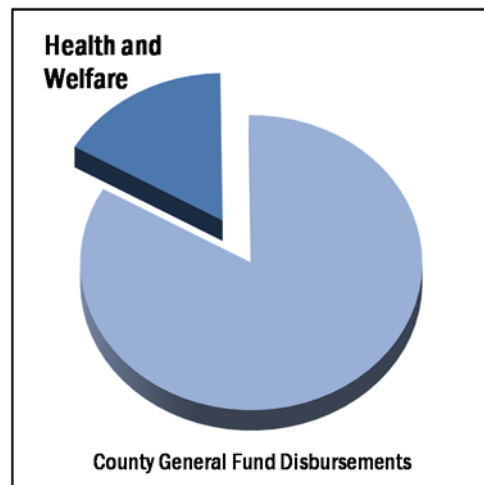


Health and Welfare Program Area Summary

Overview

The Health and Welfare program area consists of five agencies – Agency 67, Department of Family Services (DFS), Agency 68, Department of Administration for Human Services (DAHS), Agency 71, Health Department, Agency 73, Office to Prevent and End Homelessness (OPEH), and Agency 79, Department of Neighborhood and Community Services (NCS). Their collective mission is to protect the vulnerable, help people and communities realize and strengthen their capacity for self-sufficiency, and ensure good outcomes through prevention and early intervention. In addition to these five agencies, there are others that constitute the Fairfax County Human Services System. They are Agency 81, Juvenile and Domestic Relations District Court (Public Safety Program Area), Agency 38, Department of Housing and Community Development (Community Development Program Area), as well as Fund 40040, Fairfax-Falls Church Community Services Board (CSB) found in Volume 2 of the [FY 2018 Adopted Budget Plan](#). Human Services functions are also addressed in other funds such as Fund 50000, Federal-State Grants; Fund 10020, Consolidated Community Funding Pool; and Fund 30080, Commercial Revitalization Program. The Fairfax County Human Services System works to communicate the relationships among public and community-based efforts to achieve shared goals for individuals, families, and communities. The Human Services System continues to focus on cross-cutting strategic initiatives, the broad community outcomes they support and the system's progress toward achieving them. A detailed narrative for each agency within the Health and Welfare program area can be found on subsequent Volume 1 pages of the [FY 2018 Adopted Budget Plan](#).



The community outcome areas are summarized below:

- People are able to meet basic needs for themselves and their families
- Children thrive and youth successfully transition to adulthood
- Seniors and persons with disabilities live with maximum dignity and independence
- People and communities are healthy
- People have access to high-quality appropriate services at the right time
- The Human Services System maximizes the community's investment in human services

The Department of Family Services is the largest of the County's human services agencies, with employees deployed in regional offices and community sites throughout the County. DFS programs and services are provided through its five divisions: Self-Sufficiency; Adult and Aging; Children, Youth and Families; Child Care; and Cross Division Services, as well as the Office for Women and Domestic and Sexual Violence Services; System of Care, which includes behavioral health services for youth and the Children's Services Act (CSA); and Disability Services Planning and Development. The department partners with community groups, faith-based organizations, businesses and other public organizations to meet changing community needs. DFS is critical in the County's effort to help residents negatively impacted by the weak economy. A continued uncertain economic environment means that many individuals are still seeking help from public assistance. Applications for food, financial, and medical assistance continue to rise with current monthly average caseloads totaling more than 97,000 for Public Assistance programs. DFS maximizes the use of grant funding to support many different types of programs and services. Grant funding primarily supports employment services, services targeting the aging population, and services for children. In FY 2018, the department anticipates leveraging \$32.9 million in non-County resources to provide \$36.8 million in services through grants.

Health and Welfare Program Area Summary

DAHS serves the community with quality administrative and management services. DAHS provides administrative, consultative and management services to the County's health and human services departments and programs. The human services system directly serves over 100,000 individuals annually through the provision of social services, behavioral and primary health care, juvenile justice, affordable housing, and recreation services. Human services programs offered in the County affect almost everyone in the community.

DAHS focuses on enhancing cross-system coordination of business functions and identifying continuous process improvement opportunities to ensure both efficient and effective professional administrative services in the business areas of Financial Management, Human Resources, Contracts and Procurement Management, and Physical Resources. The County's health and human services system is very large, with approximately \$491 million in expenditures and approximately 4,000 merit employees in FY 2016, while billing and collecting more than \$181 million in revenues and reimbursements. Approximately 61,500 payments for goods and services are processed annually. The value of human services purchases handled by DAHS is approximately \$156 million for goods and services offered through more than 1,100 contractual agreements. DAHS provides services and support to human services facilities by coordinating maintenance and space planning of facilities including seven emergency shelters, 120 office and service delivery sites, and oversees approximately 228 residential program sites serving consumers throughout the County. DAHS also provides residential lease management and federally required residential property services, emergency response planning at seven co-located facilities, safety and security service coordination, and oversight of the department's Business Continuity planning as well as human services information technology, strategic planning, and project management for cross-agency technology initiatives.

The Fairfax County Health Department (FCHD) has five core functions: preventing epidemics and the spread of disease; protecting the public against environmental hazards; promoting and encouraging healthy behaviors; assuring the quality and accessibility of health services; and responding to disasters and assisting communities in recovery. These functions are the community-facing elements of the 10 Essential Public Health Services (EPHS), which define public health and serve as the framework for nationally-adopted quality and performance improvement initiatives nationwide, such as local public health accreditation. In May 2016, the FCHD was accredited by the Public Health Accreditation Board (PHAB), having met national standards for high quality public services, leadership and accountability. The FCHD is now one of 150 health departments nationwide that have achieved accreditation.

In FY 2016, the FCHD completed the progress report for year two of its Strategic Plan for 2014-2019, which outlines goals and objectives to strengthen the department's capacity to deliver the 10 EPHS. The department's strategic plan brings with it challenges (securing and retaining resources to address ongoing activities that are critical to the community) and opportunities (leveraging community assets and other resources to enable the department to reorient towards population-based prevention programs that focus on disease prevention and health promotion). While progress has been made in developing internal resources, building a strong public health infrastructure remains central to effective delivery of the 10 EPHS and to adequately address the public health challenges of today and the future. This means investing in resources and strategies that increase efficiency in service delivery and enhance the ability of the FCHD to anticipate emerging threats and work proactively to address them.

OPEH is tasked with providing day-to-day oversight and management of the Ten Year Plan to Prevent and End Homelessness in the Fairfax-Falls Church community, and the management, oversight and operation of many of the homeless services provided by the County. The Ten Year Plan to Prevent and End Homelessness (The Plan) was developed around the Housing First Concept which requires that individuals

Health and Welfare Program Area Summary

and families experiencing homelessness be placed in longer term residences as quickly as possible. In doing so, the support provided through social services and other interventions will achieve greater outcomes. The Plan is centered on creating a strong community partnership between government, business, faith and non-profit communities.

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

The Department of Neighborhood and Community Services has three primary functions. The first is to serve the entire human services system through the use of data-driven decisions to identify service gaps, by initiating efforts to track and improve human service outcomes, and demonstrating efficiencies in service delivery. Capacity building within Human Services is coordinated and led by the department, but also involves all stakeholders both within County government and the community as a whole. The second function is to deliver information and connect people, community organizations, and human service professionals to resources and services provided within the department, and more broadly throughout the community. Access to services is provided across the spectrum of needs (including transportation to services) and in some cases, includes the provision of direct emergency assistance. Finally, the department promotes the well-being of children, youth, families and communities. NCS supports partners and the community by facilitating skill development and the leveraging of resources that can resolve self-identified challenges. In partnership with various public-private community organizations, neighborhoods, businesses and other County agencies, the department also uses prevention and community building approaches to provide direct services for residents and communities throughout the County.

Strategic Direction

As part of the countywide focus on developing strategic plans, the agencies in this program area have each developed mission, vision and value statements; performed environmental scans; and defined strategies for achieving their missions. These strategic plans are linked to the overall County core purpose and vision elements. Common themes among the agencies in this program area include:

- Self-sufficiency of residents to address basic needs
- Prevention
- Early intervention
- Access to services
- Partnerships with community organizations to achieve mutual goals
- Building capacity in the community to address human service needs
- Cultural and language diversity
- Emerging threats, such as communicable diseases and bioterrorism
- Building a high-performing and diverse workforce
- Maximizing local, state and federal resources

COUNTY CORE PURPOSE

To protect and enrich the quality of life for the people, neighborhoods, and diverse communities of Fairfax County by:

- Maintaining Safe and Caring Communities
- Building Livable Spaces
- Practicing Environmental Stewardship
- Connecting People and Places
- Creating a Culture of Engagement
- Maintaining Healthy Economies
- Exercising Corporate Stewardship

Health and Welfare Program Area Summary

A number of demographic, economic, social, and governance trends affect this program area. With regard to demographics, the tremendous growth in population has an impact on the services provided by these agencies. Fairfax County has experienced double-digit population growth in each decade since the 1970s. Fairfax County's population mirrors the national trend in that it is growing older. The County's population is increasing in number, age and diversity. NCS estimates that the 2016 population of older adults (age 65 and older) in Fairfax County was 134,943. It is expected that there will be 186,519 by 2030. Additionally, the County is growing more diverse. In 1990, more than 13 percent of older adults spoke a language other than English at home, and by 2015 the American Community Survey estimates that the number had grown to approximately 28.6 percent. From 1980 to 2015, the percentage of minorities in the older adult population increased from 8.1 percent to 29.8 percent.

In recent years, Human Services agencies have played a crucial role in responding to a number of public health and safety concerns such as the threat of chemical, biological or radiological attacks, as well as the occurrence of norovirus, Ebola, Zika virus, food-borne illnesses, measles, seasonal flu outbreaks and pandemics, the prevalence of tuberculosis in the community, the increased number of contaminated food product recalls, and the increase in the number of communicable disease illnesses. Domestic violence likewise presents a growing problem, as the demand for counseling services continues to increase; incidents of domestic violence in the community surge; and increasing numbers of families are turned away from Artemis House, the County's 24-hour emergency shelter for victims of domestic violence, due to a space shortage. In addition to growing demand for services, the demographic trends and economic status variation within the County pose further challenges to dealing with the wide range of Human Services related matters in the community.

Addressing the many issues facing Human Services has resulted in the development of a shared governance model for how residents are given a voice, how decisions are made on matters of public concern and how partnerships are formed to develop solutions to community challenges. Building capacity is essential if Fairfax County is to address the many needs in this area.

Program Area Summary by Category

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$156,067,471	\$167,153,798	\$165,956,323	\$169,798,323	\$169,798,323
Operating Expenses	154,001,969	158,977,040	168,634,430	159,067,274	159,067,274
Capital Equipment	136,983	0	645,148	0	0
Subtotal	\$310,206,423	\$326,130,838	\$335,235,901	\$328,865,597	\$328,865,597
Less:					
Recovered Costs	(\$9,134,948)	(\$9,504,400)	(\$9,005,244)	(\$9,404,400)	(\$9,404,400)
Total Expenditures	\$301,071,475	\$316,626,438	\$326,230,657	\$319,461,197	\$319,461,197
Income	\$138,027,071	\$134,634,582	\$137,716,988	\$137,752,350	\$137,919,350
NET COST TO THE COUNTY	\$163,044,404	\$181,991,856	\$188,513,669	\$181,708,847	\$181,541,847
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	2538 / 2439.39	2539 / 2440.39	2544 / 2447.18	2542 / 2444.23	2542 / 2445.18

Health and Welfare Program Area Summary

Program Area Summary by Agency

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
Department of Family Services	\$194,710,122	\$202,003,003	\$205,658,759	\$203,879,132	\$203,879,132
Department of Administration for Human Services	12,801,367	13,490,180	13,633,403	13,685,589	13,685,589
Health Department	53,635,598	58,526,590	62,734,767	59,315,897	59,315,897
Office to Prevent and End Homelessness	11,980,919	12,971,017	14,089,406	12,779,820	12,779,820
Department of Neighborhood and Community Services	27,943,469	29,635,648	30,114,322	29,800,759	29,800,759
Total Expenditures	\$301,071,475	\$316,626,438	\$326,230,657	\$319,461,197	\$319,461,197

Budget Trends

The agencies in the Health and Welfare program area protect the vulnerable, help people and communities realize and strengthen their capacity for self-sufficiency, and ensure good outcomes through prevention and early intervention. For FY 2018, the total funding level of \$319,461,197 for the Health and Welfare program area represents 21.1 percent of the total General Fund direct expenditures of \$1,512,844,328. This total reflects a net increase of \$2,834,759 or 0.9 percent over the FY 2017 Adopted Budget Plan total of \$316,626,438. The increase is attributed to \$3.1 million for performance-based and longevity increases for employees in FY 2018, effective July 2017; \$0.5 million to expand the Healthy Families Fairfax Program; \$0.4 million due to a transfer of Local Cash Match funding from Fund 50000, Federal-State Grants to Agency 67, Department of Family Services to support housing for victims of domestic violence; \$0.3 million for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions; and \$0.1 million to address human trafficking policy and prevention in Fairfax County. These increases are offset by decreases of \$1.2 million in agency reductions utilized to balance the FY 2018 budget, and \$0.1 million due to anticipated requirements in fuel charges. Additionally, a decrease \$0.3 million is due to the transfer of the Economic, Demographic and Statistical Research (EDSR) Unit from Agency 79, Neighborhood and Community Services (NCS) to Agency 20, Department of Management and Budget (DMB), reflecting an internal realignment with no net impact to the General Fund. A detailed narrative for each agency within the Health and Welfare Program Area can be found on subsequent Volume 1 pages of the FY 2018 Adopted Budget Plan.

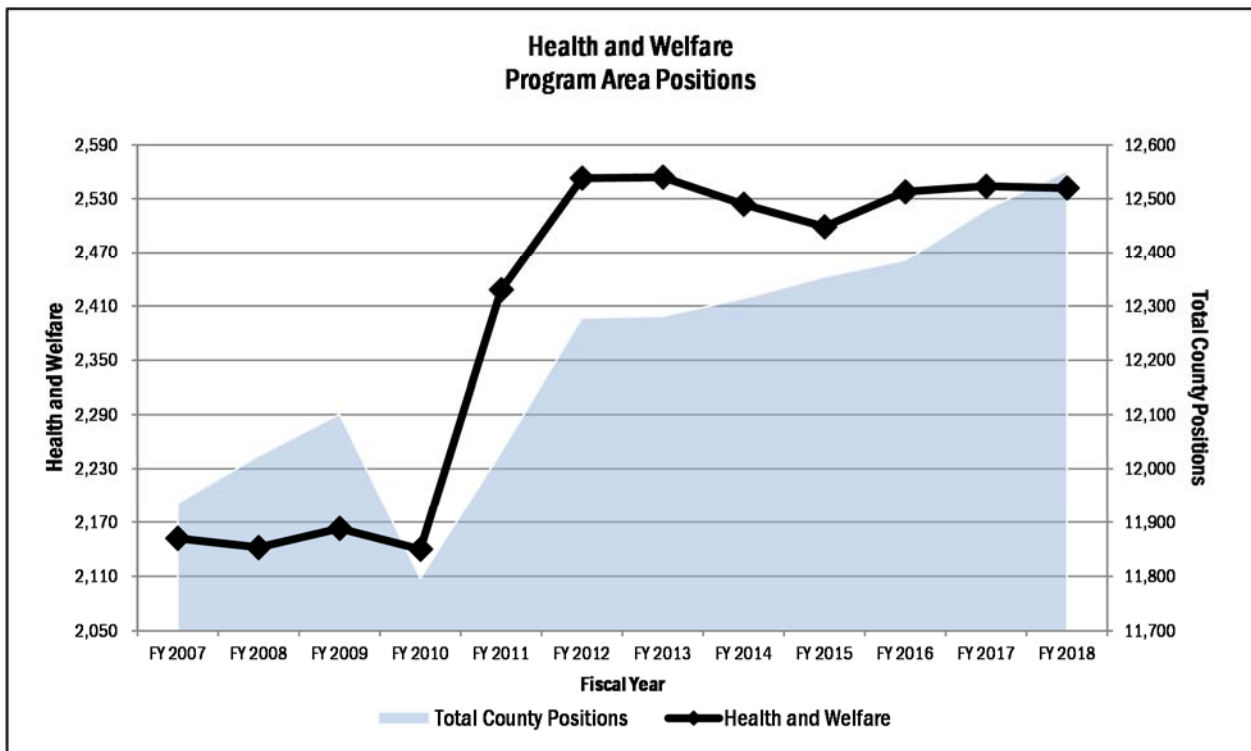
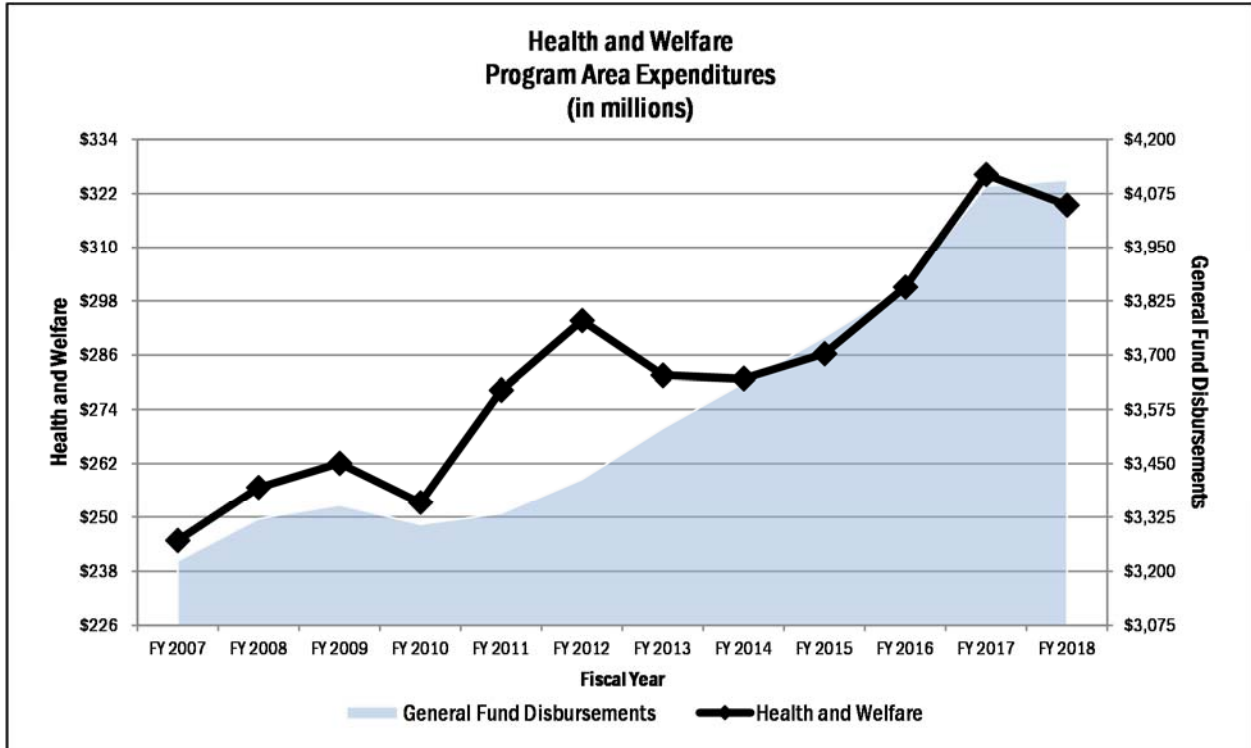
The Health and Welfare program area includes 2,542/2,445.18 FTE positions, a decrease of 2/2.0 FTE positions from the *FY 2017 Revised Budget Plan*. This net decrease is a result of 1/1.0 FTE new position in DFS to address human trafficking policy and prevention in Fairfax County, and a decrease of 3/3.0 FTE positions due to the transfer of the EDSR Unit from NCS to DMB. The transfer of the EDSR unit reflects an internal realignment, resulting in no net decrease in positions to the County.

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

Health and Welfare Program Area Summary

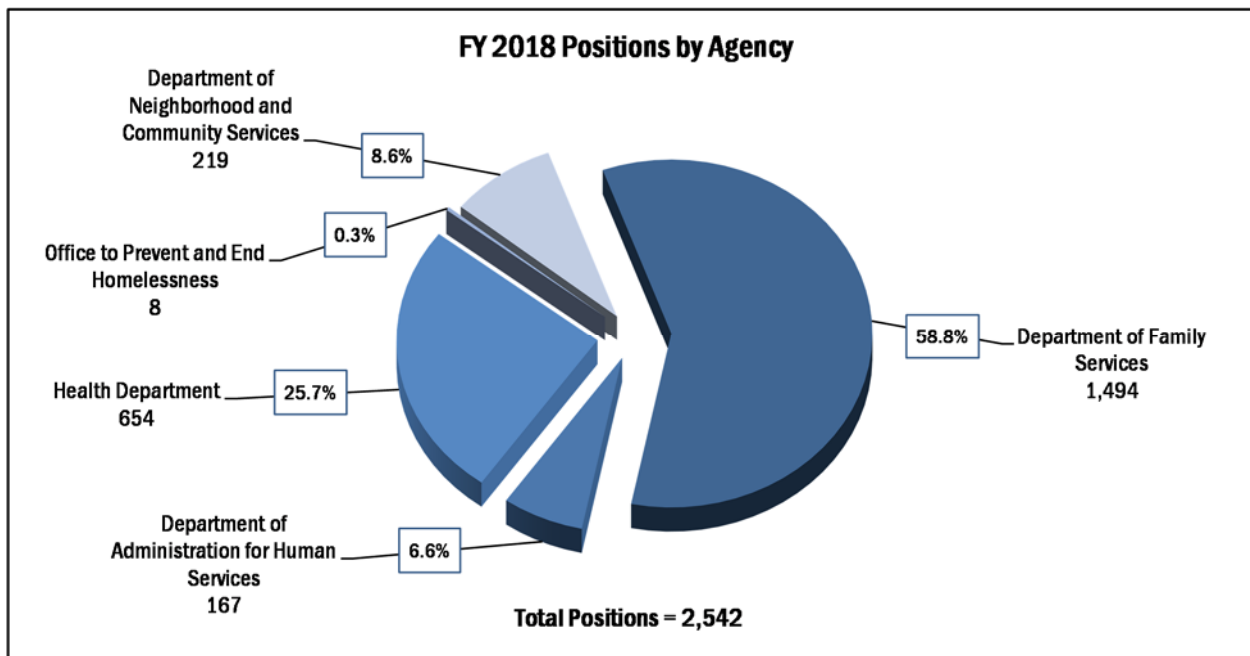
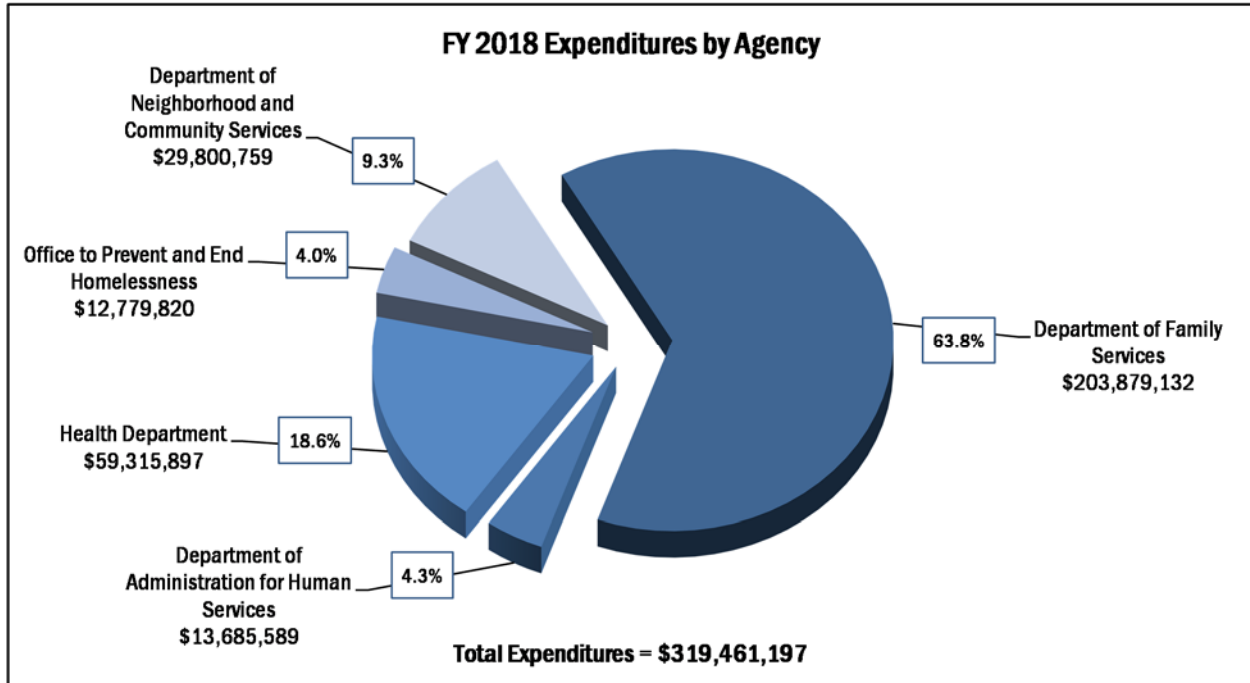
Trends in Expenditures and Positions

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



Health and Welfare Program Area Summary

FY 2018 Expenditures and Positions by Agency



Health and Welfare Program Area Summary

Benchmarking

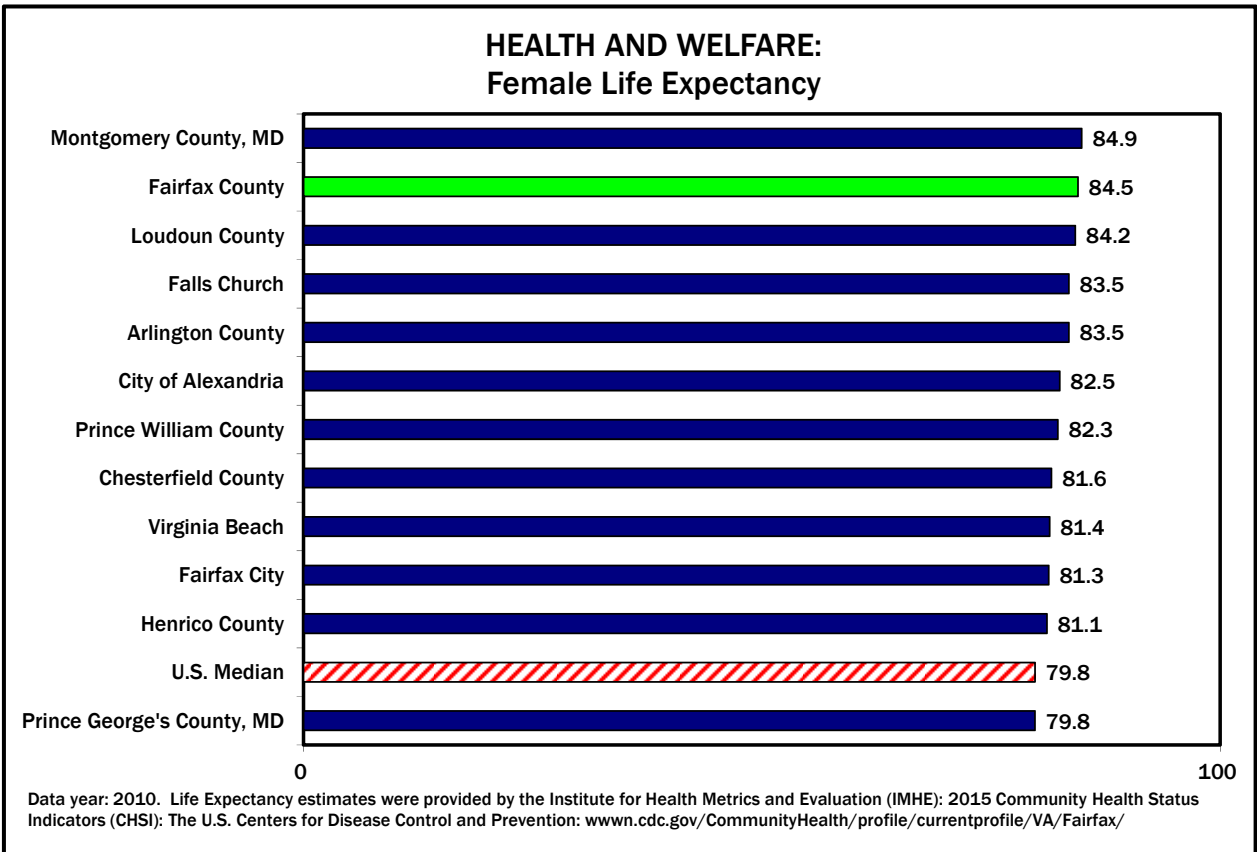
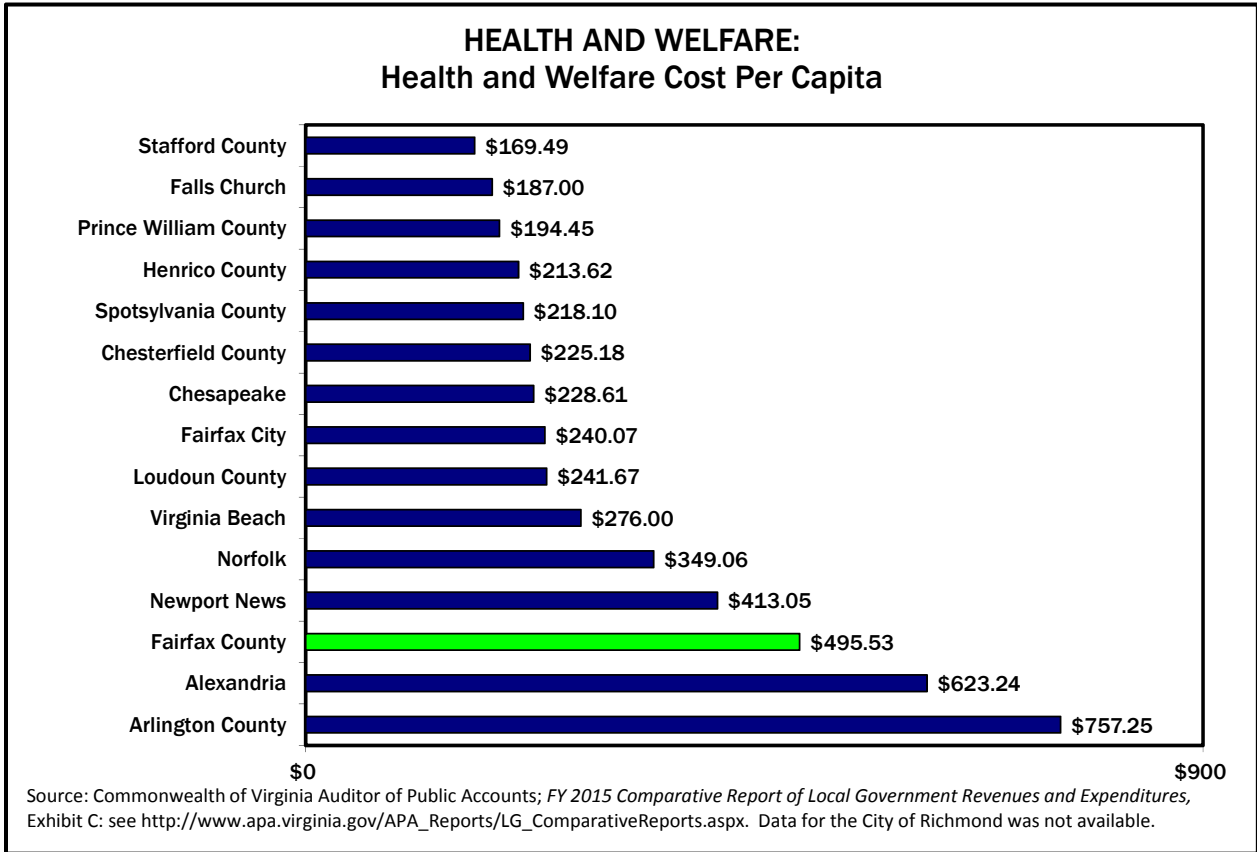
Comparative performance information for the Health and Welfare program area comes from a variety of sources. This is one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected. Data included for this program area was obtained from several sources,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

The APA collects financial data annually from all Virginia jurisdictions. FY 2015 data represents the latest data available. As seen below, Fairfax County's cost per capita for Health and Welfare indicates the high level of local support for these programs and reflects the County's increasing urbanization that brings its own challenges in terms of human service needs.

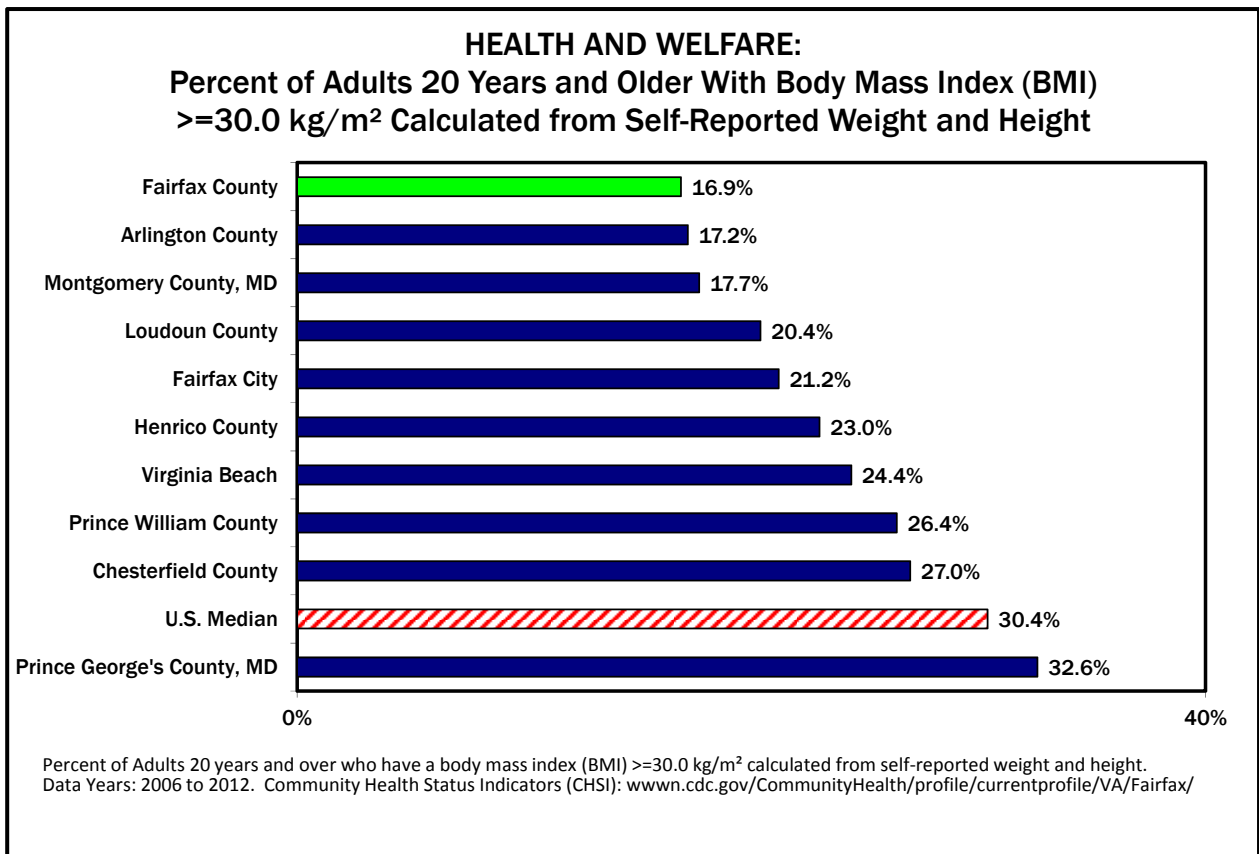
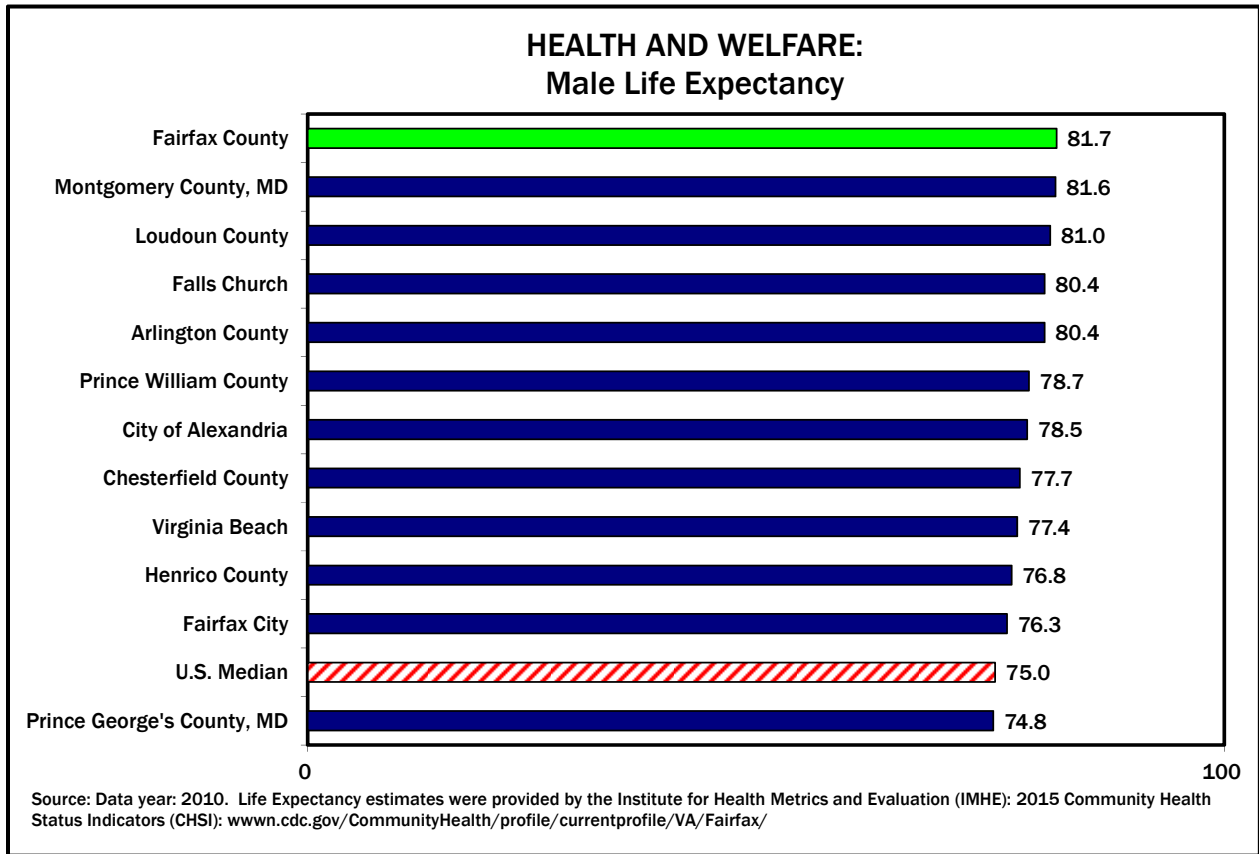
Data provided by the Virginia Department of Health is included to show how Fairfax County compares to other large jurisdictions in the state, as well as the statewide average in the areas of teen pregnancy rate, low birth weight and infant mortality. The following graphs compare Fairfax County to other large jurisdictions in the Commonwealth and indicate a fairly constant high level of performance. Some data refer to the Virginia Initiative for Employment not Welfare (VIEW), a program which supports the efforts of families receiving Temporary Assistance for Needy Families (TANF) to achieve independence through employment. VIEW focuses on the participants' strengths and provides services to help them overcome job-related challenges, as well as personal, medical and family challenges that affect employment. The Fairfax County Department of Family Services (DFS) administers benefits under the federal TANF program, which provides temporary cash assistance to low-income families with children. Parents who receive this assistance, and are able to work, are required to participate in the VIEW program. The VIEW program offers parents the assistance and resources needed to find and keep a job.

Some data is also taken from the 2015 Community Health Status Indicators (CHSI), produced by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. CHSI 2015 is an interactive web application that produces health profiles for all 3,143 counties in the United States. Each profile includes key indicators of health outcomes, which describe the population health status of a county and factors that have the potential to influence health outcomes, such as health care access and quality, health behaviors, social factors and the physical environment. On the CHSI Website, data can be filtered by state and county: www.cdc.gov/CommunityHealth/home.

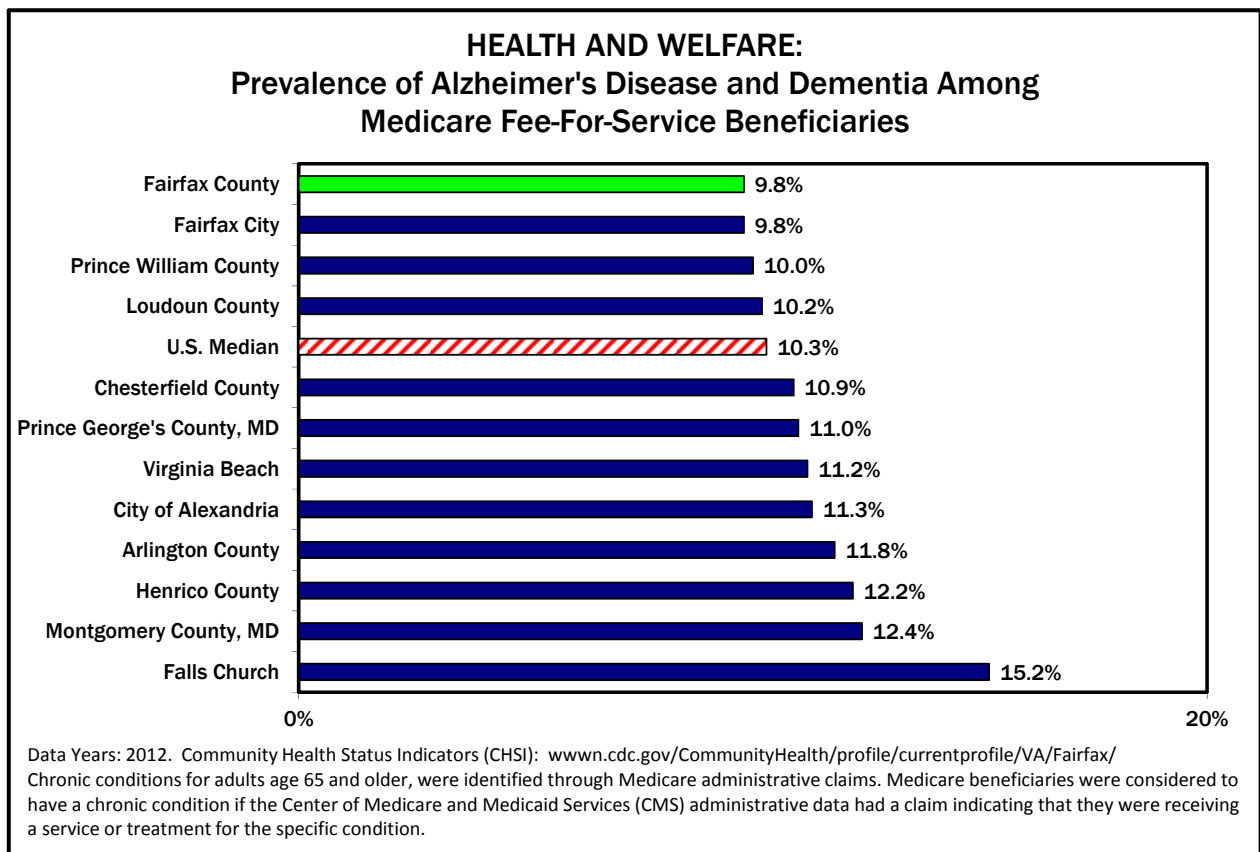
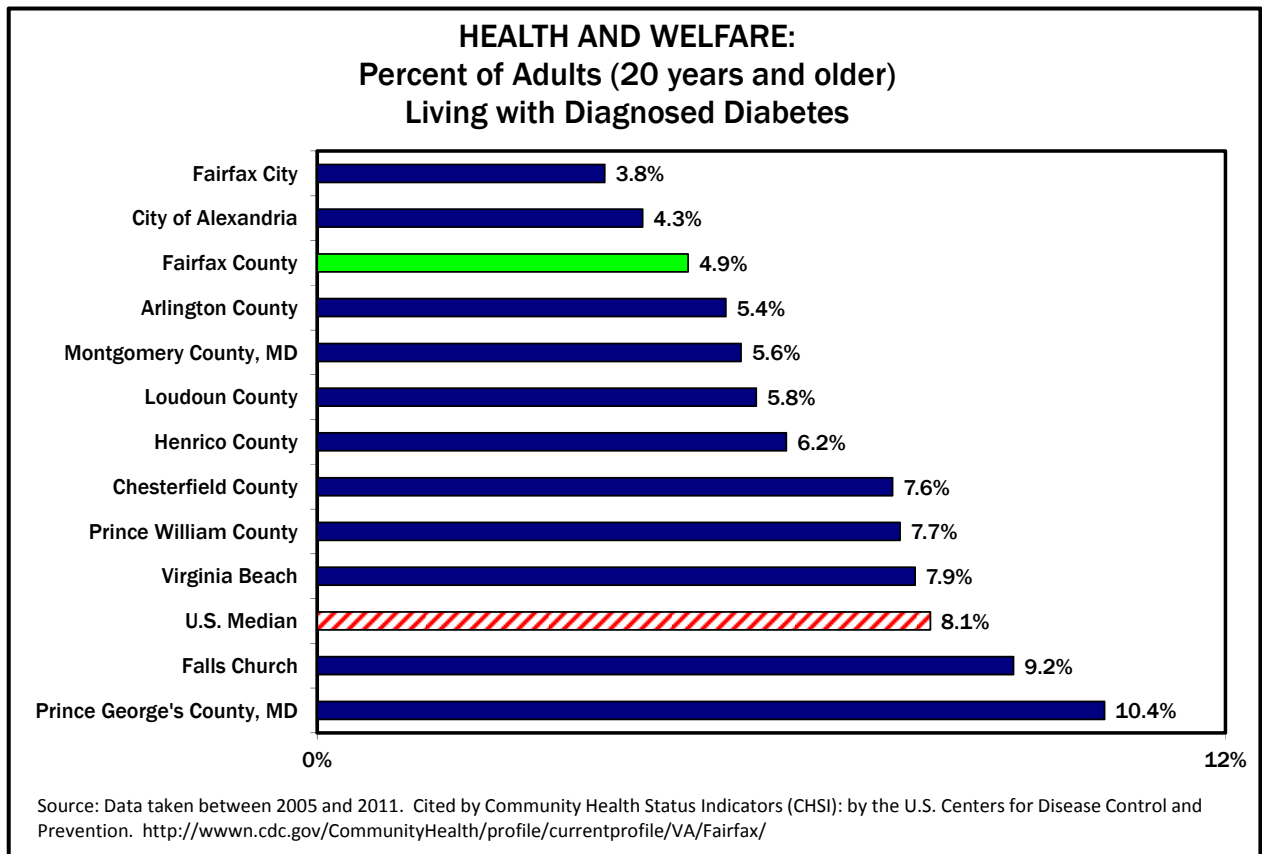
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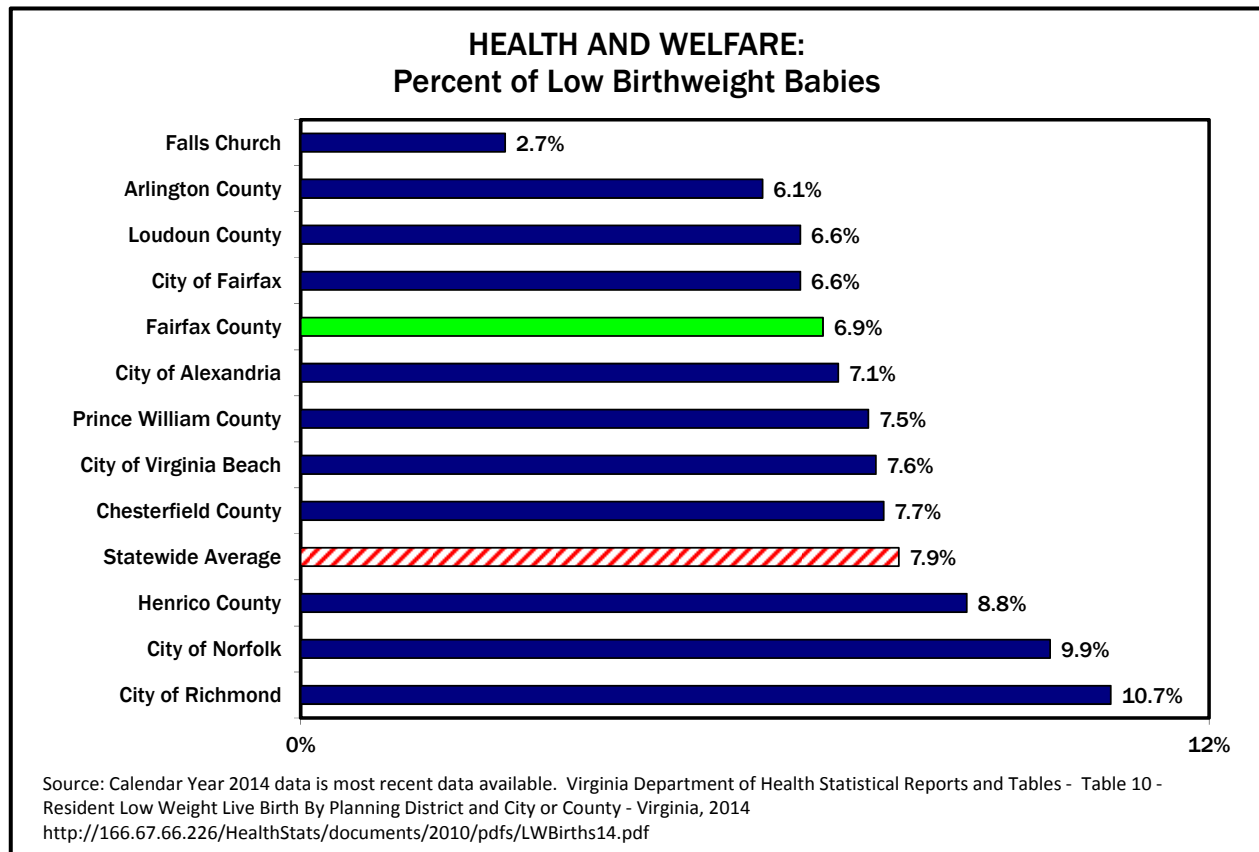
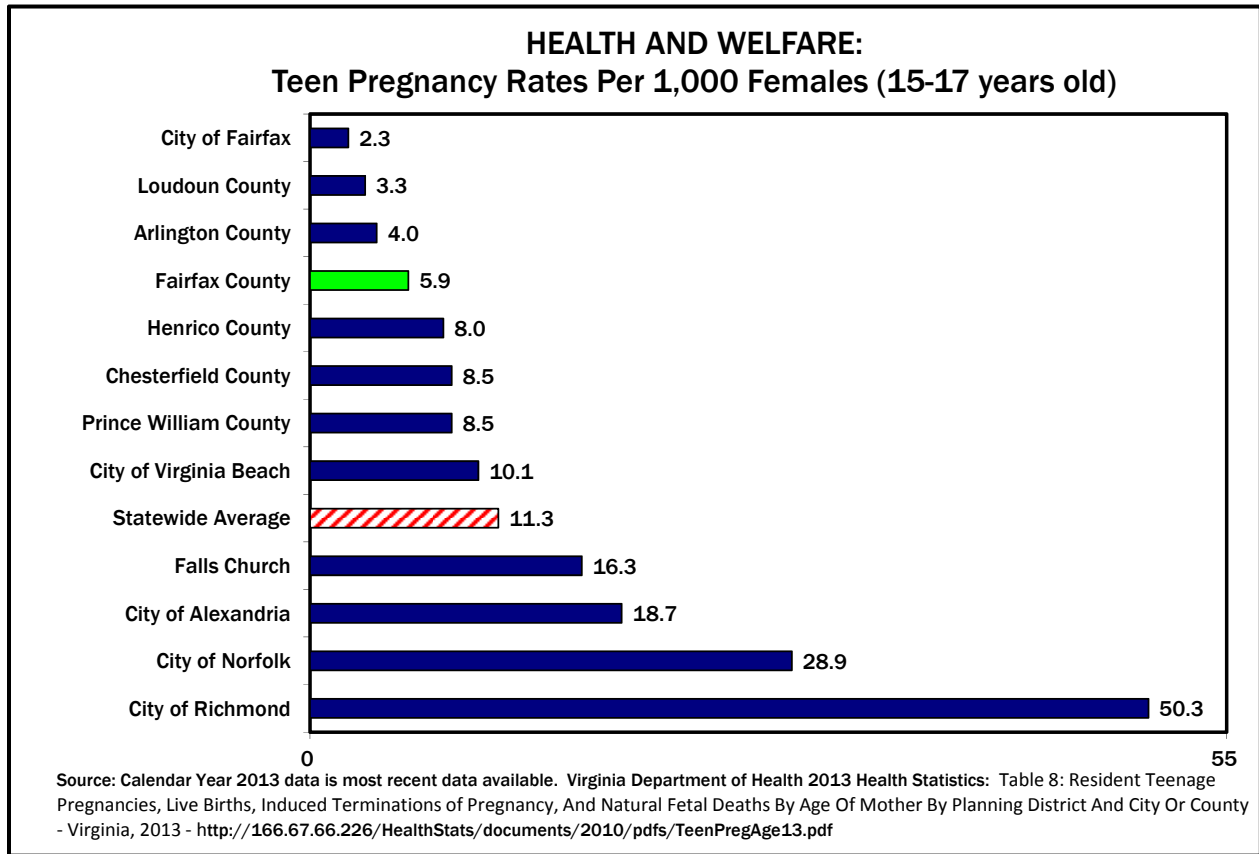
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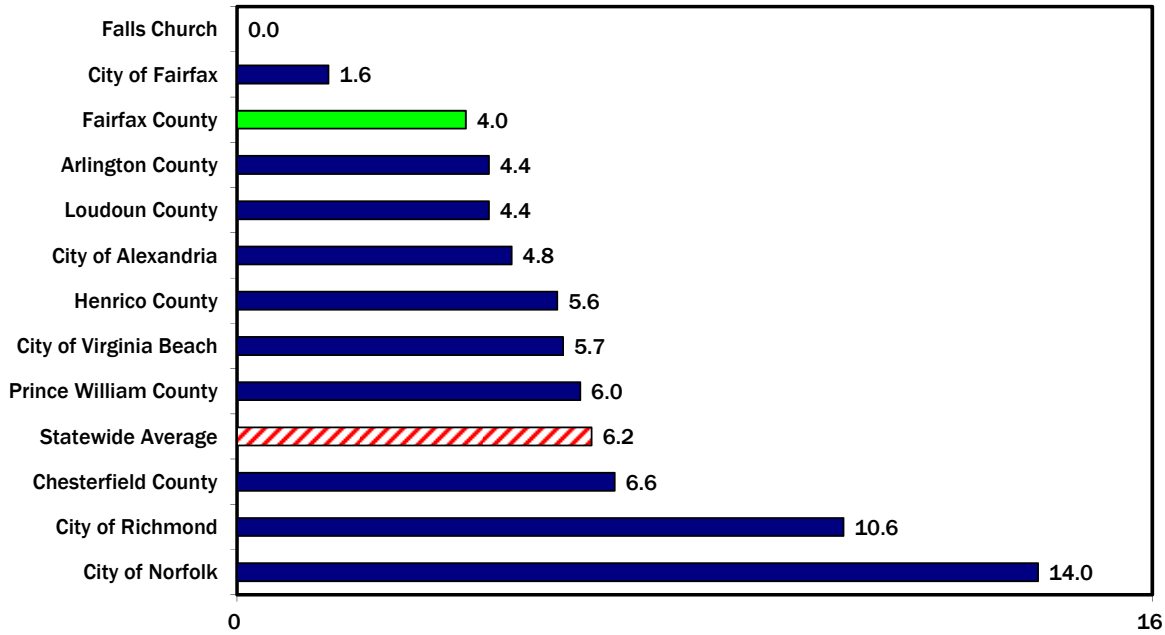


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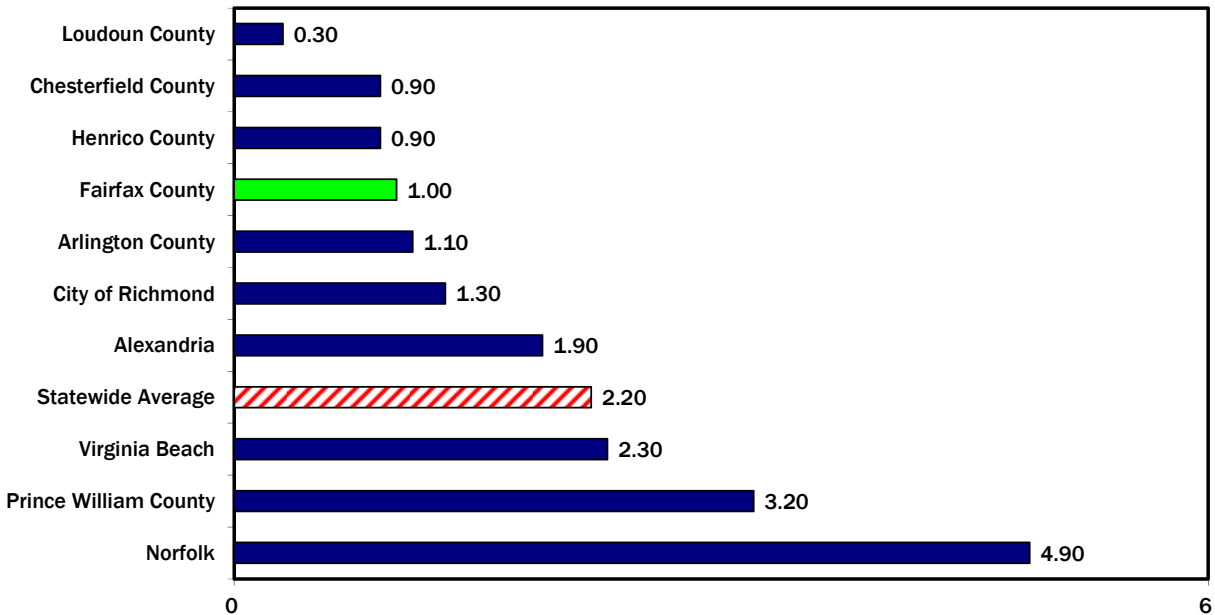
Health and Welfare Program Area Summary

HEALTH AND WELFARE: Total Infant Deaths Per 1,000 Live Births



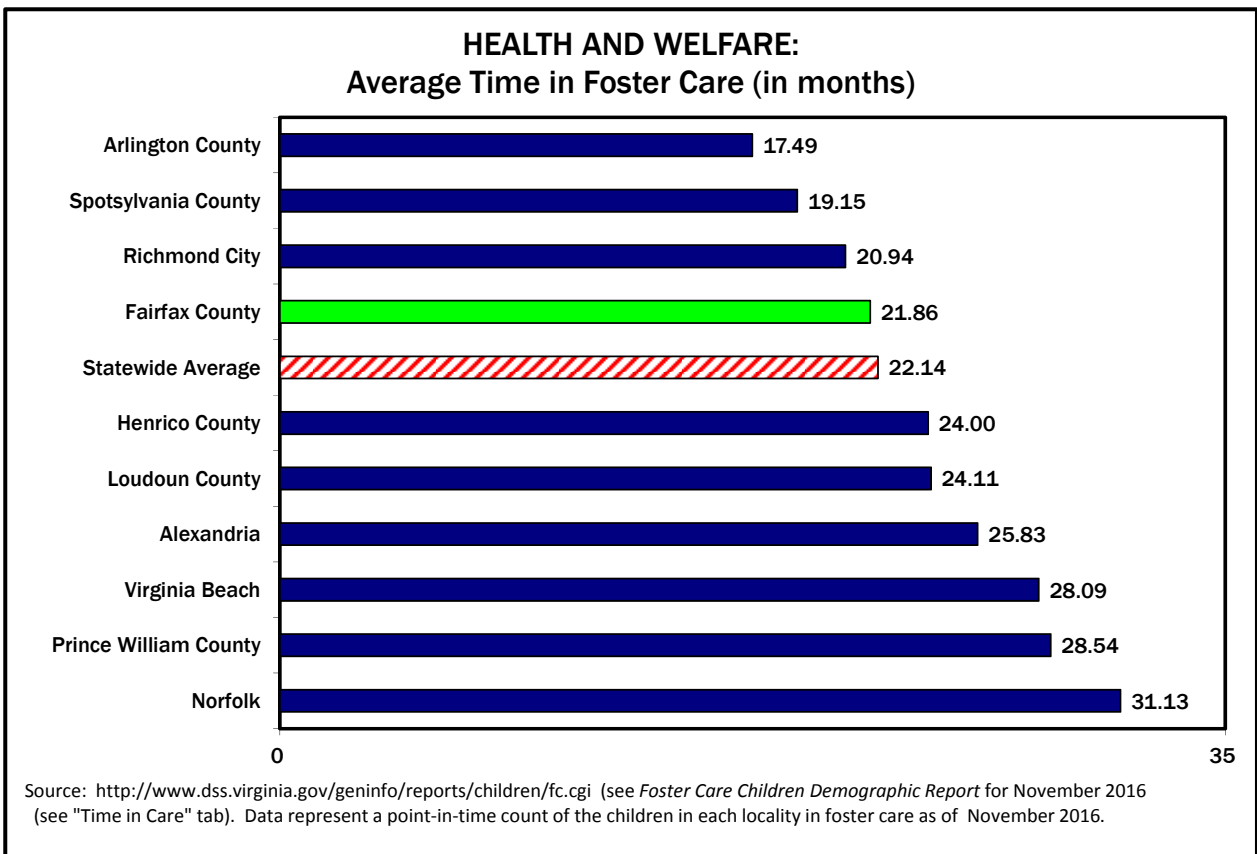
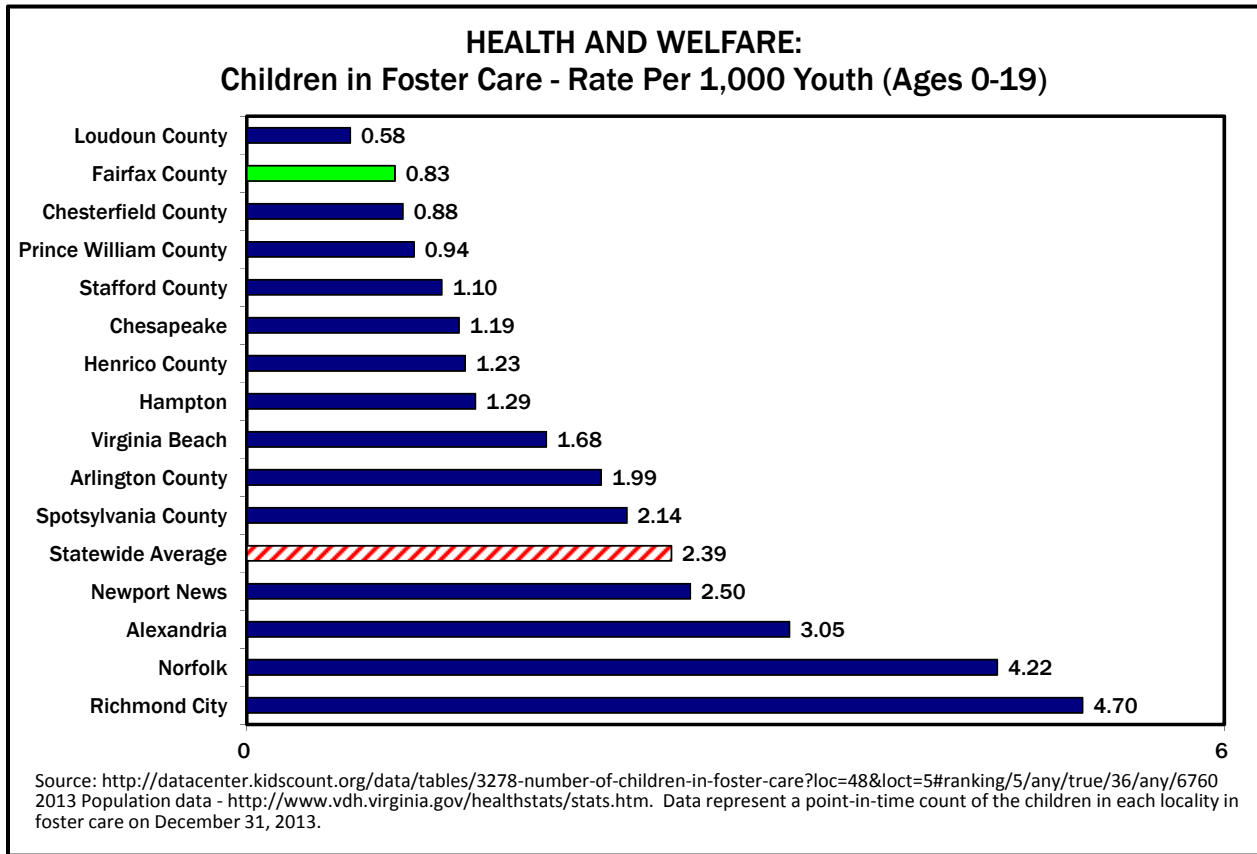
Source: Calendar Year 2013 data is most recent data available. Virginia Department of Health 2013 Health Statistics: Table 1: Total Infant Deaths By Place Of Occurrence And Place Of Residence By Race With Resident Infant Death Rates Per 1,000 Total Live Births By Planning District And City Or County - Virginia, 2013 - <http://166.67.66.226/HealthStats/documents/2010/pdfs/InfDeathRace13.pdf>

HEALTH AND WELFARE: Rates of Child Abuse and Neglect Per 1,000 Children

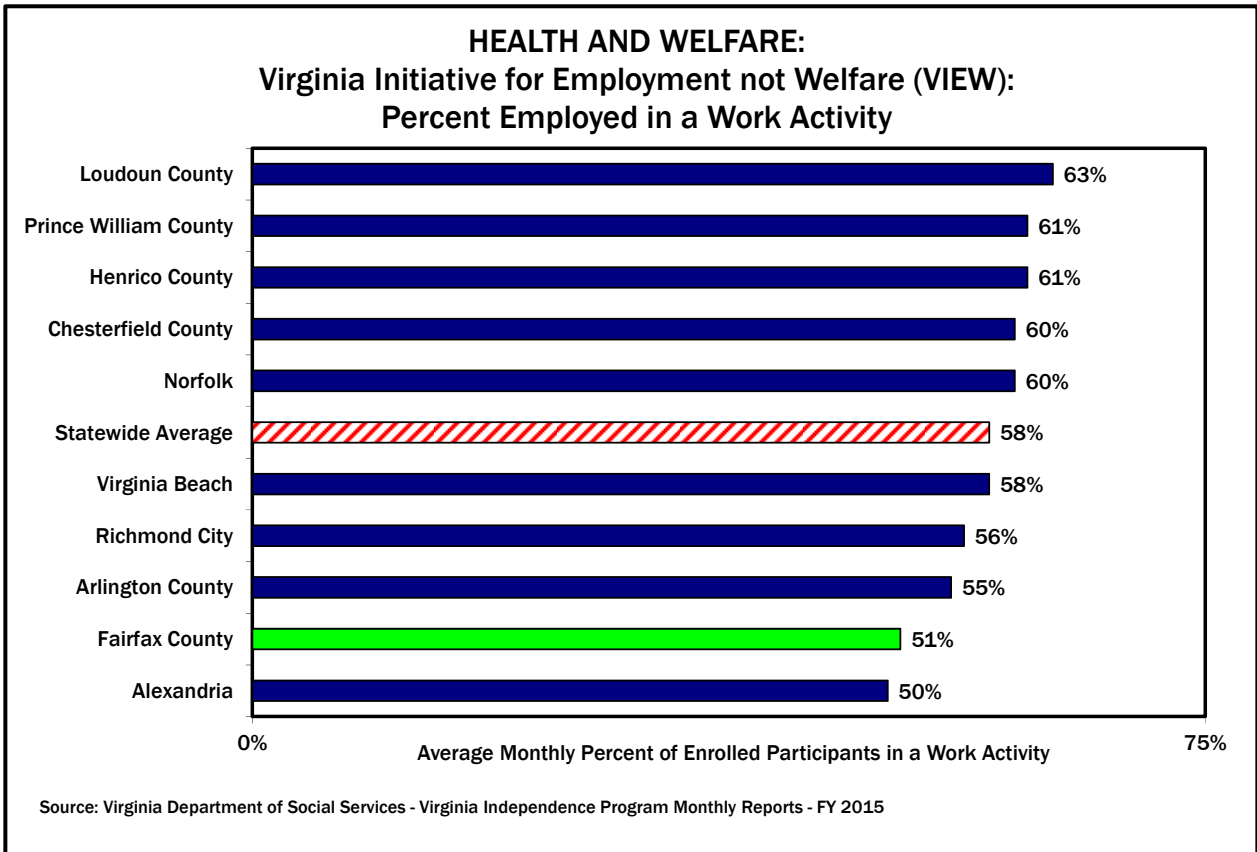
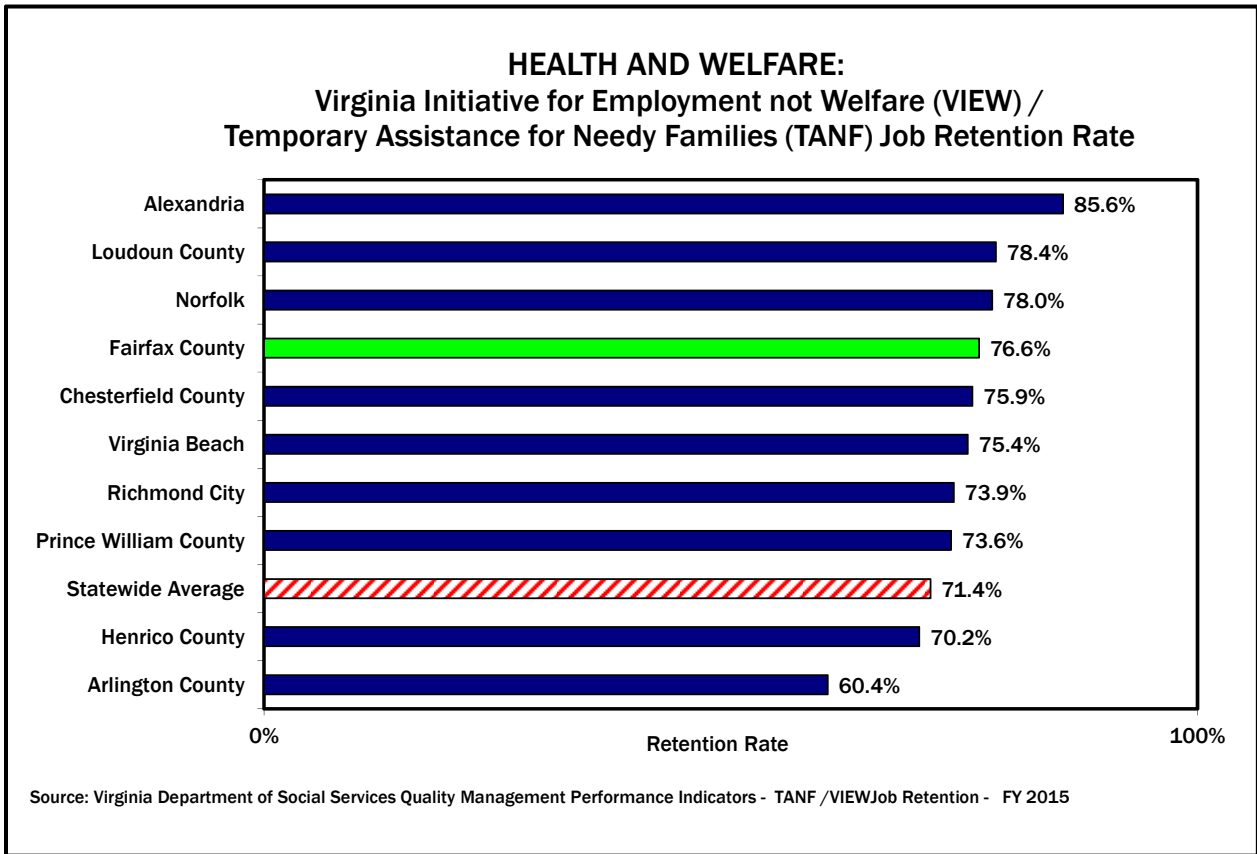


Source: FY 2015 data. Voices for Virginia's Children. Kids Count Data Center: A Project of the Annie E. Casey Foundation. See <http://datacenter.kidscount.org/data/tables/3249-rate-of-child-abuse-and-neglect-founded-number-per-1000-children#detailed/5/6812-6945/false/573,869,36,868,867/any/6702>.

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