

Health and Welfare Program Area



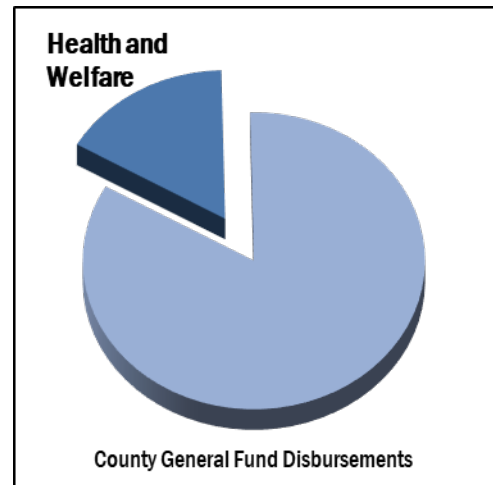
FY 2019

Advertised Budget Plan

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 71, Health Department; Agency 73, Office to Prevent and End Homelessness (OPEH); Agency 77, Office of Strategy Management for Health and Human Services (OSM); and Agency 79, Department of Neighborhood and Community Services (NCS). As a result of work done as part of Phase 2 of the FY 2016 Lines of Business Process, effective July 1, 2018, funding and positions within Health and Human Services (HHS) have been realigned, and the administrative functions that were previously provided by Agency 68, Department of Administration for Human Services (DAHS), have been shifted to individual agencies to ensure regulatory, financial and program compliance and to more effectively support each



agency’s specialized service needs. Additionally, a new agency, OSM, has been established to support the management of Health and Human Services (HHS) strategic initiatives and inter-agency work. Part of the realignment also includes the transfer of positions from individual agencies to OSM that align with the mission and strategic functions of the new agency, as well as the transfer of positions to and from agencies outside of the Health and Welfare program area. Other County agencies impacted by the HHS realignment include Agency 02, Office of the County Executive; Agency 20, Department of Management and Budget; and Agency 12, Department of Procurement and Material Management, in the Legislative-Executive Functions/Central Services program area; Agency 81, Juvenile and Domestic Relations District Court in the Public Safety program area; and Fund 40040, Fairfax-Falls Church Community Services Board (CSB), found in the Special Revenue section in Volume 2. For more information on the realignment and the impact to individual agencies, please refer to the respective agency narratives in the [FY 2019 Advertised Budget Plan](#).

The collective mission of the agencies in the Health and Welfare Program Area 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 and Agency 38, Department of Housing and Community Development (Community Development Program Area), as well as Fund 40040, Fairfax-Falls Church Community Services Board (CSB). 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 2019 Advertised Budget Plan](#).

The community outcome areas are summarized below:

- People are able to meet basic needs for themselves and their families
- Children thrive and youth successfully transition to adulthood
- Seniors and persons with disabilities live with maximum dignity and independence
- People and communities are healthy
- People have access to high-quality appropriate services at the right time

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- 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; Healthy Minds Fairfax, which includes Children's Behavioral Health Collaborative (CBHC) 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 98,000 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 2019, the department anticipates leveraging \$40.3 million in non-County resources to provide nearly \$45 million in services through grants.

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 189 health departments nationwide that have achieved accreditation.

In FY 2017, the FCHD completed the third year of implementation 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 identifies the challenge of securing and retaining resources to address ongoing activities that are critical to the community, while seizing opportunities to leverage community assets and other resources that enable the department to reorient towards population-based programs focusing 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.

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 individuals and families experiencing homelessness be placed in non-time limited housing 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, supportive permanent housing and transitional housing, housing first housing for chronically

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homeless individuals, and the winter seasonal program. 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 Office of Strategy Management (OSM) provides strategic vision for Health and Human Services (HHS). The office coordinates system-wide strategic plans and the optimal business processes to execute them. It manages and monitors the implementation of key HHS strategic initiatives; leads HHS-wide capital planning; and oversees HHS performance management, strategic business planning, and special projects for positive outcomes. OSM replaces DAHS with a more strategically and management-focused agency. OSM is provided with staffing and funding from the realignment of existing HHS resources that was undertaken as part of Phase 2 of the FY 2016 Lines of Business process.

The Department of Neighborhood and Community Services (NCS) has three primary functions. The first is to support County/community efforts to identify service gaps, collectively implement solutions to address those gaps, and evaluate effectiveness of program/service solutions. Community capacity-building is coordinated and led by the department, but also involves all stakeholders 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

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A number of demographic, economic, social, and governance trends affect this program area. With regard to demographics, the tremendous growth in population has an impact on the services provided by these agencies. Fairfax County has experienced double-digit population growth in each decade since the 1970s. Fairfax County's population mirrors the national trend in that it is growing older. The County's population is increasing in number, age, and diversity. The County's Economic, Demographic, and Statistical Research (EDSR) unit estimates that the 2017 population of older adults (age 65 and older) in Fairfax County was 142,033. It is expected that number will grow to 227,323 by the year 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 2016 the American Community Survey estimates that the number had grown to approximately 29.2 percent. From 1980 to 2016, the percentage of minorities in the older adult population increased from 8.1 percent to 30.4 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 2017 Actual	FY 2018 Adopted	FY 2018 Revised	FY 2019 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$160,663,597	\$169,798,323	\$169,942,906	\$173,355,595
Operating Expenses	155,568,633	159,067,274	166,016,527	166,261,889
Capital Equipment	454,207	0	556,988	0
Subtotal	\$316,686,437	\$328,865,597	\$336,516,421	\$339,617,484
Less:				
Recovered Costs	(\$9,177,326)	(\$9,404,400)	(\$9,404,400)	(\$9,481,385)
Total Expenditures	\$307,509,111	\$319,461,197	\$327,112,021	\$330,136,099
Income	\$142,730,272	\$137,919,350	\$139,699,503	\$141,031,361
NET COST TO THE COUNTY	\$164,778,839	\$181,541,847	\$187,412,518	\$189,104,738
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	2544 / 2447.18	2542 / 2445.18	2554 / 2458.28	2530 / 2433.88

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Program Area Summary by Agency

Category	FY 2017 Actual	FY 2018 Adopted	FY 2018 Revised	FY 2019 Advertised
Department of Family Services	\$195,786,482	\$203,879,132	\$207,061,191	\$218,353,739
Department of Administration for Human Services	12,968,369	13,685,589	13,899,489	0
Health Department	56,929,531	59,315,897	61,731,448	62,427,094
Office to Prevent and End Homelessness	12,716,696	12,779,820	13,765,266	14,354,529
Office of Strategy Management for Health and Human Services	0	0	0	3,863,769
Department of Neighborhood and Community Services	29,108,033	29,800,759	30,654,627	31,136,968
Total Expenditures	\$307,509,111	\$319,461,197	\$327,112,021	\$330,136,099

Budget Trends

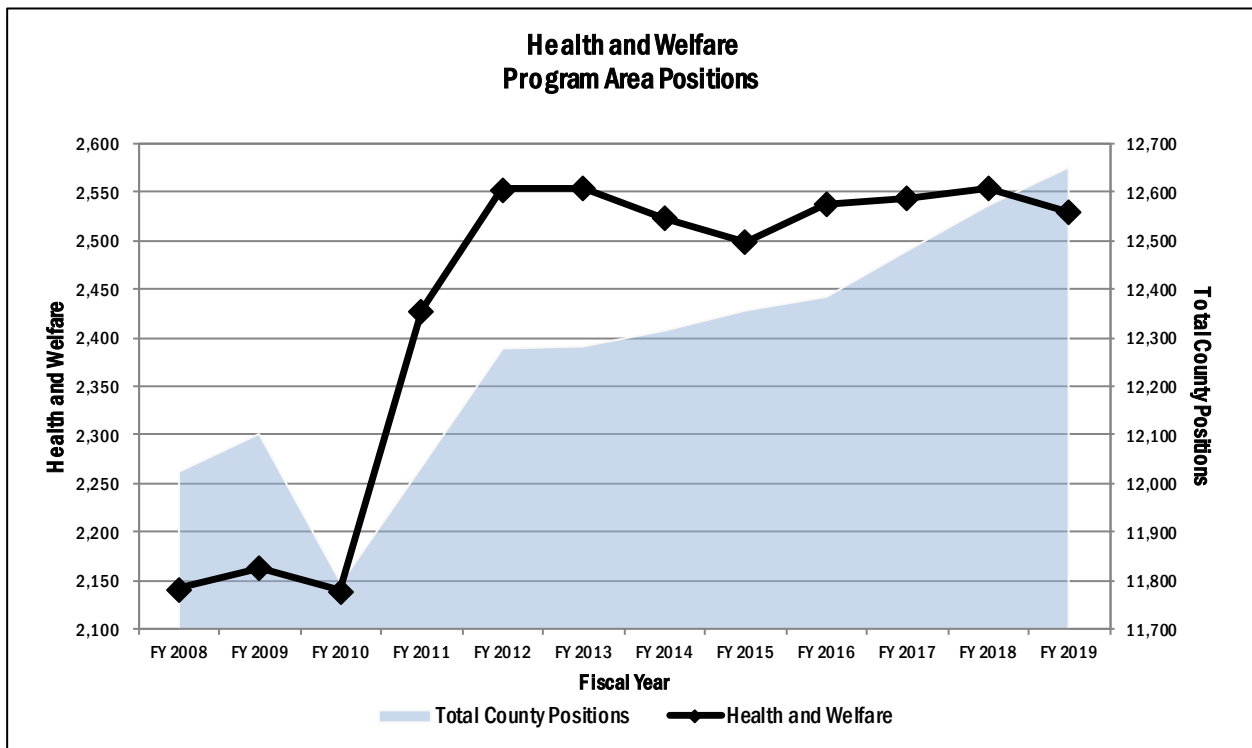
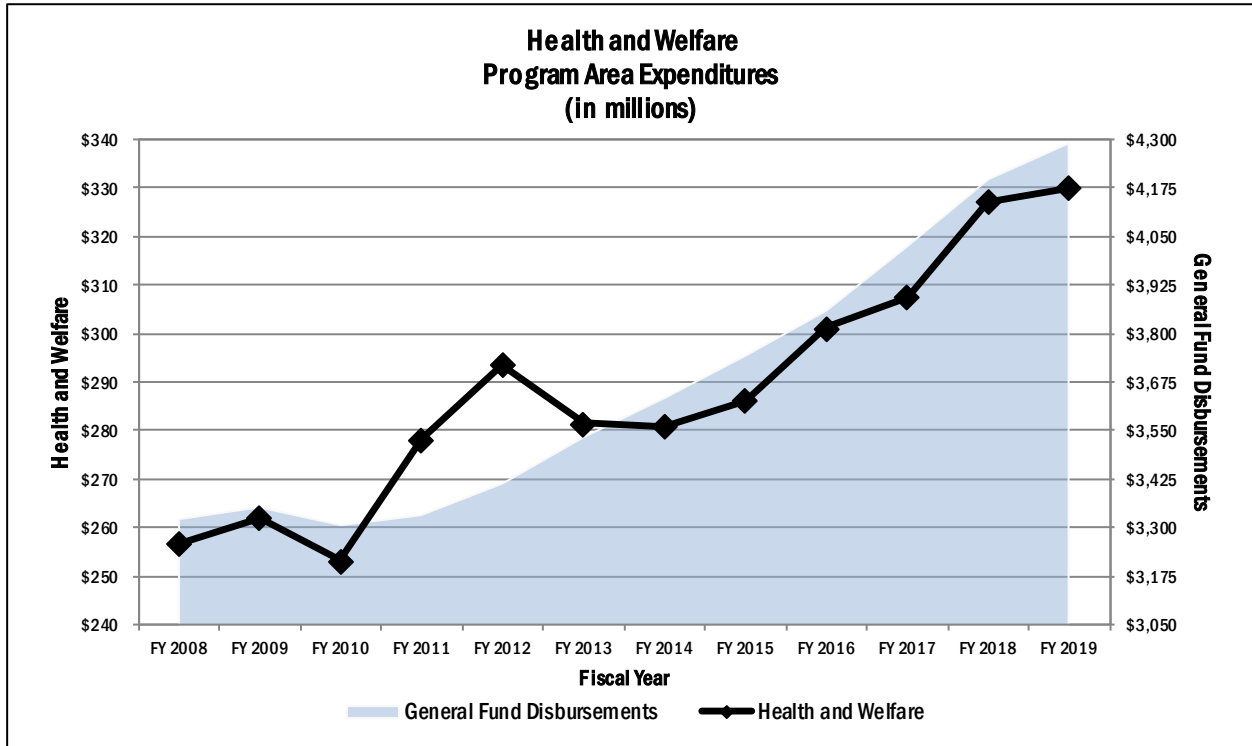
The agencies in the Health and Welfare program area protect the vulnerable, help people and communities realize and strengthen their capacity for self-sufficiency, and ensure good outcomes through prevention and early intervention. For FY 2019, the total funding level of \$330,136,099 for the Health and Welfare program area represents 20.9 percent of the total General Fund direct expenditures of \$1,580,310,385. This total reflects a net increase of \$10,674,902 or 3.3 percent over the FY 2018 Adopted Budget Plan total of \$319,461,197. The increase is attributed to \$6.9 million for employee compensation increases including \$3.8 million for a 2.25 percent market rate adjustment (MRA) for all employees and \$3.1 million for performance-based and longevity increases for non-uniformed merit employees, both effective July 2018; \$4.8 million to transfer the Infant Toddler Connection (ITC) program from CSB to DFS as part of the FY 2016 Lines of Business (LOB) Phase 2 process; \$2.2 million for contract rate increases; \$0.8 million for positions in the Public Assistance program that were included as part of the *FY 2017 Carryover Review*; \$0.5 million to fund 36 Early Childhood Care Slots in community-based programs; \$0.4 million to support two new School-Age Child Care (SACC) rooms; \$0.4 million to expand the Opportunity Neighborhood initiative; \$0.2 million to expand the Nurse Family Partnership program; \$0.2 million for gang prevention activities; \$0.1 million to support one-on-one nursing services for medically fragile students in Fairfax County Public Schools (FCPS); \$0.1 million for epidemiological support of the County's opioid crisis response efforts; and \$0.1 million to allow the Health Department to dispense anti-parasitic medication to individuals in the Refugee Program. These increases are offset by decreases of \$1.0 million in agency personnel reductions based on historical savings in this area as a result of current staffing levels and agency efficiencies, and \$0.2 million associated with the transfer of resources and 1/1.0 FTE position from Agency 79, NCS, to the Office of the County Executive in support of the One Fairfax initiative. Additionally, a decrease of \$4.8 million is a result of the HHS Realignment, which included the transfer of resources to agencies both in and outside of the Health and Welfare program area and reflects 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 2019 Advertised Budget Plan.

The Health and Welfare program area includes 2,530/2,433.88 FTE positions, a decrease of 24/24.4 FTE positions from the *FY 2018 Revised Budget Plan*. This net decrease is a result of 41/41.0 FTE positions transferred from CSB to DFS due to the realignment of the ITC program; 2/1.6 FTE positions associated with the opening of two new SACC rooms at White Oaks Elementary School; and 2/2.0 FTE positions to expand the Nurse Family Partnership Program, offset by a decrease of 68/68.0 FTE positions transferred to agencies outside of the Health and Welfare program area as part of the HHS Realignment, and a decrease of 1/1.0 FTE position transferred from NCS to the Office of the County Executive in support of the One Fairfax initiative. The transfer of the position associated with One Fairfax reflects an internal realignment with no net impact to the General Fund. The following charts illustrate funding and position trends for the agencies in this program area compared to countywide expenditure and position trends.

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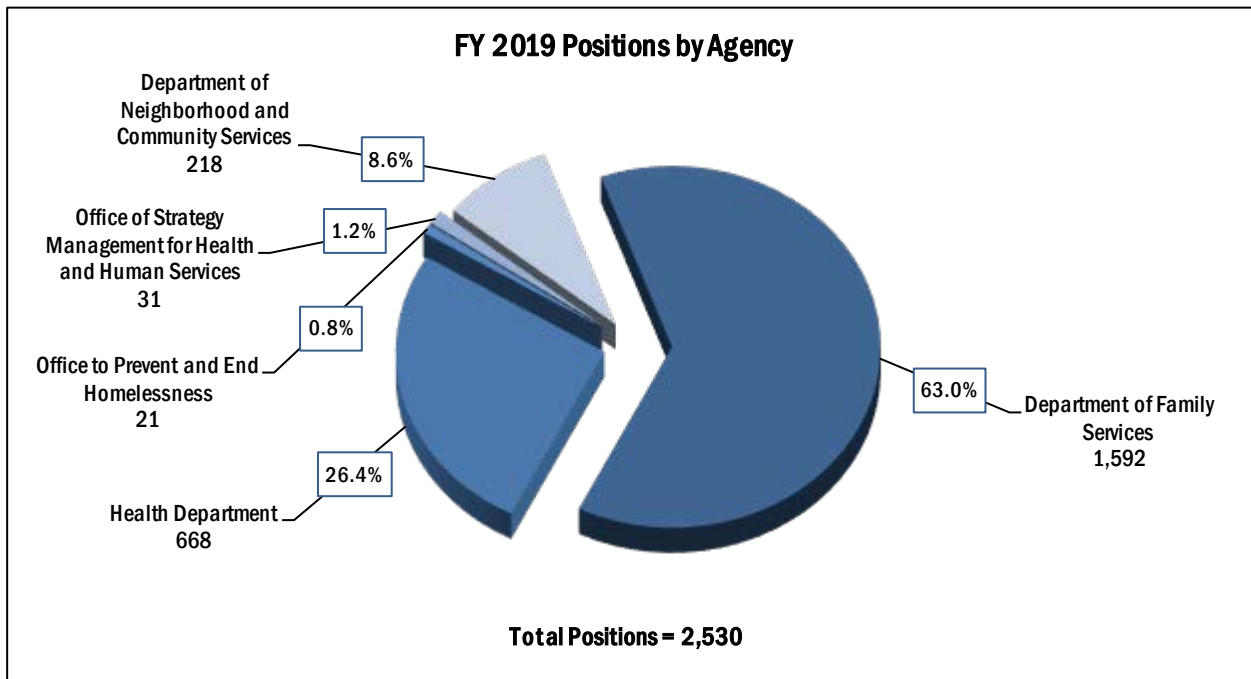
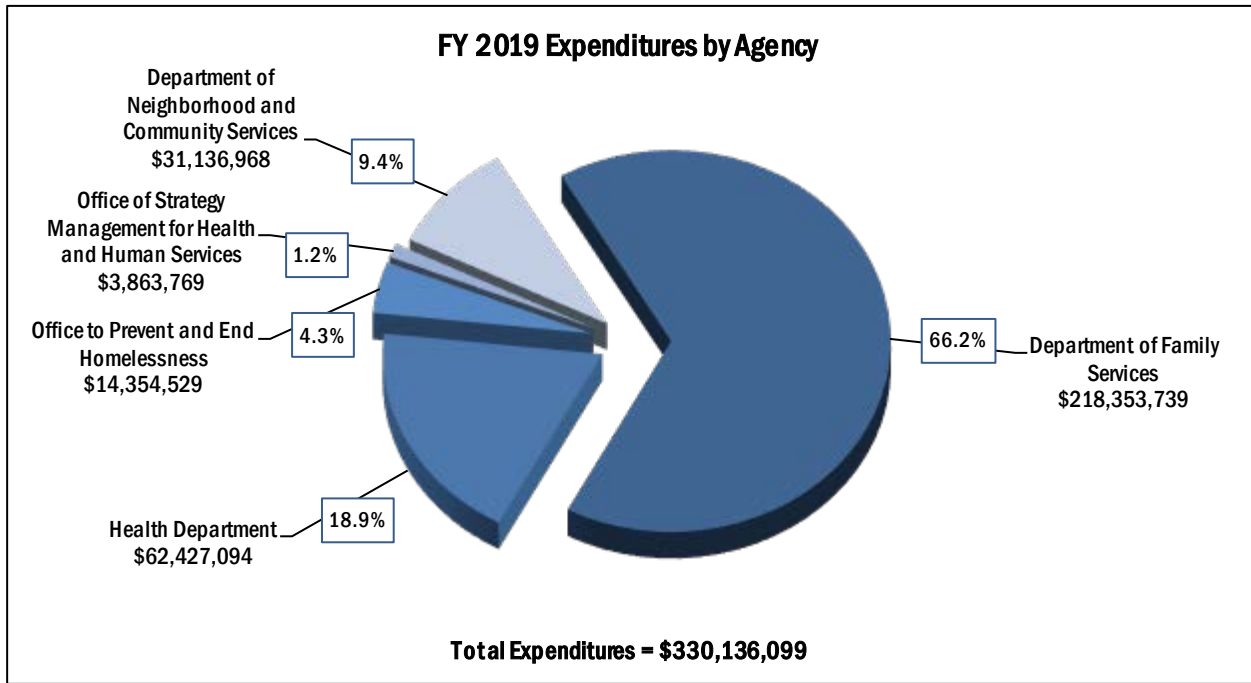
Trends in Expenditures and Positions

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



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FY 2019 Expenditures and Positions by Agency



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Benchmarking

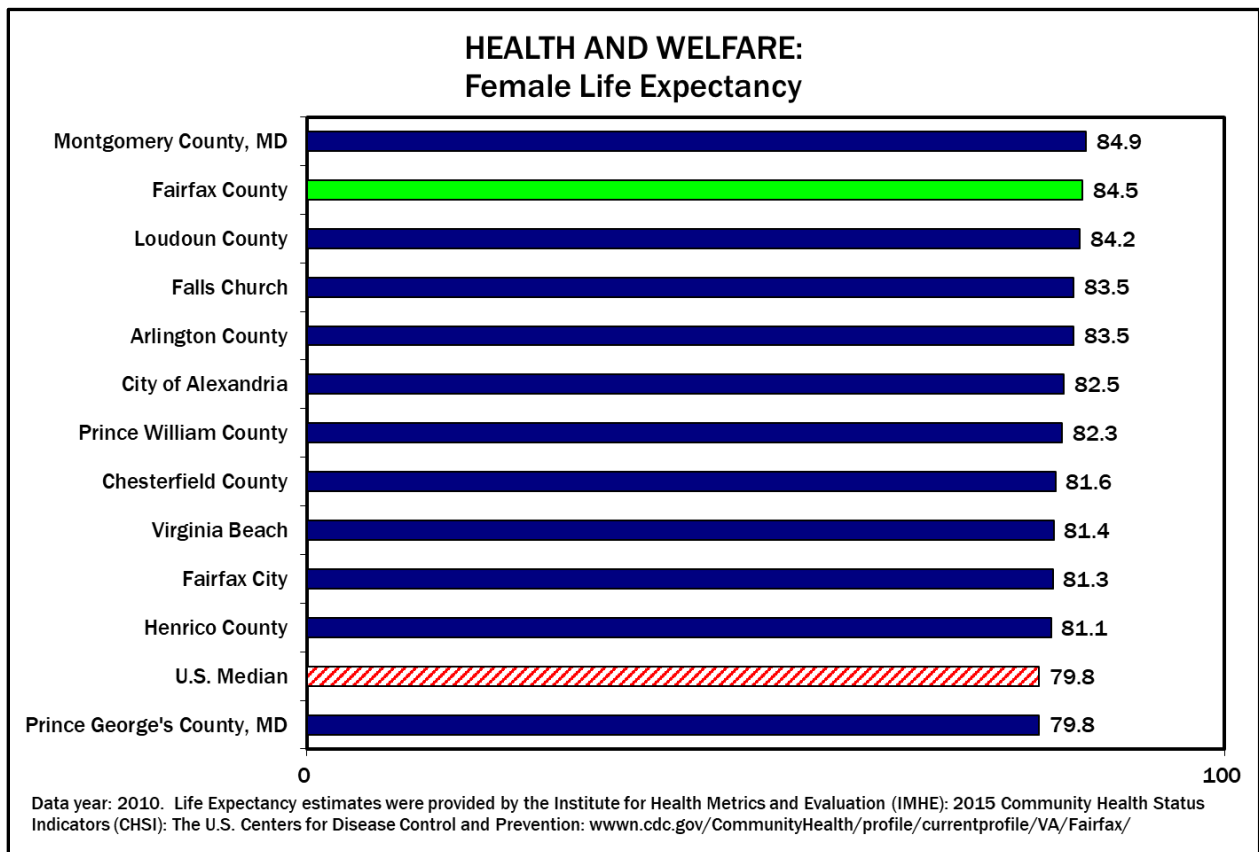
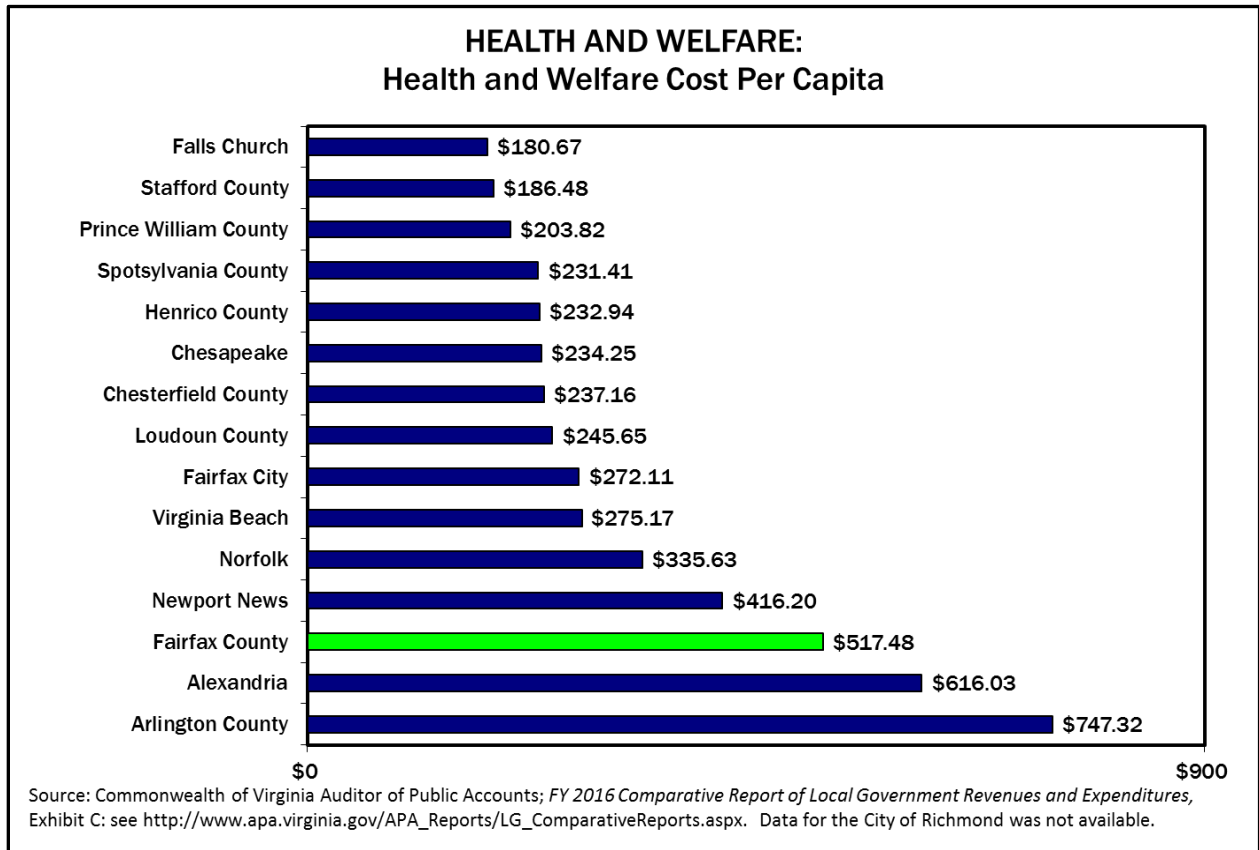
Comparative performance information for the Health and Welfare program area comes from a variety of sources. This is one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected. Data included for this program area was obtained from several sources, 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 2016 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.

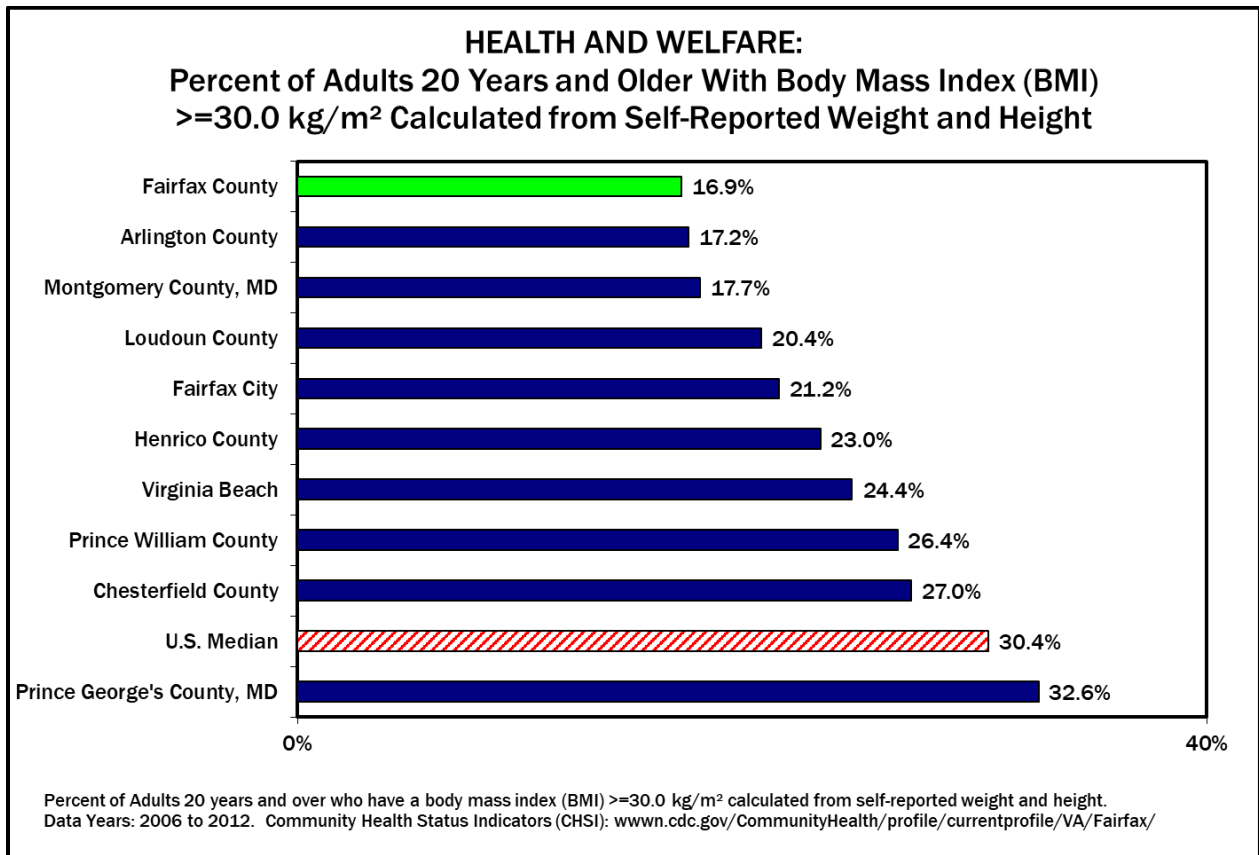
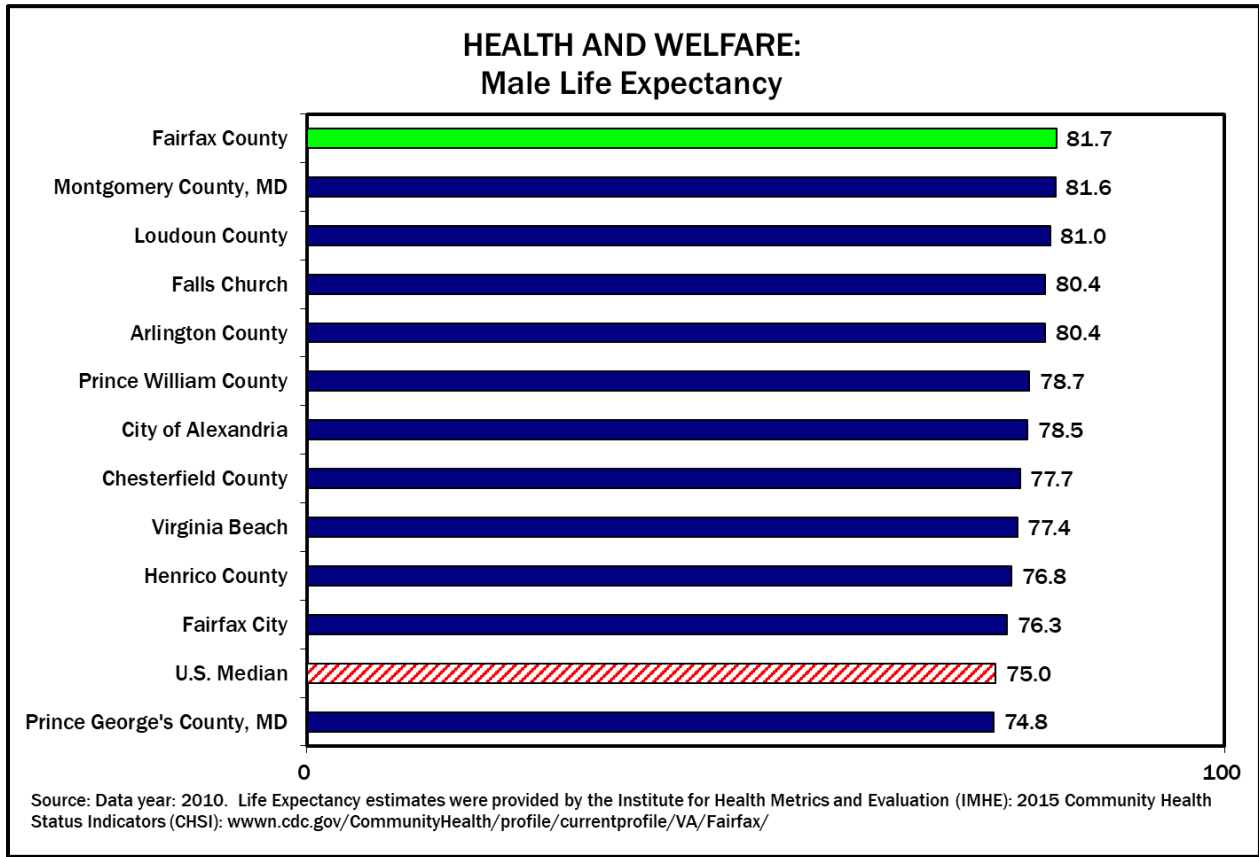
Data provided by the Virginia Department of Health is included to show how Fairfax County compares to other large jurisdictions in the state, as well as the statewide average in the areas of teen pregnancy rate, low birth weight and infant mortality. The following graphs compare Fairfax County to other 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.

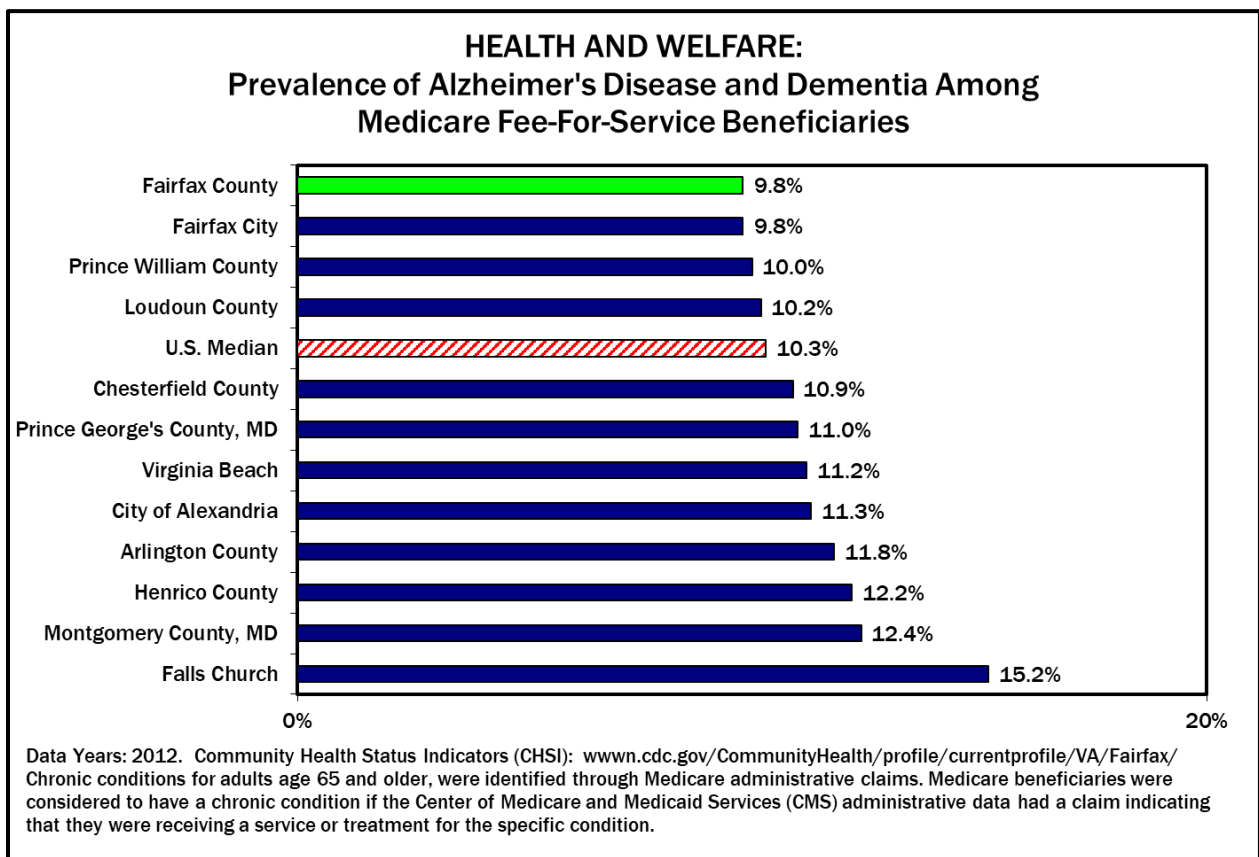
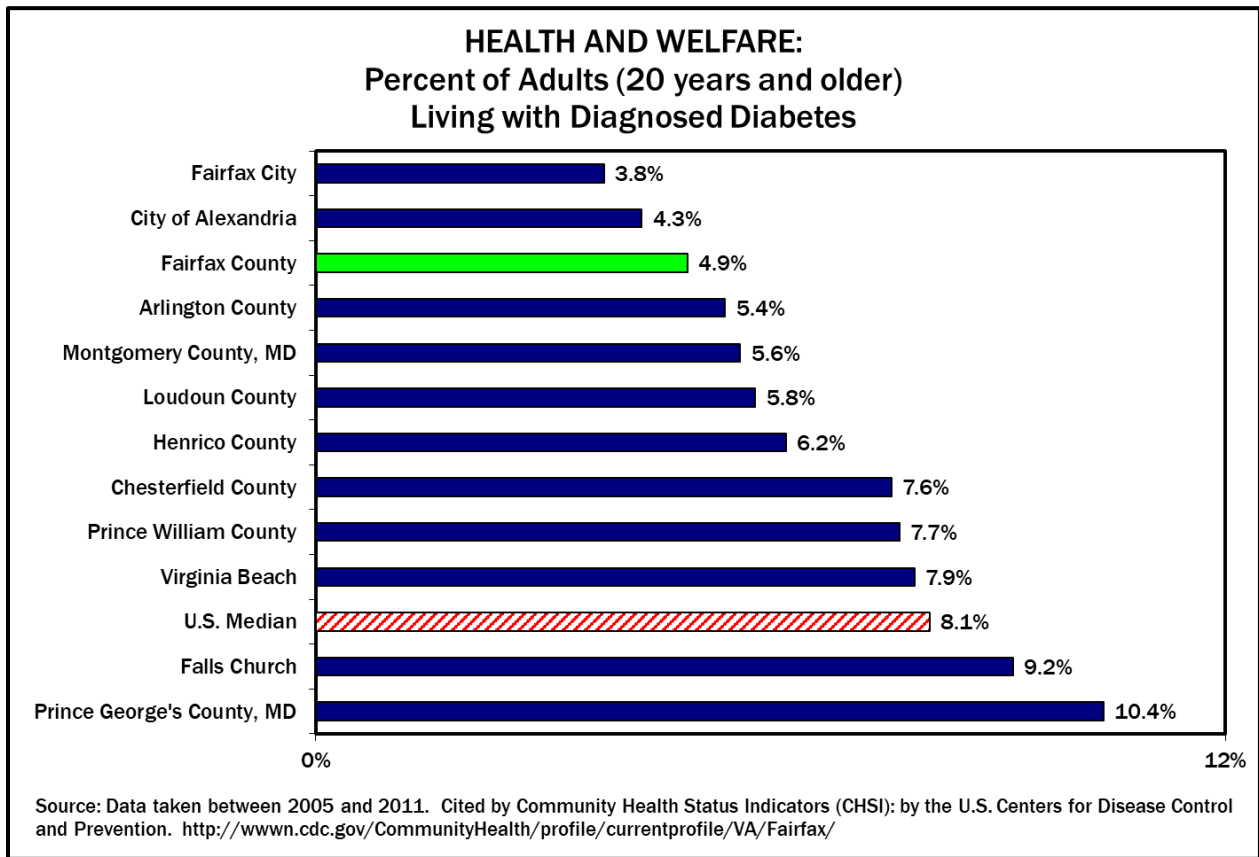
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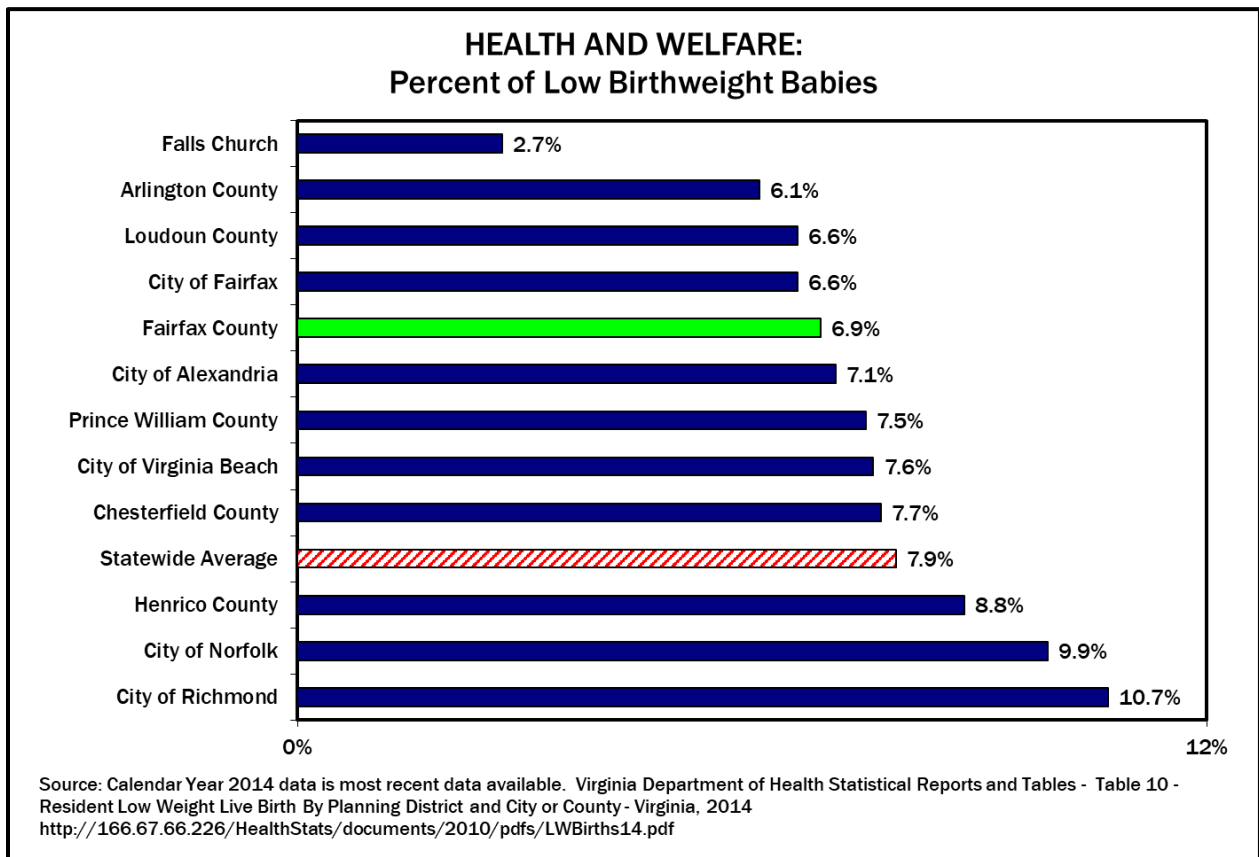
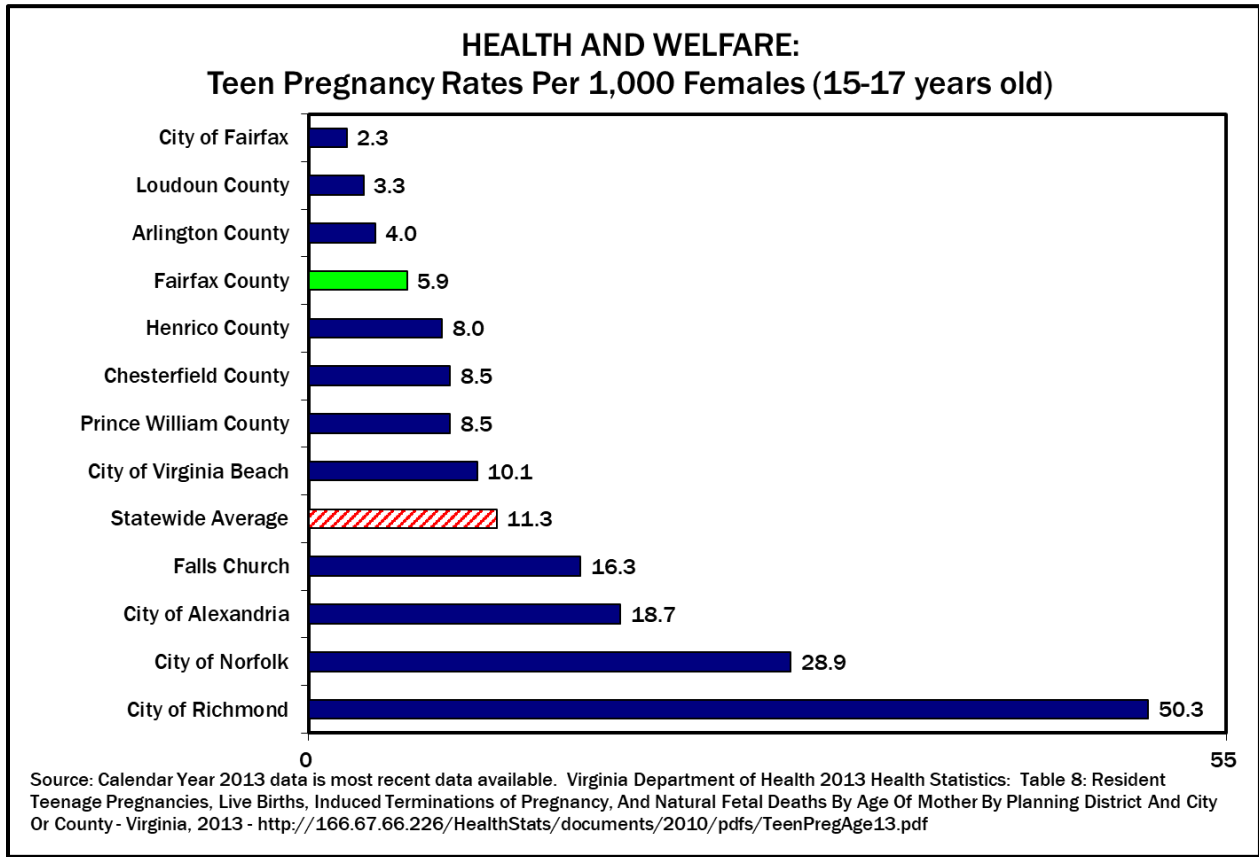
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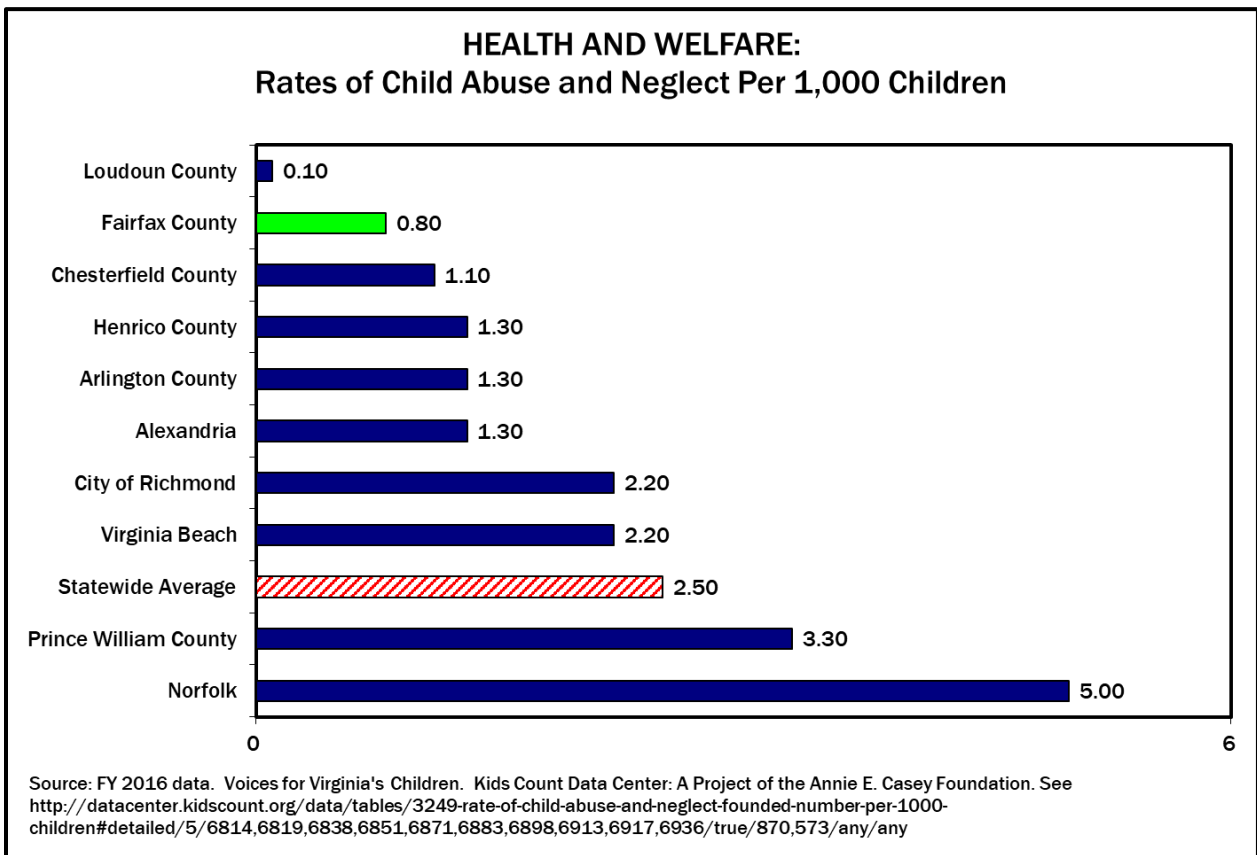
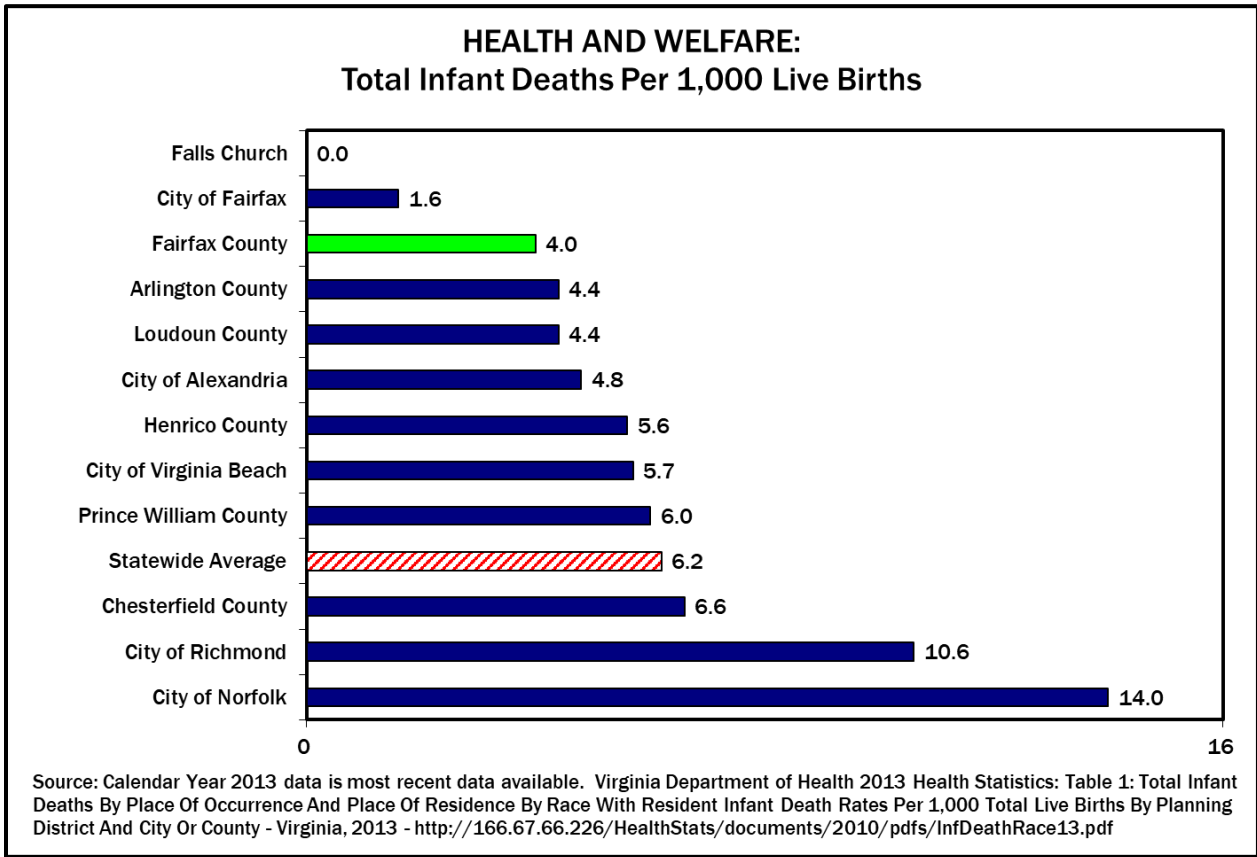
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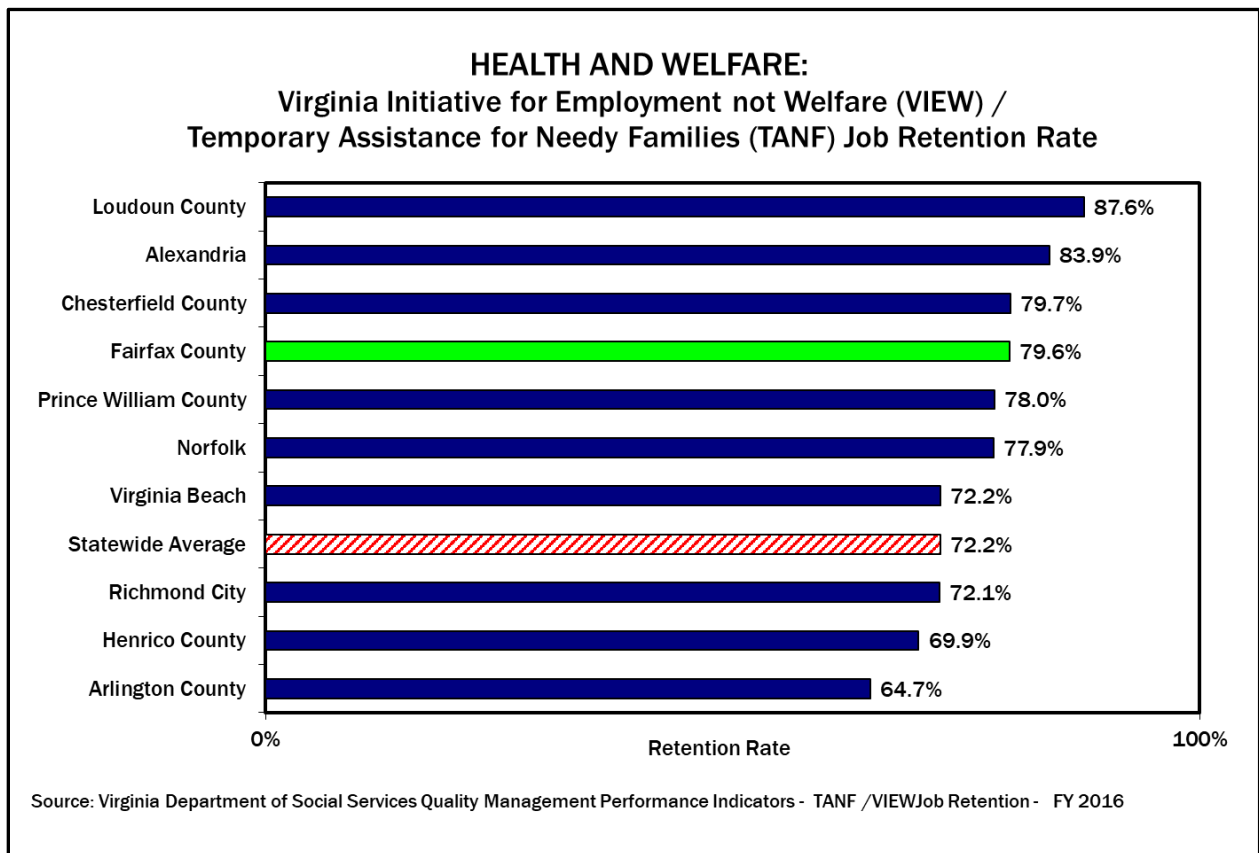
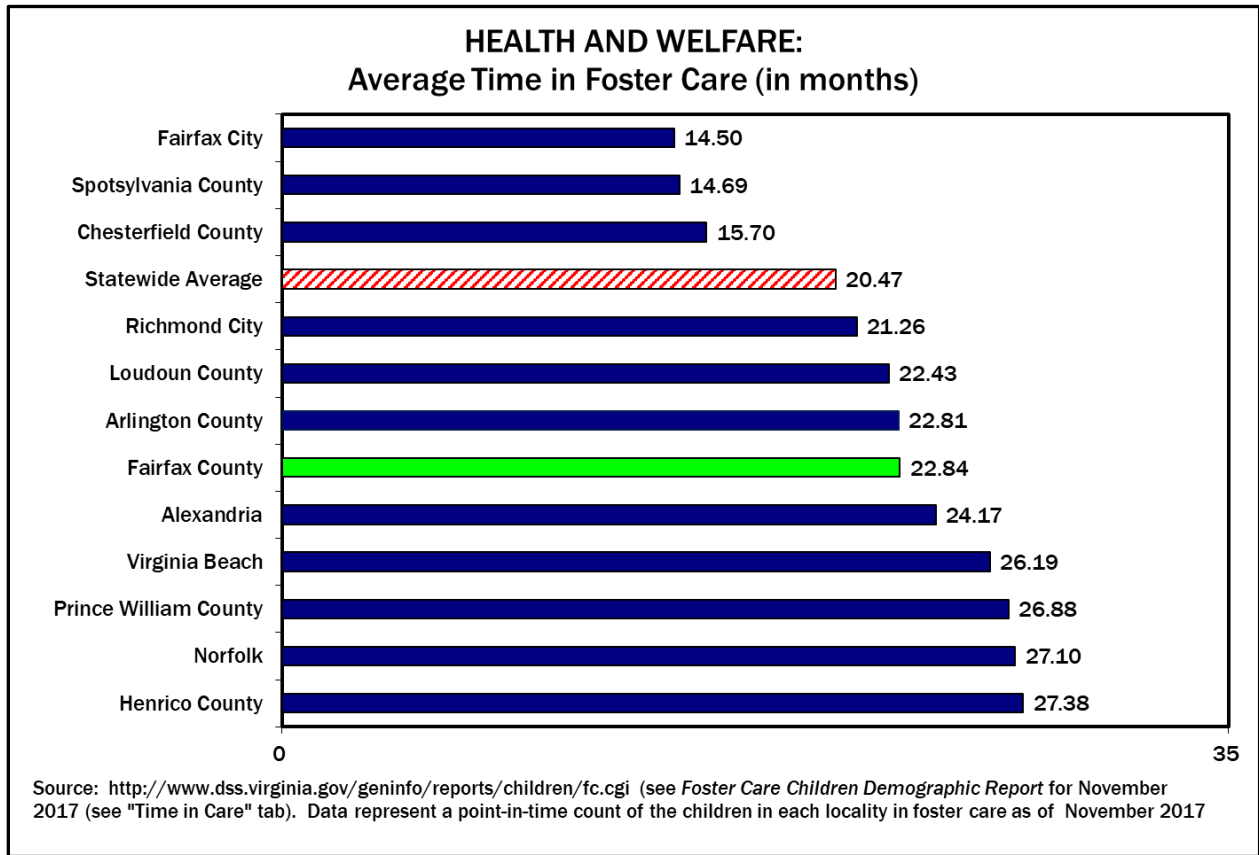
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