role in facilitating the success of non-profit and faith-based organizations. The establishment of four Unsheltered Homeless Healthcare Outreach Teams is the result of such an effort. Each team will serve a geographic area of the County and provide both physical and behavioral health care to unsheltered homeless persons, as well as referral and transportation to medical care, mental health/substance abuse and dental services. Another effort to better serve the community through the cooperation of multiple

agencies, including DFS, the Department of Systems Management for Human Services, the Fairfax-Falls Church Community Services Board and the faith-based community is the provision of hypothermia prevention services for the homeless during the winter months. Also, the Health Department implemented a cross-agency initiative to establish a pilot program to provide shelter-based medical services to homeless individuals in Fairfax County. The Department of Systems Management for Human Services continues to coordinate Neighborhood Colleges to provide interested residents the opportunity to learn more about their community and how they can actively participate. Fairfax County has also taken a community-building approach to draw on community strengths and assets. The ongoing Strengthening Neighborhoods and Building Communities (SNBC) initiative involves County and Fairfax County Public Schools staff and the public working collaboratively to address problems faced by aging neighborhoods. In addition, the Childhelp Children's Center of Virginia, which provides a centralized place for children who have been sexually abused to receive services, is a result of a DFS public/private partnership with community groups and other County agencies. In FY 2008, the Adult Day Health Care (ADHC) program developed a targeted marketing and recruitment plan to increase volunteerism in long term care by minority populations. In FY 2009, ADHC program staff will implement this plan with an emphasis on Hispanic, Korean and Middle Eastern communities. The plan will include presentation of informational programs to ethnically diverse community groups, televised informational segments and increased outreach efforts.

Efforts to develop and maintain self-sufficiency support the **Maintaining Healthy Economies** vision element. Individuals and families working toward self-sufficiency need skills for stable employment as well as safe and affordable child care. The County, through DFS, will continue to operate SkillSource (One-Stop) Employment Centers. Child care is also a critical component in a County where both parents must work in many families to afford housing and other basic necessities. DFS will continue to increase the number of child care options by partnering with community-based organizations to recruit new family child care providers. In FY 2008 DFS opened a second School-Age Child Care (SACC) room at Key Center. State funding cuts for subsidized child care, combined with an ongoing demand for services, have created considerable challenges for the County in helping low-income working families manage the cost of child care. In FY 2007, Fairfax County's subsidy funding from the state was reduced by $10.4 million and in FY 2008 it was further reduced by $2.6 million. However, as a result of actions taken during the 2008 General Assembly session, in FY 2009 the County will receive additional revenue from the state to sufficiently address the most recent $2.6 million cut. Even with the additional funding, the County is providing subsidized child care to approximately 1,600 fewer children at a time when low unemployment rates and the high cost of living is creating a great need for subsidized child care.

A number of initiatives have been underway in recent years to ensure that agencies in this program area are **Exercising Corporate Stewardship**. Given resource constraints, it is critical that every dollar be maximized. The Department of Administration for Human Services, which provides administrative support for Human Services agencies, has utilized technology to improve productivity and reduce the time needed to receive reimbursements under the Comprehensive Service Act (CSA). In addition the department is implementing new software which serves as the basis for claiming federal and state reimbursement for more than $40 million of eligible social services expenditures. The new software will automate the allocation of Department of Family Services' and Department of Administration for Human Services' personnel costs to various federal and state programs, maximizing available revenue. Additionally, the Department of Administration for Human Services will continue coordinating comprehensive facility planning for all Human Services agencies such as developing a Human Services Capital Improvement Program and building additional public/private partnerships to help achieve a countywide initiative to move County staff and functions away from leased facilities and into County-owned facilities. In FY 2008 the Health Department developed an integrated management information system to streamline documentation and billing functions. The plan is to fully implement this new system in FY 2009. Finally, DFS successfully completed the department's first three year strategic plan. DFS will implement the department's new strategic plan which was developed using a balanced scorecard approach and continues through 2010.

Health and Welfare Program Area Summary

Program Area Summary by Character

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	2152/ 2019.25	2155/ 2022.25	2142/ 2012.34	2155/ 2024.34	2157/ 2026.34
Expenditures:					
Personnel Services	$110,388,229	$116,799,553	$115,811,003	$118,340,732	$119,583,215
Operating Expenses	134,665,703	132,464,587	158,013,026	136,662,815	133,950,590
Capital Equipment	6,408	0	61,566	0	0
Subtotal	**$245,060,340**	**$249,264,140**	**$273,885,595**	**$255,003,547**	**$253,533,805**
Less:					
Recovered Costs	($258,618)	($349,744)	($349,744)	($294,458)	($294,458)
Total Expenditures	**$244,801,722**	**$248,914,396**	**$273,535,851**	**$254,709,089**	**$253,239,347**
Income	**$115,680,750**	**$103,635,098**	**$114,146,174**	**$106,756,210**	**$106,756,210**
Net Cost to the County	**$129,120,972**	**$145,279,298**	**$159,389,677**	**$147,952,879**	**$146,483,137**

Program Area Summary by Agency

Agency	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Department of Family Services	$185,285,050	$185,351,734	$206,129,265	$190,951,339	$189,125,733
Department of Administration for Human Services	10,599,510	11,166,523	11,529,059	11,051,123	11,186,203
Department of Systems Management for Human Services	5,337,405	5,992,082	6,075,605	5,870,104	5,943,082
Health Department	43,579,757	46,404,057	49,801,922	46,836,523	46,984,329
Total Expenditures	**$244,801,722**	**$248,914,396**	**$273,535,851**	**$254,709,089**	**$253,239,347**

Budget Trends

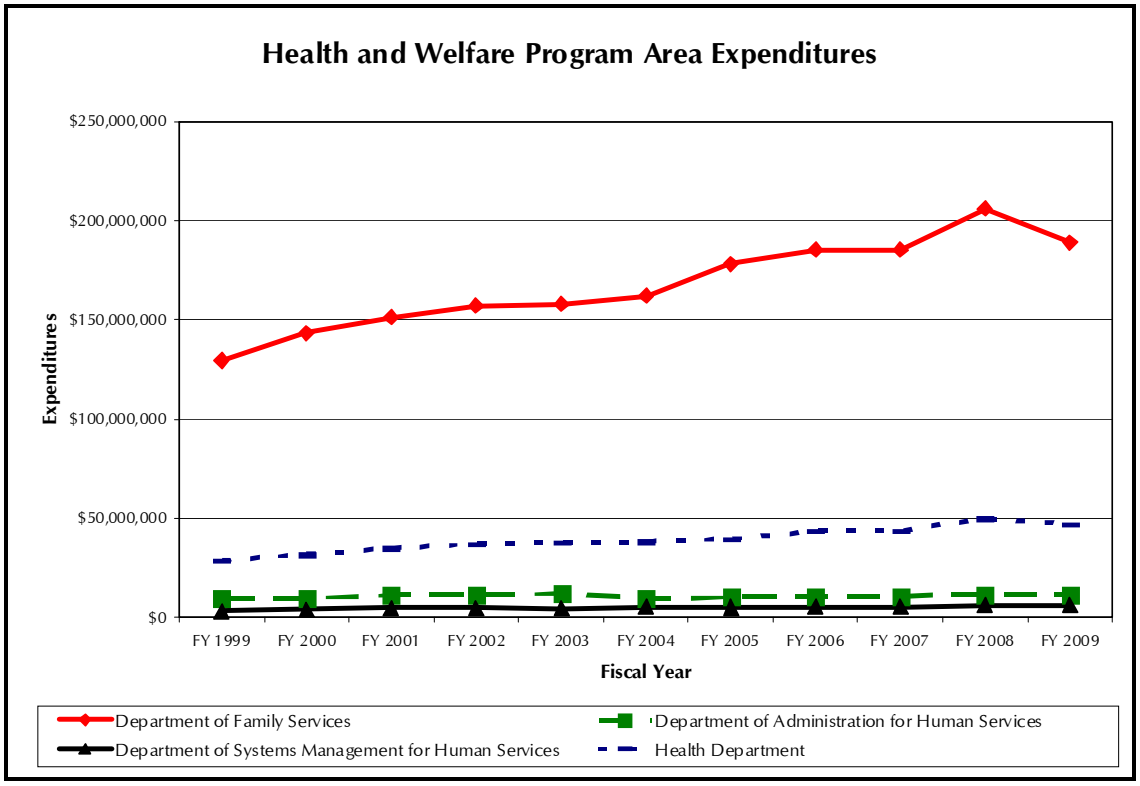
For FY 2009, the funding level of $253,239,347 for the Health and Welfare Program Area comprises 20.5 percent of the total General Fund direct expenditures of $1,236,263,323. This program area also includes 3,038 positions (2,157 positions supported by General Fund agencies and 881 positions supported by Fund 106, Fairfax-Falls Church Community Services Board) or 25.2 percent of total authorized positions for FY 2009. The 15/14.0 SYE new General Fund positions are associated with the transfer of 15/14.0 SYE positions from the Domestic Violence Services program in Fund 106, Fairfax/Falls-Church Community Services Board, to the Department of Family Services/Office for Women and Domestic Violence Services as part of a multi-agency effort to streamline the County's domestic violence services and an increase of 2/2.0 SYE merit Social Worker II positions in the Adult Protective Services (APS) program area to support increasing caseloads as mandated by Virginia Code, offset by the transfer of 2/2.0 SYE positions to the Legislative/Central Services Program Area as these positions are supporting critical ongoing functions under the direct supervision and/or for the direct benefit of programs operated by the County Executive's Office.

Health and Welfare Program Area Summary

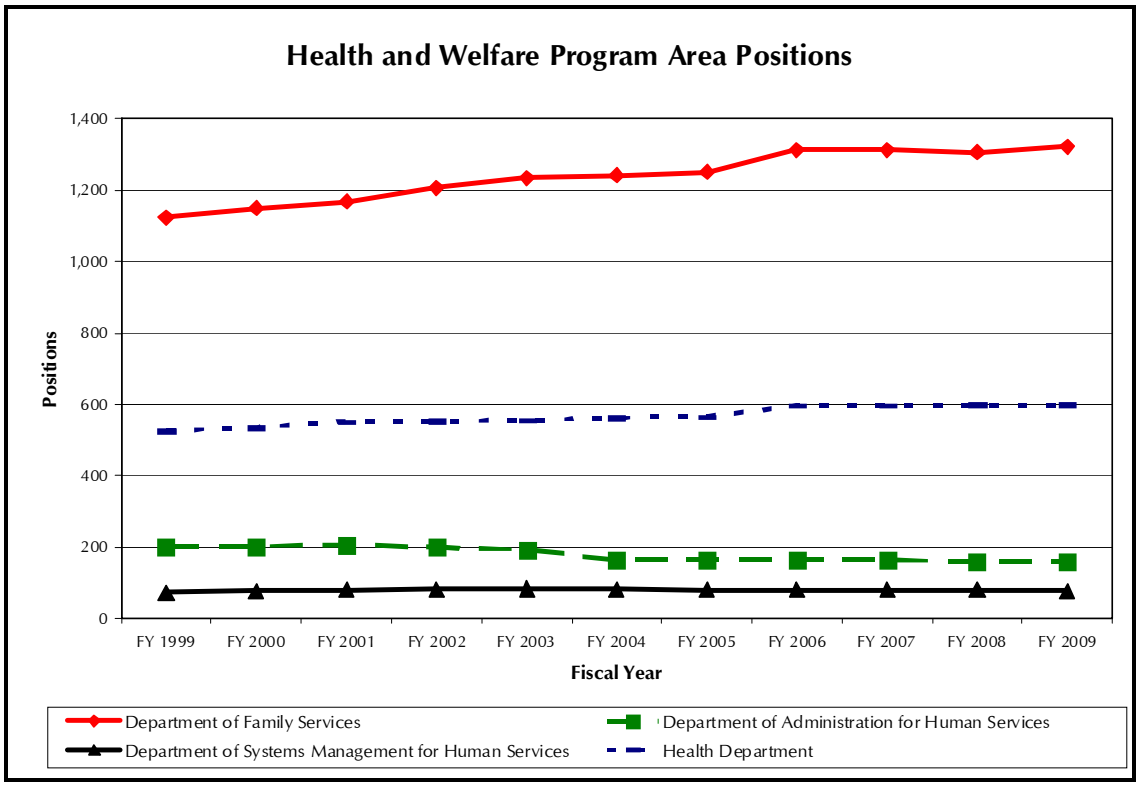
The funding for the General Fund agencies within the Health and Welfare Program Area decreased from the *FY 2008 Revised Budget Plan* by $20,296,504 or 7.4 percent to $253,239,347 in FY 2009. This decrease is primarily due to the carryover of FY 2007 funding for encumbered contracts, supplies and equipment and FY 2008 appropriations for Department of Family services programs required by federal and state requirements offset by an increase in Personnel Services. The increase in Personnel Services is primarily attributable to the transfer of $1.5 million associated with the transfer of 15 positions from Fund 106, Fairfax/Falls-Church Community Services Board, to the Department of Family Services/Office for Women and Domestic Violence Services. It should be noted that the FY 2009 funding level reflects an increase of $4,324,951 or 1.7 percent over the FY 2008 Adopted Budget Plan level and is primarily attributable to Personnel Services increases and the transfer of the Domestic Violence Services to the Department of Family Services in order to streamline the County's Domestic Violence Services.

Approximately 42 percent of expenditures in the Health and Welfare Program Area are offset by revenues. Two of the agencies in this program area receive a significant amount of non-County revenues. In the Health Department, approximately 32 percent of the FY 2009 budget is offset by non-County revenues such as fees and state reimbursements; while in DFS, approximately 48 percent of the budget is offset by non-County revenues such as fees and federal pass-through money.

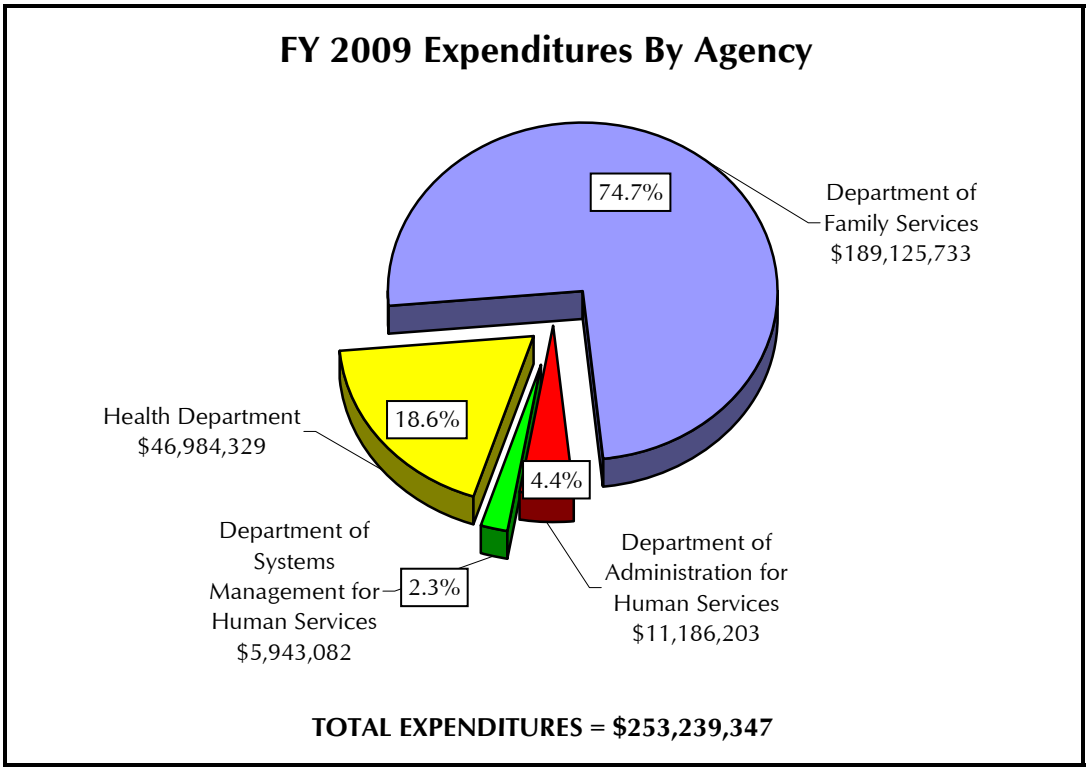
Trends in Expenditures and Positions

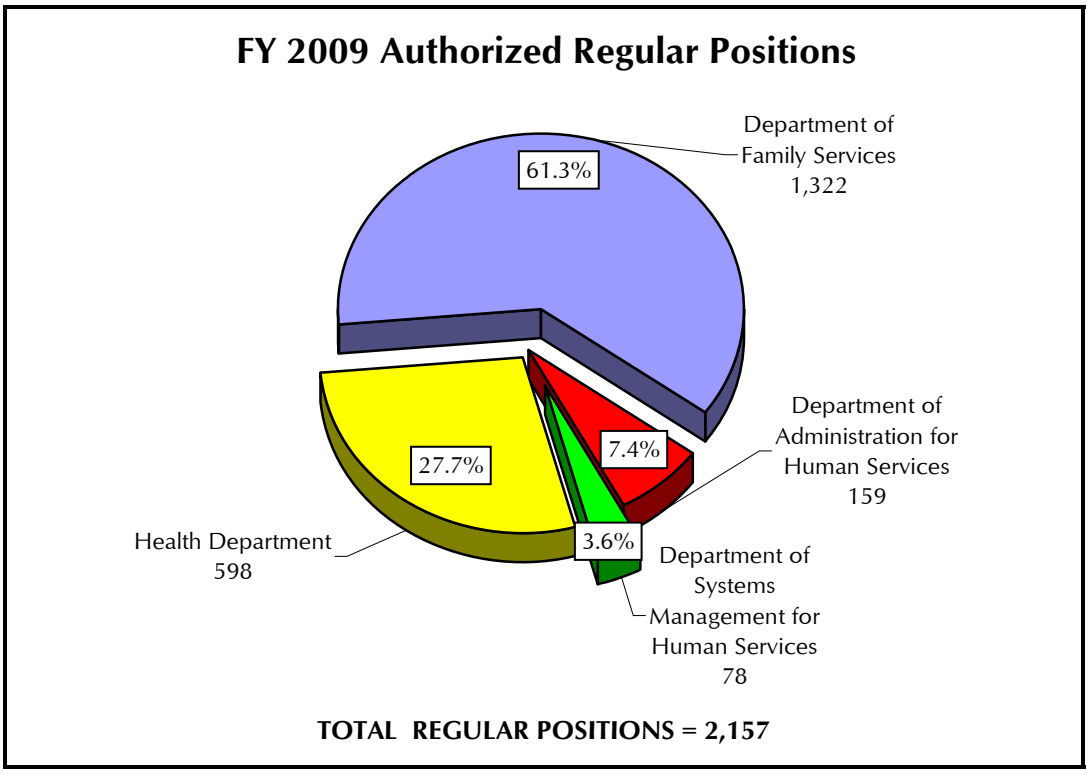


Health and Welfare Program Area Summary



FY 2009 Expenditures and Positions by Agency





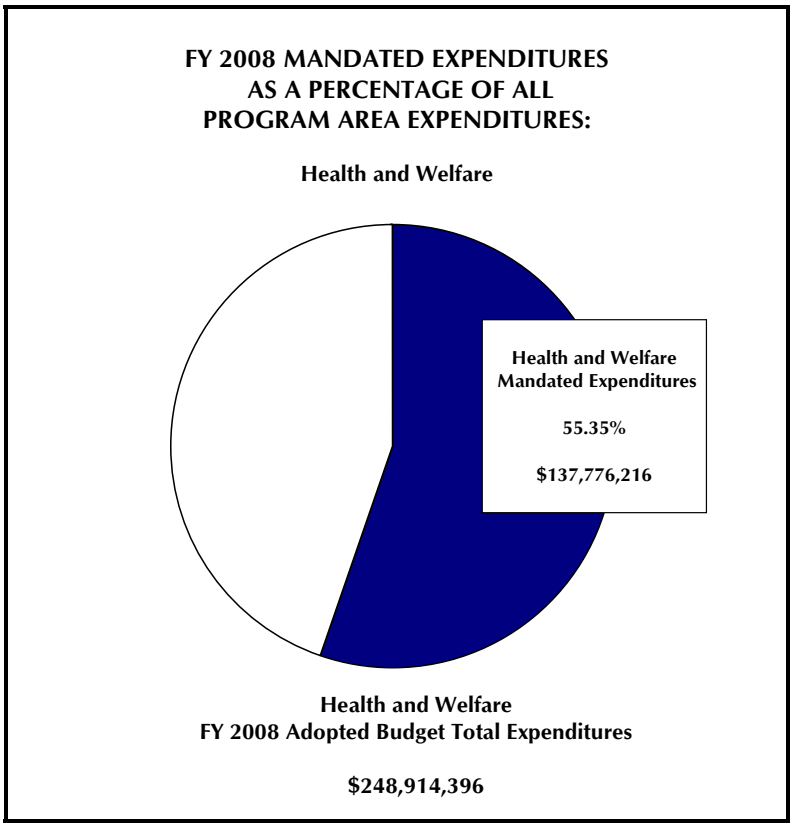
Federal and State Mandates

Many of the programs offered in the Health and Welfare Program Area are mandated by federal and state legislation, as they are programs aimed at assisting the neediest individuals in the County. Various types of assistance are provided including help for the very young and very elderly in the County and for those that require aid in providing basic needs for their families. In addition, services are provided that protect the health of citizens in public places such as swimming pools and restaurants, as well as the health care provided in local clinics such as immunizations and lead screening.

The Health Department is mandated to provide newborn health screening in County health clinics. They are also required to provide Tuberculosis, HIV, and rabies screening and surveillance. State code mandates that they inspect all hotel pools and post the water quality results in a public area. And as a result of operating health clinics and having access to individual health information, they are required to comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) which protects the sharing of that information with others.

The Department of Family Services is required to meet many state and federal mandates while implementing their programs. For example, public assistance and employment services are mandated by both state and federal legislation. The Virginia Initiative for Employment not Welfare (VIEW) program is part of the Commonwealth's welfare program that seeks to move public assistance clients into jobs as quickly as possible. VIEW participants receive a variety of supportive services to assist with employment including: assessment, training, and counseling; referral to jobs; child care; and transportation. Another mandated area is the Foster Care program. Examples of state law in this area include outlining the agreements that must be in place with foster parents and the local placement agency, identifying the home study that is required before a foster parent can house a child, and requiring that within 72 hours of placing a school-aged child in foster care, the principal of the school in which the student is to be enrolled is notified of the placement and that the principal is informed of the status of the parent's rights.

In FY 2008, the agencies in this program area anticipated spending $137.8 million to comply with federal and state mandates, receiving $67.1 million in revenue (to include federal, state and user fee/other revenue), for a net cost to the County of $70.7 million.



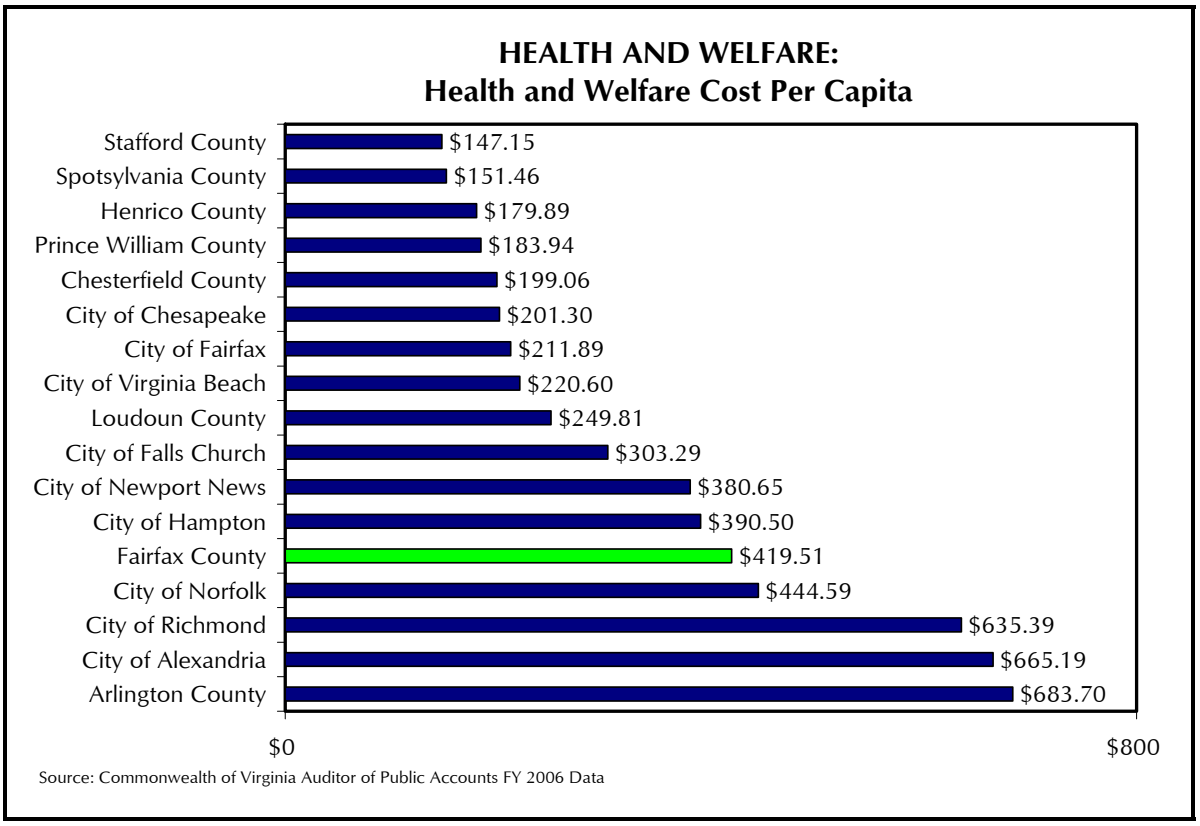
Benchmarking

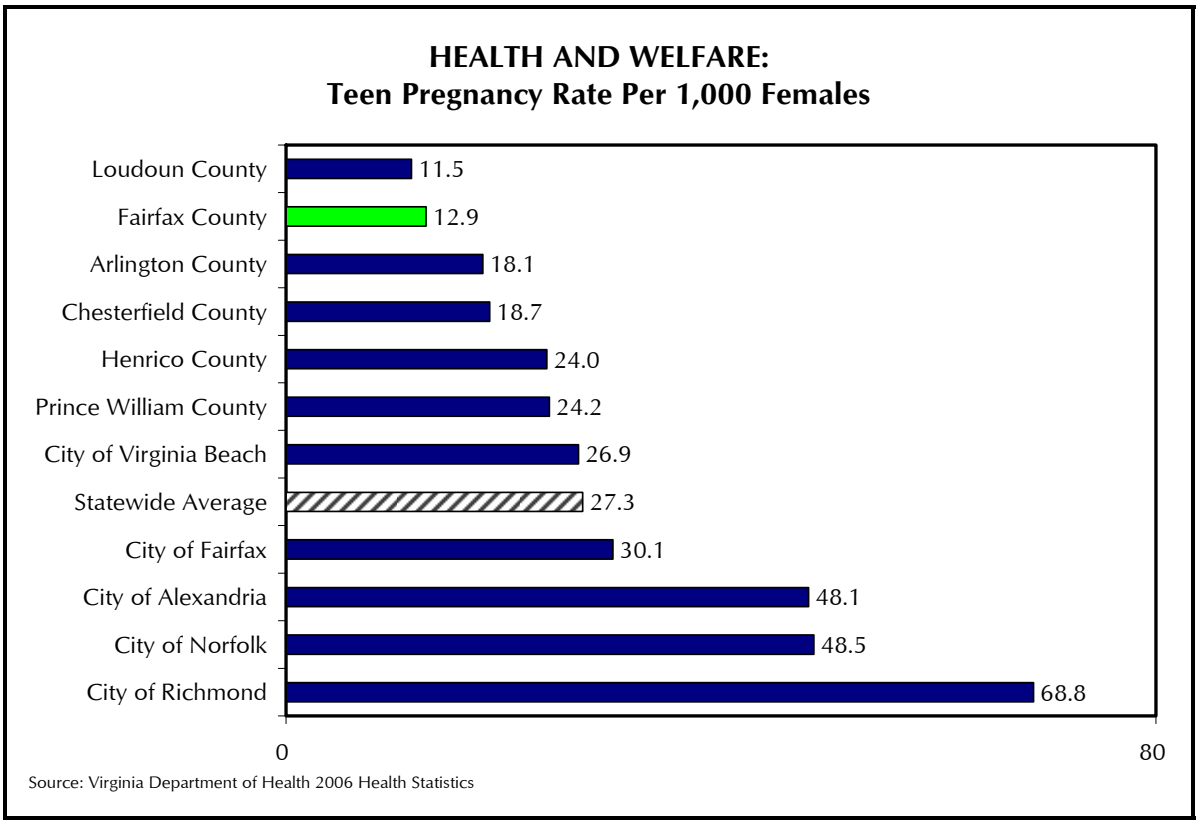
Comparative performance information for the Health and Welfare Program Area comes from a variety of sources. This is in fact, one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected for them. Data included for this program area were obtained from the Commonwealth of Virginia's Auditor of Public Accounts (APA), the Virginia Department of Health and the Virginia Department of Social Services.

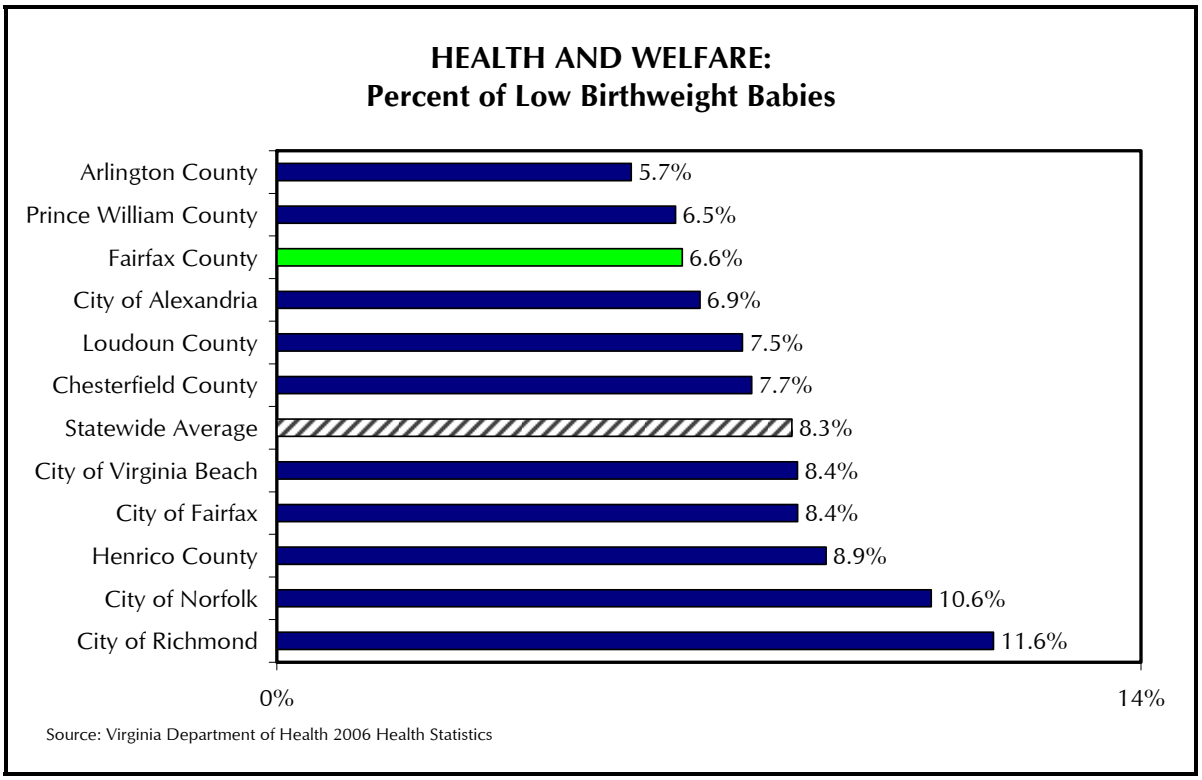
The APA collects financial data annually from all Virginia jurisdictions. As seen below, Fairfax County's cost per capita for Health and Welfare indicates the high level of local support for these programs and reflects the County's increasing urbanization that brings its own challenges in terms of human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

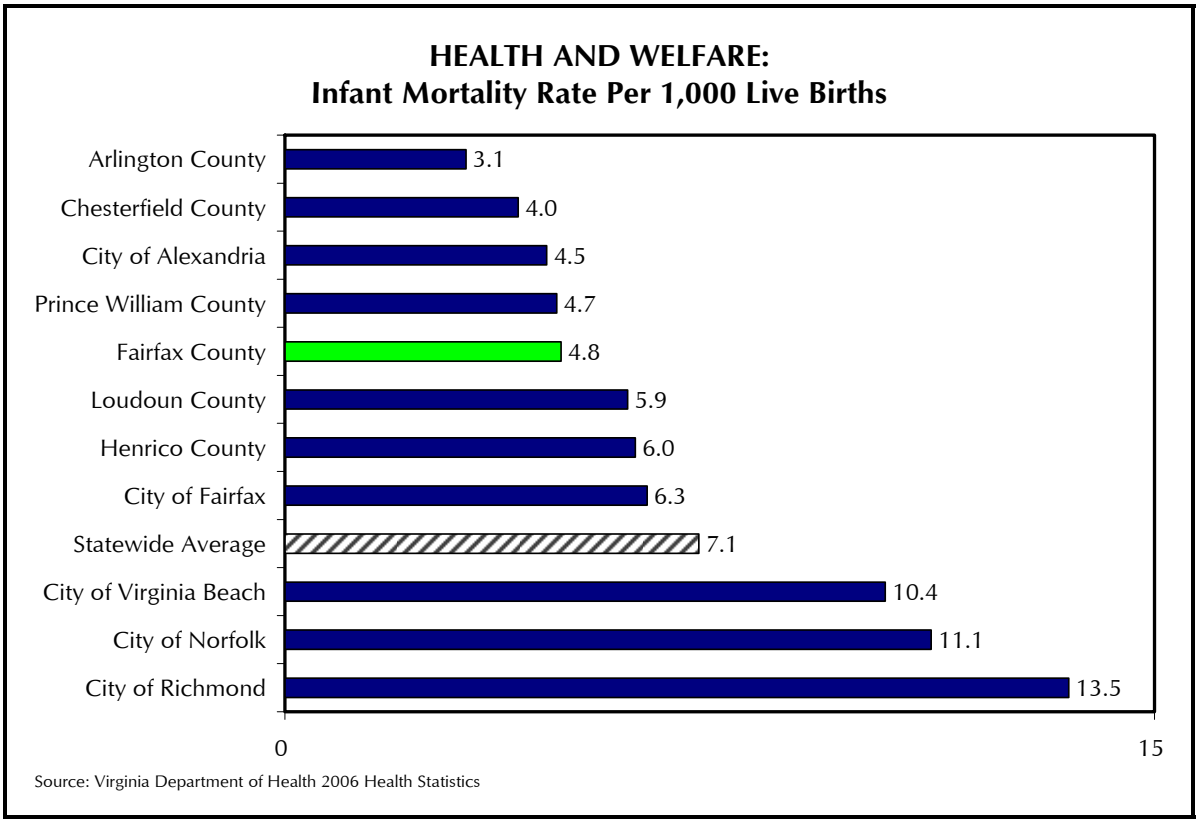
Data provided by the Virginia Department of Health are included to show how Fairfax County compares to other large jurisdictions in the state, as well as the statewide average in the areas of teen pregnancy rate, low birthweight and infant mortality.

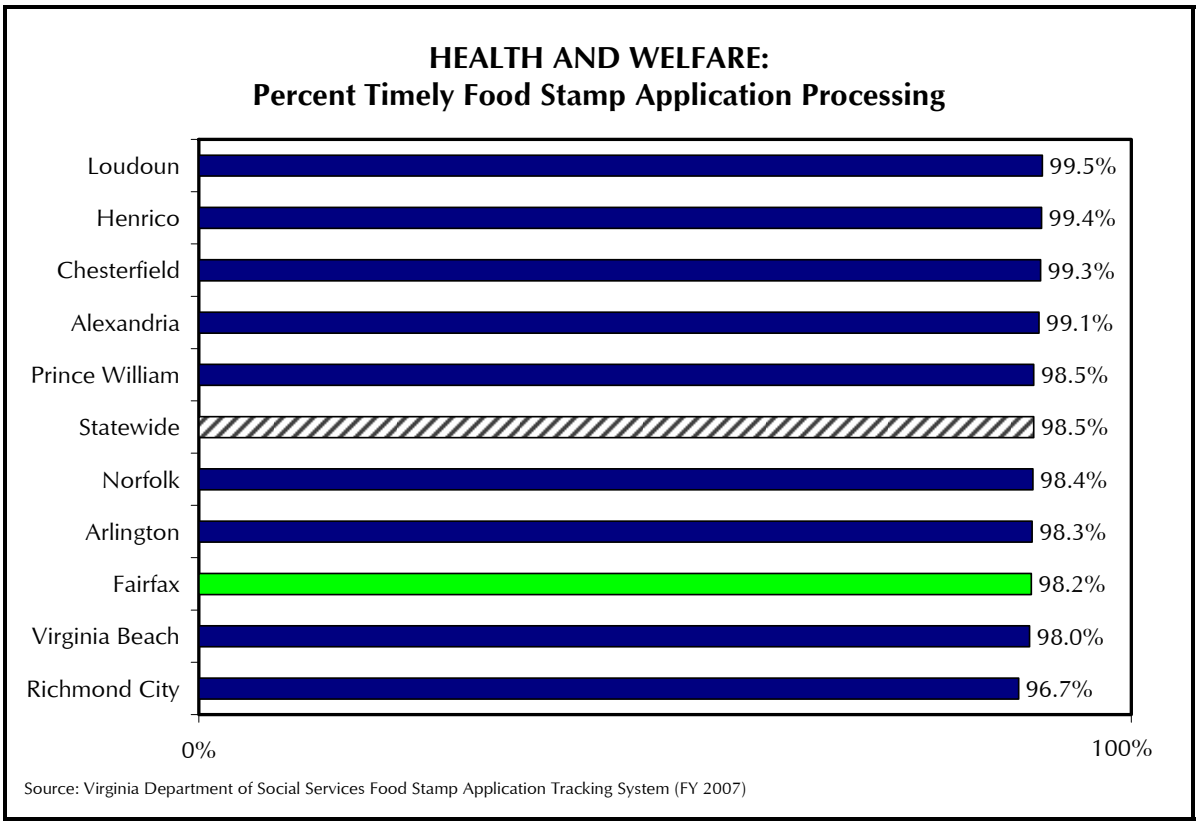
Another source included is the Virginia Department of Social Services which collects comparative data for various programs including Food Stamps, VIEW (Virginia Initiative for Employment not Welfare), Children in Foster Care and Rates of Abuse per 1,000 Children. The following graphs compare Fairfax County to other large jurisdictions in the Commonwealth and indicate a fairly constant high level of performance

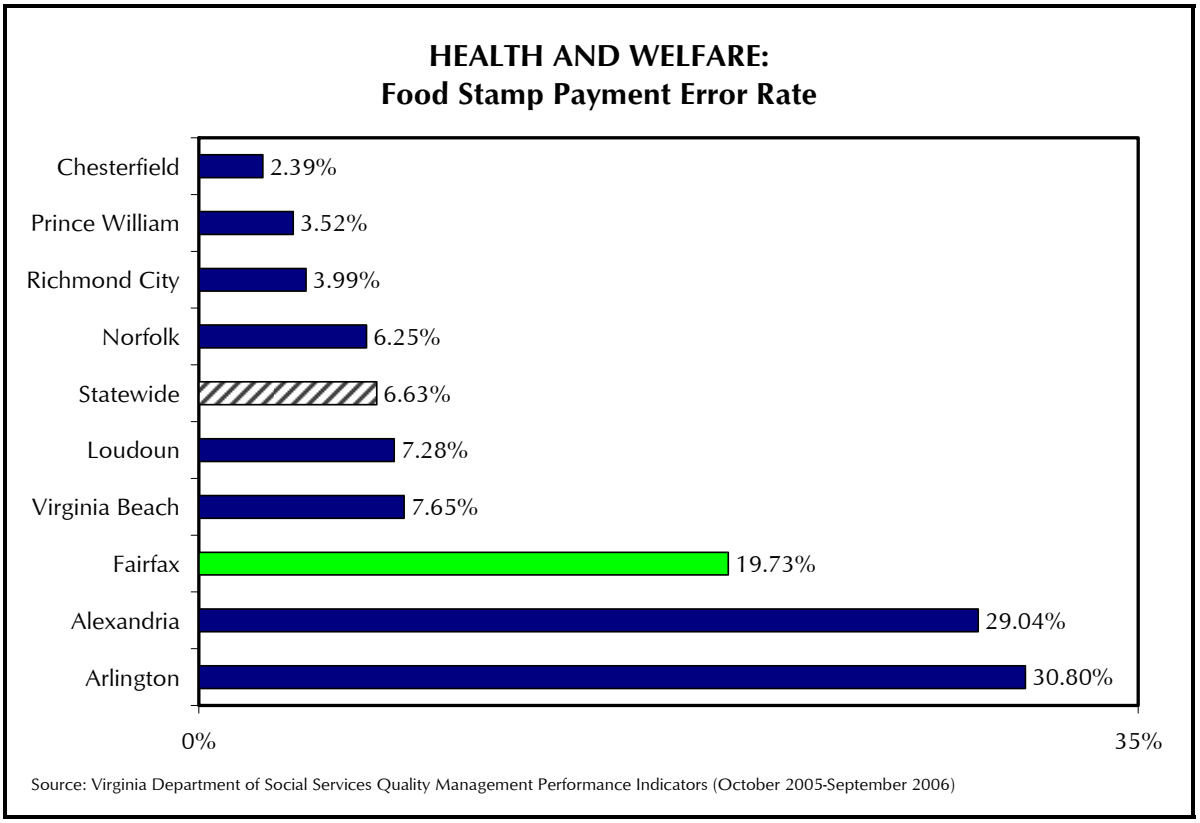

HEALTH AND WELFARE:
Health and Welfare Cost Per Capita
Stafford County $147.15
Spotsylvania County $151.46
Henrico County $179.89
Prince William County $183.94
Chesterfield County $199.06
City of Chesapeake $201.30
City of Fairfax $211.89
City of Virginia Beach $220.60
Loudoun County $249.81
City of Falls Church $303.29
City of Newport News $380.65
City of Hampton $390.50
Fairfax County $419.51
City of Norfolk $444.59
City of Richmond $635.39
City of Alexandria $665.19
Arlington County $683.70
$0
$800
Source: Commonwealth of Virginia Auditor of Public Accounts FY 2006 Data

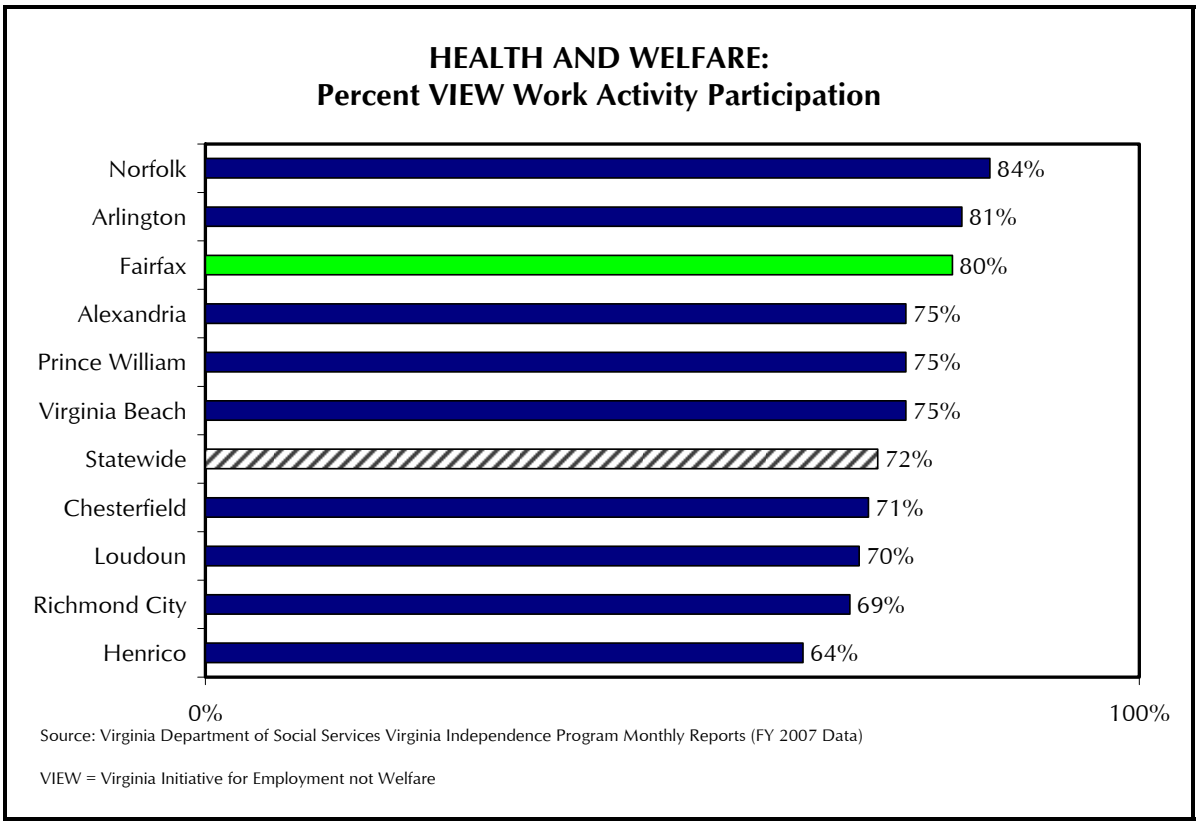

HEALTH AND WELFARE:
Teen Pregnancy Rate Per 1,000 Females
Loudoun County 11.5
Fairfax County 12.9
Arlington County 18.1
Chesterfield County 18.7
Henrico County 24.0
Prince William County 24.2
City of Virginia Beach 26.9
Statewide Average 27.3
City of Fairfax 30.1
City of Alexandria 48.1
City of Norfolk 48.5
City of Richmond 68.8
0
80
Source: Virginia Department of Health 2006 Health Statistics

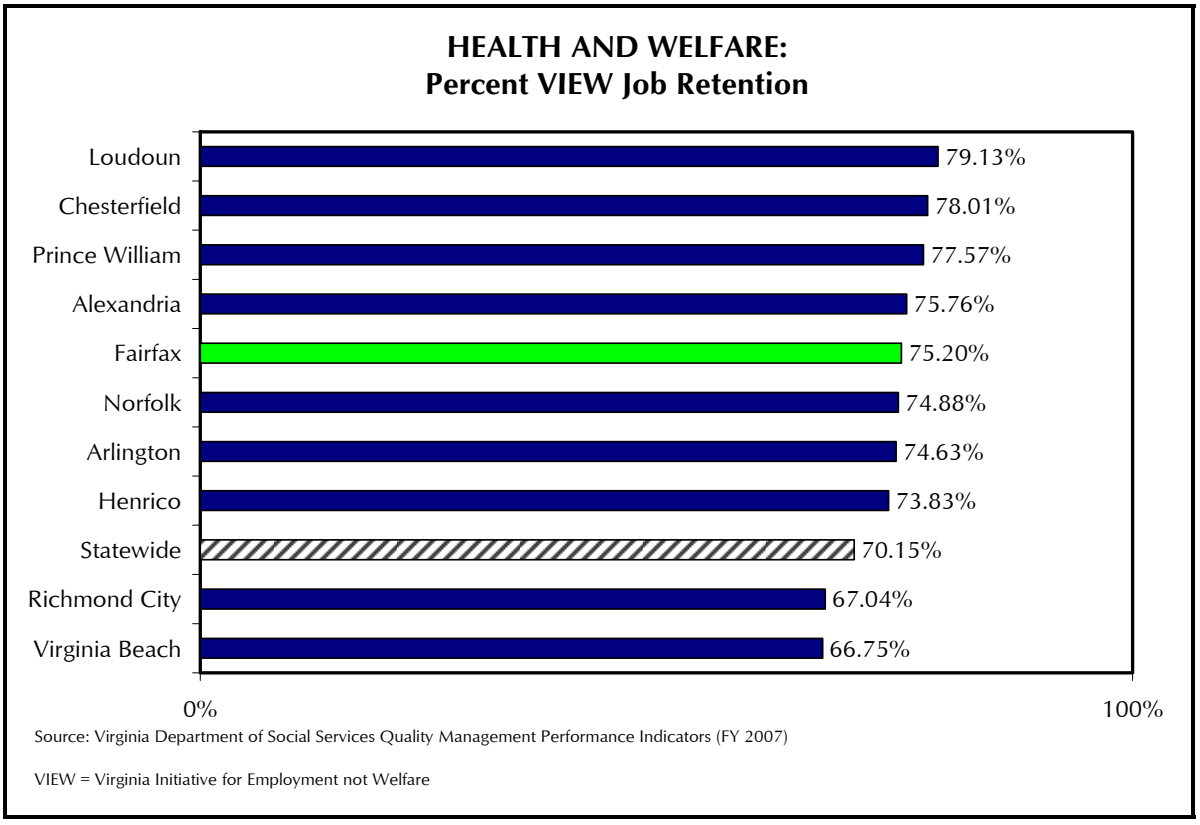

HEALTH AND WELFARE:
Percent of Low Birthweight Babies
Arlington County 5.7%
Prince William County 6.5%
Fairfax County 6.6%
City of Alexandria 6.9%
Loudoun County 7.5%
Chesterfield County 7.7%
Statewide Average 8.3%
City of Virginia Beach 8.4%
City of Fairfax 8.4%
Henrico County 8.9%
City of Norfolk 10.6%
City of Richmond 11.6%
0%
14%
Source: Virginia Department of Health 2006 Health Statistics

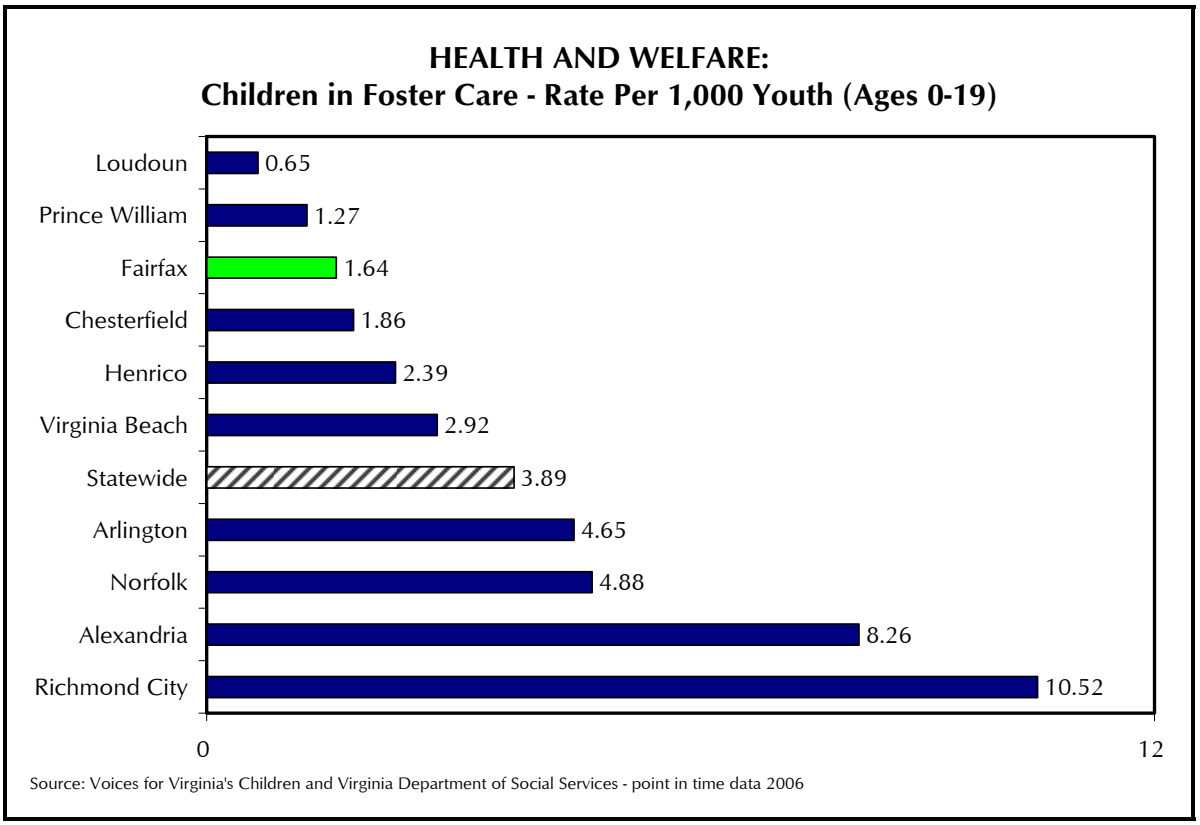

HEALTH AND WELFARE:
Infant Mortality Rate Per 1,000 Live Births
Arlington County 3.1
Chesterfield County 4.0
City of Alexandria 4.5
Prince William County 4.7
Fairfax County 4.8
Loudoun County 5.9
Henrico County 6.0
City of Fairfax 6.3
Statewide Average 7.1
City of Virginia Beach 10.4
City of Norfolk 11.1
City of Richmond 13.5
0
15
Source: Virginia Department of Health 2006 Health Statistics

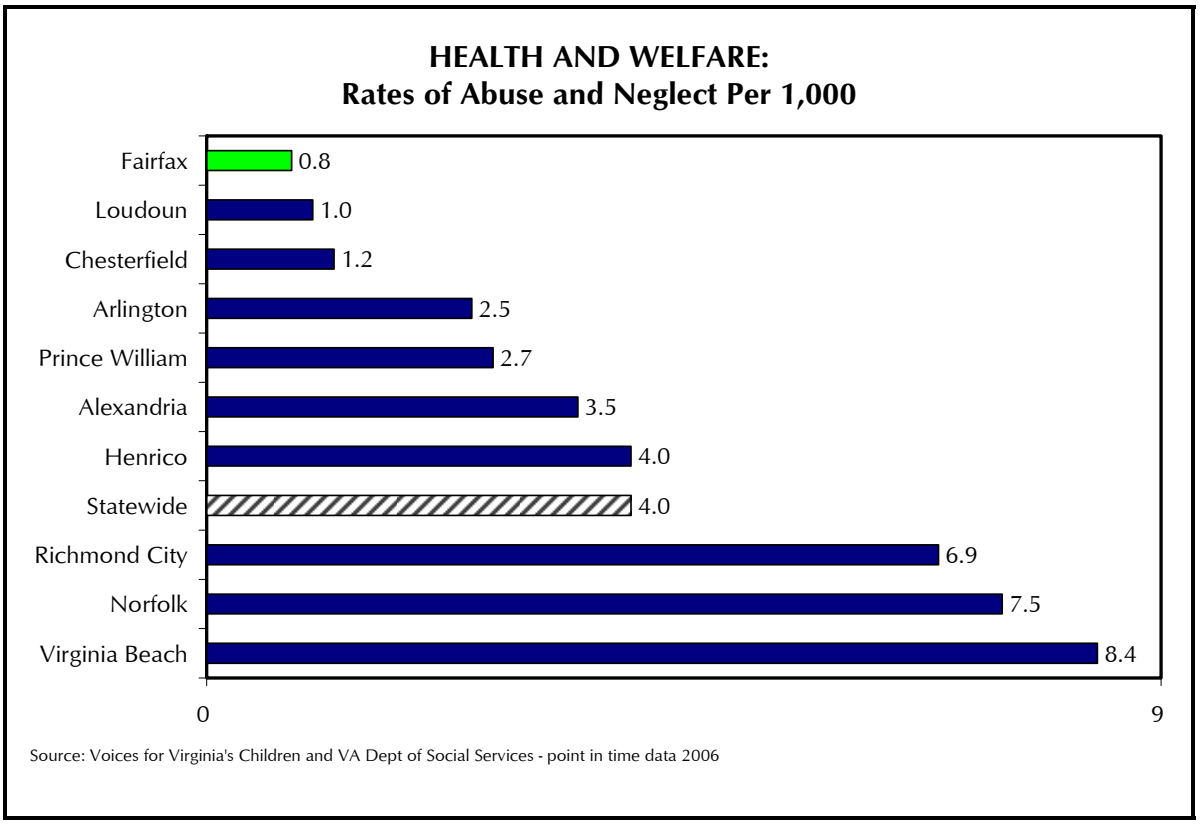

HEALTH AND WELFARE:
Percent Timely Food Stamp Application Processing
Loudoun 99.5%
Henrico 99.4%
Chesterfield 99.3%
Alexandria 99.1%
Prince William 98.5%
Statewide 98.5%
Norfolk 98.4%
Arlington 98.3%
Fairfax 98.2%
Virginia Beach 98.0%
Richmond City 96.7%
0%
100%
Source: Virginia Department of Social Services Food Stamp Application Tracking System (FY 2007)

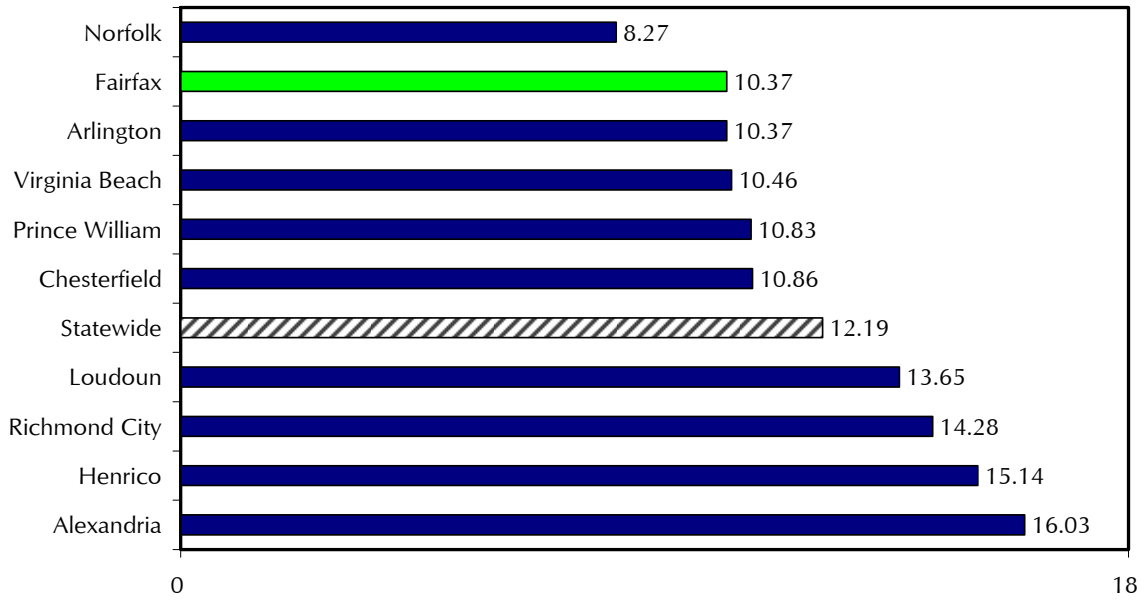

HEALTH AND WELFARE:
Food Stamp Payment Error Rate
Chesterfield 2.39%
Prince William 3.52%
Richmond City 3.99%
Norfolk 6.25%
Statewide 6.63%
Loudoun 7.28%
Virginia Beach 7.65%
Fairfax 19.73%
Alexandria 29.04%
Arlington 30.80%
0%
35%
Source: Virginia Department of Social Services Quality Management Performance Indicators (October 2005-September 2006)


HEALTH AND WELFARE:
Percent VIEW Work Activity Participation
Norfolk 84%
Arlington 81%
Fairfax 80%
Alexandria 75%
Prince William 75%
Virginia Beach 75%
Statewide 72%
Chesterfield 71%
Loudoun 70%
Richmond City 69%
Henrico 64%
0%
100%
Source: Virginia Department of Social Services Virginia Independence Program Monthly Reports (FY 2007 Data)
VIEW = Virginia Initiative for Employment not Welfare


HEALTH AND WELFARE:
Percent VIEW Job Retention
Loudoun 79.13%
Chesterfield 78.01%
Prince William 77.57%
Alexandria 75.76%
Fairfax 75.20%
Norfolk 74.88%
Arlington 74.63%
Henrico 73.83%
Statewide 70.15%
Richmond City 67.04%
Virginia Beach 66.75%
0%
100%
Source: Virginia Department of Social Services Quality Management Performance Indicators (FY 2007)
VIEW = Virginia Initiative for Employment not Welfare


HEALTH AND WELFARE:
Children in Foster Care - Rate Per 1,000 Youth (Ages 0-19)
Loudoun 0.65
Prince William 1.27
Fairfax 1.64
Chesterfield 1.86
Henrico 2.39
Virginia Beach 2.92
Statewide 3.89
Arlington 4.65
Norfolk 4.88
Alexandria 8.26
Richmond City 10.52
0
12
Source: Voices for Virginia's Children and Virginia Department of Social Services - point in time data 2006


HEALTH AND WELFARE:
Rates of Abuse and Neglect Per 1,000
Fairfax 0.8
Loudoun 1.0
Chesterfield 1.2
Arlington 2.5
Prince William 2.7
Alexandria 3.5
Henrico 4.0
Statewide 4.0
Richmond City 6.9
Norfolk 7.5
Virginia Beach 8.4
0
9
Source: Voices for Virginia's Children and VA Dept of Social Services - point in time data 2006



Source: Virginia Department of Social Services Foster Care Reports Children Demographic June 2007