Health and Welfare Program Area Summary

Overview

As part of a major consolidation initiative to maximize operational efficiencies, redesign access and delivery of services, and strengthen neighborhood and community capacity, the FY 2011 Adopted Budget Plan includes the Board of Supervisors' approval of the merger of Agency 50, Department of Community and Recreation Services (CRS), and Agency 69, Department of Systems Management for Human Services (DSMHS), into a new department, Agency 79, Department of Neighborhood and Community Services (DNCS). CRS was previously displayed in the Community Development program area.

The Health and Welfare program area consists of five agencies – Agency 67, Department of Family Services (DFS), Agency 68, Department of Administration for Human Services (DAHS), Agency 71, Health Department, Agency 73, Office to Prevent and End Homelessness (OPEH), and the DNCS. 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 five agencies, there are others that comprise the Fairfax County Human Services System. They are the Agency 81, Juvenile and Domestic Relations District Court (Public Safety Program Area), Agency 38, 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 2011 Adopted Budget Plan, including Fund 106, Fairfax-Falls Church Community Services Board. 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

DFS is the largest of the County's human services agencies, with employees deployed in regional offices and community sites throughout the County. DFS programs and services are provided through its four divisions – Self-Sufficiency; Adult and Aging; Children, Youth and Families; and Child Care – as well as through the department's other components including the Office for Women and Domestic and Sexual Violence Services, the Comprehensive Services Act, and Disability Services Planning and Development. 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 the recent and dramatic economic decline. Demand for public assistance, which had been increasing steadily since 2001, is approaching a caseload of 70,000, which represents more than a doubling since FY 2000. Traffic at DFS offices reached nearly 122,000 in FY 2009, more than 17 percent higher than that experienced in FY 2008. Similarly, the County's employment centers had nearly 54,000 visits in FY 2009, up nearly 20 percent over FY 2008. Additionally, job seekers were from a broader range of industries and had higher levels of education and experience than in the past, making it even more difficult for those with less experience and education to compete for the smaller pool of available jobs.

DAHS serves the community with quality administrative and management services. Since its formation in January 1995, DAHS has fulfilled its mission to provide the best administrative, consultative and management services for the County's human services departments and programs. The Human Services system directly serves over 100,000 individuals annually through the provision of social services, behavioral and primary health care, juvenile justice, affordable housing, and recreation services. Human services programs offered in the County affect almost everyone in the community. All of the department's work is achieved in collaboration with its customers. The department is focused on maintaining partnerships and maximizing

resources to sustain and grow programs where service demands require it. DAHS participates in interagency planning and supports efforts to integrate services wherever possible. Areas of top priority include improved strategies for children and youth services, improved opportunities for affordable housing, enhancement of the quality of life for seniors, improved access to health care, and preventing and ending homelessness.

DAHS focuses on preserving cross-system coordination functions and identifying continuous process improvement opportunities to ensure both *efficient* and *effective* administrative support. The County's human services system is very large, requiring more than $450 million in expenditures and 4,000 merit employees, while billing and collecting more than $170 million in revenues and reimbursements. More than 25,000 purchasing transactions and 160,000 invoices are processed. The value of contracts handled by the agency is approximately $170 million for multi-year services offered through an estimated 1,200 contractual agreements. DAHS oversees 373 facilities including 120 office and service sites and 253 residential program sites serving consumers throughout the county, and provides facility services support, emergency planning, and information services strategic planning to the human services system. All of this work is managed with a low administrative overhead rate of 2.0 percent.

The Health Department has five core functions upon which service activities are based: promoting and encouraging healthy behaviors, assuring the quality and accessibility of health services, responding to disasters and assisting communities in recovery; the prevention of epidemics and the spread of disease; and protecting the public against environmental hazards,. The nationally adopted *Healthy People 2010* objectives, scheduled to be released in FY 2011, will guide the goals for many of the Health Department's services and are reflected in several of its performance measures.

Due to a growing number of working poor/uninsured in Fairfax County, the demand for Health Department services continues to challenge the current capacity of the County's primary health care system. In FY 2009, the Community Health Care Network (CHCN) enrolled 20,418 patients, an increase of 20 percent over FY 2008's patient volume of 17,003. Tuberculosis screening, prevention and case management services increased by 14.7 percent, due to the County's large and growing immigrant population. Prenatal care service utilization remained high during FY 2009, with 2,880 clients served during 10,598 clinic visits. Among Health Department clients the low birth rate decreased from 5.7 to 4.7 percent per 1,000 births during FY 2009 and the County's overall infant mortality rate decreased from 5.4 percent in 2007 to 3.4 percent per 1,000 deaths in 2008, following the establishment of the Saving Babies Initiative in FY 2008. This program, a two year initiative, reinforced the importance of pre-conceptual and prenatal health care, identification of signs and symptoms associated with premature labor and the use of folic acid to improve birth outcomes. The West Nile virus, which is transmitted from infected mosquitoes to humans, continues to be a public health concern. The number of reported cases of Lyme disease, transmitted by infected deer ticks to humans, decreased slightly to 189 during calendar year 2008 compared to 207 cases in calendar year 2007. The department will continue its surveillance system, initiated to monitor the presence of ticks that carry human disease pathogens. It will also continue to educate the medical community and targeted populations regarding this disease.

The OPEH is tasked with providing day-to-day oversight and management to the Ten Year Plan to Prevent and End Homelessness in the Fairfax-Falls Church community and, beginning in FY 2011, the management and operation of many of the homeless services provided by the County. The Ten Year Plan to Prevent and End Homelessness (The Plan) was developed around the Housing First Concept which requires that individuals and families experiencing homelessness be placed in longer term residences as quickly as possible. In doing so, the support provided through social services and other interventions will achieve greater outcomes. The Plan is centered on creating a strong community partnership between government, business, faith and non-profit communities. The community partnership structure has five organizational elements.

In FY 2009, the emergency shelter program served 2,612 homeless people, 1,766 as single adults and 846 as members of families; while not absolute, these numbers represent a largely unduplicated count. The "family" population included 348 adults and 498 children in 259 households.

Beginning service in FY 2011 as a result of the consolidation of DSMHS and CRS, DNCS has three primary functions. The first is to serve the entire Human Service system by proactively meeting service delivery needs by identifying service delivery gaps and by seizing opportunities to realize gains and improvements in

efficiencies. Capacity building within Human Services is coordinated and led by the department but also involves all stakeholders both within County government and the community as a whole. Programs and approaches are continually developed, critically evaluated and assessed to ensure that needs and goals are being met. The second function is to deliver information and connect people, community organizations and human service professionals, to resources and services provided both within the department, and more broadly within the community. Access to services is provided across the spectrum of needs, and includes transportation to services and, in some cases, provides direct assistance. Finally, in partnership with various public-private community organizations, neighborhoods, businesses and other County agencies, the agency uses prevention and community building approaches to provide direct services for residents and communities throughout the County.

Strategic Direction

As part of the countywide focus on developing strategic plans during 2002-2003, the five 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. Fairfax County's population mirrors the national trend in that it is growing older. By 2020, it is projected that there will be 138,600 persons age 65 and older living in Fairfax County, representing 11.6 percent of the County's total population. 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.

With the national and local economy experiencing a downturn, many residents 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.

Health and Welfare Program Area Summary

Program Area Summary by Character

Category	FY 2009 Actual	FY 2010 Adopted Budget Plan	FY 2010 Revised Budget Plan	FY 2011 Advertised Budget Plan	FY 2011 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	2163/ 2032.54	2137/ 2006.29	2140/ 2009.29	2254/ 2122.56	2254/ 2122.56
Expenditures:					
Personnel Services	$117,346,068	$122,180,045	$121,061,547	$130,193,118	$130,239,928
Operating Expenses	144,768,832	129,962,732	147,202,349	148,622,848	148,622,848
Capital Equipment	201,013	0	421,724	0	0
Subtotal	**$262,315,913**	**$252,142,777**	**$268,685,620**	**$278,815,966**	**$278,862,776**
Less:					
Recovered Costs	($258,467)	($147,288)	($1,128,361)	($8,712,058)	($8,712,058)
Total Expenditures	**$262,057,446**	**$251,995,489**	**$267,557,259**	**$270,103,908**	**$270,150,718**
Income	**$123,124,869**	**$112,745,539**	**$115,904,225**	**$118,647,818**	**$118,609,818**
Net Cost to the County	**$138,932,577**	**$139,249,950**	**$151,653,034**	**$151,456,090**	**$151,540,900**

Program Area Summary by Agency

Agency	FY 2009 Actual	FY 2010 Adopted Budget Plan	FY 2010 Revised Budget Plan	FY 2011 Advertised Budget Plan	FY 2011 Adopted Budget Plan
Department of Family Services	$197,906,806	$188,459,731	$200,501,588	$176,837,229	$176,884,039
Department of Administration for Human Services	10,968,454	10,239,294	10,747,030	10,421,592	10,421,592
Department of Systems Management for Human Services	5,544,605	5,798,524	5,795,489	0	0
Health Department	47,421,046	47,188,900	50,158,466	48,289,031	48,289,031
Office to Prevent and End Homelessness	216,535	309,040	354,686	9,582,532	9,582,532
Department of Neighborhood and Community Services	0	0	0	24,973,524	24,973,524
Total Expenditures	**$262,057,446**	**$251,995,489**	**$267,557,259**	**$270,103,908**	**$270,150,718**

[1] As part of a major consolidation initiative to maximize operational efficiencies, redesign access and delivery of services, and strengthen neighborhood and community capacity, the FY 2011 Adopted Budget Plan includes the merger of Agency 50, Department of Community and Recreation Services (CRS), and Agency 69, Department of Systems Management for Human Services (DSMHS) into a new department, Agency 79, Department of Neighborhood and Community Services (DNCS). CRS was previously included in the Parks, Recreation and Libraries Program Area.

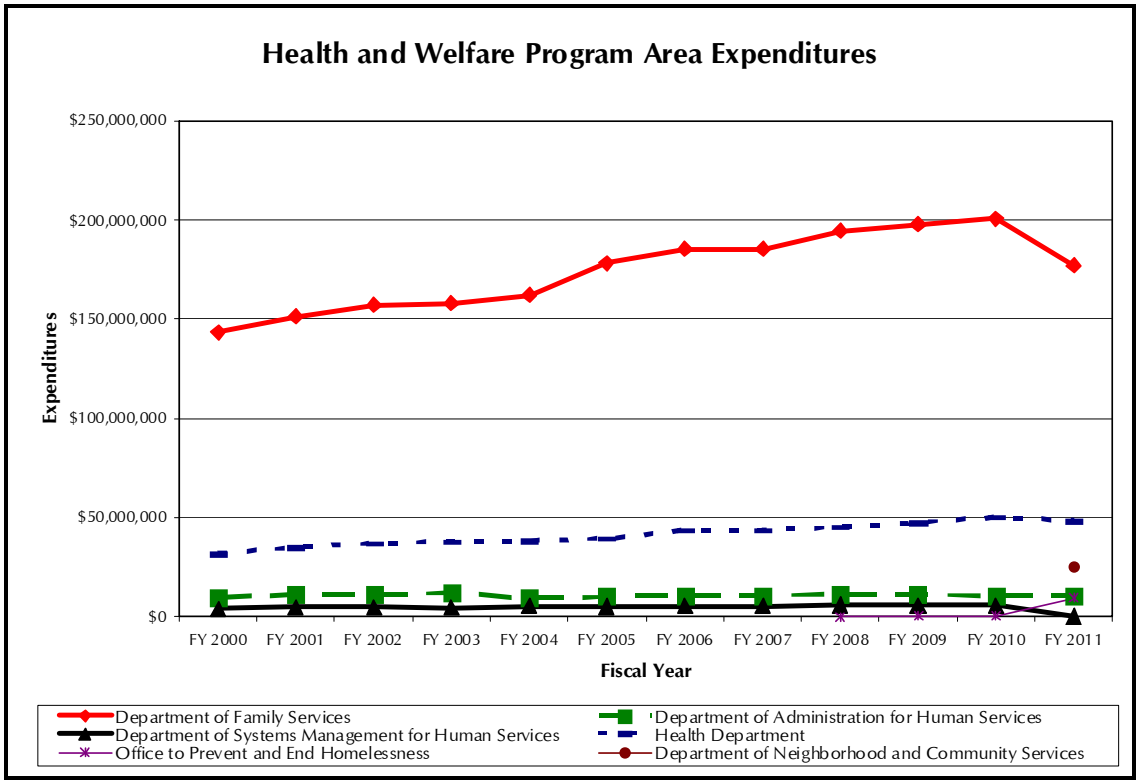
Budget Trends

The Health and Welfare program area includes 2,254 positions. Total positions for this program area have increased by 117/116.27 SYE positions over the FY 2010 Adopted Budget Plan. Position increases include: the consolidation of CRS with DSMHS adding a net 110/110.0 SYE positions to the Health and Welfare program area and the addition of 1/1.0 SYE position to serve the residents of the new Olley Glen senior apartments, scheduled to open in June 2010; the addition of 3/2.27 SYE positions within DFS associated with opening two new School-Age Child Care (SACC) rooms at Mount Eagle Elementary School and 1/1.0 SYE position from the position pool to support homeless services offset by the transfer of 2/2.0 SYE positions to OPEH to support the provision of homeless services; the transfer of 1/1.0 SYE position to OPEH from DNCS to support the provision of homeless services; the creation of 9/9.0 SYE new positions in the Health Department to strengthen its infrastructure through enhanced integration of local public health system assets; the creation of 1/1.0 SYE new Public Health Nurse position to support two new Fairfax County elementary

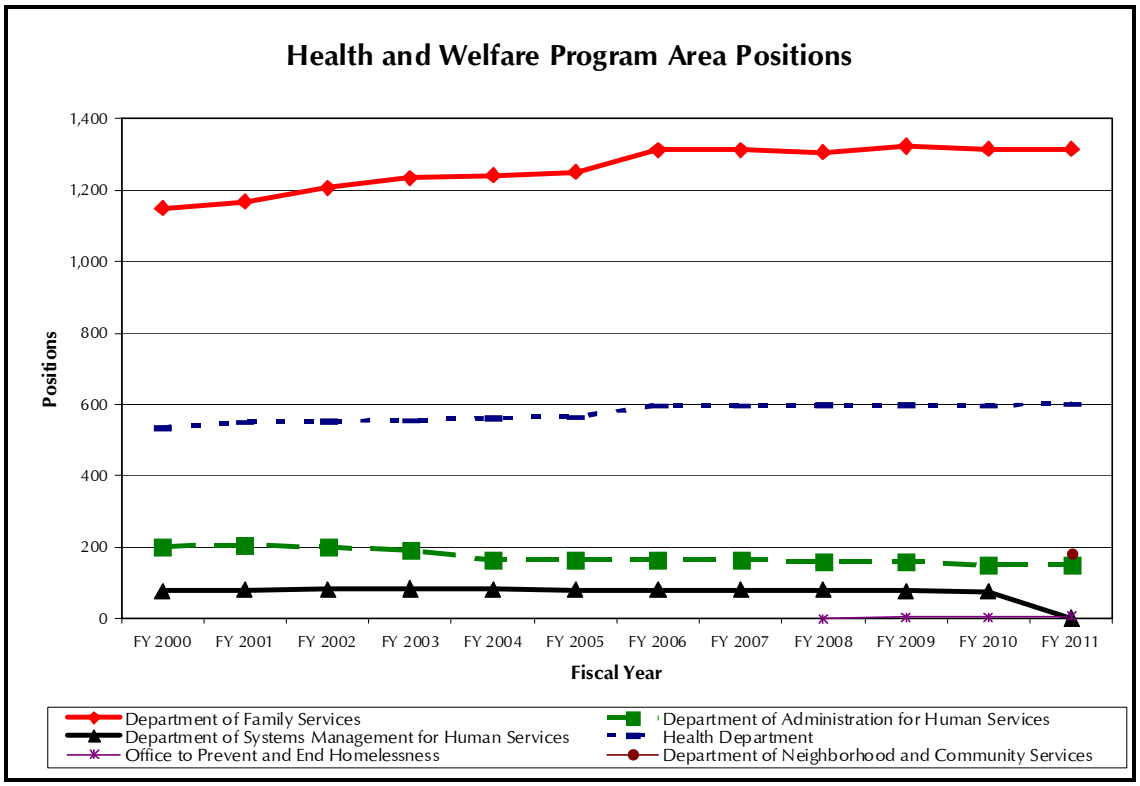
schools, Laurel Hill and Lutie Lewis Coates; and 2/2.0 SYE were transferred to DAHS from other agencies to align functional responsibilities for leasing contracts and physical resources. These position increases are offset by a decrease of 5/5.0 SYE Health Department positions and 5/5.0 SYE positions within DSMHS reflecting reductions utilized to balance the FY 2011 budget.

For FY 2011, the funding level of $270,150,718 for the Health and Welfare program area comprises 22.6 percent of the total General Fund direct expenditures of $1,193,609,511. FY 2011 funding for General Fund agencies within the Health and Welfare program area increased over the FY 2010 Adopted Budget Plan by $18,155,229. This funding increase of 7.2 percent is primarily associated with: the consolidation of CRS and DSMHS that resulted in the addition of CRS to the Health and Welfare program area from the Parks, Recreation and Libraries program area, $19.2 million; an increase in DFS funding of $1.5 million primarily for contract rate adjustments for the providers of mandated and non-mandated services and the opening of two new School-Age Child Care (SACC) rooms; an increase in Health Department funding of $1.7 million primarily to support Public Health Preparedness operations, school programs, contract increases and mandated nursing services to students who fall under the Individuals with Disabilities Act and $0.2 million in the DAHS primarily associated with positions transferred to the department at the *FY 2009 Carryover Review*; offset by Personnel Services reductions of $4.5 million in DFS and the Health Department to balance the FY 2011 budget. In addition, funding in the amount of $9.0 million was transferred from DFS to OPEH within the program area to support the provision of homeless services.

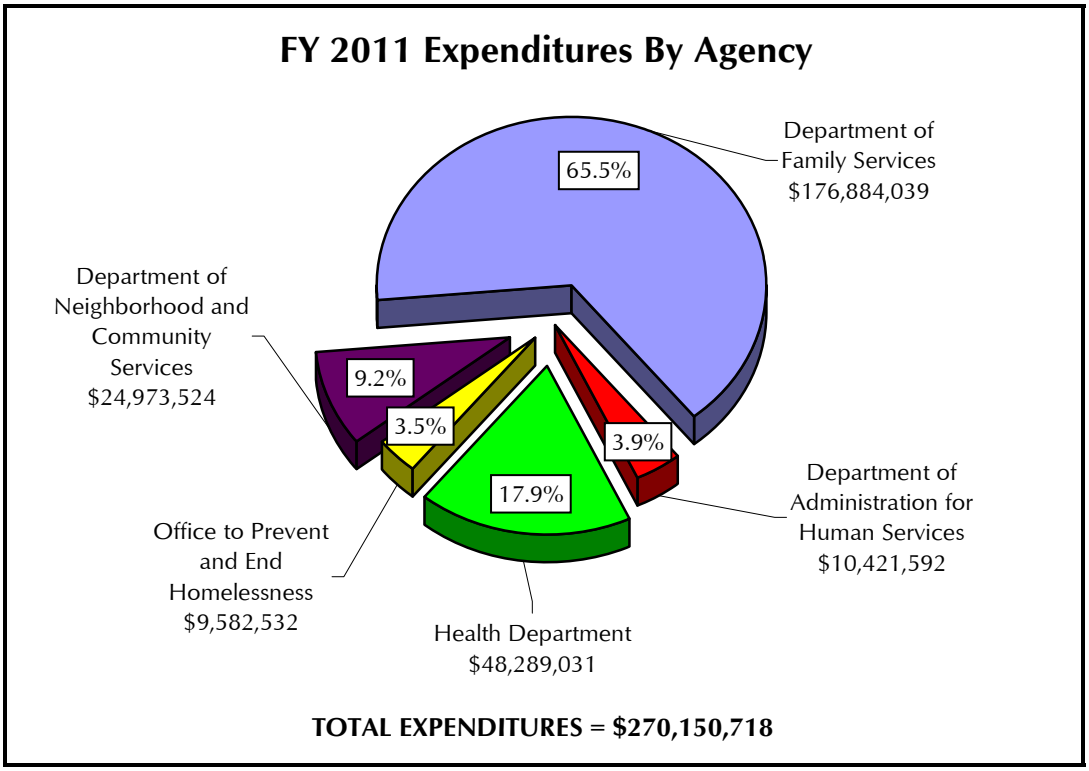
Trends in Expenditures and Positions

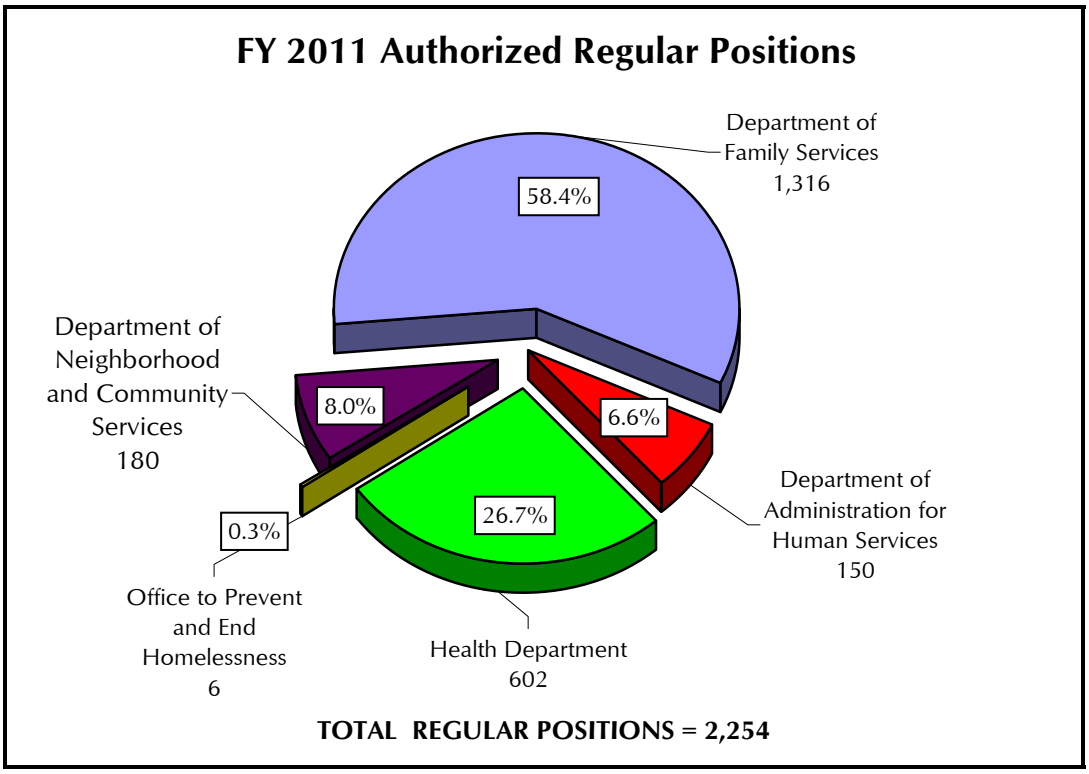


Health and Welfare Program Area Summary



FY 2011 Expenditures and Positions by Agency





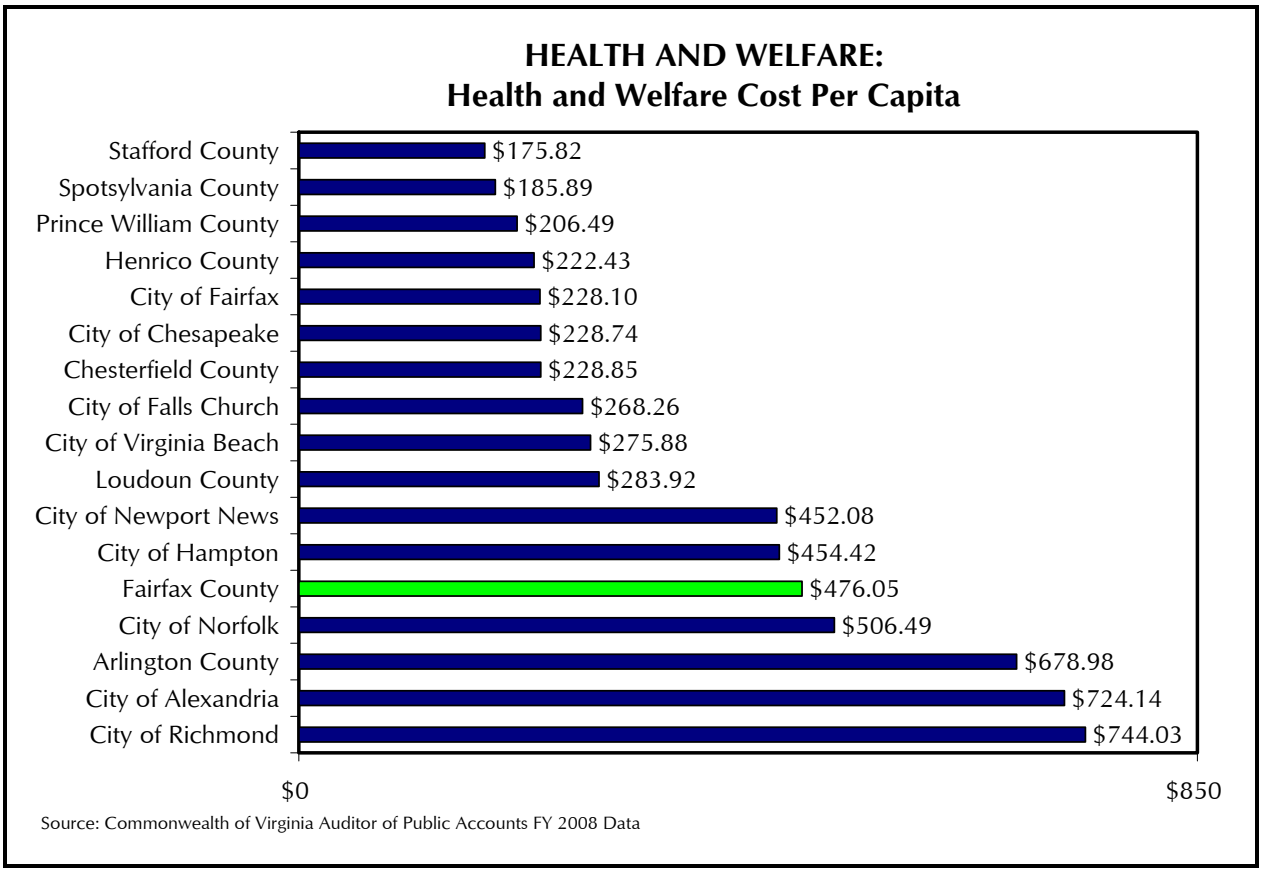
Benchmarking

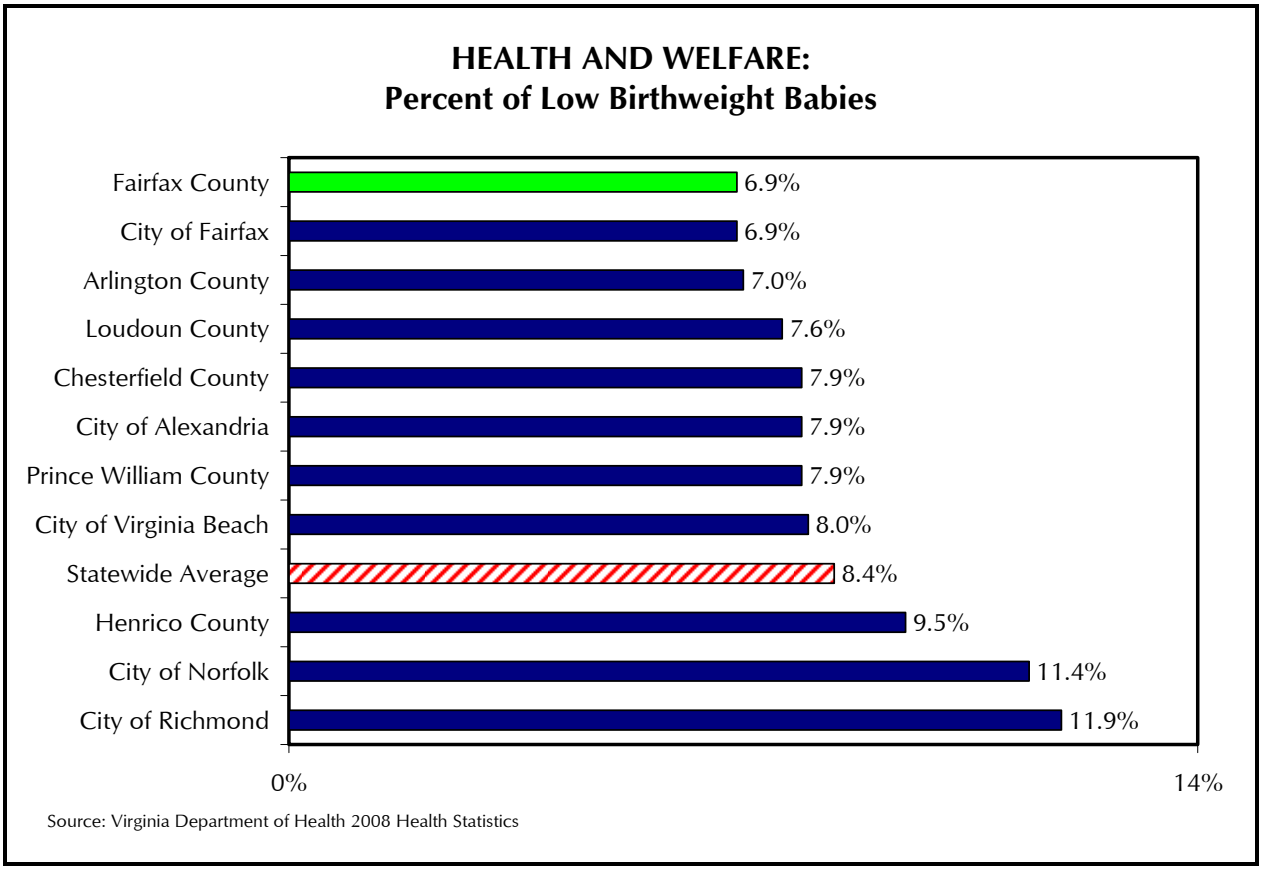
Comparative performance information for the Health and Welfare program area comes from a variety of sources. This is in fact, one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected for them. Data included for this program area were obtained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

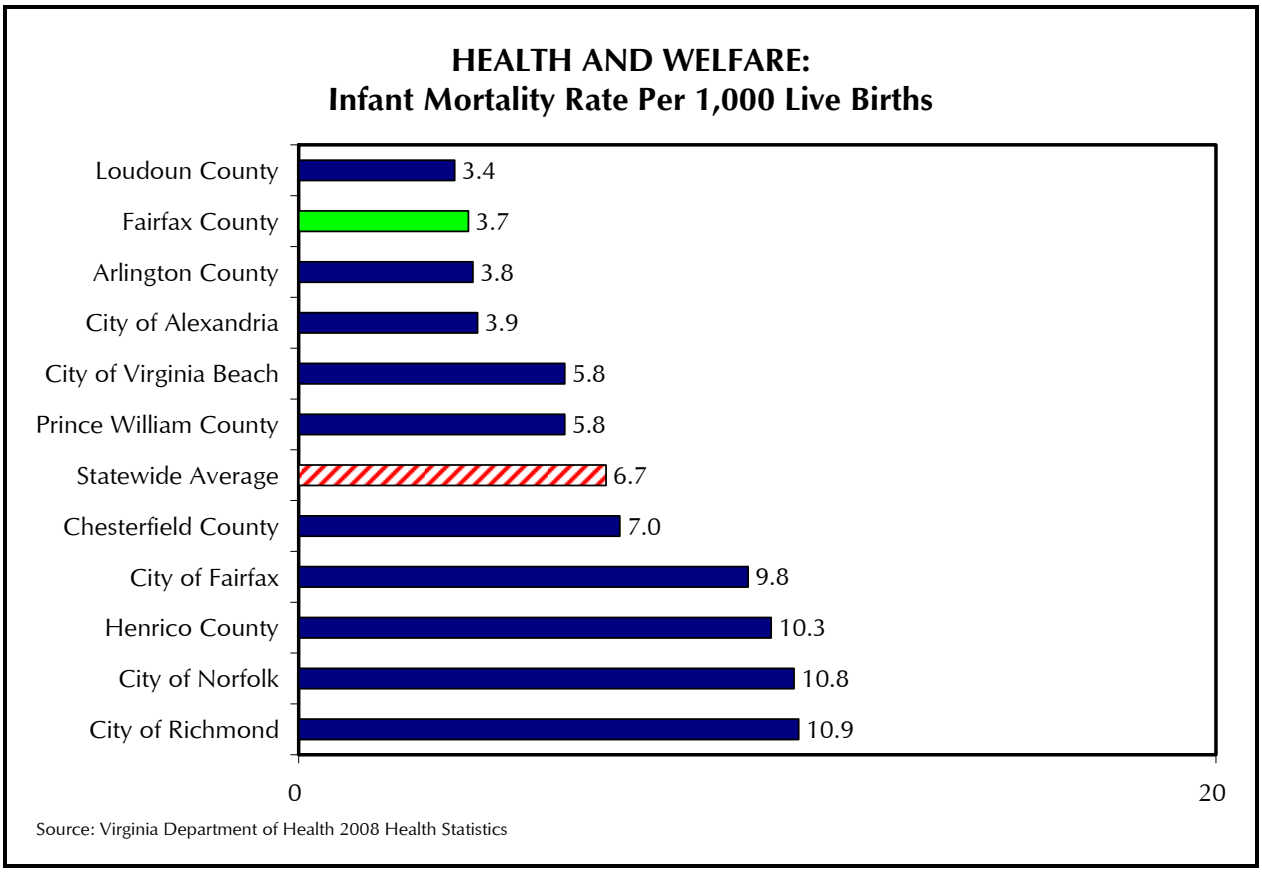
The APA collects financial data annually from all Virginia jurisdictions. As seen below, Fairfax County's cost per capita for Health and Welfare indicates the high level of local support for these programs and reflects the County's increasing urbanization that brings its own challenges in terms of human service needs. FY 2008 represents the most recent year for which data are available.

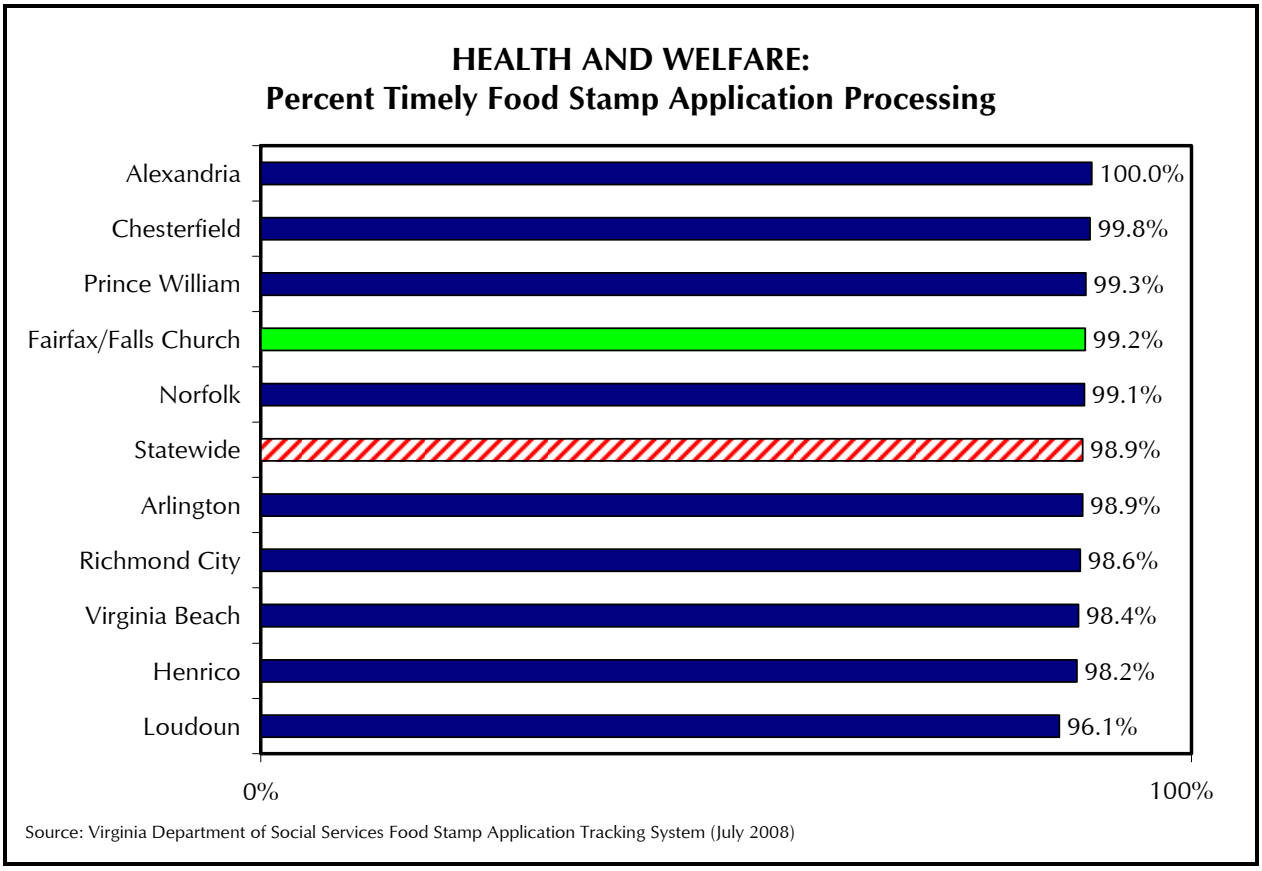
Data provided by the Virginia Department of Health are included to show how Fairfax County compares to other large jurisdictions in the state, as well as the statewide average in the areas of teen pregnancy rate, low birthweight and infant mortality.

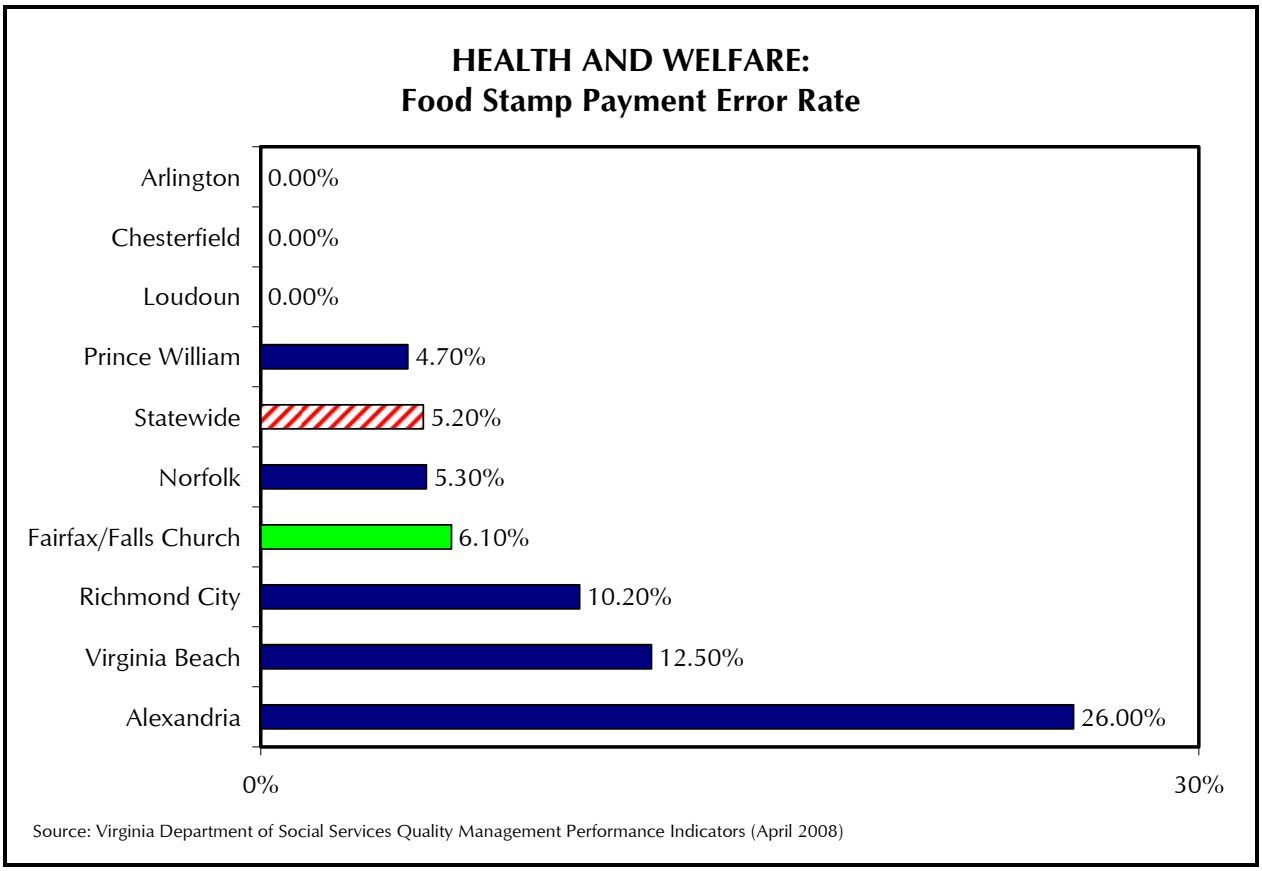
Another source included is the Virginia Department of Social Services. The following graphs compare Fairfax County to other large jurisdictions in the Commonwealth and indicate a fairly constant high level of performance.

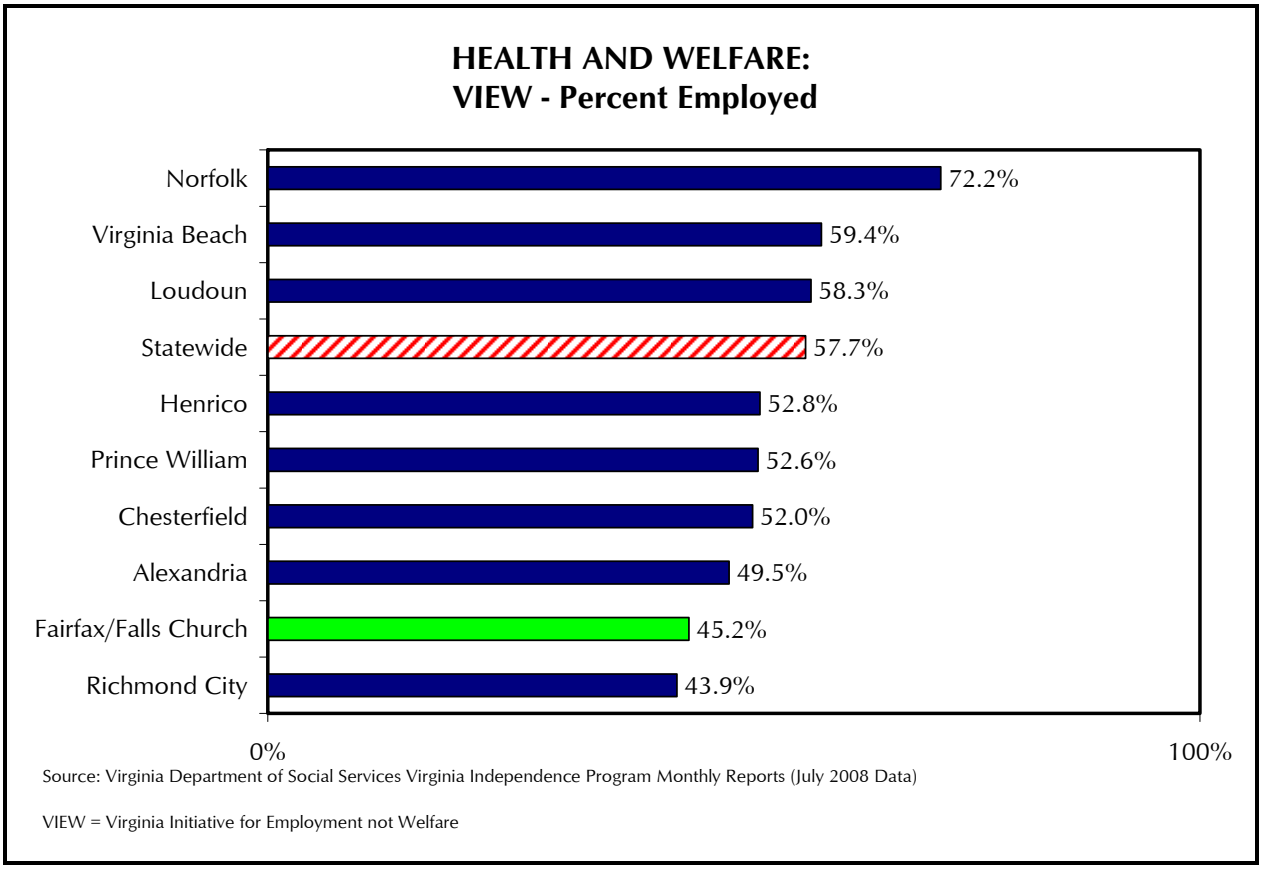

HEALTH AND WELFARE:
Health and Welfare Cost Per Capita
Stafford County $175.82
Spotsylvania County $185.89
Prince William County $206.49
Henrico County $222.43
City of Fairfax $228.10
City of Chesapeake $228.74
Chesterfield County $228.85
City of Falls Church $268.26
City of Virginia Beach $275.88
Loudoun County $283.92
City of Newport News $452.08
City of Hampton $454.42
Fairfax County $476.05
City of Norfolk $506.49
Arlington County $678.98
City of Alexandria $724.14
City of Richmond $744.03
$0
$850
Source: Commonwealth of Virginia Auditor of Public Accounts FY 2008 Data

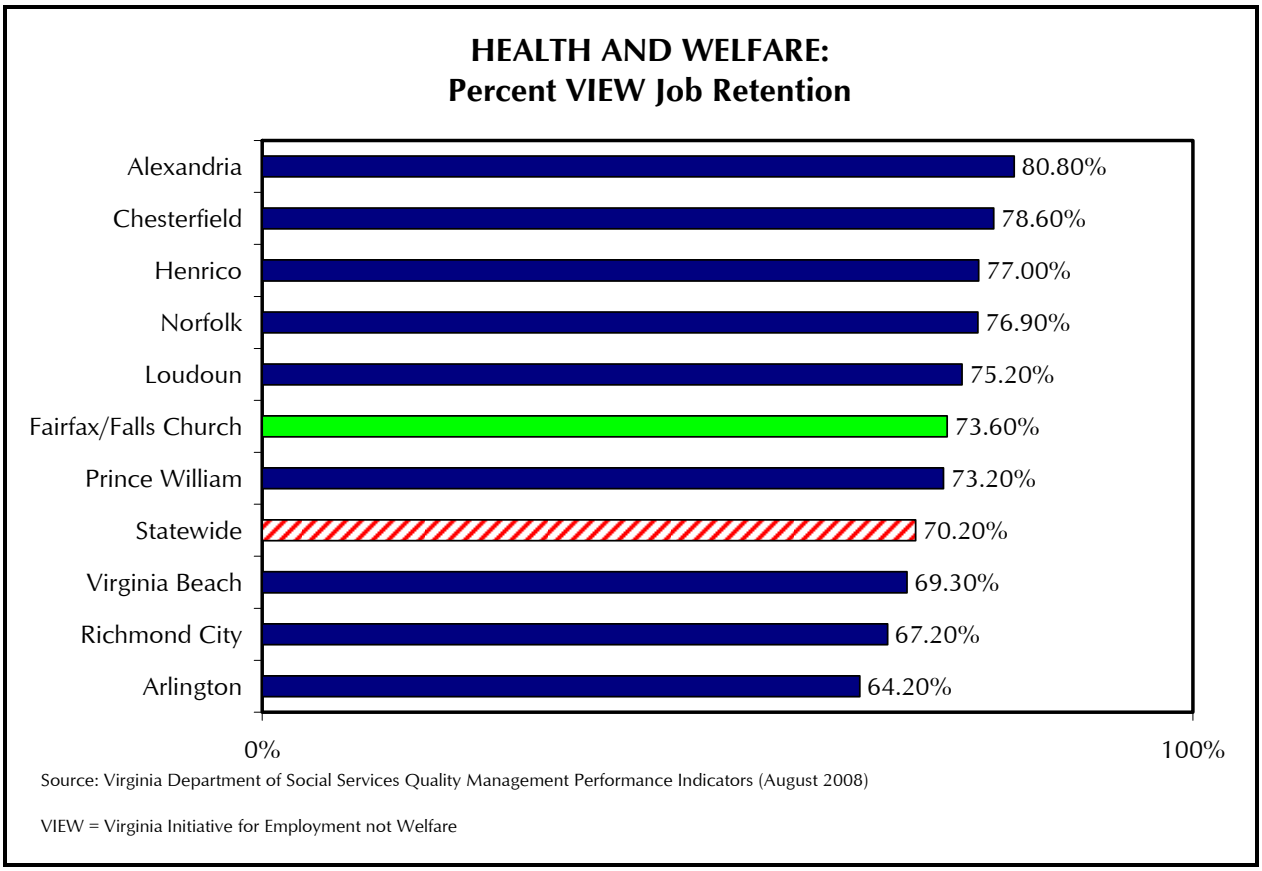

HEALTH AND WELFARE:
Percent of Low Birthweight Babies
Fairfax County 6.9%
City of Fairfax 6.9%
Arlington County 7.0%
Loudoun County 7.6%
Chesterfield County 7.9%
City of Alexandria 7.9%
Prince William County 7.9%
City of Virginia Beach 8.0%
Statewide Average 8.4%
Henrico County 9.5%
City of Norfolk 11.4%
City of Richmond 11.9%
0%
14%
Source: Virginia Department of Health 2008 Health Statistics

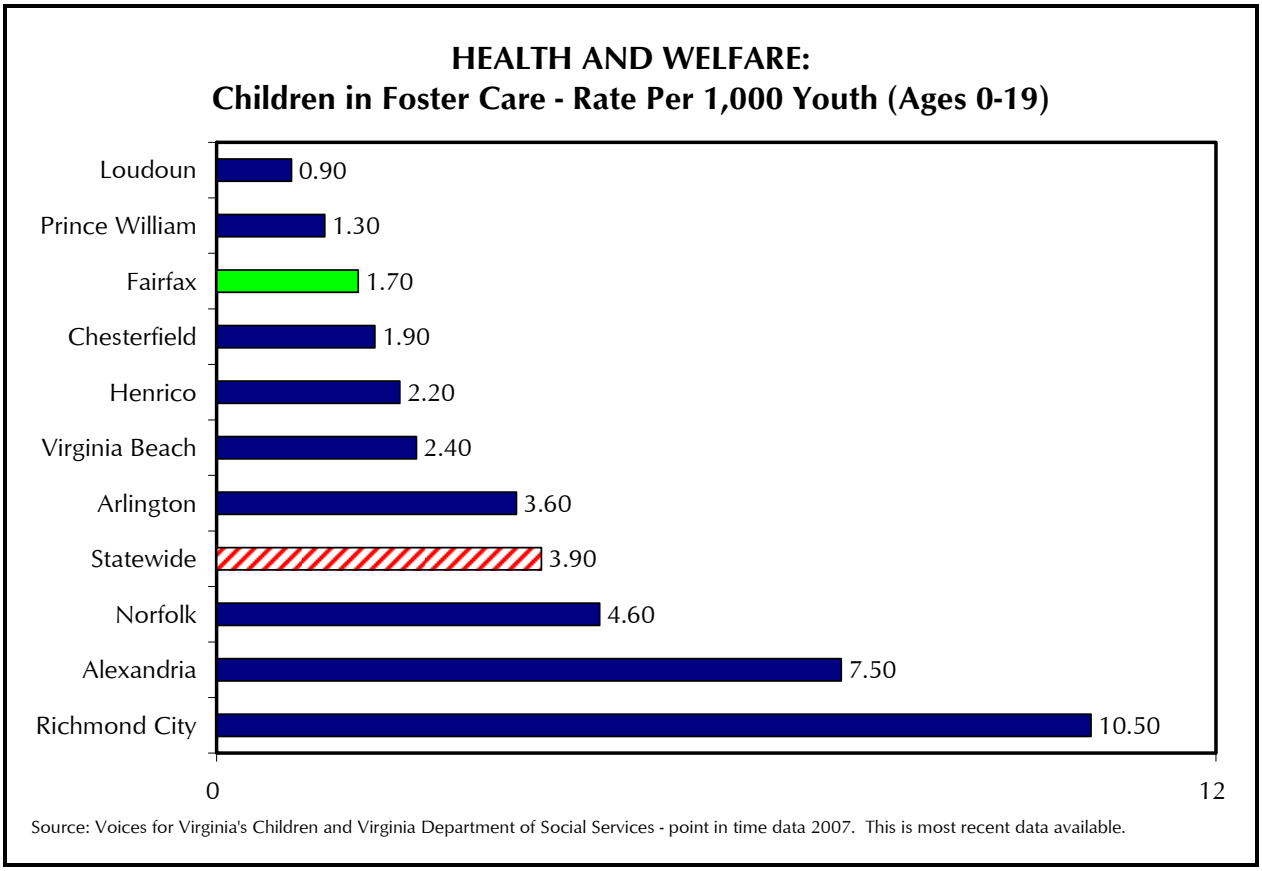

HEALTH AND WELFARE:
Infant Mortality Rate Per 1,000 Live Births
Loudoun County 3.4
Fairfax County 3.7
Arlington County 3.8
City of Alexandria 3.9
City of Virginia Beach 5.8
Prince William County 5.8
Statewide Average 6.7
Chesterfield County 7.0
City of Fairfax 9.8
Henrico County 10.3
City of Norfolk 10.8
City of Richmond 10.9
0
20
Source: Virginia Department of Health 2008 Health Statistics

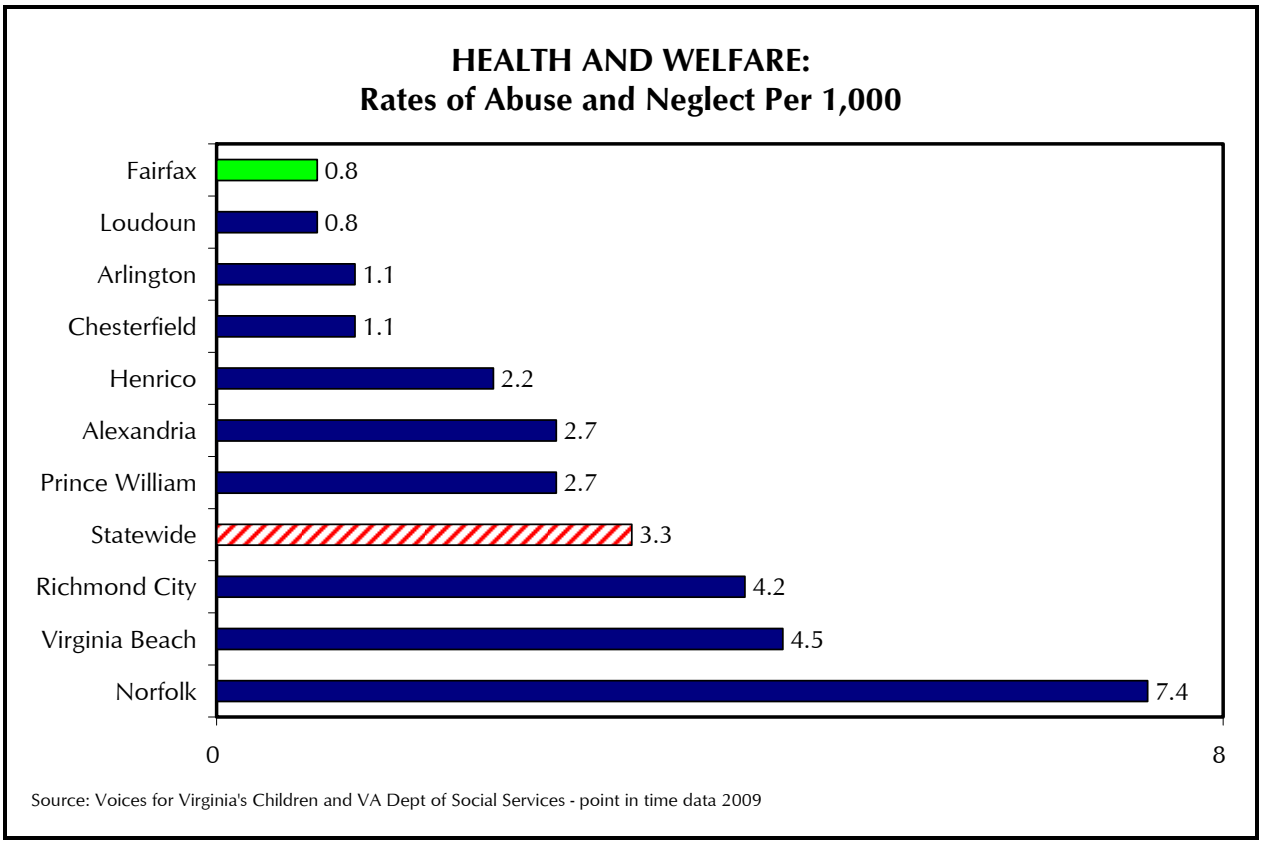

HEALTH AND WELFARE:
Percent Timely Food Stamp Application Processing
Alexandria 100.0%
Chesterfield 99.8%
Prince William 99.3%
Fairfax/Falls Church 99.2%
Norfolk 99.1%
Statewide 98.9%
Arlington 98.9%
Richmond City 98.6%
Virginia Beach 98.4%
Henrico 98.2%
Loudoun 96.1%
0%
100%
Source: Virginia Department of Social Services Food Stamp Application Tracking System (July 2008)

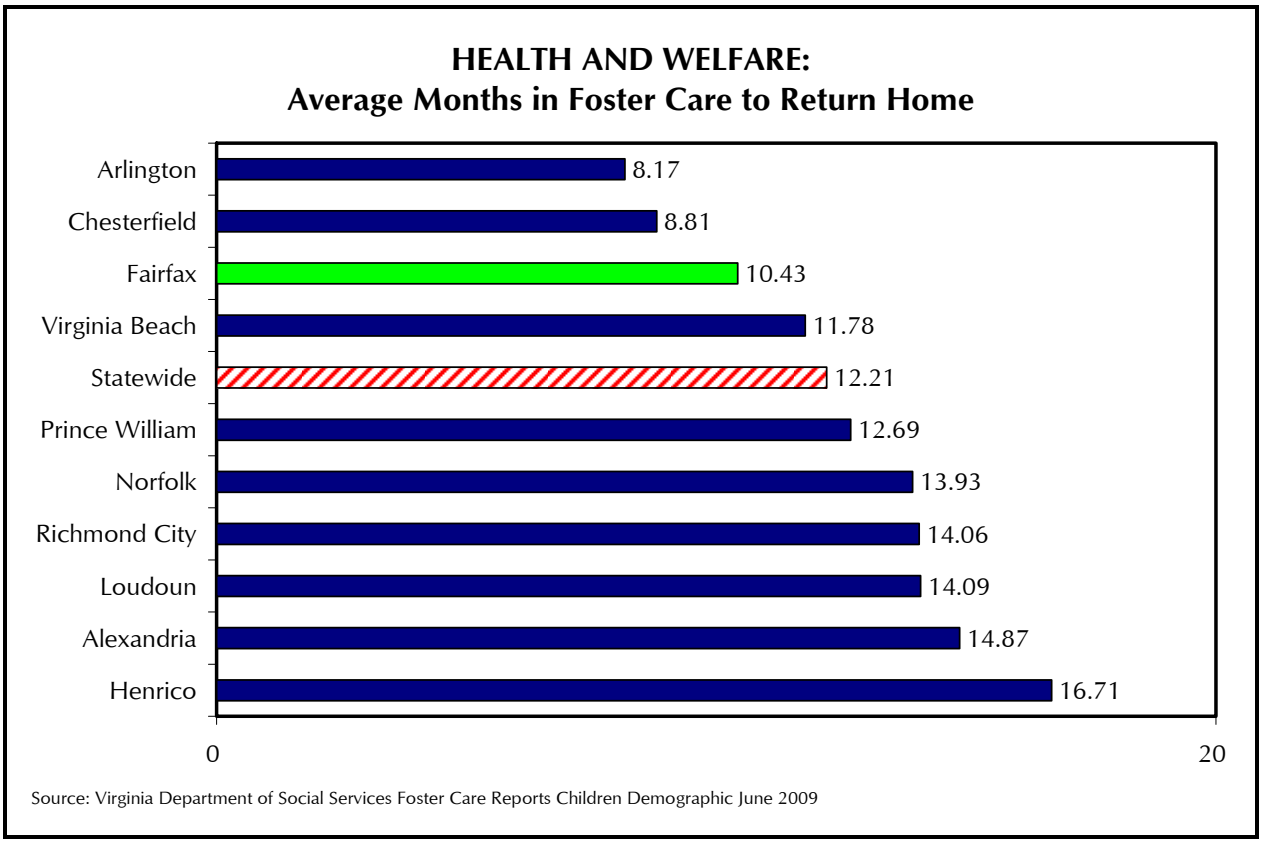

HEALTH AND WELFARE:
Food Stamp Payment Error Rate
Arlington
0.00%
Chesterfield
0.00%
Loudoun
0.00%
Prince William
4.70%
Statewide
5.20%
Norfolk
5.30%
Fairfax/Falls Church
6.10%
Richmond City
10.20%
Virginia Beach
12.50%
Alexandria
26.00%
0%
30%
Source: Virginia Department of Social Services Quality Management Performance Indicators (April 2008)


HEALTH AND WELFARE:
VIEW - Percent Employed
Norfolk
72.2%
Virginia Beach
59.4%
Loudoun
58.3%
Statewide
57.7%
Henrico
52.8%
Prince William
52.6%
Chesterfield
52.0%
Alexandria
49.5%
Fairfax/Falls Church
45.2%
Richmond City
43.9%
0%
100%
Source: Virginia Department of Social Services Virginia Independence Program Monthly Reports (July 2008 Data)
VIEW = Virginia Initiative for Employment not Welfare


HEALTH AND WELFARE:
Percent VIEW Job Retention
Alexandria 80.80%
Chesterfield 78.60%
Henrico 77.00%
Norfolk 76.90%
Loudoun 75.20%
Fairfax/Falls Church 73.60%
Prince William 73.20%
Statewide 70.20%
Virginia Beach 69.30%
Richmond City 67.20%
Arlington 64.20%
0%
100%
Source: Virginia Department of Social Services Quality Management Performance Indicators (August 2008)
VIEW = Virginia Initiative for Employment not Welfare


HEALTH AND WELFARE:
Children in Foster Care - Rate Per 1,000 Youth (Ages 0-19)
Loudoun 0.90
Prince William 1.30
Fairfax 1.70
Chesterfield 1.90
Henrico 2.20
Virginia Beach 2.40
Arlington 3.60
Statewide 3.90
Norfolk 4.60
Alexandria 7.50
Richmond City 10.50
0
12
Source: Voices for Virginia's Children and Virginia Department of Social Services - point in time data 2007. This is most recent data available.


HEALTH AND WELFARE:
Rates of Abuse and Neglect Per 1,000
Fairfax 0.8
Loudoun 0.8
Arlington 1.1
Chesterfield 1.1
Henrico 2.2
Alexandria 2.7
Prince William 2.7
Statewide 3.3
Richmond City 4.2
Virginia Beach 4.5
Norfolk 7.4
0
8
Source: Voices for Virginia's Children and VA Dept of Social Services - point in time data 2009


HEALTH AND WELFARE:
Average Months in Foster Care to Return Home
Arlington 8.17
Chesterfield 8.81
Fairfax 10.43
Virginia Beach 11.78
Statewide 12.21
Prince William 12.69
Norfolk 13.93
Richmond City 14.06
Loudoun 14.09
Alexandria 14.87
Henrico 16.71
0
20
Source: Virginia Department of Social Services Foster Care Reports Children Demographic June 2009