

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Program Management

Goal

To enhance the health and medical knowledge of County residents and medical partners through maximizing the use of information technology.

Objective

To achieve a website rating of Very Helpful or better from 80 percent of Web site users.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Website visits | 550,101 | 182,255 | 200,000 / 221,653 | 200,000 | 250,000 |
| Efficiency | | | | | |
| Ratio of visits to website maintenance hours | 378:1 | 125:1 | 125:1 / 126:1 | 150:1 | 150:1 |
| Service Quality | | | | | |
| Percent of website users satisfied with the information and format | N/A | NA | 80.0 / 80.0 | 80.0% | 80.0% |
| Outcome | | | | | |
| Percent of users giving website a rating of Very Helpful or better | NA | NA | 80.0% / 80.0% | 80.0% | 80.0% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Dental Health Services

Goal

To improve the health of low-income children through prevention and/or control of dental disease and to improve the oral health of maternity clients of the Fairfax County Health Department.

Objective

To complete preventative and restorative dental treatment within a 12 month period for at least 40 percent of the children seen.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| New patients visits(1) | 707 | 864 | 800 / 1,116 | 1,000 | 1,000 |
| Total visits | 2,427 | 2,713 | 2,700 / 3,335 | 3,000 | 2,700 |
| Patients screened | 3,116 | 585 | 2,800 / 1,120 | 1,100 | 1,100 |
| Efficiency | | | | | |
| Cost per visit | \$198 | \$316 | \$332 / \$278 | \$312 | \$312 |
| Net cost to County | \$88 | \$215 | \$227 / \$194 | \$221 | \$222 |
| Service Quality | | | | | |
| Customer satisfaction index | 97% | 97% | 97% / 97% | 97% | 97% |
| Outcome | | | | | |
| Percent of treatment completed within a 12 month period | 40% | 60% | 35% / 47% | 40% | 40% |

(1) In previous years, the definition for new patient visits was the first visit of the fiscal year -- a definition consistent with Virginia Department of Health's reporting system. The definition and data collection have changed for FY 2009 Actual, FY 2010 Estimate and FY 2011 Projected, to reflect an unduplicated count of new clients accessing the Health Department's dental clinics.

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Environmental Health Services

Goal

To protect and improve the health and welfare of all persons in Fairfax County by preventing, minimizing or eliminating their exposure to biological, chemical or physical hazards in their present or future environments.

Objective

To maintain the percentage of regulated food establishments that are inspected on a frequency that is based on the food borne risk potential of the establishment (high risk establishments will be inspected three times a year, moderate risk twice a year, and low risk once a year) and to maintain the number of establishments that are closed, due to major violations of the Food Code, at a target of 2.5 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Regulated food establishments | 3,223 | 3,186 | 3,190 / 3,195 | 3,215 | 3,280 |
| Efficiency | | | | | |
| Food Safety Program Cost per Capita | \$2.30 | \$1.53 | \$2.73 / \$2.31 | \$2.83 | \$2.89 |
| Service Quality | | | | | |
| Percent of regulated food establishments risk-based inspections conducted on time | 94.7% | 89.5% | 95.0% / 82.0% | 95.0% | 95.0% |
| Outcome | | | | | |
| Percent of food establishments closed due to major violations | 3.0% | 2.5% | 2.5% / 2.5% | 1.7% | 2.5% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To maintain the percentage of improperly installed or malfunctioning water well supplies that pose the potential for water borne diseases that are corrected within 60-days at 85 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Total number of water well system permits issued | 319 | 296 | 320 / 342 | 320 | 320 |
| Efficiency | | | | | |
| Onsite Sewage Disposal and Water Well Program Cost Per Capita | \$1.09 | \$0.93 | \$1.13 / \$0.92 | \$1.16 | \$1.18 |
| Service Quality | | | | | |
| Percent of water well system service requested responded to within 3 days | 32.9% | 34.0% | 35.0% / 40.9% | 40.0% | 40.0% |
| Outcome | | | | | |
| Percent of out-of-compliance water well systems corrected within 60 days | 71.4% | 68.0% | 75.0% / 76.1% | 75.0% | 85.0% |

Objective

To maintain the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage-borne diseases that pose a potential for sewage borne diseases that are corrected within 30-days at 90 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Total number of sewage disposal system permits issued | 858 | 933 | 900 / 905 | 900 | 900 |
| Service Quality | | | | | |
| Percent of sewage disposal system service requests responded to within 3 days | 32.8% | 33.7% | 30.0% / 37.8% | 35.0% | 35.0% |
| Outcome | | | | | |
| Percent of out-of-compliance sewage disposal systems corrected within 30 days | 87.1% | 91.0% | 90.0% / 87.7% | 90.0% | 90.0% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To maintain the percentage of complaints dealing with rats, cockroaches, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60-days at 90 percent and to maintain a target of 90 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Community health and safety complaints investigated | 967 | 937 | 950 / 892 | 950 | 950 |
| Efficiency | | | | | |
| Community Health and Safety Program Cost per Capita | \$1.12 | \$0.97 | \$1.20 / \$1.00 | \$1.25 | \$1.28 |
| Service Quality | | | | | |
| Percent of community health and safety complaints responded to within 3 days | 55.9% | 58.2% | 70.0% / 55.9% | 70.0% | 70.0% |
| Outcome | | | | | |
| Percent of community health and safety complaints resolved within 60 days | 77.6% | 90.8% | 90.0% / 86.7% | 90.0% | 90.0% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To suppress the transmission of West Nile virus, known to be carried by infected mosquitoes, in the human population and hold the number of human cases as reported to the Virginia Department of Health to no more than one case.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Mosquito larvicide treatments of storm drains to control West Nile virus | 109,898 | 102,754 | 109,500 / 107,878 | 110,500 | 110,500 |
| Efficiency | | | | | |
| West Nile virus cost per capita | \$1.20 | \$1.15 | \$1.75 / \$1.33 | \$1.74 | \$1.73 |
| Service Quality | | | | | |
| Percent of targeted storm drain areas treated with mosquito larvicide within the scheduled timeframe | 100.0% | 88.0% | 100.0% / 100.0% | 100.0% | 100.0% |
| Outcome | | | | | |
| Confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health | 2 | 1 | 1 / 1 | 1 | 1 |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Communicable Disease Control

Goal

To ensure that adults in the community experience a minimum of preventable illness, disability and premature death, and that health service utilization and costs attributable to chronic diseases and conditions are reduced.

Objective

For the Communicable Disease (CD) Program, to ensure that 95 percent of completed communicable disease investigations need no further follow-up; and to maintain the incidence of tuberculosis (TB) at no greater than 10.0/100,000 and to move toward the Healthy People 2020 national objective of 1.0/100,000 population, assuring that 97 percent of all TB cases will complete treatment.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Clients served in tuberculosis (TB) screening, prevention and case management | 24,589 | 24,934 | 24,500 / 24,670 | 24,500 | 24,500 |
| Communicable disease (CD) cases investigated | 2,079 | 2,207 | 2,000 / 2,496 | 2,200 | 2,200 |
| Efficiency | | | | | |
| TB care: Total cost per client | \$90 | \$91 | \$92 / \$96 | \$96 | \$99 |
| TB care: County cost per client | \$46 | \$45 | \$54 / \$55 | \$60 | \$62 |
| CD investigations: Total cost per client | \$446 | \$429 | \$482 / \$391 | \$442 | \$456 |
| CD Investigations: County cost per client | \$246 | \$265 | \$302 / \$245 | \$282 | \$294 |
| Service Quality | | | | | |
| Percent of community medical providers treating TB patients that are satisfied with the Health Department's TB Program | 100% | 100% | 95% / 100% | 95% | 95% |
| Percent of individuals at highest risk for CD transmission provided screening, prevention education and training | 100% | 100% | 95% / 98% | 95% | 95% |
| Outcome | | | | | |
| Rate of TB Disease/100,000 population | 8.0 | 7.8 | 8.0 / 7.5 | 8.0 | 8.0 |
| Percent of TB cases discharged completing treatment for TB disease | 98% | 97% | 97% / 97% | 97% | 97% |
| Percent of completed CD investigations needing no further follow-up | 95% | 99% | 95% / 99% | 95% | 95% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To ensure that 30 percent of clients served in the Homeless Medical Services Program experience improved health outcomes.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Clients served through the Homeless Medical Services Program | 1,420 | 1,479 | 1,500 / 820 | 800 | 800 |
| Efficiency | | | | | |
| Homeless clients evaluated by the Nurse Practitioner | 1:355 | 1:370 | 1:375 / 1:205 | 1:200 | 1:200 |
| Service Quality | | | | | |
| Percent of homeless clients who return for a follow-up visit | 35% | 19% | 25% / NA | NA | NA |
| Percent of unduplicated clients who enroll in the Community Health Care Network (CHCN) | NA | NA | NA | 50% | 50% |
| Outcome | | | | | |
| Percent of homeless clients with improved health outcomes | 30% | 30% | 30% / 18% | 30% | 30% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To increase the number of residents reached through integrated agency-wide outreach events by 20 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Number of residents reached through integrated outreach and education programs | 9,063 | 22,661 | 10,000 / 16,818 | 12,000 | 14,500 |
| Efficiency | | | | | |
| Cost of Community Outreach expenditures divided by the number of residents reached | \$8 | \$10 | \$34 / \$17 | \$35 | \$29 |
| Service Quality | | | | | |
| Percentage of residents who evaluate their educational experience as "good" or "excellent" | 95% | 94% | 95% / 92% | 95% | 95% |
| Outcome | | | | | |
| Percentage increase in the number of residents reached through integrated community outreach | 30% | 253% | (56%) / (26%) | 20% | 20% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To ensure that at least 95 percent of all Health Department personnel achieve and maintain compliance with Incident Command Systems (ICS) training requirements of the National Incident Management System (NIMS) as promulgated and updated annually by the Department of Homeland Security.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Number of staff trained in ICS/NIMS (1) | 68 | 132 | 100 / 151 | 200 | 200 |
| Efficiency | | | | | |
| ICS/NIMS training cost expended per Health Department staff member (1) | \$40 | \$21 | \$29 / \$21 | \$22 | \$22 |
| Service Quality | | | | | |
| Percentage of Health Department staff who evaluate their ICS/NIMS training experience as "good" or "excellent" (1) | 98% | 93% | 98% / 98% | 98% | 98% |
| Outcome | | | | | |
| Percentage of Health Department staff meeting established ICS/NIMS training requirements (1) | 90% | 90% | 95% / 90% | 95% | 95% |

(1) These Performance Measures were established with the Office of Emergency Preparedness in FY 2009, which is now a part of the Division of Community Health Development and Preparedness.

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Community Health Care Network

Goal

To provide timely and appropriate access to medical care for low-income, uninsured residents of Fairfax County and the cities of Fairfax and Falls Church.

Objective

To provide 51,000 patient visits, and to ensure that 95 percent of female patients age 40-69 treated over a two-year period receive a mammogram, and 95 percent of patients with diabetes receive a total cholesterol and LDL screen during the year.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Primary care visits | 51,447 | 56,018 | 51,000 / 54,336 | 52,000 | 53,000 |
| Efficiency | | | | | |
| Net cost to County per visit | \$179 | \$171 | \$187 / \$174 | \$184 | \$183 |
| Service Quality | | | | | |
| Percent of clients satisfied with their care at health centers | 97% | 96% | 95% / 94% | 95% | 95% |
| Percent of clients whose eligibility determination is accurate | 99% | 99% | 98% / 99% | 98% | 98% |
| Outcome | | | | | |
| Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period | 96% | 94% | 95% / 92% | 95% | 95% |
| Percent of patients with diabetes who have had a total cholesterol and LDL ("bad cholesterol") screen within the last year | 96% | 96% | 95% / 91% | 95% | 95% |

95

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Maternal and Child Health Services

Goal

To provide maternity, infant and child health care emphasizing preventative services to achieve optimum health and well-being.

Objective

To maintain the immunization compliance rate of children who are between the ages of 19-35 months, served by the Health Department, at 80 percent, working toward a target of 90 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Immunizations: Children seen | 63,408 | 25,256 | 26,000 / 12,277 | 13,000 | 13,000 |
| Immunizations: Vaccines given | 65,725 | 31,152 | 32,000 / 29,365 | 30,000 | 30,000 |
| Efficiency | | | | | |
| Immunizations: Cost per visit | \$18 | \$21 | \$20 / \$47 | \$54 | \$54 |
| Immunizations: Cost per visit to County | \$12 | \$14 | \$13 / \$33 | \$41 | \$41 |
| Immunizations: Cost per vaccine administered | \$17 | \$17 | \$16 / \$20 | \$23 | \$23 |
| Immunizations: Cost to County per vaccine administered | \$12 | \$12 | \$11 / \$14 | \$18 | \$18 |
| Service Quality | | | | | |
| Immunizations: Percent satisfied with service | 98% | 95% | 97% / 95% | 95% | 95% |
| Outcome | | | | | |
| Immunizations: 2 year old completion rate | 70% | 69% | 80% / 71% | 80% | 80% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To maintain the low birth weight rate for all Health Department clients at 5.0 percent or below.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Maternity: Pregnant women served | 2,807 | 2,926 | 3,000 / 2,687 | 2,700 | 2,700 |
| Efficiency | | | | | |
| Maternity: Cost per client served | \$495 | \$545 | \$596 / \$586 | \$660 | \$661 |
| Maternity: Cost per client to the County | \$218 | \$241 | \$300 / \$281 | \$362 | \$364 |
| Service Quality | | | | | |
| Maternity: Percent satisfied with service | 98% | 95% | 97% / 95% | 95% | 95% |
| Outcome | | | | | |
| Maternity: Overall low birth weight rate | 5.6% | 6.4% | 5.0% / 6.5% | 5.0% | 5.0% |

Objective

To ensure that 75 percent of Speech Language Pathology clients will be discharged as corrected with no further follow-up required.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Speech Language: Client visits | 2,804 | 2,970 | 2,850 / 2,687 | 2,850 | 2,850 |
| Efficiency | | | | | |
| Speech Language: Net cost per visit | \$192 | \$183 | \$188 / \$182 | \$208 | \$209 |
| Service Quality | | | | | |
| Speech Language: Percent of survey families who rate their therapy service as good or excellent | 100% | 100% | 100% / 100% | 100% | 100% |
| Outcome | | | | | |
| Speech Language: Percent of students discharged as corrected; no follow-up needed | 80% | 85% | 75% / 78% | 75% | 75% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Health Laboratory

Goal

To promote community resiliency and capacity to address emerging public health issues and optimize public health emergency response and recovery efforts.

Objective

To maintain certification with federal agencies and to ensure a high level of testing quality by maintaining a 95 percent scoring average on accuracy tests required for certification.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Tests reported | 239,072 | 239,915 | 220,000 / 234,169 | 220,000 | 220,000 |
| Efficiency | | | | | |
| Average cost/all tests | \$5.75 | \$4.75 | \$5.36 / \$7.01 | \$5.74 | \$5.89 |
| Service Quality | | | | | |
| Percent of laboratory clients satisfied with service | 97% | 96% | 95% / 95% | 95% | 95% |
| Outcome | | | | | |
| Average score on accuracy tests required for certification | 99% | 99% | 95% / 97% | 95% | 95% |
| Certifications maintained | Yes | Yes | NA / Yes | NA | NA |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To make it possible for 95 percent of residents to avoid needless rabies post-exposure shots by the timely receipt of negative lab results by maintaining the percentage of rabies tests involving critical human exposure that are completed within 24 hours (potentially saving residents the expense of needless shots) at 95 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Rabies tests reported | 643 | 603 | 600 / 545 | 600 | 600 |
| Efficiency | | | | | |
| Cost/rabies test | \$85.24 | \$86.25 | \$82.74 / \$87.67 | \$80.14 | \$81.09 |
| Service Quality | | | | | |
| Percent of rabies tests involving critical human exposure completed within 24 hours | 96% | 97% | 95% / 98% | 95% | 95% |
| Outcome | | | | | |
| Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results | 98% | 97% | 95% / 98% | 95% | 95% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

School Health

Objective

To implement health plans for at least 75 percent of students with identified needs within five school days of the notification of the need, toward a target of 95 percent, and to maintain the on-site availability of a School Health Aide (SHA) on 97 percent of school days.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Students in school (academic year) | 171,610 | 175,296 | 177,416 / 177,435 | 181,608 | 184,000 |
| School sites | 194 | 194 | 193 / 193 | 195 | 196 |
| Students in summer school, community-based recreation/programs/sites | 14,937/102 | 23,864/103 | 25,000/110 / 29,317/109 | 30,000/120 | 30,000/120 |
| Students with new health plans | 17,772 | 12,752 | 13,000 / 13,590 | 13,800 | 14,100 |
| Total health plans implemented | 49,501 | 48,968 | 49,000 / 48,608 | 49,500 | 50,200 |
| Visits to clinic of sick/injured and for medicine | 731,947 | 724,029 | 730,000 / 765,784 | 775,000 | 780,000 |
| Students with health plans | 46,866 | 46,667 | 47,000 / 47,511 | 48,400 | 49,000 |
| Efficiency | | | | | |
| Students/PHN ratio | 3,120:1 | 3,130:1 | 2,688:1* / 2,688:1 | 2,752:1* | 2,788:1 |
| Health plans/PHN ratio | 900:1 | 874:1 | 742:1* / 736:1 | 750:1* | 761:1 |
| Large group training sessions/number attending | 148/2,693 | 178/3,408 | 200/4,000 / 164/3853 | 200/4,000 | 200/4,000 |
| Students with health plans in place within 5 days of notification | 9,976 | 8,840 | 9,100 / 8,698 | 9,660 | 10,575 |
| Service Quality | | | | | |
| Percent of parents satisfied with services | 98.0% | 96.0% | 97.0% / 96.0% | 97.0% | 97.0% |
| Percent of students receiving health support from SHAs | 96.0% | 95.0% | 97.0% / 95.0% | 97.0% | 97.0% |
| Outcome | | | | | |
| Percent of students with health plans in place within 5 days of notification | 56.0% | 70.0% | 70.0% / 64.0% | 70.0% | 75.0% |
| Percent of school days SHA is on-site | 97.0% | 96.0% | 97.0% / 97.4% | 97.0% | 97.0% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Long Term Care Development and Services

Goal

To promote the health and independence of frail elderly and adults with disabilities, while offering them an alternative to more restrictive and costly long term care options; and to provide respite for family caregivers.

Objective

To provide adult day health care services to 370 frail elderly and adults with disabilities, so that 90 percent of their family caregivers are able to keep them at home, in the community, preventing the need for more costly and often less desirable long-term care options.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| ADHC clients served per day | 138 | 134 | 130 / 123 | 130 | 130 |
| ADHC clients per year | 366 | 343 | 342 / 327 | 300 | 300 |
| ADHC operating days | 245 | 246 | 249 / 249 | 248 | 248 |
| Efficiency | | | | | |
| Cost of ADHC service per client per day | \$94.00 | \$95.00 | \$109.00 / \$107.00 | \$115.00 | \$117.00 |
| Net cost per ADHC client to the County | \$50.00 | \$53.00 | \$65.00 / \$65.00 | \$70.00 | \$71.00 |
| Service Quality | | | | | |
| Percent of ADHC clients/caregivers satisfied with service | 100% | 99% | 95% / 100% | 95% | 95% |
| Outcome | | | | | |
| Percent of family caregivers who state that ADHC enables them to keep their loved one at home, in the community | 90% | 93% | 90% / 92% | 90% | 90% |

Health Department

FY 2014 Adopted Budget Plan: Performance Measures

Objective

To provide Medicaid Nursing Home Pre-Admission Screening so that 80 percent of low income frail elderly and adults with disabilities who meet the criteria for Medicaid waiver services will have access to Medicaid community-based services, thereby reducing the need for more restrictive and/or costly long term care.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2010 Actual | FY 2011 Actual | FY 2012 Estimate/Actual | FY 2013 | FY 2014 |
| Output | | | | | |
| Medicaid Pre-Admission screenings completed per year | 697 | 808 | 860 / 866 | 940 | 1,025 |
| Medicaid Pre-Admission Screenings that met criteria (adults only) | 436 | 592 | 630 / 725 | 690 | 750 |
| Medicaid Pre-Admission Screenings that resulted in the use of community-based services (adults only) | 359 | 497 | 505 / 617 | 550 | 600 |
| Efficiency | | | | | |
| Medicaid Pre-Admission screenings cost per service unit | \$194 | \$225 | \$234 / \$286 | \$295 | \$298 |
| Medicaid Pre-Admission screenings net cost to County | \$96 | \$128 | \$135 / \$188 | \$197 | \$200 |
| Service Quality | | | | | |
| Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service | 98% | 99% | 95% / 97% | 95% | 95% |
| Outcome | | | | | |
| Percent of low income frail elderly and adults with disabilities who meet criteria for Medicaid waiver services and have access to Medicaid community-based services | 82% | 84% | 80% / 85% | 80% | 80% |