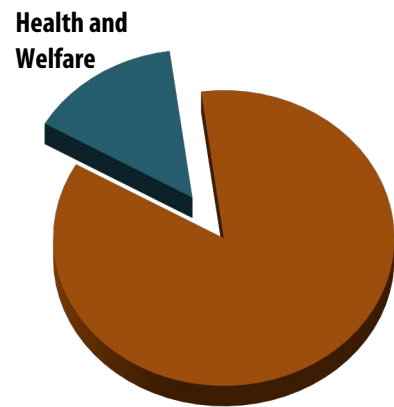


Health and Welfare Program Area Summary

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 budget development 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 were 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 and 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 (HHS) System. They are Agency 38, Department of Housing and Community Development; Agency 81, Juvenile and Domestic Relations District Court; Fund 40040, Fairfax-Falls Church Community Services Board (CSB); and 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 HHS System works to communicate the relationships among public and community-based efforts to achieve shared goals for individuals, families, and communities. The HHS 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 2022 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 HHS 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 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 rose significantly in FY 2020 due to the COVID-19 pandemic, with ongoing caseload totaling nearly 118,000 for Public Assistance programs at the end of the fiscal year. 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, having met national standards for high quality public services, leadership, and accountability. The FCHD is 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 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.

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 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$166,013,131	\$182,087,574	\$181,333,436	\$188,585,742	\$190,458,109
Operating Expenses	148,750,068	129,587,137	131,395,987	129,341,218	129,341,218
Capital Equipment	227,738	0	314,961	0	0
Subtotal	\$314,990,937	\$311,674,711	\$313,044,384	\$317,926,960	\$319,799,327
Less:					
Recovered Costs	(\$7,820,386)	(\$9,650,335)	(\$9,650,335)	(\$9,650,335)	(\$9,650,335)
Total Expenditures	\$307,170,551	\$302,024,376	\$303,394,049	\$308,276,625	\$310,148,992
Income	\$137,206,895	\$148,088,541	\$102,423,768	\$126,066,807	\$126,066,807
NET COST TO THE COUNTY	\$169,963,656	\$153,935,835	\$200,970,281	\$182,209,818	\$184,082,185
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	2779 / 2669.95	2726 / 2616.08	2825 / 2715.02	2825 / 2714.52	2839 / 2728.27

Program Area Summary by Agency

Agency	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
Department of Family Services	\$137,732,786	\$147,721,168	\$146,387,994	\$147,009,858	\$147,732,466
Health Department	56,422,774	67,715,072	67,864,832	72,103,462	72,619,720
Office to Prevent and End Homelessness ¹	14,897,139	0	0	0	0
Office of Strategy Management for Health and Human Services	2,845,744	3,369,767	3,219,765	3,369,767	3,400,338
Department of Neighborhood and Community Services	95,272,108	83,218,369	85,921,458	85,793,538	86,396,468
Total Expenditures	\$307,170,551	\$302,024,376	\$303,394,049	\$308,276,625	\$310,148,992

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

Health and Welfare Program Area Summary

Budget Trends

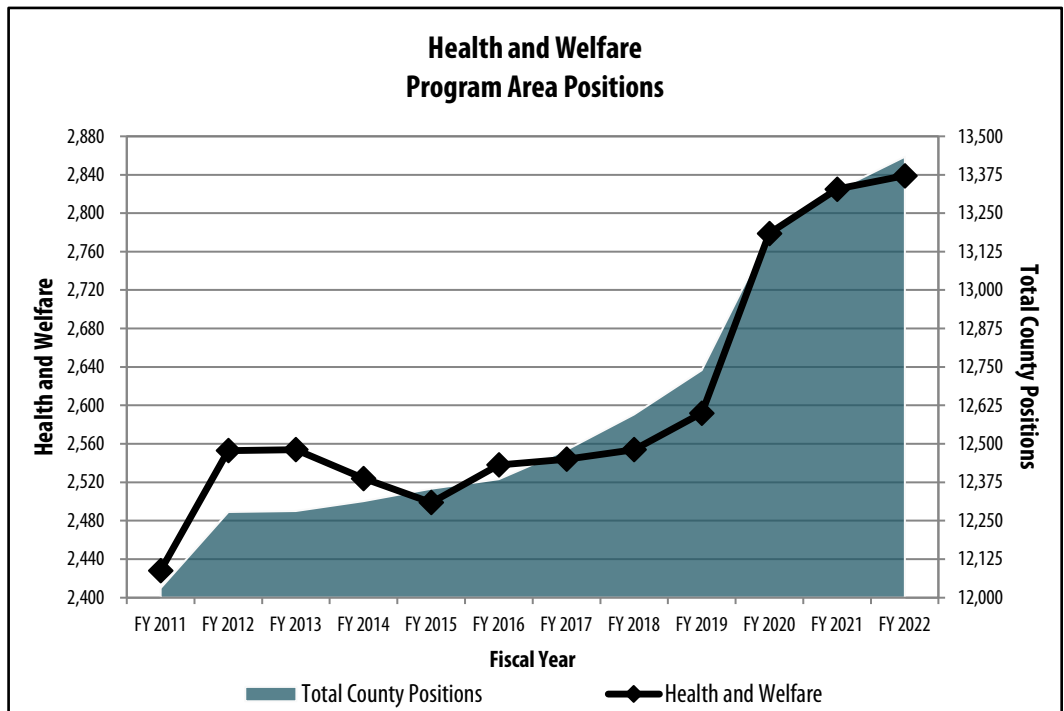
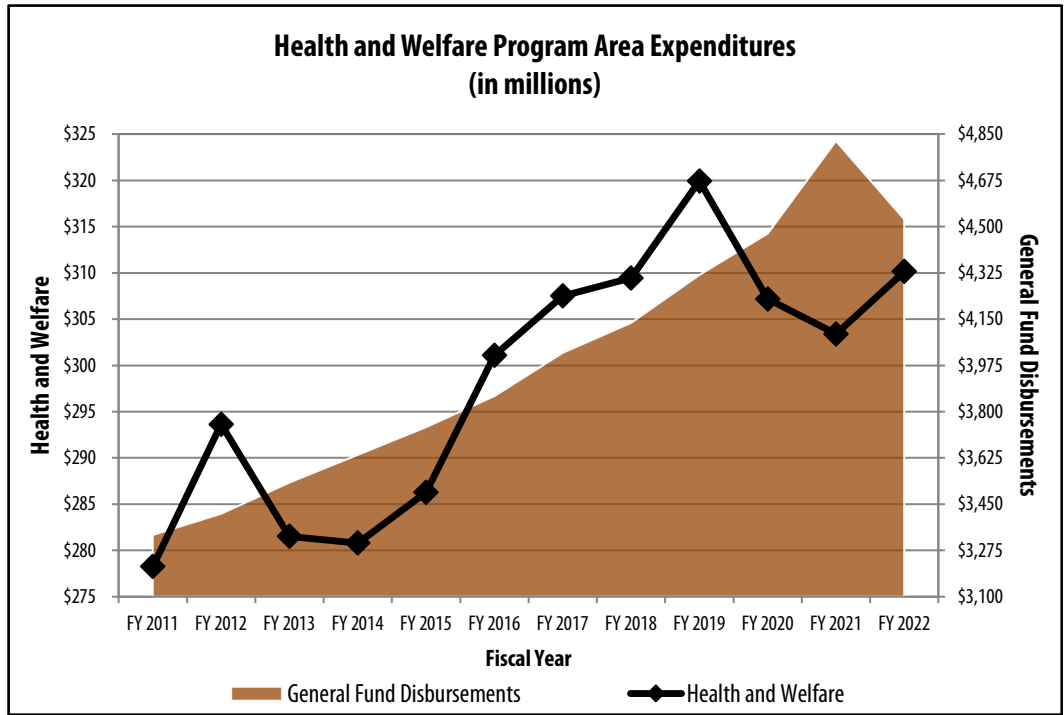
The agencies in the Health and Welfare program area protect the vulnerable, help people and communities realize and strengthen their capacity for self-sufficiency, and ensure good outcomes through prevention and early intervention. For FY 2022, the total funding level of \$310,148,992 for the Health and Welfare program area represents 18.7 percent of the total General Fund direct expenditures of \$1,655,016,336. This total reflects a net increase of \$8,124,616 or 2.7 percent over the FY 2021 Adopted Budget Plan total of \$302,024,376. The increase is attributed to \$1.9 million for a 1.00 percent market rate adjustment (MRA) for all employees effective July 2021; \$3.0 million for Public Health Nurses supporting COVID-19/School Health Program that were included as part of the *FY 2020 Carryover Review*; \$1.1 million for new positions supporting mass vaccination and emergency preparedness that were included as part of the *FY 2021 Mid-Year Review*; \$1.2 million to support the opening of two community centers; \$0.9 million for positions in Coordinated Services Planning that were included as part of the *FY 2020 Carryover Review*; \$0.4 million for positions in the Public Assistance program that were included as part of the *FY 2020 Carryover Review*; \$0.4 million with the consolidation of the Second Story for Teens in Crisis contracts; \$0.2 million with the transfer of the Health and Human Services Innovation Fund from Agency 87, Unclassified Administrative Expenses; \$0.2 million for positions in Protection and Preservation Services that were included as part of the *FY 2020 Carryover Review*; \$0.1 million to replace expiring Urban Area Security Initiative (UASI) grant funds; and \$0.1 million to support a position recommended by the Opioid Task Force. These increases are offset by decreases of \$0.9 million in reductions based on actual spending, \$0.4 million with the transfer of the remaining balance of the Artemis House Domestic Violence Shelter contract to Agency 38, Department of Housing and Community Development; and \$0.04 million with the transfer of a position to Agency 40, Department of Transportation. A detailed narrative for each agency within the Health and Welfare Program Area can be found on subsequent Volume 1 pages of the FY 2022 Adopted Budget Plan.

The Health and Welfare program area includes 2,839/2,728.27 FTE positions, an increase of 14/13.25 FTE positions from the *FY 2021 Revised Budget Plan*. This net increase is a result of new positions, including 11/10.5 FTE positions to support the opening of new community centers; 2/1.75 FTE positions to support emergency preparedness and response; and 1/1.0 FTE to support a recommendation of the Opioid Task Force.

Trends in Expenditures and Positions

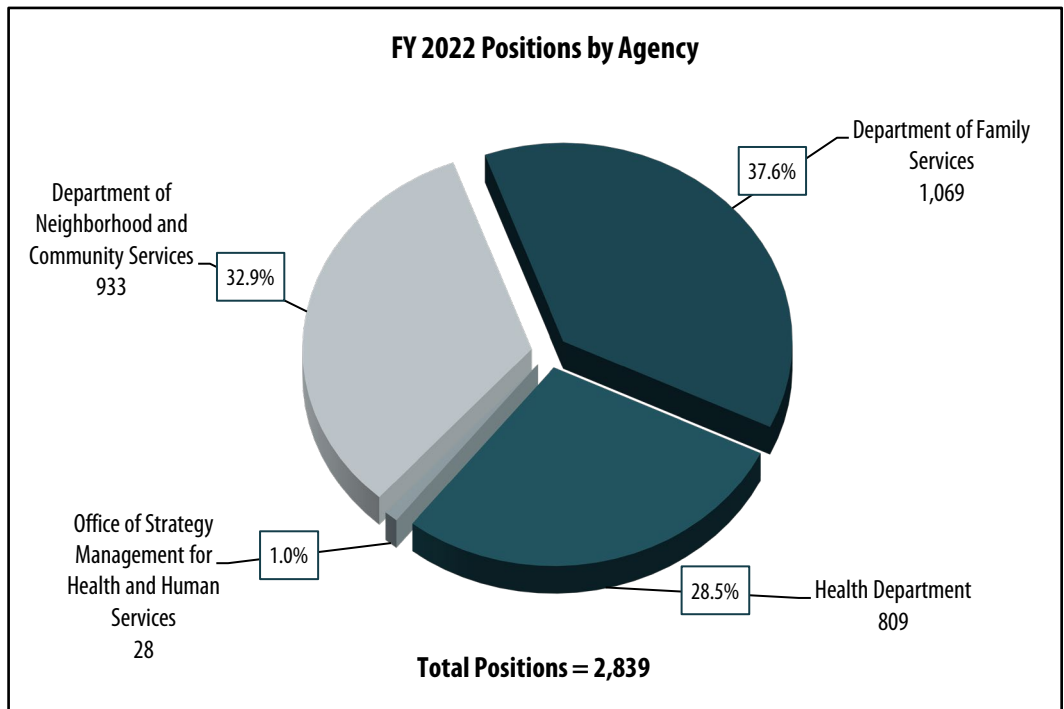
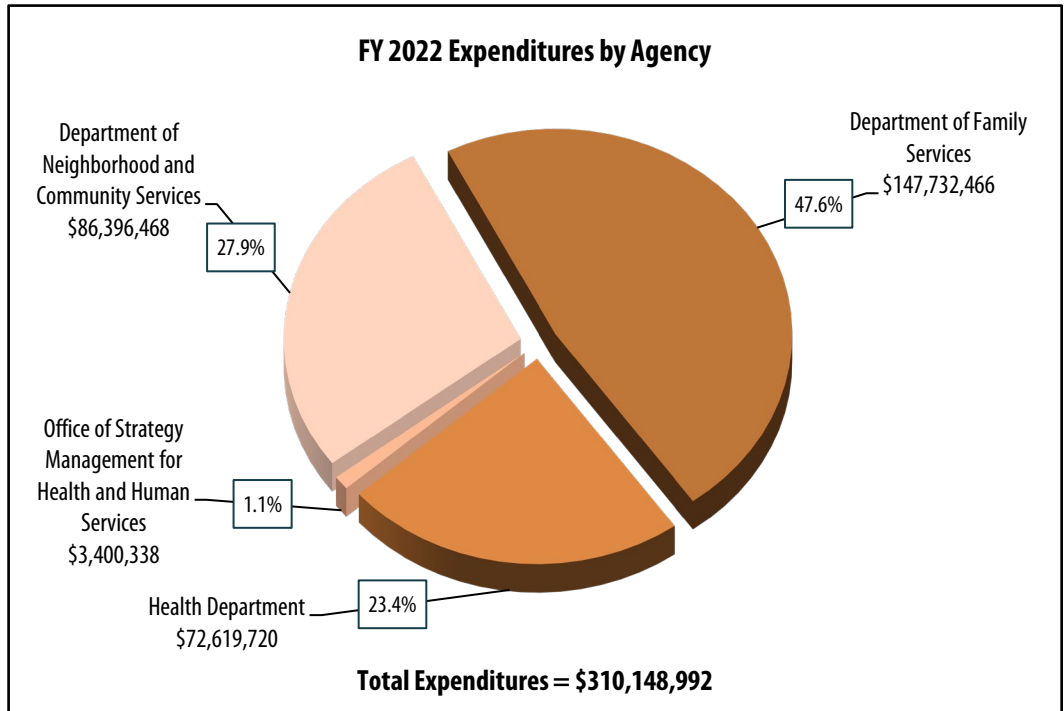
The following charts illustrate funding and position trends for the agencies in this program area compared to countywide expenditure and position trends. It should be noted that, as part of the FY 2011 Adopted Budget Plan, the Department of Community and Recreation Services was consolidated with Systems 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 Adopted 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



Health and Welfare Program Area Summary

Expenditures and Positions by Agency



Health and Welfare Program Area Summary

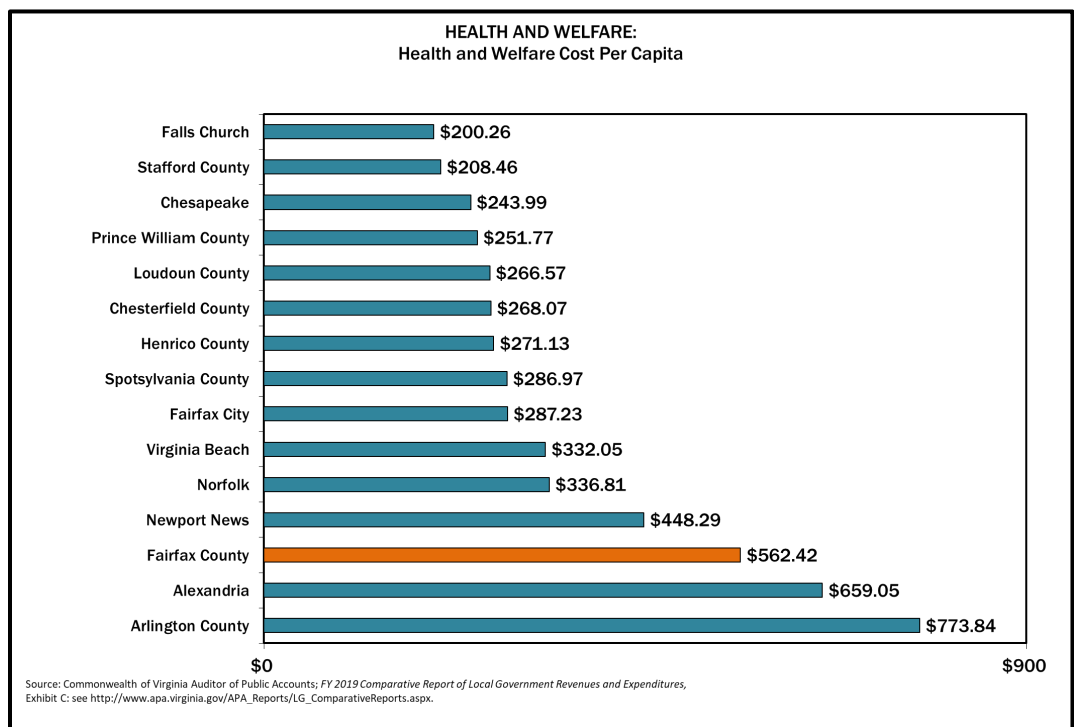
Benchmarking

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 U.S. Census Bureau, and the Virginia Department of Health.

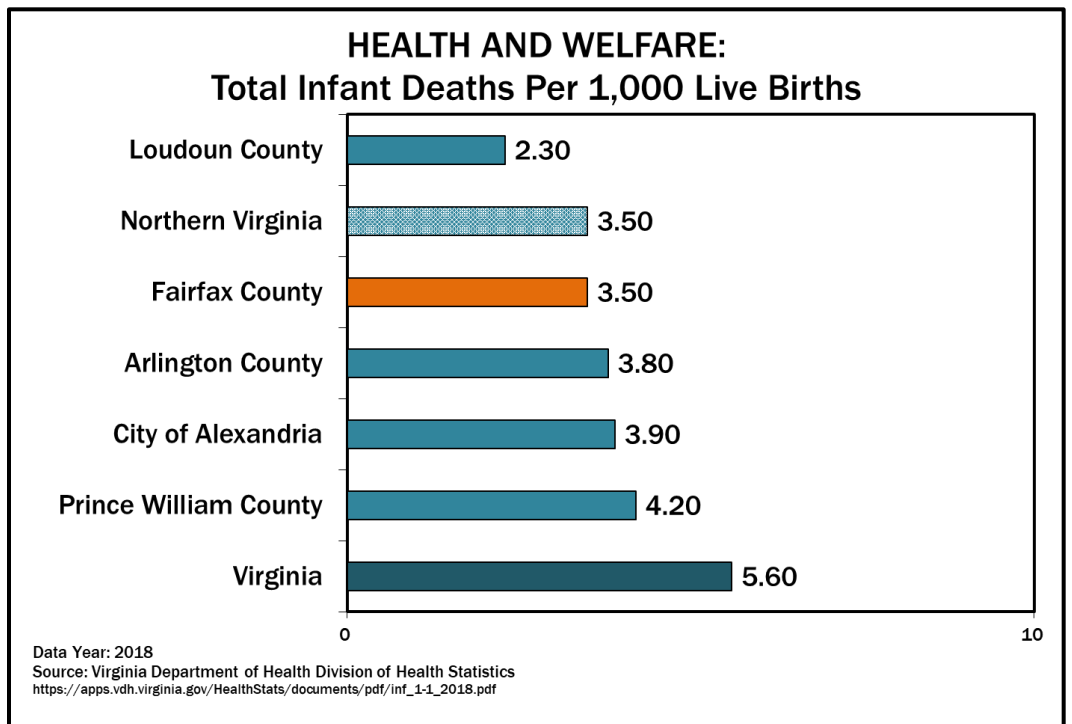
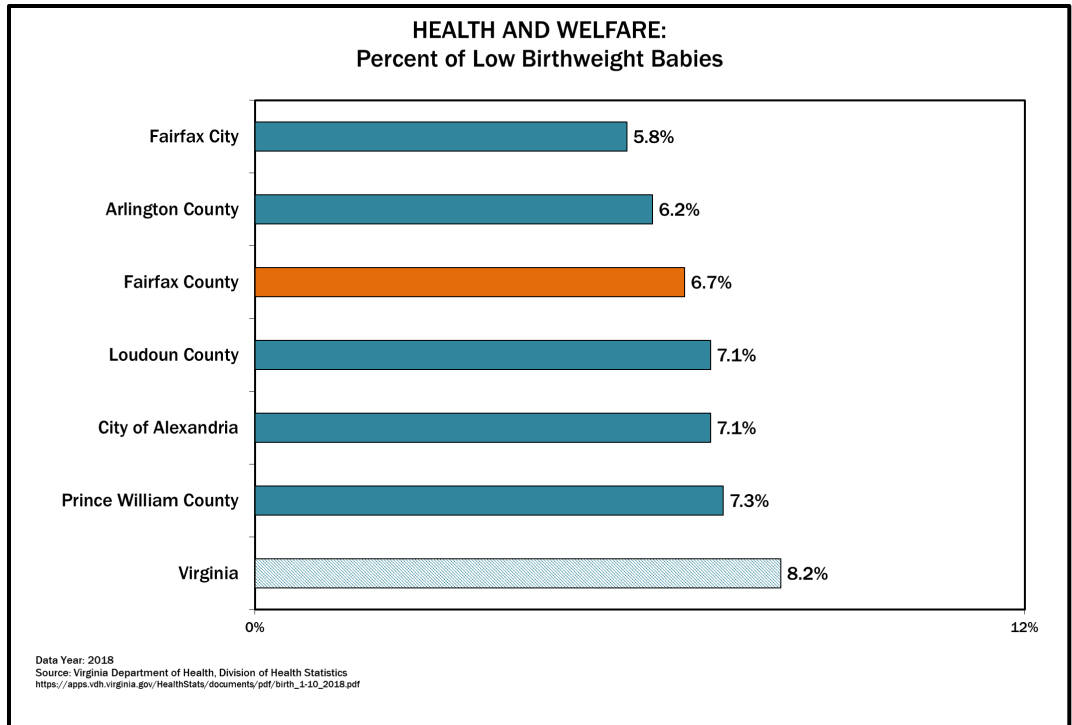
The APA collects financial data annually from all Virginia jurisdictions. FY 2019 data represents the latest data available. As seen below, Fairfax County's cost per capita for Health and Welfare indicates the high level of local support for these programs and reflects the County's increasing urbanization that brings its own challenges in terms of human service needs.

The U.S. Census Bureau American Community Survey (ACS) is an ongoing survey that provides vital information about the United States and its people on an annual basis. ACS data helps inform decision-making for federal, state, and local government and helps determine the distribution of a range of funds provided by the federal and state government. The ACS is a good source for benchmark data since all the survey responses come from the same data set, which eliminates the need to reconcile different methodologies used by different jurisdictions. The data presented here is drawn from the Five-Year Estimate, which draws on multiple surveys to develop a more accurate result than a single data year.

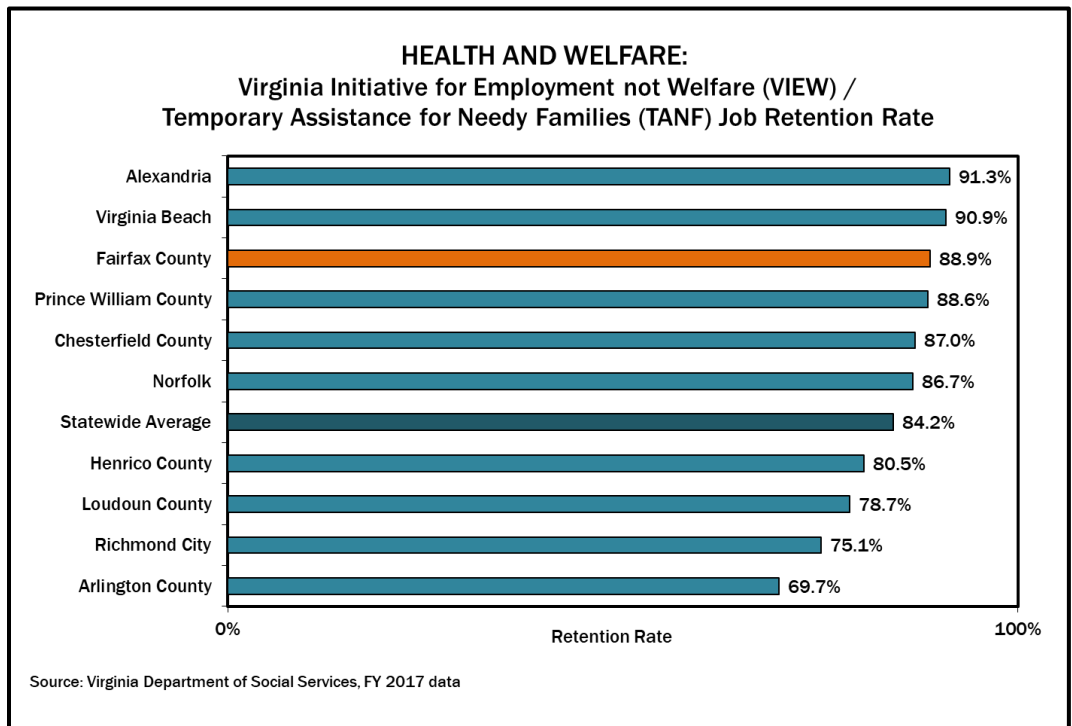
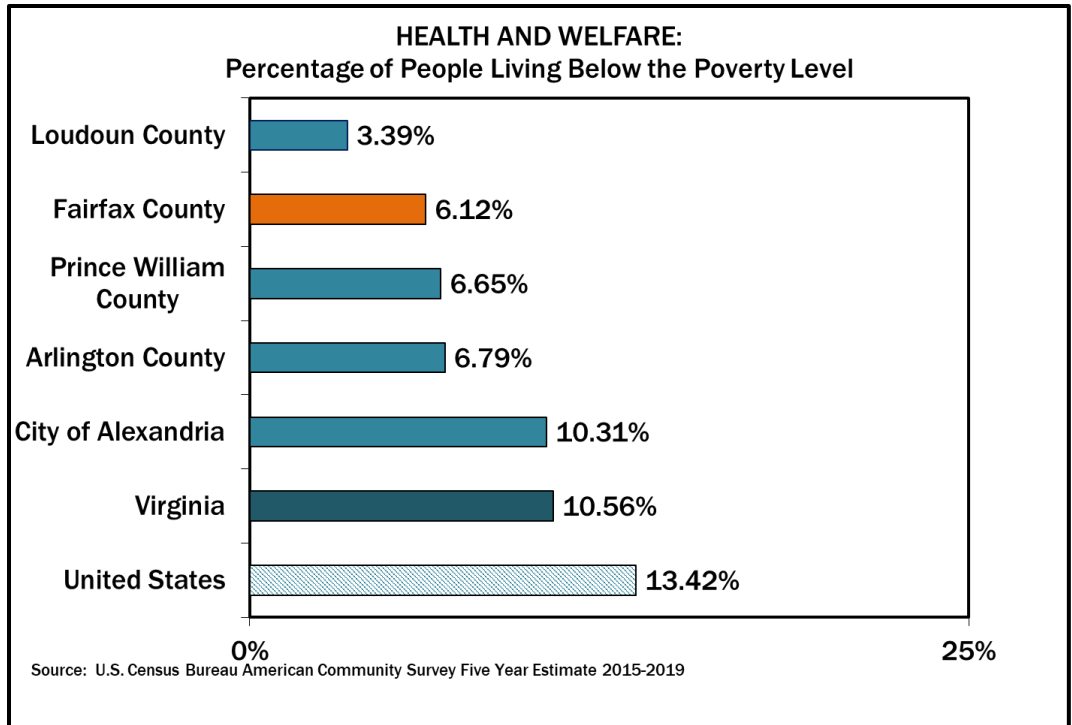
Data provided by the Virginia Department of Health (VDH) and Virginia Department of Social Services (VDSS) is included to show how Fairfax County compares to other jurisdictions in the region and, where available, the regional average, the statewide average, and the national average. Current data is no longer available from several of the sources, including the Centers for Disease Control and Prevention, 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.



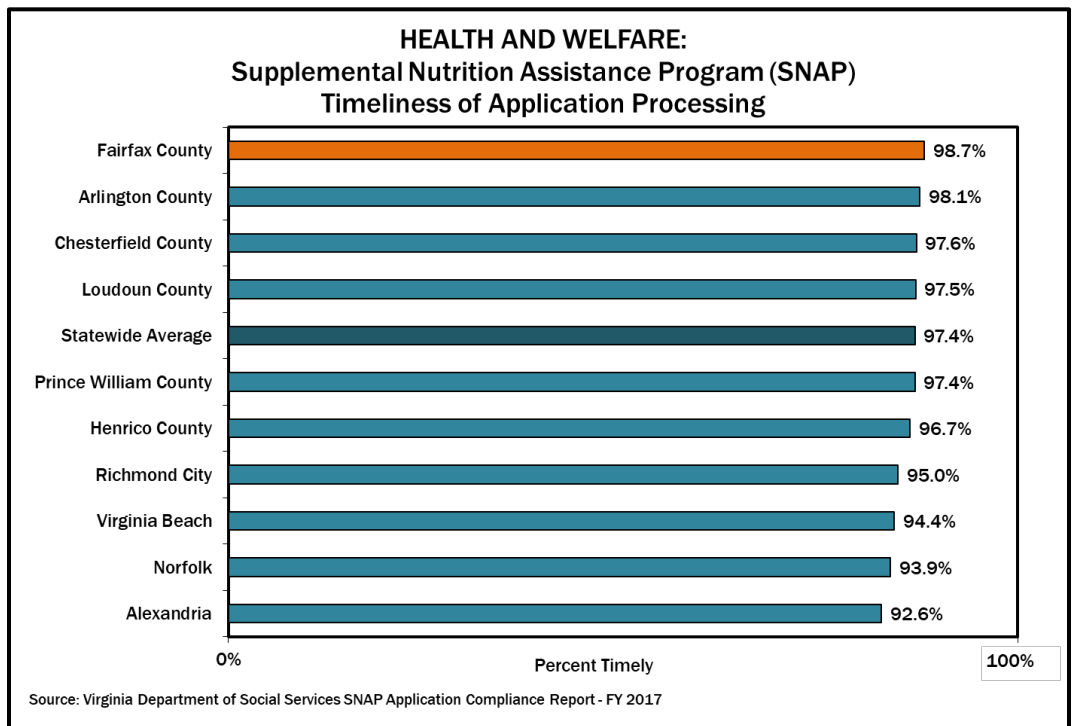
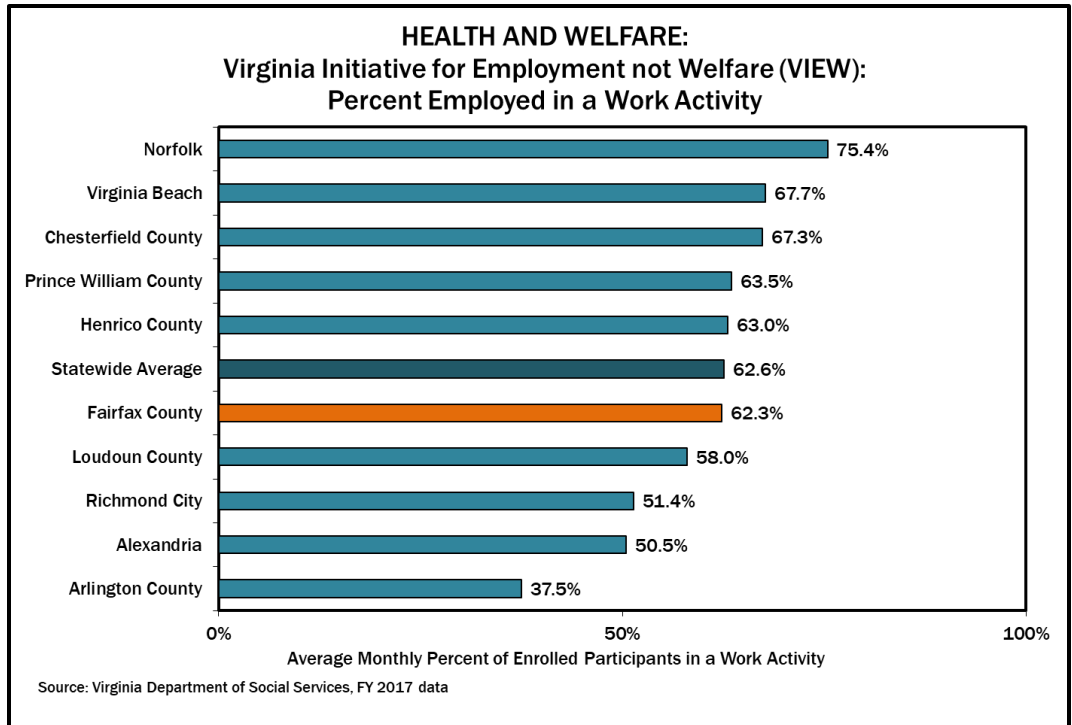
Health and Welfare Program Area Summary



Health and Welfare Program Area Summary



Health and Welfare Program Area Summary



Health and Welfare Program Area Summary

