



Response to Questions on the 2016 LOBs

Request By: Various

Relevant LOB(s): LOB #148

Question: Describe the County's school health model including the use of nurses and aides, task prioritization and comparisons to models being employed elsewhere. How does the Fairfax model allow the County to accommodate all of the students without meeting the state recommended nurse to student ratio? What are other jurisdictions' nurse to student ratios?

Response:

School Health Service Delivery Models

There are several models that can be utilized to deliver school health services. Differences between how local jurisdictions choose to provide school health services and staff their schools depend on many factors including the overall number of schools and students in the locality; the number and complexity of student health conditions; and the availability of local resources. Differences between models can include whether the services are delivered by the County or the school system; nurse to school and nurse to student ratios; and how para-professional staff is utilized. The various approaches to school health service delivery tend to fall into the following categories:

- **School Nurse for Every School Model** – All concerns including emergencies are addressed on-site by a Registered Nurse. The model is endorsed by the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN), but can be cost prohibitive.
- **Registered Nurse/Trained Para-professional Model** – Each school is covered by a Registered Nurse (RN) and Health Aide team. Each RN covers two to three schools in geographic proximity and there is a Health Aide in each school. Emphasis is placed on proper training for Health Aides and school staff.
- **Blended Model** – A combination of acuity calculations based on student conditions at individual schools to determine appropriate staffing levels and RN/para-professional staff teams to manage service delivery.

The Fairfax County School Health Model

The Fairfax County School Health Program functions through a strong partnership with Fairfax County Public Schools (FCPS) and the Health Department. Staffing is provided by the Health Department with extensive collaboration and support from FCPS staff. The County school health model is a Blended Model that utilizes Public Health Nurses (PHN) who are licensed as Registered



Nurses, often with master's degrees in public health or nursing, and trained paraprofessional School Health Aides (SHA). A School Health Aide is assigned to each school. A Public Health Nurse is assigned between three and five schools, depending on the acuity calculation for each school. The system also relies on extensive and ongoing training for the SHAs as well as FCPS staff.

Each school has a health room which is staffed during the academic day by the School Health Aide who follows established protocols to provide care for sick and injured students, administers medications, conducts hearing and vision screenings, and alerts parents or guardians of the need for further care when indicated.

PHNs provide services year round and extend their support to after school activities as well as summer school programs. Primary responsibilities include the identification of health conditions that may require support; developing a plan of care to assure the students' health needs are supported; evaluating and coordinating responses to communicable disease; providing staff training on the support of health conditions; and promoting the overall health and wellness of the school community.

Nurse to Student Ratios

There are 65 PHN merit positions in the School Health program; however, eight of those positions are held vacant as part of a managed vacancy plan due to prior year budget reductions. This means that there are 57 PHNs that provide services and care coordination to the County's school system, which results in a PHN to student ratio of 1:3,254. This is in comparison to the Code of Virginia recommended ratio of 1:1,000. However, since the County utilizes a Blended Model, it is not intended that the recommended ratio set forth in the Code of Virginia be met. Staff has set a target ratio of 1:2,000. This will allow PHNs to continue to meet the needs of students, provide regular training to SHA and FCPS staff, and address student health care plans timely.

Trends and Challenges

While the Fairfax County School Health Model has consistently received high levels of satisfaction from parents of students with a health condition, it has been noted that the high PHN to student ratio is beginning to adversely impact these indices. For example, the ability to coordinate individual school staff training on special procedures and the responsiveness of the PHN when investigating a reported communicable disease is hampered when the PHN is covering multiple schools. Additionally, for the past several years, the department has not met its performance measurement targets for establishing students' health care plans in a timely manner. Amidst the growing number of students with health conditions and the increasing complexity of health conditions facing the PHN and SHA staff, the current nurse to student ratios are not sustainable and will pose challenges to ensuring quality and satisfaction with the program. With the upward trend in the number of students with health conditions, the demand for student assessments, health care planning, and FCPS staff training has also grown. All of these elements must be in place for the students to safely attend school, and the ability of the PHNs to complete all of them has worsened over the last several years.



The U.S. Department of Education mandates students' right to a "Free and Public Education" and the ability to enroll and attend school in a timely manner. Delays in training and implementation of school health plans adversely impact the student's ability to do so. Ultimately the quality and timeliness of health services also impact the students' academic success. In order to address the growing challenges facing the County's School Health system, the Health Department is working to lower the PHN to student ratio. One option is to fill the eight positions that are currently part of the managed vacancy plan. This would decrease the PHN to student ratio from 1:3,254 to 1:2,854 and would cost just under \$1.0 million. If the PHN to student ratio was further decreased to 1:2,000, it would require an additional 27 positions and cost \$3.3 million.

For a comparison of the Fairfax County school health model with other jurisdictions, please refer to the following table.



Comparison of School Health Service Delivery Models by Jurisdiction

District	Service Provider	Staffing Details	Number of Schools	Enrollment	Number of School Nurses	School to Nurse Ratio	Nurse to Student Ratio
Fairfax - Current	Health Department	PHNs have 3-5 schools each; School Health Aide in each school	197	185,490	57*	3.5:1	1:3,254
Fairfax - Proposed	Health Department	PHNs have 3-5 schools each; School Health Aide in each school	197	185,490	65**	3:1	1:2,854
Alexandria	School System	RN in each school	17	14,670	18	1:1	1:815
Arlington	Health Department	RNs cover 2 schools at ES and MS level; RN assigned to every HS; School Health Aide in each school	34	25,678	20	2:1	1:1,284
Loudoun	School System	RN in MS and HS and some ES; Aides in most ES with RN support	91	70,698	46	1:8 at ES 1:1 at MS and HS	1:1,537
Prince William	School System	RNs in most schools; 8 schools with RN and clinic assistant	95	87,253	85	1:1	1:1,027
Montgomery County, MD	Health Department	RN in all MS and HS; Aides in ES with RN Coverage	202	156,447	85	2:1	1:1,841
Cobb County, Georgia***	School System	Mix of LPNs and RNs (mostly RNs) in each school with Health Aides usually providing 1:1 services	114	112,708	124	1:1	1:909

*There are 65 PHNs in the Fairfax County School Health system, but eight are held vacant as part of a managed vacancy plan due to budget reductions.

**This number includes filling the currently vacant eight PHN positions.

***Cobb County, Georgia was included in the comparison, because it has been identified as a peer county for the Community Health Status Indicator Report for Improving Community Health. Additionally, they have similar characteristics to Fairfax County and have identified strategies and best practices for school health delivery.



Response to Questions on the 2016 LOBs

Request By: Supervisor Foust

Relevant LOB(s): LOBs #309-#311

Question: Update slide 39 of the Compensation LOBs presentation to include other fund costs.

Response:

The table on slide 39 of the Compensation LOBs presentation (<http://www.fairfaxcounty.gov/dmb/lob/2016/lobs-compensation-presentation.pdf>) is shown below with updated costs reflecting the total cost to all funds instead of only the cost to the General Fund. The figures in the table below reflect actual FY 2015 contributions for all County funds, excluding any contributions from Fairfax County Public Schools funds.

	Employees' Retirement System	Uniformed Retirement System	Police Officers Retirement System
Participation	County employees not covered under Uniformed or Police Officers system; certain Fairfax County Public Schools employees including food service, custodial, bus drivers, part-time and substitute teachers, maintenance staff.	Uniformed Fire & Rescue Personnel; Uniformed Sheriff's Office employees; Animal Control Officers; Helicopter Pilots; Non-Administrative staff in the Department of Public Safety Communications	Police Officers
County Participants as of June 30, 2015	7,977 Actives 4,840 Retirees/ Beneficiaries 367 Deferred Vested <u>496</u> DROP Participants 13,680 TOTAL	1,892 Actives 1,242 Retirees/ Beneficiaries 26 Deferred Vested <u>116</u> DROP Participants 3,276 TOTAL	1,248 Actives 1,012 Retirees/ Beneficiaries 17 Deferred Vested <u>81</u> DROP Participants 2,358 TOTAL
FY 2015 Actual Cost (All Funds)	\$99.8 million	\$60.9 million	\$37.9 million



Response to Questions on the 2016 LOBs

Request By: Supervisor Foust

Relevant LOB(s): N/A

Question: Provide additional context on the data shown on slide 3 of the Compensation LOBs presentation, including position changes and trends in other funds.

Response:

As shown on slide 3 of the Compensation LOBs presentation (<http://www.fairfaxcounty.gov/dmb/lob/2016/lobs-compensation-presentation.pdf>), since FY 2007 (through the FY 2017 Adopted Budget Plan), funding for Employee Pay and Benefits, including Retiree Health, has increased 3.0 percent annually on average in the General Fund. When all appropriated funds are examined, the trend is similar, with compensation and benefits increasing 3.1 percent a year on average (see following table).

**Employee Pay and Benefits - Summary
FY 2007 – FY 2017**

	FY 2007 Adopted (millions)	FY 2017 Adopted (millions)	% Annual Increase
TOTAL APPROPRIATED FUNDS			
Employee Pay	\$821.81	\$1,001.29	2.0%
Employee Benefits	\$229.97	\$429.46	6.4%
Total Employee Compensation	\$1,051.78	\$1,430.75	3.1%
Retiree Health	\$12.27	\$17.10	3.4%
Total Employee Compensation and Retiree Health	\$1,064.05	\$1,447.85	3.1%

Most of these increases are attributable to Market Rate Adjustment (MRA), performance, and merit pay increases; health insurance premium adjustments; and increases in employer contributions for retirement and retiree health. In addition, there has been some growth in County positions during this timeframe. County positions have increased by 521, to a total of 12,438 in FY 2017. This equates to an average annual increase of 0.4%. Of this increase, 400 additional positions were the result of the conversion of positions to merit status in FY 2011-12 to meet Internal Revenue Service regulations and provisions of the Affordable Care Act. These conversions also increased benefits expenses as more employees became eligible for full benefits.

While trends in the General Fund mirror those seen in funds overall, there are some differences in trends among the General Fund, General Fund Supported Funds, and Other Funds. The table below provides the average annual increase in compensation funding and positions for these groupings of funds.



**Employee Pay and Benefits by Fund Type
FY 2007 – FY 2017**

	% Annual Increase in Compensation Funding	% Annual Increase in Positions
General Fund	3.0%	0.2%
General Fund Supported Funds	0.8%	(0.5%)
Other Funds	7.9%	4.4%
All Appropriated Funds	3.1%	0.4%

There have been adjustments that have impacted these trends by moving positions between the General Fund, General Fund Supported Funds, and Other Funds. For example, in FY 2010, 139 positions were transferred from the Stormwater Management Agency in the General Fund to a new Stormwater Services fund (now Fund 40100) in the Other Funds classification. Additionally, in FY 2015, Fund 40090, E-911, was reclassified from a General Fund Supported Fund to an Other Fund as a result of eliminating the General Fund transfer to the fund and posting Communication Sales and Use Tax revenues directly to Fund 40090. This also resulted in the movement of 205 positions.



Response to Questions on the 2016 LOBs

Request By: Supervisor Smyth

Relevant LOB(s): LOB #311

Question: How many jurisdictions offer pre-Social Security Supplements to their retirees and what are the associated costs compared to Fairfax County’s program?

Response:

The pre-Social Security Supplement included in the provisions of the Employees’ Retirement System and the Uniformed Retirement System is intended to provide retirees with a similar level of retirement income before becoming eligible for age-based Social Security benefits. The supplement provides additional income before the retiree reaches normal Social Security retirement age, and ceases to be paid after the retiree attains that age. Many of the retirement systems offered by other governments in the region include mechanisms to integrate pension benefits with Social Security benefits.

Some retirement systems include these Social Security leveling features as an automatic component of the benefit calculation, while other systems provide Social Security leveling as a benefit payment option that can be elected by the retiree. Most notably, the Virginia Retirement System (VRS), which covers most Virginia jurisdictions, includes a benefit payment option to level Social Security benefits that is available to all retirees as well as a pre-Social Security supplement for hazardous duty employees. The Social Security leveling mechanisms of the jurisdictions that were used in the January 2012 retirement study are shown in table below.

Jurisdiction	General Employees	Public Safety
Fairfax County	Supplement	Supplement ¹
Federal Government	Supplement ²	Supplement ²
Commonwealth of Virginia	Option ³	Supplement ⁴
Fairfax County Public Schools	Option ³	N/A
City of Alexandria	Option ³	None ⁵
Arlington County	Option ⁶	Option ⁶
Loudoun County	Option ³	Supplement ⁴
Montgomery County	None ⁷	Supplement ⁸
Prince George’s County	Option ⁹	Option ⁹
Prince William County	Option ³	Supplement ¹⁰

¹ Fairfax County uniformed public safety personnel that are members of the Uniformed Retirement System receive a pre-Social Security supplement. However, Fairfax County police officers do not contribute to Social Security based on their employment as Fairfax County police officers, and therefore a pre-Social Security supplement is not included in the design of the Police Officers Retirement System.



² Under the Federal Employees Retirement System (FERS), an annuity supplement is paid until age 62 to retirees that qualify for an unreduced annuity. The annuity supplement is calculated by first estimating the retiree's Social Security benefit at age 62 based on a 40-year career. The estimated Social Security benefit is then reduced by the fraction of a 40-year career that was worked under FERS to determine the annuity supplement. The annuity supplement is subject to an earnings test, and is reduced by \$1 for every \$2 of earnings over the Social Security minimum level of earnings. While federal employees who retire before the age of 62 are eligible for this annuity supplement, the basic annuity formula for those who retire at age 62 or older with at least 20 years of service uses a higher benefit multiplier than those who retire under age 62 or with less than 20 years of service.

³ Employees covered under VRS (Plan 1, Plan 2, and the Hybrid Plan) may elect the Advance Pension Option at retirement. Under this option, the VRS annuity is temporarily increased until an age of the retiree's choosing, between the ages of 62 and the retiree's normal Social Security retirement age. The VRS annuity is permanently reduced once the retiree reaches the specified age.

⁴ Employees covered under VRS that retire with at least 20 years of hazardous duty service are eligible for a hazardous duty supplement. The supplement is currently \$13,548 per year, and is payable from retirement until the retiree reaches normal Social Security retirement age.

⁵ Alexandria public safety employees are covered under the Firefighters and Police Officers Pension Plan, which does not include a Social Security leveling mechanism.

⁶ Retirees in the Arlington County Employees' Retirement System may elect a Social Security Option as an annuity payment option. Under this option, the annuity is temporarily increased either until age 62 or until the retiree reaches normal Social Security retirement age, at which time the annuity is permanently reduced.

⁷ Montgomery County's non-public safety employees participate in a defined contribution retirement plan.

⁸ Montgomery County's public safety retirement plans are integrated with Social Security by employing a higher benefit formula prior to normal Social Security retirement age and a lower formula after.

⁹ Some retirement plans offered by Prince George's County allow an optional form of payment in which the benefit level is increased prior to receiving Social Security benefits and decreased after. This option provides a level total income when including Social Security benefits while maintaining an equivalent actuarial value of benefits provided by the retirement plan.

¹⁰ Prince William County public safety personnel are members of VRS but also benefit from the county's Supplemental Police & Fire Retirement Plan, which can result in a supplement prior to Social Security that is greater than the hazardous duty supplement provided under VRS.

In the retirement systems where Social Security leveling is accomplished through a benefit payout option that can be elected by the retiree, the option is generally designed to be actuarially equivalent to the normal benefit payout structure, with no increase in cost to the system and no increase in the total projected benefit paid to the retiree. For those systems that have a supplement as part of the benefit plan design, the value of the benefit provided to the retiree will vary by the retiree's salary history, years of service, and age. An actuarial valuation of the benefits provided by the various plans would be required in order to estimate the comparative costs of each. The most recent comparison was the January 2012 retirement study, which can be found at <http://www.fairfaxcounty.gov/hr/news/retirement-study.htm>. Additionally, while



the value of any supplement varies, so does the value of the base benefit of each system. As such, it is important to consider the total value of the benefit of each system when comparing the value of the Social Security leveling mechanisms.

Many jurisdictions shown in the table above include Social Security leveling as a payout option to general employees, while only the federal government provides a supplement to general employees. The January 2012 retirement study showed the supplement provided by the federal government to be less valuable than the benefit provided by Fairfax County. This is largely due to the shorter period over which the federal subsidy is paid, as it is paid until age 62 while the County supplement is paid until the retiree is eligible for unreduced Social Security benefits. In addition, the federal subsidy is subject to an earnings test, and is reduced if the retiree continues to work and earns more than the Social Security minimum level of earnings.

Five of the jurisdictions shown in the table above provide a supplement to uniformed employees, while two provide Social Security leveling as a payout option and one does not have a similar mechanism. The January 2012 retirement study found the Fairfax County supplement to have the lowest value of those jurisdictions that provide a supplement. However, the study found the value of the total pension benefit for Fairfax County uniformed retirees to be second only to the federal government.



Response to Questions on the 2016 LOBs

Request By: Supervisor Foust

Relevant LOB(s): N/A

Question: Provide what compensation, step and cost of living adjustment (COLA) increases have been over the last ten years for Federal employees and retirees.

Response:

Federal Employees

The majority of federal civilian employees are paid under the general schedule (GS) pay scale, which is a step and grade system. Employee compensation increases include adjustments that move the entire scale and progression through the scale as a result of step and grade increases. Information is presented below on these components as a total average increase is not available.

The two types of adjustments that move the entire scale and therefore benefit all employees are the general schedule increase and changes in the locality payment. The table below provides a ten-year history of the general schedule increase and the locality adjustment for the pay area of Washington-Baltimore-Arlington, DC-MD-VA-WV-PA. The total increase shown in the table takes into account the compounded impact of the general schedule increase and the locality adjustment, and therefore exceeds the sum of the two increases.

Federal Employee Scale Adjustments

	General Schedule Increase	Locality Adjustment	Total Increase*
January 2007	1.70%	0.93%	2.64%
January 2008	2.50%	1.94%	4.49%
January 2009	2.90%	1.83%	4.78%
January 2010	1.50%	0.91%	2.42%
January 2011	0.00%	0.00%	0.00%
January 2012	0.00%	0.00%	0.00%
January 2013	0.00%	0.00%	0.00%
January 2014	1.00%	0.00%	1.00%
January 2015	1.00%	0.00%	1.00%
January 2016	1.00%	0.45%	1.46%

* Note that the total increase does not include step and grade increases described below.

There are 15 grades in the GS scale, and 10 steps within each grade. The difference between consecutive grades ranges from 9 to 20 percent, and increases in grade result when an employee



is promoted. Many positions cover a range of grades as part of a “career ladder,” and employees are able to increase in grade each year as they progress through the range, provided that certain criteria are met. These positions may skip individual grades in their range. For example, an individual with a Bachelor’s degree and no additional experience would typically qualify for a GS-5 position. If the job announcement advertised promotional potential to the GS-12 level, the employee could progress through the career ladder each year with advancement to GS-7, GS-9, GS-11 and GS-12, with annual compensation increases from the advancement in grade ranging from 19.9 to 23.9 percent.

Step increases within each grade require an acceptable level of performance and are typically a flat dollar amount equal to 3.33 percent of step 1 of the grade. Therefore, step increases represent a larger percentage increase in salary for employees at lower steps than they do for employees at higher steps. Step increases occur every year up to step 4, require a two-year wait before progressing to steps 5 through 7, and require a three-year wait before progressing to steps 8 through 10. Progression from step 1 to step 10 takes eighteen years if the employee remains within the same grade. The table below includes the waiting period required for progression to each step and the typical increase in compensation resulting from each step increase.

Federal Step Progression and Typical Salary Increases

	Waiting Period	Typical Increase Between Steps
Step 1	N/A	N/A
Step 2	1 year at Step 1	3.33%
Step 3	1 year at Step 2	3.23%
Step 4	1 year at Step 3	3.12%
Step 5	2 years at Step 4	3.03%
Step 6	2 years at Step 5	2.94%
Step 7	2 years at Step 6	2.86%
Step 8	3 years at Step 7	2.78%
Step 9	3 years at Step 8	2.70%
Step 10	3 years at Step 9	2.63%

Federal Retirees

Federal retirement benefits for civilian employees who were hired prior to January 1, 1987, are provided through the Civil Service Retirement System (CSRS). Most employees covered under CSRS are not covered by Social Security. Retirement coverage for civilian employees hired on or after January 1, 1987, is provided through the Federal Employees Retirement System (FERS). FERS includes a defined benefit component, Social Security benefits, and a defined contribution component. The cost-of-living adjustments for CSRS, the FERS basic benefit, and Social Security benefits are based on the change in the Consumer Price Index (CPI-W) from the prior year. The cost-of-living adjustment for the FERS basic benefit is limited if the change in the CPI-W exceeds



two percent. A ten-year history of the cost-of-living adjustments for federal retirees is provided below.

Federal Retirement Adjustments

	Civil Service Retirement System	Federal Employees Retirement System	
		<i>Basic Benefit</i>	<i>Social Security</i>
January 2007	3.3%	2.3%	3.3%
January 2008	2.3%	2.0%	2.3%
January 2009	5.8%	4.8%	5.8%
January 2010	0.0%	0.0%	0.0%
January 2011	0.0%	0.0%	0.0%
January 2012	3.6%	2.6%	3.6%
January 2013	1.7%	1.7%	1.7%
January 2014	1.5%	1.5%	1.5%
January 2015	1.7%	1.7%	1.7%
January 2016	0.0%	0.0%	0.0%



Response to Questions on the 2016 LOBs

Request By: Supervisor Herrity

Relevant LOB(s): N/A

Question: What is the Health Department’s employees per 1,000 population ratio and how does it compare to surrounding jurisdictions? How does the Health Department’s budget compare to surrounding jurisdictions?

Response:

The table below shows the Health Department’s General Fund full time equivalent (FTE) merit employees per 1,000 population compared to other jurisdictions, as well as budget information for FY 2017. The cost per capita has also been calculated in an effort to standardize the data. The Health Department data does not include grant funding or grant positions captured in the Federal-State Grant Fund, or state-funded positions. The data from the surrounding jurisdictions was found in each jurisdiction’s FY 2017 budget document located on the jurisdiction’s website. There were several instances where jurisdictions were directly contacted by staff to clarify data presented in the budget documents. However, it was still not always clear what positions (e.g. locally funding, state funded, grant funded) or what funding streams (e.g. General Fund, grant funding) were included. The Health Department has 0.5 full time equivalent positions per 1,000 population and a cost per capita of \$50.14. There is little consistency when looking at the surrounding jurisdictions as some jurisdictions are in-line with the County’s Health Department, some are significantly lower and, in the case of Arlington County, others are considerably higher.

Full Time Equivalents per 1,000 Population, Budget and Cost per Capita by Jurisdiction¹

Jurisdiction	Total Population	Full Time Equivalent	FTE/1,000 Population	FY 2017 Budget	Cost per Capita
Fairfax County ²	1,167,220	581	0.5	\$58,526,590	\$50.14
City of Alexandria	150,000	86	0.6	\$6,825,631	\$45.50
Arlington County	220,400	177	0.8	\$22,139,281	\$100.45
Loudoun County	385,114	83	0.2	\$4,828,493	\$12.54
Montgomery County	1,030,447	494	0.5	\$71,722,644	\$69.60
Prince George’s County	909,500	402	0.4	\$20,593,800	\$22.64
Prince William County	428,772	96	0.2	\$3,323,535	\$7.75

¹ Differences between how public health services are delivered among the jurisdictions impact the FTE’s and budget for each health department. Not all jurisdictions offer the same complement of services and in some jurisdictions various services are provided by other human services departments, or in the case of School Health services, by the school system.

² Includes Fairfax County calendar year 2017 projected population as well as the City of Falls Church and the City of Fairfax since the County provides public health services to these jurisdictions through a contract.

It should be noted that the wide variation in FTEs per 1,000 and cost per capita may have more to do with the how public health services are organized and integrated into the Human Services



system, rather than actual FTEs or actual cost. Core public health services are provided by all local jurisdictions. Core services typically include environmental health services, communicable disease control and surveillance, clinic services for disease prevention (childhood immunizations, STD's, tuberculosis screenings and treatment), and Women, Infant and Children nutritional services. While each jurisdiction has a public health services department or division, staff found variations in the services included in each. Some jurisdictions offer similar programs but locate them in different departments/divisions, and some jurisdictions include programs in their public health services department/division that the County includes elsewhere. Some examples of differences in how jurisdictions structure public health services include the following:

- The Adult Day Health Care (ADHC) program and the Community Health Care Network primary care services are unique to Fairfax County. In other jurisdictions the ADHC services are provided by for-profit and non-profit organizations in the community, while primary care services are provided by Federally Qualified Health Clinics, free clinics, and GMU student run clinics.
- Long Term Care and Development is located within Fairfax County's Health Department, while the other jurisdictions locate these services in other Human Services related departments.
- Arlington, Fairfax, and Montgomery County Health Departments provide School Health services, whereas in the City of Alexandria, Loudoun County, Prince George's County, and Prince William County, these services are provided by their respective school systems.
- Arlington County has a consolidated Human Services department and budget, where public health services are offered within a diverse range of Human Services related programs.

Since the differences in how each jurisdiction structures the delivery of public health services, as well as the mix of available health related services, have not been accounted for in the above table, in order to achieve a complete and more accurate comparison, an in-depth analysis of each service offered in each jurisdiction would need to be conducted.



Response to Questions on the 2016 LOBs

Request By: Supervisor Herrity

Relevant LOB(s): N/A

Question: What is the cost per capita for each of the Department of Family Services (DFS) functional areas and compared to neighboring jurisdictions for the last five years?

Response:

The table below shows the net cost per capita for each DFS functional area over the last three fiscal years. The seven functional areas within DFS are as follows:

- Leadership & Department Wide Services
- Children, Youth & Families Services
- Office for Women/Domestic & Sexual Violence Services (OFWDSVS)
- Adult & Aging Services
- Self-Sufficiency Services
- Child Care Services
- System of Care/Children’s Services Act

The analysis includes DFS General Fund expenditures, including Fringe Benefits, offset by DFS General Fund revenue. The analysis does not include grant funding captured in the Federal-State Grant Fund. It should also be noted that the analysis is based on FY 2014 and FY 2015 Actuals and the FY 2016 Adopted budget. FY 2016 Actuals have not yet been audited and thus have not been included in this analysis. In FY 2016, the net cost per capita for the entire agency is budgeted to be \$110.16. This compares to \$95.98 in FY 2014 and \$96.53 in FY 2015. However, it is anticipated that the FY 2016 actual net cost per capita for the agency will be closer to the FY 2014 and FY 2015 actual net cost per capita since DFS revenue significantly impacts the net cost of services and actual revenue often exceeds budget due to the mandated nature of many DFS programs.

Fairfax County Net Cost Per Capita by Functional Area

Service Type	FY 2014 Actual	FY 2015 Actual	FY 2016 Budget
Leadership & Department Wide Services	\$3.27	\$3.89	\$3.56
Children, Youth & Families Services	\$14.72	\$15.99	\$18.91
Office for Women/Domestic & Sexual Violence Services	\$3.10	\$2.91	\$3.07
Adult & Aging Services	\$12.44	\$11.81	\$12.38
Self Sufficiency Services	\$9.21	\$9.73	\$13.72
Child Care Services	\$35.67	\$34.92	\$38.70
System of Care/Children’s Services Act	\$17.57	\$17.28	\$19.82
Total	\$95.98	\$96.53	\$110.16

Note: The population figures used for the calculations do not include the Cities of Fairfax and Falls Church.



Comparison to Neighboring Jurisdictions

The table below compares the net cost per capita for the Department of Family Services with neighboring jurisdictions. The information was derived from a review of each jurisdiction’s human services agency that most closely resembles DFS. The County data includes the cost of Fringe Benefits; however, based on available information, it is unclear whether the data from the other jurisdictions includes these costs. The Department of Family Services net cost per capita is consistently higher than Prince William and Loudoun Counties; however, it is considerably lower than both the City of Alexandria and Arlington County.

Net Cost Per Capita by Jurisdiction

Jurisdiction	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Budget
Fairfax County (DFS) ¹	\$71.30	\$99.39	\$95.98	\$96.53	\$110.16
Loudoun County	\$40.81	\$42.71	\$38.02	\$44.87	\$44.78
Prince William County	\$30.09	\$30.81	\$32.52	\$34.49	\$37.84
City of Alexandria	\$334.09	\$340.29	\$333.41	\$333.29	\$326.34
Arlington County	\$364.58	\$367.42	\$369.92	\$404.04	\$416.16

¹The FY 2012 net cost per capita does not include Fringe Benefits. Due to the conversion to FOCUS, it was not possible to determine the fringe benefits costs specific to DFS.

It should be noted that the wide variation in net cost per capita may have more to do with how each jurisdiction is structured, rather than the actual cost. Since the information provided for each jurisdiction in the above table is based on the human services agency that most closely resemble the Department of Family Services, it is not a one-to-one comparison across jurisdictions. Staff found that there was a wide variation not only in the types of programs that are offered and included in each agency, but also in how the human services systems of the localities are structured. There may also be differences in eligibility requirements or fee requirements for similar programs thus impacting the net cost per capita. Staff also found differences in how jurisdictions account for various funding streams, including special revenue and grant funding and whether Fringe Benefits are captured in each agency. Some examples of differences in how each jurisdiction are structured include the following:

- The City of Alexandria includes programs associated with the County’s Fairfax-Falls Church Community Services Board.
- Arlington County includes public health services that Fairfax County includes in the Health Department.
- Prince William County includes homeless services whereas Fairfax County has the Office to Prevent and End Homelessness.
- Loudoun County includes housing programs while the County has a separate Department of Housing and Community Development.

Since these differences have not been accounted for in the above table, in order to achieve a complete and more accurate comparison, an in-depth analysis of each service offered in each



jurisdiction would need to be conducted. In addition, all jurisdictions do not provide net cost by service in their budget documents; therefore, additional data gathering would be necessary as part of a longer term exercise to provide this information by service.



Response to Questions on the 2016 LOBs

Request By: Supervisor Herrity

Relevant LOB(s): LOBs #381-384

Question: Please describe how much is spent on each mode of transportation.

Response:

On January 28, 2014, the Fairfax County Board of Supervisors approved over \$1.4 billion for its Transportation Priorities Plan (TPP). The plan provides funding for transportation improvements through FY 2020. Project categories, approved funding amounts, and percentage of total approved funds are provided below:

Description	\$ in Millions	Percent of Total
Interchanges	\$195.00	13.63%
Extensions	\$115.30	8.06%
Spot Improvements	\$66.00	4.61%
Roadway Widening	\$449.40	31.41%
Transit Capital/Operating	\$388.28	27.13%
Bicycle and Pedestrian Projects	\$207.00	14.47%
Reserve for Capital Projects	\$10.00	0.70%
	\$1,430.98	100.00%



Response to Questions on the 2016 LOBs

Request By: Supervisor Herrity

Relevant LOB(s): N/A

Question: How are Department of Family Service (DFS) metrics that drive efficiency communicated and shared within the organization? How are they used?

Response:

The Human Services System in Fairfax County has adopted a Results-Based Accountability (RBA) system to measure performance and outcomes across the system, and to provide guidance and direction in decision-making, strategic planning, and program management. Beginning with the results that the system wants to achieve allows employees and stakeholders at all levels of the organization and community to contribute to and share accountability for results. Key data points are being compiled into a Human Services Report Card, expected to be released in late 2016, to monitor results at the system level and measure the impact of Human Services programs on the individuals and families being served. Using the RBA approach, the Department of Family Services (DFS) has developed performance plans at the program level to identify and measure the quality, efficiency, and effectiveness of the agency's services. DFS uses the information that is collected to monitor performance, allocate resources, and make programmatic improvements in order to tailor service delivery to the needs of County residents.

How Information is Shared in DFS

Data and outcome indicators are routinely discussed and integrated into program meetings in all of the major program areas in DFS. Outcome reports are a standard meeting agenda item and are shared and discussed among staff, supervisors, and program managers. Pertinent information is also disseminated to senior managers so that all levels of the organization have the most up-to-date information necessary to make informed decisions about how to deliver services in the most cost-effective manner. Regularly scheduled reports and charts are shared within each program area summarizing trends and changes in their services and workloads, and identifying challenges.

As part of the department's strategic planning process, a Data Matters workgroup was established to develop internal mechanisms for educating staff in the use and analysis of data and outcome indicators. Learning activities have been developed for staff in each division and an educational video was created which explains how and why data is collected and how data drives priorities and decision making in DFS and the Human Services system as a whole. Future plans include continuing to train staff in the use of data through predictive analytics to better align services and resources, while improving customer outcomes.



How Information is Utilized in DFS

DFS uses data to manage the department's programs and make programmatic decisions that are reflective of performance, workloads, and budgetary constraints. Additionally, many DFS programs have state and federal requirements that must be met, so managers in each division use the reports that are produced to monitor progress and compliance with these requirements and goals. DFS uses metrics and outcomes within the organization that fall into four main categories: process improvement and program design; staffing and caseload assignment decisions; organizational management and resource allocation; and monitoring progress towards program goals. Below are just a few examples of ways that metrics have been used and incorporated into the planning and decision-making process for each of the major categories.

1. Process Improvement and Program Design

The DFS Call Center is the telephonic front door to the department, receiving more than 160,000 calls annually. Approximately 75 percent of calls received by Call Center representatives were transferred to financial and medical assistance workers to provide assistance to clients, which decreased the amount of time available for casework. DFS transitioned the Call Center from a "caller referral" into a first point of contact customer service resolution function. This resulted in a 170 percent increase in caller resolution rates within one year's time, providing caseworkers more than 6,080 hours of time to work on processing cases and performing other valuable casework activities instead of answering general case related client service questions.

2. Staffing and Caseload Assignment Decisions

Monitoring program performance through metrics allows management to determine where staffing flexibility exists to support other DFS programs. When service demands began to increase throughout the department, instead of requesting more local resources, 8.5 FTE positions were reallocated from Cross Division Services to the Self Sufficiency Division and 1.0 FTE position was reallocated to the Children's Services Act (CSA) to streamline front desk walk-in customer service reception and CSA requirements. Processes were redesigned and technology is continuously leveraged to help address changing needs prior to requesting additional resources.

3. Organizational Management and Resource Allocation

In FY 2011, DFS underwent an initiative aimed at redesigning internal structures and service provision for increased efficiency and effectiveness in the Children, Youth and Families (CYF) Division. When the foster care caseload declined, nine positions were redeployed by eliminating the CYF Regional Management Structure, eliminating a Communications Specialist position, aligning child protective services and foster care legal support caseloads, restructuring the adoption unit, and reducing administrative support



functions. These nine positions were redeployed to create new child centered and family-focused services, including family engagement, kinship care and father engagement units, that focus on youth and family strengths and needs. Some of these services are eligible for state reimbursement through the CSA program, and as a result, the net cost of the services was reduced and better outcomes have been achieved.

4. Monitoring Progress Toward Program Goals

The home delivered meals program administers an annual satisfaction survey regarding the meals, with the goal of maintaining at least 90 percent satisfaction with the program. The meals are delivered by volunteers with scheduled routes all over the County and at any point in time the program has about 465 customers. Staff began receiving complaints about undelivered meals in FY 2013, though overall customer satisfaction remained high at 94 percent. In response, the program began tracking the number of undelivered meals and observed that the number of undelivered meals was continuing to increase. The staff determined that even with aggressive recruitment of volunteers, the program could no longer sustain delivery of meals five days per week and it was necessary to redesign the home delivered meals program that had been in existence for about 35 years. Program staff researched other home delivered meals programs and learned about the option of frozen meals. Frozen meals were initiated with delivery of three days per week in FY 2014. Following this change the customer satisfaction rate dropped to 86 percent and program staff responded by working with the food vendors to provide options that were universally appealing and tasted good after heating in microwaves. As a result, the customer satisfaction rate rose in FY 2015 to 92 percent and to 93 percent in FY 2016. Using metrics allowed program staff to identify problems affecting the program goals and make appropriate adjustments to improve services to County residents.



Response to Questions on the 2016 LOBs

Request By: Supervisor Smyth

Relevant LOB(s): N/A

Question: Update the average annual salary data shown on slide 32 of the Compensation LOBs presentation to include overtime and stipends.

Response:

The table from slide 32 of the compensation LOBs presentation (<http://www.fairfaxcounty.gov/dmb/lob/2016/lobs-compensation-presentation.pdf>) is reproduced below to include average additional pay from overtime and stipends by pay plan. As shown in the table, employees in the uniformed pay plans earn greater amounts of additional pay than employees in the non-uniformed pay plans.

Pay Plan	# of Employees	Average Annual Salary ¹	Average Additional Pay ²	Average Total Pay
Uniformed	3,534	\$80,695	\$17,851	\$98,546
Plan C - Sheriff	501	\$79,685	\$10,997	\$90,682
Plan F – Fire and Rescue	1,394	\$86,504	\$23,064	\$109,568
Plan O - Police	1,359	\$79,535	\$15,968	\$95,503
Plan P – Public Safety Communicators/ Animal Control Officers	280	\$59,213	\$13,303	\$72,516
Non-Uniformed	8,001	\$67,478	\$1,385	\$68,863
Plan E - Executive	42	\$161,220	\$241	\$161,461
Plan L – County Attorney	49	\$104,685	\$0	\$104,685
Plan S – General County	7,824	\$66,140	\$1,382	\$67,522
Plan X – Exempt Service	86	\$122,235	\$2,969	\$125,204
TOTAL	11,535	\$71,527	\$6,430	\$77,957

¹ Average base salary of full-time, merit employees as of March 2016.

² Average overtime and stipends earned during calendar year 2015 by full-time, merit employees. Does not include awards or leave payouts.



The distribution of additional pay among employees in each of the pay plans tends to be skewed, with a smaller number of employees earning larger amounts of additional pay. The table below shows the percentage of employees in each of the larger pay plans that earned in excess of \$10,000, \$25,000 and \$50,000 in calendar year 2015. As shown in the table, more than half of the employees in the public safety pay plans earned more than \$10,000 in additional pay, though the percentage varies by pay plan. A smaller percentage of employees earned in excess of \$25,000 and \$50,000. However, a significant percentage of Plan F employees earned large amounts of additional pay, with 10.5 percent earning more than \$50,000 and, not shown in the table, just under one percent earning more than \$100,000.

Pay Plan	Percent of Employees with Additional Pay in Excess of \$10,000	Percent of Employees with Additional Pay in Excess of \$25,000	Percent of Employees with Additional Pay in Excess of \$50,000
Plan C - Sheriff	43.9%	6.8%	0.8%
Plan F – Fire and Rescue	67.6%	34.9%	10.5%
Plan O - Police	59.7%	19.3%	2.6%
Plan P – Public Safety Communicators/ Animal Control Officers	50.4%	15.7%	1.4%
Plan S – General County	3.7%	0.3%	0.0%