

December 10, 2012

HEALTHY PEOPLE

2012

Healthy People



Fairfax County Human Services
Council -
Community Dialogue - Fall session 1

Human Services System

Healthy People...

The Human Services System engages multiple sectors and is working collaboratively to strengthen policies and practices that will:

- Create social and physical environments that promote health equity and improve the health of all groups
- Promote quality of life, healthy development, and healthy behaviors across all life stages
- Improve quality and access to primary, behavioral, oral health, and pharmacy services
- Enable residents to attain high-quality, longer lives, free of preventable disease, disability, injury, and premature death

Current Population Served

- All residents of the Fairfax Community to address community health and wellness
- Programs focus on individual needs of residents who access county services
- The Human Service System focuses on the general well-being of all residents of the county. It works to protect, promote and improve health and the quality of life.
- Health related services include:
 - health and wellness promotion
 - healthy living
 - preventive services
 - primary care
 - oral health
 - immunizations/contagious diseases
 - food safety
 - environmental health
 - behavioral health services
 - substance use disorder services
 - mental health services
 - identification and early interventions for childhood developmental delays
 - interventions that address risk behaviors
 - access to health benefits and/or health care

Population Growth

Since 2000, the population has increased by 11.5 percent and is expected to grow steadily over the next few decades. In 2010, the Fairfax County population was 1,081,004.

Income & Poverty

- **According to the American Community Survey 2011 Profiles for Fairfax County, Virginia:**
 - The median income of households in Fairfax County, Virginia was \$105,797. Four percent of households had income below \$15,000 a year and 32 percent had income over \$150,000 or more.
 - In 2011, 7 percent of people were in poverty. Ten percent of related children under 18 were below the poverty level, compared with 6 percent of people 65 years old and over. Five percent of all families and 19 percent of families with a female householder and no husband present had incomes below the poverty level.

Poverty for a family of four in Fairfax County in 2011 is defined by the federal government as a family annual income of less than \$22,350. The poverty rate in Fairfax County is 5.8% of the population (62,278 people) (Fairfax County 2012 Human Services Fact Sheet)

Diversity

- In 1970, racial and ethnic minorities comprised less than 7 percent of the population; today, racial and ethnic minorities are nearly half of the population.
- The net population growth between 2000 and 2010 was attributable primarily to growth among racial and ethnic minorities:
 - Fairfax is an immigrant gateway: the percentage of foreign-born residents in the county is more than twice that found nationally.
 - In 2010, the number of persons, age five and older, speaking a language other than English at home was 38.1 percent. Over 100 different languages are spoken at home by students enrolled in the Fairfax County Public Schools (FCPS).

Aging

The number of older adults in Fairfax is gradually increasing; by 2030, there will be nearly 60,000 residents over 65 years of age, 3% more than 2010.

- The region's total population is increasing: growth is expected to occur across all age groups.

Physical Health

In 2010, 144,000 Fairfax County residents did not have health insurance; 25% of them had incomes below 133% of FPL. George Mason University estimates that Medicaid expansion and health insurance exchange participation will reduce the number of uninsured in Fairfax from an estimated 11.7% to 5.6% of the non-elderly population.

- An additional 25,000 to 30,000 low-income residents would become eligible for Medicaid through expansion.
- Approximately 30,000 to 40,000 residents are likely to access health insurance through the new health exchanges.
- Safety net providers provided medical care to over 50,000 low income adults and children Fairfax residents in the last year. Safety net providers include

Community Health Centers (Federally Qualified Health Centers a.k.a. FQHC); Inova Health Systems and Reston HCA; free clinics, Kaiser-Permanente; faith-based organizations, foundations and others.

- As of September 1, 2012, there were over 62,000 low-income adults and children in Fairfax receiving Medicaid.
- In FY 2012, Medicaid financed over \$400 million for medical services for Fairfax residents.
- Fairfax takes 1,600 new Medicaid applications monthly; Average monthly caseload is 52,000.
- As of July 2012, nearly 43, 000 individuals participated in SNAP (Supplemental Nutrition Assistance Program); it is estimated that there are another 25,000 eligible participants in Fairfax.
- As of September 2012, a total of 18,814 women, infant and children in Fairfax were enrolled in the WIC (Women, Infant and Children) Program.

Behavioral Health

- Approximately 6% (or 1 in 7) of Americans live with a serious mental illness (64,860 Fairfax County residents).
- Of all people diagnosed as mentally ill, 29% abuse either alcohol or drugs (18,809 Fairfax County residents).
- Only 7.4% of individuals with co-occurring mental illness and substance use disorders received treatment for both conditions. There are many consequences of undiagnosed, untreated, or undertreated co-occurring mental and substance use disorders. Studies show that compared to individuals without co-occurring disorders, people with co-occurring disorders were more likely to be hospitalized, homeless, incarcerated, or infected with HIV, hepatitis, and other diseases.
- Over 55% of the people receiving CSB services for mental illness and substance use disorders in FY 2011 had incomes below \$10,000.
- In FY 2011, the CSB provided services to 5,153 individuals with substance use disorders, 12,390 individuals with mental illness, and 2,319 individuals with intellectual disability.

Oral Health

- Oral health diseases are progressive and cumulative; it affects our ability to work at home, school and on the job: (source: “Oral Health in Northern Virginia: A Report by the Northern Virginia Health Foundation” (September 2011))
 - Poorer residents were more likely to lose teeth; five times more likely to report needing/wearing dentures; and five times more likely to have a tooth pulled.
 - Among adults with health insurance, only 24% have coverage that includes dental care. For higher-income adults, the 64% have dental coverage.
 - Lower-income adult residents receiving care in the last two years sought care for acute dental problems in a hospital emergency room.
 - Forty-five percent of low-income parents reported their children had not received recent care because they couldn’t afford dentist visits.
 - Among those parents surveyed whose children have not received care recently, 52% of lower-income parents said they only seek dental care for their children in an emergency, compared to 21% of higher-income parents.
 - Nonprofit safety net providers, such as Northern Virginia Dental Health Clinic, carry long wait lists; demand for oral health care exceeds the system’s current capacity.

Target Populations (Where more work needs to be done)

Persons with Serious and/or Chronic Illnesses—behavioral, developmental, physical, oral without access to health care:

- Chronic diseases such as cancer, heart disease, stroke, and chronic lower respiratory diseases (including COPD, asthma, bronchitis, and emphysema), and unintentional injuries are the leading causes of death in Fairfax. These conditions are expected to increase as our community continues to age and endemic environmental risks continue.
- Among the 3 leading causes of death in Fairfax (heart disease, cancer, and stroke), Blacks had the highest age-adjusted mortality rates.
- Average age of death for U.S. adults with serious mental illness is 53 – 25 years earlier than the general population. These deaths are primarily caused by conditions, such as diabetes and heart disease, which could be managed with consistent medical care.
- Black, Hispanic, and Multiracial youth are more likely to report mental health issues.
- Fairfax students report being depressed at higher percentage than national rate. Suicide is identified as one of the leading causes of premature death for individuals age 15 to 44.
- Persons abusing substances or alcohol - Fairfax had the highest average for alcohol and drug related driving fatalities in Virginia between 2005-2010 (19 people).

Target Populations *(continued)*

Persons needing care coordination for both health access and care needs

- Risk factors, health conditions, and individual behaviors contributing to chronic disease and premature death are common, costly and preventable.
 - Obesity: 15.1 percent
 - Few fruits and vegetables eaten daily: 71.5 percent
 - No exercise: 14.6 percent
 - Smoking: 14.7 percent
 - High blood pressure: 19.6 percent of the Fairfax County population
- The prevalence of children and adults who are overweight and obese is increasing. Obesity is viewed as a significant risk factor for the development of chronic illness and disease. The percentage of children and adolescents who are obese has risen significantly in the last 2 decades.
 - Few residents are eating 5 fruits and vegetables a day or getting the recommended amount of exercise. Fairfax has the highest number of physically inactive adults in Virginia.
 - Black and Hispanic youth are less likely to eat 5 or more fruits and vegetables a day and more likely to drink sodas.

Health Outcomes

Disparities:

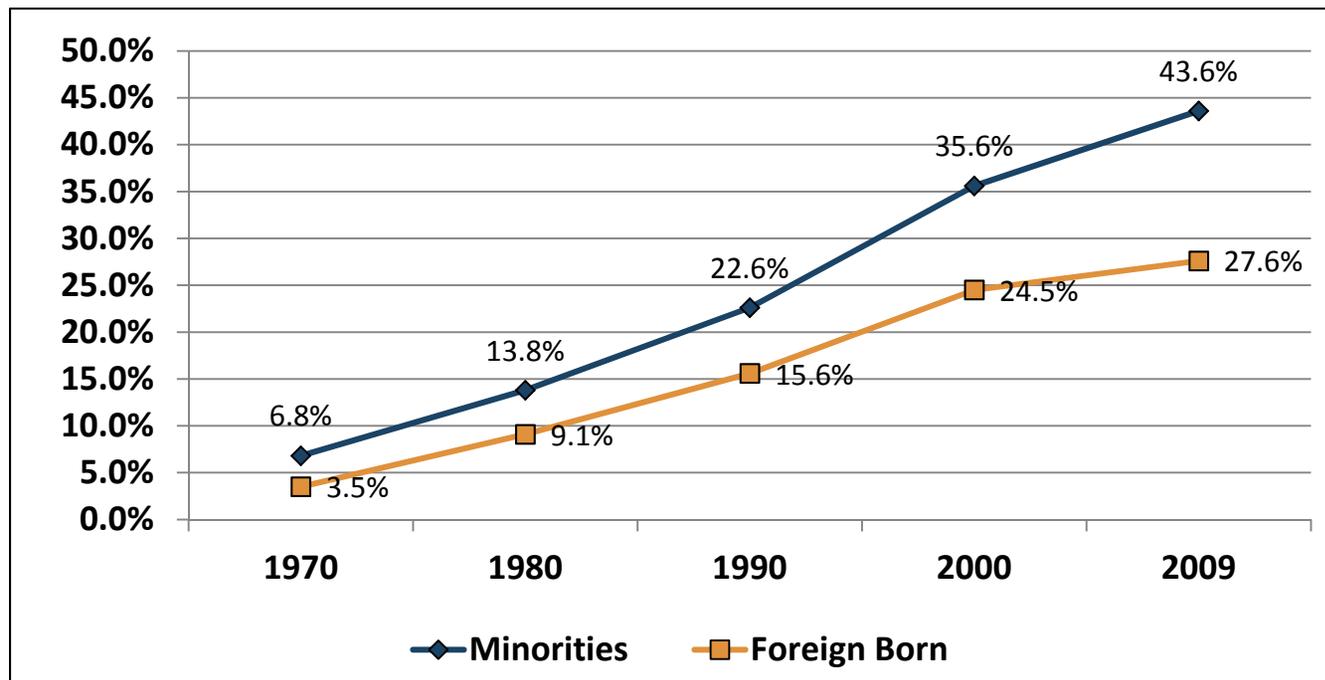
- Gaps in health outcomes between segments of the population are commonly referred to as health disparities. Comparisons between Blacks and Whites, for example, reveal profound disparities across nearly all health status indicators. Similar outcomes are observed for Hispanic/Latino and Multiracial groups as well.
- There is also evidence of health disparities in particular age and income groups as well as certain geographic areas of the Fairfax Community:

Persons living in low and moderate income households in Fairfax are more likely to lack health insurance coverage than persons at the same income levels nationally:

	Fairfax Residents	National Percentages
Poor and uninsured (100% Federal Poverty Levels)	36%	27.8%
Income between 300 and 399% of Federal Poverty Levels	15.3%	11.5%

Health Outcomes *(continued)*

- 30.2% Hispanic/Latino County residents uninsured
- Recent arrivals/new immigrants more like to lack health insurance



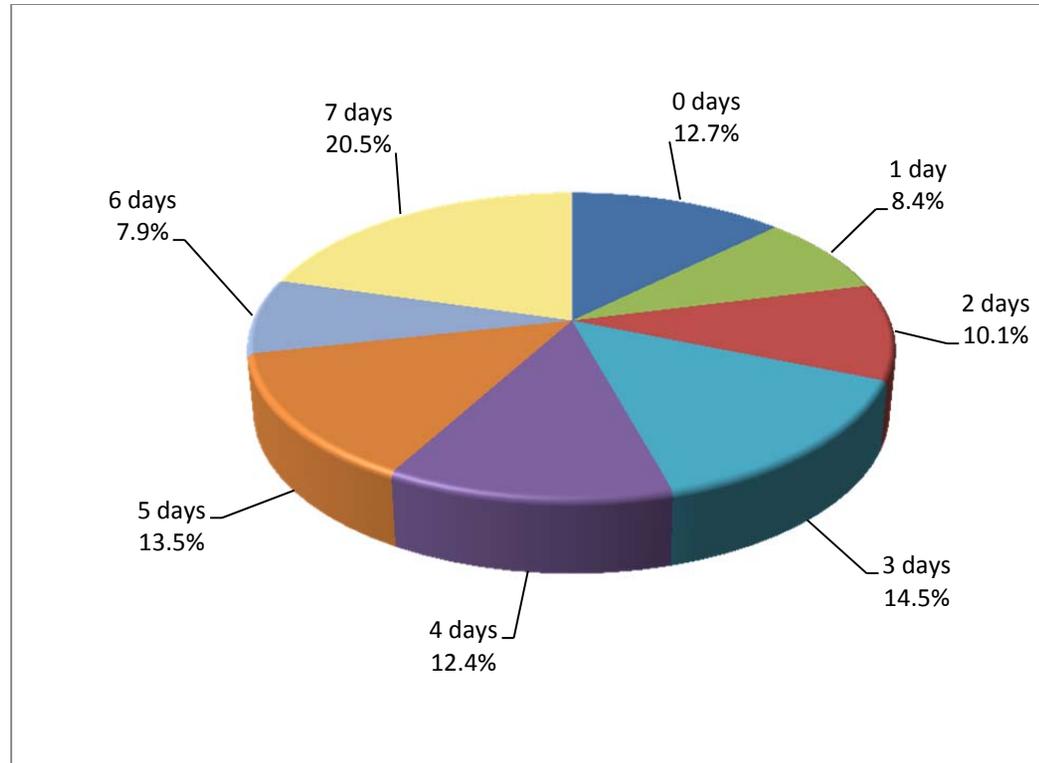
Fairfax County Racial/Ethnic Minorities and Foreign Born Status, 1970-2009

Source: U.S. Census Bureau, 1970, 1980, 1990, & 2000 Decennial Censuses, 2009 American Community Survey.

Health Outcomes *(continued)*

Figure 1. Frequency of Physical Activity for at Least One Hour per Day in the Past Week, Fairfax County, 2011

Although good health outcomes are prevalent in our community, there are a growing number of individuals and selected populations who are in poor health.



Source: 2011 Fairfax County Youth Survey – page 146

Note: Physical activity was defined as participating in 60 or more minutes of physical activity that increased the student's heart rate and made them breathe hard some of the time. All percentages were calculated from valid cases (missing responses were not included). Percentages may not sum to 100% due to rounding.

Obesity

- While our community as a whole is doing better than the nation as a whole, is not doing so well with the fight against obesity
- We are seeing differences in physical activity for children of different races/ ethnicities
- 55% of adults in the county are overweight:

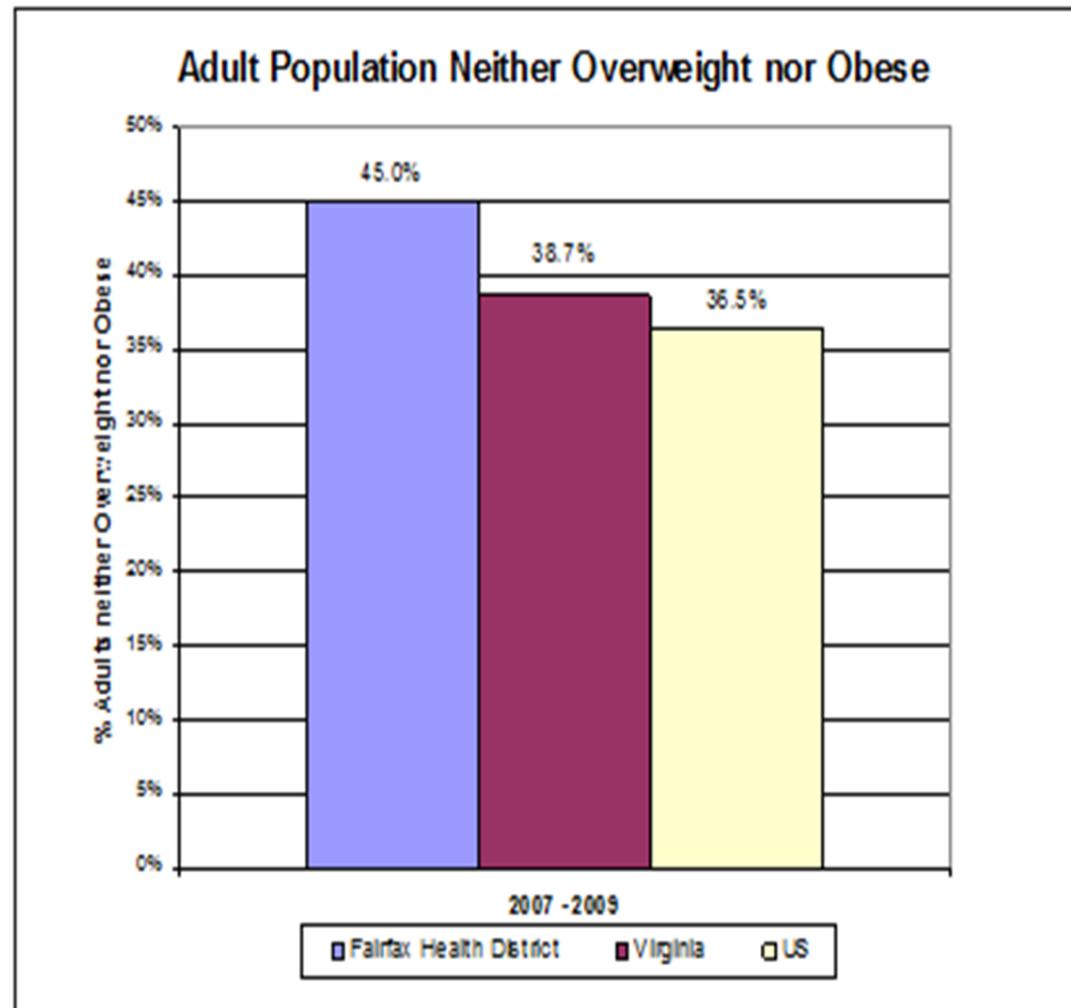
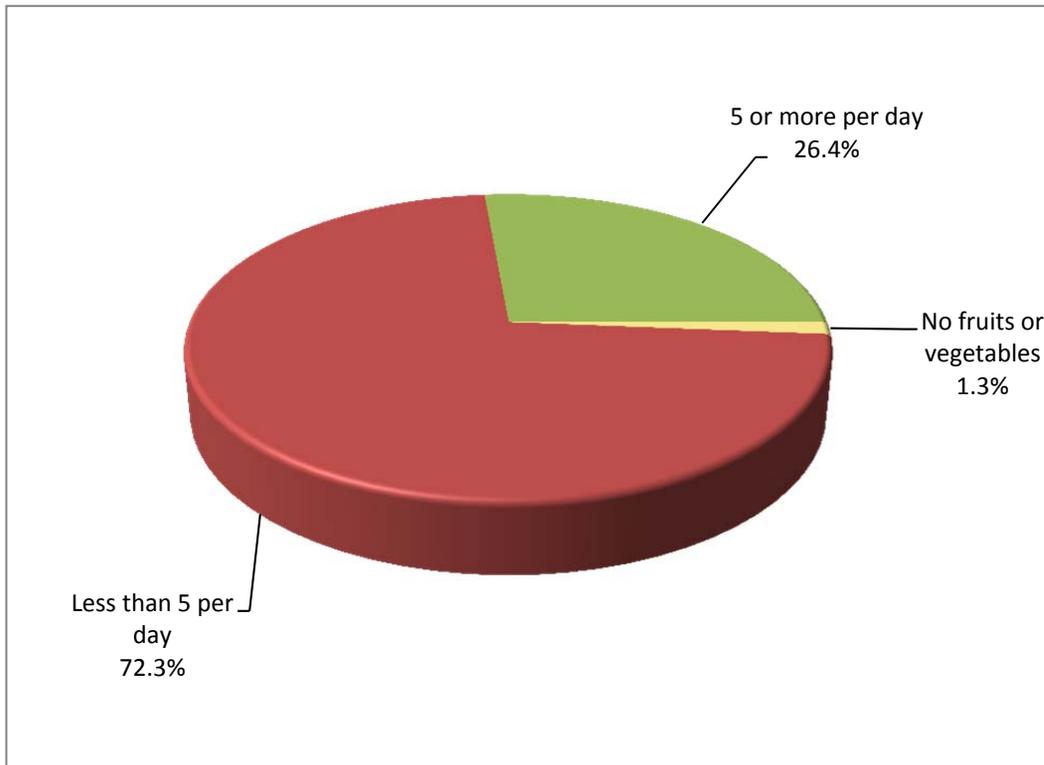


Figure 2. Frequency of Eating Fruits and Vegetables 5 or More Times per Day in the Past Week, Fairfax County, 2011



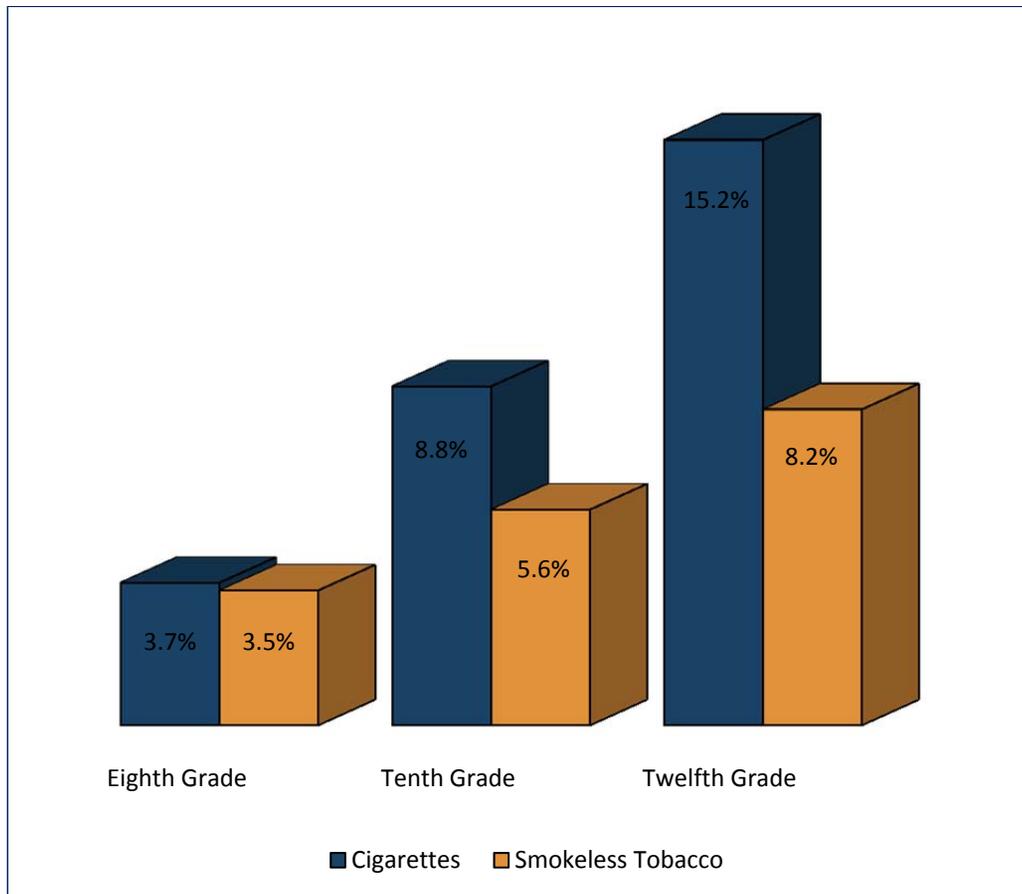
NUTRITION

One-quarter of Fairfax County students (26.4%) reported eating fruits and vegetables five or more times per day in the past week. A majority of Fairfax County students (71.1%) drank a can, bottle, or glass of soda or pop (not including diet soda) at least once in the past week. Slightly less than one in five students (17.5%) reported drinking soda daily in the past week. Male students reported a higher rate of drinking soda daily (22.4%) than female students (13.0%).

Source: 2011 Fairfax County Youth Survey - page 16

Tobacco

- Tobacco use remains a concern for our youth. These are risk behaviors that adversely affect one's health.



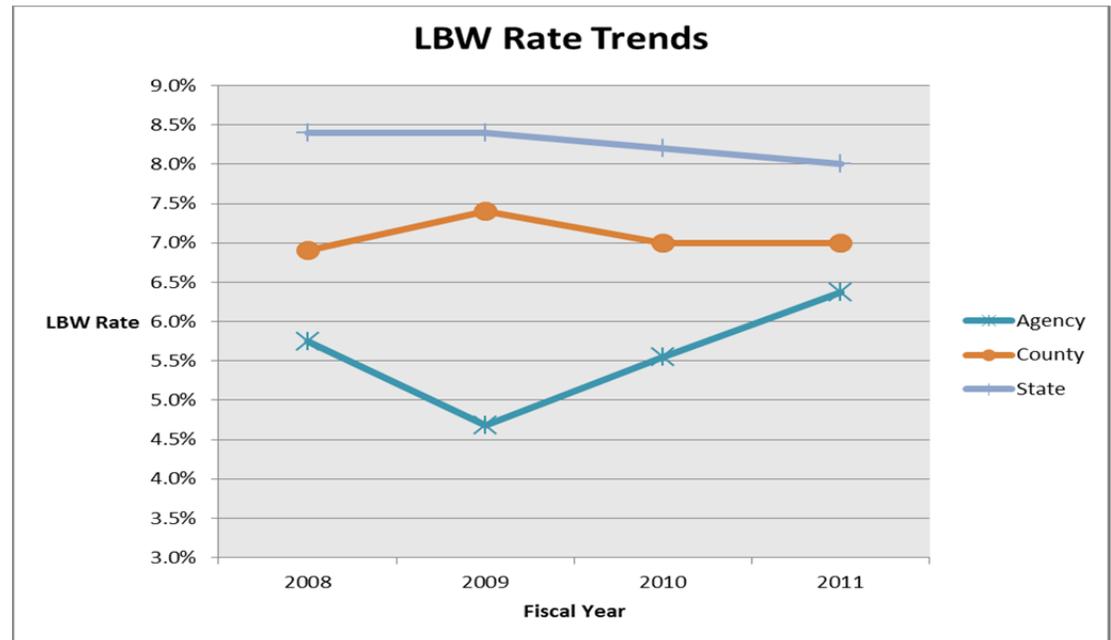
Tobacco Use in Past 30 Days, Fairfax County Public Schools, 2010

Prematurity

- Fairfax has not achieved the national Healthy People 2020 goal of 5% or fewer low birth weight babies.
- Low income pregnant women monitored and cared for in County and Inova maternity programs have better health outcomes than the general population.

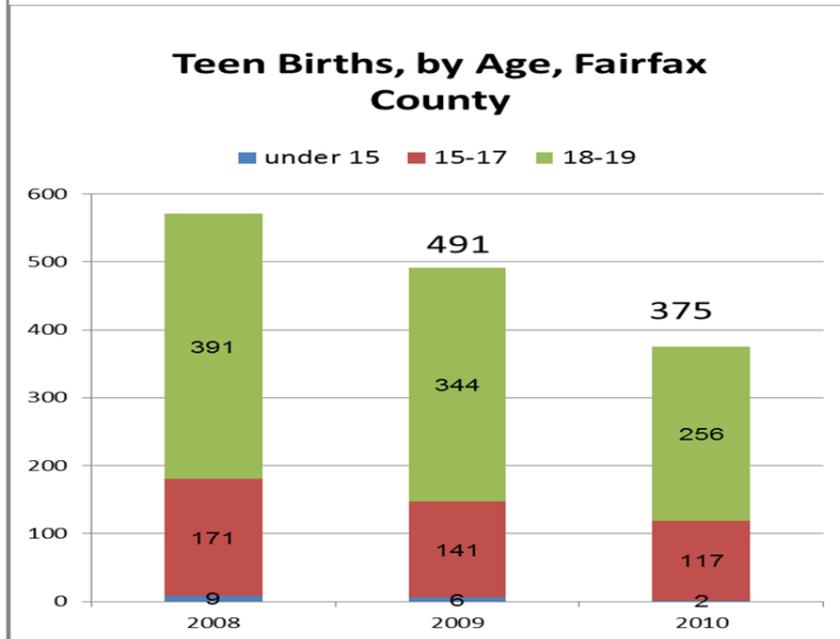
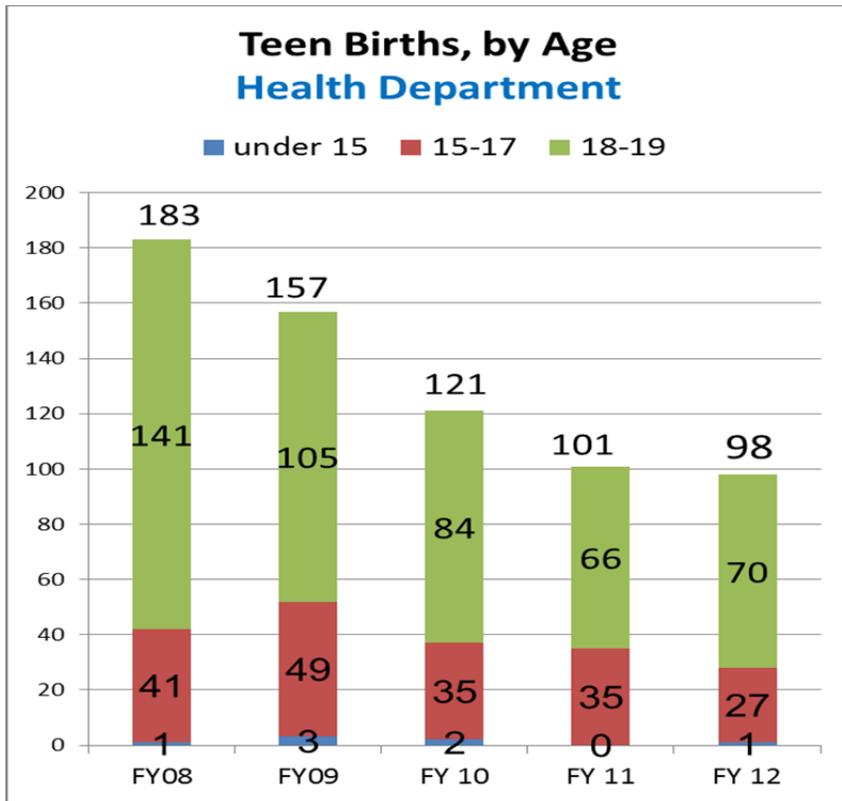
Percent of Low Weight Births

	2011	2010	2009	2008	2007	2006
• Fairfax County	7.0	7.0	7.4	6.9	7.5	6.6
• Health Department	6.4	5.6	4.7	5.75	4.6	6.2



Teen Pregnancy

- Consistent with national, state, and regional trends, teen pregnancies are on the decline.



Factors Influencing Health

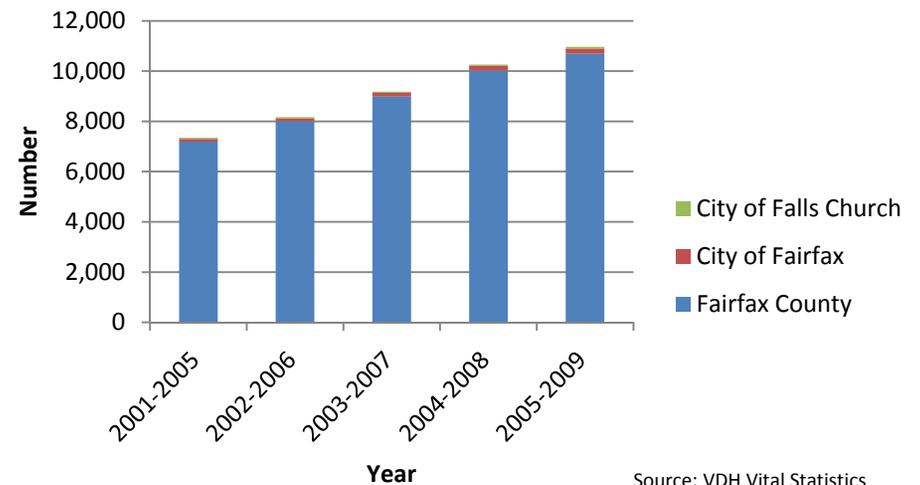
Single Parents

- Research shows single parent head-of-household may face social, financial challenges.
- Fairfax has seen a 33% increase in births to single parent Hispanic women.

Hispanic Five-Year Non-Marital Birth Totals 2001-2009

	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009
Fairfax County	7,194	8,004	8,985	10,022	10,692
City of Fairfax	107	124	153	187	209
City of Falls Church	44	41	48	54	61

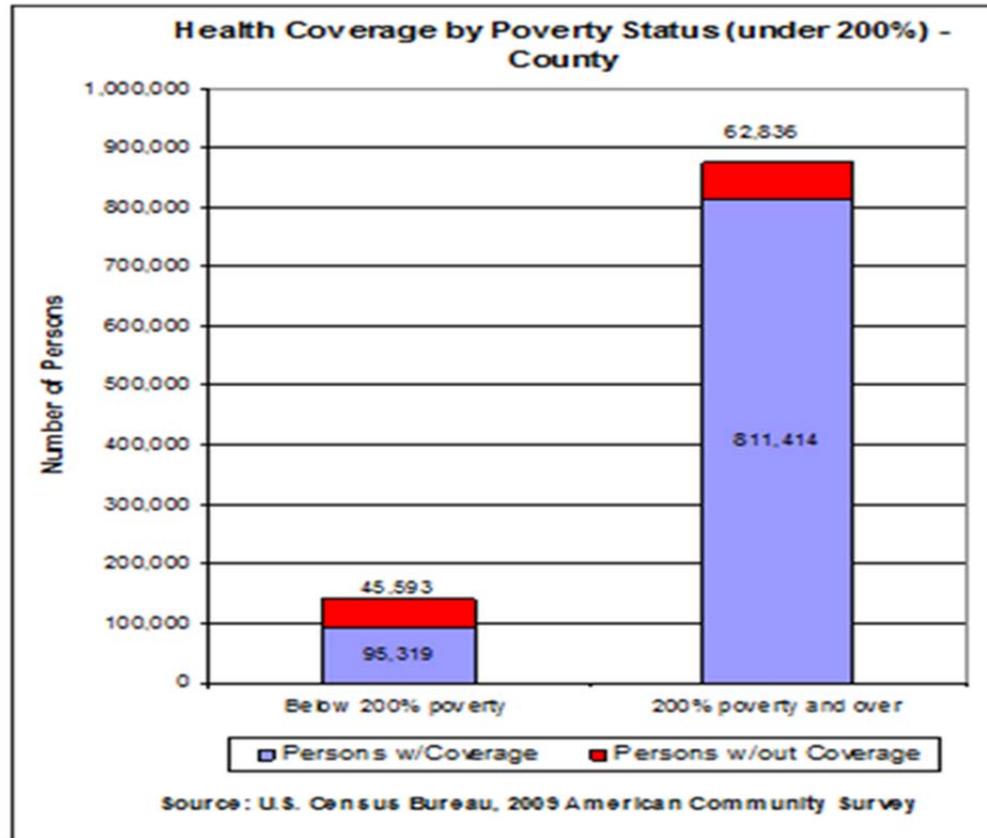
Hispanic Five-Year Non-Marital Birth Totals 2001-2009



Source: VDH Vital Statistics

Uninsured (continued)

- People without health coverage are concentrated in the lower median income for the county – nearly 2/3 earning below the median county wage; and if you are poor, you are 6 times as likely to be without health insurance.



Cross-Cutting Human Services System Strategies *(What is being done to address factors influencing the population the HS system serves)*

- Community education and awareness of health risk factors
- Promoting active community living - physical fitness and nutritional health - for everyone.
- Education on environmental/social factors influencing community health - Food safety – Communicable diseases – Risk behaviors.
- Partnering with community safety net providers to increase capacity for health care provision and access to the full range of health services –behavioral, oral, chronic disease management, primary care, medication management and preventive services for persons in need of the health care safety net.
- Integration of health care (primary, behavioral health, oral and pharmacy) and supportive services for all persons in the community – “medical homes.”
- Emphasis on community-based services and supports in home and community settings to reduce long- term residential placements for persons needing treatment and ongoing service supports.

Stakeholders and Relationships *(community, regional, inter-jurisdictional, programs/services, mission, interdependencies)*

- Northern Virginia Mental Health Regional Recovery Work Group
- Community Planning and Management Team
- Northern Virginia Access to Health Care Consortium
- Northern Virginia Health Services Coalition
- Regional Primary Care Coalition
- Project Access and Regional Specialty Care Network
- Partnership for Healthier Fairfax
- Northern Virginia Health Care Foundation
- Health Systems Agency
- Faith Based HIV Initiative
- Substance Abuse and Addiction Recovery Alliance
- National Association on Mental Illness
- Federally Qualified Health Centers
- Fairfax County Public Schools
- Local Advisory Board and Supports–Health Care Advisory Board, Fairfax-Falls Church Community Services Board, Disabilities Services Board, Community Action Advisory Board, Fairfax Community Health Collaborative

Providers of Contract Services

- Fairfax County uses more than 300 contracts with partners totaling an estimated \$39 million annually for services related to provision of health related services and supports for a healthy community.
- Nearly 2/3 of these contracts are with for profit providers, the remainder with not for profit service entities.

Services covered include:

- case management
- counseling
- crisis intervention services
- outpatient therapy and treatment
- environmental services
- psychiatric treatment
- access to health benefits/health care
- evaluations and assessments
- home based services
- primary medical care
- dental services
- vocational and day support programs
- residential treatment programs
- medication access

Trends Affecting Capacity of the Human Services System

(initiatives, mandates, eligibility issues, financing)

Federal

- Affordable Care Act implementation
- Systems of Care for Children and Families
- “Community Immunity”
- Healthy Communities “2020”
- Deficit reduction – Medicare/entitlement “reforms”

State

- Virginia’s response to health reform - Creation of health insurance exchanges, Medicaid expansion to cover more uninsured Virginians
- Payments to providers, services covered, enrollment – financial and service implications
- Improved access to federal/state benefit programs through CommonHelp –now operational in Fairfax County, providing new access to public assistance programs for SNAP, Medicaid, TANF programs.

Trends *(continued)*

- Medicaid Managed Care programs may increase as the state tries to contain mounting Medicaid costs. May increase the demand for case management and transportation services.
- Training for new health care professionals – cost of education and recruitment/retention

Local/inter-jurisdictional

- Health Care Safety net – first new “access point” in Herndon – partnership with Federally Qualified Health Center for Northern Virginia HealthWorks-Herndon
- Community Transformation Grant –finishing first phase environmental scan of policies/practices
- Engaging individuals in their own wellness – growing emphasis on recovery and peer supports

Contributing and Restricting Factors (results from studies/research, policy changes, possible funding changes, restructuring)

The Fairfax Community is asset-rich, racially and ethnically diverse, well-educated, wealthy, and abundant in community resources (social, cultural, and intellectual); but these assets are not equally distributed.

- **Health/Social Disparities:** Segments of the population have low socioeconomic status, low educational attainment, high unemployment, poor health status, lower life expectancy, and lack health insurance coverage.
 - Poverty: The highest poverty rates in the county are found in the areas of Reston-Herndon, Bailey's Crossroads-Culmore, Central Fairfax, and the Route 1 Corridor.
 - These contrasts present challenges in planning and providing services to improve public health that meet the health and quality-of-life needs of all residents.
- **Understanding Value of Health Care and Participation in Free or Subsidized Care when available:** Lack of knowledge, cultural bias, experienced discrimination/retaliation, perceived threats and/or stigmas can contribute to barriers for some individuals to participating in health insurance, keeping documentation and enrollment current, and even making an appointment to obtain primary care.

Contributing and Restricting Factors *(continued)*

- **Access:** Access to medication, treatment, preventive, acute, diagnostic, laboratory, case management and basic services are affected when individuals cannot afford to seek care.
- **Language/Culture:** Fairfax is a mature urban area with a diverse tapestry of cultural and economic resources. The highest concentrations of racial and ethnic minorities are found in the Bailey's Crossroads-Culmore area, the Reston-Herndon area, and the Route 1 Corridor. The highest concentration of poor community health indicators are also found in these areas.
 - **Birth Outcomes:** Census tracts located in the Reston-Herndon area, Central and Eastern Fairfax (especially Bailey's Crossroads-Culmore area), and the Route 1 Corridor have the highest rates of low-birth weight infants.
 - **Hospitalizations:** Zip code analysis shows higher emergency department and hospital use among residents living in Reston-Herndon, Bailey's Crossroads-Culmore, and the Route 1 Corridor.

Service Capacity: (behavioral, physical, oral, and pharmacy) capacity may not be adequate to meet projected demand.

- In 2010, 39% of all primary care physicians in the area were age 60 or older. The rate of new physicians entering the primary care practices are not entering at a rate fast enough to replace those retiring from practice.

Service Capacity *(continued)*

- Half of all Virginia RNs are expected to reach age 65 by 2014; between 20-25 percent (18,248-22,810) are likely to reduce their work hours in preparation for retirement.
- The capacity of certain specialty health providers may not be adequate. Providers who serve children, the chronically ill, the elderly, and those with disabilities and/or mental disorders will be in greatest demand.
- In FY 2012, the Community Health Care Network (CHCN) enrolled over 26,500 low-income, uninsured County residents who were unable to afford medical care.
- There are a growing number of residents seeking a medical home in Fairfax. Due to unprecedented demand, a waitlist was implemented in March 2011. Currently there are 1,465 individuals on the waitlist. Over 60 new clients from the waitlist are offered enrollment each week.
- Clients served have a multitude of chronic conditions such as high cholesterol, hypertension, diabetes, cardiac, depression, anxiety, and serious mental illness.
- There are a limited number of dental providers for low income adults and/or children in Fairfax. The Health Department dental program is the primary provider of preventive, diagnostic, and restorative dental services low income children and pregnant women. Only slightly more than 3,000 school age children received dental screenings.

- While Fairfax County contracts with the Northern Virginia Dental Clinic to provide comprehensive dental care to low income adults (below 200% of poverty), significant unmet needs still exist for adult care services.

Environmental Issues Impact the Health and Quality of Life

Issues regarding transportation, land use, lack of pedestrian and bike friendly infrastructure, neighborhood and housing configurations (safety, mobility, access to community resources and services) could adversely affect residents.

Air Quality

- Fairfax County's air quality was rated as the poorest out of the 132 monitoring sites in Virginia (due to noncompliance with particulate and ozone standards).
- The Environmental Protection Agency (EPA) has designated the WMA as a moderate non-attainment area for ozone.
- The number of ozone-exceeding days has decreased since 1998, but Northern Virginia continues to have the highest number of ozone-exceeding days in the state.

Water Quality

- Most of the marine and freshwater recreational waters in Fairfax County fail to meet water quality regulations and guidelines.

Lead Exposure

- Fewer than 1 percent of all children under the age of 72 months were found to have elevated blood levels.

Lyme Disease

- Lyme disease cases increased 13-fold between 2000 and 2009, and the disease is considered endemic in Fairfax County.

EFFECTIVE SERVICE DELIVERY AND APPROACHES	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
<p>Beginning successes to integrate behavioral health and primary care services - CSB and the Health Department work with psychiatrists at three Community Health Care Network (CHCN) clinics. A CHCN primary care physician engages consumers in health care services at two CSB locations, providing some health care services and facilitating ongoing care through CHCN.</p> <p>Improved Access to pharmacy/medication management - Quality of Life (QoL) Pharmacies -in-house pharmaceutical services Fairfax-Falls Church Community Services Board sites.</p> <p>Partnerships with Community Safety Net Providers- Two Federally Qualified Health Centers (FQHC's) to increase access to primary care and plans are underway to open a primary health care clinic at a CSB site.</p>	<p>Building and expanding collaborative relationships with county's Community Health Care Network (CHCN), other primary providers and Medicaid managed care organizations.</p> <p>Care Transition Model- A public-private initiative serving to improve "care transitions" which refers to the movement of patients between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness.</p> <p>Front Door Initiative- A cross agency initiative designed to provide an integrated, person-centered assessment and referral system that would expedite access to services for older adults and individuals with disabilities.</p> <p>Development of a school-based health</p>

EFFECTIVE SERVICE DELIVERY AND APPROACHES	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
<p>CSB-Intensive Community Treatment (ICT) teams work with people who have serious mental illness and/or co-occurring substance use disorders, many of whom are homeless.</p> <p>The Homeless Healthcare Program (HHP) provides outreach to the unsheltered homeless. Interdisciplinary teams, comprised of medical and psychiatric nurse practitioners from the Health Department and the Community Services Board (CSB), outreach workers from County non-profit organizations, and CSB mental health and substance abuse outreach workers, in addition to one part-time psychiatrist, provide referral and transportation to medical care, mental health, alcohol and drug services and dental care (preventative and restorative).</p>	<p>promotion model focused on healthy lifestyles and disease prevention.</p> <p>Restructuring of School Health Program to increase efficiencies and effectiveness</p>

EFFECTIVE SERVICE DELIVERY AND APPROACHES	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
<p>The unsheltered homeless are offered the opportunity to enroll in existing County programs such as CHCN, mental health and substance abuse treatment and counseling, emergency shelters, dental/denture program and other social service programs.</p> <p>Medical Respite Program -Health Department, Department of Family Services and the Embry Rucker Community Shelter(Reston Interfaith) partners for short term (30 days) recuperative or convalescent services to homeless persons recovering from illness, surgery and/or an accident.</p> <p>-Services provided by a Health Department nurse practitioner, DFS social worker, contract home health aides and the staff of the Embry Rucker Shelter.</p>	

COMMUNITY CAPACITY BUILDING	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
<p>Public Schools-Human Services plan to address bullying. Partners include the Fairfax Partnership for Youth. A prevention toolkit has been developed.</p> <p>A public-private partnership to support implementation of PACE (Program of All Inclusive Care for the Elderly) services in Fairfax County designed to increase service capacity for older adults and adults with disabilities.</p> <p>Partnership for a Healthier Fairfax (PFHF) - Coalition of community members and organizations that are working together to improve public health</p> <p>Mobilizing for Action through Planning and Partnerships (MAPP) - Community-wide strategic planning process PFHF is using to</p>	

COMMUNITY CAPACITY BUILDING	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
<p>identify public health issues and develop goals and strategies to address them</p> <p>Community Transformation Grant (CTG) - \$2.5 million over 5 years to support PFHF efforts</p> <p>To build community capacity to implement policy, systems, environmental, infrastructure, and programmatic changes that promote health and prevent chronic disease</p> <p>Cornerstone of the Prevention and Public Health Fund included in the Affordable Care Act granted by HHS through CDC to tackle the root causes of chronic disease</p> <ul style="list-style-type: none"> • Promotes population-based approaches and targeted strategies to reduce disparities • Prevention/wellness strategies - County Human Services System, the faith community, 	

COMMUNITY CAPACITY BUILDING	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
and private organizations: Provider and workforce gaps exist in specific service areas including: Community and home-based services for adults and children with behavioral health needs, special education and or physical/sensory/developmental disabilities, and persons needing assistance with activities-of-daily living. These same gaps exist for individuals needing acute and ongoing primary, specialty and oral health services.	

BUSINESS PROCESS IMPROVEMENTS	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVES)
<p>DFS Health Access Assistance Teams (HAAT) – HAAT provides a structured and integrated approach to assisting low income and uninsured residents of Fairfax County, Cities of Fairfax and Falls Church have access to available health care. The team provides outreach, intake and enrollment, annual redetermination and access to utilization of health care services through Federal, State and local safety net health care programs. The Federal and State Programs include: Medicaid, FAMIS Plus, FAMIS, FAMIS MOMS, and State and Local Hospitalization. The Local Safety Net Programs include: CHCN, MCCP, Adult Health Partnership, and Kaiser Permanente Bridge. HAAT enrolled over 26, 150 individuals in the Health Department Community Health Care Network, securing a medical home for working poor and uninsured residents. An additional</p>	<p>New “front door” initiative as part of the recommendations in the Action Plan to the Board of Supervisors from the Health Care Reform Implementation Task Force – November 2012.</p> <p>Work plan of the System of Care (SOC) Initiative - Fairfax county government, the cities of Fairfax and Falls Church, county and Falls Church public schools, the provider community and parents. Using legislative authority and financing through the Comprehensive Services Act for At Risk Youth and Families (CSA), this effort is generally concentrated in service delivery to the highest need youth at risk of emotional or behavioral problems. The goals of the SOC Initiative are to support enhanced functioning of youth with significant emotional and behavioral challenges in home, school and</p>

BUSINESS PROCESS IMPROVEMENTS	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVES)
<p>2000 children are enrolled in the MCCC program.</p> <p>CSB's new Financial Assessment and Screening Team (FAST) helps people access funding sources for behavioral and primary health services. Between May and October 2011, FAST completed 468 Medicaid screenings, 43 CHCN applications, 49 Low Income Subsidy applications, and made 12 referrals to the CSB's Patient Assistance Program.</p>	<p>community, reduce the number of Fairfax-Falls Church youth in long-term residential and group home placements, and decrease length of stay when placement is necessary.</p>

COMMUNICATION WITH STAKEHOLDERS	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
<p>Coordination of human rights complaints</p> <p>CSB Board Workgroups – Intellectual and Developmental Disabilities (semi-monthly) and Substance Abuse Disorders/Mental Health (monthly) - provide forums for stakeholders to discuss issues pertinent to the disability and the service system.</p> <p>CSB Office of Consumer and Family Affairs acts as a resource for stakeholders -oversight and technical assistance to consumer-run programs (four recovery centers and an employment center), coordinates peer-specialist training and helps organize community advocacy efforts.</p>	<p>Partnership for a Healthier Fairfax Coalition (PFHF) implementation of strategic issues and the Community Transformation Grant (CTG) will require ongoing efforts to increase Fairfax’s capacity to implement policy, systems, environmental, infrastructure, and programmatic change to promote health and prevent chronic disease.</p>

LEVERAGING RESOURCES/PARTNERSHIPS to expand capacity in the community	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
<p>Medical Reserve Corps – leverages over 3,700 volunteers annually.</p> <p>Women, Infant and Children (WIC) – partners with Ft. Belvoir and Department of Family Services to integrate supplemental nutrition assistance programs.</p> <p>Volunteer Coordination and Management for Older Adults and Individuals with Disabilities- a cross agency initiative that is designed to improve efficiencies by consolidating the management of volunteer recruitment, placement and training across the Human Service System.</p> <p>The CSB established an independent 501(c)(3) not for profit corporation, Fairfax REACH (Resilience, Education, Advocacy, Community</p>	

LEVERAGING RESOURCES/PARTNERSHIPS to expand capacity in the community	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
HOPE) to develop, facilitate and support innovative solutions to address unmet or otherwise under-resourced needs of the CSB service system. Fairfax REACH board and organizational development is very much under way, along with a number of other general activities to create and share a public profile.	

WORKFORCE DEVELOPMENT	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
System-wide training for county staff on recognizing and acting on socio-economic and other factors associated with health inequities for both access and health related positive outcomes – systemic health disparities in outcomes for services to minority populations and low income persons.	

WORKFORCE DEVELOPMENT	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
<p>The CSB established workforce collaboratives across levels of care to enhance system-wide capacity to provide services to individuals with co-occurring disorders (mental illness and substance use disorders).</p> <p>The Northern Virginia Joint Training Coalition represents agencies and programs that provide services to individuals with intellectual disabilities, throughout the region. The Coalition has worked together since September 2003 to consolidate and standardize staff online training efforts that meet many of the mandatory training requirements. Since its inception, the Coalition's efforts resulted in time and cost efficiencies for both employees and employers.</p> <p>The CSB has established an elearning course</p>	

WORKFORCE DEVELOPMENT	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
catalog with 480 competency-based courses for staff use, to include behavioral health care and organizational/professional development courses. Online opportunities are an efficient and effective method for training delivery.	

LEGISLATIVE or REGULATORY	
WHAT WORKS	NEEDS IMPROVEMENT (NEW INITIATIVE)
	<p>Impact of Health Care Reform (Patient Protection and Affordable Care Act) on Fairfax health safety-net (primary, behavioral, oral, and pharmacy health services), Medicaid services, financing, new health exchanges, and managed care requirements.</p> <p>Impact of Centers for Disease Control, Community Transformation Grant (CTG) on health promotion and prevention policies and practices.</p> <p>Review and response to State program realignments and budget reductions</p>

RESOURCES - to learn more:

Community Health

1. County Health Rankings 2011 – Robert Wood Johnson Foundation
<http://www.countyhealthrankings.org/>
2. Mobilizing for Action through Planning and Partnership (MAPP) – Fairfax County Healthy Communities 2020 planning report from Partnership for Healthier Fairfax:
<http://www.fairfaxcounty.gov/hd/mapp/pdf/comm-health-assessment.pdf>
3. Healthy People 2020 – www.healthypeople.gov
4. Community Immunity - <http://www.fairfaxcounty.gov/hd/flu/community-immunity.htm>
5. “Unnatural Causes - Is Inequality Making Us Sick?”, PBS documentary
6. National Action Plan to Improve Health Literacy. U.S. Department of Health and Human Services, Office of Disease Prevention and Promotion, 2010.
<http://www.health.gov/communication/HLActionPlan>
7. National Stakeholder Strategy for Achieving Health Equity
<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

8. National Partnership for Action: to End Health Disparities - Regional Health Equity Council – Region III resources:

<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=42&id=314>

9. Designing healthy communities: <http://www.cdc.gov/healthyplaces/>

Oral Health

10. Oral Health in Northern Virginia. Northern Virginia Health Foundation, September 2011:

<http://novahealthfdn.org/featured/oral-health-survey-findings>

Nutrition

11. Food Environment Atlas <http://maps.ers.usda.gov/FoodAtlas/foodenv5.aspx>

Public Health

12. Commonwealth of Virginia Department of Health <http://www.vdh.state.va.us>

13. National Association of Counties -

<http://www.naco.org/programs/csd/Pages/HealthyCountiesInitiative.aspx>

14. American Public Health Association <http://apha.org/>

Behavioral health

15. Josiah H. Beeman Commission Reports:

http://www.fairfaxcounty.gov/opa/beemancommission/finalreport/jhbc_final_report.pdf and

<http://www.fairfaxcounty.gov/csb/reports/beeman-implementation-plan.pdf>

16. Virginia Department Behavioral Health and Developmental Services –

<http://www.dbhds.virginia.gov/>

17. DRAFT DBHDS Comprehensive State Plan 2012-2018 [http://www.dbhds.virginia.gov/OPD-](http://www.dbhds.virginia.gov/OPD-StatePlan.htm)

[StatePlan.htm](http://www.dbhds.virginia.gov/OPD-StatePlan.htm)

18. The National Council for Community Behavioral Health Care <http://www.thenationalcouncil.org>

19. ACMHA - The College for Behavioral Health Leadership <http://www.acmha.org>

20. US Dept. Health and Human Services – SAMSHA - <http://www.samhsa.gov/>

Youth

21. Building Bridges initiative : <http://www.buildingbridger4youth.org> -family and youth engagement in behavioral health treatment and recovery

22. 2010 Fairfax County Youth Survey Results
http://www.fairfaxcounty.gov/demogrph/pdf/2010_highlights_presentation.pdf
23. Youth Guide - http://files.www.cmhnetwork.org/news/Youth_Guide_to_Treatment_-_A_Better_Life.pdf
24. Prevention toolkit: <http://www.fairfaxcounty.gov/ncs/prevention/toolkit.htm>

Health Care Reform

25. Virginia Health Reform Initiative <http://www.hhr.virginia.gov/Initiatives/HealthReform>
26. US Department of Health and Human Services – www.hrsa.gov, www.cms.gov,
<http://www.cms.gov/center/healthreform.asp>
<http://www.hrsa.gov/advisorycommittees/shortage/index.html>
27. National Association of Counties -
<http://www.naco.org/programs/csd/Pages/HealthReformImplementation.aspx>

State and National Associations, Foundations, Journals

28. National Academy for State Health Policy - <http://www.nashp.org>

29. Robert Wood Johnson Foundation - <http://www.rwjf.org>
30. Kaiser Health news - <http://www.kaiserhealthnews.org>
31. Medical Society of Virginia - <http://www.msv.org>