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 four 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 2007 Advertised 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

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. As the price of housing continues to increase, people who lack the necessary job skills for moderate to high paying jobs are left further and further behind. 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. 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, 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.

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.

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 Assessment Action 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 Department of Health and the Department of Family Services (DFS), as well as three nonprofit agencies – United Community Ministries, Northern Virginia Family Service, and Reston Interfaith. The Health Department has also begun targeted testing for individuals at high risk of developing tuberculosis (TB) to ensure that those who test positive receive the proper treatment to prevent a TB outbreak.

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 leverage strengths and resources through partnerships that focus on the public sector's role in facilitating the success of non-profit and faith-based organizations. To better serve the community, DFS opened two Family Resource Centers that provide on-site programs geared toward strengthening families and the community. Another effort to better serve the community is the creation of a team that involves multiple agencies, including DFS and the Health Department, and community organizations to provide education, outreach and early intervention services on HIV/AIDS. 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 recent opening of 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.

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. Also, in FY 2007 DFS will open four additional School-Age Child Care (SACC) rooms and will increase the capacity of the Child Care Assistance and Referral (CCAR) program.

Health and Welfare Program Area Summary

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 has directed a new interagency IT planning team toward cross-agency initiatives that achieve economies of scale in IT procurement and facilitate long-range opportunities for system integration and data sharing. The Health Department will complete a countywide project to locate and digitally map all individual drinking water wells in FY 2007 and is continuing the mapping of alternative sewage disposal systems, food establishments, and swimming pools. This will allow for more efficient and rapid identification of sites to address problems, issues, outbreaks, or other significant public events. Finally, DFS plans to implement an electronic case management system in the Self-Sufficiency division to improve productivity.

Program Area Summary by Character

Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	2058/ 1935.36	2112/ 1981.22	2113/ 1983.12	2138/ 2005.11
Expenditures:				
Personnel Services	$97,874,179	$107,463,502	$107,463,502	$113,243,632
Operating Expenses	133,986,849	134,066,189	143,634,588	142,521,131
Capital Equipment	736,357	23,061	479,258	0
Subtotal	**$232,597,385**	**$241,552,752**	**$251,577,348**	**$255,764,763**
Less:				
Recovered Costs	($271,322)	($328,272)	($328,272)	($338,544)
Total Expenditures	**$232,326,063**	**$241,224,480**	**$251,249,076**	**$255,426,219**
Income	**$113,906,156**	**$111,115,471**	**$112,031,576**	**$114,766,055**
Net Cost to the County	**$118,419,907**	**$130,109,009**	**$139,217,500**	**$140,660,164**

Program Area Summary by Agency

Agency	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Department of Family Services	$178,102,469	$183,164,839	$190,022,478	$193,700,503
Department of Administration for Human Services	9,993,012	10,431,014	10,681,458	10,870,330
Department of Systems Management for Human Services	4,952,882	5,536,225	5,823,013	5,762,200
Health Department	39,277,700	42,092,402	44,722,127	45,093,186
Total Expenditures	**$232,326,063**	**$241,224,480**	**$251,249,076**	**$255,426,219**

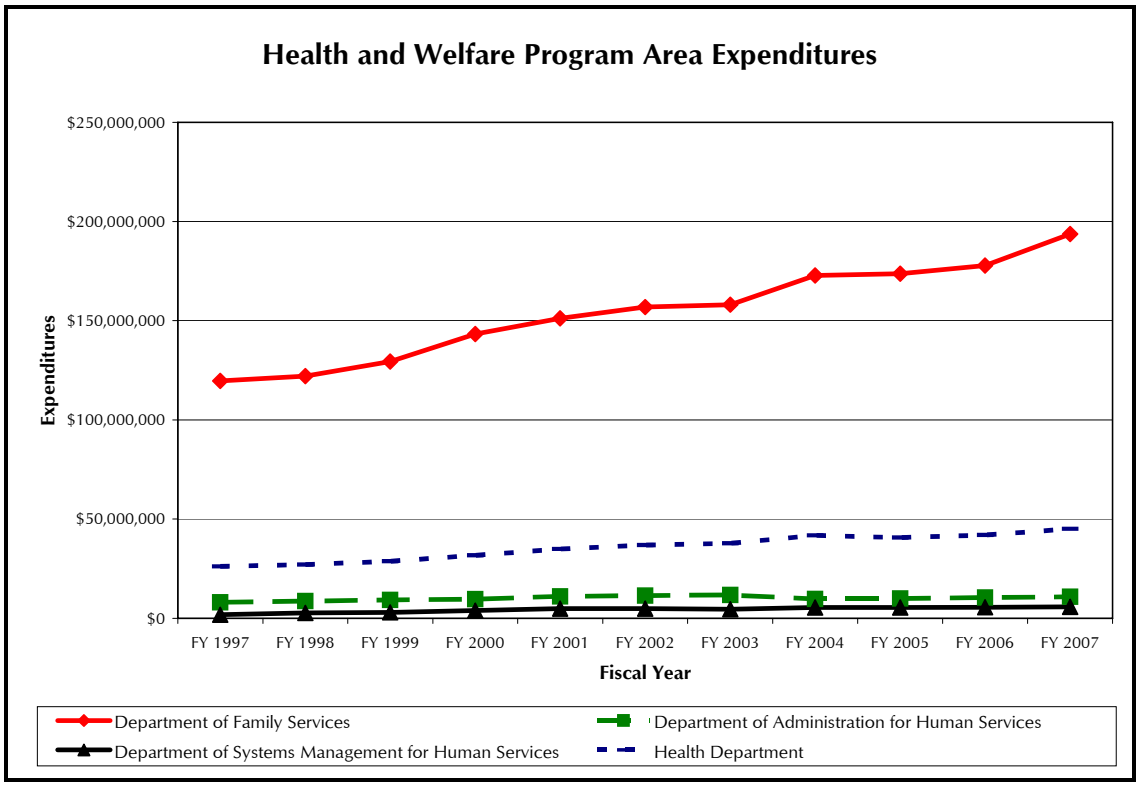
Budget Trends

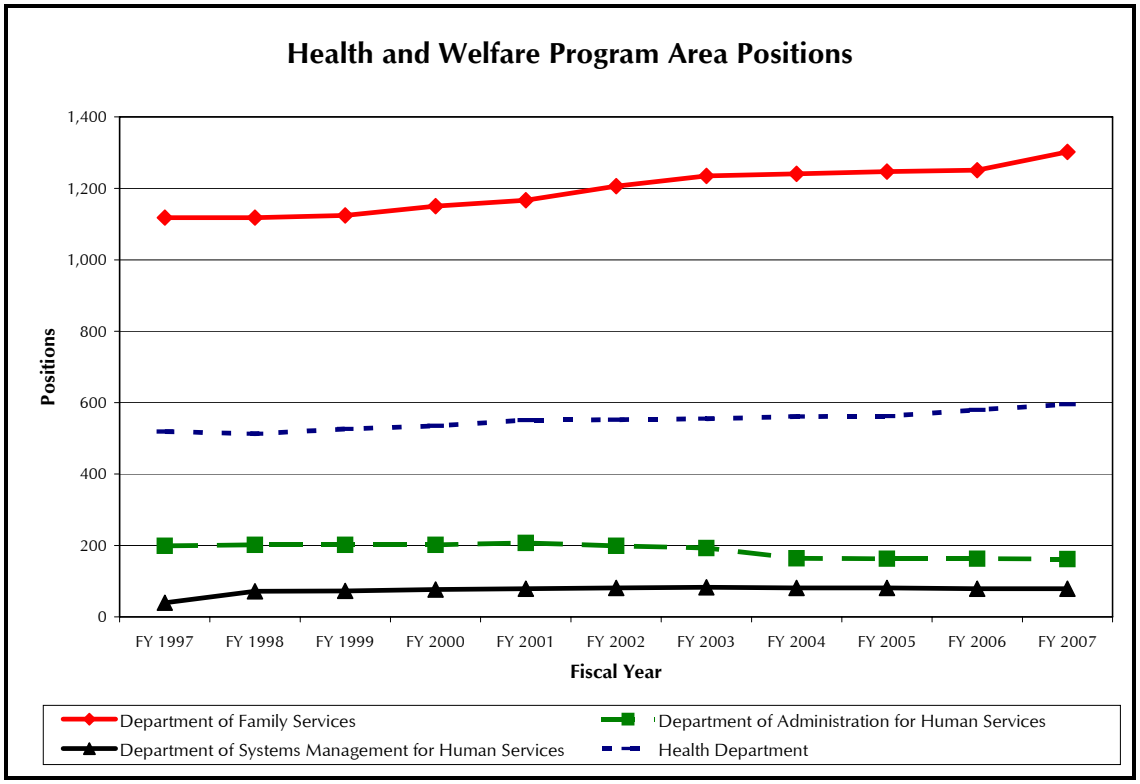
For FY 2007, the recommended funding level of $255,426,219 for the Health and Welfare Program Area comprises 21.9 percent of the total recommended General Fund direct expenditures of $1,166,552,092. This program area also includes 3,117 positions (2,138 positions supported by General Fund agencies and 979 positions supported by Fund 106, Fairfax-Falls Church Community Services Board) or 26.2 percent of total authorized positions for FY 2007.

In FY 2007, the Health Department received 13 new General Fund positions. Of this total, two positions are for additional Nurse Practitioners who serve the medically fragile homeless population in the County's homeless shelters, four positions are associated with the Medical Reserve Corps, bioterrorism preparedness, and communicable disease prevention, two positions will reestablish a chemical hazard response capability within the Health Department, and one position which will allow the agency to more effectively perform management analysis activities. An additional four positions will support school health services associated with the opening of West Fairfax Elementary School and increased enrollment at Westfield High School. The Department of Family Services received 12 new positions associated with the opening of four additional School-Age Child Care (SACC) rooms, two at Oak Hill Elementary School and two at the new West Fairfax Elementary School.

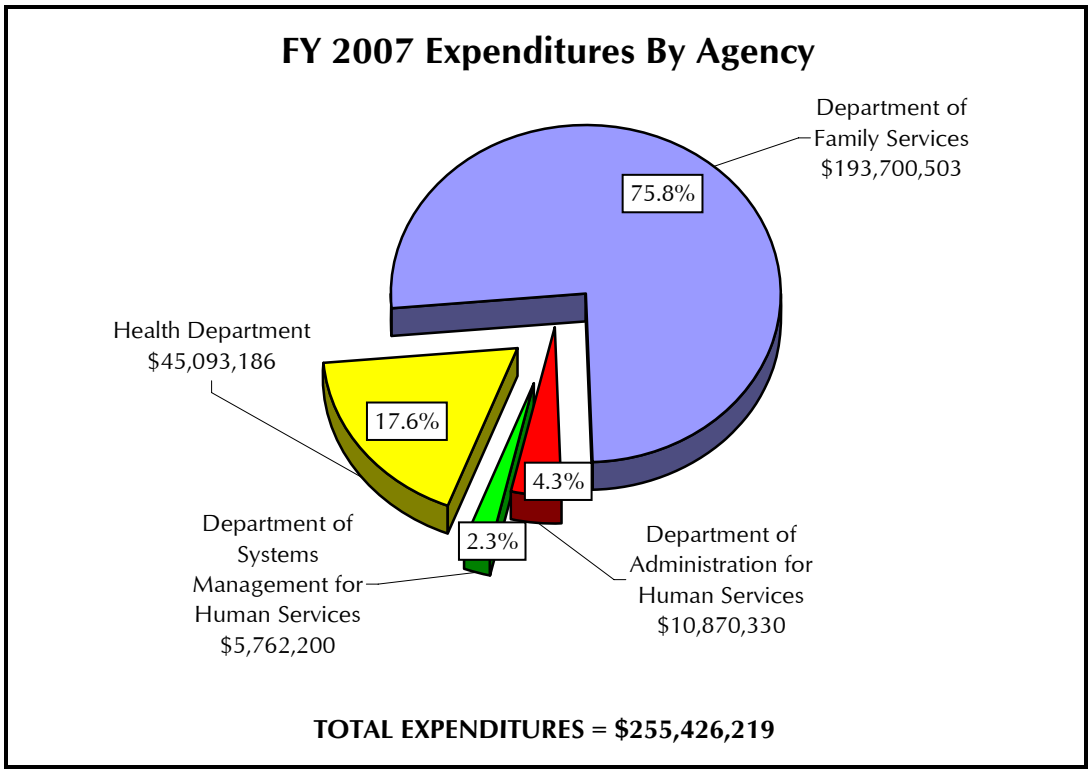
Overall, funding for the General Fund agencies within the Health and Welfare Program Area is increasing from the *FY 2006 Revised Budget Plan* by $4,177,143 or 1.7 percent to $255,426,219 in FY 2007. This increase is partially due to increased funding for the Child Care Assistance and Referral (CCAR) program; Operating Expenses and start-up costs for the Katherine K. Hanley Family Shelter; additional SACC classrooms; various contract rate adjustments in the Department of Family Services; funding for new positions; and a contractual arrangement for late stage Alzheimer's care in the Health Department. These increases are partially offset by a decrease due to the carryover of FY 2005 funding for encumbered supplies and equipment by all agencies in this program area. Over 44 percent of expenditures in this 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 30 percent of the FY 2007 budget is offset by non-County revenues such as fees and state reimbursements; while, in DFS, approximately 52 percent of the budget is offset by non-County revenues such as fees and federal pass-through money.

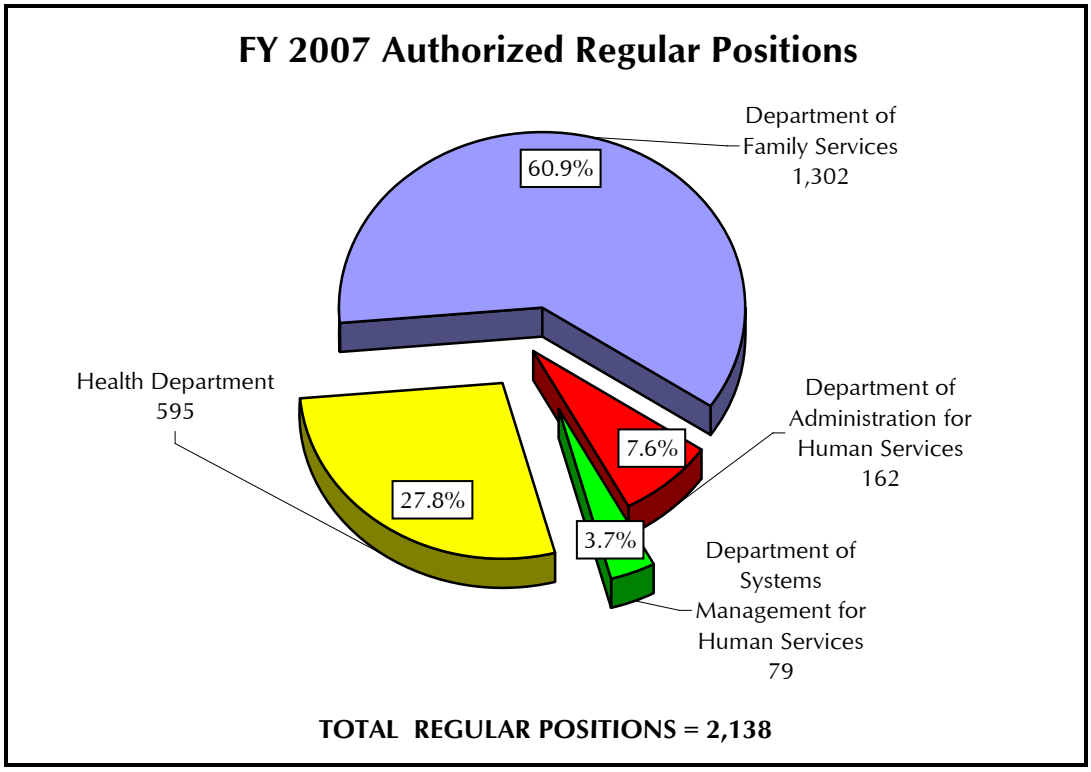
Trends in Expenditures and Positions





FY 2007 Expenditures and Positions by Agency



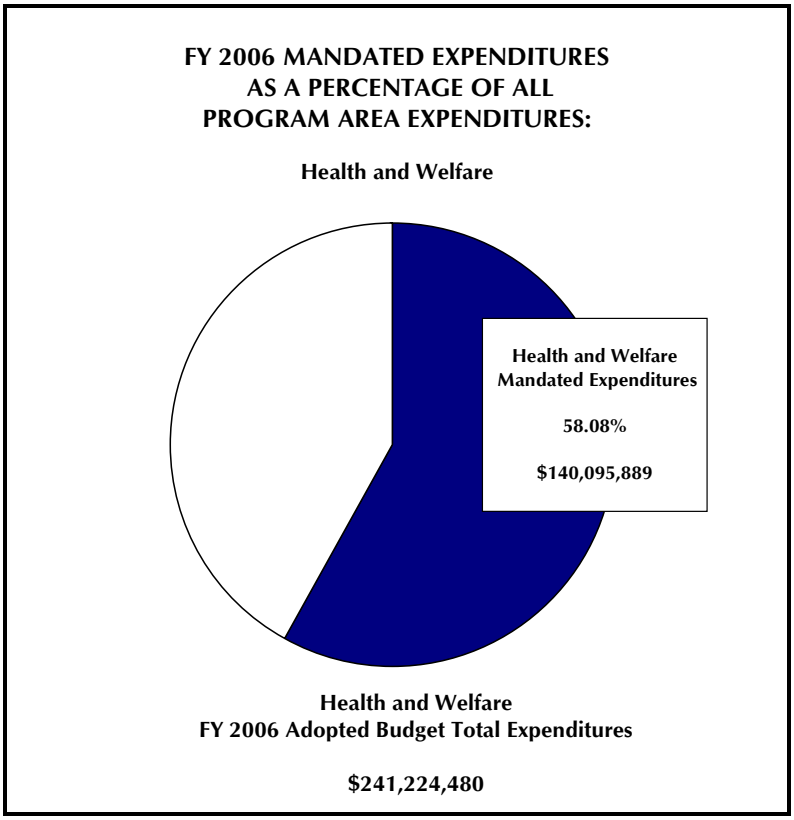


Federal and State Mandates

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 2006, the agencies in this program area anticipated spending $140.1 million to comply with federal and state mandates, receiving $77.9 million in revenue (to include federal, state, user fee/other revenue), for a net cost to the County of $62.2 million.



Benchmarking

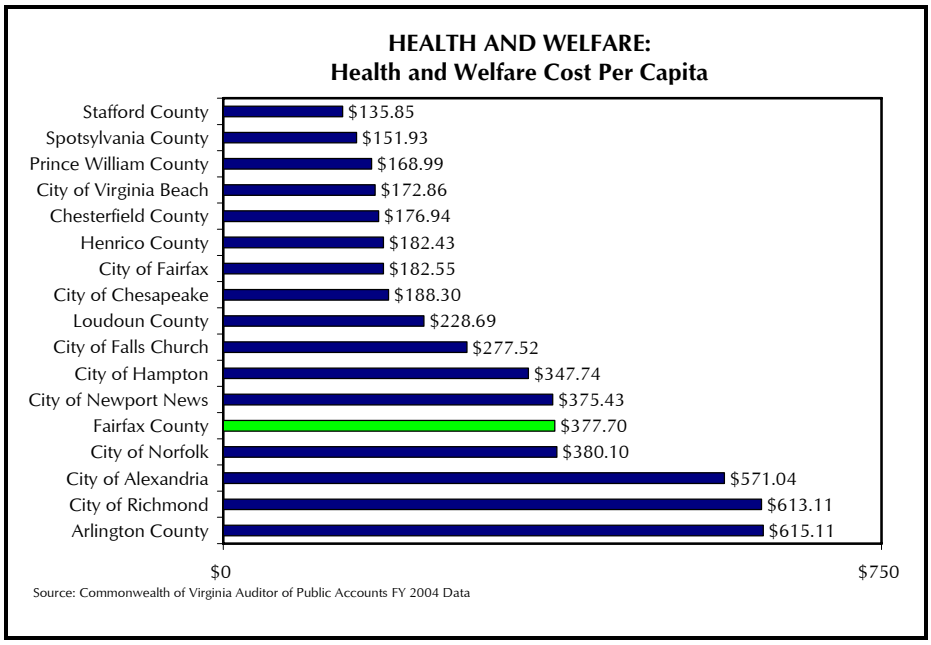
Comparative performance information for the Health and Welfare Program Area comes from a variety of sources. This is in fact, one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected for them. Data included for this program area were obtained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

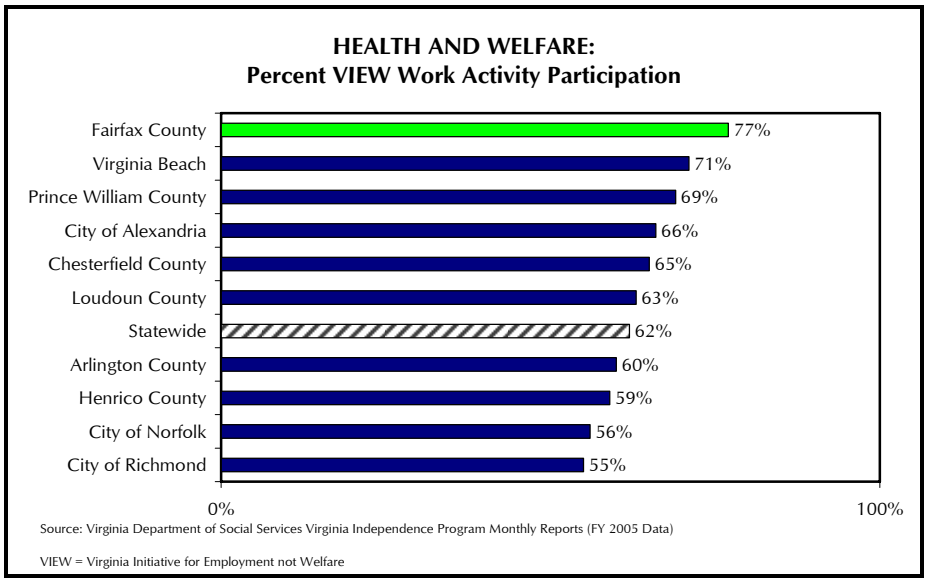
The APA collects financial data annually from all Virginia jurisdictions. Due to the timeframe involved in collecting and verifying the data, FY 2004 represents the most recent year for which data are available. As seen below, Fairfax County's cost per capita for Health and Welfare is fairly competitive with other similar jurisdictions in the state, but also indicates the high level of local support for these programs and reflects the increasing degree of urbanization that brings its own challenges in terms of human service needs.

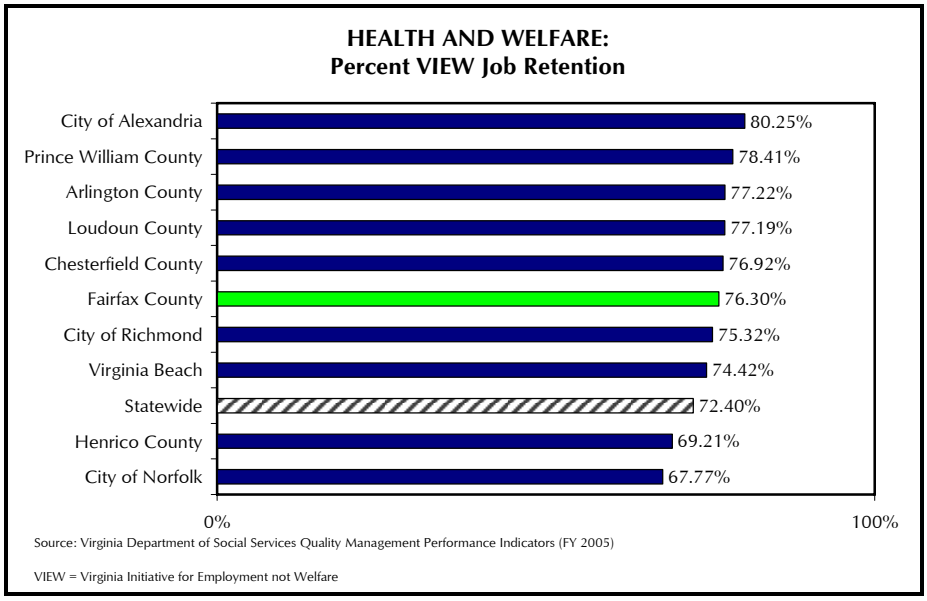
Another source included is the Virginia Department of Social Services which collects comparative data for various programs including VIEW (Virginia Initiative for Employment not Welfare) and the Food Stamps program. Fairfax County data are presented in comparison to other larger jurisdictions in the state and show a relatively high level of performance.

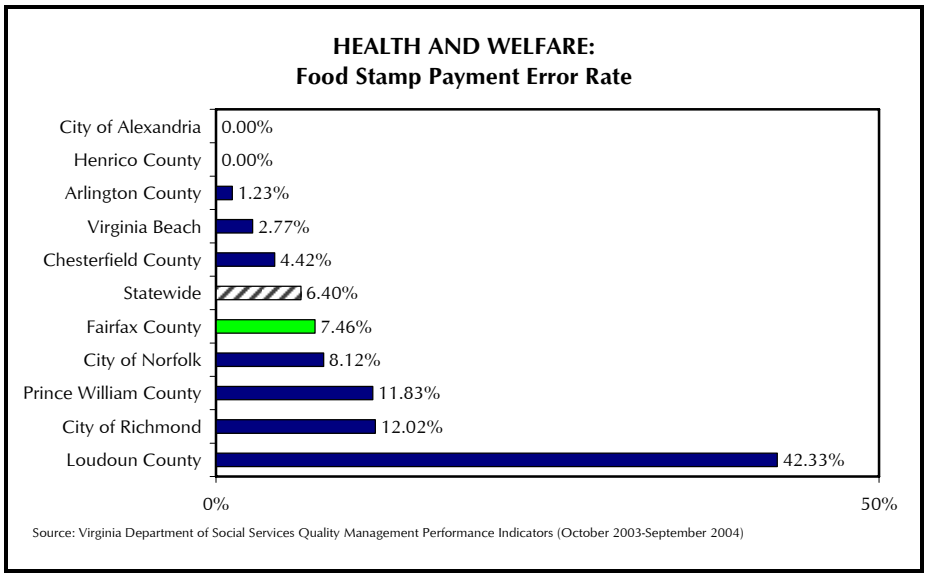
The County also participates in ICMA's benchmarking effort where data for 15 service areas including police, fire/EMS, parks/recreation, libraries, code enforcement, refuse collection/recycling, housing, facilities, fleet, risk management, human resources, information technology, purchasing, youth services, and roads/highways are collected and compared. Since Fairfax County does not have major responsibility for roads/highways – a state responsibility – the County does not complete that template. Among the 14 others completed however, is the youth services template for which data on child care slots filled are included here. Unfortunately very few jurisdictions complete that template. For FY 2004, only 19 cities and counties provided data for this template and not all are able to answer every question. The graph of ICMA data shows how Fairfax County compares to other large jurisdictions (population over 500,000), as well as Prince William County, Virginia on the issue of subsidized childcare slots filled. As a result of the time for the submission and data cleaning processes, information is always available with a one-year delay. FY 2004 data represent the latest available information.

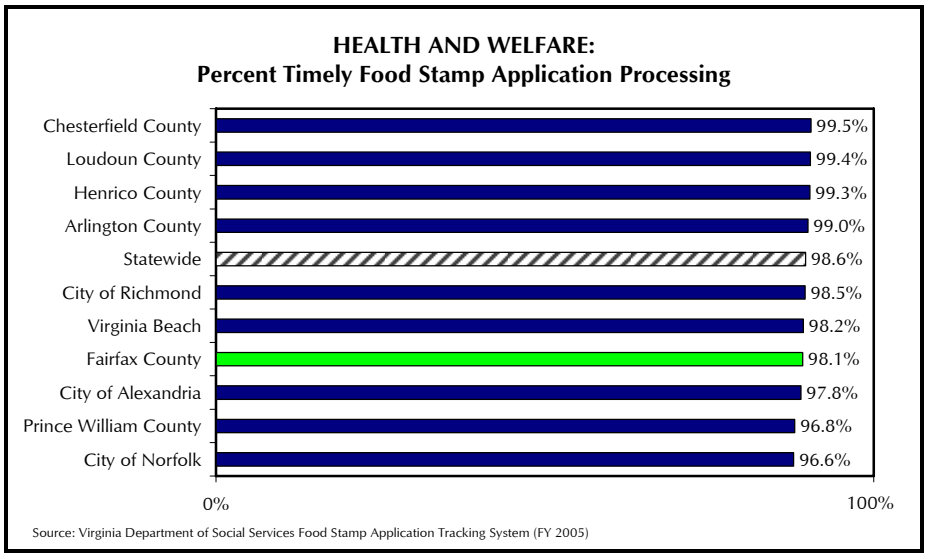
Lastly, data provided by the Virginia Department of Health are included to show how Fairfax County compares to other large jurisdictions in the state, as well as the statewide average in the areas of teen pregnancy rate, low birthweight, and infant mortality. Again, due to the timeframe for collecting and verifying data, 2004 represents the most recent year for these statistics.

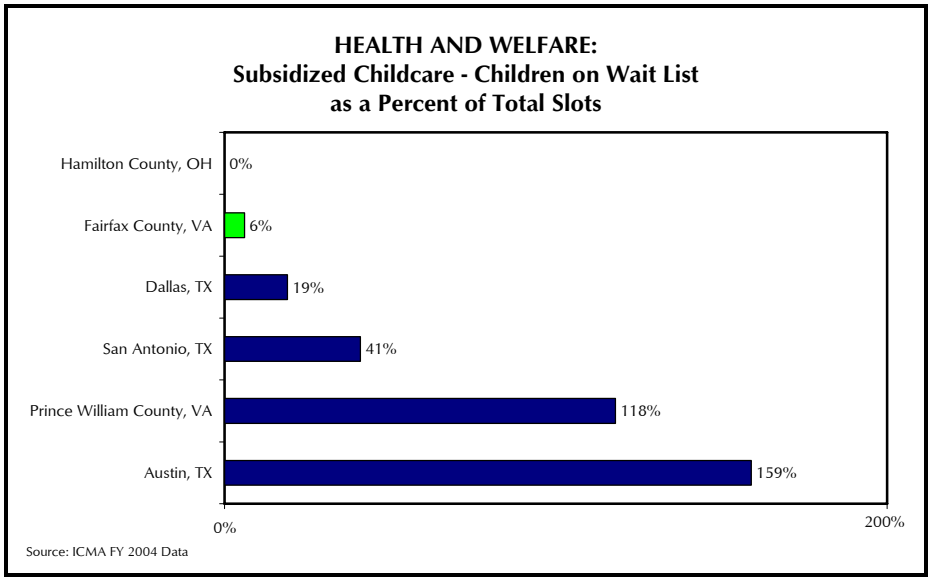


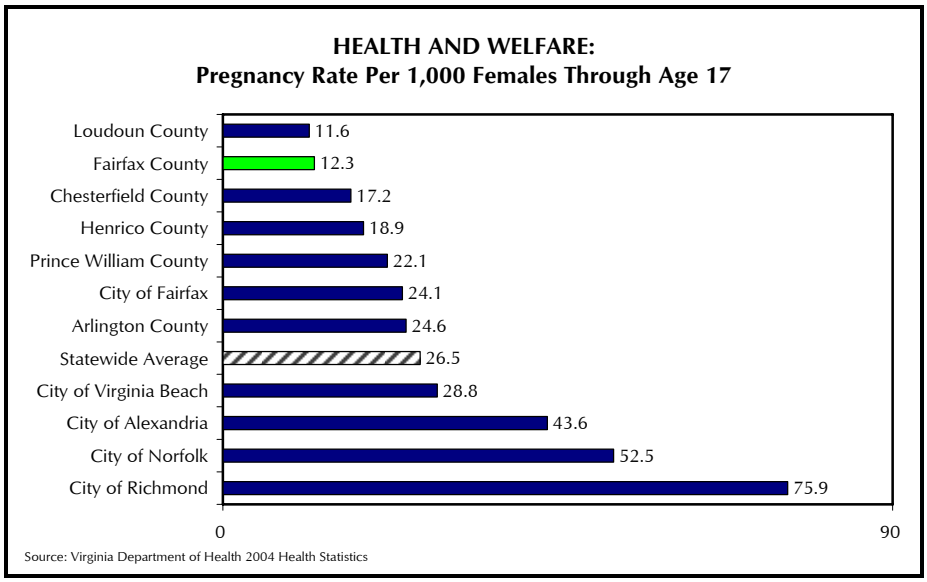

HEALTH AND WELFARE:
Percent VIEW Work Activity Participation
Fairfax County 77%
Virginia Beach 71%
Prince William County 69%
City of Alexandria 66%
Chesterfield County 65%
Loudoun County 63%
Statewide 62%
Arlington County 60%
Henrico County 59%
City of Norfolk 56%
City of Richmond 55%
0%
100%
Source: Virginia Department of Social Services Virginia Independence Program Monthly Reports (FY 2005 Data)
VIEW = Virginia Initiative for Employment not Welfare

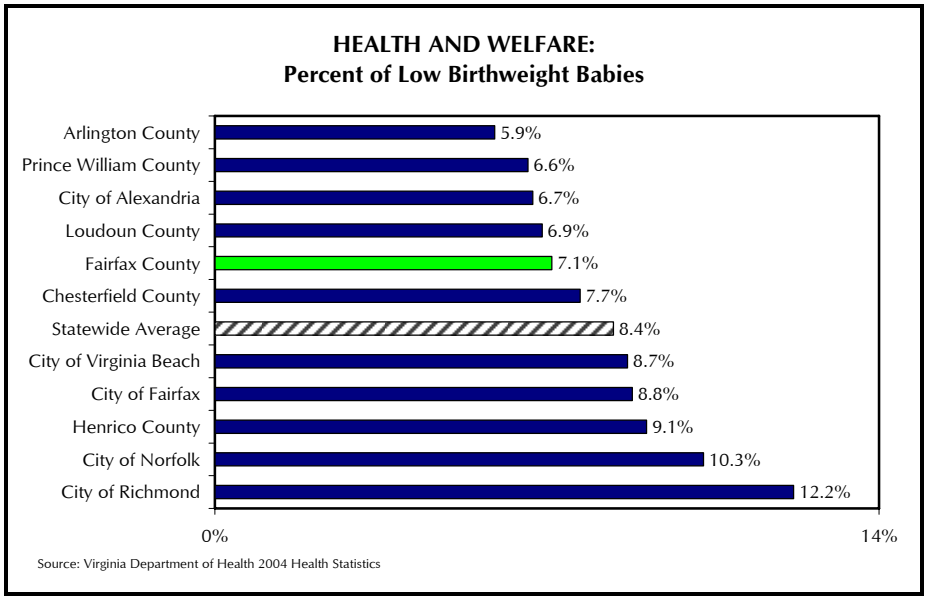

HEALTH AND WELFARE:
Percent VIEW Job Retention
City of Alexandria 80.25%
Prince William County 78.41%
Arlington County 77.22%
Loudoun County 77.19%
Chesterfield County 76.92%
Fairfax County 76.30%
City of Richmond 75.32%
Virginia Beach 74.42%
Statewide 72.40%
Henrico County 69.21%
City of Norfolk 67.77%
0%
100%
Source: Virginia Department of Social Services Quality Management Performance Indicators (FY 2005)
VIEW = Virginia Initiative for Employment not Welfare

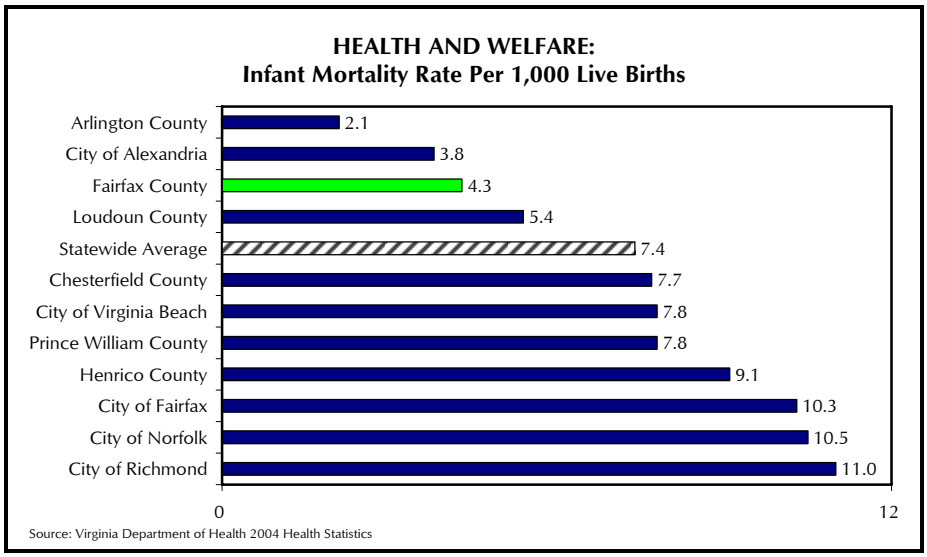

HEALTH AND WELFARE:
Food Stamp Payment Error Rate
City of Alexandria 0.00%
Henrico County 0.00%
Arlington County 1.23%
Virginia Beach 2.77%
Chesterfield County 4.42%
Statewide 6.40%
Fairfax County 7.46%
City of Norfolk 8.12%
Prince William County 11.83%
City of Richmond 12.02%
Loudoun County 42.33%
0%
50%
Source: Virginia Department of Social Services Quality Management Performance Indicators (October 2003-September 2004)


HEALTH AND WELFARE:
Percent Timely Food Stamp Application Processing
Chesterfield County 99.5%
Loudoun County 99.4%
Henrico County 99.3%
Arlington County 99.0%
Statewide 98.6%
City of Richmond 98.5%
Virginia Beach 98.2%
Fairfax County 98.1%
City of Alexandria 97.8%
Prince William County 96.8%
City of Norfolk 96.6%
0%
100%
Source: Virginia Department of Social Services Food Stamp Application Tracking System (FY 2005)


HEALTH AND WELFARE:
Subsidized Childcare - Children on Wait List
as a Percent of Total Slots
Hamilton County, OH 0%
Fairfax County, VA 6%
Dallas, TX 19%
San Antonio, TX 41%
Prince William County, VA 118%
Austin, TX 159%
0%
200%
Source: ICMA FY 2004 Data


HEALTH AND WELFARE:
Pregnancy Rate Per 1,000 Females Through Age 17
Loudoun County 11.6
Fairfax County 12.3
Chesterfield County 17.2
Henrico County 18.9
Prince William County 22.1
City of Fairfax 24.1
Arlington County 24.6
Statewide Average 26.5
City of Virginia Beach 28.8
City of Alexandria 43.6
City of Norfolk 52.5
City of Richmond 75.9
0
90
Source: Virginia Department of Health 2004 Health Statistics


HEALTH AND WELFARE:
Percent of Low Birthweight Babies
Arlington County 5.9%
Prince William County 6.6%
City of Alexandria 6.7%
Loudoun County 6.9%
Fairfax County 7.1%
Chesterfield County 7.7%
Statewide Average 8.4%
City of Virginia Beach 8.7%
City of Fairfax 8.8%
Henrico County 9.1%
City of Norfolk 10.3%
City of Richmond 12.2%
0%
14%
Source: Virginia Department of Health 2004 Health Statistics


HEALTH AND WELFARE:
Infant Mortality Rate Per 1,000 Live Births
Arlington County 2.1
City of Alexandria 3.8
Fairfax County 4.3
Loudoun County 5.4
Statewide Average 7.4
Chesterfield County 7.7
City of Virginia Beach 7.8
Prince William County 7.8
Henrico County 9.1
City of Fairfax 10.3
City of Norfolk 10.5
City of Richmond 11.0
0
12
Source: Virginia Department of Health 2004 Health Statistics