

# Health and Welfare Program Area Summary

## Overview

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 Agency 79, Department of Neighborhood and Community Services (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 2012 Adopted Budget Plan](#), including Fund 106, Fairfax-Falls Church Community Services Board (CSB). Human Services functions are also addressed in other funds such as Fund 102, Federal/State Grant Fund; Fund 118, Consolidated Community Funding Pool; 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 77,000, which represents more than a doubling since FY 2000. Traffic at DFS offices reached nearly 135,000 in FY 2010, more than 10 percent higher than that experienced in FY 2009. Similarly, the County's employment centers had just over 61,000 visits in FY 2010, which is the highest level since this information has been tracked and up nearly 14 percent over FY 2009. As evidenced by the increased number of highly skilled job seekers coming into the centers seeking entry to mid-level jobs, those with limited work history and education (including youth) were disproportionately affected by the declining job market. Those with less experience and skills found themselves competing for a smaller pool of available jobs.

## Health and Welfare Program Area Summary

Policy and legislative changes at all levels are also impacting the work of DFS. For example, due to additional resources provided by the State, the Child Care division has expanded enrollment for the Virginia Preschool Initiative for at-risk 4 year olds. In an effort to address the waiting list for the School-Age Child Care (SACC) program, staff reviewed the SACC program, identified efficiencies and, as a result, was able to expand services to nearly 400 children in the after school program during the 2009-2010 school year. This expansion continues into FY 2012. Also, in FY 2011 two new SACC rooms were opened at Mount Eagle Elementary School. The Child Care division continues to provide ongoing professional development opportunities to enhance the quality of care and to partner with the community and public schools to implement initiatives to support early childhood professionals as they help to prepare children to transition into and be successful in elementary school.

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.

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 \$487 million in expenditures and 4,000 merit employees, while billing and collecting more than \$170 million in revenues and reimbursements. More than 47,500 purchasing transactions and approximately 200,000 invoices are processed. The value of contracts handled by the agency is approximately \$143 million for contracted services offered through nearly 1,300 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: preventing epidemics and the spread of disease, protecting the public against environmental hazards, promoting and encouraging healthy behaviors, assuring the quality and accessibility of health services, and responding to natural and man-made disasters and assisting communities in recovery. Healthy People national health objectives and goals serve as a guide for the Health Department's strategic direction and services and are reflected in many of its performance measures.

Due to the growing number of working poor/uninsured in Fairfax, the demand for services continues to challenge the current capacity of the County's primary health care system. In FY 2010, the Community Health Care Network (CHCN) enrolled 26,157 patients, an increase of 28.1 percent over FY 2009's patient enrollment of 20,418. CHCN collaborates with the Department of Family Services' Health Access Assistance Team to provide off-site eligibility assessment and enrollment at health fairs and community-based programs, in an effort to reach vulnerable and difficult-to-reach populations. The Health Department's Multicultural Advisory Committee (MAC) is a key partner in targeting effective outreach efforts. The MAC is working closely with staff to identify community members to participate in the Department's first Patient Navigator Program. This prevention-focused program will educate key partners who will be the vital link in their respective communities to enrollment and effective utilization of County health services.

## Health and Welfare Program Area Summary

Prenatal care service utilization remained high during FY 2010, with 2,807 clients served during 10,209 clinic visits. Maternal Child Health (MCH) services include home visits and ongoing consultation to the women and families utilizing the Health Department services. In light of the need to maximize resources in these economically challenging times, a new MCH service delivery model was developed and piloted in FY 2011. Due to the limited numbers of MCH field nursing staff relative to the amount of time spent traveling and locating clients in the community and a need to broaden outreach, in FY 2012 the department will implement an education and support group program to meet the needs of women in the first six weeks after pregnancy. This program will provide education and resources traditionally provided during a home visit, foster the development of social networks and support systems among women experiencing similar post partum issues, increase client opportunities for intervention eight fold, and allow the department to serve more clients. The class will be conducted in partnership with the Health Department's Women Infant and Child nutrition program, other County agencies such as Department of Family Services, and community organizations.

The total number of health district office clinic visits for FY 2010 was 129,736 a 49 percent increase over the 87,027 clinic visits in FY 2009. The H1N1 vaccination clinics contributed in large part to the increase in clinic visits. The agency initiated a project in FY 2010 to redesign the clinic service delivery model in order to enhance client satisfaction, clinic accessibility, and optimize resources. During FY 2011, the agency piloted recommendations from the clinic redesign project to improve efficiency, access to services and client satisfaction.

Control of communicable diseases, a primary function, remains a continuous and growing challenge as evidenced in the occurrence of norovirus, food-borne illnesses, measles, seasonal flu outbreaks and pandemics, the prevalence of tuberculosis in the community, the increased number of contaminated food product recalls, and the increase in the number of communicable disease illnesses reported to the Health Department that require investigation. In FY 2012, the Health Department will continue efforts to leverage internal and external resources and maintain a high level of surveillance and readiness to detect and respond effectively and efficiently to emerging public health threats.

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 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 2010, the number of Literally Homeless unduplicated clients served was 3,098. This number is comprised of 1,639 single adults and 1,459 homeless persons in families. The "family" population included 536 adults and 886 children. Thirty-seven individuals identified in the "family" population had no age designation.

# Health and Welfare Program Area Summary

Beginning service in FY 2011 as a result of the consolidation of Department of Systems Management for Human Services and the Department of Community and Recreation Services, DNCS has three primary functions. The first is to serve the entire Human Services 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 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 20<sup>th</sup> for its increase in diversity between 1990 and 2000.

## Health and Welfare Program Area Summary

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.

### Program Area Summary by Character

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	2140 / 2009.29	2254 / 2122.56	2428 / 2296.31	2440 / 2308.56	2440 / 2308.31
Exempt	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
Expenditures:					
Personnel Services	\$119,043,626	\$130,239,928	\$131,025,041	\$139,649,947	\$137,895,356
Operating Expenses	134,796,769	148,622,848	167,233,405	156,864,555	156,864,555
Capital Equipment	347,975	0	1,258,709	0	0
<b>Subtotal</b>	<b>\$254,188,370</b>	<b>\$278,862,776</b>	<b>\$299,517,155</b>	<b>\$296,514,502</b>	<b>\$294,759,911</b>
Less:					
Recovered Costs	(\$926,180)	(\$8,712,058)	(\$8,712,058)	(\$9,199,781)	(\$9,199,781)
<b>Total Expenditures</b>	<b>\$253,262,190</b>	<b>\$270,150,718</b>	<b>\$290,805,097</b>	<b>\$287,314,721</b>	<b>\$285,560,130</b>
<b>Income</b>	<b>\$122,351,689</b>	<b>\$118,544,609</b>	<b>\$130,101,938</b>	<b>\$131,363,047</b>	<b>\$127,281,970</b>
<b>Net Cost to the County</b>	<b>\$130,910,501</b>	<b>\$151,606,109</b>	<b>\$160,703,159</b>	<b>\$155,951,674</b>	<b>\$158,278,160</b>

### Program Area Summary by Agency

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Department of Family Services	\$190,234,135	\$176,884,039	\$192,968,722	\$189,219,345	\$187,464,754
Department of Administration for Human Services	10,665,601	10,421,592	10,921,764	10,771,592	10,771,592
Department of Systems Management for Human Services	5,471,136	0	0	0	0
Health Department	46,577,027	48,289,031	50,415,739	50,928,317	50,928,317
Office to Prevent and End Homelessness	314,291	9,582,532	10,237,842	10,460,606	10,460,606
Department of Neighborhood and Community Services	0	24,973,524	26,261,030	25,934,861	25,934,861
<b>Total Expenditures</b>	<b>\$253,262,190</b>	<b>\$270,150,718</b>	<b>\$290,805,097</b>	<b>\$287,314,721</b>	<b>\$285,560,130</b>

## Health and Welfare Program Area Summary

---

### Budget Trends

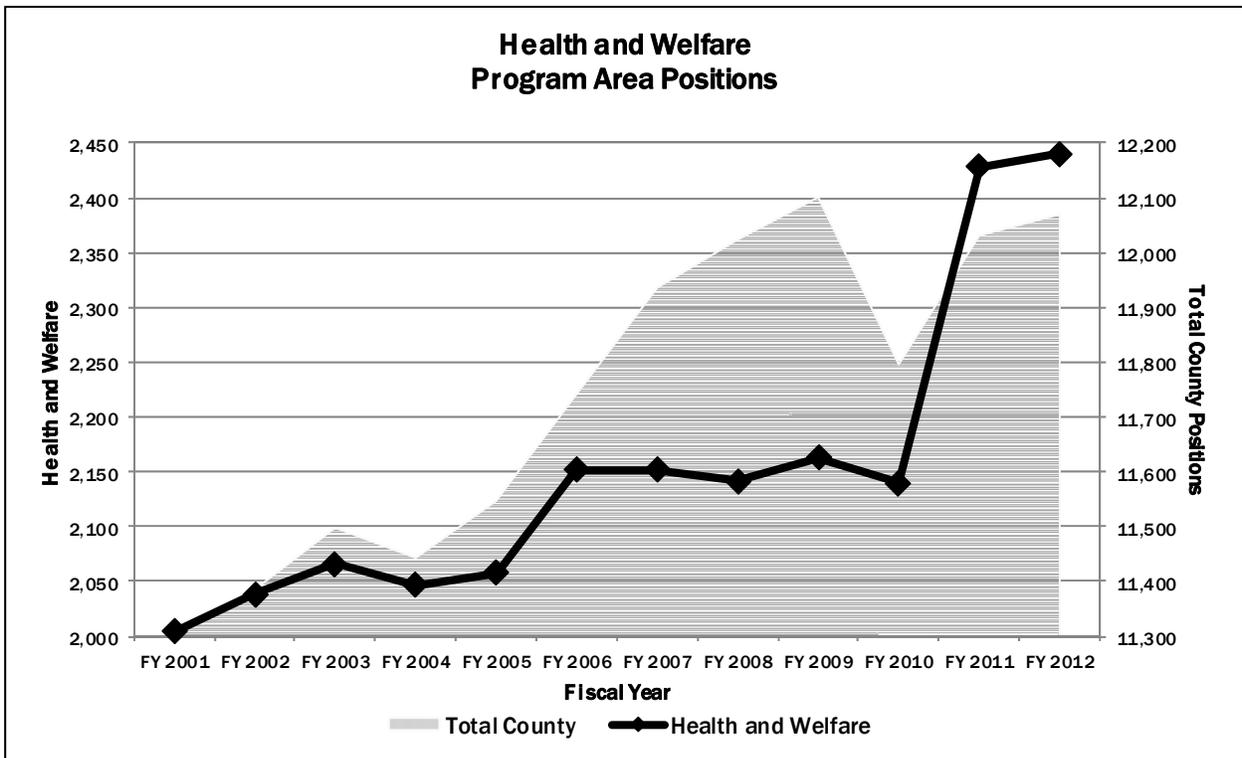
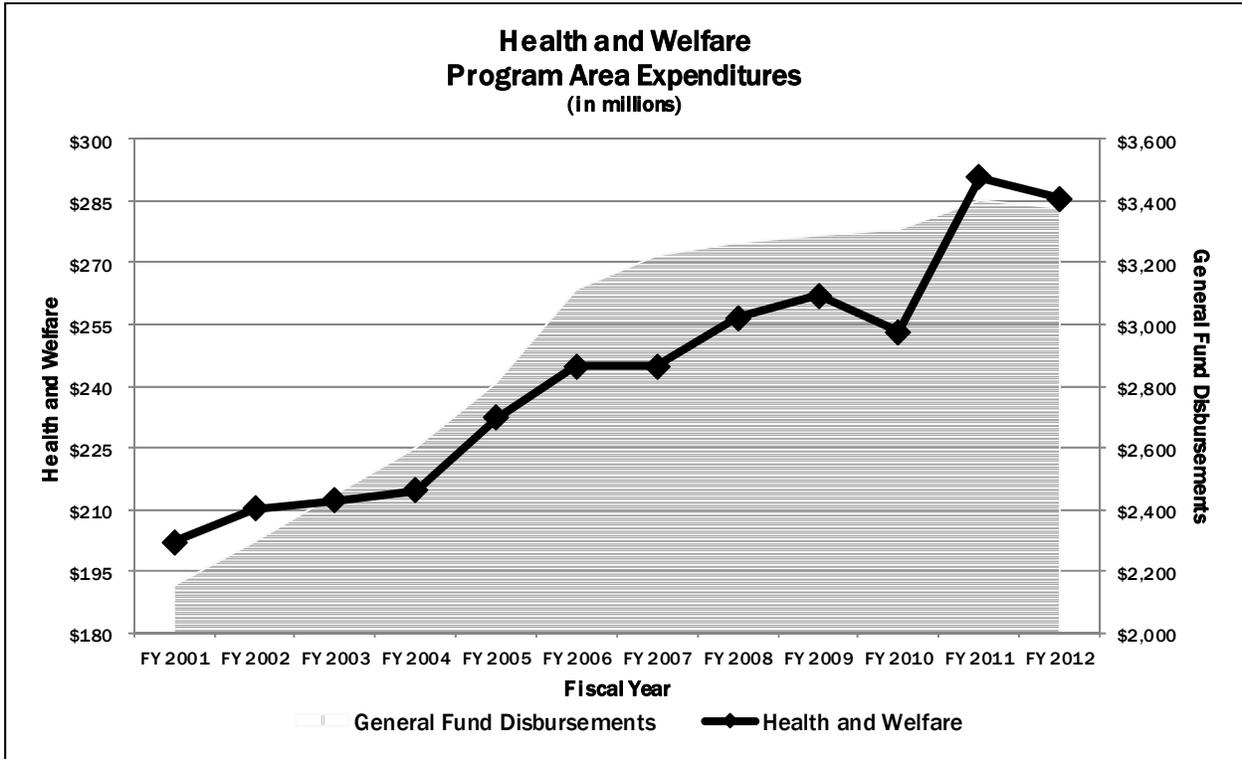
The Health and Welfare program area includes 2,440 positions. Total positions for this program area have increased by 12/12.0 SYE positions due to the creation of 12/12.0 SYE Public Health Nurses associated with the School Health program. In addition to the position increases interagency transfers within the Fairfax County Human Services System included the following: 2/2.0 SYE positions transferred from DFS including 1/1.0 SYE position to DNCS in support of the Seniors On-the-Go and the Taxi Access programs and 1/1.0 SYE position to OPEH to support the provision of homeless services.

For FY 2012, the funding level of \$285,560,130 for the Health and Welfare program area comprises 23.1 percent of the total General Fund direct expenditures of \$1,236,415,028. FY 2012 funding for General Fund agencies within the Health and Welfare program area increased over the FY 2011 Adopted Budget Plan by \$15,409,412. This funding increase of 5.7 percent is primarily associated with: an increase in DFS funding of \$10.58 million primarily for legacy system initiated grant transfers and Comprehensive Services Act, Child Care Services and contract rate adjustments for the providers of mandated and non-mandated services offset by reductions in School-Age Child Care (SACC) computer, furniture and summer program expenses and personnel services savings associated with the implementation of full day kindergarten by Fairfax County Public Schools; an increase in Health Department funding of \$2.64 million primarily to support school programs and contract rate increases offset by miscellaneous operating expense decreases utilized to balance the FY 2012 budget; an increase of \$0.35 million in DAHS primarily based on actual programmatic requirements and current vacancy rates; an increase of \$0.88 million in OPEH primarily associated with family shelter and homeless services; and an increase of \$0.96 million in DNCS primarily for the transfer of Seniors-On-the-Go, Taxi Access, Herndon Neighborhood Resource Center, Congregate Meals and Access Fairfax programs to DNCS from other County agencies.

The charts on the following page illustrate funding and position trends for the agencies in this program area compared to countywide expenditure and position trends.

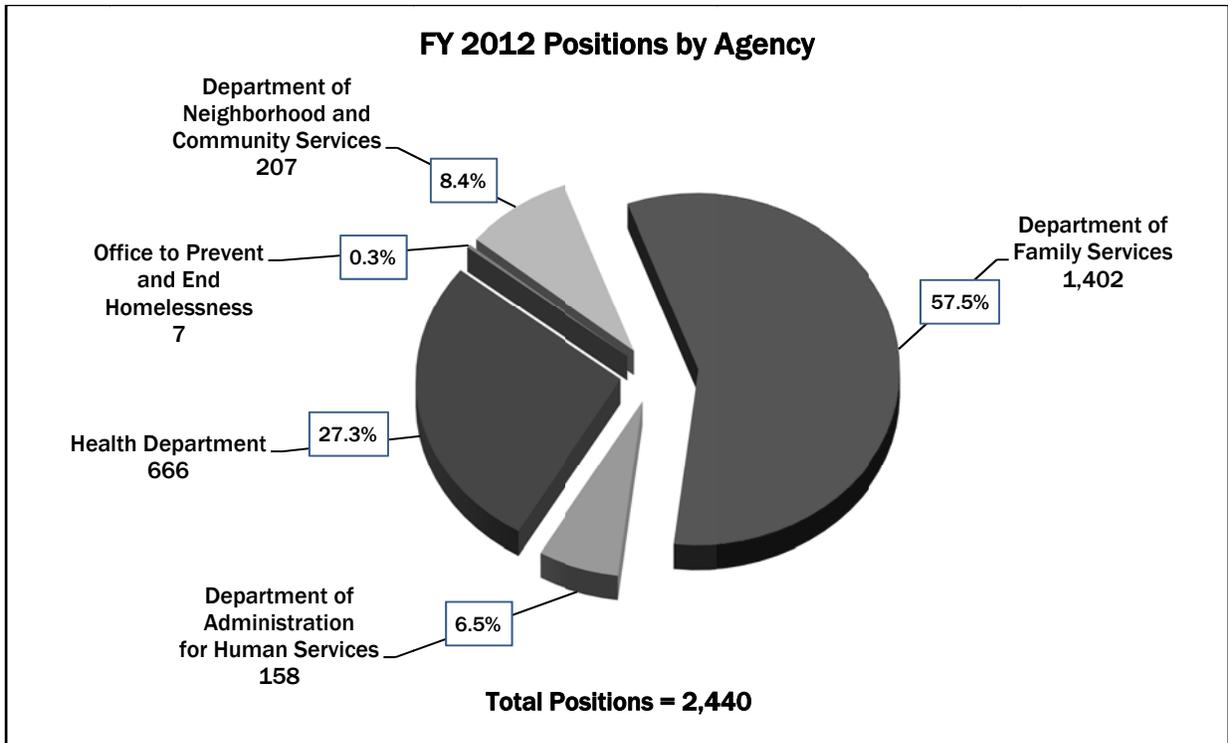
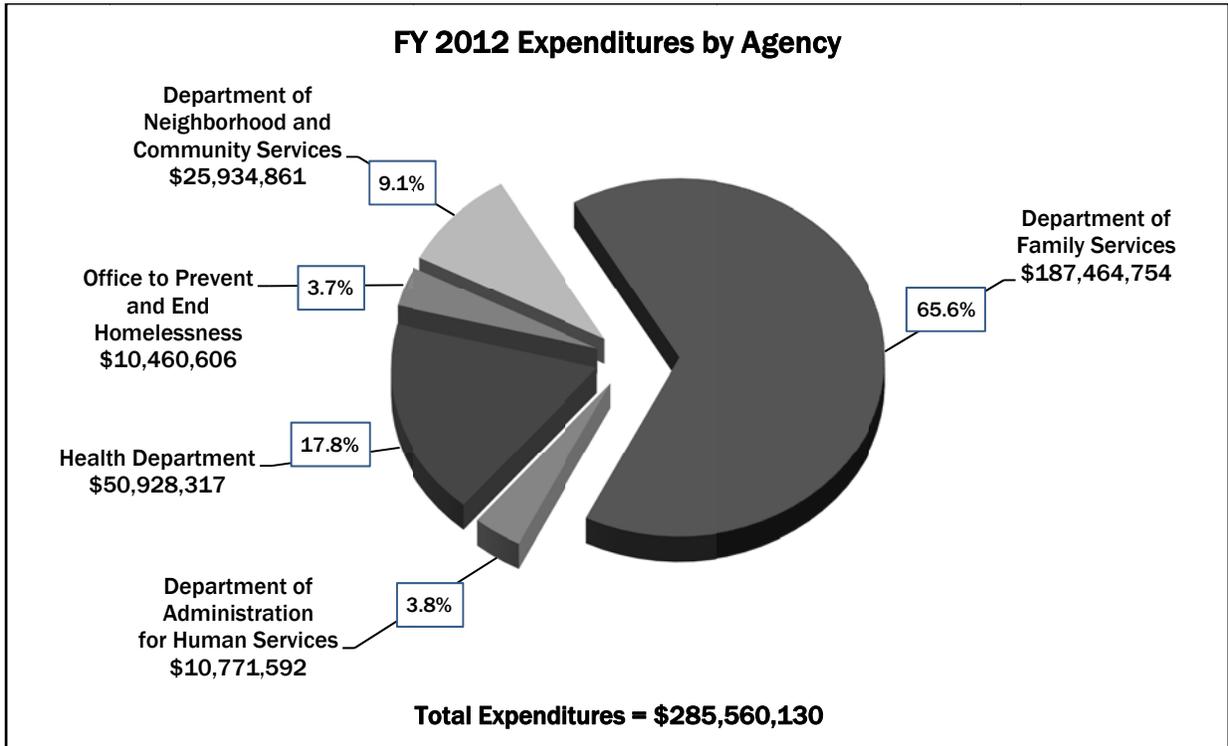
# Health and Welfare Program Area Summary

## Trends in Expenditures and Positions



# Health and Welfare Program Area Summary

## FY 2012 Expenditures and Positions by Agency



# Health and Welfare Program Area Summary

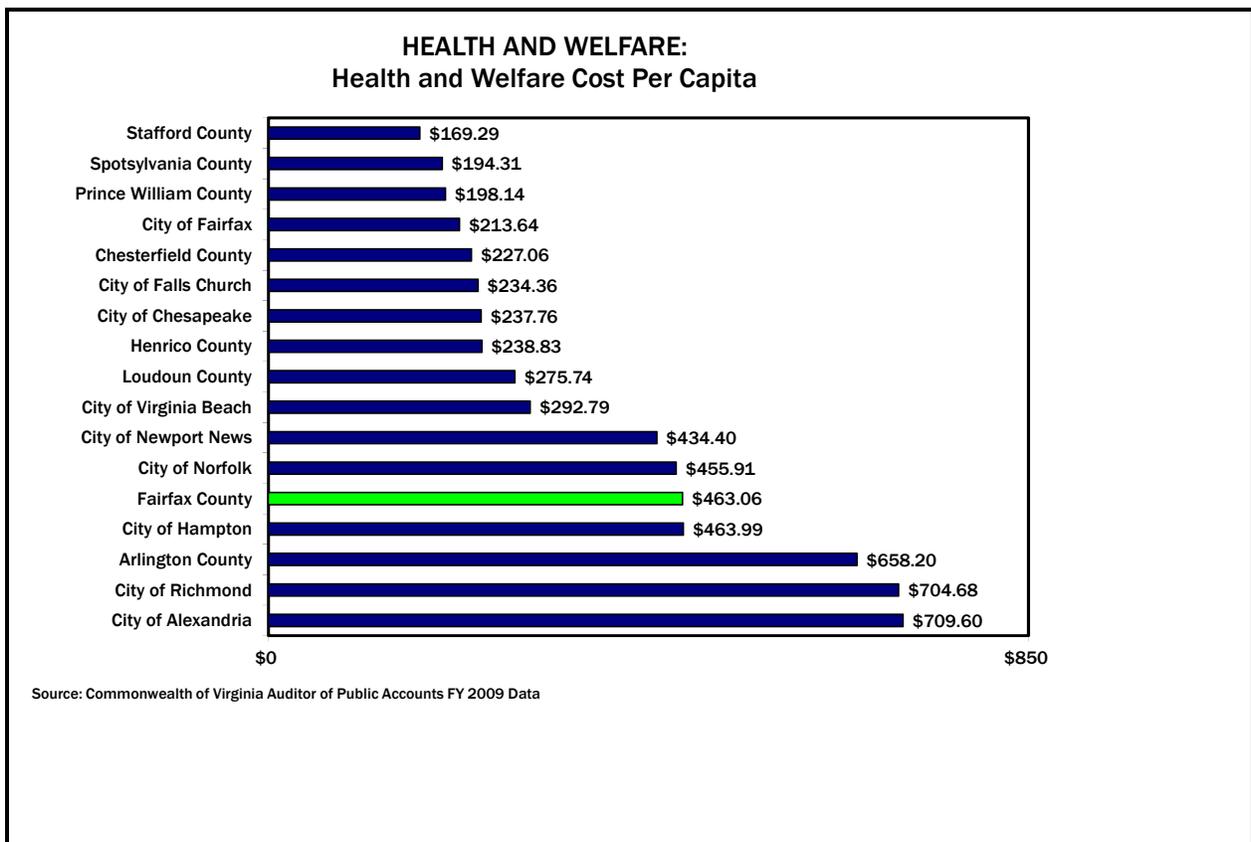
## Benchmarking

Comparative performance information for the Health and Welfare program area comes from a variety of sources. This is 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.

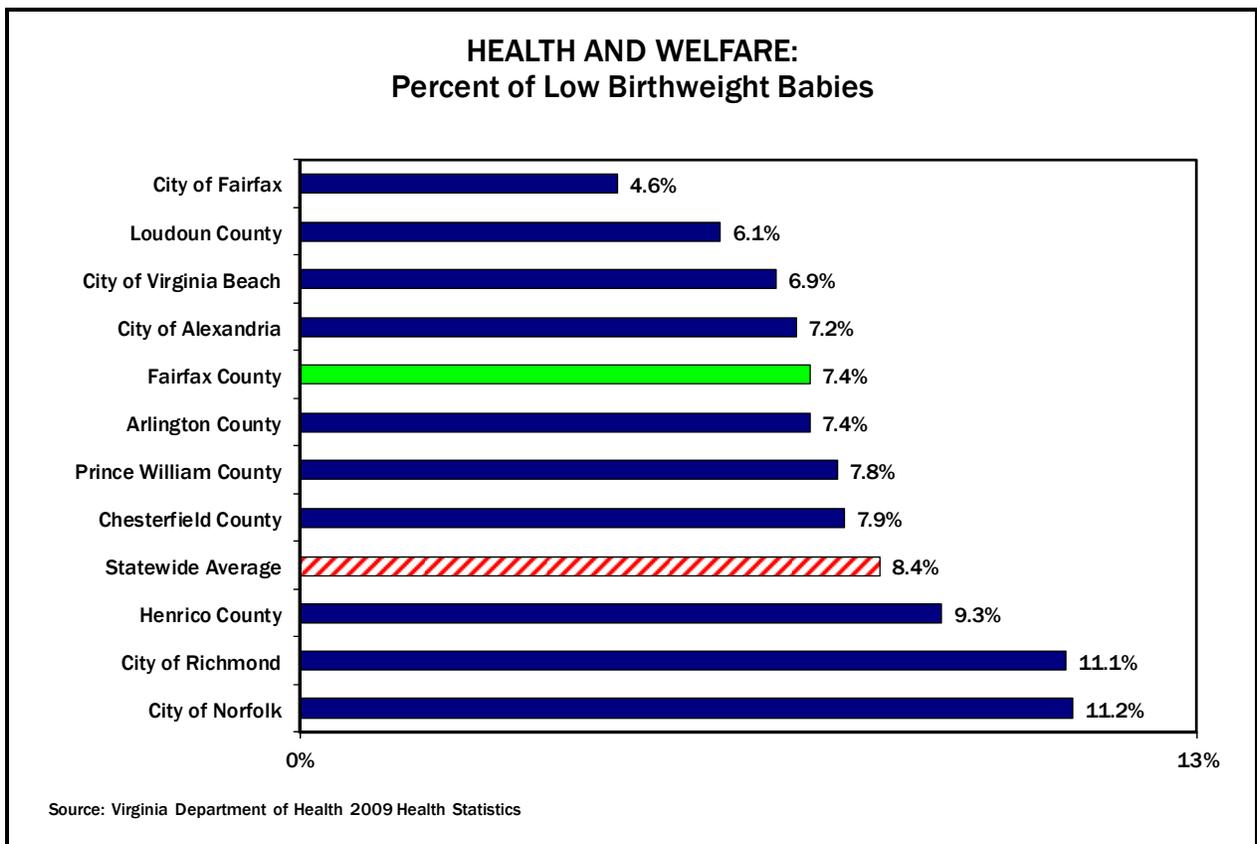
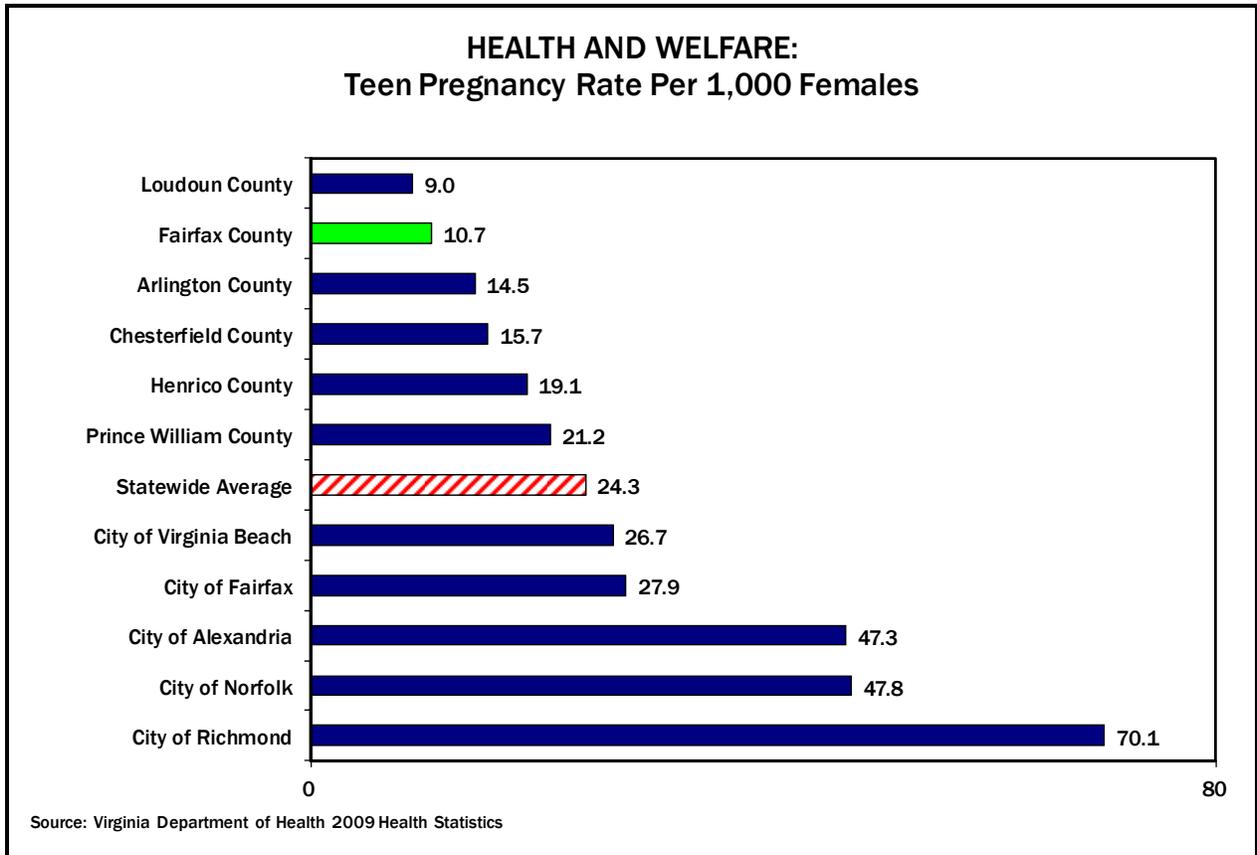
The APA collects financial data annually from all Virginia jurisdictions. As seen below, Fairfax County's cost per capita for Health and Welfare indicates the high level of local support for these programs and reflects the County's increasing urbanization that brings its own challenges in terms of human service needs. FY 2009 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.

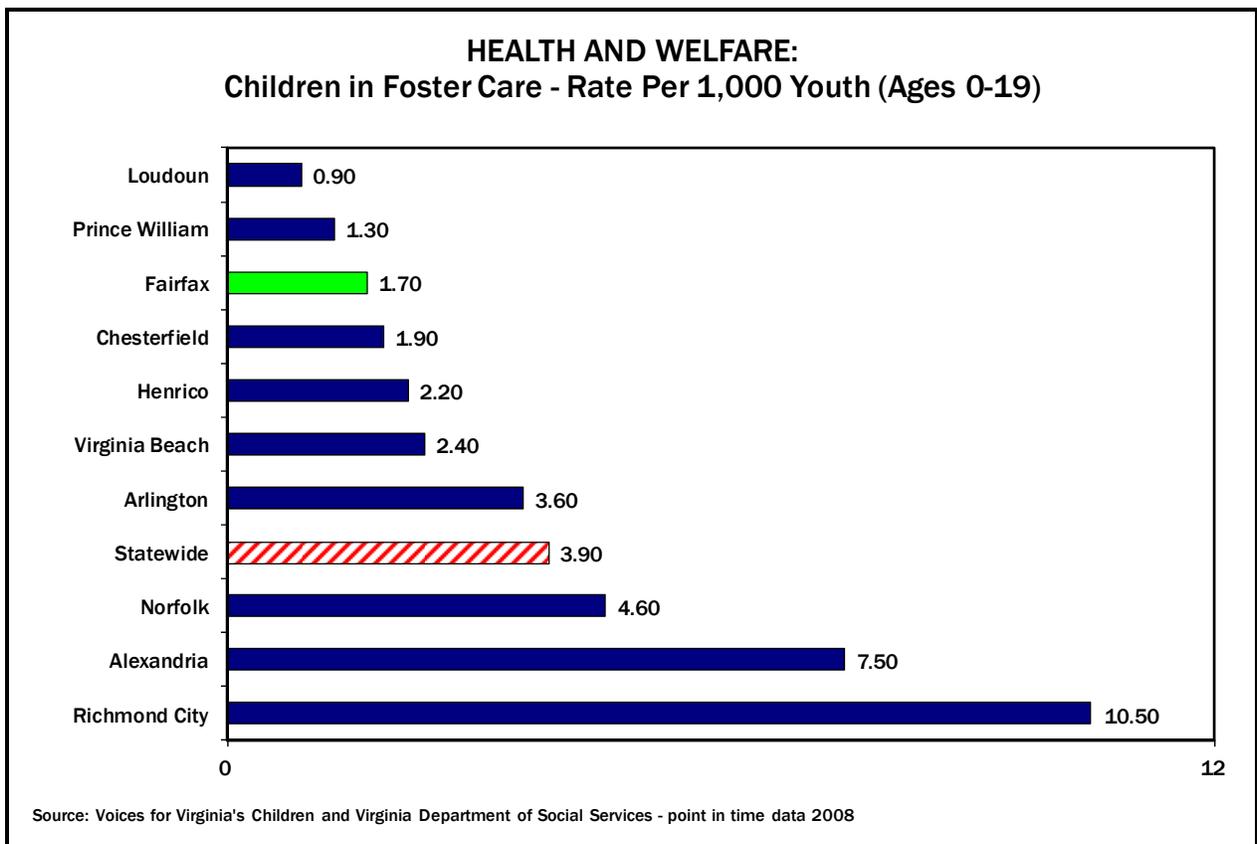
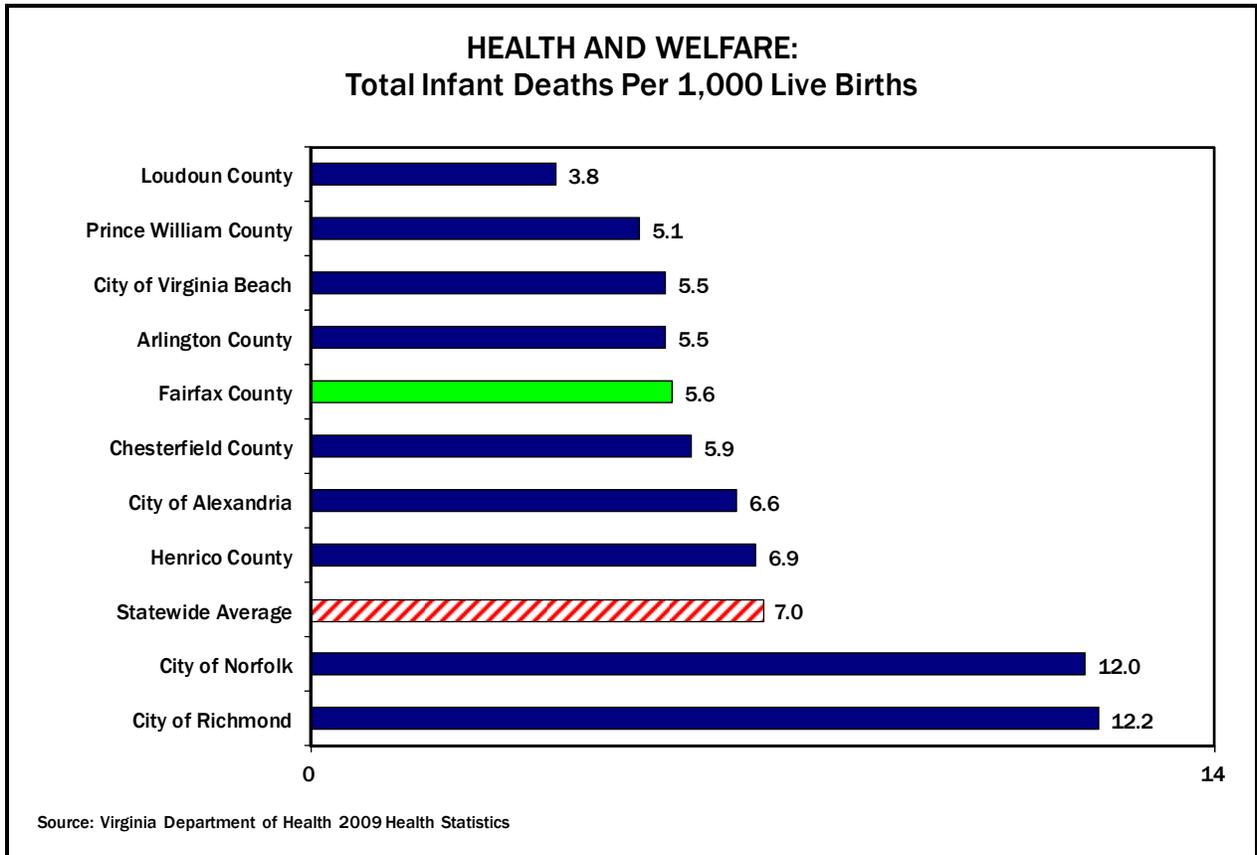
Another source included is the Virginia Department of Social Services. The following graphs compare Fairfax County to other large jurisdictions in the Commonwealth and indicate a fairly constant high level of performance.



# Health and Welfare Program Area Summary

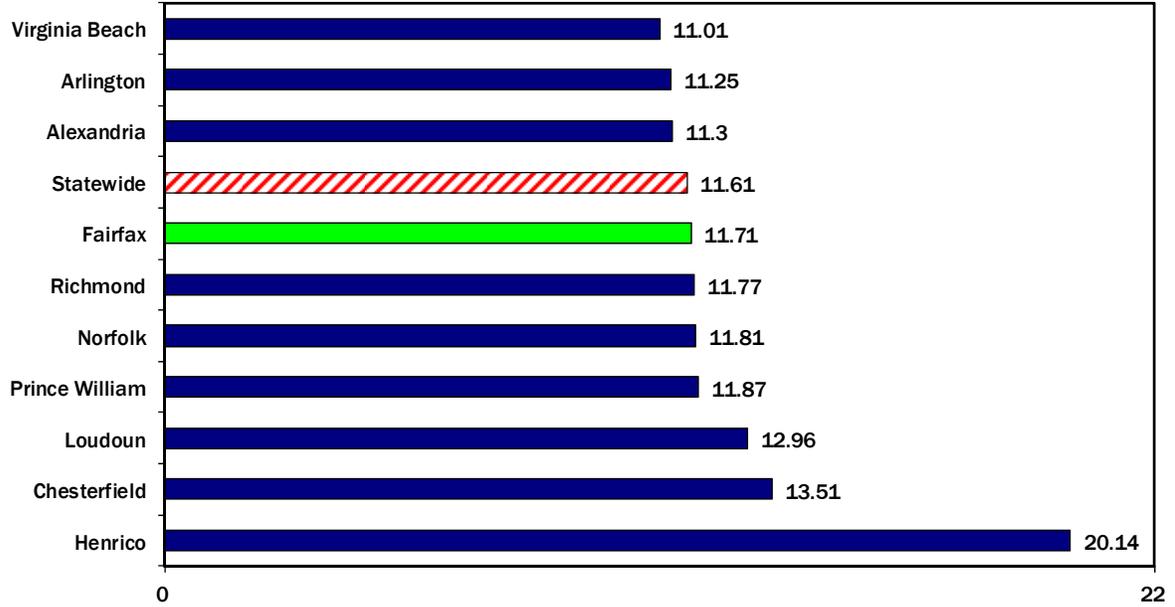


# Health and Welfare Program Area Summary



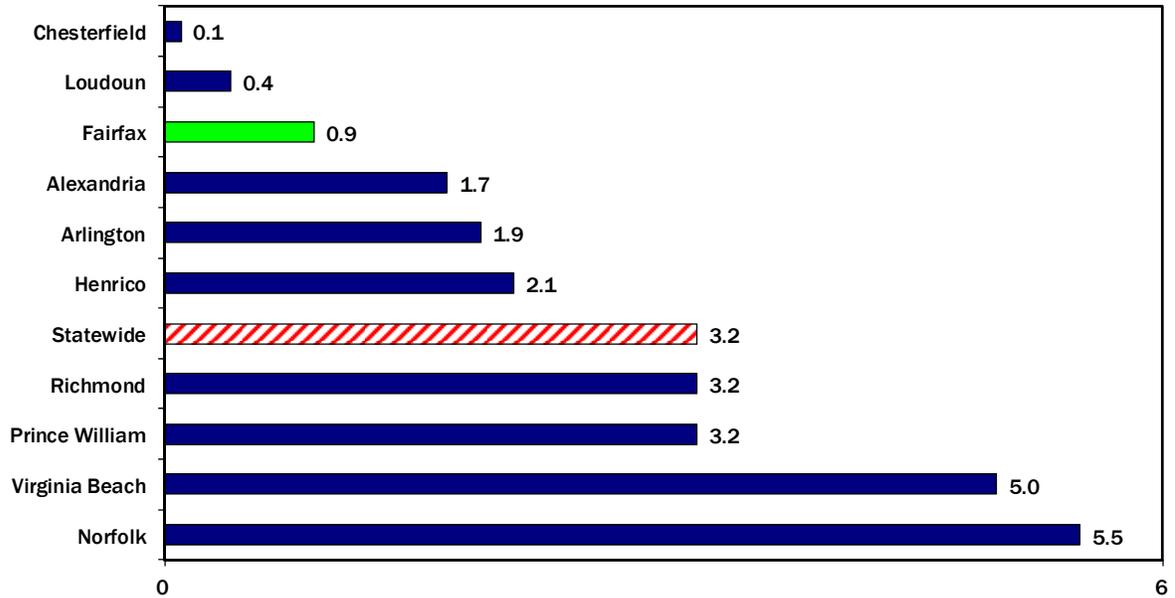
# Health and Welfare Program Area Summary

## HEALTH AND WELFARE: Average Months in Foster Care to Return Home



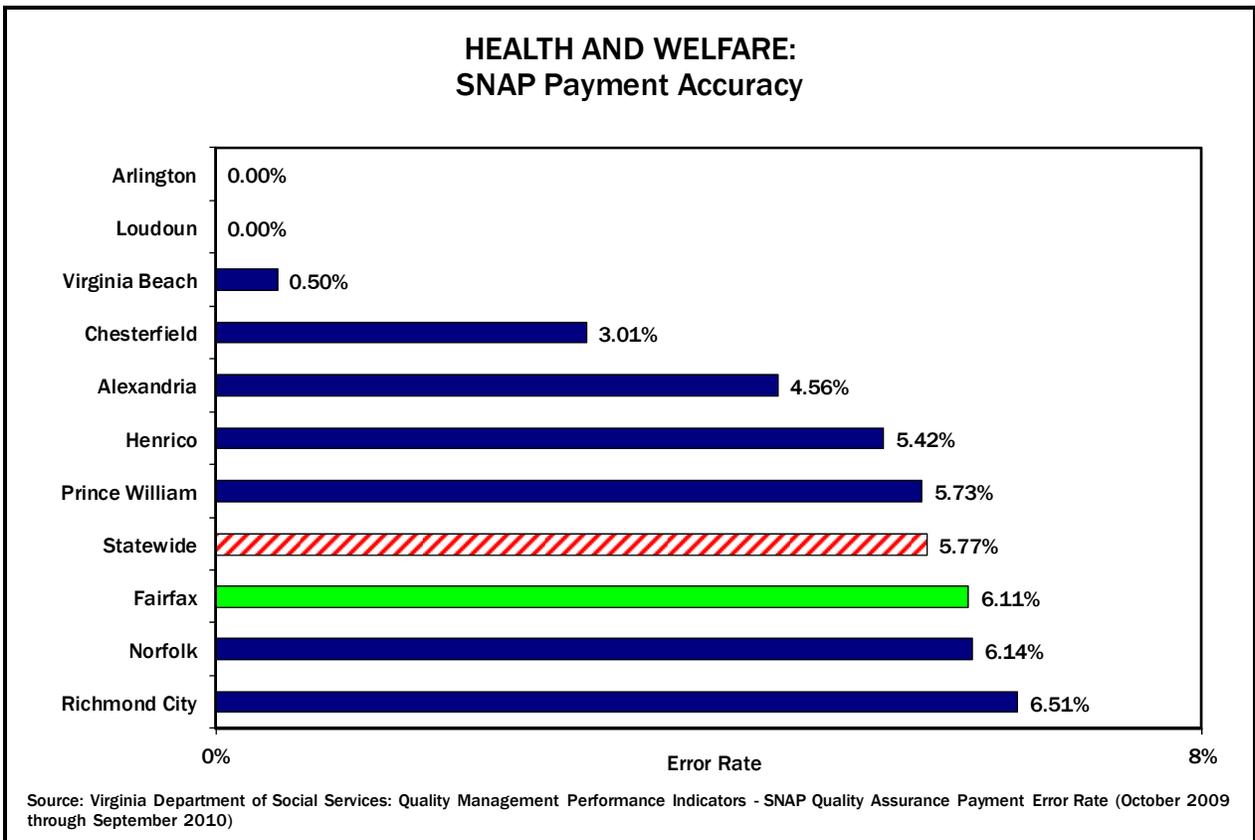
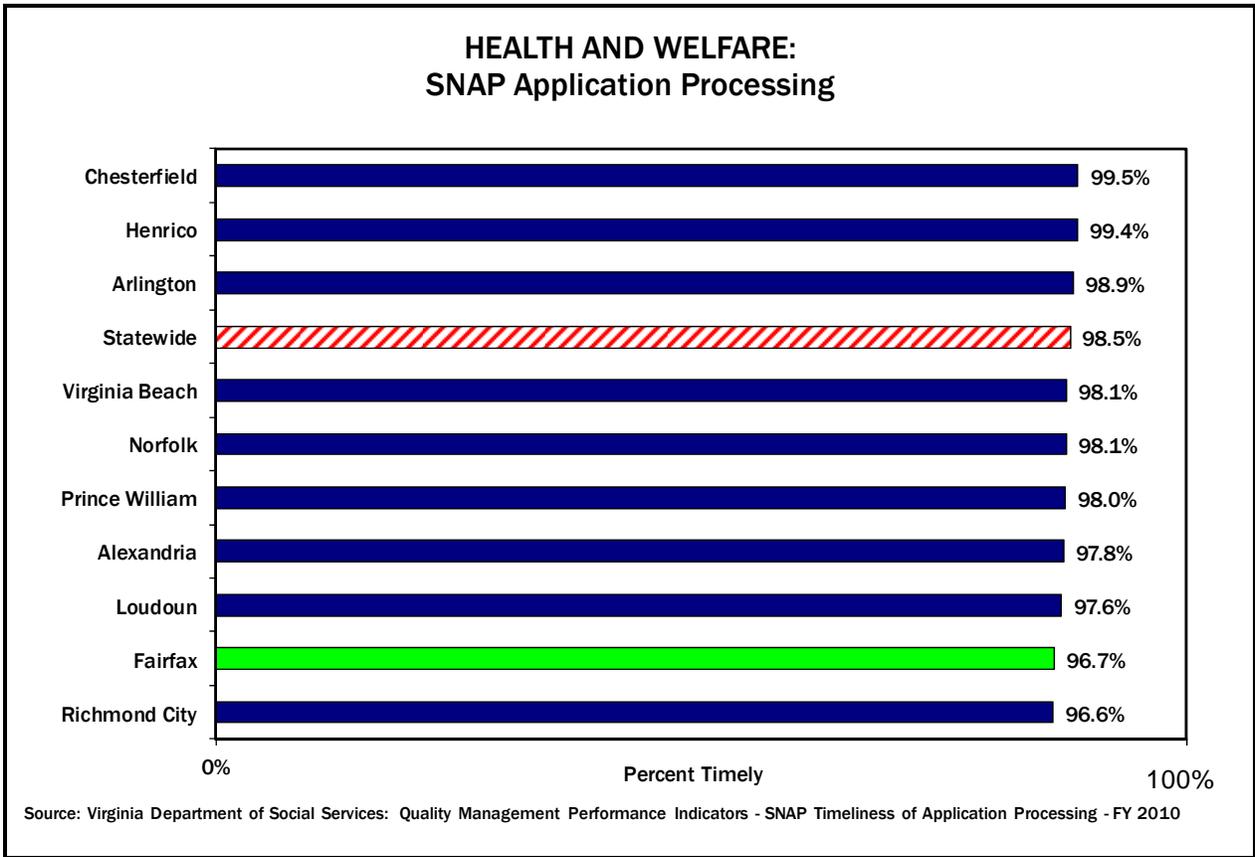
Source: Virginia Department of Social Services Foster Care Children Demographic Report - point in time data - December 2010

## HEALTH AND WELFARE: Rates of Child Abuse and Neglect Per 1,000 Children



Source: Voices for Virginia's Children - 2009

# Health and Welfare Program Area Summary



# Health and Welfare Program Area Summary

