Healthy People are those of all ages who practice healthy behaviors; take action to prevent and manage chronic disease; are free from exposure to environmental hazards; have access to physical, oral, behavioral, and long-term health services; have healthy relationships; and are resilient, safe and free from abuse, sexual and domestic violence. The Fairfax County Health & Human Services System promotes health through a variety of programs and services including (but not limited to) early interventions for toddlers and infants; substance abuse treatment; intellectual disability services; mental health services; domestic and sexual violence services; residential treatment; wellness and health promotion; environmental health including food safety; emergency preparedness; and patient care services.

GOALS:

- Improve mental and physical health
- Improve the protection and well-being of children and adults in their families and communities
- Improve community protection against public health threats

Why Does This Matter?

Health and well-being is supported by a wide variety of preventative and treatment strategies in such areas as physical and mental health; abuse, violence, and neglect; and community protection against health threats. Collectively these efforts and others promote vibrant and strong individuals, families, and communities and are critical because:

- **Chronic diseases** are among the most common, costly, and preventable of all health problems. About half of all adults have at least one chronic health condition, and a quarter of all adults have two or more. Many chronic health conditions, such as heart disease, stroke, cancer, and diabetes, are largely attributable to health risk behaviors, including lack of physical activity, poor nutrition, tobacco use, and drinking too much alcohol. Each year, the nation spends 2.7 trillion dollars on healthcare, of which 86% is for people with chronic and mental health conditions.

- Individuals living with **serious mental illness** face an increased risk of having untreated chronic medical conditions, dying on average 25 years earlier than others largely due to treatable medical conditions. Studies show people with co-occurring disorders (mental illness and substance use disorders) are more likely to be hospitalized, homeless, or incarcerated compared to individuals without co-occurring disorders.

- In addition to the extremely high personal costs of **abuse, neglect and exploitation**, there are also direct economic costs to states and localities. Research estimates the average lifetime financial cost associated with non-fatal child maltreatment per individual is over $210,000. Child maltreatment has also been linked to teen pregnancy, suicide, antisocial behavior and more.

- Identifying, analyzing, and mitigating the spread of **communicable diseases** remains a continuous and growing challenge as evidenced by the incidence of norovirus, seasonal flu and tuberculosis in the community. National headlines concerning Zika and measles have heightened public awareness of health threats and accentuated the importance of effective protection.
What is happening in our county? — Representative Indicators of Fairfax County

The following are a few key indicators critical to ensuring a healthy population.

**Physical Health** — Significant costs are associated with preventable illnesses and conditions. The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community, with obesity affecting a person’s quality of life and risk for developing many diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings. Over half of all adults in the Fairfax Health District (53.5%) in 2014 were overweight or obese. In Fairfax County Public Schools, from SY 2010-2011 to SY 2016-2017, there has been a slight decline among all kindergarten students, based on a sample size, who are overweight or obese from approximately 28.4% to 28.0% respectively.

Active adults reduce their risk of many serious health conditions, while adults who are sedentary are at an increased risk. Being active also reduces symptoms of anxiety and depression, improves mood, and promotes healthy sleep patterns. From 2012 to 2014, the percentage of adults in the Fairfax Health District who participated in any physical activities or exercises over the past month decreased from 86% to 81.2%.

Diet and exercise are also critical for children, with childhood obesity having health impacts. Children and adolescents who are obese are at greater risk for preventable conditions and are more likely to be stigmatized. In school year 2012-2013, approximately 1 out of every 3 children entering kindergarten was overweight or obese.

**Diabetes** is one of the leading causes of death in the United States, with direct medical expenditures attributable to the disease estimated at over $116 billion for the nation. Diabetes disproportionately affects minority populations and the elderly. In Fairfax County, the percentage of the adult population who has ever been diagnosed with diabetes was relatively low in 2014 at 4%.

**Tobacco use** causes the most avoidable illnesses and deaths in America today, with approximately one-third of all tobacco users nationwide dying prematurely. Exposure to secondhand smoke can also cause or worsen a wide range of adverse health effects including cancer, respiratory infections, and asthma. In 2015, 11.5% of Fairfax County adults smoked. By comparison, the 2016 Fairfax County Youth Survey results indicate of student respondents (8th, 10th, and 12th Grades), 2.6% reported smoking cigarettes and 3.3% reported using smokeless tobacco products. Both trends have decreased since 2013. Additionally, slightly more student respondents reported smoking E-Cigarettes (4%).

Fairfax County monitors the following indicators:

<table>
<thead>
<tr>
<th>Population Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Fairfax County Public Schools kindergarten students who are overweight or obese*</td>
<td>29% (SY 2011-2012) 1,817 / 6,306 sample size</td>
<td>28% (SY 2016-2017) 2,529 / 9,034 sample size</td>
</tr>
<tr>
<td>% of adults who are overweight or obese according to the Body Mass Index (BMI)**</td>
<td>53% (2012) 472 sample size / 385,467 weighted count</td>
<td>54% (2014) 223 sample size / 311,489 weighted count</td>
</tr>
<tr>
<td>% of adults who participated in any physical activities or exercises in the past month, other than their regular job*</td>
<td>86% (2012) 815 sample size / 710,353 weighted count</td>
<td>81% (2014) 446 sample size / 567,897 weighted count</td>
</tr>
<tr>
<td>% of adults aged 20 and older who have ever been diagnosed with diabetes***</td>
<td>7% (2011) 53,806 / 76,866</td>
<td>6% (2013) 51,925 / 83,750</td>
</tr>
</tbody>
</table>

Source: *Fairfax County Public Schools; **Virginia Behavioral Risk Factor Surveillance System—Fairfax Health District; ***Centers for Disease Control and Preven-
Healthy People

What is happening in our county? — Representative Indicators of Fairfax County

**Mental/Behavioral Health — Suicide** is a leading cause of death across the country, presenting a major, preventable public health issue. From 2005-2014, the suicide rate for Fairfax County 10 years of age or older was lower than the national average (10 per 100,000 persons versus 14.1 per 100,000 respectively, based on data from the Virginia Violent Death Reporting System). Findings from a 2015 Center for Diseases Control report indicated that youth in the county who died by or attempted suicide had multiple risk factors including history of mental illness, substance use, experience of family conflict or general violence. Other factors that may play a role in youth suicide include ability or willingness to access to mental health resources, social media, and pressures associated with academic achievement.

Within Fairfax County, several key indicators measure depressive disorders and other behavioral health issues among youth. In FY 2017, about a quarter of youth placed in Fairfax County detention or shelter care scored at the caution or warning levels on a behavioral health screening tool for issues including alcohol/drug use (25%), depression/anxiety (27%), and traumatic experiences (23%). Twenty-nine percent of youth scored at caution/warning levels on the angry-irritable scale and 30% scored at this level on the thought disturbances scale. In addition, 15% scored caution/warning levels for the suicidal ideation scale and 36% scored at this level on the traumatic experience scale.

The Fairfax County Youth Survey also asks students a variety of behavioral health questions, including those on depressive symptoms and suicide ideation. In 2016, 26% of students who answered the survey reported depressive symptoms in the past year. Rates among Fairfax County students were slightly higher than the national average for 10th and 12th graders. Almost one in six female students and one in ten male students reported that they had seriously considered attempting suicide in the past year.

### Fairfax County monitors the following indicators:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-adjusted death rate per 100,000 population due to suicide*</td>
<td>9 (2012)</td>
<td>7 (2015)</td>
</tr>
<tr>
<td>% of Fairfax County Public Schools students (8th, 10th, and 12th Grade) who report having seriously considered attempting suicide in the past twelve months**</td>
<td>16% (SY 2011-2012) 4,840 / 30,566</td>
<td>14% (SY 2016-2017) 4,328 / 31,504</td>
</tr>
</tbody>
</table>

Source: *Virginia Department of Health, Division of Health Statistics; **Fairfax County Youth Survey
Healthy People

What is happening in our county? — Representative Indicators of Fairfax County

**Mental/Behavioral Health** — Drug overdoses are the leading cause of injury death in the United States, with over 143 drug overdose deaths occurring every day in 2015. Within Fairfax County, opiate use reported by individuals served by the Community Services Board increased by 22% from FY 2011 to FY 2017. This takes into account all reported use of use of any opiates, including heroin and prescription drugs. The number of people receiving CSB services who specifically reported heroin use increased 30% from FY 2014 to FY 2017.

The death rate due to drug overdose has been increasing over the last two decades. Emergency Medical Services in Fairfax County reports an average of 10.17 patient contacts per month that are suspected overdoses of heroin or other opioids - an increase of over 3.42 contacts per month two years ago (2015) and 6.25 last year (2016).

Fairfax County monitors the following indicators:

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<tbody>
<tr>
<td>Death rate per 100,000 population due to drug poisoning*</td>
<td>4 (2004-2010)</td>
<td>6 (2013-2015)</td>
</tr>
</tbody>
</table>

Source: *County Health Rankings

**Access to care & health insurance** — Virginia’s decision not to expand Medicaid under the Affordable Care Act to cover low income adults continues to place a strain on health safety net services. An estimated 25,000 Fairfax County residents were projected to be Medicaid eligible as part of the expansion. Added publicity surrounding health care reform resulted in more individuals applying for Medicaid coverage; however, many individuals did not meet program eligibility requirements. Primarily, Medicaid eligible residents include children under age 19; pregnant women; individuals 65 years of age and over; and individuals with permanent disabilities— who are considered to be low income based on Medicaid financial guidelines. County residents who are receiving Medicaid benefits rose by 21% from 110,319 in FY 2016 to 133,580 in FY 2017.

While the number of Medicaid providers in the northern Virginia region has increased, Medicaid participation rates and the time to obtain a new appointment vary by specialty, which can make it more difficult to access health care. Health services for uninsured and underinsured individuals are available through the Fairfax County Community Health Care Network (CHCN), a partnership of physicians, health professionals, local government, and hospitals. CHCN provided comprehensive and primary healthcare to approximately 12,000 low-income, uninsured residents in FY 2017.

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<tbody>
<tr>
<td>% of persons with health coverage*</td>
<td>87% (2012) 962,772 / 1,103,966</td>
<td>91% (2016) 1,026,432 / 1,125,491</td>
</tr>
<tr>
<td>% of persons below 200% of poverty without health coverage*</td>
<td>36% (2012) 62,157 / 171,638</td>
<td>26% (2016) 44,542 / 171,742</td>
</tr>
</tbody>
</table>

Source: *U.S. Census Bureau, American Community Survey
Healthy People

What is happening in our county? — Representative Indicators of Fairfax County

Prevention of domestic and sexual violence, child and elder abuse and neglect, and human trafficking — An increasing number of victims of domestic violence are being served by Fairfax County programs and services. In FY 2016, 2,680 domestic violence hotline & helpline calls were received by selected organizations, both county government and community nonprofit, who work to prevent and intervene in cases of domestic violence in Fairfax County. However, the true number of individuals affected by domestic and sexual violence and/or stalking may be higher, as many individuals do not choose to access services.

From FY 2013 to FY 2016, the number of victims served by the Domestic Violence Action Center (DVAC) increased 92%. This may be due to a growing awareness of the comprehensive services offered by DVAC.

In FY 2016, 147 (46%) of the clients served at Artemis House, the county’s only 24-hour domestic violence emergency shelter, were children under the age of 12. As the incidents of domestic violence surge, the number of children who witness abuse also escalates. In FY 2016, of the 1,138 new victims served at the county’s DVAC, 1,479 children were impacted by violence with 60% of those being under the age of eight. Studies show that children who witness domestic violence experience lifelong affects and more services are needed to address this need.

On average, half of the homicides in Fairfax County each year are related to domestic violence. On July 1, 2015, Fairfax County implemented the "Maryland Model Lethality Assessment Program." The Lethality Assessment Program (LAP) is a nationally recognized, evidence based program with demonstrated success in strengthening partnerships between law enforcement and domestic violence service providers, connecting victims of domestic violence with lifesaving services and thereby reducing domestic violence fatalities. During FY 2016, 540 victims were screened and assessed as being in high danger of being killed by their abuser, and approximately, 84% of these victims followed up and received advocacy services. For the 540 victims screened as being in high danger, 583 children were impacted by violence.

Fairfax County monitors the following indicators:

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<tr>
<td># of domestic violence hotline calls received*</td>
<td>1,664 (FY 2013)</td>
<td>1,205 (FY 2017)</td>
</tr>
<tr>
<td># of Lethality Assessment Program (LAP) line calls received*</td>
<td>555 (FY 2016)</td>
<td>448 (FY 2017)</td>
</tr>
</tbody>
</table>

Source: *Fairfax County Office For Women Domestic and Sexual Violence Services
Prevention of domestic and sexual violence, child and elder abuse and neglect, and human trafficking —

Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood, causing long lasting effects throughout life. In FY 2017, 12% of intake cases for Child Protective Services in Fairfax County involved domestic violence; in FY 2017 a little more than one-fourth (26%) of children entering foster care reported witnessing domestic violence.

The 2016 Fairfax County Youth Survey of 8th, 10th, and 12th Grade Students examined behaviors, experiences, and other factors that influence the health and well-being of the county’s youth. Students participated in the survey voluntarily and anonymously. The Fairfax County Board of Supervisors and the Fairfax County School Board co-sponsor the survey to collect information about youth behaviors – positive as well as harmful. Approximately 5% of the students reported bullying someone on school property in the past year, while over twice as many (12.6%) reported having been bullied on school property in the past year. Both rates of bullying and of being bullied declined as grade level increased.

Additionally the survey showed, approximately one in seven of the students (13.3%) reported having a partner in a dating or serious relationship who always wanted to know their whereabouts, ranging from 6.2% of eighth-grade students to 20.1% of twelfth-grade students. More male students reported experiencing the behavior (13.8% vs. 12.7% of female students). Among students who dated or went out with someone during the past year, 9.1% reported being forced into sexual activity by a partner. Female students were more than twice as likely to report being forced to engage in sexual activity (13.1% vs. 5.0% of male students). Of the students who dated or went out with someone during the past year approximately 5% reported being physically hurt by a partner.

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<tr>
<td># of incidents of abuse or neglect per 1,000 children ages 0-17* [rate value may include multiple incidents of abuse per child victim during the time period—incidents of abuse or neglect are based on completed founded investigations]</td>
<td>0.7 (State FY 2012)</td>
<td>0.8 (State FY 2016)</td>
</tr>
<tr>
<td>% of Fairfax County Public School students (8th, 10th and 12th Grade) who report that their parent had his/her body hurt from actions by a spouse/partner**</td>
<td>7% (SY 2011-2012) 2,234 / 30,715</td>
<td>5% (SY 2016-2017) 1,738 / 31,857</td>
</tr>
</tbody>
</table>

Source: *Voices for Virginia’s Children—Kids Count.org Data Center; ** Fairfax County Youth Survey
Healthy People

What is happening in our county? — Representative Indicators of Fairfax County

Supportive Relationships and family functioning — The Youth Survey, administered annually in Fairfax County public schools, is utilized to monitor assets or strengths that build resiliency and reduce risk behaviors in youth. Supportive relationships with an adult in the community or a parent are measured in the Youth Survey to assess progress toward the achievement of this objective.

In the three-year period from SY 2014—2015 to SY 2016—2017, the proportion of youth (8th, 10th, and 12th Grades) who had an adult in their neighborhood with whom to talk about something important has been fairly stable.

Supportive relationships reflect positive influences from friends and family and have an effect on the overall health and well-being of a community. The Youth Survey assesses the assets or protective factors shown to promote well-being and positive development in youth that students may encounter in their environments. These assets or protective factors enhance a young person’s ability to resist risks and make good decisions. In development of the Youth Survey 15 selected assets within the school, community, and family domains were investigated to determine how prevalent these external supports are in the students’ environments. Within the school domain, most students reported feeling safe at their school (89.1%), having opportunities to talk to their teacher one-on-one (84.4%) and that their teachers notice if they do a good job (62.6%). Nearly all of the students reported having two of the community assets measured on the survey (availability of extracurricular activities (94.6%) and neighbors that would disapprove of youth’s use of marijuana (94.4%). A majority of students reported having each of the five assets measured in the family domain. The assets that the largest percentage of students reported having were that their parents would disapprove of marijuana use by the student (93.4%) and that their parents are aware of the student’s whereabouts (92.2%).

As seen below, in the two-year period from SY 2015—2016 to SY 2016—2017, the proportion of youth (8th, 10th, and 12th Grade) who had a parent available to help has been fairly stable.

Fairfax County monitors the following indicators:

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<tr>
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<tbody>
<tr>
<td>% of youth (8th, 10th, and 12th Grade) who report they have an adult with whom they can talk*</td>
<td>40% (SY 2012 - 2013) 12,191 / 30,603</td>
<td>43% (SY 2016—2017) 13,760 / 32,101</td>
</tr>
<tr>
<td>% of youth (8th, 10th, and 12th Grade who report they have parents available to help*</td>
<td>76% (SY 2012 - 2013) 22,596 / 29,888</td>
<td>82% (SY 2016—2017) 26,276 / 31,924</td>
</tr>
</tbody>
</table>

Source: Fairfax County Youth Survey
**Healthy People**

**What is happening in our county? — Representative Indicators of Fairfax County**

*Health protection*—To ensure the health and safety of the community, communicable disease cases and outbreaks reported to the Fairfax County Health Department (FCHD) are investigated, and when indicated, protective public health interventions are implemented. Ongoing public health threats posed by emerging and re-emerging communicable diseases are exemplified by the Zika outbreaks which spurred a coordinated local response effort to conduct Zika testing as indicated, and implement a pregnancy registry for Zika infected expectant mothers.

An important component in the health protection of a community is the routine monitoring of risk factors which contribute to foodborne illness. Food service establishments that must be inspected under the Commonwealth of Virginia include facilities such as full service restaurants; fast food restaurants; kitchens within schools, hospitals, and nursing homes; and other food service facility types that serve food to the general public. In FY 2017, the Fairfax County Consumer Protection Program for Food Safety (CPP) had oversight of 3,477 food service establishments. The program identifies risk factors that can lead to disease in regulated establishments and helps to educate the public on interventions that contribute to public health. In FY 2017, the CPP conducted over 8,000 food service establishment inspections. A new risk-based assessment tool was implemented in FY 2015 to better align inspection frequency with the risk for foodborne illness and the historical compliance of a food service establishment. Inspection frequency ranges from one to three times per year.

Restaurant and food service in Fairfax is one of the most diverse in Virginia in terms of employees and owners, creating challenges for education and ensuring safe food handling. Education and outreach targeting food employee health policy requirements have resulted in improved compliance rate. In FY 2017, 95% of food service establishments were found to be in compliance with risk factor control measures that reduce the occurrence of foodborne illness.

![Compliance Rate for Safe Food Handling](image)

**Fairfax County monitors the following indicators:**

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<th>Population Indicator</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Salmonellosis (bacterial foodborne illness) rate per 100,000 population*</td>
<td>11 (2013) 126 cases reported</td>
<td>13 (2015) 150 cases reported</td>
</tr>
</tbody>
</table>

Source: *Virginia Department of Health, Reportable Disease Surveillance in Virginia Report*
Healthy People

What is happening in our county? — Representative Indicators of Fairfax County

**Health protection** — Community immunity plays a vital role in protecting residents from contracting a contagious disease, such as the flu virus. Vaccinations can limit an outbreak within the community and minimize the risk of related health complications for those individuals who are at greater health risk.

The **School Health Services program** staff play a vital role in ensuring public school students receive the health services they require. **Health services** are provided to students in Fairfax County Public Schools and Falls Church City Public Schools. Each school has a School Health Aide that provides care for sick and injured students and administers authorized medications. A Public Health Nurse is also assigned to each school to promote health and wellness in the school community with students, parents, guardians and staff. Over the past four years (2014-2017), student enrollment has increased 3%; however, the number of students with health conditions has increased 17%. Overall, 28% percent of all students enrolled have a health condition that may impact them during the school day.

The Fairfax County Health Department offers vaccines recommended by the Centers for Disease Control and Prevention and the Advisory Committee for Immunization Practices to children and uninsured adults. The Health Department works with schools, health care providers, and community partners to reinforce the importance of age appropriate immunizations and to improve access for under-vaccinated populations. The increase in vaccines administered in FY 2017 is attributable to changes in the immunization program to facilitate appointment scheduling, implement phone call reminders, and increase adolescent immunizations.

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**Fairfax County monitors the following indicators:**

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<tr>
<th>Population Indicator</th>
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</thead>
<tbody>
<tr>
<td>% of kindergarten children in public school who are up-to-date on immunizations*</td>
<td>75% (FY 2014) 356 / 475</td>
<td>84% (FY 2017) 252 / 300</td>
</tr>
<tr>
<td>% of kindergarten children in private school who are up-to-date on immunizations*</td>
<td>75% (FY 2014) 247 / 329</td>
<td>81% (FY 2017) 234 / 289</td>
</tr>
<tr>
<td>% of daycare children who are up-to-date on immunizations*</td>
<td>74% (FY 2014) 315 / 426</td>
<td>85% (FY 2017) 427 / 502</td>
</tr>
</tbody>
</table>

Source: *Fairfax County Health Department*
Healthy People

How are we doing? All county residents benefit from programs, resources, and services offered by the health & human services system, which are designed to promote and increase physical and mental health. Many factors play a role in an individual achieving and maintaining an appropriate state of physical health. Health status is not solely determined by the absence of serious disease or illness, but also encompasses broader issues including physical activity, nutrition and diet, alcohol and drug use, medical self-care, and sleep.

The following are indicators the health & human services system is monitoring:

<table>
<thead>
<tr>
<th>System Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults with stable or improved physical health*</td>
<td>84% (FY 2013) 2,389 / 2,837</td>
<td>84% (FY 2017) 1,653 / 1,960</td>
</tr>
<tr>
<td>Persons served who self-report stable or improved physical health</td>
<td>63% (FY 2014) 38 / 60</td>
<td>67% (FY 2017) 2,222 / 3,331</td>
</tr>
</tbody>
</table>

Source: * Fairfax County Health & Human Services System Data - Programs contributing to the self-report indicator include Therapeutic Recreation (NCS), Congregate Meals (DFS), Home Delivered Meals (DFS), Older Adult (NCS), and Adult Day Health Care (HD). The program contributing to the professionally assessed indicator is the Community Health Care Network (HD).

This indicator contains two measures that exemplify programs within the county’s health & human services system that currently measure physical health outcomes. The first measure initially was supported by four programs Therapeutic Recreation (Department of Neighborhood and Community Services), Congregate Meals and Home Delivered Meals (Department of Family Services), and Adult Day Health Care (Health Department), which rely on self-reported data from a sampling of clients. As of FY 2017, Therapeutic Recreation no longer contributes to this measure and Older Adult (Department of Neighborhood and Community Services) programming now contributes. The second measure is supported by a program, Community Health Care Network (HD), where clients are professionally assessed using standard and objective measures of weight, blood pressure and diabetes. For both measures, data is not representative of the county as a whole, but rather of individuals participating in public sector programs. The measures are a starting point of program data collection and are not inclusive of all programs operated through Fairfax County government.

Many factors can impact the ability of Fairfax County residents to improve their physical health outcomes. The cost of chronic illness (both personal and financial), the complexity of health issues, and a fiscal climate that limits the expansion of programs and services all have an impact locally, as they do nationwide.

In particular for individuals served through the health & human services system, other challenges exist which impact physical health outcomes. In Fairfax County specifically, with the growth and increasing linguistic and cultural diversity of the county’s population, new methods of engagement and community partnerships are required. Cultural competence of health professionals continues to be imperative to improve communication and help clients navigate a multi-faceted health care system.
Furthermore, budget reductions in recent years have resulted in decreased access to specialty care providers for clients in need of such services. There are insufficient numbers of service providers currently participating within the county’s safety net of services. Due to the limited number of providers, it is difficult for low-income individuals and families to access quality primary, mental health, dental, and specialty care, with many clients often experiencing long waits for services. Unfortunately, this can become a deterrent in completing treatment plans.

In addition, an inconsistent fee-for-service structure exists among providers who serve low-income clients within the continuum of care. This can cause confusion and financial challenges when clients need a higher level of care or multiple services. With limited financial ability to pay out of pocket, many clients seek financial assistance. But because programs have different requirements for financial assistance eligibility, clients may be able to only access some, not all, of the services they need.

Two client groups in particular have been identified as needing integrated health services coupled with support services:

• **Children** in poverty often face serious health issues, especially with their oral health. Fewer children are being served in a timely manner, due to the decreased availability of providers, increased service costs, and complexity of dental care needs.

• With increasing numbers of older adults in need of geriatric medical services, more providers with this expertise are needed. In addition, many older adults require transportation assistance to reach their health care appointments, and more affordable and accessible transportation options are needed as well.

Despite these challenges, strong partnerships remain with many local service providers and community-based organizations that are committed to serving clients of the health & human services system and addressing particular health care needs. For example, the county’s health services safety net continues to improve the integration and co-location of services to better meet residents’ healthcare needs in more accessible locations. This coordination improves individuals’ access to care and facilitates the evaluation of many aspects of well-being, including behavioral as well as physical health.

The Chronic Disease Self-Management Program, a prevention initiative, supports county efforts to improve mental and physical health although it does not contribute to this indicator directly. This evidence-based, wellness-focused program helps people with all types of chronic diseases develop personal management skills and take an active role in their health care. Programs within the Health Department (HD), Community Services Board (CSB), Neighborhood and Community Services (NCS) and Department of Family Services (DFS) have widely adopted the program model to better serve people in various community settings such as senior centers, houses of worship, libraries and hospitals. Services are provided in a class format and are designed to be highly participative, supportive and confidence-building. The program is being used not only with individuals who have chronic physical illnesses, but also with individuals who have chronic mental health and substance use challenges.
Healthy People

How are we doing? One source of additional support that is focused on stabilizing or improving the physical health of adults is the Consolidated Community Funding Pool (CCFP), which contracts with local organizations to provide support services both professionally assessed and self-reported. In the FY 2017-18 funding cycle, the Consolidated Community Funding Pool (CCFP) awarded funding to nonprofits providing health and human services that stabilize or improve physical health of adults within the local community. Five CCFP-funded programs professionally assessed the physical health of 850 persons in FY 2017. Of those persons assessed, 54% achieved the desired outcomes. Additionally, one CCFP-funded program served 212 persons in FY 2017. Of these persons who self-reported on their progress, 14% achieved the desired outcomes. It is worth noting that CCFP contracted providers may vary with each two-year funding cycle.
Healthy People

How are we doing? Behavioral health conditions include individuals diagnosed with mental, behavioral, or emotional disorders; serious mental illness; and/or dependent on alcohol or drugs. The prevention and treatment of behavioral health disorders is critical in order to reduce the extremely high personal costs, as well as lower overall health care costs and loss of productivity in the workplace. Behavioral health is inextricably entwined with physical health, with practitioners and policymakers recognizing the importance of integrating services for optimal well-being. For individuals with common chronic conditions (i.e., hypertension, diabetes, asthma) health care costs are as much as 75% higher for those with mental illness compared to those without a mental illness.

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<tr>
<td>% of adults with stable or improved behavioral health*</td>
<td>92% (FY 2013) 319 / 345</td>
<td>96% (FY 2017) 325 / 338</td>
</tr>
<tr>
<td>Persons served who self-report stable or improved behavioral health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons served with professionally assessed stable or improved behav-</td>
<td>91% (FY 2013) 123 / 135</td>
<td>85% (FY 2017) 232 / 274</td>
</tr>
</tbody>
</table>

Source: * Fairfax County Health & Human Services System Data: Programs contributing to the self-report indicator include Adult Day Health Care (HD); Counseling Services (OFWDSVS); and Offender Services (OFWDSVS). Included in baseline only Mujeres Transformando Vidas (OFWDSVS) and Therapeutic Recreation (NCS). Programs contributing to the professionally assessed indicator include Adult Partial Hospitalization Services (CSB) and Program of Assertive Community Treatment (CSB).

This indicator contains two composite measures exemplifying programs within the health & human services system that provide behavioral health services. One composite measure is supported by programs that rely on self-reported data from a sampling of clients. Programs included in the measure are Adult Day Health Care (HD); Counseling Services (OFWDSVS); and Offender Services (OFWDSVS). From FY 2013 to FY 2014, Mujeres Transformando Vidas (OFWDSVS) was included in the contributing programs. In FY 2013 to FY 2015, Therapeutic Recreation (NCS) was included in the contributing programs. Both programs are no longer contributing. The second composite measure is supported by programs in which clients are professionally assessed based on standard behavioral health tools. Data included in this measure is from the Adult Partial Hospitalization Services (CSB) and Program of Assertive Community Treatment (CSB) programs. In both cases, data is not representative of the county as a whole, but rather of individuals participating in programs operated through Fairfax County government. The composite measures represent starting points of program data collection and are not inclusive of all programs operated through Fairfax County government.

Anecdotal evidence indicates an insufficient number of affordable and accessible mental health service providers in the local area. This is coupled with a limited number of specialty care doctors who participate the county’s safety net services. Due to the lack of affordable and accessible providers, individuals often experience delays when seeking to access proper care and services. This becomes a deterrent in completing treatment plans. In addition, providers’ limited ability to share information can create barriers and negatively impact health outcomes for clients.
Healthy People

How are we doing? Regulation changes for managed care have prescribed more stringent standards for eligibility determination, pre-authorizations, and supporting documentation requirements about prior treatment, in accordance with tighter medical necessity criteria for delivery of services. Gathering sufficient information to meet these stricter documentation requirements can be challenging for an individual who, as a result of the illness, may be disorganized and disconnected from family or other sources of information.

The success reflected in the composite measures can be attributed to coordination among county and community agencies to assure that individuals have access to the care they need. County staff works collaboratively with community providers to transfer participants from one program to the next, based on an individual’s changing needs. Coordinated approaches can also be seen in the integration of primary and behavioral health care service delivery practices in two Community Services Board (CSB) sites, the Merrifield Center and the Gartlan Center. The services offered in these centers reflect the recognition that for optimal health outcomes an individual’s behavioral and physical health issues need to be treated concurrently, rather than sequentially or separately. In addition, with the increasing diversity of clients served, improved service delivery must continue to address multilingual and multicultural needs of persons seeking and receiving care.

Client health outcomes have been improved through the commitment of county and community programs to use evidence-based service models. Examples include Diversion First, the Program of Assertive Community Treatment (PACT), and Domestic Violence Offender Services. The use of Trauma Informed Care (TIC) also contributes to improved client outcomes. TIC involves understanding, recognizing and responding to the effects of all types of trauma in an individual’s life. The Trauma Informed Community Network (TICN) of Fairfax was formed in May 2015 to coordinate a multiagency, multidisciplinary effort to implement trauma informed care within Fairfax County human services agencies and their partners.

One source of additional support that is focused on stabilizing or improving the behavioral health of adults is the Consolidated Community Funding Pool (CCFP), which contracts with local organizations to provide support services both professionally assessed and self-reported. In the FY 2017-18 funding cycle, the Consolidated Community Funding Pool (CCFP) awarded funding to nonprofits providing health and human services that stabilize or improve behavioral health of adults within the local community. Nine CCFP-funded programs professionally assessed the behavioral health of 1,120 persons in FY 2017. Of those persons assessed, 29% achieved the desired outcomes. Additionally, two CCFP-funded programs served 563 persons in FY 2017. Of these persons who self-reported on their progress, 55% achieved the desired outcomes. It is worth noting that CCFP contracted providers may vary with each two-year funding cycle.
Healthy People

Behavioral health services are critical to promote overall well-being and academic successes for children and youth. Nationally, approximately 1 out of every 5 youth, ages 13-18, live with a mental health condition. The impact of mental illness on children and youth is substantial. In the U.S., approximately half of students, age 14 and older, with a mental illness drop out of high school and 70% of youth in juvenile justice systems have a mental illness. Within Fairfax County, providers in both the public and private sector offer various prevention and treatment services to assist children and youth.

How are we doing?

This indicator contains a composite measure exemplifying programs within the health & human services system that provide behavioral health services to children and youth. This composite is supported by programs that rely on self-reported data from a sampling of clients and by programs in which clients are professionally assessed using standard behavioral health tools. The program currently contributing to the self-reported composite measure is Counseling Services (OFWDSVS), which began in FY 2017. Currently one program, Youth Outpatient Services (CSB), contributes to the professionally assessed composite measure. In the next fiscal year, plans are underway to add more programs from JDRDC to the list of contributors: Boys Probation House; Foundations; and Post-Disposition.

Unfortunately, as of FY 2017, three programs are no longer able to contribute to the professionally assessed composite indicator due to changes in data reporting or program offering: CSA System of Care—Healthy Minds Fairfax and Youth Day Treatment Services (CSB), respectively. Data is not representative of the county as a whole, but rather of programs within Fairfax County government. The composite measure represents a starting point of program data collection.

As with adult behavioral health services, anecdotal evidence indicates an insufficient number of affordable and accessible behavioral health providers who specialize in services for children and youth in the local area. With fewer regional and community-based service providers, more clients must travel to neighboring jurisdictions to receive care.
One contributing factor to positive outcomes is the coordination among county and community agencies to assure that behavioral health providers have access to a variety of trainings to enhance the services they provide to youth and their families. These include motivational interviewing, cognitive behavioral therapy, trauma Informed care, and dialectical behavioral therapy. After-school services also are critical to reinforcing other behavioral health services provided to the children and youth.

The use of Trauma Informed Care (TIC) also contributes to improved outcomes for children, youth and their families. TIC involves understanding, recognizing the complexities of all types of trauma and responding to the negative effects in an individual’s life. The Trauma Informed Community Network (TICN) of Fairfax was formed in May 2015 to coordinate a multiagency, multidisciplinary effort to implement Trauma Informed Care within Fairfax County human services agencies and their partners.

A partnership between the Fairfax County government (CSB) and Fairfax County Public Schools (FCPS) is focusing on ways to help public school teachers, doctors, peers and other community members better recognize and address early warning signs of depression and/or emotional distress in children and youth. An online virtual course provides the opportunity to hone suicide prevention skills through simulated role-play conversations. As of October 2017, nearly 28,000 people have taken the online training since CSB began offering it in 2014. More information on how the Fairfax-Falls Church Community Services Board is using Kognito to provide At-Risk in the Emergency Department is available at: https://www.fairfaxcounty.gov/community-services-board/training/at-risk. In addition, CSB supports a contract to provide a crisis and suicide prevention text line and call-in hotline, which are broadly promoted throughout the county and FCPS.

For additional information regarding how this solution is working in Fairfax County explore these articles:

- Virginia School District Sees Hope
- Virginia Teachers Hone Suicide Prevention Skills

One source of additional support that is focused on stabilizing or improving the behavioral health of children and youth is the Consolidated Community Funding Pool (CCFP), which contracts with local organizations to provide support services both professionally assessed and self-reported. In the FY 2017-18 funding cycle, the Consolidated Community Funding Pool (CCFP) awarded funding to nonprofits providing health and human services that stabilize or improve behavioral health of children and youth within the local community. Three CCFP-funded programs professionally assessed the behavioral health of 134 children and youth in FY 2017. Of those children and youth assessed, 53% achieved the desired outcomes. Additionally, one CCFP-funded program served 41 children and youth in FY 2017. Of these children and youth who self-reported on their progress, 83% achieved the desired outcomes. It is worth noting that CCFP contracted providers may vary with each two-year funding cycle.
Healthy People

How are we doing? Research has demonstrated that supportive relationships benefit well-being and the most defining relationships seem to occur within the context of families. However, relationships in many families are impacted by child abuse and neglect, domestic violence, financial instability, homelessness, mental illness, and substance abuse. The system indicator below reflects those Fairfax County individuals and families who participate in county programs and services.

The following are indicators the health & human services system is monitoring:

<table>
<thead>
<tr>
<th>System Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of persons with improved family functioning*</td>
<td>78% (FY 2013) 2,658 / 3,425</td>
<td>83% (FY 2017) 558 / 669</td>
</tr>
</tbody>
</table>

Source: *Fairfax County Health & Human Services System Data

This indicator contains a composite measure exemplifying programs within the human services that help to improve family functioning and strengthen supportive relationships for parents and children and youth. This composite is supported by seven county programs which rely on self-reported data from a sampling of clients and by programs in which clients are professionally-assessed using standard assessment tools. As of FY 2017, two programs are finalizing the assessment tool and one program is no longer able to contribute data. Programs currently contributing to the composite measure are Boys Probation House (JDRDC); Family Counseling (JDRDC); Foundations (JDRDC); Healthy Families Fairfax (DFS); Parent Education (DFS); Post-Disposition (JDRDC). Data is not representative of the county as a whole, but rather of individuals participating in the programs. The measure is a starting point of program data collection and is not inclusive.

This composite indicator illustrates system performance related to family functioning which refers to the way in which family members interact with each other. The health & human services system addresses family relationships in a variety of settings including, but not limited to, education and support programs for parents at risk for abusing or neglecting their children as well as residential treatment programs for court-involved juveniles.

Factors contributing to performance include increased accessibility of service (i.e., location, languages offered, time of day, family care availability); investment in staff development; awareness of trauma as a major driver of behavior for youth and adults; and use of evidence-based models in working with families. Factors restricting system performance include an increasing need for mental health and substance use services by individuals who may not meet the criteria for county services; lack of parental involvement due to transportation barriers, financial instability, mental illness and substance abuse; and limited language capacity to meet a growing number of non-English speaking residents.
Many families have multiple challenges that may include child abuse and neglect, substance use, mental and physical health concerns, domestic violence, extreme poverty, and parent-child conflicts. Helping families build on their strengths to overcome challenges is an intricate process that involves many support structures and coordination of services from multiple county and community resources.

Several key issues can create hurdles to the effective provision of support services to county residents of all ages:

- With the increasing linguistic and cultural diversity of the county population, immigration and language issues arise that make it increasingly challenging for staff to provide timely and cost-effective services.

- Inadequate resources are available to address the needs of all; in many instances, priority populations have been identified to target limited resources, creating service delivery gaps.

- Individuals and families with multiple, complex health issues are increasingly requiring specialty care.

- Individuals and families with limited educational attainment and a diminished capacity to be economically self-sufficient are often victims of abuse. Both issues affect their ability to meet the financial needs associated with acquiring affordable, appropriate and safe living conditions.

One source of additional support that is focused on improving family functioning is the Consolidated Community Funding Pool (CCFP), which contracts with local organizations to provide support services. In the FY 2017-18 funding cycle, the Consolidated Community Funding Pool (CCFP) awarded funding to nonprofits providing health and human services that improve family functioning within the local community. Five CCFP-funded programs served 3,383 persons in FY 2017. Of those persons served, 76% achieved the desired outcomes. It is worth noting that CCFP contracted providers may vary with each two-year funding cycle.
Protection & Well-Being

Goal: Improve the protection and well-being of children and adults in their families and communities

Healthy People

How are we doing? A critical function of the health & health & human services system is to prevent and protect residents from abuse, neglect and exploitation. Programs and services offered throughout the system focus efforts on the health and safety of children, youth, families, older adults, and adults with a disability (of any age). Programs operate under the Code of Virginia and State Board of Social Services while others are designed to enhance the well-being and protection of at-risk families and children.

The following are indicators the health & human services system is monitoring:

<table>
<thead>
<tr>
<th>System Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of persons with decreased levels of risk of abuse, neglect or exploitation*</td>
<td>85% (FY 2013)</td>
<td>98% (FY 2017)</td>
</tr>
<tr>
<td></td>
<td>1,998 / 2,351</td>
<td>440 / 448</td>
</tr>
</tbody>
</table>

Sources: *Fairfax County Health & Human Services System Data

This indicator is a composite measure exemplifying programs within the health & human services system that work to decrease levels of risk of abuse, neglect or exploitation among families and individuals. This composite is supported by programs within the Department of Family Services, Adult Protective Services; Child Protective Services; Kinship Care; and Protection and Preservation Services, which rely on data from a sampling of persons served. In FY 2017, the reporting source for Child Protective Services changed how data is calculated rendering its contributing data to this system indicator inaccurate and therefore is not reflected in FY 2017, resulting in lower numbers served. Data is not representative of the county as a whole, but rather of individuals participating in the programs. The measure is a starting point of program data collection and is not inclusive of all programs operated through Fairfax County government.

Anyone can be at risk of abuse, neglect or exploitation regardless of age, gender, socioeconomic group, culture, race or ethnicity. The overall risk of abuse, neglect, and exploitation in the county has increased as the number of older adults has increased. The risk of neglect includes self-neglect as well as neglect at the hands of others. In these situations, older at-risk persons require safe places to stay with continuing care options. Currently, the county has limited resources available to provide protection for at-risk older adults. Specialized support services are also needed for older individuals who are homeless and have medical conditions.
Healthy People

How are we doing? Many families have multiple challenges that may include child abuse and neglect, substance use, mental and physical health concerns, domestic violence, extreme poverty, and parent-child conflicts. Helping families build on their strengths to overcome challenges is an intricate process that involves many support structures and coordination of services from multiple county and community resources.

Several key issues can create hurdles to the effective provision of support services to county residents of all ages:

- With the increasing linguistic and cultural diversity of the county population, immigration and language issues arise that make it increasingly challenging for staff to provide timely and cost-effective services.

- Inadequate resources are available to address the needs of all; in many instances, priority populations have been identified to target limited resources, creating service delivery gaps.

- Individuals and families with multiple, complex health issues are increasingly requiring specialty care.

- Individuals and families with limited educational attainment and a diminished capacity to be economically self-sufficient are often victims of abuse. Both issues affect their ability to meet the financial needs associated with acquiring affordable, appropriate and safe living conditions.

One source of additional support that is focused on decreasing levels of risk of abuse, neglect or exploitation in families is the Consolidated Community Funding Pool (CCFP), which contracts with local organizations to provide support services to improve one’s health and safety. In the FY 2017-18 funding cycle, the Consolidated Community Funding Pool (CCFP) awarded funding to nonprofits providing health and human services focused on decreasing levels of risk of abuse, neglect or exploitation in families within the local community. Five CCFP-funded programs served 1,264 persons in FY 2017. Of those persons served, 75% achieved the desired outcomes. It is worth noting that CCFP contracted providers may vary with each two-year funding cycle.
Domestic and sexual violence impacts the lives of Fairfax County residents every year. On average, half of the homicides in Fairfax County each year are related to domestic violence. Many homeless families have histories of domestic violence or are homeless due to domestic violence. When events occur in which individuals of any age experience domestic and/sexual violence, the ability to take advantage of appropriate and timely support services helps to mitigate the risk of further violence and unintended consequences in most cases.

The following are indicators the health & human services system is monitoring:

<table>
<thead>
<tr>
<th>System Indicator</th>
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<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of persons who are now able to plan for their safety as a result of gained skills, awareness, and knowledge*</td>
<td>96% (FY 2014) 1,344 / 1,405</td>
<td>97% (FY 2017) 980 / 1,006</td>
</tr>
</tbody>
</table>

Sources: *Fairfax County Health & Human Services System Data

This indicator is a composite measure exemplifying programs within the health & human services system that work to help decrease the impact of domestic and sexual violence. Three county programs within the Office for Women Domestic and Sexual Violence Services currently contribute to the data for this indicator: Victim Advocacy Services; Counseling Services; and Crisis Lines Services. Data is not representative of the county as a whole, but rather of individuals participating in the programs. The measure is a starting point of program data collection and is not inclusive of all programs operated through Fairfax County government.

Efforts around providing prevention, education and outreach services are critical to achieving the goal of improving the protection and well-being of children and adults. Tailored education and outreach, training and workshops are offered to both professionals and community members and students in the FCPS system to raise awareness of domestic and sexual violence, stalking, human trafficking, and resources available to those experiencing violence; all with the ultimate goal of preventing interpersonal violence.

Additionally, two county 24-Hour Hotlines are provided to county residents: the Domestic and Sexual Violence Hotline and the Lethality Assessment Protocol (LAP) Hotline. Trauma-informed care based services provided by these hotlines include confidential supportive telephone counseling, crisis intervention, information and referrals services, as well as connecting “high-danger” victims to advocacy services as needed immediately upon police intervention.

Domestic violence often does not stop without interventions. The Anger & Domestic Abuse Prevention and Treatment (ADAPT) program provides intervention services for male and female adult offenders of domestic violence. Since ADAPT participants are typically first-time offenders referred by local courts as an alternative to incarceration, participants are held accountable for learning and demonstrating gains in emotional self-regulation and individual responsibility.
Efforts around providing prevention, education and outreach services are critical to achieving the goal of improving the protection and well-being of children and adults. Tailored education and outreach training and workshops are offered to both professionals and community members and students in the FCPS system to raise awareness of domestic and sexual violence, stalking, human trafficking, and resources available to those experiencing violence; all with the ultimate goal of preventing interpersonal violence.

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Domestic violence often does not stop without interventions. The Anger & Domestic Abuse Prevention and Treatment (ADAPT) program is designed to provide intervention services for male and female adult offenders of domestic violence. Since ADAPT participants are typically first-time offenders referred by local courts as an alternative to incarceration, participants are held accountable for learning and demonstrating gains in emotional self-regulation and individual responsibility.

Over the past few years, there has been an increase in the number of clients seeking services, especially housing services, due to the flat economy and the success of outreach efforts within the community by county and community-based partners. Many clients served for advocacy as well as housing and economic services do not have adequate income to sustain their family after leaving an abusive partner who is often the only wage earner in the home. Unfortunately, lingering effects are still being seen due to the recession as rents continue to rise.

Increased attention is being given to sexual assault prevention in the county public schools and more referrals are being made for counseling services for survivors of sex trafficking. There are opportunities for future collaborations between the county and the local post-secondary institutions regarding education and outreach efforts around prevention and the provision of other services.

One source of additional support that is focused on personal safety is the Consolidated Community Funding Pool (CCFP), which contracts with local organizations to provide support services to decrease the impact of domestic and sexual violence. In the FY 2017-18 funding cycle, the Consolidated Community Funding Pool (CCFP) awarded funding to nonprofits providing health and human services focused on decreasing the impact of domestic and sexual violence within the local community. Four CCFP-funded programs served 921 persons in FY 2017. Of those persons served, 64% achieved the desired outcomes. It is worth noting that CCFP contracted providers may vary with each two-year funding cycle.
The FCHD Consumer Protection Program (CPP) for Food Safety is a nationally recognized program which regulates and educates food service establishment (FSE) owners and operators in food safety practices that reduce the risk factors for foodborne illness in permitted facilities and, subsequently, in the community. Through self-assessment, quality assurance reviews, and data collection, program staff are able to focus on specific areas of inspection where improvements can be made.

Healthy People

How are we doing? The FCHD Consumer Protection Program (CPP) for Food Safety is a nationally recognized program which regulates and educates food service establishment (FSE) owners and operators in food safety practices that reduce the risk factors for foodborne illness in permitted facilities and, subsequently, in the community. Through self-assessment, quality assurance reviews, and data collection, program staff are able to focus on specific areas of inspection where improvements can be made.

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<tr>
<th>System Indicator</th>
<th>Baseline</th>
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<tbody>
<tr>
<td>% of food service establishments found to be in compliance, at completion of the inspection cycle, with control measures that reduce the occurrence of foodborne illness*</td>
<td>N/A (FY 2013)</td>
<td>95% (FY 2017) 3,178 / 3,352</td>
</tr>
</tbody>
</table>

Source: *Fairfax County Health & Human Services Data

The program currently contributing to this measure is Environmental Health Services, Consumer Protection Program (CPP) for Food Safety, a program operated by the Fairfax County Health Department which provides protection against public health threats. The Consumer Protection Program for Food Safety relies on data from a sampling of food service establishments.

This program administers state and local regulations for food service establishments, religiously exempt child care centers, hotels/motels, campgrounds, and summer camps. Standardized routine inspections are conducted to identify risk factors that may lead to foodborne illness, ensure compliance, and to educate food service employees on public health interventions that promote a healthy and safe community.

Food safety, which underlies the importance of protecting the community against bacteria in food and food preparation, is critical to preventing foodborne illness or “food poisoning”. Multiple reasons exist for increased incidents of food poisoning such as:

- residents and community healthcare providers promptly notify the county’s Health Department,
- resistant microorganisms are adapting to changes in their environment,
- changes in consumer lifestyles (more than 30 percent of meals are eaten away from home), and
- changes in the food system. Mobile food vending has grown considerably in recent years. One of the most intrinsic and logical concerns regarding food trucks is public health. Looking to adopt sanitation regulations for mobile vendors is a pressing and emerging environmental health issue.
With the Food and Drug Administration (FDA) determining that the primary risk factors for foodborne illness in food service establishments, inspection in Fairfax County are based on a review of the FDA’s risk factors and establishments are then ranked for risk of foodborne illness based on the complexity of their food operations and history of non-compliance. Depending on the ranking, the establishment is then subject to inspection one, two, or three times per year.

The CPP is taking proactive steps to help FSEs provide safe food to the residents and visitors of Fairfax County. FY 2017 saw a continued benefit of the risk-based assessment tool implemented at the beginning of FY 2016. Through the use of the tool, FSEs were identified that would benefit from more frequent inspections. At the same time, the tool identified FSEs that previously had increased inspection frequencies, but had subsequently reduced the inspection frequency through improved performance. There was a twofold benefit to the improved performance: 1) the inspection frequency decreased for the FSE, and 2) the Environmental Health Specialist was in a position of recognizing the improved performance of the FSE. This builds a working relationship that can have continued positive effects on FSE compliance.

One impediment to stronger food safety outcomes continues to be ensuring compliance to standards. While the residents within the county enjoy the diversity of cultural cuisines, this same diversity can mean that non-English speaking food service staff do not fully understand food safety requirements and in turn, food establishments are not in full compliance. Translation costs for food safety educational materials are high and therefore the number and range of published materials are limited due to budget constraints.

Another on-going challenge exists with regards to access to the proper level of information technology systems in order to better collaborate with other state and local agencies. A recent upgrade to the state electronic inspection system had a significant negative impact on the ability to conduct food service establishment inspections within the prescribed inspection frequency.

An opportunity to increase efficiency and improve monitoring occurs currently with existing retail food service establishments through an inspection program conducted by the Virginia Department of Agriculture and Consumer Services. Improved coordination and local oversight of the regulatory activities for these food establishments allows the county to assure the frequency and quality of inspections by properly trained staff in a program that complies with the FDA’s Retail Program Standards.
Community immunity is a critical component in the fight against public health threats by protecting the community from serious, preventable diseases. Immunizations and vaccinations help to protect vulnerable members of our community, such as children, from serious infectious diseases, which in turn helps to protect others in the community. According to the National Institutes of Health, “When enough of the community is immunized against a contagious disease, most other members are protected from infection because there’s little opportunity for the disease to spread.” Fairfax County serves a diverse population and provides childhood immunizations to protect against communicable diseases. FCHD believes the key to a successful immunization program is providing education about the importance of timely immunizations and the safety and effectiveness of immunizations. The FCHD and community partners provide educational opportunities and referrals to appropriate immunization resources to parents, childcare providers, and community members in order to dispel fears, hesitancy, and misconceptions; decreasing resistance to obtaining vaccinations.

The following are indicators the health & human services system is monitoring:

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<tr>
<th>System Indicator</th>
<th>Baseline</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children who are up to date on immunizations*</td>
<td>71% (FY 2013) 554 / 783</td>
<td>70% (FY 2017) 525 / 752</td>
</tr>
</tbody>
</table>

This indicator contains a composite measure exemplifying programs within the health & human services system that provide services that protect against public health threats. This composite is supported by a program within the Department of Family Services, Healthy Families Fairfax, and the Health Department, Maternal Health and Child Health Services (Childhood Immunizations), which rely on data from a sampling of children served. Data is not representative of the county as a whole, but rather of those participating in the programs. The information represents a starting point of program data collection and is not inclusive.

The county’s Child Health services provide preventive health programs to infants and children with the goal of promoting and encouraging healthy behaviors and preventing epidemics and the spread of disease. Childhood immunization services is one such Health Department program. Included is the administration of childhood vaccines and community education and outreach to improve the immunization status for children. Vaccines can prevent outbreaks of disease and save lives, so when a critical portion of the community is immunized against a communicable disease, most residents are protected because there is little opportunity for an outbreak.
Children’s Immunization Services

How are we doing? Childhood vaccines are among the most cost-effective clinical preventive services available and provide a high return on investment. Assuring access to affordable immunizations protects the population from health threats and supports the up-to-date immunization status of children in the community so they will be ready to enter school without delay. Despite improvements in awareness and access to vaccines, immunization rates for two year-olds have not yet reached the public health objective of 90 percent completion rates as set in Healthy People 2020. Even with a state law that states any child under the age of 19 may receive free vaccines required for school entry at the Health Department, many children remain inadequately immunized for kindergarten entry. Through this program, the county’s Public Health Nurses assess immunization status, determine required and recommended vaccines, administer vaccines, and provide official documentation of vaccines received. In FY 2017, 37,659 vaccines were administered to children (10,077) by childhood immunization services.

A recent addition of new recommended and required vaccines has resulted in a more complex immunization schedule and a greater need for children’s immunization services in the community. The cost of safe vaccine storage and handling has led to some medical practices not providing all necessary childhood immunizations. Overall access to medical care provided by a pediatrician is not universal for all children.

The Healthy Families Fairfax (HFF) program exemplifies a partnership providing intensive home visitation and comprehensive support services to new parents. HFF is one of four county programs providing child health services by helping children, ages 0 to 3, to be 100% up-to-date with immunizations. Demands for these preventative services is often higher than staffing levels can address. Because Healthy Families Fairfax (HFF) is a non-mandated service and receives partial state funding, it faces funding challenges on an on-going basis.

Families served through the HFF program are increasingly culturally and linguistically diverse, which present difficulties in provision of health care and home visiting services due to language and communication barriers. Home visiting nurses use both tele-interpreter and certified interpreter staff to support communication needs, but these resources are frequently over-extended. Many clients have complex histories of trauma, violence, or emotional distress, which makes meeting their needs with existing community resources particularly challenging.

HFF served 661 families in FY 2017, representing a 15% increase from 573 families in FY 2016. This increase may have been caused by a greater number of positive Healthy Families assessments and new families entering HFF. It is projected that there will be an increase in the number of families participating in HFF in FY 2018 due to positions made available by the program expansion being fully staffed and higher caseload expectations by the Virginia Department of Social Services (VDSS). In FY 2017, HFF exceeded by 4 % the required state goal of 80% of children who are up-to-date with immunizations. The program has consistently exceeded the state goal of an 80% completion rate over the past 4 years.
Healthy People

“While some suicides occur without any outward warning, most people who are suicidal do give warnings. It’s important that we learn to recognize the signs of someone at risk, take those signs seriously and know how to respond to them.”
- Dr. Gloria Addo-Ayensu, Director of the Fairfax County Health Department

“Food safety is more than our mission — it is the beacon that guides our day.”
- Robert Henry, Wegman’s Food Markets

“You deserve a life free of abuse, fear & violence. I survived domestic violence because I no longer took that fact for granted. I got out of it & healed from it with help.”
- Domestic Violence Survivor

**Programs and Services Contributing To Mental & Physical Health Goal**

**Physical Health [Adults] Indicator:** [Professional Assessment] Community Health Care Network · [Self-Reported] · Adult Day Health Care · Congregate Meals · Home Delivered Meals · Older Adult Programming—Senior Centers · Therapeutic Recreation

**Behavioral Health [Adults] Indicator:** [Professional Assessment] Program of Assertive Community Treatment · Adult Partial Hospitalization Services · [Self-Reported] · Adult Day Health Care · Counseling Services · Offender Services · Therapeutic Recreation

**Behavioral Health [Children & Youth] Indicator:** [Professional Assessment] Boys Probation House · Foundations Program · Healthy Minds Fairfax · Youth Day Treatment Services · Youth Outpatient Services · [Self-Reported] · Counseling Services

**Programs and Services Supporting Mental & Physical Health Goal**

**Physical Health [Adults] Indicator:** [Professional Assessment] Five nonprofits with CCFP funded programs · [Self-Reported] · One nonprofit with a CCFP funded program

**Behavioral Health [Adults] Indicator:** [Professional Assessment] Seven nonprofits with CCFP funded programs · [Self-Reported] · Two nonprofits with CCFP funded programs

**Behavioral Health [Children & Youth] Indicator:** [Professional Assessment] Three nonprofits with CCFP funded programs · [Self-Reported] · One nonprofit with a CCFP funded program
Programs and Services Contributing To Protection & Well-Being Goal

**Family Functioning Indicator:** Boys Probation House · Healthy Minds Fairfax · Family Counseling · Foundations Program · Parent Education Program · Post-Dispositional Program

**Decreased Risk of Abuse, Neglect or Exploitation Indicator:** Adult Protective Services · Child Protective Services · Kinship Care · Protection and Preservation Services

**Personal Safety Indicator:** Counseling Services · Crisis Lines Services · Victim Advocacy Services

Programs and Services Supporting Protection & Well-Being Goal

**Family Functioning Indicator:** Five nonprofits with CCFP funded programs

**Decreased Risk of Abuse, Neglect or Exploitation Indicator:** Four nonprofits with CCFP funded programs

**Personal Safety Indicator:** Three nonprofits with CCFP funded programs

Programs and Services Contributing To Protection Against Health Threats Goal

**Reduce Foodborne Illness Indicator:** Environmental Health Services—Consumer Protection Program for Food Safety

**Childhood Immunizations Indicator:** Healthy Families Fairfax · Maternal Health and Child Health Services
Our Strategies:

Two strategies and their respective objectives cut across and support efforts within all three goals:

- **Develop data collection and information sharing capabilities that serve our clients, the health and health & human services system, and our community**
  
  - Increase capacity to effectively share and integrate health information

- **Promote the development of community-based health promotion and prevention services that are culturally and linguistically appropriate**
  
  - Systematically engage culturally and linguistically diverse community-based organizations in sustainable capacity building efforts for delivery of population-based services
  
  - Collaborate with existing efforts to create a trauma-informed system of care that promotes supportive relationships and responds appropriately to residents exposed to trauma
  
  - Expand opportunities for healthy living for individuals of all ages and abilities with an emphasis on increasing inclusion and social equity
  
  - Improve community awareness of practices that promote food safety and prevent the spread of communicable disease in the community

Currently, the Healthy People Strategic Workgroup is setting a strong foundation by working on action steps to ensure culturally and linguistically diverse community-based organizations are engaged in sustainable delivery of population-based services.
**Terms and Methodology**

**Baseline:** Term refers to data for “year zero” and will be used as a comparison point for future performance.

**Composite:** Term refers to a single data point which represents various programs and services contributing to outcomes. Percentages on report card are composites and these are calculated by a) summing all individuals who are better off as a result of participating in contributing programs or receiving services – this sum is the numerator; b) summing the total number of individuals who participate in all contributing programs or receive services – this sum is the denominator; and c) dividing numerator by denominator; i.e., composite (%) = numerator ÷ denominator.

**Rounding:** Figures presented as percentages are in most cases rounded to the nearest whole number percentage. Due to rounding, percentages may not add up to 100%.

The system indicators reflect a representative sampling of those persons served by human services within county administered programs. Based on existing system indicator outcomes, health and human services appraises the overall system performance in attaining the desired goal utilizing the classifications below:

**LEGEND:**

- ![Sun](image) An opportunity to celebrate the significant progress made in moving toward achievement of the desired result.
- ![Cloud](image) An opportunity to continue to improve upon the progress made toward achievement; this reflects less progress than the opportunity to celebrate; however, positive movement has been made.
- ![Thunderstorm](image) An opportunity to improve, reflecting the need for the community and Health & Human Services System to address the desired result more effectively.