

Healthy People



Healthy People are those of all ages who practice healthy behaviors; take action to prevent and manage chronic disease; are free from exposure to environmental hazards; have access to physical, oral, behavioral, and long-term health services; have healthy relationships; and are resilient, safe and free from abuse, sexual and domestic violence. The Fairfax County Health and Human Services System promotes health through a variety of programs and services including (but not limited to) early interventions for toddlers and infants; substance abuse treatment; intellectual disability services; mental health services; domestic and sexual violence services; residential treatment; wellness and health promotion; environmental health including food safety; emergency preparedness; and patient care services.



GOALS:

- ◆ *Improve mental and physical health*
- ◆ *Improve the protection and well-being of children and adults in their families and communities*
 - ◆ *Improve community protection against public health threats*

Why Does This Matter?

Health and well-being encompasses a wide variety of preventative and treatment strategies in such areas as physical and mental health; abuse, violence, and neglect; and community protection against health threats. Collectively these efforts and others help ensure vibrant and strong individuals, families, and communities and are critical because:

- ◆ More than 75% of all U.S. health care costs are attributable to preventable health conditions related to factors that can be modified (i.e., nutrition, smoking, weight, and physical activity). A key component in promoting overall health is ensuring health literacy, which is the ability of individuals to obtain, process and understand basic health information to make appropriate decisions. Overall, individuals with low health literacy levels are at a greater risk for hospitalization, use more health care services, and tend to use more expensive medical services such as emergency care.
- ◆ Individuals living with **serious mental illness** face an increased risk of having untreated chronic medical conditions, dying on average 25 years earlier than others largely due to treatable medical conditions. Studies show people with co-occurring disorders (mental illness and substance use disorders) are more likely to be hospitalized, homeless, or incarcerated compared to individuals without co-occurring disorders.
- ◆ In addition to the extremely high personal costs of abuse, neglect and exploitation, there are also direct economic costs to states and localities. Research estimates the average lifetime financial cost associated with non-fatal child maltreatment per individual is over \$210,000. Child maltreatment has also been linked to teen pregnancy, suicide, antisocial behavior and more.
- ◆ Identifying, analyzing, and mitigating the spread of communicable diseases remains a continuous and growing challenge as evidenced by the incidence of norovirus, seasonal flu and tuberculosis in the community. National headlines concerning Ebola, Zika and measles have heightened public awareness of health threats and accentuated the importance of effective protection.

What is happening in our county? — Representative Indicators of Fairfax County

The following are a few key indicators critical to ensuring a healthy population.

Physical Health — Significant costs are associated with **preventable illnesses and conditions**. The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community, with **obesity** affecting a person’s quality of life and risk for developing many diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings. Over half of all adults in the Fairfax Health District (55%) in 2013 were overweight or obese.

Active adults reduce their risk of many serious health conditions, while adults who are sedentary are at an increased risk. Being active also reduces symptoms of anxiety and depression, improves mood, and promotes healthy sleep patterns. From 2012 to 2013, the percentage of adults in the Fairfax Health District who participated in any physical activities or exercises over the past month decreased from 86% to 84%.

Diet and exercise are also critical for children, with **childhood obesity** having health impacts. Children and adolescents who are obese are at greater risk for preventable conditions and are more likely to be stigmatized. In school year 2012-2013, approximately 1 out of every 3 children entering kindergarten was overweight or obese.

Being overweight, having an unhealthy diet, and not exercising are risk factors for **diabetes**, one of the leading causes of death in the United States. Diabetes disproportionately affects minority populations and the elderly. In Fairfax County, the percentage of the adult population who has ever been diagnosed with diabetes is relatively low at 7%.

Another risk factor for chronic disease is **tobacco use**, which causes the most avoidable illnesses and deaths in America today. Approximately one-third of all tobacco users nationwide die prematurely. Exposure to secondhand smoke can also cause or worsen a wide range of adverse health effects including cancer, respiratory infections, and asthma. In 2014, approximately 11% of Fairfax County adults smoked. In addition, over 5% of students who responded to the 2013 Fairfax County Youth Survey reported using smokeless tobacco products, a trend that has been increasing. More youth now use smokeless tobacco than smoke cigarettes.

Fairfax County monitors the following indicators:

Population Indicator	Baseline	Most Recent
% of adults who are overweight or obese according to the Body Mass Index (BMI)**	53% (2012) 472 sample size / 385,467 weighted count	55% (2013) 267 sample size / 402,014 weighted count
% of adults who participated in any physical activities or exercises in the past month, other than their regular job**	86% (2012) 815 sample size / 710,353 weighted count	84% (2013) 390 sample size / 599,130 weighted count
% of Fairfax County Public Schools children entering kindergarten who are overweight or obese*	29% (SY 2011-2012) 2,194 / 7,565 sample size	30% (SY 2012-2013) 2,720 / 9,066 sample size
% of adults aged 20 and older who have ever been diagnosed with diabetes***	7% (2011) 53,806 / 76,866	7% (2012) 53,869 / 76,956

Source: *Body Mass Index Surveillance in Fairfax County Public Schools 2015 Report; **Virginia Behavioral Risk Factor Surveillance System—Fairfax Health District; ***Centers for Disease Control and Prevention

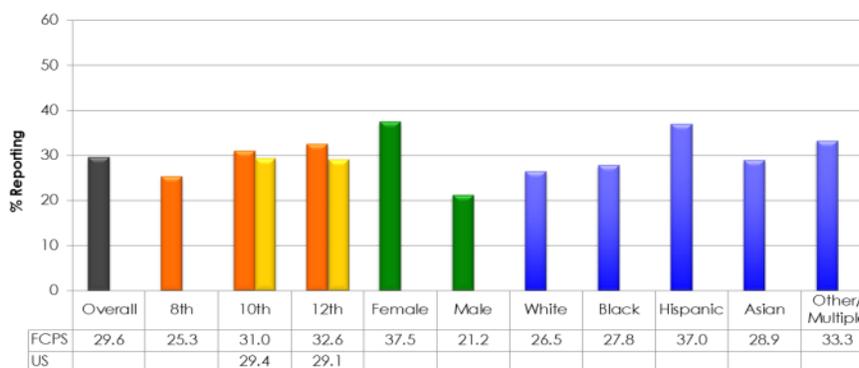
What is happening in our county? — Representative Indicators of Fairfax County

Mental/Behavioral Health — Suicide is a leading cause of death across the country, presenting a major, preventable public health issue. From 2003 - 2012, the suicide rate for Fairfax County residents 10 years of age or older was lower than the national average (7.9 per 100,000 persons versus 13.5 per 100,000 respectively). Findings from a 2015 Center for Diseases Control report indicated that youth in the county who died by or attempted suicide had multiple risk factors including substance use, victimization of violence, and mental illness. Other factors that may play a role in youth suicide include access to mental health resources, social media, and pressures associated with academic achievement.

Within Fairfax County, several key indicators measure depressive disorders and other behavioral health issues among youth. In FY 2014, about a third of youth placed in Fairfax County detention or shelter care scored at the caution or warning levels on a behavioral health screening tool for issues including alcohol/drug use, anger/irritability, depression/anxiety, somatic complaints, and thought disturbances. Sixteen percent of youth scored at caution/warning levels on the suicidal ideation scale and 21% scored at this level on the traumatic experience scale.

The Fairfax County Youth Survey also asks students a variety of behavioral health questions, including those on depressive symptoms and suicide ideation. In 2013, almost 30% of students who answered the survey reported depressive symptoms in the past year. Rates among Fairfax County students were slightly higher than the national average for 10th and 12th graders. Almost one in four female students and one in nine male students reported that they had seriously considered attempting suicide in the past year.

Percent of Fairfax County Public School (FCPS) Student Respondents Who Experienced Depressive Symptoms in Past Year (Grades 8, 10, 12)



Fairfax County monitors the following indicators:

Population Indicator	Baseline	Most Recent
Age-adjusted death rate per 100,000 population due to suicide*	9 (2012)	10 (2013)
% of Fairfax County Public Schools students (8 th , 10 th and 12 th Grade) who report having seriously considered attempting suicide in the past twelve months**	16% (SY 2011-2012) 4,840 / 30,566	17% (SY 2013-2014) 5,381 / 31,709

Source: *Virginia Department of Health, Division of Health Statistics; **Fairfax County Youth Survey

What is happening in our county? — Representative Indicators of Fairfax County

Mental/Behavioral Health — Drug overdoses are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last two decades. Within Fairfax County, opiate/synthetic use reported by individuals served by the Community Services Board increased by 22% from 2009-2014. This takes into account all reported use of use of any opiates, including heroin and prescription drugs. Emergency Medical Services in Fairfax County reports an average of 10 patient contacts per month that are suspected overdoses of heroin or other opioids— an increase from last year with an average of 6 patient contacts per month.

Fairfax County monitors the following indicators:

Population Indicator	Baseline	Most Recent
Death rate per 100,000 population due to drug poisoning*	4 (2004-2010)	5 (2006-2012)

Source: *County Health Rankings

Access to care & health insurance — Virginia’s decision not to expand **Medicaid** under the Affordable Care Act to cover low income adults continues to place a strain on health safety net services. An estimated 25,000 Fairfax County residents were projected to be Medicaid eligible as part of the expansion. Added publicity surrounding health care reform resulted in more individuals applying for Medicaid coverage; however, many individuals did not meet program eligibility requirements. Primarily, Medicaid eligible residents include children under age 19; pregnant women; persons 65 years of age and over; and persons with permanent disabilities— who are considered to be low income based on Medicaid financial guidelines. County residents who are receiving Medicaid benefits rose by 2% from 98,429 in FY 2013 to 109,634 in FY 2015.

Unfortunately, Medicaid providers in the northern Virginia region are limited, which makes it more difficult to access health care on a more timely basis. Health services for uninsured and underinsured individuals are available through the Fairfax County Community Health Care Network (CHCN), a partnership of physicians, health professionals, local government, and hospitals. CHCN provides comprehensive and primary healthcare to approximately 15,000 low-income, uninsured residents per year.

Fairfax County monitors the following indicators:

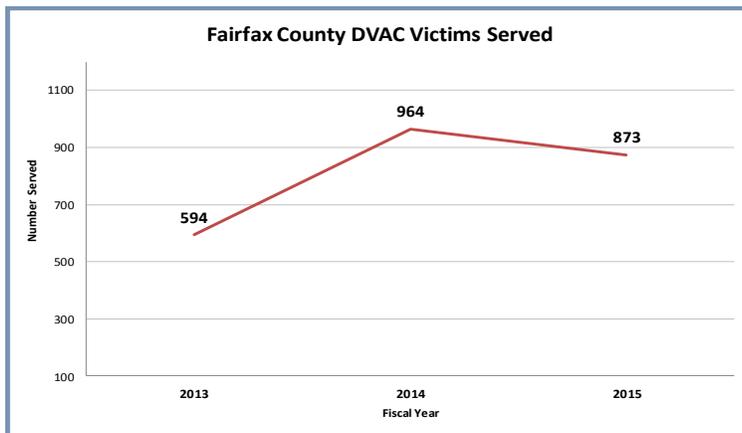
Population Indicator	Baseline	Most Recent
% of persons with health coverage*	87% (2012) 962,772 / 1,103,966	88% (2013) 989,407 / 1,119,123
% of persons below 200% of poverty without health coverage*	36% (2012) 62,157 / 171,638	34% (2013) 57,884 / 171,492

Source: *U.S. Census Bureau, American Community Survey

What is happening in our county? — Representative Indicators of Fairfax County

Prevention of domestic and sexual violence, child and elder abuse and neglect, and human trafficking—An increasing number of victims of domestic violence are being served by Fairfax County programs and services. In FY 2015, 2,506 domestic violence hotline & helpline calls were received by selected organizations, both county government and community nonprofit, who work to prevent and intervene in cases of domestic violence in Fairfax County. However, the true number of individuals affected by domestic and sexual violence and/or stalking may be higher, as many individuals do not choose to reach out for services.

From FY 2013 to FY 2015, the number of victims served by the Domestic Violence Action Center (DVAC) increased 47%. This may be due to a growing awareness of the comprehensive services offered by DVAC. In addition, domestic relations intake complaints have increased by 9% since FY 2010, including child custody and visitation disputes, child and spousal support disputes, and family abuse.



Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood, causing long lasting effects throughout life. In 2014, 17% of intake cases for Child Protective Services in Fairfax County involved domestic violence; in FY 2015 almost a third (32%) of children entering foster care reported witnessing domestic violence.

Victims of teen dating violence in Fairfax County have not been accessing services at the same rates that the victimization is occurring. Between FY 2011 and FY 2014, calls from victims aged 13-17 years old decreased 72%, while national reports show the number of teens and young adults reporting being victimized has increased. Because victims are not using the traditional hotline as a means to entering services, Fairfax County is increasing outreach efforts to ensure access to counseling and advocacy services.

Fairfax County monitors the following indicators:

Population Indicator	Baseline	Most Recent
# of domestic violence hotline & helpline calls received*	3,090 (FY 2013)	2,506 (FY 2015)
# of incidents of abuse or neglect per 1,000 children under 18 years of age** [value may include multiple incidents of abuse per child victim during the time period—incidents of abuse or neglect are based on completed founded investigations]	0.7 (FY 2012)	0.6 (FY 2013)
% of Fairfax County Public School students who reported that their parent had his/her body hurt from actions by a spouse/partner***	7.3% (2011)	6.4% (2013)

Source: *Domestic Violence Prevention, Policy and Coordinating Council 2014 Annual Report to Board of Supervisors ; **Virginia Department of Social Services; *** Fairfax County Youth Survey

What is happening in our county? — Representative Indicators of Fairfax County

Supportive Relationships and family functioning— Supportive relationships reflect positive influences from friends and family and have an effect on the overall health and well-being of a community. The Youth Survey, administered annually in Fairfax County public schools, is utilized to monitor assets or strengths that build resiliency and reduce risk behaviors in youth. Supportive relationships with an adult in the community or a parent are measured in the Youth Survey to assess progress toward the achievement of this objective. In the three-year period in the table below, the proportion of youth who had an adult in the community with whom to talk about something important and the proportion of youth who had a parent available to help have been stable.

Fairfax County monitors the following indicator:

Population Indicator	Baseline	2013	Most Recent
% of youth who report they have an adult with whom they can talk*	40% (2012) 12,191 / 30,603	38% (2013) 12,279 / 32,167	41% (2014) 12,880 / 31,174
% of youth who report they have parents available to help*	76% (2012) 22,596 / 29,888	79% (2013) 25,075 / 31,915	78% (2014) 23,749 / 30,436

Source: * Fairfax County Youth Survey

Health protection—To ensure the health and safety of the community, communicable disease cases and outbreaks reported to the Fairfax County Health Department (FCHD) are investigated, and when indicated, protective public health interventions are implemented. From 2010 to 2013, communicable disease investigations by the Health Department increased 9% (3,976 to 4,331 respectively). Ongoing public health threats posed by emerging and re-emerging communicable diseases are exemplified by the Ebola outbreak in West Africa which required a coordinated local response effort to monitor travelers.

An important component in the health protection of a community is the routine monitoring of risk factors which contribute to foodborne illness. The Fairfax County Consumer Protection Program for Food Safety (CPP) had oversight of 3, 730 permitted facilities, both food service and commercial establishments. The program identifies risk factors that can lead to disease in regulated establishments and helps to educate the public on interventions that contribute to public health. In FY 2015, the CPP conducted approximately 8,000 inspections, complaint responses or service requests. The recent trend of mobile food trucks in Fairfax has led to an increase in permits issued and inspections completed.

Restaurant and food service in Fairfax is one of the most diverse in Virginia in terms of employees and owners, creating challenges for education and ensuring safe food handling. In response, CPP expanded their education and outreach efforts to include the principles of Active Managerial Control (AMC), which is considered by the Food and Drug Administration to be a cornerstone of managing food safety practices. Through the use of AMC, 90% of food service establishments were able to demonstrate key control measures to prevent foodborne disease outbreaks.

Fairfax County monitors the following indicators:

Population Indicator	Baseline	Most Recent
Salmonellosis (<i>bacterial foodborne illness</i>) rate per 100,000 population*	11 (2013) 126 cases reported	13 (2014) 151 cases reported

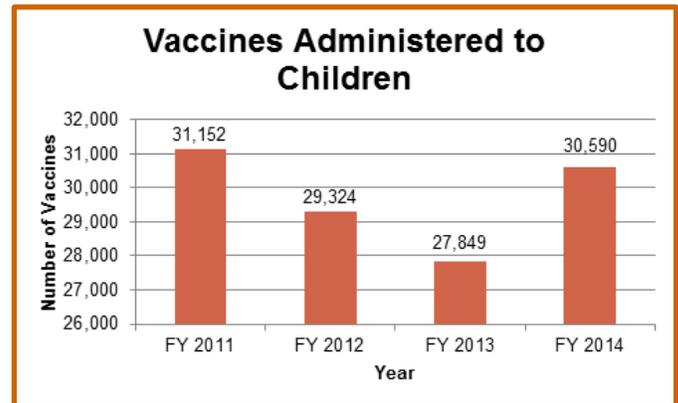
Source: *Virginia Department of Health, Reportable Disease Surveillance in Virginia Report

What is happening in our county? — Representative Indicators of Fairfax County

Health protection— Community immunity plays a vital role in protecting residents from contracting a contagious disease, such as the flu virus. Vaccinations can limit an outbreak within the community and minimize the risk of related health complications for those individuals who are at greater health risk.

The School Health program staff play a vital role in ensuring public school students receive the health services they require. **Health services** are provided to students in Fairfax County Public Schools and Falls Church City Public Schools. Overall, one out of every four Fairfax County Public School students has an identified medical condition that requires a health care plan (approximately 46,000 students) with the number of students that require support for their health condition increasing by 3% (or 1,580 additional students) since 2012.

The Fairfax County Health Department offers vaccines recommended by the Centers for Disease Control and Prevention and the Advisory Committee for Immunization Practices to children and uninsured adults. The Health Department works with schools, health care providers, and community partners to reinforce the importance of age appropriate immunizations and to improve access for under-vaccinated populations. The increase in vaccines administered in 2014 may be attributed to increased awareness of the importance of vaccines. In FY 2014, FCHD began surveying a sample of children entering both public and private school kindergarten to monitor how many were up-to-date on immunizations.



Fairfax County monitors the following indicators:

Population Indicator	Baseline	Most Recent
% of Kindergarten children who are up-to-date on immunizations*	NA	76% (FY 2014) 611 / 804 (sample size)

Source: *[Fairfax County Health Department](#)

The following system indicators reflect a representative sampling of those persons served by health and human services within county administered programs. Based on existing system indicator outcomes, health and human services appraises the overall system performance in attaining the desired goal utilizing the classifications below:

LEGEND:



An opportunity to celebrate the significant progress made in moving toward achievement of the desired result.



An opportunity to continue to improve upon the progress made toward achievement; this reflects less progress than the opportunity to celebrate; however, positive movement has been made.



An opportunity to improve, reflecting the need for the community and Health and Human Services System to address the desired result more effective-



Mental & Physical Health

Goal: Improve mental and physical health



Healthy People



How are we doing? All county residents benefit from programs, resources, and services offered by the health and human services system, which are designed to promote and increase physical and mental health. Many factors play a role in an individual achieving and maintaining an appropriate state of physical health. Health status is not solely determined by the absence of serious disease or illness, but also encompass broader issues including physical activity, nutrition and diet, alcohol and drug use, medical self-care, and sleep.

The health and human services system monitors the following indicators:

System Indicator	Baseline	Most Recent
% of adults with stable or improved physical health*		
Persons served who <i>self-report</i> stable or improved physical health	87% (FY 2013) 141 / 162	88% (FY 2015) 180 / 205
Persons served with <i>professionally assessed</i> stable or improved physical health	63% (FY 2014) 38 / 60	52% (FY 2015) 25 / 48

Source: * Fairfax County Health and Human Services System Data: Programs contributing to the self-report indicator include Therapeutic Recreation (NCS) and Adult Day Health Care (HD). The program contributing to the professionally assessed indicator is the Community Health Care Network (HD).

This indicator contains two measures that exemplify programs within the county’s health and human services system that currently measure physical health outcomes. The first measure is supported by two programs, Therapeutic Recreation (Department of Neighborhood and Community Services) and Adult Day Health Care (Health Department), which rely on self-reported data from a sampling of clients. The second measure is supported by a program, Community Health Care Network (HD), where clients are professionally assessed using standard and objective measures of weight, blood pressure and diabetes. For both measures, data is not representative of the county as a whole, but rather of individuals participating in public sector programs. The measures are a starting point of program data collection and are not inclusive of all programs operated through Fairfax County government.

Many factors can impact the ability of Fairfax County residents to improve their physical health outcomes. The cost of chronic illness (both personal and financial), the complexity of health issues, and a fiscal climate that limits the expansion of programs and services all have an impact locally, as they do nationwide.

For individuals served through the health and human services system, other challenges also exist which impact physical health outcomes. With the growth and increasing linguistic and cultural diversity of the Fairfax County population, new methods of engagement and community partnerships are required. Cultural competence of health professionals continues to be imperative to improve communication and help clients navigate a multifaceted health care system.



Mental & Physical Health

Goal: Improve mental and physical health



Healthy People



Furthermore, budget reductions have resulted in decreased access to specialty care providers for clients in need of such services. There are insufficient numbers of service providers currently participating within the county's safety net of services. Due to the limited number of providers, it is difficult for low-income individuals and families to access quality primary, mental health, dental, and specialty care, with many clients often experiencing long waits for services. Unfortunately, this can become a deterrent in completing treatment plans.

In addition, an inconsistent fee-for-service structure exists among providers who serve low-income clients within the continuum of care. This can cause confusion and financial challenges when clients need a higher level of care or multiple services. With limited financial ability to pay out of pocket, many clients seek financial assistance. But because programs have different requirements for financial assistance eligibility, clients may be able to only access some, not all, of the services they need.

Two client groups in particular have been identified as needing integrated health services coupled with support services:

- Children in poverty often face serious health issues, especially with their oral health. Fewer children are being served in a timely manner, due to the decreased availability of providers, increased service costs, and complexity of dental care needs.
- With increasing numbers of older adults in need of geriatric medical services, more providers with this expertise are needed. In addition, many older adults require transportation assistance to reach their health care appointments, and more affordable and accessible transportation options are needed as well.

Despite these challenges, strong partnerships remain with many local service providers and community-based organizations that are committed to serving clients of the health and human services system and addressing particular health care needs. For example, the county's health services safety net continues to improve the integration and co-location of services to better meet residents' healthcare needs in more accessible locations. This coordination improves individuals' access to care and facilitates the evaluation of many aspects of well-being, including behavioral as well as physical health.

The Chronic Disease Self-Management Program, a prevention initiative, supports county efforts to improve mental and physical health although it does not contribute to this indicator directly. This evidence-based, wellness-focused program (<http://patienteducation.stanford.edu/programs/cdsmp.html>) helps people with all types of chronic diseases develop personal management skills and take an active role in their health care. Programs within the Health Department (HD), Community Services Board (CSB), Neighborhood and Community Services (NCS) and Department of Family Services (DFS) have widely adopted the program model to better serve people in various community settings such as senior centers, houses of worship, libraries and hospitals. The program is being used not only with individuals who have chronic physical illnesses, but also with individuals who have chronic mental health and substance use challenges.



Mental & Physical Health

Goal: Improve mental and physical health



Healthy People



Behavioral health conditions include individuals diagnosed with mental, behavioral, or emotional disorders; serious mental illness; and/or dependent on alcohol or drugs. The prevention and treatment of behavioral health disorders is critical in order to reduce the extremely high personal costs, as well as lower overall health care costs and loss of productivity in the workplace. Behavioral health is inextricably entwined with physical health, with practitioners and policymakers recognizing the importance of integrating services for optimal well-being. For individuals with common chronic conditions (i.e., hypertension, diabetes, asthma) health care costs are as much as 75% higher for those with mental illness compared to those without a mental illness.

The health and human services system monitors the following indicators:

System Indicator	Baseline	Most Recent
% of adults with stable or improved behavioral health*		
Persons served who <i>self-report</i> stable or improved behavioral health	92% (FY 2013) 319 / 345	94% (FY 2015) 424 / 451
Persons served with <i>professionally assessed</i> stable or improved behavioral health	91% (FY 2013) 123 / 135	81% (FY 2015) 245 / 301

Source: * Fairfax County Health and Human Services System Data: Programs contributing to the self-report indicator include Adult Day Health Care (HD); Counseling Services (OFWDSVS); Offender Services (OFWDSVS); and Therapeutic Recreation (NCS). Programs contributing to the professionally assessed indicator include Adult Partial Hospitalization Services (CSB) and Program of Assertive Community Treatment (CSB).

This indicator contains two composite measures exemplifying programs within the health and human services system that provide behavioral health services. One composite measure is supported by programs that rely on self-reported data from a sampling of clients. Programs included in the measure are Adult Day Health Care (HD); Counseling Services (OFWDSVS); Offender Services (OFWDSVS); and Therapeutic Recreation (NCS). The second composite measure is supported by programs in which clients are professionally assessed based on standard behavioral health tools. Data included in this measure is from the Adult Partial Hospitalization Services (CSB) and Program of Assertive Community Treatment (CSB) programs. In both cases, data is not representative of the county as a whole, but rather of individuals participating in programs operated through Fairfax County government. The composite measures represent starting points of program data collection and are not inclusive of all programs operated through Fairfax County government.

Anecdotal evidence indicates an insufficient number of affordable and accessible mental health service providers in the local area. This is coupled with a limited number of specialty care doctors who participate the county's safety net services. Due to the lack of affordable and accessible providers, individuals often experience delays when seeking to access proper care and services. This becomes a deterrent in completing treatment plans. In addition, providers' limited ability to share information can create barriers and negatively impact health outcomes for clients.



Mental & Physical Health

Goal: Improve mental and physical health



Healthy People



Regulation changes for managed care have prescribed more stringent standards for eligibility determination, pre-authorizations, and supporting documentation requirements about prior treatment, in accordance with tighter medical necessity criteria for delivery of services. Gathering sufficient information to meet these stricter documentation requirements can be challenging for an individual who, as a result of the illness, may be disorganized and disconnected from family or other sources of information.

The success reflected in the composite measures can be attributed to coordination among county and community agencies to assure that individuals have access to the care they need. County staff works collaboratively with community providers to transfer participants from one program to the next, based on an individual's changing needs. Coordinated approaches can also be seen in the integration of primary and behavioral health care service delivery practices in two Community Services Board (CSB) sites, the Merrifield Center and the Gartlan Center. The services offered in these centers reflect the recognition that for optimal health outcomes an individual's behavioral and physical health issues need to be treated concurrently, rather than sequentially or separately. In addition, with the increasing diversity of clients served, improved service delivery must continue to address multilingual and multicultural needs of persons seeking and receiving care.

Client health outcomes have been improved through the commitment of county and community programs to use evidence-based service models. Examples include Diversion First, the Program of Assertive Community Treatment (PACT), and Domestic Violence Offender Services. The use of Trauma Informed Care (TIC) also contributes to improved client outcomes. TIC involves understanding, recognizing and responding to the effects of all types of trauma in an individual's life. The Trauma Informed Community Network (TICN) of Fairfax was formed in May 2015 to coordinate a multiagency, multidisciplinary effort to implement trauma informed care within Fairfax County health and human services agencies and their partners.



Mental & Physical Health

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Behavioral health services are critical to promote overall well-being and academic successes for children and youth. Nationally, approximately 1 out of every 5 youth, ages 13-18, live with a mental health condition. The impact of mental illness on children and youth is substantial: In the U.S., approximately half of students, age 14 and older, with a mental illness drop out of high school; 70% of youth in juvenile justice systems have a mental illness. Within Fairfax County, providers in both the public and private sector offer various prevention and treatment services to assist children and youth.

The health and human services system monitors the following indicator:

System Indicator	Baseline	Most Recent
% of children and youth with stable or improved behavioral health*	71% (FY 2013) 3,043 / 4,265	75% (FY 2015) 3,230 / 4,281

Source: * Fairfax County Health and Human Services System Data

This indicator is a composite of several programs in which clients are professionally assessed using standard behavioral health tools. Programs currently contributing to the composite measure are Boys Probation House (JDRDC); CSA System of Care; Foundations (JDRDC); Post-Dispositional (JDRDC); Youth Day Treatment Services (CSB); and Youth Outpatient Services (CSB). Data is not representative of the county as a whole, but rather of programs within Fairfax County government. This measure represents a starting point for program data collection.

As with adult behavioral health services, anecdotal evidence indicates an insufficient number of affordable and accessible behavioral health providers who specialize in services for children and youth in the local area. With fewer regional and community-based service providers, more clients must travel to neighboring jurisdictions to receive care.

One factor helping to improve outcomes is the coordination among county and community agencies to assure that behavioral health providers have access to a variety of trainings to enhance the services provided to youth and their families. These include motivational interviewing, cognitive behavioral therapy, and dialectical behavioral therapy. After-school services also are critical to reinforcing other behavioral health services provided to the children and youth. The use of Trauma Informed Care (TIC) has also contributed to improved outcomes for children, youth and their families. TIC involves understanding and recognizing the complexities of all types of trauma as well as responding to the negative effects of trauma in an individual's life.

A partnership between the Fairfax County government (CSB) and Fairfax County Public Schools (FCPS) is focusing on ways to help public school teachers, doctors, peers and other community members better recognize and address early warning signs of depression and/or emotional distress in children and youth. An online virtual course provides the opportunity to hone suicide prevention skills through simulated role-play conversations. In Fiscal Year 2015, more than 19,884 persons completed the online course; approximately 91% of the participants were teachers, with the rest comprised primarily of doctors and peers.



Protection & Well-Being

Goal: Improve the protection and well-being of children and adults in their families and communities



Healthy People



How are we doing? Family functioning refers to the way family members interact with one another. The county health and human services system addresses family relationships in various settings including, but not limited to, education and support programs for parents who are at risk for abusing or neglecting their children as well as residential treatment programs for court-involved youth.

The health and human services system monitors the following indicator:

System Indicator	Baseline	Most Recent
% of persons with improved family functioning*	78% (FY 2013) 2,658 / 3,425	88% (FY 2015) 2,476 / 2,801

Source: *Fairfax County Health and Human Services System Data

This indicator contains a composite measure exemplifying programs within the health and human services system that help to improve family functioning and strengthen supportive relationships for parents and children and youth. This composite indicator is supported by seven county programs that rely on self-reported data from a sampling of clients and by programs in which clients are professionally assessed using standard assessment tools. Programs currently contributing to the composite measure are Boys Probation House (JDRDC); CSA System of Care; Family Counseling (JDRDC); Foundations (JDRDC); Healthy Families Fairfax (DFS); Parent Education (DFS); and Post-Dispositional (JDRDC). Data is not representative of the county as a whole, but rather of individuals participating in the programs. The measure is a starting point of program data collection and is not inclusive of all programs operated through Fairfax County government.

Factors contributing to performance include increased accessibility of service (i.e., location, languages offered, time of day, family care availability); investment in staff development; awareness of trauma as a major driver of behavior for youth and adults; and use of evidence-based models. Factors restricting system performance include an increasing need for mental health and substance use services by individuals who may not meet the criteria for county services; lack of parental involvement due to transportation barriers, financial instability, mental illness and substance abuse; and limited language capacity to meet a growing number of non-English speaking residents.



Protection & Well-Being

Goal: Improve the protection and well-being of children and adults in their families and communities



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A critical function of the health and human services system is to prevent and protect residents from abuse, neglect and exploitation. Programs and services offered throughout the system focus efforts on the health and safety of children, youth, families, older adults, and adults with a disability (of any age). Programs operate under the Code of Virginia and State Board of Social Services while others are designed to enhance the well-being and protection of at-risk families and children.

The health and human services system monitors the following indicator:

System Indicator	Baseline	Most Recent
% of persons with decreased levels of risk of abuse, neglect or exploitation*	85% (FY 2013) 1,998 / 2,351	80% (FY 2015) 6,902 / 8,668

Sources: *Fairfax County Health and Human Services System Data

This indicator is a composite measure exemplifying several programs within the health and human services system that work to decrease levels of risk of abuse, neglect or exploitation among families and individuals. This composite is supported by programs within the Department of Family Services, Adult Protective Services (DFS); Child Protective Services (DFS); and Protection and Preservation Services (DFS), which rely on data from a sampling of persons served. Data is not representative of the county as a whole, but rather of individuals participating in the programs. The measure is a starting point of program data collection and is not inclusive of all programs operated through Fairfax County government.

Anyone can be at risk of abuse, neglect or exploitation regardless of age, gender, socioeconomic group, culture, race, gender identity, or ethnicity. Many families have multiple challenges that may include abuse, neglect and exploitation of older adults and adults with disabilities; child abuse and neglect; substance use; mental and physical health concerns; domestic violence; and parent-child conflicts. Helping families build on their strengths to overcome challenges is an intricate process that involves many support structures and coordination of services from multiple county and community resources.



Protection & Well-Being

Goal: Improve the protection and well-being of children and adults in their families and communities



Healthy People



Several key issues can create hurdles to the effective provision of support services to county residents:

- With the increasing linguistic and cultural diversity of the county population, language issues arise that make it increasingly challenging for staff to provide timely and cost-effective services which are culturally sensitive.
- In many instances, there are limited resources to address the needs of all. Consequently, this often leads to targeting resources which can result in gaps in service delivery.
- Individuals and families with multiple, complex health issues are increasingly requiring specialty care.
- Individuals and families with limited educational attainment and a diminished capacity to be economically self-sufficient are often victims of abuse. Both issues affect their ability to meet the financial needs associated with acquiring affordable, appropriate and safe housing options.

Domestic and sexual violence impacts the lives of Fairfax County residents every year. On average, half of the homicides in Fairfax County each year are related to domestic violence. Many homeless families have histories of domestic violence or are homeless due to domestic violence. When events occur in which individuals of any age experience domestic and/ sexual violence, the ability to take advantage of appropriate and timely support services helps to mitigate the risk of further violence and unintended consequences in most cases.

The health and human services system monitors the following indicator:

System Indicator	Baseline	Most Recent
% of persons who are now able to plan for their safety as a result of gained skills, awareness, and knowledge *	93% (FY 2013) 1,214 / 1,304	96% (FY 2015) 1,429 / 1,481

Sources: *Fairfax County Health and Human Services System Data

This indicator contains a composite measure exemplifying programs within the health and human services that provide services to individuals and families who have been affected by domestic and sexual violence, stalking, and human trafficking. Three county programs within the Office for Women Domestic and Sexual Violence Services currently contribute to the data for this indicator: Court and Legal Advocacy Services; Counseling Services; and Hotline Services.

Efforts around providing prevention, education and outreach services are critical to achieving the goal of improving the protection and well-being of children and adults. Outreach and educational trainings and workshops are offered to professionals, community members, and students in the FCPS system to raise awareness of domestic and sexual violence, stalking, human trafficking, and resources available to those experiencing violence; all with the ultimate goal of preventing interpersonal violence.



Protection & Well-Being

Goal: Improve the protection and well-being of children and adults in their families and communities



Healthy People



Additionally, two county 24-Hour Hotlines are provided to county residents: the Domestic and Sexual Violence Hotline and the Lethality Assessment Protocol (LAP) Hotline. Services provided by these hotlines include supportive telephone counseling, crisis intervention, and information and referrals, particularly for “high-danger” victims who come to the attention of first responders such as police officers. These services are provided on a free confidential basis within a trauma-informed and client driven framework.

Domestic violence does not stop without interventions. Services must be provided to victims, witnesses and offenders for the cycle of violence to be interrupted permanently. Victims often lack social support and resources and have an urgent need for safety, information and resources, and help coping and healing after violence. The counseling program provides these essential services. In addition, the Anger & Domestic Abuse Prevention and Treatment (ADAPT) program provides intervention services for male and female domestic violence offenders. Since ADAPT participants are typically first-time offenders referred by local courts as an alternative to incarceration, participants are held accountable for learning and demonstrating gains in emotional self-regulation and individual responsibility for preventing further abuse from recurring.

Increased attention is being given to sexual assault prevention in the county public schools, and more referrals are being made for counseling services for survivors of sex trafficking. There are opportunities for future collaborations between the county and the local post-secondary institutions regarding education and outreach efforts around prevention and the provision of other services.



Protection Against Health Threats

Goal: Improve community protection against public health threats



Healthy People



How are we doing? Food safety is critical for the prevention of foodborne illness (“food poisoning”) caused by bacteria in food. There are multiple reasons for the increase in incidents of food poisoning, including residents and community healthcare providers promptly notifying the county’s Health Department; resistant microorganisms adapting to changes in their environment; and consumer lifestyles changing with more than a third of all meals eaten away from home. In addition, changes in the food system, such as the increase in food trucks is raising more intrinsic and logical concerns regarding food safety and public health.

The health and human services system monitors the following indicator:

System Indicator	Baseline	Most Recent
% of food service establishments demonstrating FDS risk factor control measures to reduce foodborne illness*	N/A	90% (FY 2015) (3,323/3,692)

Source: *Fairfax County Health and Human Services System Data

The program currently contributing to this measure is the Consumer Protection Program for Food Safety, operated by the Fairfax County Health Department’s Environmental Health Services. The program relies on data from a sampling of food service establishments and administers state and local regulations for food service establishments, religiously exempt child care centers, hotels/motels, campgrounds, and summer camps. Standardized routine inspections are conducted to identify risk factors that may lead to foodborne illness, to ensure regulatory compliance, and to educate food service employees on public health interventions that promote a healthy and safe community.

One impediment to improved food safety outcomes continues to be ensuring regulatory compliance. While county residents enjoy the local diversity of cultural cuisines, non-English speaking food service staff may not always fully understand food safety requirements. Only a limited number and range of food safety educational materials are available in multiple languages, due to budget constraints and the high cost of translation.

Another ongoing challenge is the need to access the proper level of information technology systems to better collaborate with other state and local agencies. A recent upgrade to the state electronic inspection system had a significant negative impact on the county’s ability to conduct food service establishment inspections within the prescribed inspection frequency.

An inspection program conducted by the Virginia Department of Agriculture and Consumer Services offers an opportunity to increase efficiency and improve monitoring of existing retail food service establishments. Improved coordination and local oversight of the regulatory activities for these food establishments allows the county to assure the frequency and quality of inspections by properly trained staff in a program that complies with the FDA’s Retail Program Standards.



Protection Against Health Threats

Goal: Improve community protection against public health threats



Healthy People



Childhood vaccines are among the most cost-effective clinical preventive service available and provide a high return on investment. Assuring access to affordable immunizations protects the population from health threats and supports the up-to-date immunization status of children in the community so they will be ready to enter school without delay.

The health and human services system monitors the following indicator:

System Indicator	Baseline	Most Recent
% of children who are up to date on immunizations*	71% (FY 2013) 554 / 783	69% (FY 2015) 524 / 755

Source: *Fairfax County Health and Human Services System Data

This indicator contains a composite measure exemplifying programs within the health and human services system that protect against public health threats. Two programs support this composite measure: Healthy Families Fairfax, operated by the Department of Family Services, and the Health Department's Childhood Immunization Services. Data reflects a sampling of children served in both programs and is not representative of the county as a whole. The information represents a starting point of program data collection and is not inclusive of all programs operated through Fairfax County government.

Health services operated through the health and human services system offer preventive health programs to infants and children with the goal of promoting and encouraging healthy behaviors and preventing epidemics and the spread of disease. The Health Department's Childhood Immunization Services is one such Health Department program, providing the administration of childhood vaccines and community education and outreach to improve the immunization status for children. Vaccines can prevent outbreaks of disease and save lives, so when a critical portion of the community is immunized against a communicable disease, most residents are protected because there is little opportunity for an outbreak.



Protection Against Health Threats

Goal: Improve community protection against public health threats



Healthy People



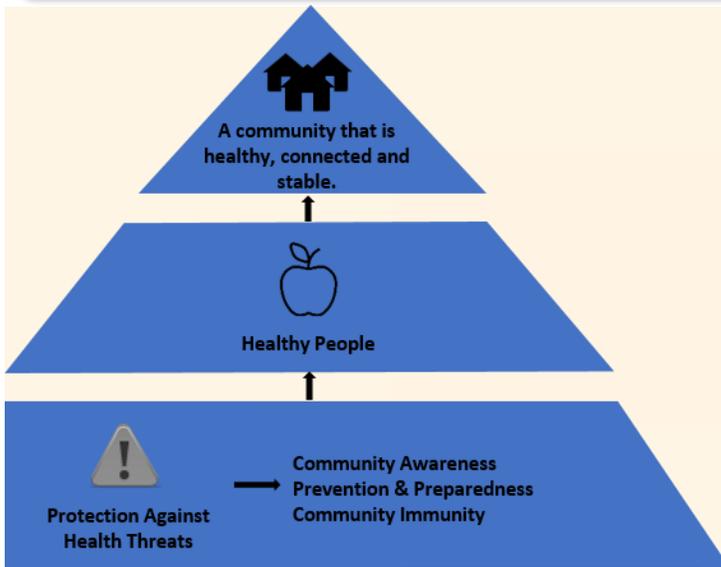
Despite improvements in awareness and access to vaccines, immunization rates for two year-olds have not yet reached the public health objective of 90 percent completion rates as set in Healthy People 2020, a national collection of goals and objectives designed to improve the health of all people (www.healthypeople.gov). State law provides that any child under the age of 19 may receive, free from the Health Department, all vaccines required for school entry. Through this program, the county's Public Health Nurses assess immunization status, determine required and recommended vaccines, administer vaccines, and provide official documentation of vaccines received. In FY 2015, the county's childhood immunization services administered 34,417 vaccinations. Even so, many children in the county remain inadequately immunized for kindergarten entry.

The recent addition of new recommended and required vaccines has resulted in a more complex immunization schedule and a greater need for children's immunization services in the community. The cost of safe vaccine storage and handling has led some medical practices to not provide all necessary childhood immunizations. Not all children in the county have access to medical care provided by a pediatrician.

The Healthy Families Fairfax (HFF) program exemplifies a partnership providing intensive home visitation and comprehensive support services to new parents. HFF is one of four county programs providing child health services by helping children, ages 0 to 3, to be 100% up to date with immunizations. Demands for these preventive services is already higher than current staffing levels can address. Because Healthy Families Fairfax (HFF) is a non-mandated service and receives partial state funding, it faces funding challenges on an ongoing basis.

Families served through the HFF program are increasingly diverse culturally and linguistically. Language and communication barriers present challenges in provision of health care and home visiting services. Home visiting nurses use both certified interpreter staff and tele-interpreters to support communication needs, but these resources are frequently over-extended. Many clients have complex histories of trauma, violence, or emotional distress. Meeting their needs with existing community resources is particularly challenging. In FY 2015, only 16 percent of the mothers who were screened as high-risk were able to be served through HFF because of limited capacity. Other early childhood home visiting programs in the community have also recently lost funding making them unable to serve this population.

Healthy People



"If behavioral health issues are not addressed then it leads to problems in the community; and we are all in the community together."

- Fairfax County Resident

Our Strategies:

Under development