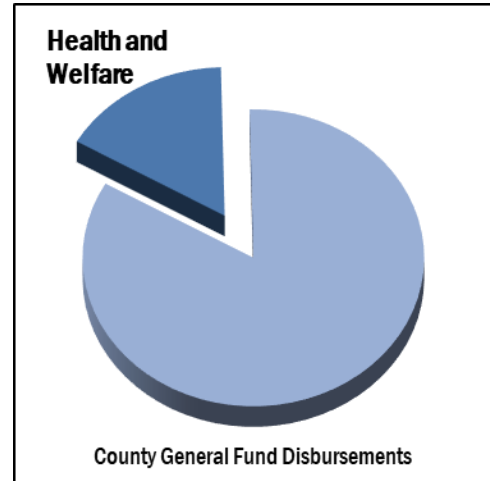


Health and Welfare Program Area Summary

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.



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 2020 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
- The Human Services System maximizes the community's investment in human services

The Department of Family Services serves residents in regional offices and community sites throughout the County. DFS programs and services are provided through its four divisions: Self-Sufficiency; Adult and Aging; Children, Youth, and Families; and Domestic and Sexual Violence Services, as well as Healthy Minds Fairfax, which includes the Children’s Behavioral Health Collaborative (CBHC) and the Children’s Services Act (CSA). The services provided by DFS mitigate crime, abuse and neglect, lessen the strain on public safety and judicial resources, increase the workforce and tax base, and improve self-sufficiency and educational outcomes. The department partners with community groups, faith-based organizations,

Health and Welfare Program Area Summary

businesses, and other public organizations to meet changing community needs. DFS is critical in the County's effort to help residents negatively impacted by economic factors. Applications for food, financial, and medical assistance continue to rise with FY 2018 monthly average caseloads totaling more than 99,000 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, services for victims of domestic and sexual violence, and services for youth.

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 232 health departments nationwide that have achieved accreditation.

In FY 2018, the FCHD completed the fourth 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. The Plan ended on December 31, 2018, and plans are underway with the Governing Board, nonprofits and community to establish a new set of goals to help guide the collective work moving forward.

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 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

Health and Welfare Program Area Summary

planning; and oversees HHS performance management, strategic business planning, and special projects for positive outcomes. OSM replaced DAHS with a more strategically and management-focused agency.

The Department of Neighborhood and Community Services (NCS) has four 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. The second function is to provide a range of services for children and their families to promote healthy child development and quality care and education. The third 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

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, as the demand for services continues to increase, and the diversity of the population requires new types of services and different methods of service delivery. Fairfax County has more than doubled in population since the 1970s, and the population mirrors the national trend in that it is growing older. The County's Economic, Demographic, and Statistical Research (EDSR) unit estimates that the 2018 population of older adults (age 65 and older) in Fairfax County was 150,858. It is expected that number will grow to 232,748 by the year 2035. Additionally, the County is growing more diverse. From 1980 to 2017, the percentage of minorities in the older adult population increased from 8.1 percent to 31.1 percent. Additionally, according to the 2017 American Community Survey, 38.3 percent of County residents five years of age and older speak a language other than English at home.

Health and Welfare Program Area Summary

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. Additionally, the Human Services System has partnered with Public Safety agencies to address important issues in the community such as gang prevention, the growing opioid crisis, and financial exploitation of seniors. 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 2018 Actual	FY 2019 Adopted	FY 2019 Revised	FY 2020 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$165,144,340	\$173,355,595	\$175,793,823	\$183,411,590
Operating Expenses	152,183,904	166,261,889	172,401,084	171,540,479
Capital Equipment	856,519	0	229,087	0
Subtotal	\$318,184,763	\$339,617,484	\$348,423,994	\$354,952,069
Less:				
Recovered Costs	(\$8,736,872)	(\$9,481,385)	(\$9,481,385)	(\$9,650,335)
Total Expenditures	\$309,447,891	\$330,136,099	\$338,942,609	\$345,301,734
Income	\$143,205,845	\$141,031,361	\$145,004,074	\$146,423,603
NET COST TO THE COUNTY	\$166,242,046	\$189,104,738	\$193,938,535	\$198,878,131
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	2554 / 2458.47	2530 / 2434.07	2568 / 2472.45	2615 / 2517.95

Health and Welfare Program Area Summary

Program Area Summary by Agency

Category	FY 2018 Actual	FY 2019 Adopted	FY 2019 Revised	FY 2020 Advertised
Department of Family Services	\$195,956,308	\$218,353,739	\$223,483,048	\$145,466,205
Department of Administration for Human Services	13,421,349	0	0	0
Health Department	57,516,466	62,427,094	64,280,083	64,969,634
Office to Prevent and End Homelessness	13,020,272	14,354,529	15,062,439	14,877,504
Office of Strategy Management for Health and Human Services	0	3,863,769	3,633,130	3,489,329
Department of Neighborhood and Community Services	29,533,496	31,136,968	32,483,909	116,499,062
Total Expenditures	\$309,447,891	\$330,136,099	\$338,942,609	\$345,301,734

As part of the [FY 2019 Adopted Budget Plan](#), the Department of Administration for Human Services was decentralized into a number of agencies, including the Office of Strategy Management for Health and Human Services.

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 2020, the total funding level of \$345,301,734 for the Health and Welfare program area represents 21.1 percent of the total General Fund direct expenditures of \$1,634,695,971. This total reflects a net increase of \$15,165,635 or 4.6 percent over the [FY 2019 Adopted Budget Plan](#) total of \$330,136,099. The increase is attributed to \$4.8 million for employee compensation increases including \$1.8 million for a 1.0 percent market rate adjustment (MRA) for all employees and \$3.0 million for performance-based and longevity increases for non-uniformed merit employees, both effective July 2019; \$2.2 million for contract rate increases; \$1.9 million to continue and expand child care services including early childhood education initiatives and the School-Age Child Care (SACC) program; \$1.5 million for positions in the Public Assistance program that were included as part of the *FY 2018 Carryover Review*; \$1.4 million to transfer Department of Family Services positions from the Federal-State Grant Fund to the General Fund; \$1.0 million to expand the capacity of Artemis House, the County's domestic violence shelter; \$0.6 million for positions in Adult and Aging programs that were included as part of the *FY 2018 Carryover Review*; \$0.6 million to support the new Bailey's Crossroads Homeless Shelter; \$0.5 million to support the School Health program; \$0.4 million to support various mental health services for youth in the Healthy Minds Fairfax program in DFS; \$0.4 million to support the new Lewinsville Multiservice Center; \$0.3 million to support the Health Department's epidemiology program; \$0.2 million for charges associated with community use of FCPS facilities that was included as part of the *FY 2018 Carryover Review*; \$0.2 million to expand the Opportunity Neighborhoods initiative; \$0.1 million for the Homeless Healthcare program; and \$0.1 million in other miscellaneous adjustments. These increases are offset by decreases of \$0.7 million in contract savings in DFS, and a net decrease of \$0.3 million due to the realignment of positions in OSM, 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 2020 Advertised Budget Plan](#).

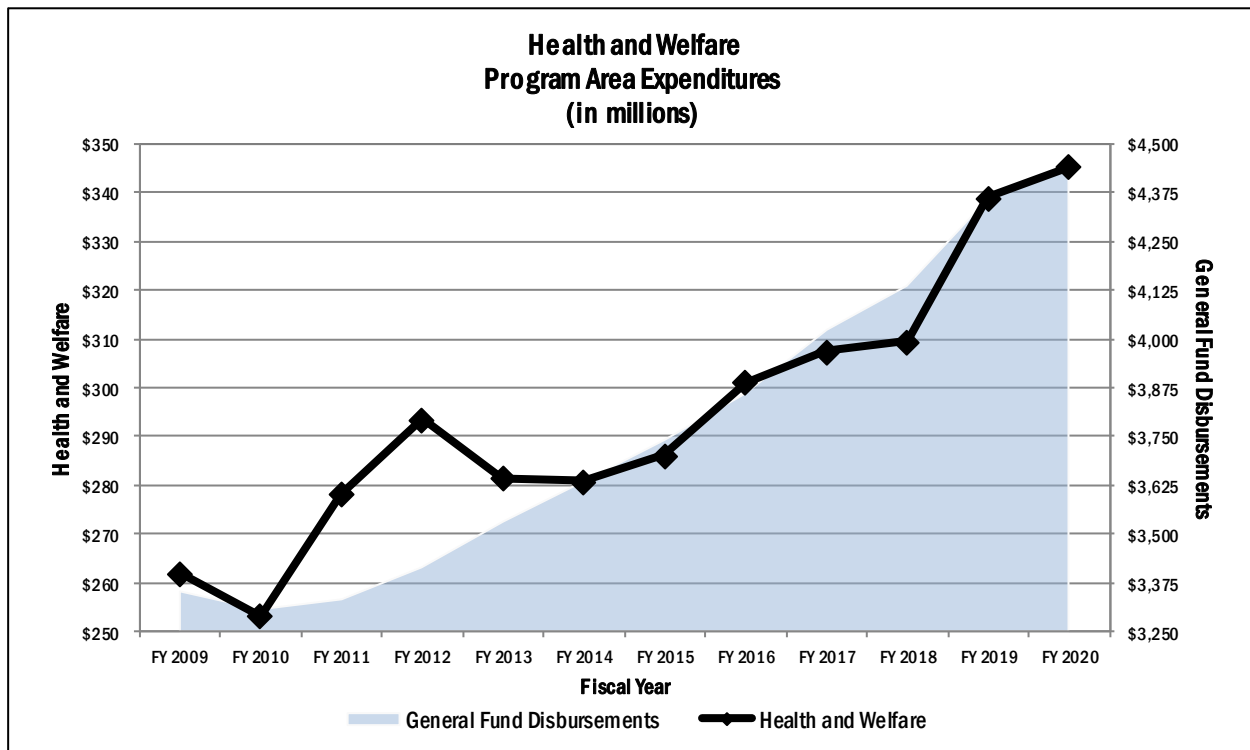
The Health and Welfare program area includes 2,615/2,517.95 FTE positions, an increase of 47/45.5 FTE positions over the *FY 2019 Revised Budget Plan*. This net increase is a result of 19/18.0 FTE positions transferred from the Federal-State Grant Fund to the General Fund in DFS; 15/15.0 FTE positions converted from benefits eligible to merit to support the Child Care division in NCS; 3/3.0 FTE positions to expand the epidemiology program; 3/3.0 FTE positions to support the new Lewinsville Multiservice Center; 2/2.0 FTE

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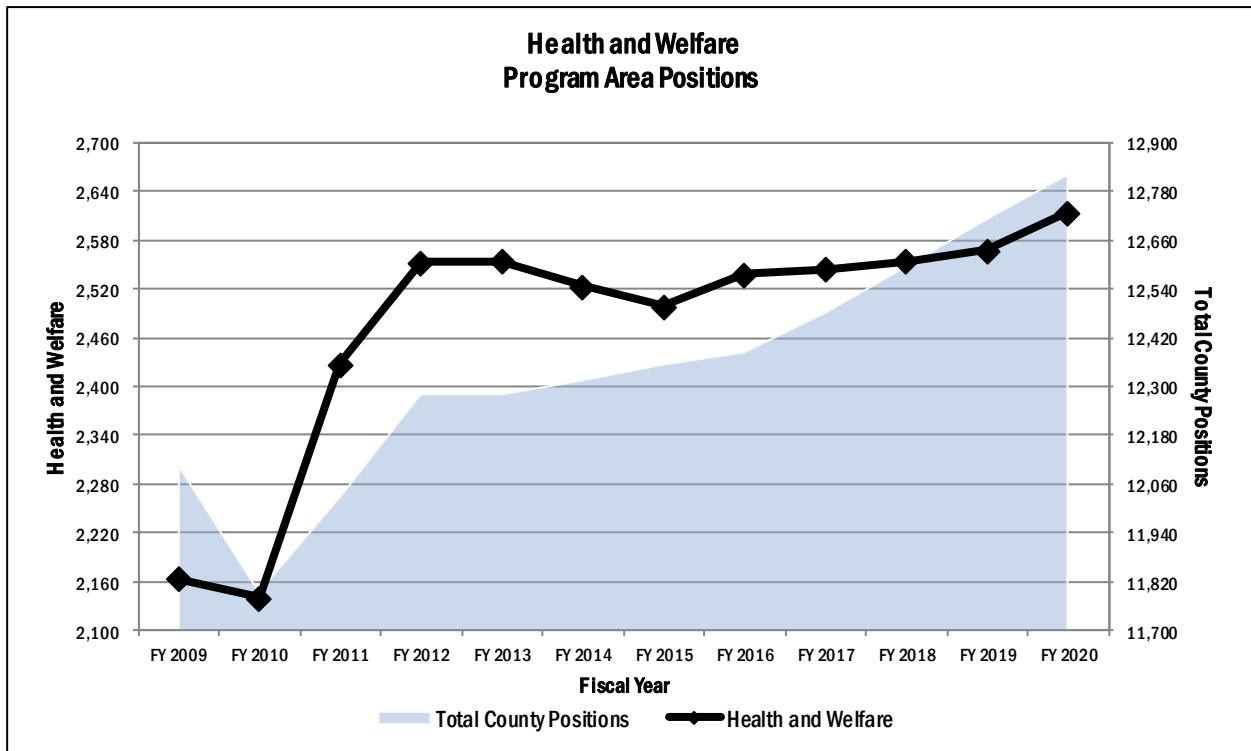
positions to support the new Bailey’s Crossroads Homeless Shelter; 2/2.0 FTE positions for the School Health program; 1/1.0 FTE position for the Parenting Education Program in DFS; 1/1.0 FTE position for service quality monitoring in the Children’s Services Act (CSA); 1/1.0 FTE position due to workload requirements in the rabies program in the Health Department; 1/0.5 FTE position to implement a new Early Childhood Mental Health Consultation System; and 1/1.0 FTE position associated with the replacement of grant funding for the Virginia Preschool Initiative Plus Grant, which is being discontinued beginning in FY 2020. These increases are offset by a decrease of 2/2.0 FTE positions transferred to agencies outside of the Health and Welfare program area as part of a realignment of resources in the HHS system. The following charts illustrate funding and position trends for the agencies in this program area compared to countywide expenditure and position trends.

Trends in Expenditures and Positions

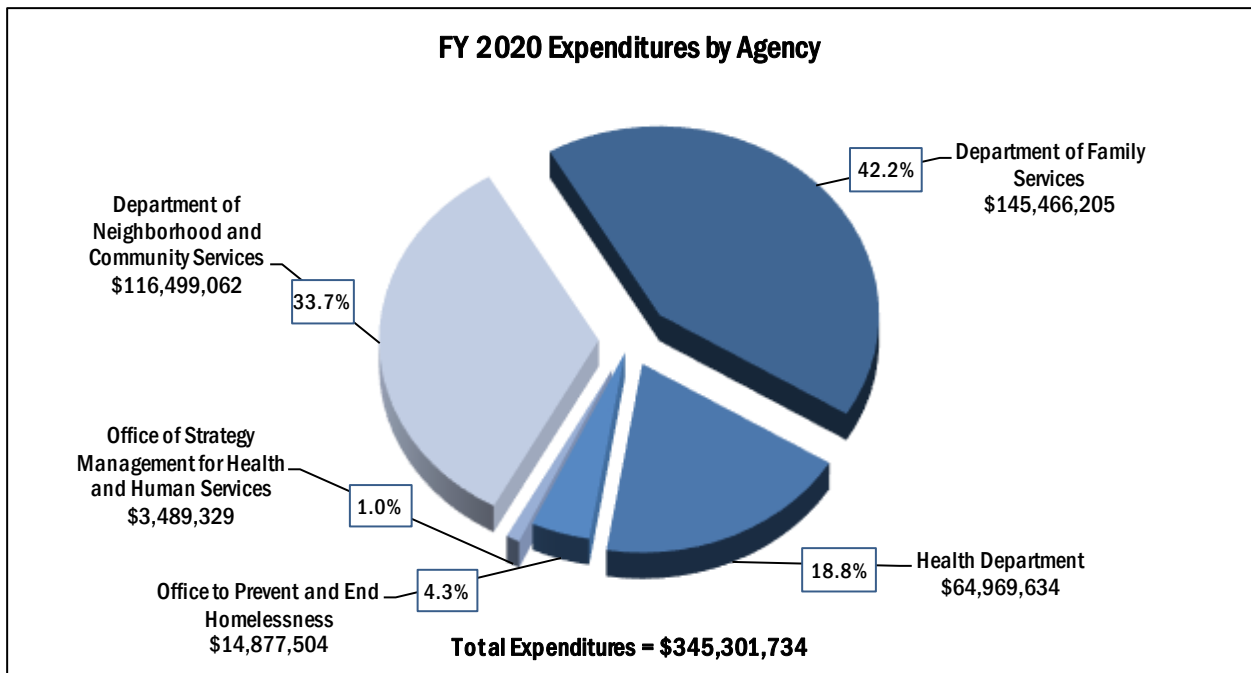
It should be noted that, as part of the FY 2011 Adopted Budget Plan, the Department of Community and Recreation Services was consolidated with Systems Management for Human Services to form the Department of Neighborhood and Community Services. As a result, expenditures and positions increased in the 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.



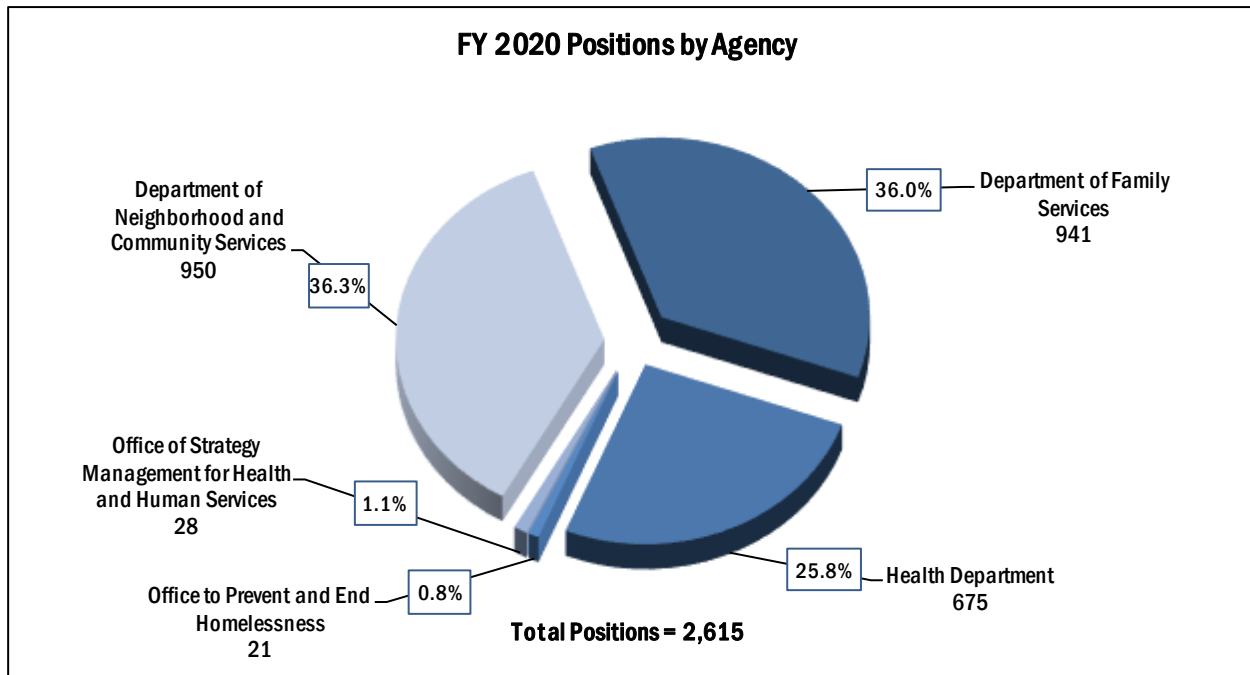
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FY 2020 Expenditures and Positions by Agency



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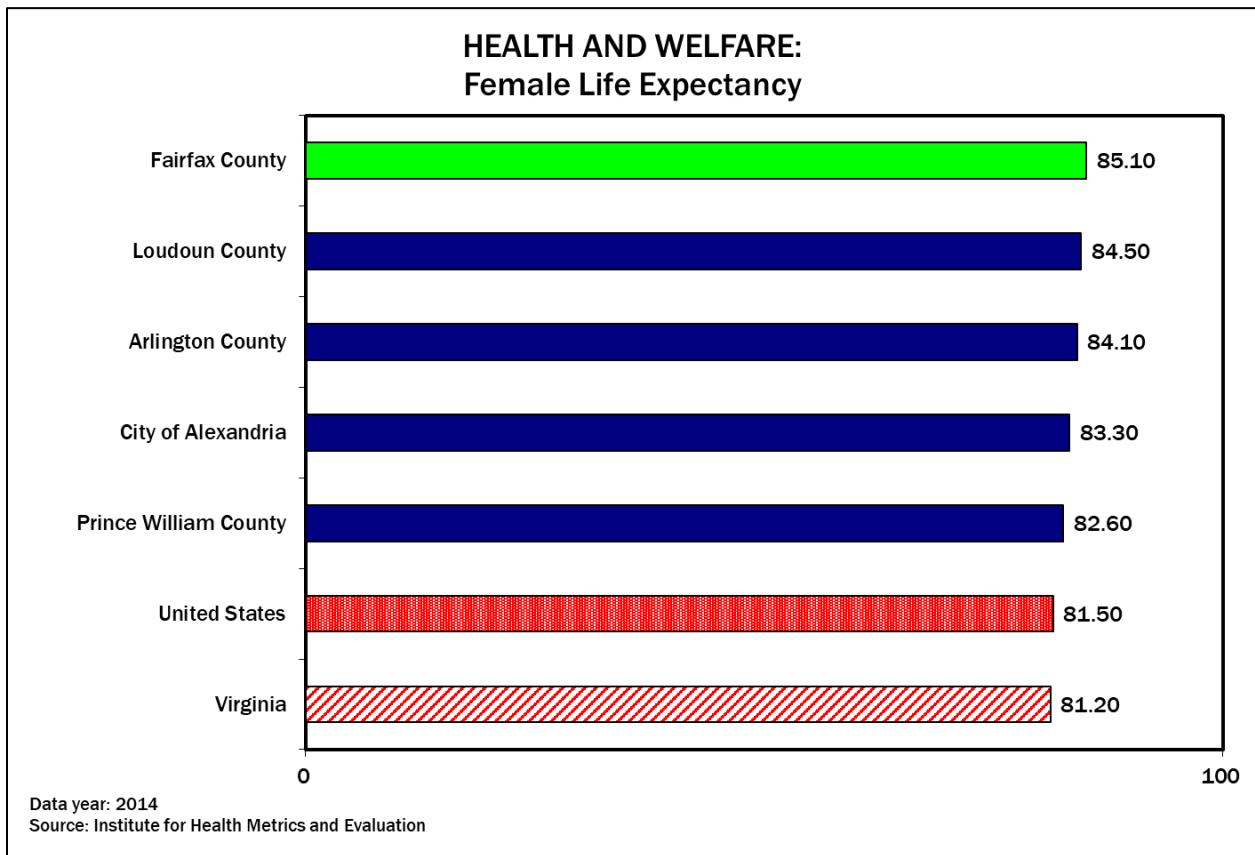
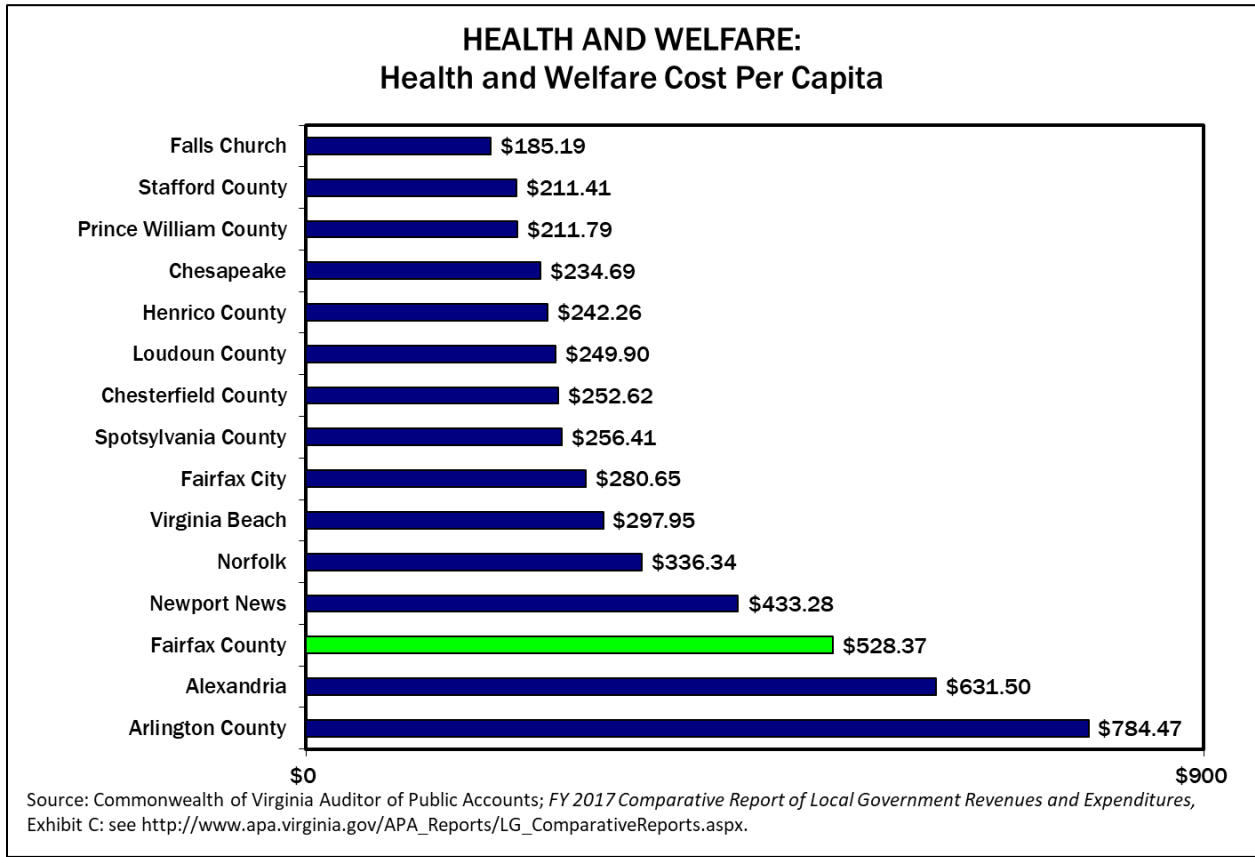
Benchmarking

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), and the Virginia Department of Health.

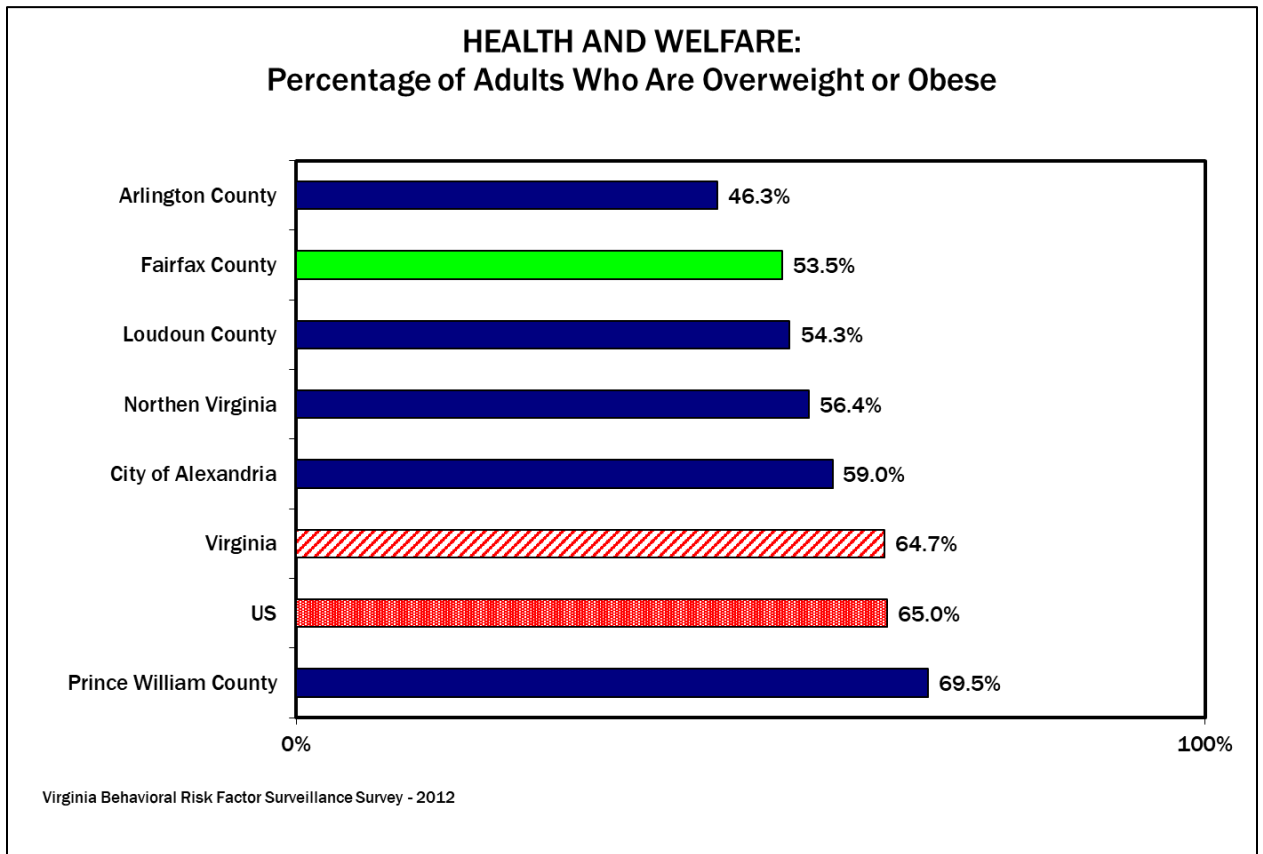
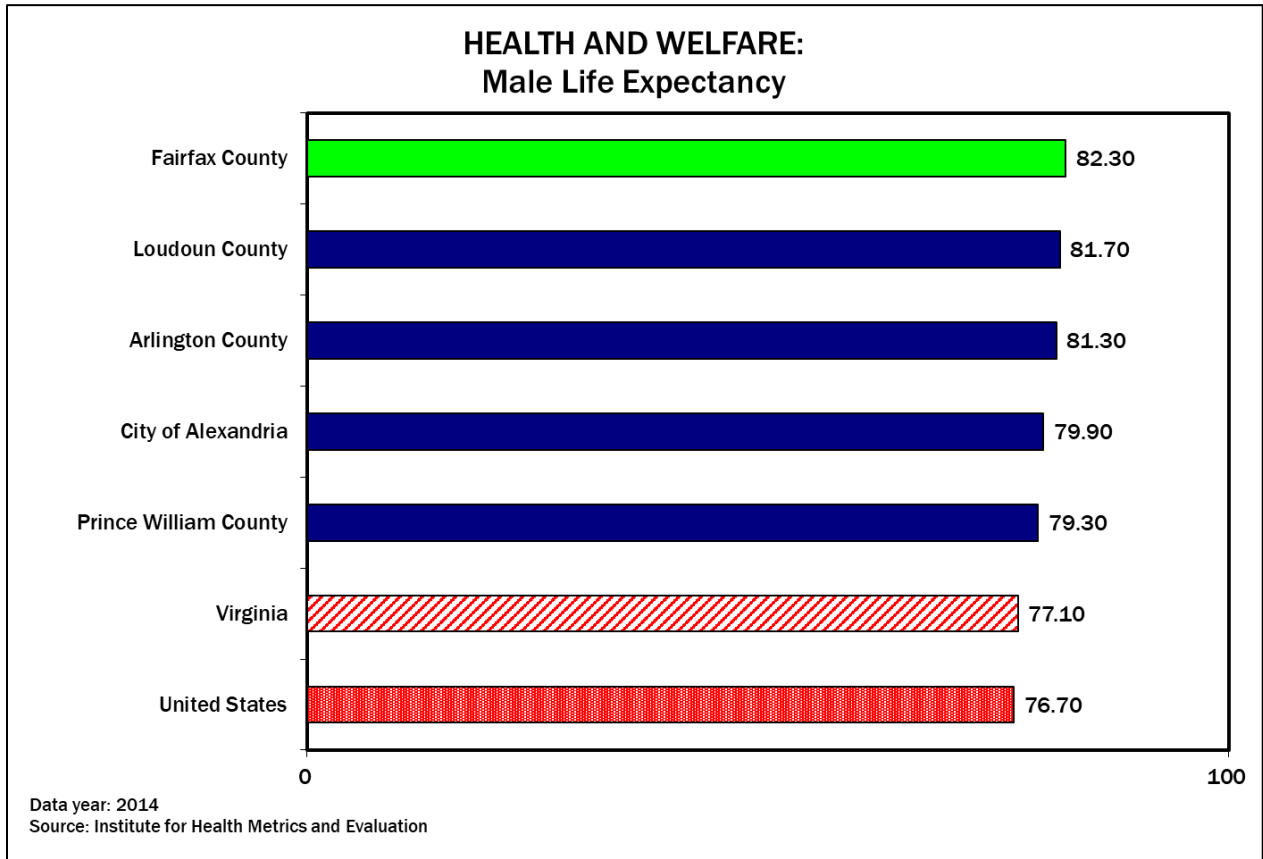
The APA collects financial data annually from all Virginia jurisdictions. FY 2017 data represents the latest data available. As seen below, Fairfax County’s cost per capita for Health and Welfare indicates the high level of local support for these programs and reflects the County’s increasing urbanization that brings its own challenges in terms of human service needs.

Data provided by the Virginia Department of Health (VDH) is included to show how Fairfax County compares to other jurisdictions in the region and, where available, the regional average, the statewide average and the national average. Current data is no longer available from several of the sources, including the Center for Disease Control, which was used for previous presentations of Health and Welfare benchmark measures. In most cases, similar data from comparable sources like the VDH Division of Health Statistics are included. Additionally, in an effort to identify additional benchmark data, indicators related to poverty rates, access to health insurance, and food insecurity are included.

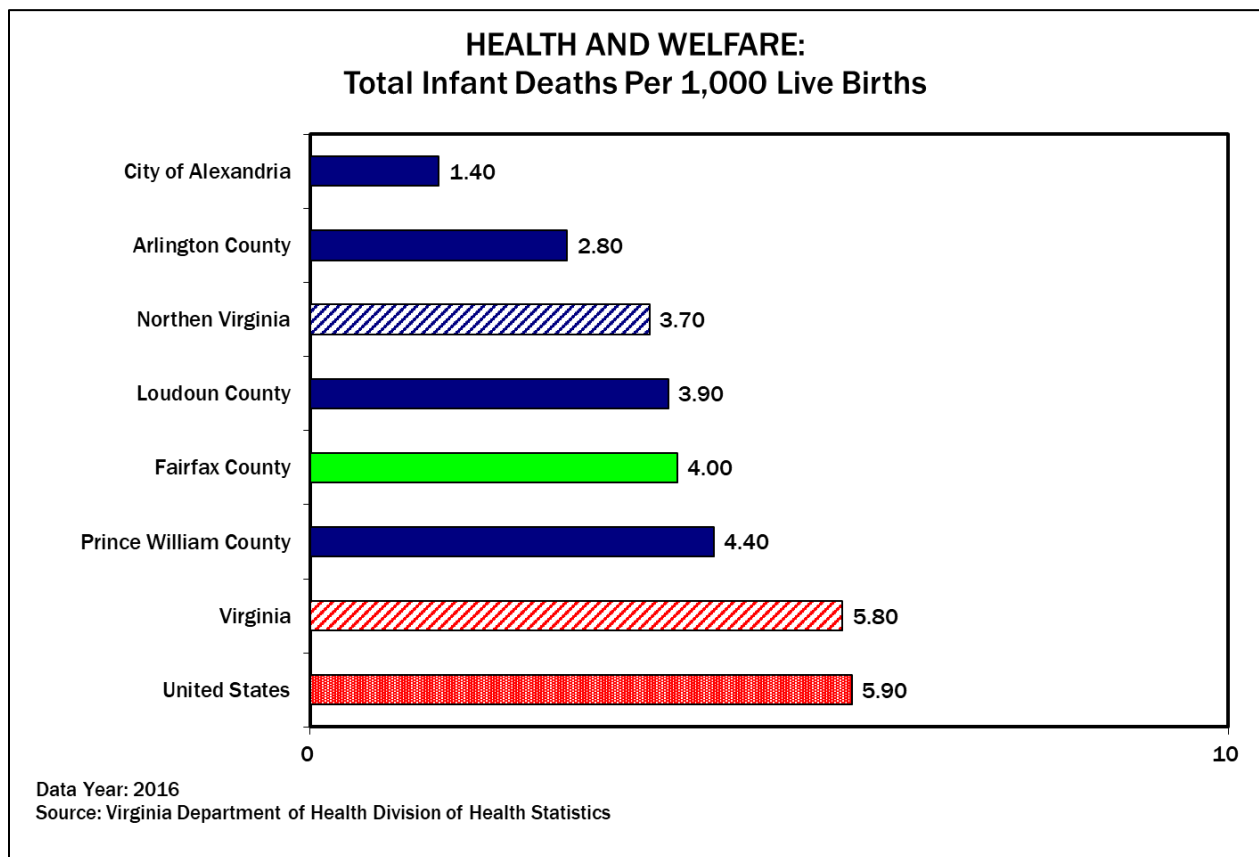
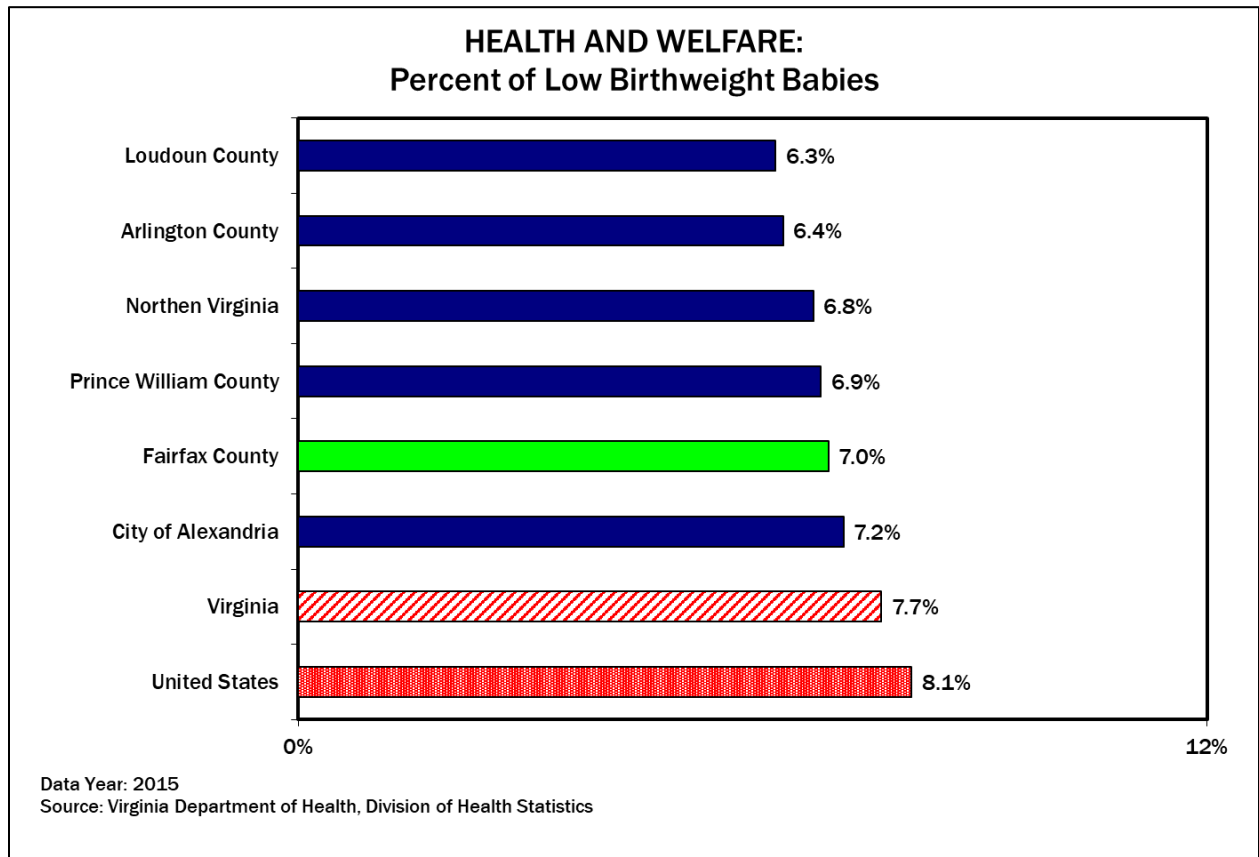
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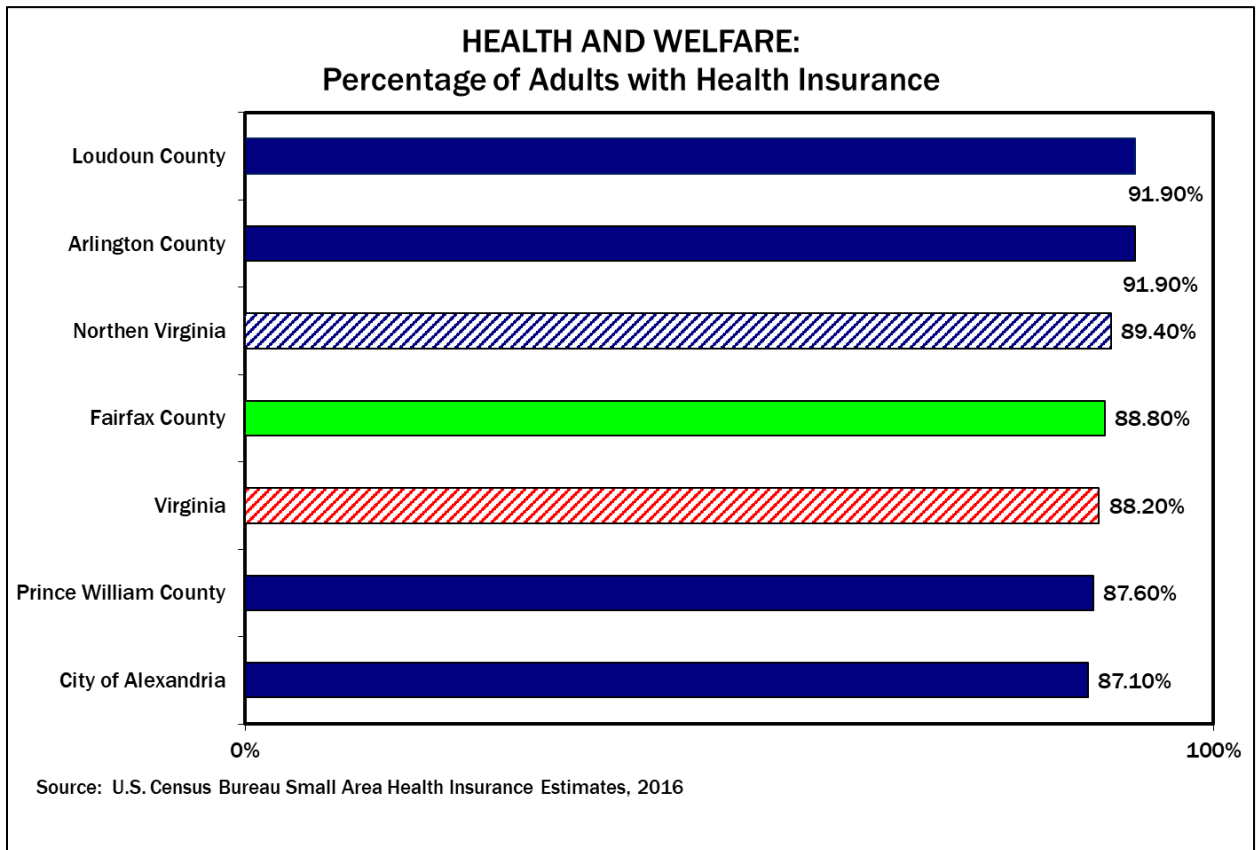
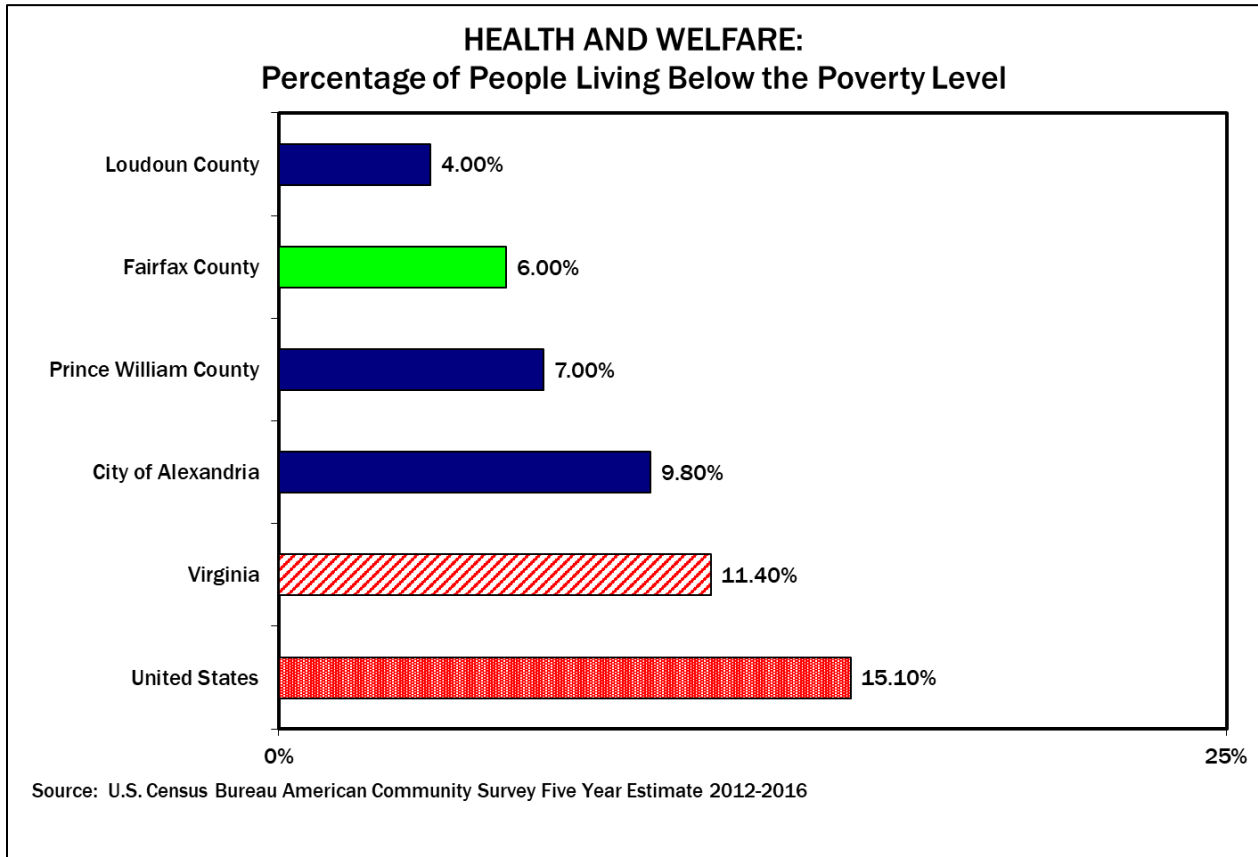
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