

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 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 Fund 106, Fairfax-Falls Church Community Services Board (CSB) found in Volume 2 of the [FY 2013 Adopted Budget Plan](#). 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. The Fairfax County Human Services System works 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. A detailed narrative for each agency within the Health and Welfare program area can be found on subsequent Volume 1 pages of the [FY 2013 Adopted Budget Plan](#).

The community outcome areas are summarized below:

- People are able to meet basic needs for themselves and their families
- Children thrive and youth successfully transition to adulthood
- Seniors and persons with disabilities live with maximum dignity and independence
- People and communities are healthy
- People have access to high-quality appropriate services at the right time
- The 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. This agency is critical in the County's effort to help residents negatively impacted by the weak economy. Demand for public assistance, which had been increasing steadily since 2001, is approaching a caseload of 80,000, which represents more than a doubling since FY 2000. Traffic at DFS offices has reached all-time highs and the County's employment centers assisted more than 30,000 job seekers in FY 2011, an increase of more than 14 percent over FY 2010. DFS maximizes the use of grant funding to support many different types of programs and services. Grant funding primarily supports employment services, services targeting the aging population, and services for children. In FY 2013, the department will leverage \$26.6 million in non-County resources to provide \$30.3 million in services through grants.

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,

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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 \$480 million in expenditures and 4,000 merit employees, while billing and collecting more than \$175 million in revenues and reimbursements. More than 47,500 purchasing transactions and 200,000 bills and invoices for goods and services are processed. The department handles approximately \$151 million worth of contracted services offered through nearly 1,300 contractual agreements. DAHS supports all human services facilities by coordinating maintenance and space planning of facilities including six emergency shelters, 120 office and service delivery sites, and oversees over 200 residential program sites serving consumers throughout the County. DAHS also provides residential lease management and inspection services, emergency response planning at five co-located facilities, safety and security service coordination, and oversight of the department's Business Continuity planning as well as human services, information technology, strategic planning, and project management for cross-agency technology initiatives. 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.

In response to the "Patient Protection and Affordable Care Act" that incorporates comprehensive health insurance reforms, the Health Department engaged in an effort to prepare and respond to requirements of the federal Health Care Reform bill with the goal of lower health care costs and improved consumer health care choices. In FY 2012 and continuing in FY 2013, the department with other County agencies and community leaders will develop recommendations for the provision of safety net services, which will incorporate best practices for improving the community health through prevention and wellness strategies; complete a comprehensive review of the current system's capacity to provide needed health services including the Community Health Care Network, free clinics, and other nonprofit, private, and public providers in the Fairfax area; identify any possible revenue opportunities; and design an integrated model of service delivery that incorporates primary, oral, and behavioral health services.

To enhance the Health Department's capability to anticipate and respond effectively to rapidly evolving and complex public health challenges, several existing programs were consolidated into a new Division of Community Health Development and Preparedness (CHDP). The work of CHDP enables the department to build upon strategic initiatives and networks developed post 9/11 to enhance emergency preparedness and response activities, and to better integrate the department's community capacity and resiliency building activities with ongoing programs and services. This work has helped to strengthen the local public health system infrastructure and incorporate community assets into core public health programs to address fundamental gaps in service delivery. The new division is comprised of the Office of Emergency Preparedness, including the Medical Reserve Corps (MRC); Community Health Outreach; Strategic Planning; Total Quality Improvement; and the Communications functions of the department.

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In FY 2012 the Health Department continued to focus on implementing Electronic Health Record (EHR) software. EHR systems allowing complete electronic storage of patient health data and facilitate electronic exchange of health information with key service partners. In addition, incentives offered through state and federal legislation allow the department to offset program costs. The department's Community Health Care Network (CHCN) program implemented an EHR system, including automated interfaces for orders and results for radiology and laboratory services, and e-prescribing for medications. The department plans to implement EHR capabilities for all patient care services within three years.

The total number of health district office clinic visits (excluding H1N1 visits) for FY 2011 was 72,321, a 2.2 percent increase over the 70,762 clinic visits in FY 2010. The Health Department initiated a project in FY 2010 to redesign the clinic service delivery model in order to enhance client satisfaction, clinic accessibility, and optimize resources. The resulting pilot began in FY 2011 and is nearing conclusion and, if proven effective, the Health Department will implement the new service delivery model in all five district offices in FY 2012.

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, oversight 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.

In FY 2011, OPEH assumed responsibility for the management and operation of the following homeless services: emergency homeless prevention funds, Housing Opportunities Support Teams (HOST), emergency shelters, motel placements, transitional housing, permanent housing/home-ownership, housing first housing for chronically homeless individuals, and hypothermia prevention. There are still many homeless support services that are provided by other County agencies such as the Department of Housing and Community Development, the Fairfax-Falls Church Community Services Board, the Department of Family Services and the Health Department. OPEH works closely with these agencies and with nonprofits providing homeless services in the community.

DNCS has three primary functions. The first is to serve the entire human services system through the use of data-driven decisions to identify service gaps, by initiating efforts to track and improve human service outcomes, and demonstrating efficiencies in service delivery. 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 within the department, and more broadly throughout the community. Access to services is provided across the spectrum of needs (including transportation to services) and in some cases, includes the provision of direct emergency assistance. Finally, the department promotes the well-being of children, youth, families and communities. DNCS supports partners and the community by facilitating skill development and the leveraging of resources that can resolve self-identified challenges. In partnership with various public-private community organizations, neighborhoods, businesses and other County agencies, the department also uses prevention and community building approaches to provide direct services for residents and communities throughout the County.

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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 136,105 persons age 65 and older living in Fairfax County, representing 11.9 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 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. 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 capacity is essential if Fairfax County is to address the many needs in this area.

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Program Area Summary by Character

Category	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan	FY 2013 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	2428 / 2296.31	2440 / 2308.31	2553 / 2420.31	2549 / 2415.58	2551 / 2417.58
Exempt	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
Expenditures:					
Personnel Services	\$128,980,244	\$137,895,356	\$139,814,400	\$144,175,566	\$146,127,277
Operating Expenses	155,824,084	156,864,555	174,586,009	162,384,606	163,069,606
Capital Equipment	608,970	0	920,324	0	0
Subtotal	\$285,413,298	\$294,759,911	\$315,320,733	\$306,560,172	\$309,196,883
Less:					
Recovered Costs	(\$7,161,860)	(\$9,199,781)	(\$8,975,854)	(\$10,497,008)	(\$10,497,008)
Total Expenditures	\$278,251,438	\$285,560,130	\$306,344,879	\$296,063,164	\$298,699,875
Income	\$135,888,516	\$131,159,185	\$132,096,458	\$136,076,134	\$136,076,134
Net Cost to the County	\$142,362,921	\$154,400,945	\$174,248,421	\$159,987,030	\$162,623,741

Program Area Summary by Agency

Category	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan	FY 2013 Adopted Budget Plan
Department of Family Services	\$186,515,683	\$187,464,754	\$200,572,787	\$194,653,633	\$196,325,656
Department of Administration for Human Services	10,846,959	10,771,592	11,354,640	11,602,923	11,724,636
Health Department	46,655,718	50,928,317	54,767,796	51,973,789	52,484,280
Office to Prevent and End Homelessness	8,966,602	10,460,606	12,684,865	11,809,731	11,817,906
Department of Neighborhood and Community Services	25,266,476	25,934,861	26,964,791	26,023,088	26,347,397
Total Expenditures	\$278,251,438	\$285,560,130	\$306,344,879	\$296,063,164	\$298,699,875

Budget Trends

The agencies in the Health and Welfare program area protect the vulnerable, help people and communities realize and strengthen their capacity for self-sufficiency, and ensure good outcomes through prevention and early intervention. FY 2013 reductions were made in an effort to minimize the impact on current services and programs. The reductions of \$893,754 were more than offset by Personnel Services-related increases of \$8,231,921 primarily associated with FY 2012 and FY 2013 Market Rate Adjustments (MRA) and operating expense and recovered cost increases totaling \$5,801,578 for an FY 2013 increase of \$13,139,745 over the FY 2012 Adopted Budget Plan.

For FY 2013, the total funding level of \$298,699,875 for the Health and Welfare program area comprises 22.9 percent of the total General Fund direct expenditures of \$1,303,741,802. The funding increase of 4.4 percent is primarily associated with: an increase in DFS funding of \$8.86 million primarily for the MRA in Personnel Services, the transfer of the Comprehensive Services Act Reserve from Agency 87, Unclassified Administrative Expenses, contract rate adjustments for the providers of mandated and non-mandated services and opening three new School-Age Child Care (SACC) rooms, offset by reductions utilized to balance the FY 2013 budget; an increase of \$0.95 million in DAHS primarily based on the MRA in

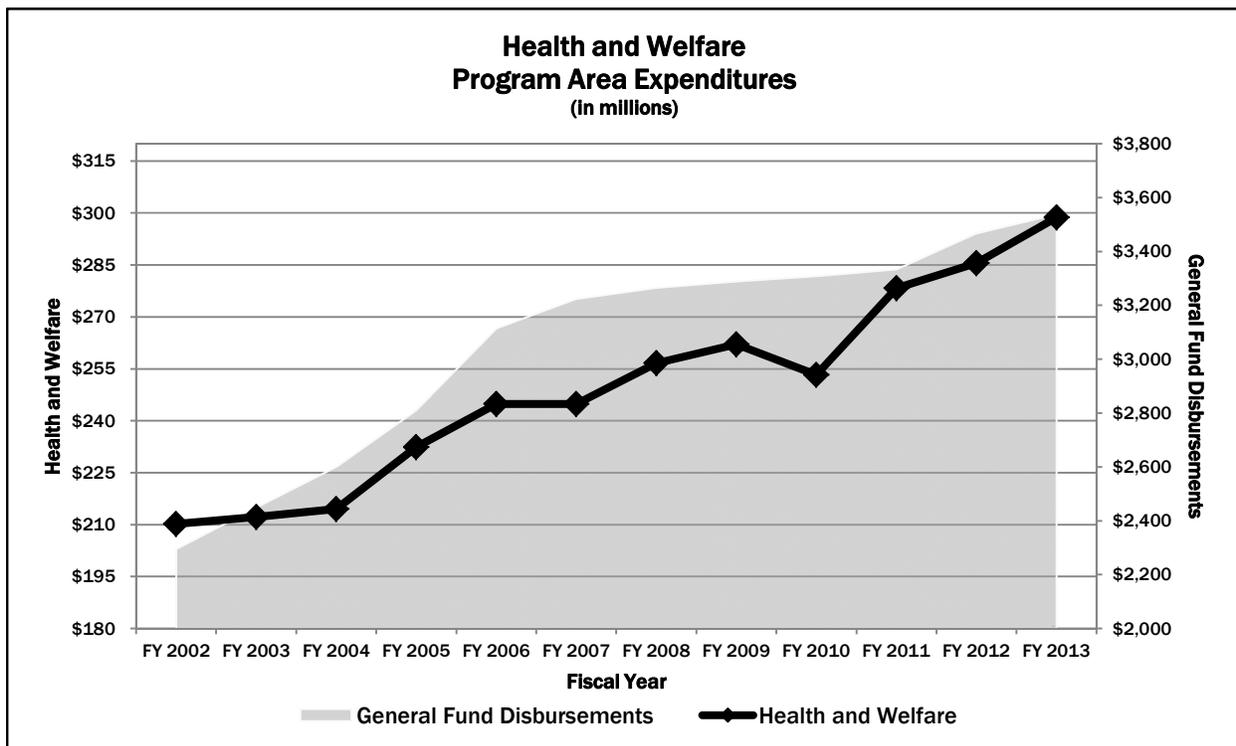
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Personnel Services and reallocations from various human services agencies to properly align costs within the human services system; an increase in Health Department funding of \$1.56 million primarily for the MRA in Personnel Services and contract rate increases, offset by reductions utilized to balance the FY 2013 budget; an increase of \$1.36 million in OPEH is primarily associated with the MRA in Personnel Services, contract increases and a transfer from the Reserve for Support of Community Organizations from Agency 87, Unclassified Administrative Expenses; and an increase of \$0.41 million in DNCS primarily for the MRA in Personnel Services, offset by reductions utilized to balance the FY 2013 budget. A detailed narrative for each agency within the Health and Welfare program area can be found on subsequent Volume 1 pages of the FY 2013 Adopted Budget Plan.

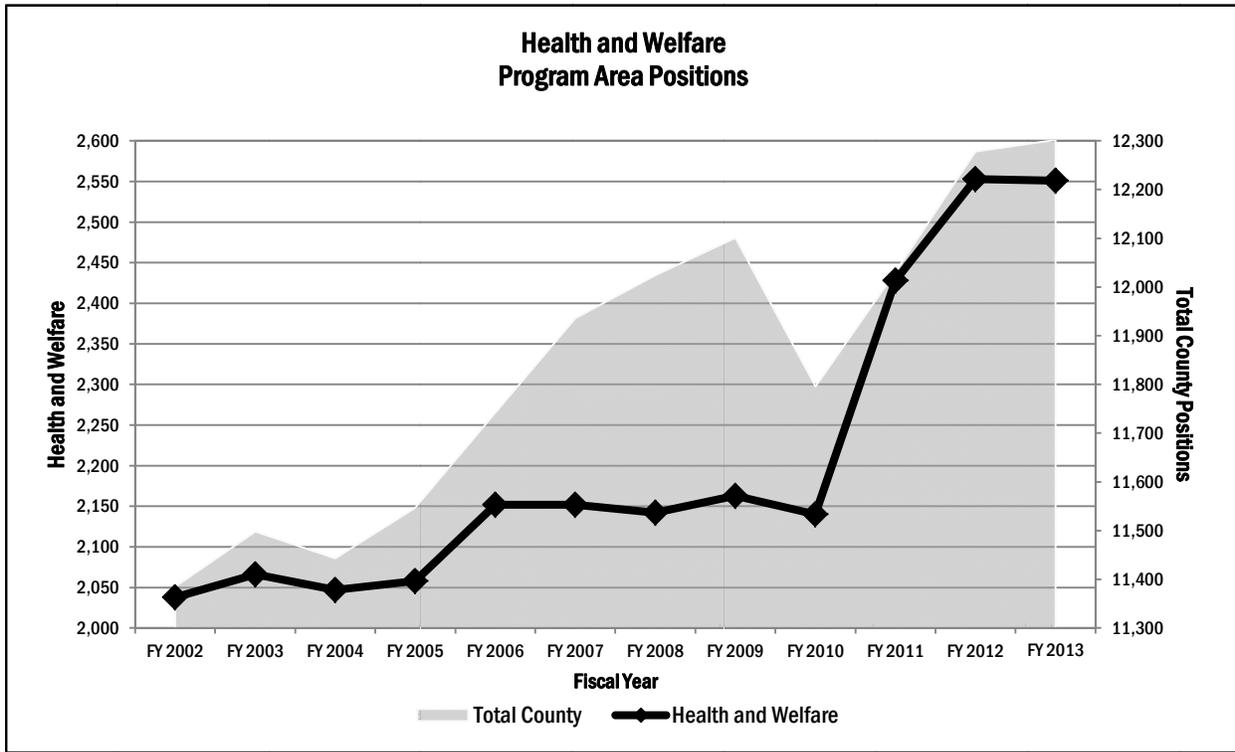
The Health and Welfare program area includes 2,551 positions. Total positions for this program area have decreased by 2/2.73 SYE positions including 5/5.0 SYE Health Department positions reflecting agency reductions utilized to balance the FY 2013 budget, offset by the creation of 3/2.27 SYE positions in DFS associated with opening two new SACC rooms at the Lacey Elementary School and opening a second SACC room at the Graham Road Elementary School.

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.

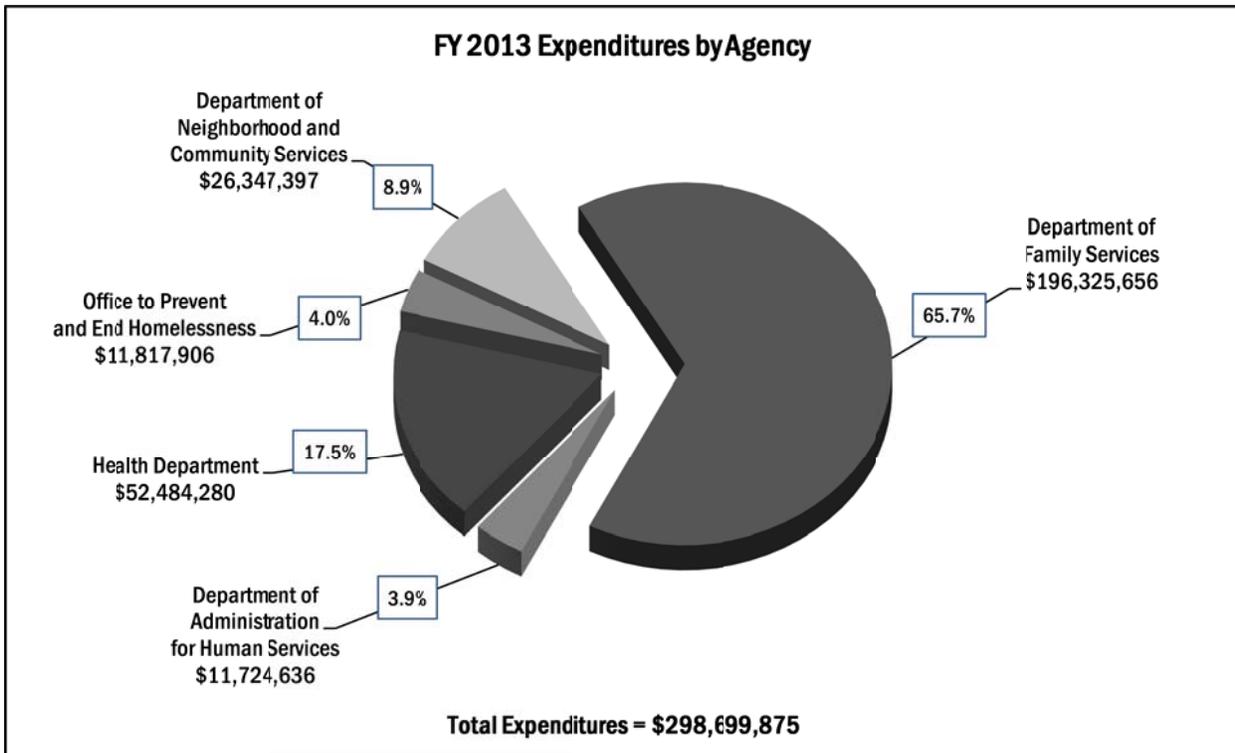
Trends in Expenditures and Positions



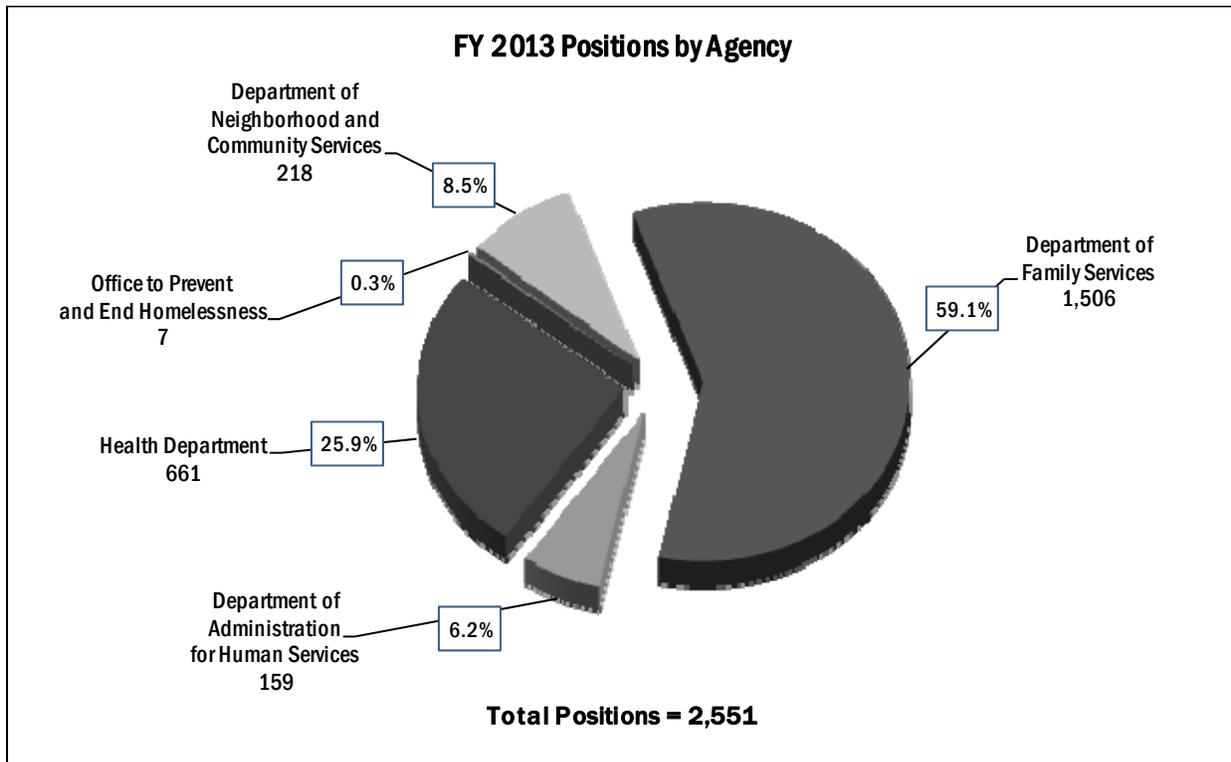
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FY 2013 Expenditures and Positions by Agency



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Benchmarking

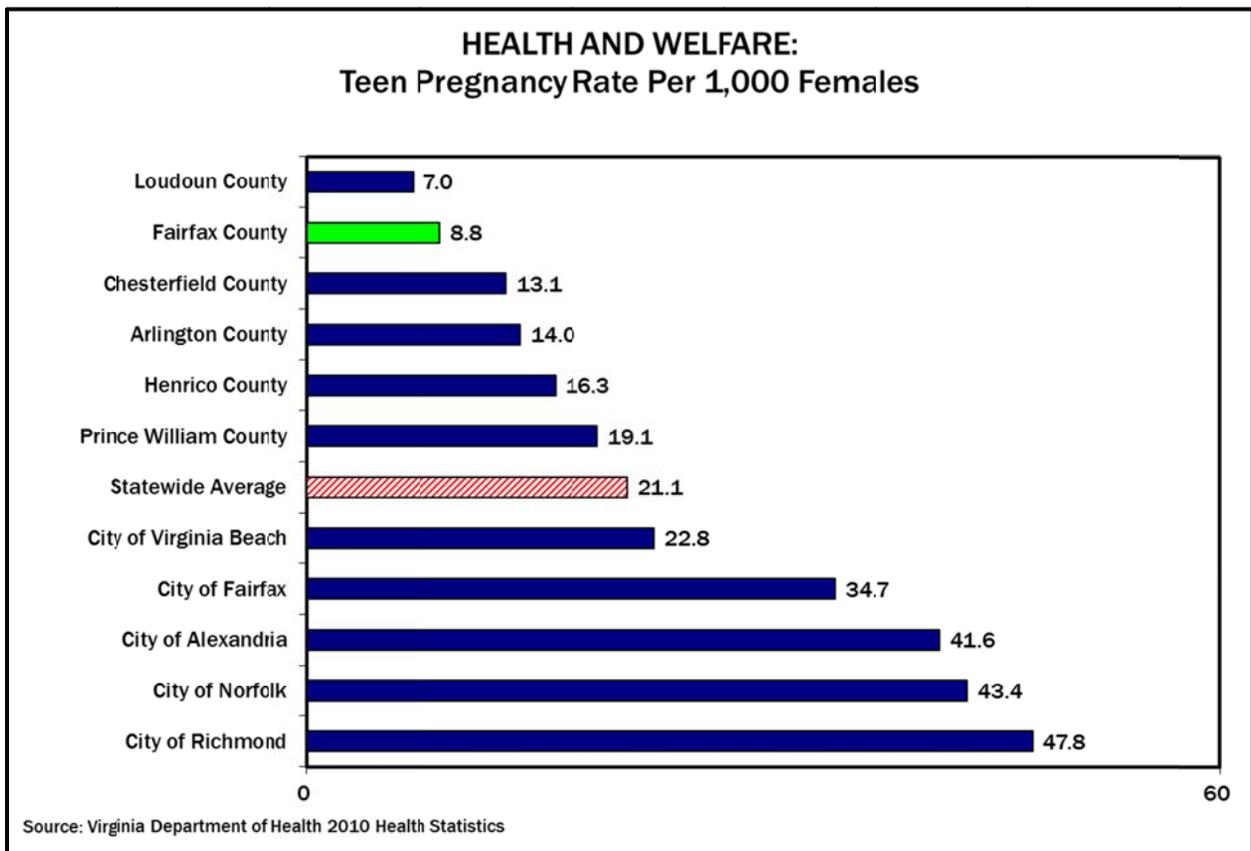
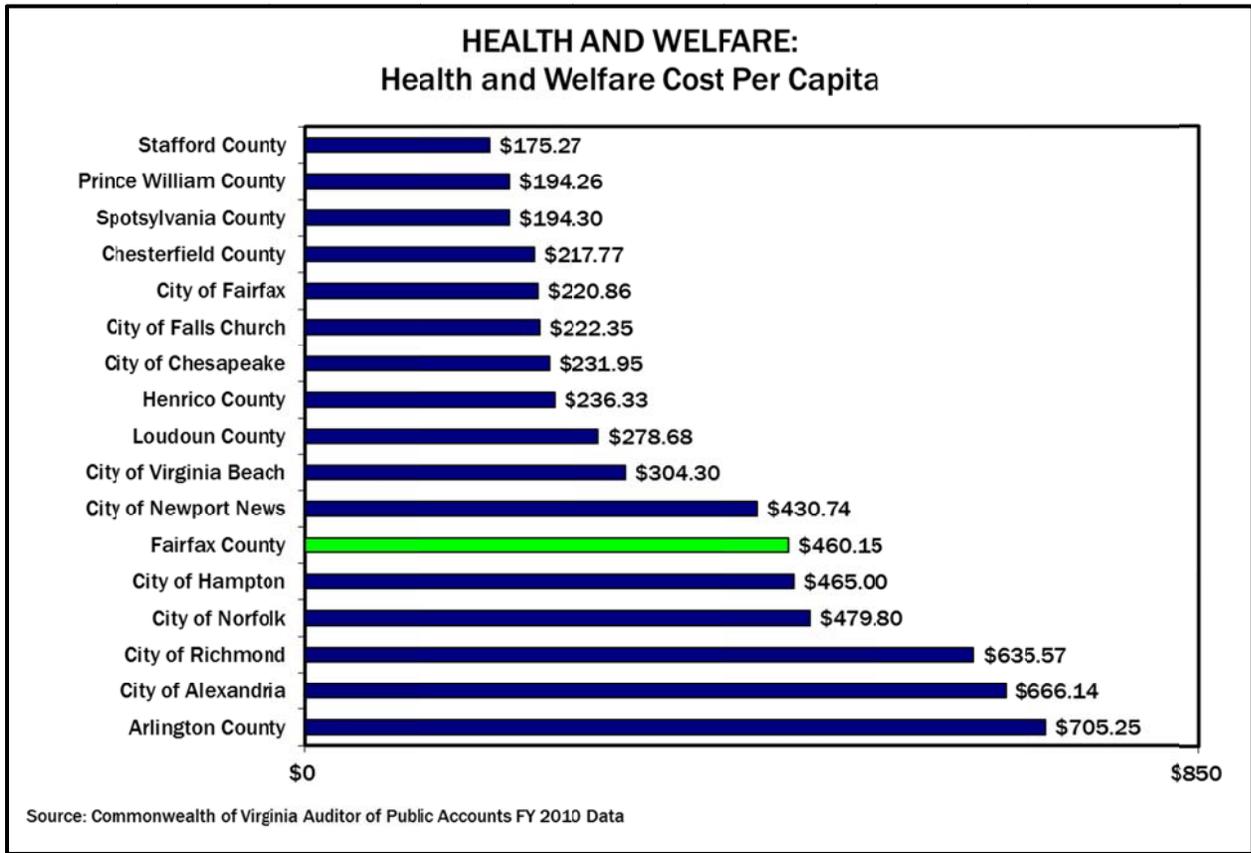
Comparative performance information for the Health and Welfare program area comes from a variety of sources. This is in fact, one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected for them. Data included for this program area were obtained 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.

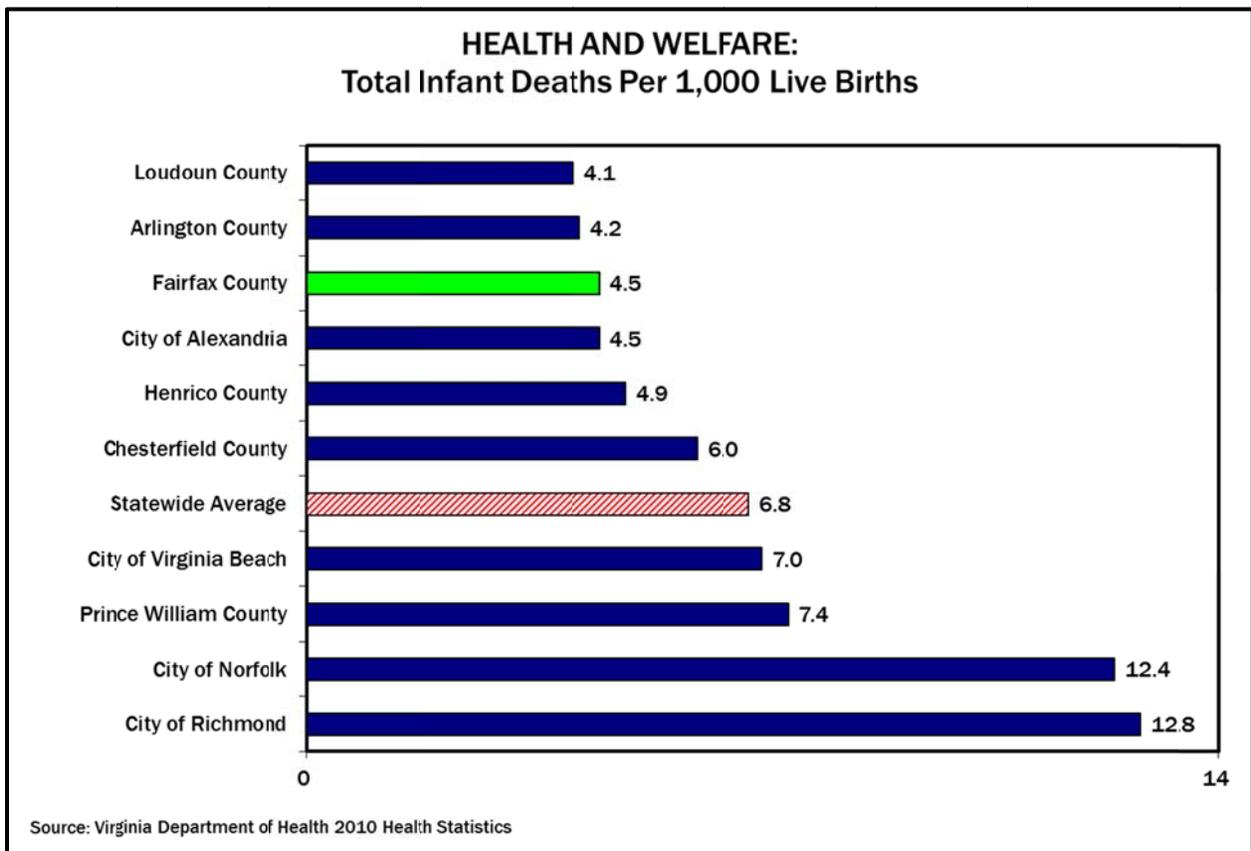
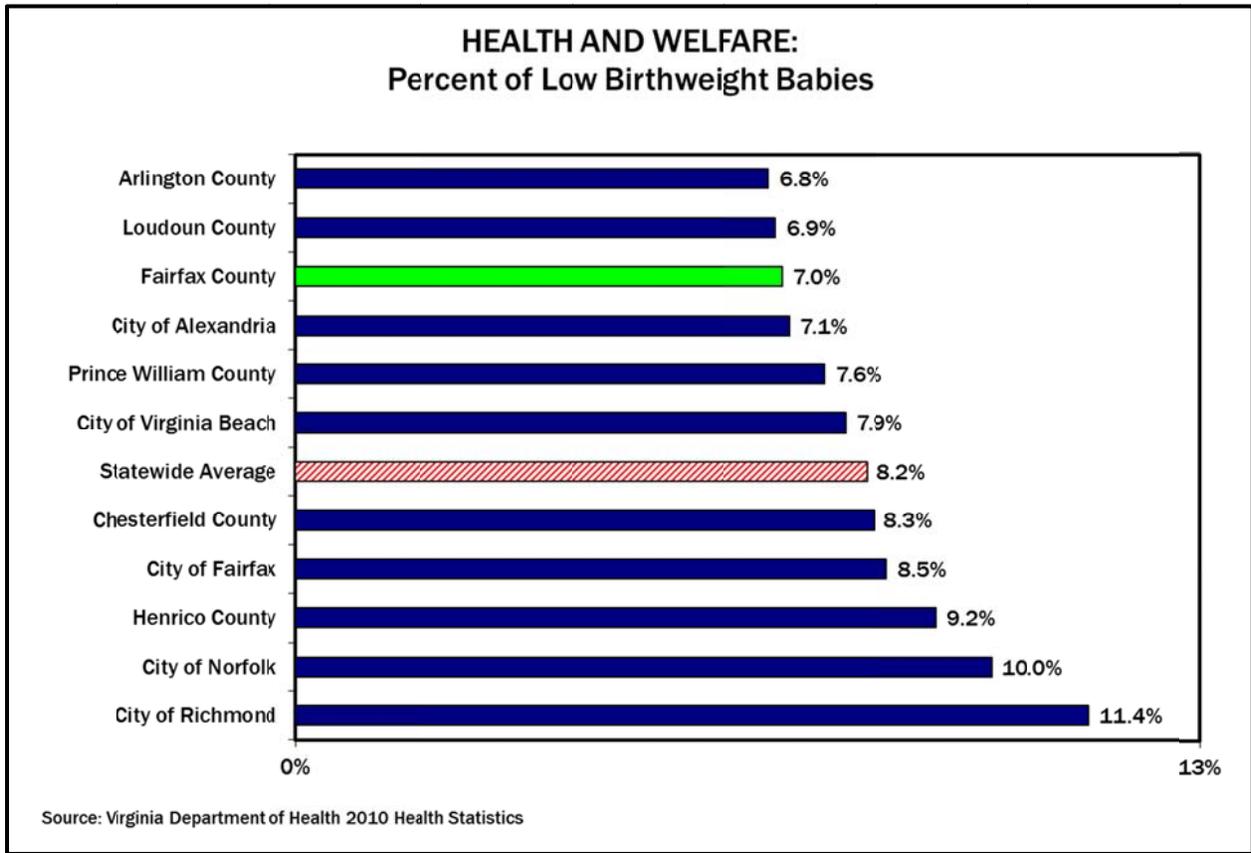
Data provided by the Virginia Department of Health are included to show how Fairfax County compares to other large jurisdictions in the state, as well as the statewide average in the areas of teen pregnancy rate, low birthweight and infant mortality.

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

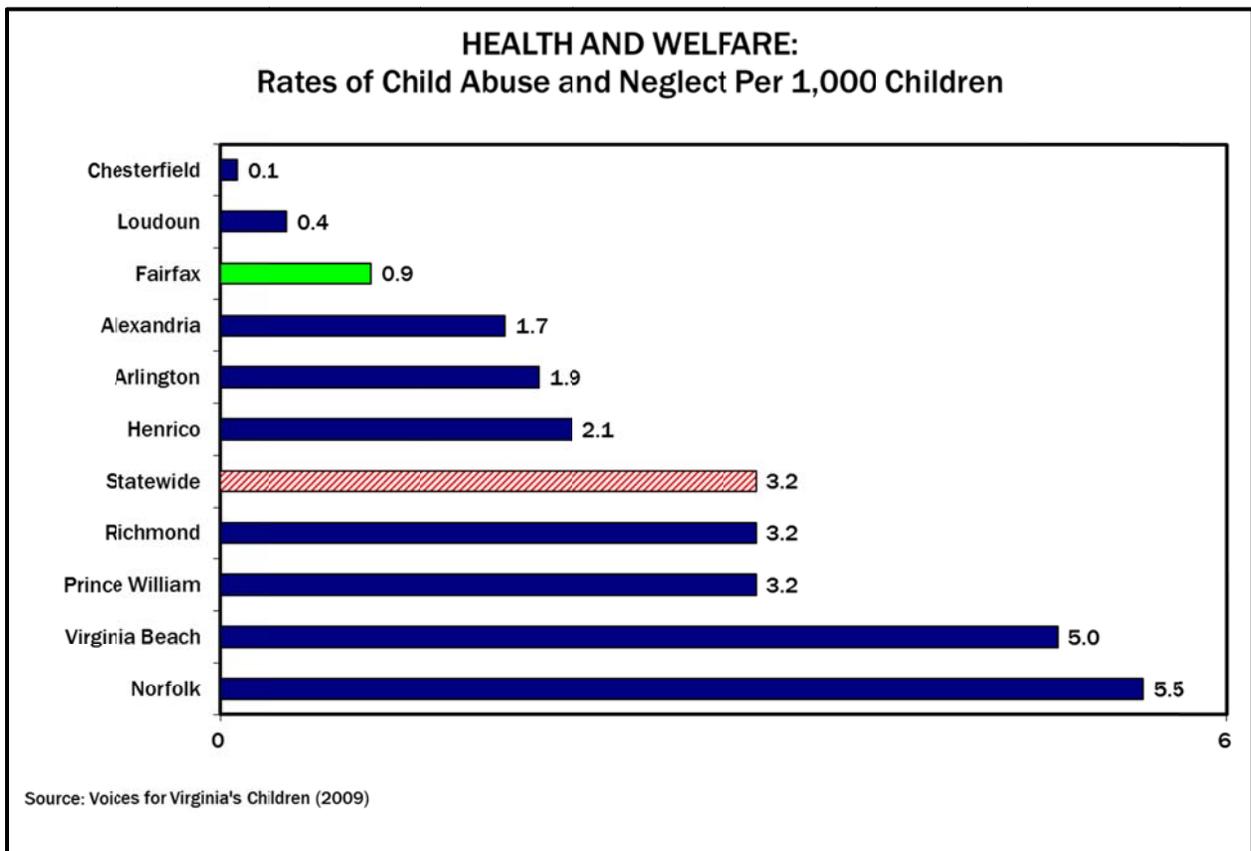
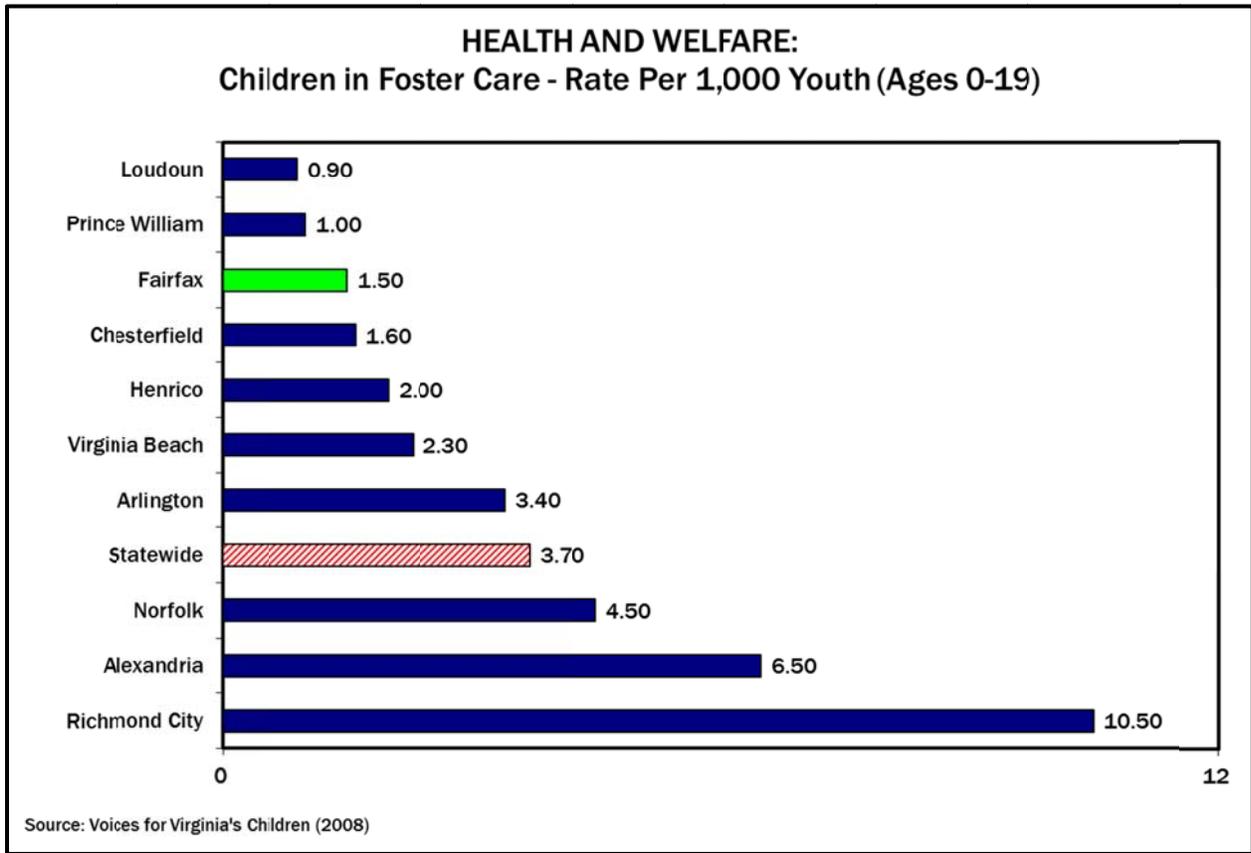
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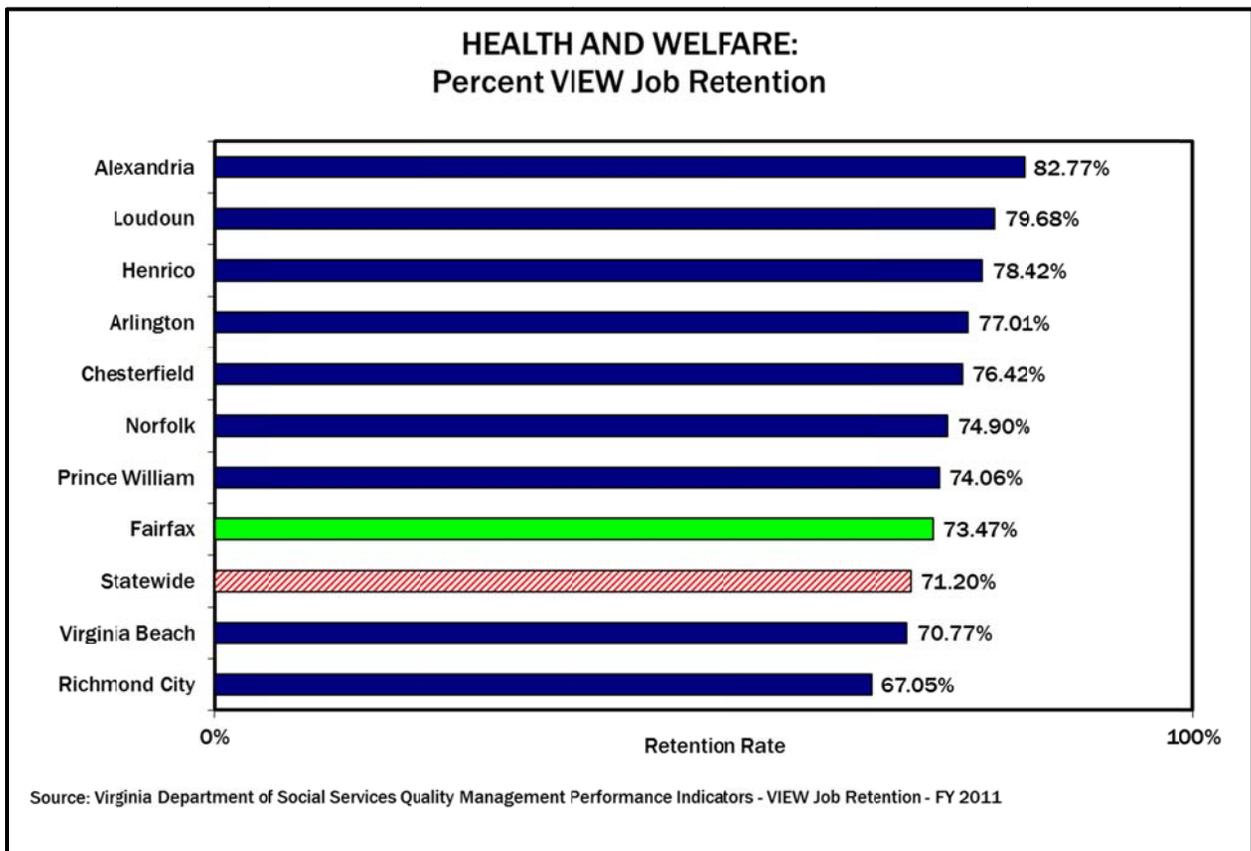
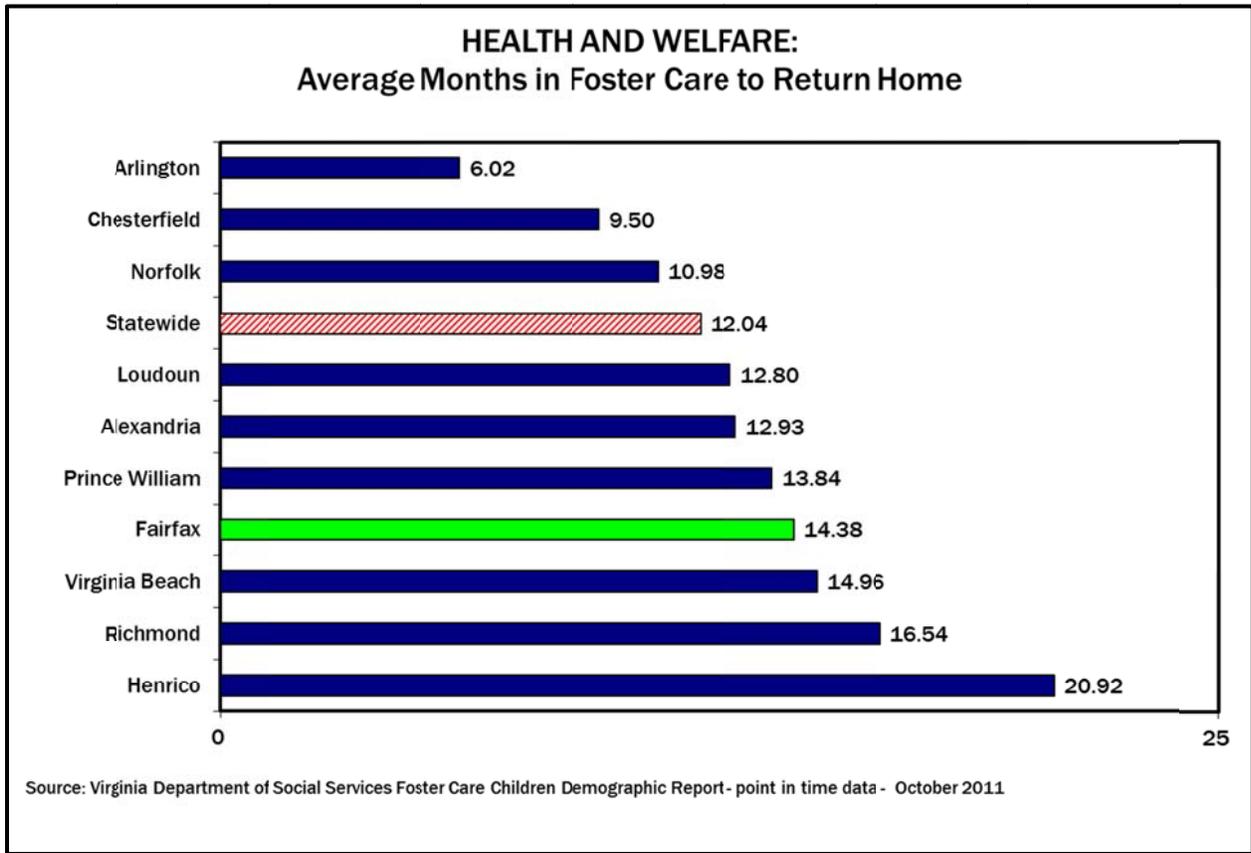
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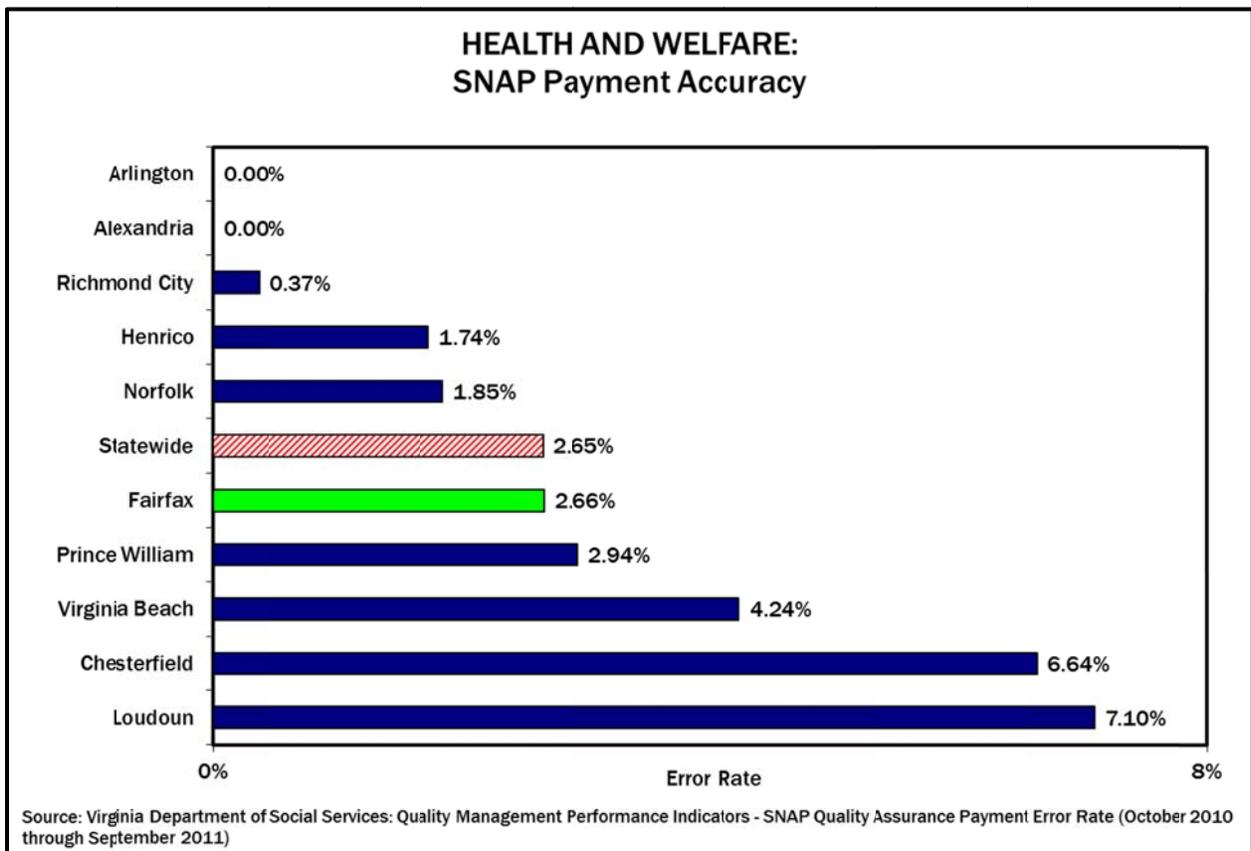
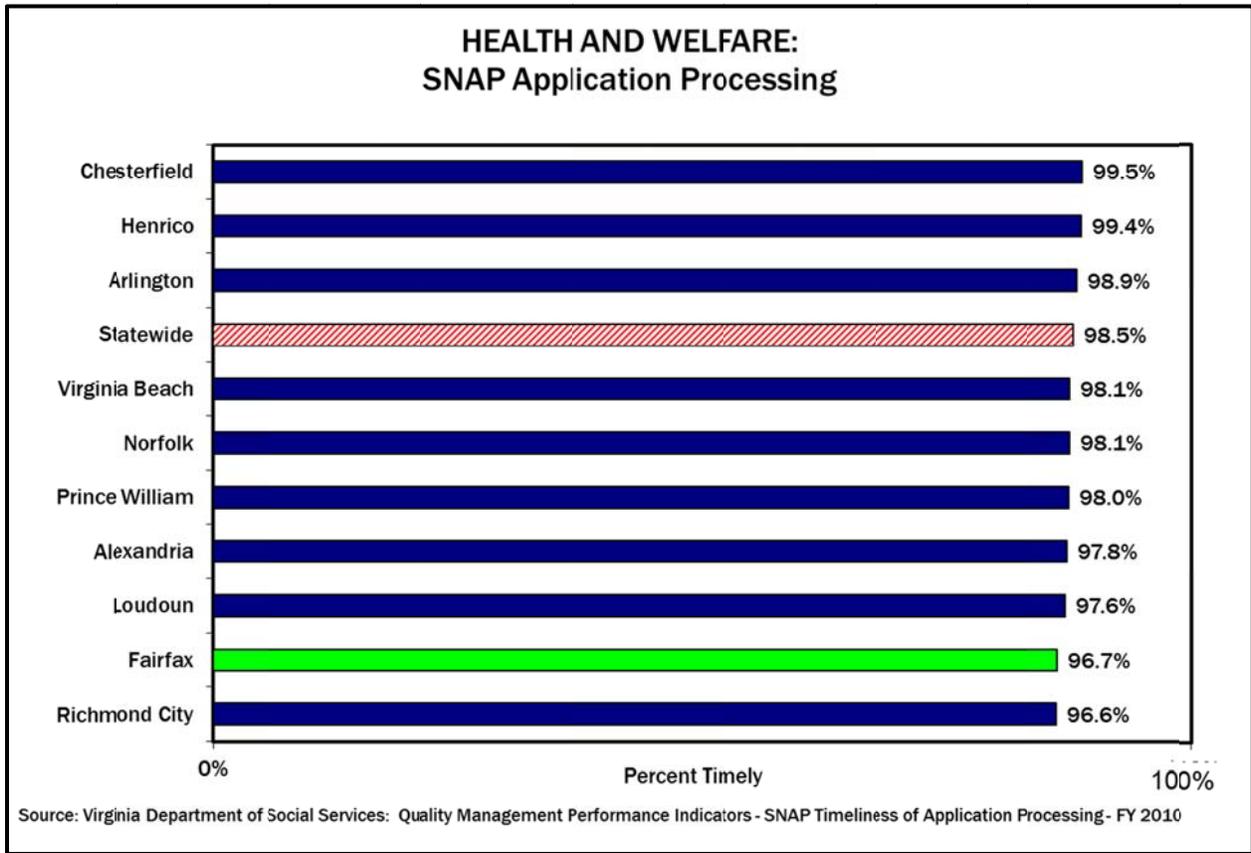
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