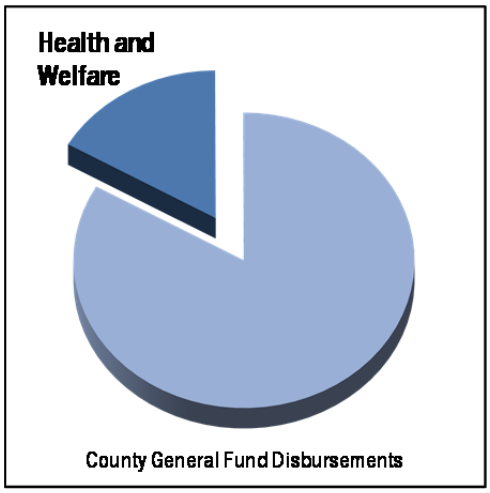
# Health and Welfare Program Area Summary

## 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 40040, Fairfax-Falls Church Community Services Board (CSB) found in Volume 2 of the FY 2015 Advertised Budget Plan. Human Services functions are also addressed in other funds such as Fund 50000, Federal-State Grant Fund; Fund 10020, Consolidated Community Funding Pool; and Fund 30080, 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 2015 Advertised 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

The Department of Family Services 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 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 weak economy. Public assistance caseloads have increased by more than 60 percent since FY 2008. 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 2015, the department will leverage $28.3 million in non-County resources to provide $32.2 million in services through grants.

DAHS serves the community with quality administrative and management services. DAHS provides administrative, consultative and management services to 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 enhancing cross-system coordination of business functions and identifying continuous process improvement opportunities to ensure both efficient and effective professional administrative services in the business areas of Financial Management, Human Resources, Contracts and Procurement Management, and Physical Resources. The County's human services system is very large, with approximately $460 million in expenditures and approximately 4,000 merit employees, while billing and collecting more than $170 million in revenues and reimbursements. In FY 2014, more than 41,000 purchasing transactions and approximately 58,500 bills and invoices are projected to be processed. The value of contracts handled by DAHS is approximately $155 million for contracted services offered through more than 1,100 contractual agreements. DAHS provides services and support to human services facilities by coordinating maintenance and space planning of facilities including seven emergency shelters, 120 office and service delivery sites, and oversees over 245 residential program sites serving consumers throughout the County. DAHS also provides residential lease management and federally required residential property 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.

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. In late FY 2013, the FCHD began a strategic planning process which will be completed by the end of FY 2014. Although the plan is still in development, the Health Department will be focusing on strengthening capacity to deliver the 10 Essential Public Health Services (EPHS) through population-based prevention programs. The 10 EPHS describe public health activities that all communities should undertake and serves as a framework for the national public health department accreditation process.

The FCHD continues to work with the County's newly formed Health Care Collaborative to prepare for and respond to healthcare service delivery needs associated with the Affordable Care Act of 2010. The Health Care Collaborative will continue to work with community safety net providers to establish a service delivery framework that assures access to new health insurance exhange programs; integrates primary, oral, and behavioral health services; and improves access and affordability of health care for the Fairfax community. The FCHD, along with other County agencies and community partners, is developing recommendations for the provision of safety net services. These recommendations will incorporate prevention and wellness best practices to improve the community's health.

OPEH is tasked with providing day-to-day oversight and management of 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.

OPEH is also responsible 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, supportive 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 collaborates closely with these agencies and with nonprofits to provide coordinated and effective homeless services in the community.

The Department of Neighborhood and Community Services 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. 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.

## 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:

**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**

- Self-sufficiency of residents to address basic needs
- Prevention
- Early intervention
- Access to services
- 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

A number of demographic, economic, social, and governance trends affect this program area. With regard to demographics, the tremendous growth in population has an 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. The County's population is increasing in number, age and diversity. The 2012 American Community Survey (ACS) estimated that 119,279 older adults (age 65 and older) were living in Fairfax County. It is expected that there will be 192,314 by 2030. Additionally, the County is growing more diverse. In 1980, more than 13 percent of older adults spoke a language other than English at home, and by 2010 the number had grown to 29 percent. From 1980 to 2010, the percentage of minorities in the older adult population increased from 6.4 percent to 27 percent.

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.

## Program Area Summary by Character

| Category | FY 2013 Actual | FY 2014 Adopted | FY 2014 Revised | FY 2015 Advertised |
|---|---|---|---|---|
| **FUNDING** | | | | |
| Expenditures: | | | | |
| Personnel Services | $140,340,772 | $146,437,013 | $147,801,373 | $151,171,354 |
| Operating Expenses | 149,694,197 | 149,349,067 | 158,773,033 | 152,968,299 |
| Capital Equipment | 80,255 | 0 | 252,321 | 55,000 |
| Subtotal | $290,115,224 | $295,786,080 | $306,826,727 | $304,194,653 |
| Less: | | | | |
| Recovered Costs | ($8,590,935) | ($9,784,944) | ($8,822,501) | ($9,344,400) |
| Total Expenditures | $281,524,289 | $286,001,136 | $298,004,226 | $294,850,253 |
| Income | $124,100,215 | $123,819,394 | $124,117,242 | $125,780,491 |
| NET COST TO THE COUNTY | $157,424,074 | $162,181,742 | $173,886,984 | $169,069,762 |
| **AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)** | | | | |
| Regular | 2554 / 2420.96 | 2507 / 2379.66 | 2515 / 2399.42 | 2488 / 2381.1 |

## Program Area Summary by Agency

| Category | FY 2013 Actual | FY 2014 Adopted | FY 2014 Revised | FY 2015 Advertised |
|---|---|---|---|---|
| Department of Family Services | $181,733,479 | $184,997,583 | $190,896,165 | $188,943,715 |
| Department of Administration for Human Services | 11,569,375 | 11,842,653 | 11,990,604 | 12,514,712 |
| Health Department | 51,097,648 | 51,704,161 | 55,778,681 | 52,954,132 |
| Office to Prevent and End Homelessness | 11,001,061 | 11,400,964 | 12,332,988 | 12,285,581 |
| Department of Neighborhood and Community Services | 26,122,726 | 26,055,775 | 27,005,788 | 28,152,113 |
| Total Expenditures | $281,524,289 | $286,001,136 | $298,004,226 | $294,850,253 |

## 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. For FY 2015, the total funding level of $294,850,253 for the Health and Welfare program area represents 21.7 percent of the total General Fund direct expenditures of $1,361,286,419. This total reflects a net increase of $8,849,117 or 3.1 percent over the FY 2014 Adopted Budget Plan total of $286,001,136. The increase is primarily attributed to $2.2 million to reflect funding for a 1.29 percent market rate adjustment for all employees in FY 2015, effective July 2014; $1.6 million associated with new facilities, specifically the new Providence Community Center, permanent supportive housing units at Mondloch Place and Katherine K. Hanley Townhomes; $1.3 million for contract rate increases for the providers of mandated and non-mandated services; $1.2 million to address increasing public assistance caseloads; $1.1 million associated with behavioral health services for youth; $0.5 million to expand school readiness activities; $0.5 million associated with the realignment of financial management activities within the human services system; and $1.4 million for miscellaneous adjustments. These increases are offset by a decrease of $1.0 million in the Adoption Subsidy Program in order to align program year funding with actual experience. A detailed narrative for each agency within the Health

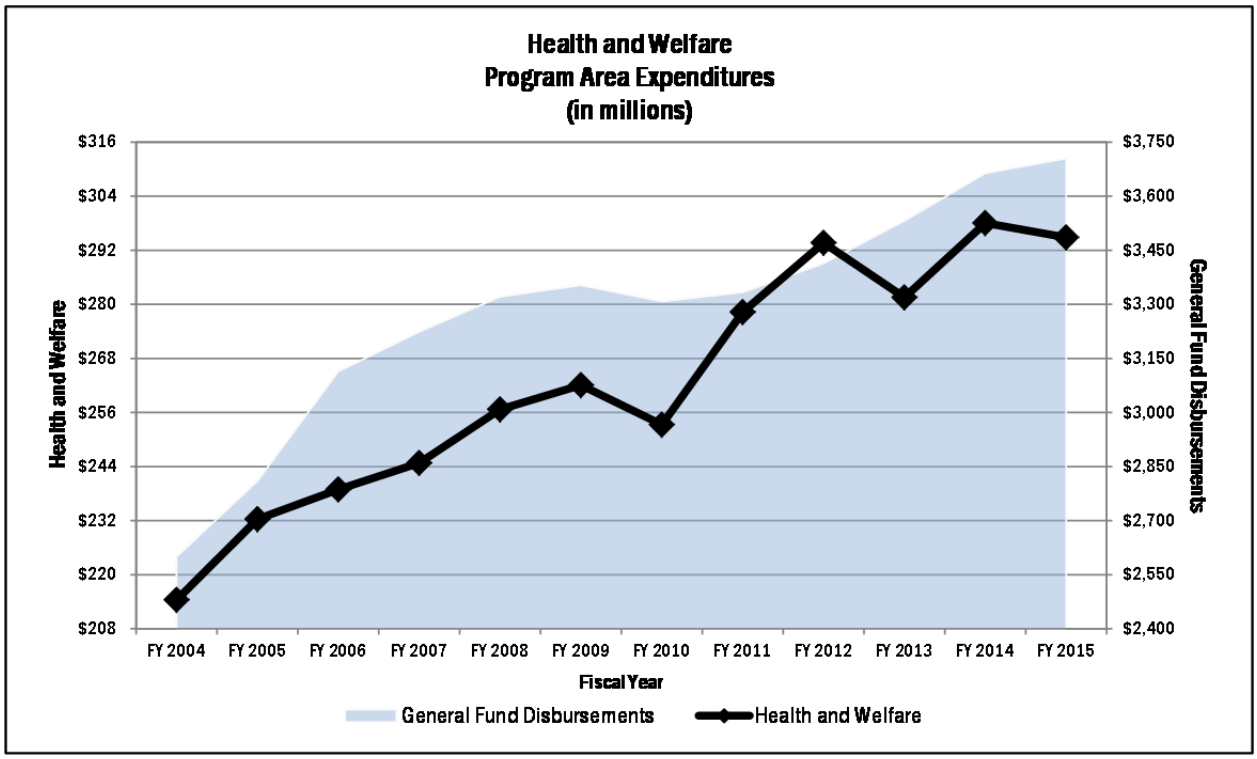
and Welfare Program Area can be found on subsequent Volume 1 pages of the FY 2015 Advertised Budget Plan.

The Health and Welfare program area includes 2,488 positions, a decrease of 27/18.32 FTE positions from the *FY 2014 Revised Budget Plan*. A total of 18/18.0 FTE new positions are included in the FY 2015 Advertised Budget Plan including 7/7.0 FTE positions in DNCS associated with the opening of the new Providence Community Center and 11/11.0 FTE positions in DFS. The DFS positions consist of 3/3.0 FTE positions associated with expanding school readiness activities in support of community programs serving young children; 3/3.0 FTE positions is associated with expanding behavioral health services for youth and families; 3/3.0 FTE positions is associated with addressing increasing public assistance caseloads in the Self Sufficiency division; 1/1.0 FTE position is associated with the Kinship Care program; and 1/1.0 FTE position will address both increasing caseloads and the complexity of work in the Office for Women and Domestic and Sexual Violence Services. This is offset by a reduction of 45/36.3 FTE positions in DFS is associated with the conversion of SACC Day Care Center Teacher I positions to benefits-eligible positions as they become vacant.

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

## Trends in Expenditures and Positions

It should be noted that, as part of the FY 2011 Adopted Budget Plan, the Department of Community and Recreation Services was consolidated with Systems Management for Human Services to form the Department of Neighborhood and Community Services. As a result, expenditures and positions increased in the Health and Welfare Program Area, where the Department of Neighborhood and Community Services is displayed and decreased in the Parks and Libraries Program Area, where the Department of Community and Recreation Services was shown.



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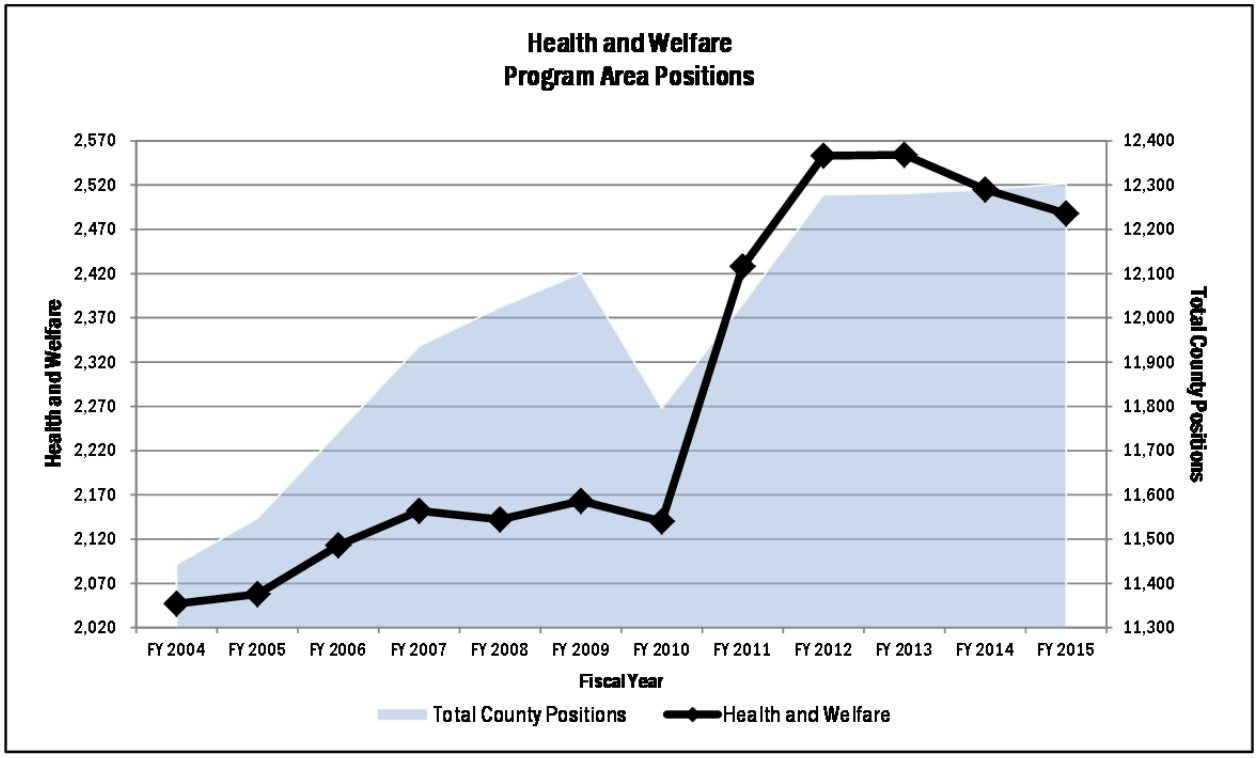
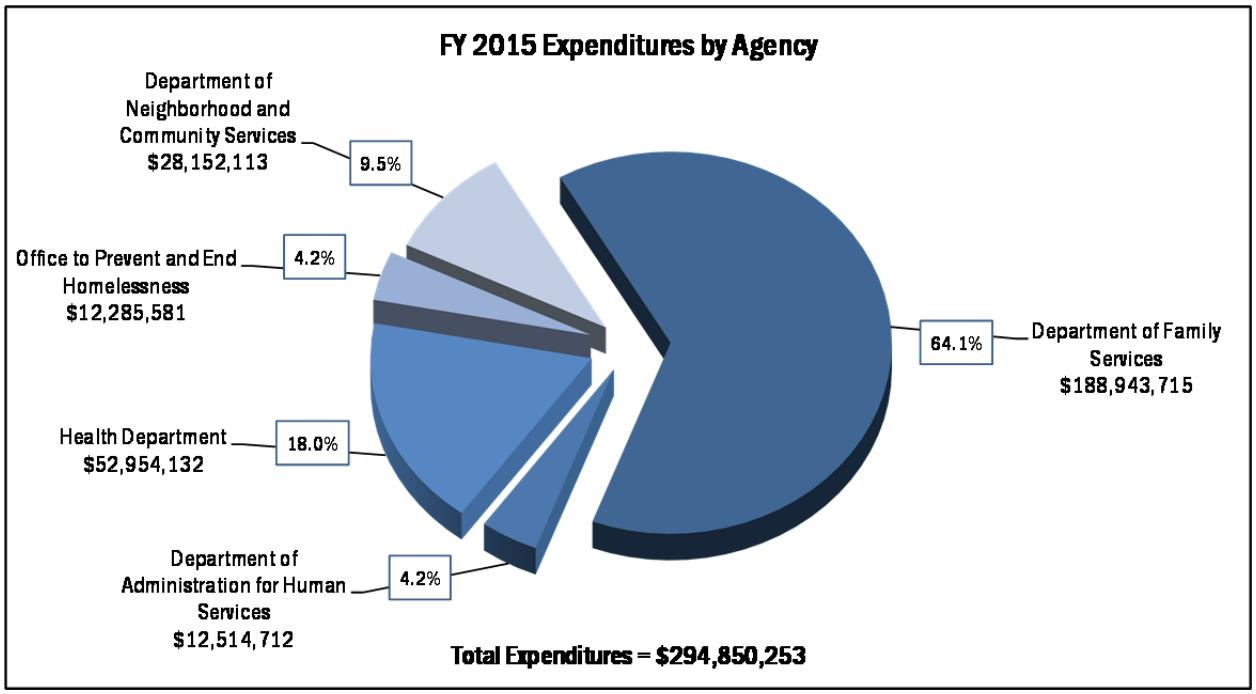
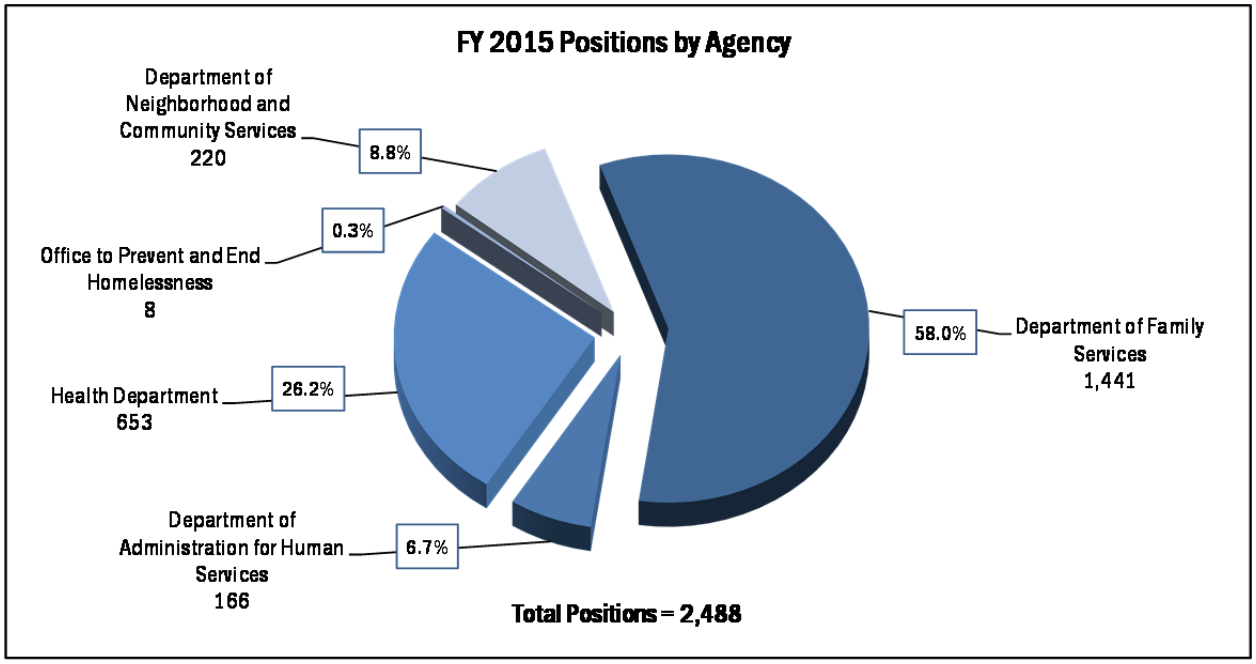



## FY 2015 Expenditures and Positions by Agency






## Benchmarking

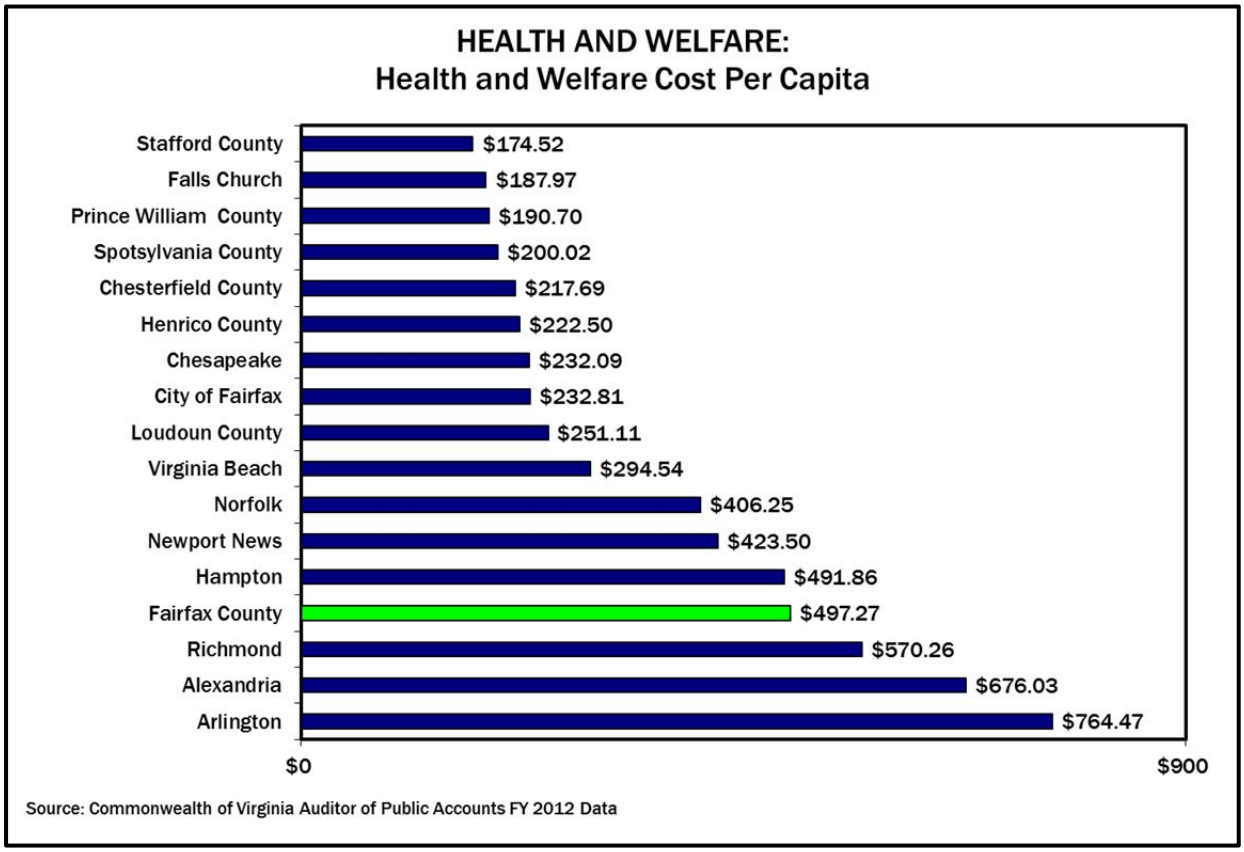
Comparative performance information for the Health and Welfare program area comes from a variety of sources. This is in fact, one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected for them. Data included for this program area were obtained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

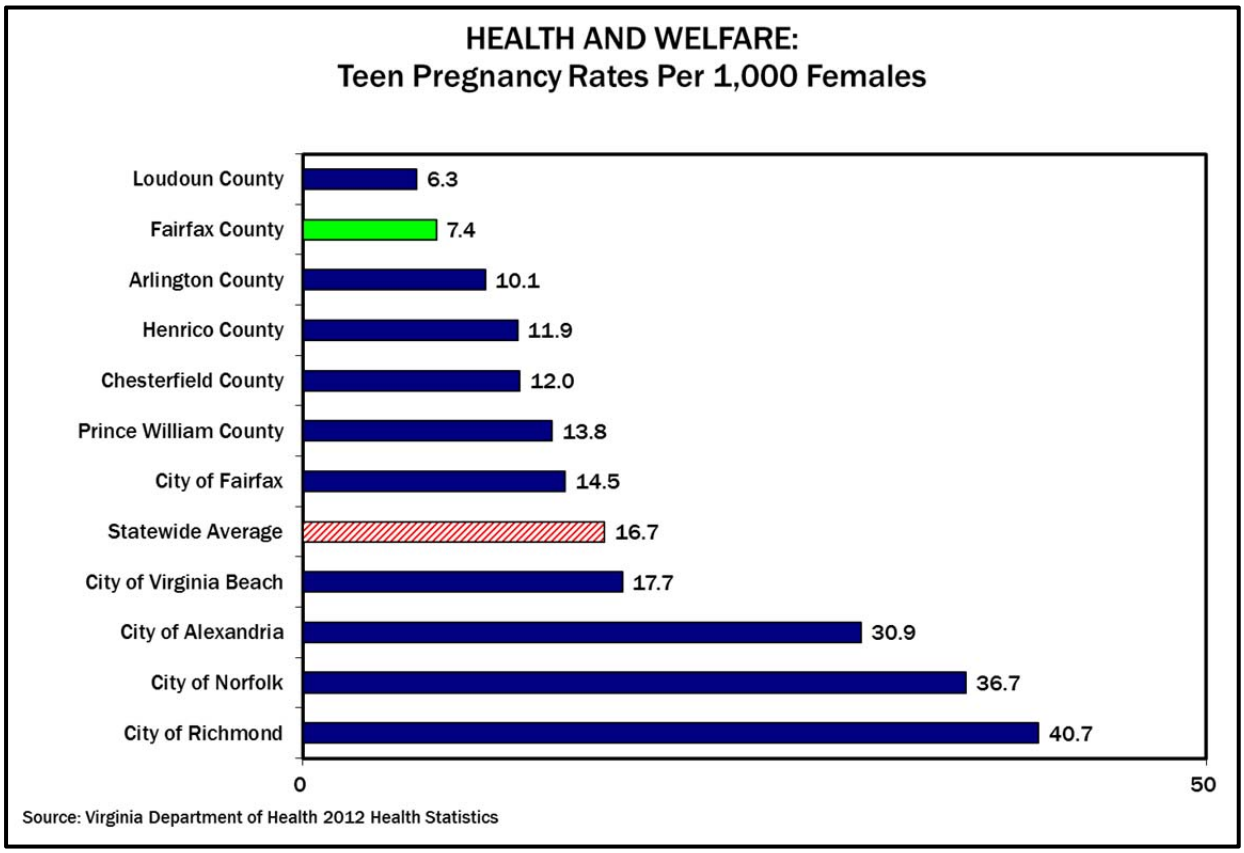
The APA collects financial data annually from all Virginia jurisdictions. As seen below, Fairfax County's cost per capita for Health and Welfare indicates the high level of local support for these programs and reflects the County's increasing urbanization that brings its own challenges in terms of human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

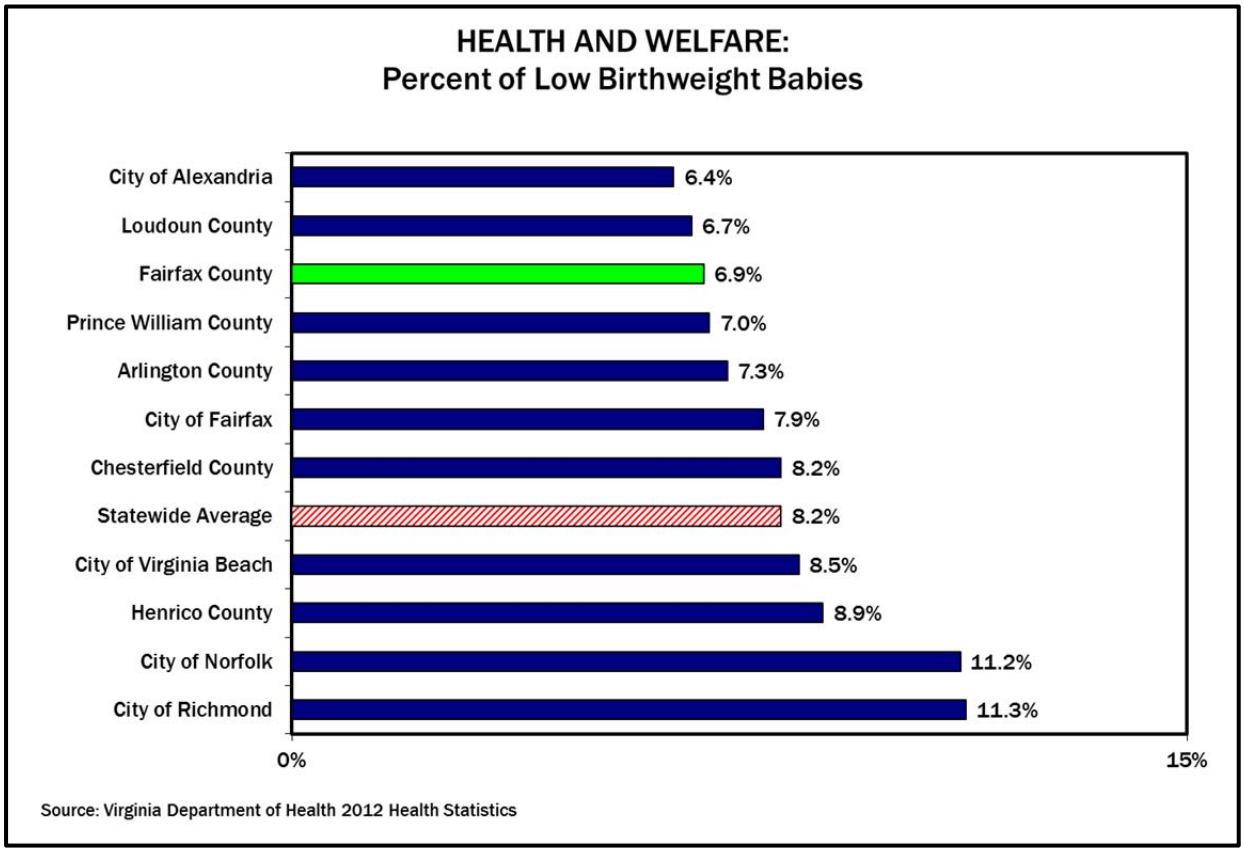
Data provided by the Virginia Department of Health are included to show how Fairfax County compares to other large jurisdictions in the state, as well as the statewide average in the areas of teen pregnancy rate, low birthweight and infant mortality.

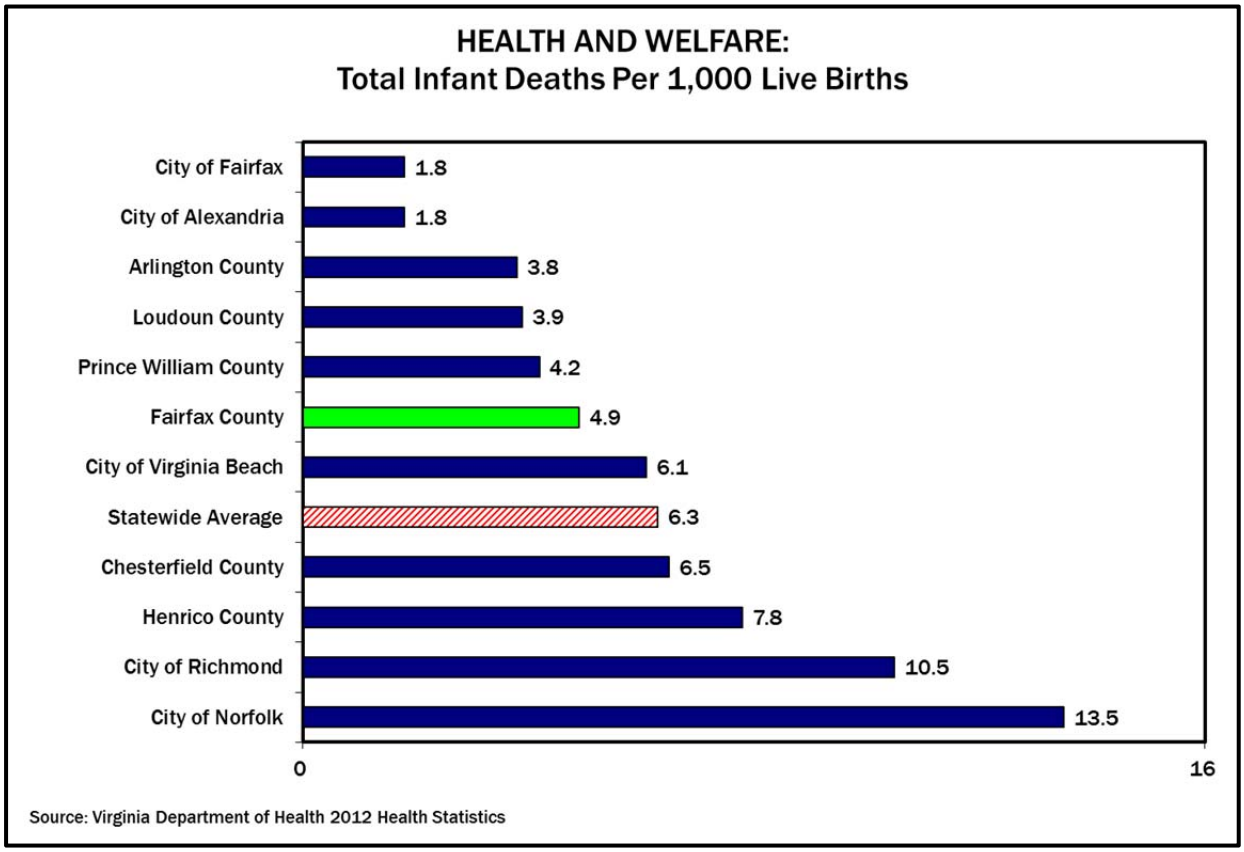
Another source included is the Virginia Department of Social Services. The following graphs compare Fairfax County to other large jurisdictions in the Commonwealth and indicate a fairly constant high level of performance.

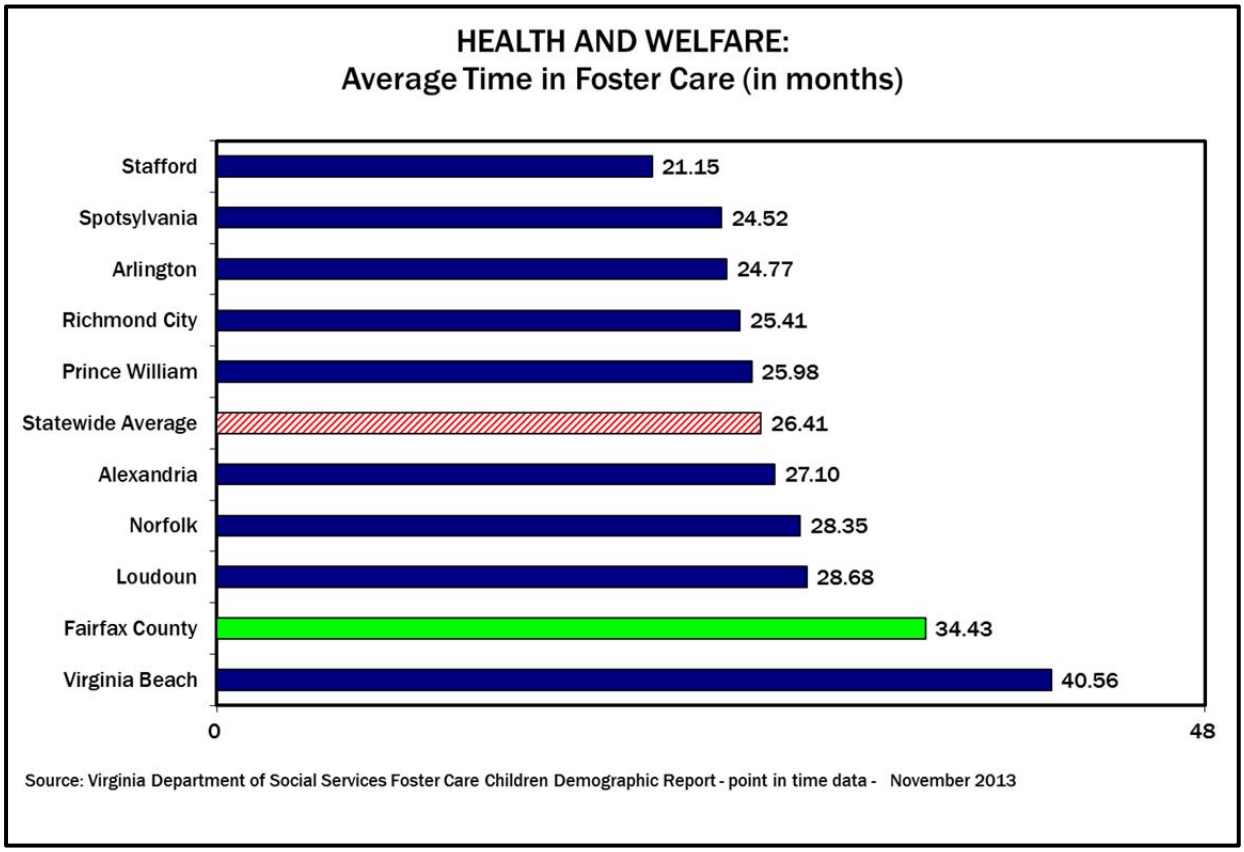
# Health and Welfare Program Area Summary

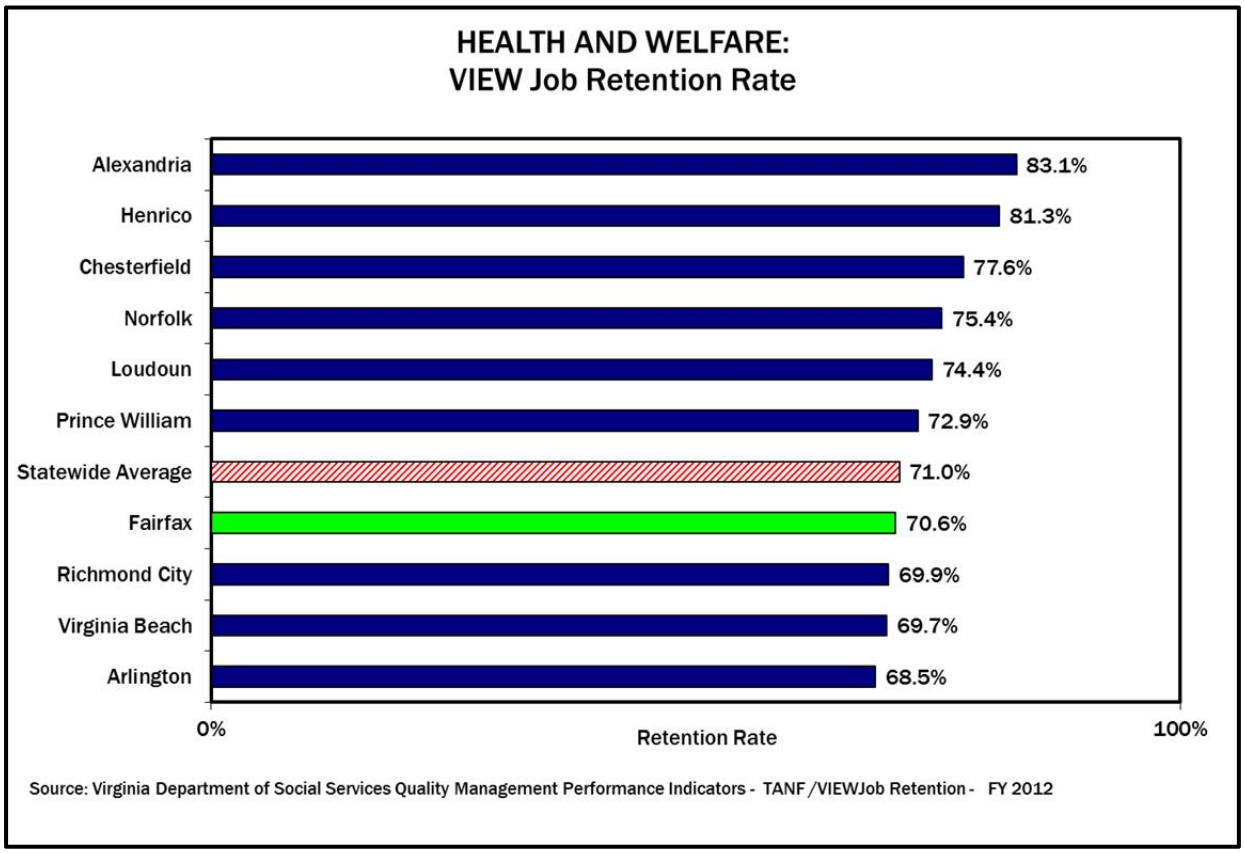


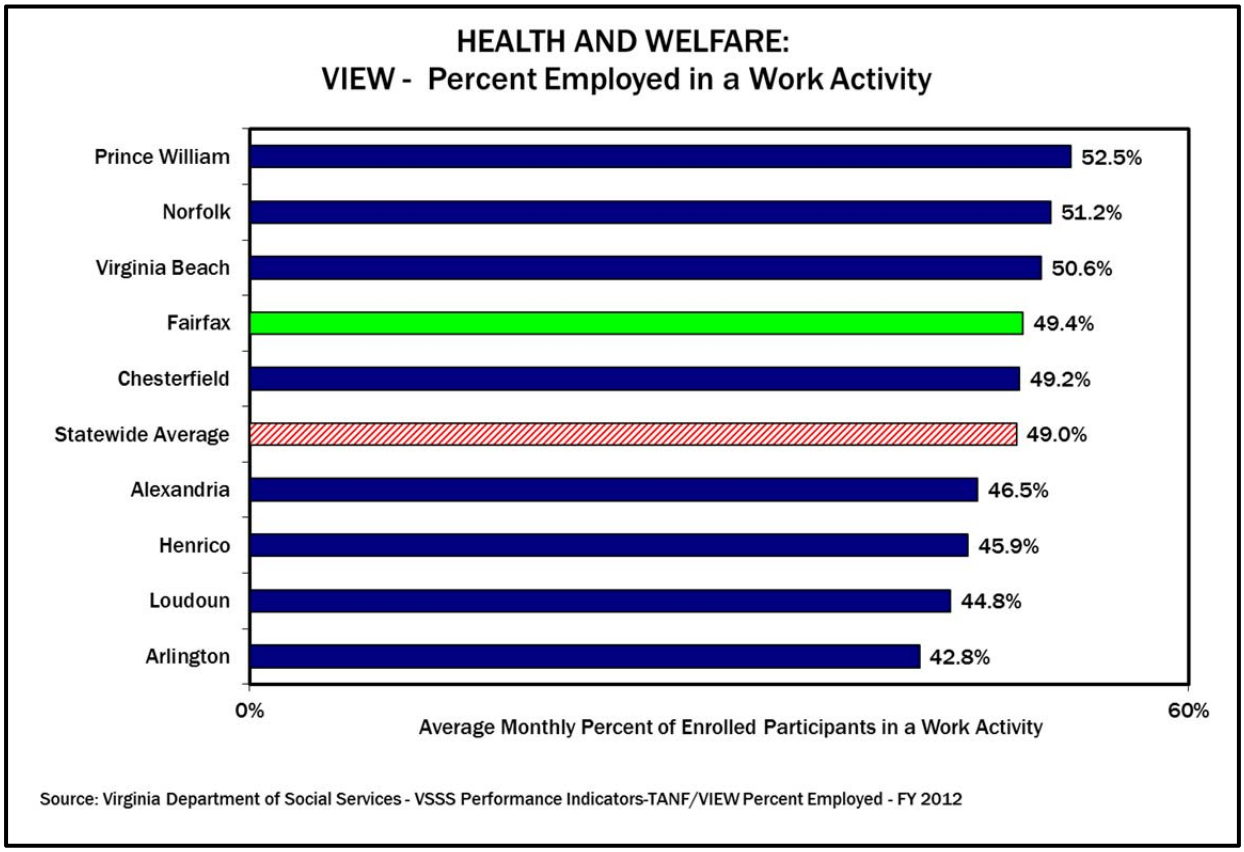



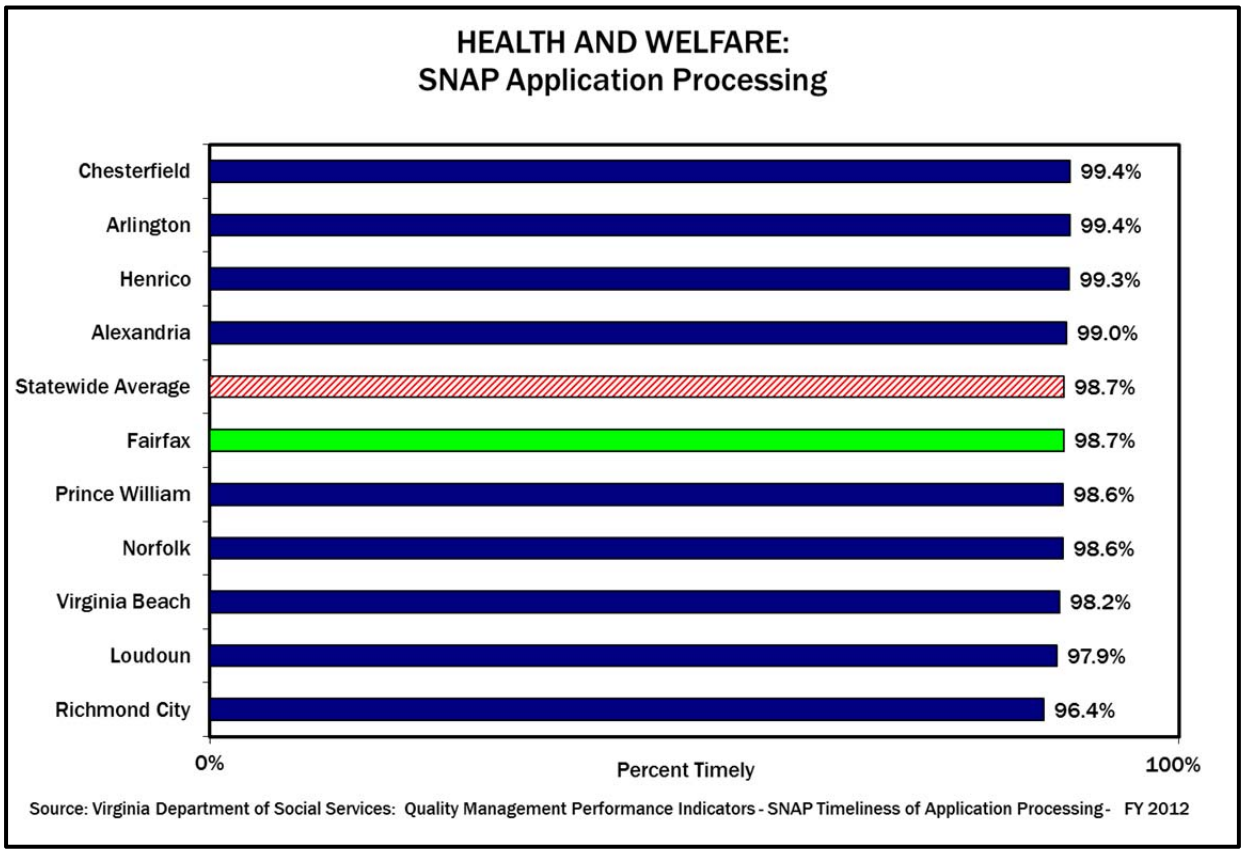

HEALTH AND WELFARE:
Percent of Low Birthweight Babies
City of Alexandria 6.4%
Loudoun County 6.7%
Fairfax County 6.9%
Prince William County 7.0%
Arlington County 7.3%
City of Fairfax 7.9%
Chesterfield County 8.2%
Statewide Average 8.2%
City of Virginia Beach 8.5%
Henrico County 8.9%
City of Norfolk 11.2%
City of Richmond 11.3%
0%
15%
Source: Virginia Department of Health 2012 Health Statistics

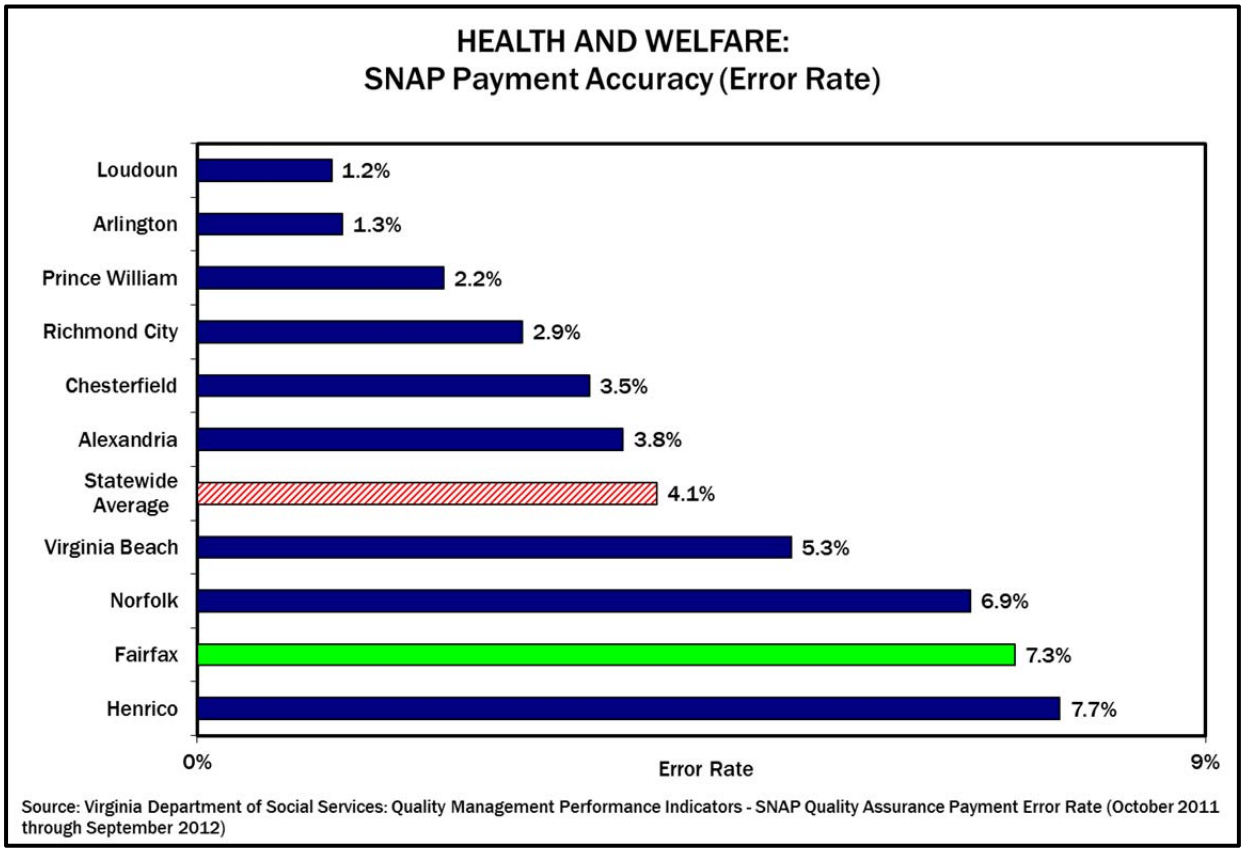

HEALTH AND WELFARE:
Total Infant Deaths Per 1,000 Live Births
City of Fairfax 1.8
City of Alexandria 1.8
Arlington County 3.8
Loudoun County 3.9
Prince William County 4.2
Fairfax County 4.9
City of Virginia Beach 6.1
Statewide Average 6.3
Chesterfield County 6.5
Henrico County 7.8
City of Richmond 10.5
City of Norfolk 13.5
0
16
Source: Virginia Department of Health 2012 Health Statistics


HEALTH AND WELFARE:
Average Time in Foster Care (in months)
Stafford 21.15
Spotsylvania 24.52
Arlington 24.77
Richmond City 25.41
Prince William 25.98
Statewide Average 26.41
Alexandria 27.10
Norfolk 28.35
Loudoun 28.68
Fairfax County 34.43
Virginia Beach 40.56
0
48
Source: Virginia Department of Social Services Foster Care Children Demographic Report - point in time data - November 2013


HEALTH AND WELFARE:
VIEW Job Retention Rate
Alexandria 83.1%
Henrico 81.3%
Chesterfield 77.6%
Norfolk 75.4%
Loudoun 74.4%
Prince William 72.9%
Statewide Average 71.0%
Fairfax 70.6%
Richmond City 69.9%
Virginia Beach 69.7%
Arlington 68.5%
0%
Retention Rate
100%
Source: Virginia Department of Social Services Quality Management Performance Indicators - TANF/VIEWJob Retention - FY 2012


HEALTH AND WELFARE:
VIEW - Percent Employed in a Work Activity
Prince William 52.5%
Norfolk 51.2%
Virginia Beach 50.6%
Fairfax 49.4%
Chesterfield 49.2%
Statewide Average 49.0%
Alexandria 46.5%
Henrico 45.9%
Loudoun 44.8%
Arlington 42.8%
0%
60%
Average Monthly Percent of Enrolled Participants in a Work Activity
Source: Virginia Department of Social Services - VSSS Performance Indicators-TANF/VIEW Percent Employed - FY 2012


HEALTH AND WELFARE:
SNAP Application Processing
Chesterfield 99.4%
Arlington 99.4%
Henrico 99.3%
Alexandria 99.0%
Statewide Average 98.7%
Fairfax 98.7%
Prince William 98.6%
Norfolk 98.6%
Virginia Beach 98.2%
Loudoun 97.9%
Richmond City 96.4%
0%
100%
Percent Timely
Source: Virginia Department of Social Services: Quality Management Performance Indicators - SNAP Timeliness of Application Processing - FY 2012


HEALTH AND WELFARE:
SNAP Payment Accuracy (Error Rate)
Loudoun
1.2%
Arlington
1.3%
Prince William
2.2%
Richmond City
2.9%
Chesterfield
3.5%
Alexandria
3.8%
Statewide Average
4.1%
Virginia Beach
5.3%
Norfolk
6.9%
Fairfax
7.3%
Henrico
7.7%
0%
Error Rate
9%
Source: Virginia Department of Social Services: Quality Management Performance Indicators - SNAP Quality Assurance Payment Error Rate (October 2011 through September 2012)