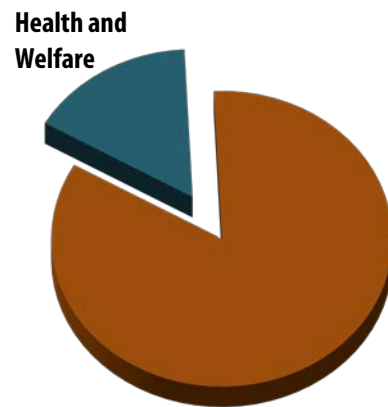


Health and Welfare Program Area Summary

Overview

The Health and Welfare program area consists of four agencies – Agency 67, Department of Family Services; Agency 71, Health Department; Agency 77, Office of Strategy Management for Health and Human Services; and Agency 79, Department of Neighborhood and Community Services. As part of the FY 2021 Advertised Budget process, an organizational review of functions provided by Agency 73, Office to Prevent and End Homelessness was conducted and an analysis of intersecting functions determined that operational efficiencies could be generated by consolidating these functions and resources with Agency 38, Department of Housing and Community Development. Additionally, in support of the County's Equitable School Readiness Strategic Plan, which was released in the fall of 2017, programs and services previously included in the Department of Neighborhood and Community Services are being consolidated into a new Fund 40045, Early Childhood Birth to 5. This includes the Child Care Assistance and Referral (CCAR) program, locally funded Head Start, School Readiness activities and Community Education & Provider Services.



County General Fund Disbursements

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 four agencies, there are others that support the Fairfax County Health and Human Services System. They are Agency 81, Juvenile and Domestic Relations District Court, Agency 38, Department of Housing and Community Development, Fund 40040, Fairfax-Falls Church Community Services Board (CSB) and the newly created Fund 40045, Early Childhood Birth to 5. 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 Health and 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 2021 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 Health and Human Services System maximizes the community's investment in human services

Health and Welfare Program Area Summary

The Department of Family Services (DFS) 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, 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 2019 monthly average caseloads totaling more than 105,600 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 275 health departments nationwide that have achieved accreditation.

In FY 2019, the FCHD completed the final 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. FCHD convened a new Performance Excellence Leadership Council in FY 2019 to improve the alignment and integration of the components of its performance management system.

The Office of Strategy Management for Health and Human Services (OSM) provides strategic vision for Health and Human Services. 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.

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

Health and Welfare Program Area Summary

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.

Program Area Summary by Category

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$167,387,377	\$185,450,855	\$186,279,112	\$188,561,621
Operating Expenses	160,789,262	171,540,479	175,087,988	131,960,325
Capital Equipment	335,609	0	647,490	0
Subtotal	\$328,512,248	\$356,991,334	\$362,014,590	\$320,521,946
Less:				
Recovered Costs	(\$8,574,546)	(\$9,650,335)	(\$9,650,335)	(\$9,799,184)
Total Expenditures	\$319,937,702	\$347,340,999	\$352,364,255	\$310,722,762
Income	\$151,072,535	\$146,539,751	\$150,700,936	\$151,778,174
NET COST TO THE COUNTY	\$168,865,167	\$200,801,248	\$201,663,319	\$158,944,588
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	2592 / 2490.45	2639 / 2535.95	2733 / 2631.95	2683 / 2580.03

Program Area Summary by Agency

Agency	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised
Department of Family Services	\$208,647,459	\$146,183,279	\$151,520,386	\$151,968,884
Health Department	62,302,806	65,550,276	66,830,774	68,496,602
Office to Prevent and End Homelessness ¹	14,125,965	14,899,466	15,546,567	0
Office of Strategy Management for Health and Human Services	3,070,055	3,524,055	3,772,445	3,490,858
Department of Neighborhood and Community Services	31,791,417	117,183,923	114,694,083	86,766,418
Total Expenditures	\$319,937,702	\$347,340,999	\$352,364,255	\$310,722,762

¹ As part of the FY 2021 Advertised Budget Plan, Agency 73, Office to Prevent and End Homelessness, is being consolidated into Agency 38, Department of Housing and Community Development.

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 2021, the total funding level of \$310,722,762 for the Health and Welfare program area represents 18.4 percent of the total General Fund direct expenditures of \$1,685,213,377. This total reflects a net decrease of \$36,618,237 or 10.5 percent under the FY 2020 Adopted Budget Plan total of \$347,340,999. The decrease is attributed to \$30.9 million with the transfer of school readiness activities to the new Fund 40045, Early Childhood Birth to 5; \$14.9 million with the consolidation of functions currently performed by Agency 73, the Office

Health and Welfare Program Area Summary

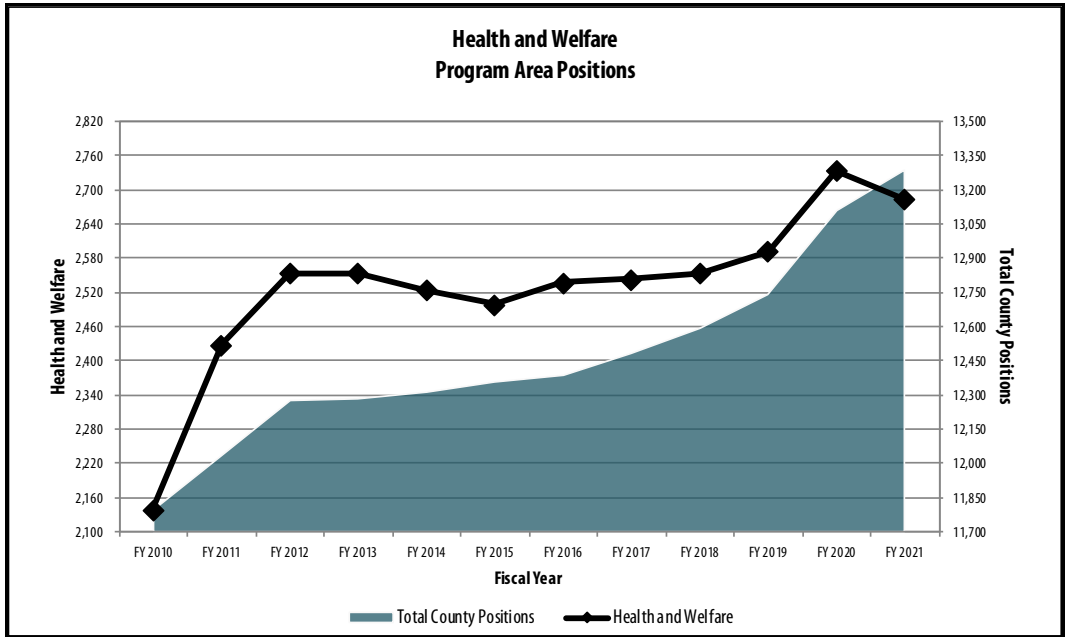
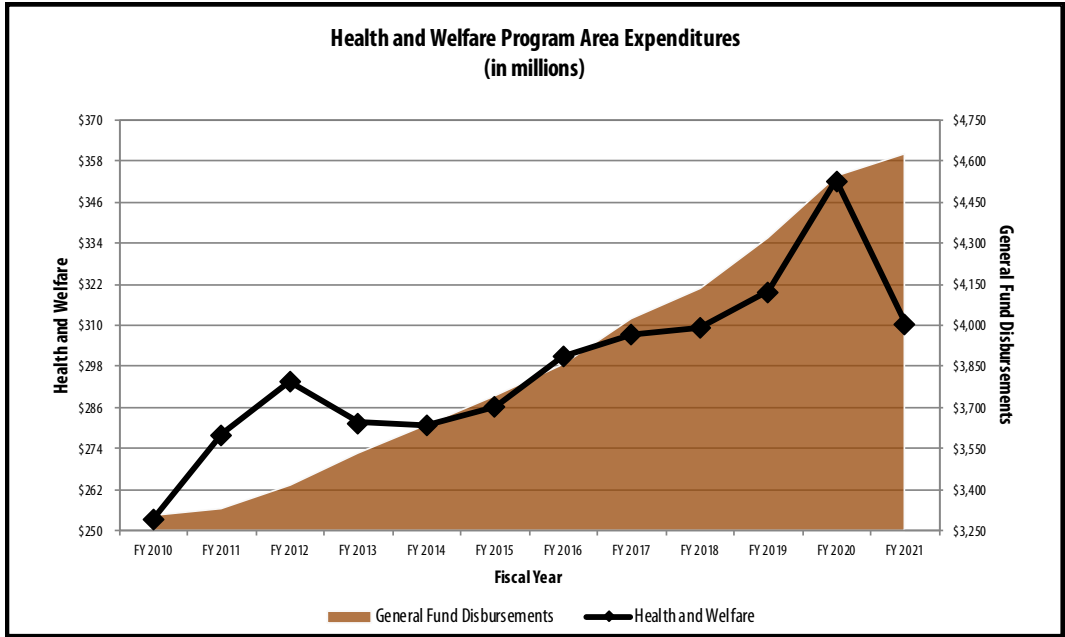
to Prevent and End Homelessness, into Agency 38, Department of Housing and Community Development; \$2.5 million with the transfer of the Artemis House Domestic Violence Shelter contract from Agency 67, the Department of Family Services, to Agency 38, Department of Housing and Community Development; \$0.4 million in Operating Expenses associated with the Adopted Subsidy program; and \$0.1 million in how the Health Department is dispensing anti-parasitic medication to clients in the Refugee Program. These decreases are offset by increases of \$7.0 million for employee compensation increases including \$3.7 million for a 2.06 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 2020, as well as \$0.2 million in other personnel adjustments; \$2.1 million for contract rate increases; \$0.7 million to support the School Health program; \$0.6 million to open three new rooms in the School-Age Child Care program; \$0.5 million for positions in the Public Assistance program that were included as part of the *FY 2019 Carryover Review*; \$0.3 million for positions in Adult and Aging program that were included as part of the *FY 2019 Carryover Review*; \$0.3 million to expand the Opportunity Neighborhoods initiative; \$0.2 million to replace grant funding supporting Family Support Partner services; \$0.1 million to support medically fragile students in Fairfax County Public Schools; \$0.1 million to support the Health Department's epidemiology program; \$0.1 million for a position supporting Human Trafficking and Stalking Prevention; \$0.1 million for a position to support the Opioid Task Force; and \$0.1 million for a position to support the eligibility and case management functions for the Child Care Assistance and Referral program. A detailed narrative for each agency within the Health and Welfare Program Area can be found on subsequent Volume 1 pages of the FY 2021 Advertised Budget Plan.

The Health and Welfare program area includes 2,683/2,580.03 FTE positions, a net decrease of 50/51.92 FTE positions from the *FY 2020 Revised Budget Plan*. This net decrease is a result of a decrease of 72/72.0 FTE positions transferred outside of the Health and Welfare program area including 48/48.0 FTE positions transferred to Fund 40045, Early Childhood Birth to 5 and 24/24.0 FTE positions transferred to Agency 38, Department of Housing and Community Development. This is offset by an increase of 22/20.08 FTE new positions including 10/9.13 FTE positions to support the School Health program; 4/3.2 FTE positions to open new rooms in the School-Age Child Care program; 3/2.75 FTE positions to meet increased workload requirements associated with the consolidation of services for children within the Health and Human Services system; 1/1.0 FTE to support the epidemiology program; 1/1.0 FTE to support Human Trafficking and Stalking Prevention; 1/1.0 FTE position to support the Opioid Task Force; 1/1.0 FTE position to expand the Opportunity Neighborhoods initiative; and 1/1.0 FTE to address the increase in workload related to child care eligibility due to additional slots added in the Early Childhood Development and Learning Program.

Trends in Expenditures and Positions

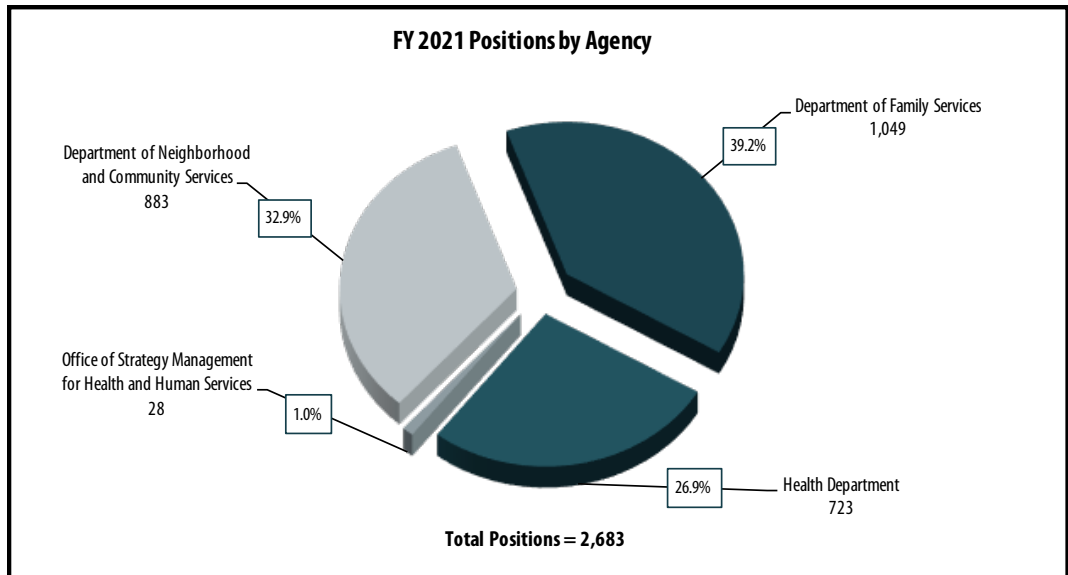
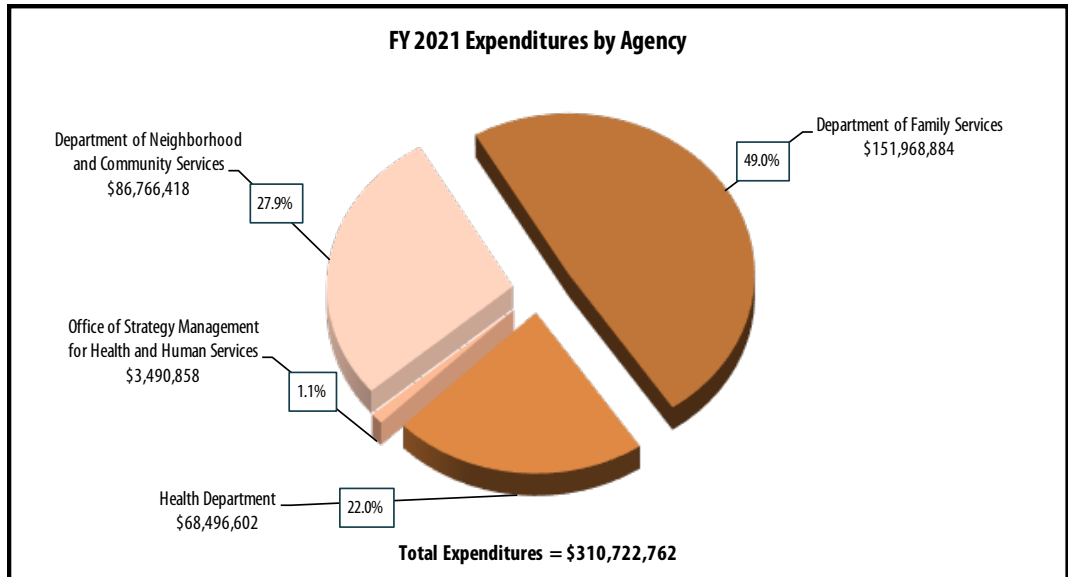
The following charts illustrate funding and position trends for the agencies in this program area compared to countywide expenditure and position trends. It should be noted that, as part of the FY 2011 Adopted Budget Plan, the Department of Community and Recreation Services was consolidated with Systems 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. In addition, as part of the FY 2021 Advertised Budget Plan, the transfer of positions from the Department of Neighborhood and Community Services to Fund 40045, Early Childhood Birth to 5, as well as the transfer of the Office to Prevent and End Homelessness to the Department of Housing and Community Development in the Community Development program area resulted in a decrease in expenditures and positions in the Health and Welfare program area.

Health and Welfare Program Area Summary



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Expenditures and Positions by Agency



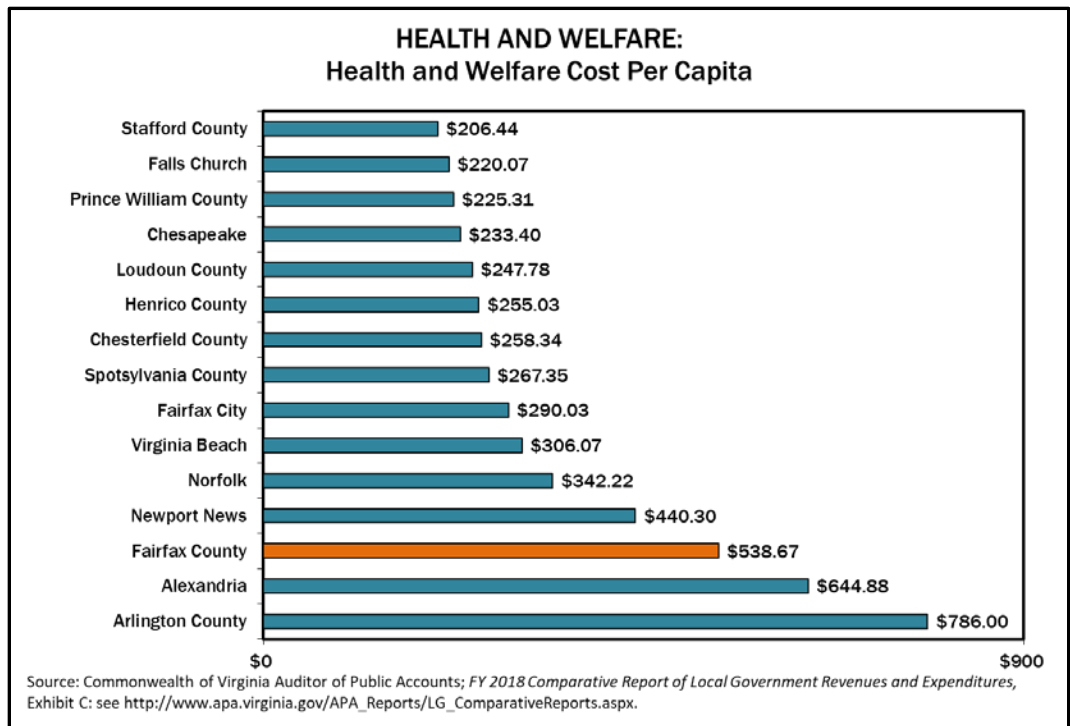
Health and Welfare Program Area Summary

Benchmarking

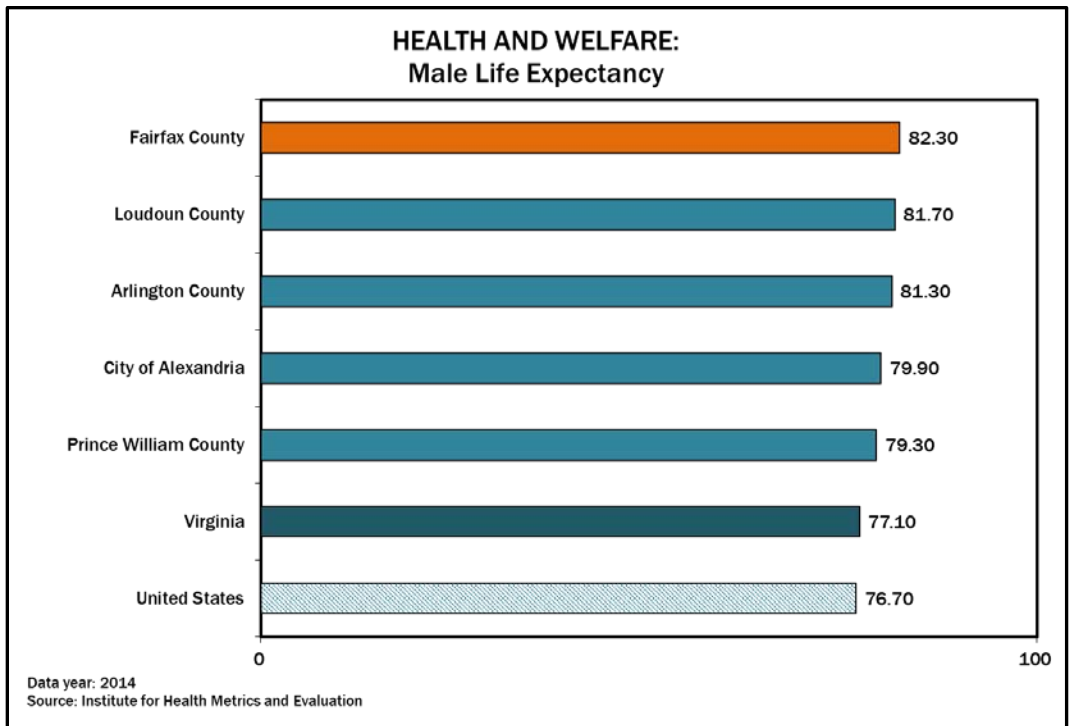
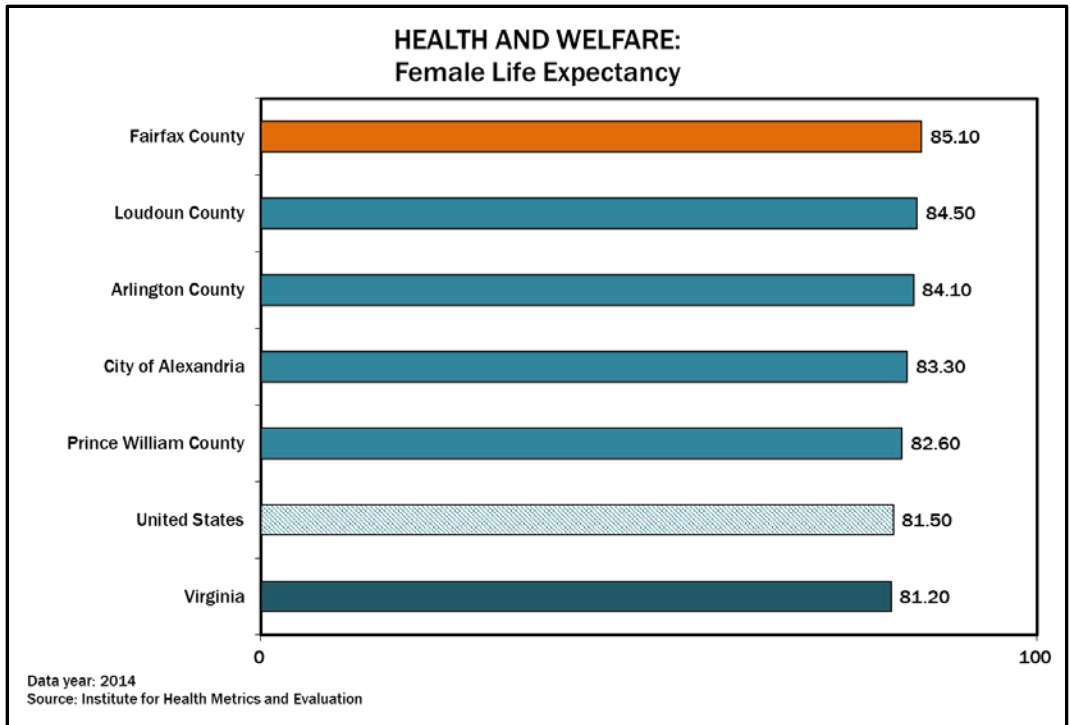
Comparative performance information for the Health and Welfare program area comes from a variety of sources. This is one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected. Data included for this program area was obtained from several sources,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

The APA collects financial data annually from all Virginia jurisdictions. FY 2018 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.

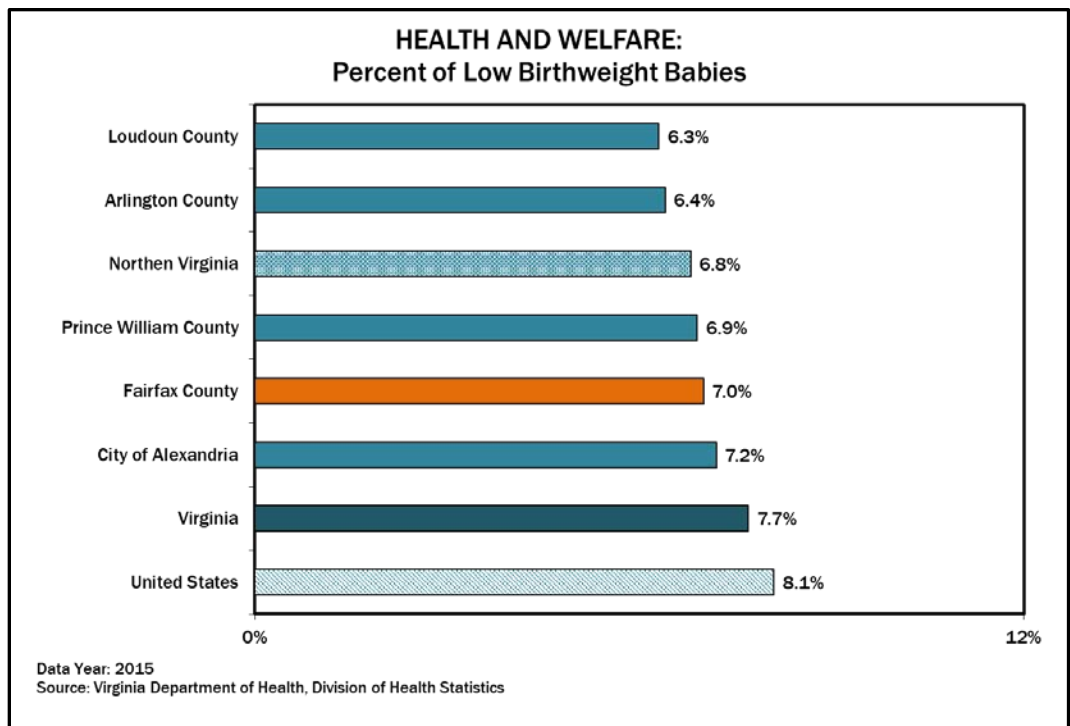
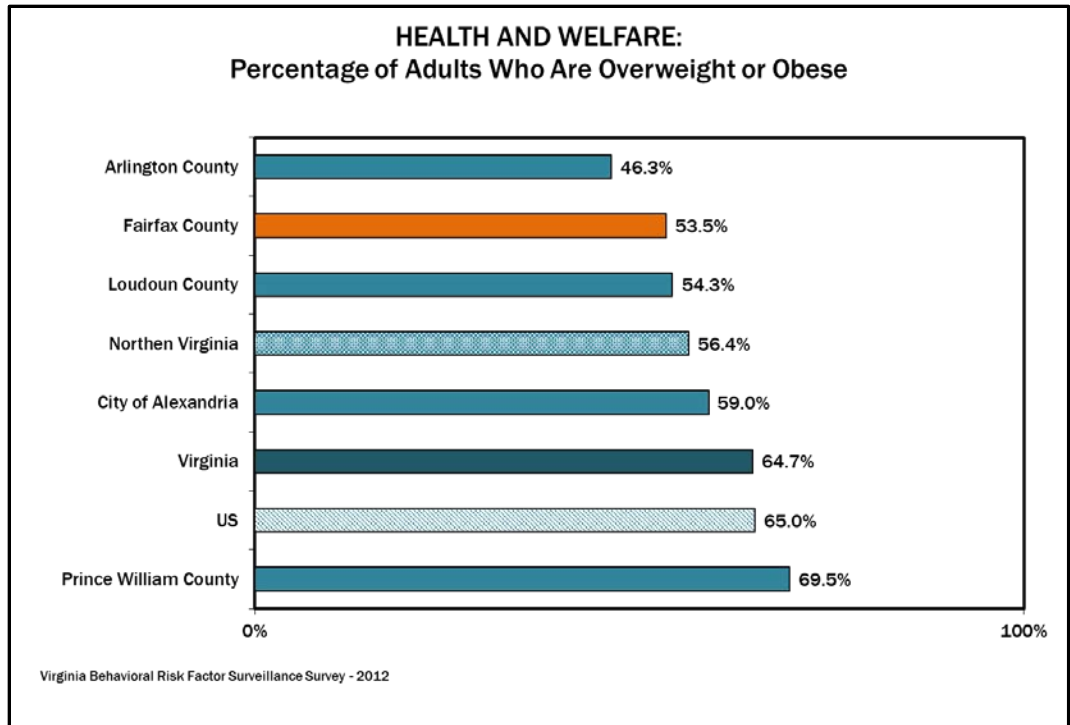
Data provided by the Virginia Department of Health (VDH) and Virginia Department of Social Services (VDSS) is included to show how Fairfax County compares to other jurisdictions in the region and, where available, the regional average, the statewide average and the national average. Current data is no 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. This data is updated every three years and the most recent available data is presented.



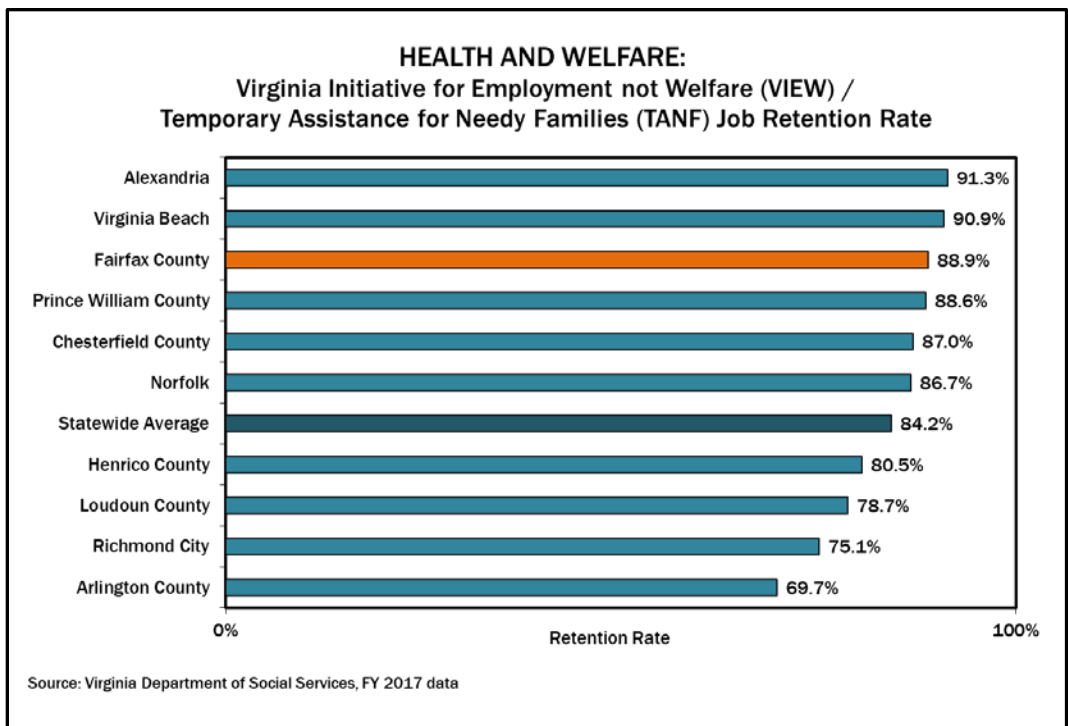
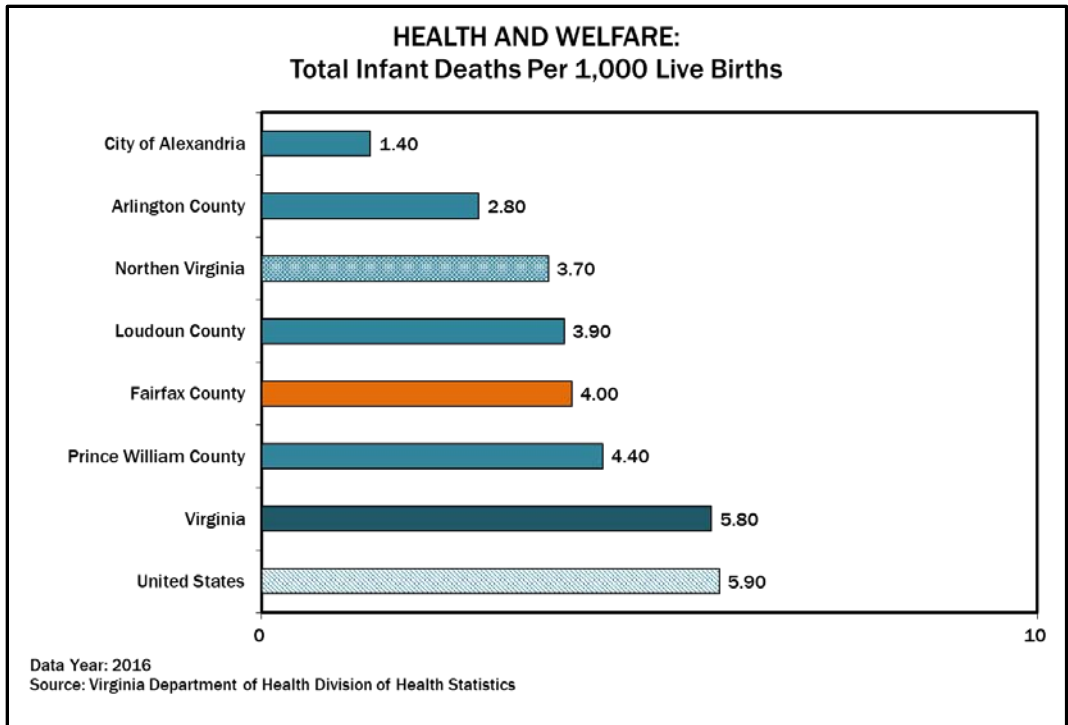
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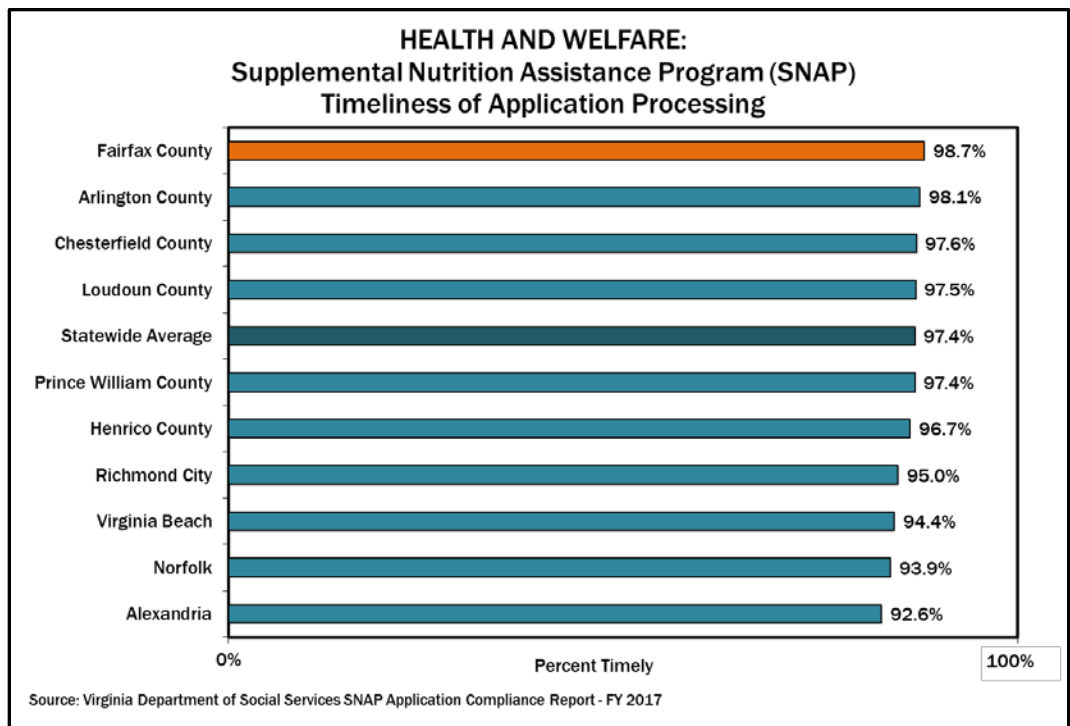
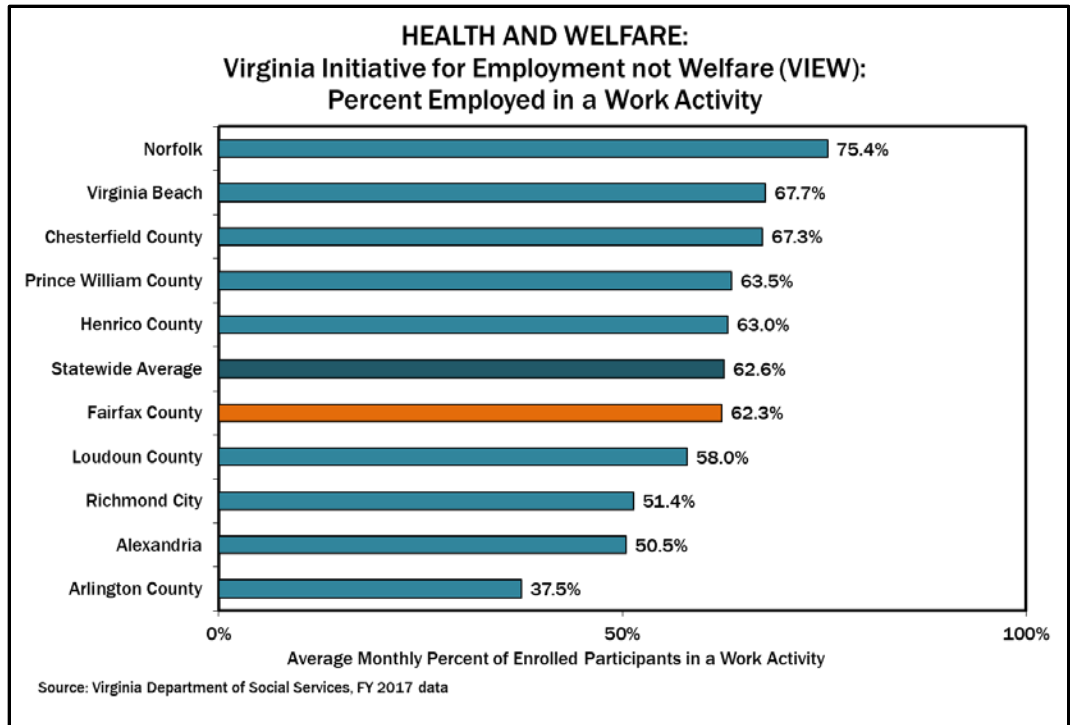
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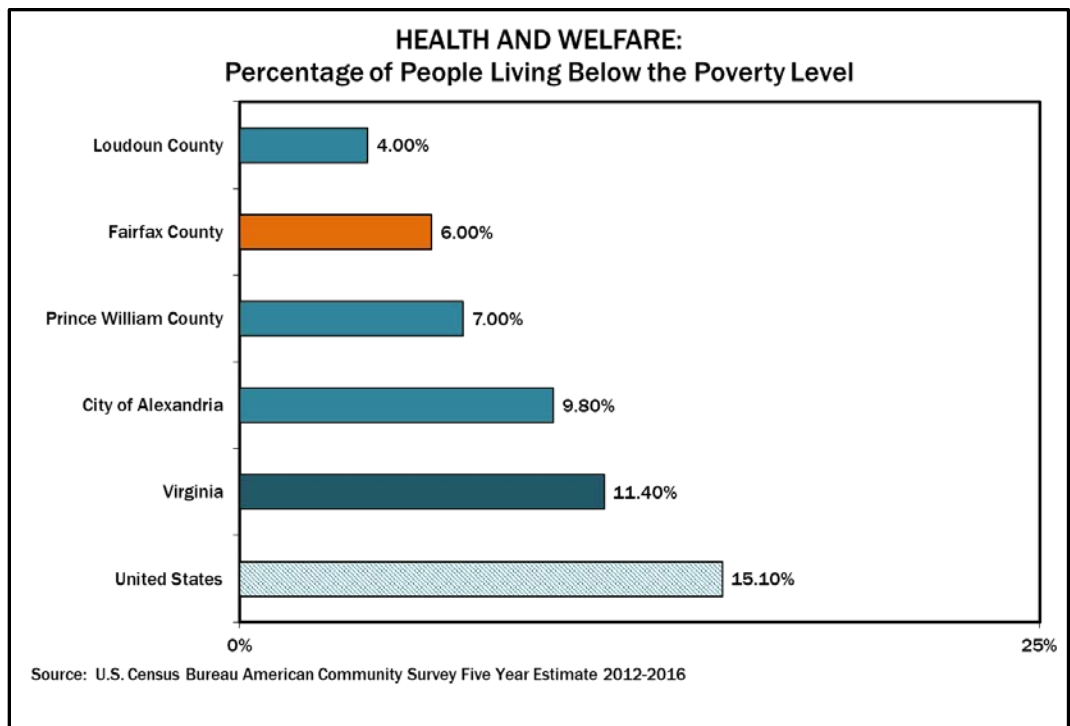
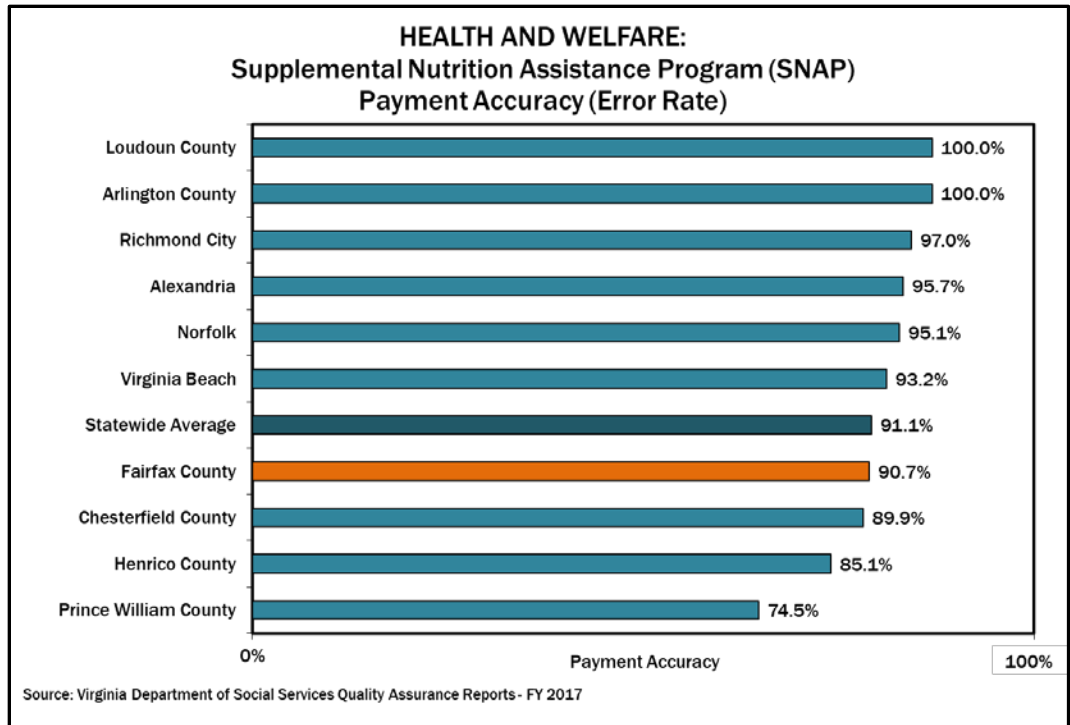
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