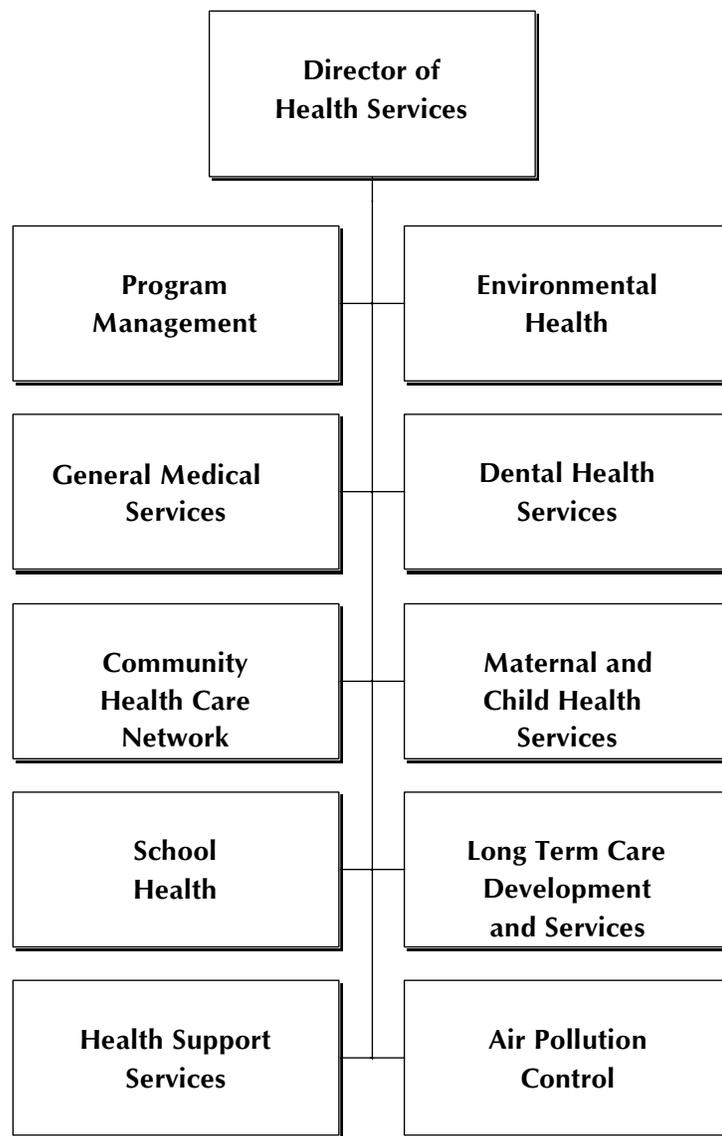


Health Department



Mission

Protect, promote and improve health and quality of life.

Focus

The Health Department has four core functions upon which service activities are based: the prevention of epidemics and the spread of disease, protecting the public against environmental hazards, promoting and encouraging healthy behaviors, and assuring the quality and accessibility of health services. The nationally adopted *Healthy People 2010* objectives guide the goals for many of the Health Department's services and are reflected in several of the performance measures.

In FY 1996, the Health Department became a locally administered agency. Prior to 1996, the department operated on a cooperative agreement with the state. The state maintains its effort in support of the Health Department by continuing to send state dollars to the locality based on a formula set by the General Assembly. For FY 2008, it is anticipated that the state will contribute a total of \$9,246,949 in support of Health Department services.

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Other revenue support for Health Department activities comes from licenses, fees, an air pollution grant, and permits, including those collected from individuals, businesses and contracts with the cities of Fairfax and Falls Church for environmental and health-related services. Environmental fees are charged for various services, such as food establishments, septic systems, site review plans and swimming pool permits. The Health Department collects fees for death certificates, x-rays, speech and hearing services, pregnancy testing, prenatal care, laboratory and pharmacy tests, physical therapy, adult immunizations, and Adult Day Health Care participation. Eligible health-related services are billed to Medicaid.

The Health Department's strategic plan, which incorporates input from the community, key stakeholders and staff, identified five strategic goals: preventing the spread of communicable disease, facilitating access to health services, employing and retaining a skilled and diverse workforce, harnessing technology to provide cost effective health services, and addressing growing needs and preparing for the future of health services. The work plan, completed in FY 2005, is reviewed and updated annually to guide Health Department services.

Preventing the Spread of Communicable Disease

Control of communicable diseases, a primary function, remains a continuous challenge. Communicable diseases are evidenced in the occurrence of food-borne outbreaks, the incidence of tuberculosis in the community, and the increase in the number of communicable disease illnesses reported to the Health Department that must be investigated. The Epidemiology/Bioterrorism Preparedness Unit has greatly enhanced the department's ability to monitor and identify trends for communicable diseases, food-borne illness complaints, and hospital conditions. The Unit has also been a key player in the development of the County's Pandemic Influenza Response Plan. Bioterrorism response capacity also remains an ongoing focus. The Medical Reserve Corps, now fully staffed, is 3,542 strong and growing, and it is publicly recognized as a model program in the United States. FY 2008 will be a year of on-going training, tabletop exercises, and continuous recruitment of new volunteers. In addition, the Chemical Hazard Response Unit, re-established during FY 2007, will further enhance the department's emergency response capability.

Education on healthy behaviors continues to be an integral component of all the Health Department's communicable disease activities, including educating food handlers, teaching about HIV/AIDS, providing classroom instruction in the schools, and offering one-on-one teaching/counseling to new mothers and pregnant women. Throughout FY 2007 and into FY 2008, outreach will continue in order to educate minority and/or vulnerable populations on how to prepare themselves and their families in case of an emergency or pandemic.

In addition to communicable diseases, West Nile virus, which is transmitted from infected mosquitoes to humans, continues to be a public health concern. In FY 2007, the County's first case of human West Nile virus in two years was reported; however, no deaths occurred from this preventable illness. In late FY 2005, a tick surveillance system was initiated to monitor the presence of ticks that carry human disease pathogens.

Facilitating Access to Services

Due to a growing number of working poor in Fairfax County, demand for services continues to increase and exceed the current capacity of the County's health system. Maternity care increased by 13 percent over the past year, due to increases in the number of pregnancies; immunizations increased by 22 percent, partially due to the increasing number of immunizations children are required to have; and tuberculosis services increased by 15 percent, due to the County's large and growing immigrant population. Collaborative efforts with other County agencies and nonprofit organizations continue to be the key in addressing the quality,

THINKING STRATEGICALLY

Strategic issues for the department include:

- Preventing and minimizing the impact of new and emerging communicable diseases and other health threats;
- Assessing community public health service needs and facilitating access to needed and/or mandated services;
- Employing and retaining a skilled productive workforce that mirrors the diversity of the community;
- Integrating and harnessing the use of proven technology to provide cost-effective health services; and,
- Addressing growing needs and preparing for the future of health care services.

Health Department

availability, and accessibility of health care. Partnerships with the private sector and other County agencies are being cultivated to improve access. These partnerships include: Medical Care for the Unsheltered Homeless with the Department of Family Services, the Fairfax-Falls Church Community Services Board, Fairfax Area Christian Emergency and Transitional Services, New Hope Housing, Volunteers of America, United Community Ministries, Northern Virginia Dental Clinic and Reston Interfaith; Services for Late Stage Alzheimer Clients with the Alzheimer Family Center; and several other projects in development through the Long Term Care Coordinating Council (LTCCC).

The redesign of several services was completed in FY 2007 that resulted in improved resource utilization while enhancing customer service. A Total Quality Improvement Program is in place so that services are modified as issues are identified in the delivery system.

Employing and Retaining a Skilled and Diverse Workforce

The goal of the Health Department's initiative "Making Our Values Come Alive" is to have the department be known for its excellence in service and perceived by staff as the best place to work. The Recognition/Honors Award Program has undergone review and revision to incorporate the Health Department's values and the need for innovative ways to recognize staff. Workforce planning remains critical to the strategic goal of employing and retaining a skilled and diverse workforce; the highly competitive health professionals' employment market presents significant challenges to hiring and keeping qualified and experienced staff. In FY 2007, active participation in Employment Fairs, conducting open houses in satellite offices and more aggressive recruitment are actions initiated to meet the challenge of recruiting nurses. In addition, hiring and referral bonuses are now being offered for nurses. Succession planning continues with increasing emphasis as the number of retirees rises each year. In the coming three to five years, the Health Department expects to lose many individuals in senior management positions whose institutional knowledge is especially difficult to replace.

Integrating and Harnessing Technology

Integrating and harnessing the use of proven technology is a key strategic priority, with efforts refocused on maximizing existing technology that would improve the distribution of health information and facilitate community education about health-related issues. Timely, accurate information is now available on the Health Department's Web site to keep the community current on significant health events and provide information on emergency preparedness, hand washing, West Nile virus or other timely topics. Work is in progress to develop intranet capabilities for internal communications among staff, which will include committee reports, problem solving and the general sharing of information. Work continues on improving the technology used in day-to-day activities within Environmental Health. FIDO (Fairfax Inspection Data Base Online), a multi-agency software system being implemented in the County, is now in place for one section of Environmental Health and two more sections to come on line in FY 2007. When fully implemented, it is expected to greatly improve customer service, provide for a unified cross-agency approach to database management and improve efficiency. Environmental Health will also continue industry and community outreach activities, soliciting broad spectrum input for developing the process to measure the success of jurisdictions in meeting all of the FDA Voluntary National Retail Food Regulatory Program Standards.

Addressing Growing Needs and Preparing for the Future

In late FY 2007, a comprehensive community health assessment will be initiated in partnership with the private health care community; this effort, which will take approximately three years, will produce a plan that can be used to guide the development of health care services into the future. The Health Department's strategic plan will then be updated to incorporate findings that are applicable to the public sector. In addition, the School Health Study, initiated in FY 2007, will provide recommendations for the staffing, services and future needs of School Health Services into the next decade. During FY 2007, a strategic relationship is being developed to restructure the health care safety net for low income, uninsured and underinsured individuals – in both public and non-profit services – in order to maximize resources, improve continuity of services, leverage additional non-County funding sources and prepare for the future of health care technology. Working towards having a community prepared for all types of emergencies will continue to be a major focus of this department. Outreach to Fairfax County's diverse and growing population is another priority. In FY 2007, the Health Department developed and implemented public awareness initiatives targeting underserved ethnically diverse populations to include offering culturally sensitive presentations, submitting articles to ethnically diverse print media, and participating as a speaker on a Korean TV network. In addition,

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the department hired bilingual staff and recruited bilingual volunteers to work in the Adult Day Health Care (ADHC) centers.

New Initiatives and Recent Accomplishments in Support of the Fairfax County Vision

|  Maintaining Safe and Caring Communities | Recent Success | FY 2008 Initiative |
|--|-----------------------|---------------------------|
| Seek out private partner funding source for expansion of Beginning Steps for Parents Project and Operation Preemie Program, initiatives focused on improving pregnancy outcomes and connectivity to community resources. | | ☑ |
| Incorporated the Food and Drug Administration Voluntary National Retail Food Regulatory Program Standards into the Food Program. These Standards constitute a framework designed to accommodate traditional and emerging approaches to food safety through continual revision as recommended by the Conference of Food Protection. This will be an ongoing initiative for several years. A baseline survey report on the occurrence of risk factors and the use of Food Code interventions was completed in FY 2006. The self assessment completed in FY 2005 identified current program strengths and weaknesses and was followed by a third-party verification audit during late FY 2006/early FY 2007. The development of strategies and an action plan for program improvement will follow in FY 2008. | ☑ | ☑ |
| Completion of a countywide project to locate and digitally map all individual drinking water wells in FY 2007. The process of mapping alternative sewage disposal systems, food establishments and swimming pools will continue into FY 2008. This will allow for more efficient and rapid identification of sites to address problems, issues, outbreaks or other significant public health events. | ☑ | ☑ |
| The School Gastrointestinal and Influenza-Like Illness Monitoring System (SIMS) was implemented in 180 Fairfax County Public Schools (FCPS) to provide: consistent approach to monitoring communicable illness; early and detailed notification of gastrointestinal and influenza-like illness increases; an opportunity to institute early disease control measures to prevent further illness and to augment the Electronic Surveillance System for the Early Notification of a Community-based Epidemic (ESSENCE). During FY 2008, further development of a web-based tool, created in FY 2007, will be accomplished in order to allow for more efficient and accurate data collection by the Clinic Room Aides, Public Health Nurses and the department Epidemiologist. | ☑ | ☑ |
| All new Tuberculosis isolates from January 2006 forward were shipped promptly from the Health Department laboratory to a national "fingerprinting" lab for disease strain analysis to aid in epidemiologic investigations. Fingerprinting allows the Health Department to quickly isolate the source of Tuberculosis outbreaks enabling a more rapid and effective public health response. | ☑ | |

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|  Maintaining Safe and Caring Communities | Recent Success | FY 2008 Initiative |
|---|-----------------------|---------------------------|
| <p>PACE (Program for All Inclusive Care of the Elderly) is a comprehensive program which leverages Medicaid and Medicare dollars to provide medical and social services enabling frail seniors to remain in their homes and community. In FY 2007, a more in-depth feasibility study and market analysis will be completed in collaboration with community partners and state funds will be sought for start-up activities. In FY 2008, a plan will be initiated to establish a PACE program.</p> | ✓ | ✓ |
| <p>Continue the multi-year initiative to transition service delivery, where possible, from traditional individual-based services to population-based services, enabling an increased focus on prevention and health promotion.</p> | ✓ | ✓ |
| <p>In FY 2007 the Health Department initiated a School Health Study. The scope of the study involves research and data analysis on current capacity and demand for school health services and the development of an internal strategic plan for the Fairfax County School Health program. It is anticipated that the accepted recommendations will begin to be implemented in FY 2009 depending upon needed resource availability.</p> | ✓ | ✓ |
| <p>The Health Department is the lead department for the development of the Fairfax County Pandemic Influenza Response Plan that outlines the coordinated local strategy to prepare for and respond to an influenza pandemic and supplements the Commonwealth of Virginia and federal pandemic response plans. Expanded pandemic flu planning will continue with funding received from the Virginia Department of Health (VDH) through a cooperative agreement with the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). Fairfax County was the first jurisdiction in the metropolitan Washington area to publicly release a pandemic flu response plan to its residents.</p> | ✓ | ✓ |
| <p>Implementation of a Targeted Latent Tuberculosis Infection (LTBI) testing program was initiated in FY 2006 for individuals at high risk for TB infection and progression of infection to tuberculosis disease. Program includes building new and strengthening current relationships with community members of specific ethnic and minority groups. Plans to enhance the current program in FY 2007 and FY 2008 are in development and include the implementation of new CDC guidelines for conducting TB contact investigation, and the possible use of GIS to provide the means to electronically map TB prevalence in the County, providing TB program managers with a targeted population for intervention.</p> | ✓ | ✓ |

Health Department

|  Maintaining Safe and Caring Communities | Recent Success | FY 2008 Initiative |
|---|-------------------------------------|-------------------------------------|
| <p>Through the Cities Readiness Initiative (CRI) the federal government tasked the National Capital Region (NCR) with providing prophylactic medication to 100 percent of the population within 48 hours of the aerosolized release of anthrax. During FY 2007 and FY 2008, a local CRI emergency operational plan will be developed, coordinated and exercised. To address this, as well as other bioterrorism and naturally occurring disease scenarios, the health departments of the eight jurisdictions of the NCR require rapid access to sufficient equipment and supplies to begin distributing medication to the population. This project is funded with \$1,000,000 to close the current gap in preparedness and help ensure that communities in the NCR are properly equipped and supplied to meet the challenge of quickly dispensing medication in an emergency. Fairfax County is one of many jurisdictions in the region receiving grant funding and the Health Department is acting as the project manager on behalf of the NCR health departments. As a result of this project, the Health Department will receive \$250,000 in emergency supplies that will be stored in a central warehouse ready for use during a public health emergency at medication dispensing sites.</p> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>The Board of Supervisors approved an expansion of the Senior Plus program in FY 2007 in order to provide services for senior adults who require a higher level of assistance to participate in senior activities within existing Senior Centers. The expansion calls for the co-location of Senior Plus sites with existing Senior Centers and Adult Day Health Care Centers, creating seven regional senior service sites in the County.</p> | <input checked="" type="checkbox"/> | |
| <p>Successfully implemented a new Arthritis Management Program in five Adult Day Health Care (ADHC) centers and two Senior Centers throughout the County.</p> | <input checked="" type="checkbox"/> | |
| <p>Opened newly constructed Braddock Glen Adult Day Health Care Center as planned in May 2006. This represents the County's sixth ADHC center for frail elderly and adults with disabilities.</p> | <input checked="" type="checkbox"/> | |
|  Connecting People and Places | Recent Success | FY 2008 Initiative |
| <p>In coordination with the Virginia Department of Health and The Johns Hopkins University Applied Physics Laboratory, implemented the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). This syndromic surveillance system uses information collected daily from emergency departments for the detection of events of public health importance. Further refinement of this process will be ongoing to include active participation on a Regional Committee that will address interpretation and follow-up of surveillance flags triggered by this system.</p> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>During FY 2006, implemented the CDC's National Electronic Disease Surveillance System (NEDSS). This system will electronically integrate and link together a wide variety of surveillance activities and will facilitate a more accurate and timely reporting of disease information to the CDC and the state health department. Future initiatives in FY 2008 and FY 2009 will focus on data analysis and the generation of reports.</p> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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|  Connecting People and Places | Recent Success | FY 2008 Initiative |
|---|-------------------------------------|-------------------------------------|
| Developed and implemented a custom application to enhance the effectiveness of the current volunteer database that supports the Medical Reserve Corps (MRC). The functionality of this new application includes improved web/user interface and enhanced volunteer application and management processes. This system provides a robust system for volunteer resource management during emergencies and provides the ability for volunteer photo identification and GIS-based alerting. MRC leaders were trained on this system in FY 2007. | <input checked="" type="checkbox"/> | |
|  Practicing Environmental Stewardship | Recent Success | FY 2008 Initiative |
| The Health Department and Office of Public Affairs partnered to create an outreach campaign focused on air quality. A variety of written materials were developed (brochures, hand fans, bookmarks, magnets) to educate residents on voluntary actions they can take to improve the region's air quality. This effort will continue with a focus on translating the materials into other languages. New materials will be developed for specific businesses that emit air pollutants to inform them of alternative practices to lower emissions. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Continued active participation in the Metropolitan Washington Council of Government's Air Quality Committee, Technical Advisory Committee, and the Control Measures Workgroup to focus on developing regional strategies to reduce air pollutants that contribute to ozone formation. The region remains in nonattainment for ozone and submitted a State Implementation Plan (SIP) to the Environmental Protection Agency (EPA) in 2007 to demonstrate compliance by 2010. The Washington metropolitan region has also been designated as nonattainment for particulate matter smaller than 2.5 microns (PM _{2.5}) and must submit a SIP to the EPA by 2009. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| In FY 2006, the County received a National Association of Counties Achievement Award for its Environmental Improvement Program developed by staff. This program addresses environmental projects and policy needs and provides a strategic approach for the County Executive and Board of Supervisors to make decisions on environmental actions approved for implementation. | <input checked="" type="checkbox"/> | |
| The Health Department laboratory received certification and will maintain EPA certification for testing arsenic in drinking water to meet the new federal drinking water standards that went into effect in January 2006. Arsenic testing will be available to Fairfax County homeowners with private wells in addition to municipal compliance customers. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| The Division of Environmental Health will continue to actively support the New Millennium Occoquan Watershed Task Force's recommendation to establish a commission to consider the creation of an On Site Sewage Disposal System Management Entity, which could provide greater protection of the County's water supplies by improving the management of onsite sewage disposal systems. The commission will be established in FY 2007 and will release its findings on the feasibility of an On Site Sewage Disposal System Management Entity in FY 2008. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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|  Creating a Culture of Engagement | Recent Success | FY 2008 Initiative |
|---|-------------------------------------|-------------------------------------|
| <p>Expansion of medical services provided to sheltered, medically fragile and unsheltered homeless persons in Fairfax County:</p> <ul style="list-style-type: none"> • Implemented a cross-agency initiative to establish a pilot program to provide shelter-based medical services to homeless individuals in Fairfax County. This pilot was recommended by the Special Committee on Medically Fragile Homeless Persons of the Health Care Advisory Board and accepted by the Board of Supervisors in the spring of 2005. A formal evaluation of the pilot was completed in FY 2007. • At the direction of the Board of Supervisors, the Health Department convened the Mobile Homeless Medical Services Committee comprised of representatives from the community and County agencies interested in services to the homeless, in particular unsheltered homeless persons living on the streets. The committee developed a proposal for the establishment of four Unsheltered Homeless Healthcare Outreach Teams. Each team serves a geographic area of the County and provide both physical and behavioral health care to unsheltered homeless persons, as well as referral and transportation to medical care, mental health/substance abuse and dental services. This program was funded as part of the <i>FY 2006 Carryover Review</i>, started during FY 2007 and will be fully operationalized during FY 2008. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>Continue the work of the Long-Term Care Coordinating Council (LTCCC), which provides leadership in meeting long term care needs in the community and championing the implementation of the Long Term Care Strategic Plan. In FY 2006, developed a Long Term Care (LTC) Non-Profit (CareFaxLTC) to act as the LTC business organization, brokering partnerships and leveraging resources among the business, faith-based, non-profit, for profit and public sectors. In FY 2007, the County established the Care Fund and Incentive Fund to increase affordable assisted living and generate new creative solutions to unmet LTC needs in the community. In FY 2008, CareFaxLTC and the LTCCC will continue to foster the development of additional investment strategies to build service capacity in the community.</p> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>Continue a partnership between the County-operated Adult Day Health Care Program and the Alzheimer's Family Day Care Center to ensure continuum of care for people with early, mid and late stages of Alzheimer's disease.</p> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Exercising Corporate Stewardship | Recent Success | FY 2008 Initiative |
| <p>Implemented a new Adult Day Health Care Program attendance and billing policy that achieved desired results to increase the attendance rate and revenue.</p> | <input checked="" type="checkbox"/> | |
| <p>Procurement of an integrated management information system for the Adult Day Health Care Program that will serve to streamline documentation and billing functions.</p> | | <input checked="" type="checkbox"/> |

Health Department

Budget and Staff Resources

| Agency Summary | | | | | |
|----------------------------------|---------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 582/ 512.08 | 595/ 524.35 | 597/ 525.73 | 597/ 525.23 | 597/ 525.73 |
| Expenditures: | | | | | |
| Personnel Services | \$27,265,059 | \$31,438,349 | \$31,688,675 | \$32,295,850 | \$32,295,850 |
| Operating Expenses | 13,383,412 | 13,868,524 | 16,330,232 | 14,253,981 | 14,253,981 |
| Capital Equipment | 451,448 | 0 | 34,974 | 0 | 0 |
| Subtotal | \$41,099,919 | \$45,306,873 | \$48,053,881 | \$46,549,831 | \$46,549,831 |
| Less: | | | | | |
| Recovered Costs | (\$132,246) | (\$138,687) | (\$138,687) | (\$145,774) | (\$145,774) |
| Total Expenditures | \$40,967,673 | \$45,168,186 | \$47,915,194 | \$46,404,057 | \$46,404,057 |
| Income/Revenue: | | | | | |
| Elderly Day Care Fees | \$751,214 | \$801,815 | \$801,815 | \$884,528 | \$884,528 |
| Elderly Day Care | | | | | |
| Medicaid Services | 146,960 | 160,745 | 160,745 | 165,567 | 165,567 |
| Fairfax City Contract | 811,262 | 849,591 | 957,992 | 1,004,679 | 1,004,679 |
| Falls Church | | | | | |
| Health Department | 172,233 | 161,220 | 172,233 | 172,233 | 172,233 |
| Licenses, Permits, Fees | 2,936,825 | 3,080,795 | 3,007,209 | 3,034,926 | 3,034,926 |
| State Reimbursement | 8,543,460 | 8,457,707 | 9,065,636 | 9,246,949 | 9,246,949 |
| Air Pollution Grant | 68,850 | 68,850 | 68,850 | 68,850 | 68,850 |
| Total Income | \$13,430,804 | \$13,580,723 | \$14,234,480 | \$14,577,732 | \$14,577,732 |
| Net Cost to the County | \$27,536,869 | \$31,587,463 | \$33,680,714 | \$31,826,325 | \$31,826,325 |

FY 2008 Funding Adjustments

The following funding adjustments from the FY 2007 Revised Budget Plan are necessary to support the FY 2008 program:

- ◆ **Employee Compensation** **\$1,377,773**
 An increase of \$1,384,860 in Personnel Services is associated with salary adjustments necessary to support the County's compensation program, partially offset by an increase of \$7,087 in Recovered Costs due to a greater recovery of salary costs for services to other agencies.
- ◆ **Personnel Services Reduction** **(\$654,421)**
 A decrease of \$654,421 in Personnel Services is part of an across-the-board reduction to meet budget limitations based on available revenues as a result of a flattening residential real estate market.
- ◆ **Pharmaceutical Supplies** **\$104,783**
 An increase of \$104,783 in Operating Expenses is included to address the increasing costs and higher demand for pharmaceutical supplies such as influenza vaccines and tuberculosis (TB) drugs. Administering flu vaccinations for adults and children is one of Fairfax County's most effective methods of safeguarding public health during flu season. In addition, since Fairfax County has one of the highest TB rates in Virginia, it is crucial to provide infected or exposed residents with effective rounds of treatment in order to limit the spread of TB infections.

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- ◆ **Prenatal Laboratory Services** **\$87,515**
An increase of \$87,515 in Operating Expenses is included to address the increasing costs of prenatal laboratory services such as Alpha Fetoprotein tests and Pap smears. Providing prenatal care to medically indigent women through prenatal testing is a crucial component to ensuring the health of both mother and baby during a pregnancy.

- ◆ **Cellular Capacity for First Responders** **\$75,000**
An increase of \$75,000 in Operating Expenses is included for cellular services to address the Health Department's increasing role as a first responder in public health emergencies. During a public health emergency, Public Health Nurses, Environmental Health Specialists, Epidemiologists, and Lab Technicians must be in constant communication with hospitals, labs, clinics, and residents to ensure a rapid and effective response to emerging threats.

- ◆ **Health Care for Unsheltered Homeless Persons** **\$50,000**
An increase of \$50,000 in Operating Expenses is to fully fund community-based contracts to support four Unsheltered Homeless Health Care Outreach Teams that were established as part of the *FY 2006 Carryover Review* and funded for 9 months. These contracts provide outreach workers, van maintenance, fuel, medical supplies, computer equipment, and a limited amount of pharmaceutical supplies.

- ◆ **Medical Supplies** **\$35,000**
An increase of \$35,000 in Operating Expenses is included to address the increasing costs for medical supplies such as needles, gloves and masks. These supplies are essential for Health Department employees in the delivery of public health services, because they protect both employees and residents from potential health risks.

- ◆ **Intergovernmental Charges** **\$26,159**
An increase of \$26,159 in Operating Expenses is comprised of \$15,000 for the PC Replacement Program that is based on the number of PCs scheduled to be replaced in FY 2008, according to the four-year replacement cycle, and \$11,159 for Department of Vehicle Services charges based on anticipated charges for fuel, vehicle replacement and maintenance.

- ◆ **Carryover Adjustments** **(\$2,612,946)**
A decrease of \$2,612,946 is due to the carryover of one-time Operating Expenses and Capital Equipment as part of the *FY 2006 Carryover Review*.

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2008 Advertised Budget Plan, as approved by the Board of Supervisors on April 30, 2007:

- ◆ The Board of Supervisors made no adjustments to this agency.

Changes to FY 2007 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2007 Revised Budget Plan since passage of the FY 2007 Adopted Budget Plan. Included are all adjustments made as part of the FY 2006 Carryover Review and all other approved changes through December 31, 2006:

- ◆ **Carryover Adjustments** **\$1,998,182**
As part of the *FY 2006 Carryover Review*, the Board of Supervisors approved encumbered funding of \$1,998,182, including Operating Expenses obligations of \$1,978,208 and Capital Equipment obligations of \$19,974 for goods and services that were ordered but had not yet been received.

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- ◆ **Pandemic Flu Preparedness** **\$487,764**

As part of the *FY 2006 Carryover Review*, the Board of Supervisors approved unencumbered funding of \$487,764 to put the infrastructure in place for countywide pandemic flu preparedness. In particular, one-time funding of \$123,264 in Personnel Services supports two limited term positions, a Management Analyst II and a Community Health Specialist, to hold community meetings and physician summits and develop pandemic flu training materials in multiple languages. In addition, one-time funding of \$364,500 in Operating Expenses supports the purchase of masks, an N-95 mask fitting program for physicians' offices throughout the County, and a limited term Public Information Officer position responsible for coordinating and disseminating information about pandemic flu.

- ◆ **Health Care for Unsheltered Homeless Persons** **\$246,062**

As part of the *FY 2006 Carryover Review*, the Board of Supervisors approved funding of \$246,062 to meet the needs of the unsheltered homeless by establishing four Unsheltered Homeless Health Care Outreach Teams, one for each of the County's four human service regions. These teams provide mental/substance abuse and medical services, as well as referrals for dental care at emergency community shelters, drop-in sites, and in places that unsheltered homeless persons frequent. The total cost of this initiative is \$499,497. However, since \$230,000 is already included in the Health Department's baseline as part of the FY 2007 Adopted Budget Plan, the net cost of this initiative is \$269,497. This is comprised of \$127,062 in Personnel Services and \$119,000 in Operating Expenses, which includes \$112,000 in one-time funding for vehicles. The net cost also includes \$23,435 in fringe benefits funding, which is included in Agency 89, Employee Benefits. For further information on fringe benefits, please refer to the Agency 89, Employee Benefits narrative in the Nondepartmental program area section of Volume 1.

- ◆ **Environmental Projects** **\$15,000**

As part of the *FY 2006 Carryover Review*, the Board of Supervisors approved an increase of \$15,000 in Operating Expenses for the Health Department associated with the County's Environmental Excellence 20-year Vision Plan (Environmental Agenda) to implement critical environmental initiatives. Total funding of \$1,000,000 was approved for various County agencies in support of each of the Agenda's six topic areas, including Growth and Land Use; Air Quality and Transportation; Water Quality; Solid Waste; Parks, Trails and Open Space; and Environmental Stewardship.

- ◆ **Medically Fragile Homeless Care** **\$0**

Subsequent to the *FY 2006 Carryover Review*, 1/1.0 SYE Nurse Practitioner was added for the Medically Fragile Homeless Care (MFHC) Program in FY 2007. This position deployment is unique in that the County Executive and Board of Supervisors previously approved this action in the FY 2007 Adopted Budget Plan. However, since that time, a more immediate and pressing need arose regarding the County's efforts to address health care for unsheltered homeless persons, mentioned above. In response to that need, the Health Department voluntarily committed the Nurse Practitioner from the MFHC Program to the unsheltered homeless initiative. This action enhanced the resources available to the unsheltered homeless outreach teams, but left the Embry Rucker shelter with fewer staff devoted to the MFHC Program. In deploying a County merit position to the County's MFHC Program, the County Executive and Board of Supervisors are recognizing and addressing the continued need for qualified County staff serving the medical needs of individuals at the Embry Rucker Shelter.

- ◆ **Quality Assurance at Assisted Living Facilities** **\$0**

Subsequent to the *FY 2006 Carryover Review*, 1/1.0 SYE Public Health Nurse IV was added for the County's Assisted Living Facility Quality Assurance Team, which is responsible for ensuring compliance with the *Standards and Regulations for Licensed Assisted Living Facilities*. In the last few years, the complexity of licensure compliance has increased, and a Public Health Nurse IV with healthcare expertise will enable the Quality Assurance Team to provide a more comprehensive assessment of the County's compliance with licensing standards.

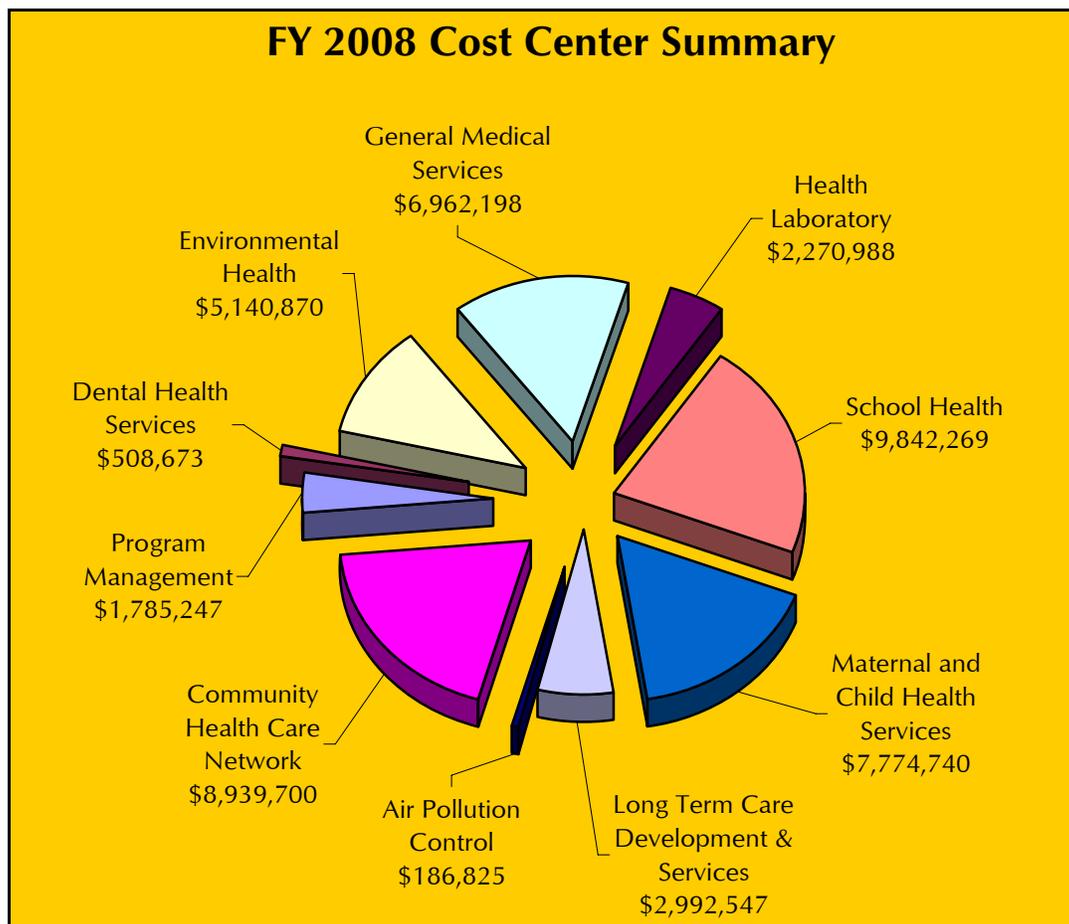
Health Department

The following funding adjustments reflect all approved changes to the FY 2007 Revised Budget Plan from January 1, 2007 through April 23, 2007. Included are all adjustments made as part of the FY 2007 Third Quarter Review:

- ◆ The Board of Supervisors made no adjustments to this agency.

Cost Centers

The Health Department is divided into 10 cost centers which work together to fulfill the mission of the department. They are: Program Management, Dental Health Services, Environmental Health, General Medical Services, the Community Health Care Network, Maternal and Child Health Services, Health Laboratory, School Health, Long Term Care Development and Services, and Air Pollution Control.



Health Department

Program Management



Program Management provides overall department guidance and administration including program development, monitoring, fiscal stewardship, oversight of the implementation of the strategic plan, and internal and external communication. A primary focus is working with the community, private health sector, governing bodies, and other jurisdictions within the Northern Virginia region and the Metropolitan Washington area in order to maximize resources available in various programmatic areas.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 9/ 9 | 10/ 10 | 9/ 9 | 10/ 10 | 9/ 9 |
| Total Expenditures | \$1,693,480 | \$1,722,372 | \$1,874,099 | \$1,785,247 | \$1,785,247 |

| Position Summary | |
|--|---|
| 1 Director of Health | 1 Administrative Assistant IV |
| 1 Director of Patient Care Services ¹ | 2 Administrative Assistants III |
| 1 Business Analyst IV | 1 Administrative Assistant II |
| 1 Management Analyst III | 1 Health Services Communications Specialist |
| TOTAL POSITIONS | |
| 9 Positions / 9.0 Staff Years | |

¹ The Director of Patient Care Services, reflected in this cost center, provides direction and support for department-wide activities and for a number of specific cost centers involved in Patient Care Services, including Dental Health Services, General Medical Services, the Community Health Care Network, Maternal and Child Health Services, School Health, and Long Term Care Development and Services.

Key Performance Measures

Goal

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

Objectives

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

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Web site visits | NA | 185,049 | 185,000 / 281,177 | 281,000 | 300,000 |
| Efficiency: | | | | | |
| Cost per Web site contact | NA | \$0.14 | \$0.14 / \$0.09 | \$0.08 | NA |
| Ratio of visits to Web site maintenance hours | NA | NA | NA / NA | NA | 500:1 |
| Service Quality: | | | | | |
| Percent of Web site users satisfied with the information and format | NA | NA | 80% / NA | 80% | 80% |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Outcome: | | | | | |
| Percent of users giving Web site a rating of Very Helpful or better | NA | NA | 80% / NA | 80% | 80% |

Performance Measurement Results

This objective focuses on a key priority of the Health Department's strategic planning process - integrating and harnessing the use of proven technology. The FY 2006 goal of obtaining 185,000 visits to the Health Department's Web site was based on the previous year's actual number of visits, and was greatly exceeded. The actual number of visits, 281,177, was over 50 percent above the number projected for the year. In the future, the number of visits to the site will continue to be measured. In the area of efficiency, the FY 2007 performance measure evaluates the cost of a Web site visit against the cost of actually providing information to the public through alternate methods, such as a response to a phone call. As the County continues to expand and improve its Internet presence, a more effective way of measuring efficiency is warranted. Therefore in FY 2008, a new measure will be employed that evaluates the number of visits to the Web site against the number of hours invested to maintain the department's Internet site content. It should also be noted that technical limitations prevented the collection of satisfaction or Web site data in FY 2006, but measurement began in mid FY 2007.

Dental Health Services

Dental Health Services addresses the dental needs of approximately 4,000 low-income children at three dental locations (South County, Herndon/Reston and Central Fairfax). Additionally, dental health education is available in schools with an augmented academic program and the Head Start Program.

| Funding Summary | | | | | |
|----------------------------------|------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 4/4 | 4/4 | 4/4 | 4/4 | 4/4 |
| Total Expenditures | \$449,060 | \$508,407 | \$523,599 | \$508,673 | \$508,673 |

| Position Summary | |
|-------------------------------|--------------------------------|
| 3 Public Health Dentists I | 1 Administrative Assistant III |
| TOTAL POSITIONS | |
| 4 Positions / 4.0 Staff Years | |

Key Performance Measures

Goal

To complete preventive and restorative dental treatment in order to improve the health of low-income children through prevention and/or control of dental disease.

Objectives

- ◆ To complete preventative and restorative dental treatment within a 12 month period for at least 50 percent of the children seen.

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| New patients visits | 1,281 | 1,016 | 1,500 / 986 | 1,300 | 1,300 |
| Total visits | 4,548 | 4,815 | 4,500 / 2,370 | 3,900 | 3,900 |
| Patients screened | 359 | 1,233 | 1,200 / 1,192 | 1,200 | 1,200 |
| Education sessions | 276 | 233 | 230 / 225 | 230 | 230 |
| Efficiency: | | | | | |
| Cost per visit | \$129.00 | \$113.00 | \$135.00 / \$152.00 | \$153.00 | \$159.00 |
| Net cost to County | \$93.00 | \$78.86 | \$95.00 / \$107.00 | \$109.00 | \$115.00 |
| Service Quality: | | | | | |
| Customer satisfaction index | 97% | 97% | 97% / 97% | 97% | 97% |
| Outcome: | | | | | |
| Percent of treatment completed within a 12 month period | 61% | 71% | 69% / 38% | 50% | 50% |

Performance Measurement Results

The performance results for FY 2006 are not strongly reliable due to reporting system changes described below. However, in accepting the data as the most accurate available, the performance trends revealed that more children utilizing the dental program faced significant dental problems and required multiple visits. Schedulers report that due to changes in the school system structure for testing and strict attendance, parents are reluctant to bring their children in for preventative treatment. Subsequently, children attended the clinic with more complex dental health issues. This resulted in fewer new patients being accepted but a higher acuity for each child. The higher cost per visit in FY 2006 reflects temporary staff reduction for 4.5 months of the year, due to vacancy or extended sick leave.

As stated above, FY 2006 data is based on soft numbers for annualized projections as both the state and County reporting systems changed in this fiscal year. The state is having difficulties with its system and could not report annual data to the Health Department for use. The new County reports started late into the fiscal year and therefore annual data was not available. These reporting systems also included new definitions for "patients screened" and "new patients". The transition to new systems and new definitions resulted in these numbers having reduced validity.

The FY 2007 and FY 2008 projected estimates are changed from previous years based on new definitions for "patient screening" and "new patients" for the state's and County's reporting systems. The decrease in the percent of treatment completed is due to the higher acuity of patient care; however, this completion rate is consistent with early trends reported across the state (30-40 percent).

Health Department

Environmental Health



The Environmental Health Services Division provides high quality services that protect the public health through a variety of regulatory activities. These activities include the regular inspection of food service establishments, permitting and inspection of onsite sewage disposal systems and private water supplies, elimination of public health or safety menaces, insect and vector control (including the West Nile virus program management), swimming pool safety, milk plant regulation, and enforcement of the residential maintenance provisions of the Virginia Uniform Statewide Building Code. The division continues to promote community revitalization and improvement and blight prevention and elimination by actively supporting and participating in the Neighborhood Volunteer Program, Hoarding Task Force, Blight Abatement Program, and the Strengthening Neighborhoods and Building Communities multi-agency effort.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 65/ 65 | 67/ 67 | 67/ 67 | 67/ 67 | 67/ 67 |
| Total Expenditures | \$4,496,497 | \$5,029,912 | \$5,212,039 | \$5,140,870 | \$5,140,870 |

| Position Summary | | | | | |
|--|----------------------------------|----|---------------------------------|---|-------------------------------|
| 1 | Director of Environmental Health | 5 | Environ. Health Supervisors | 1 | Administrative Assistant V |
| 2 | Environ. Health Program Managers | 16 | Environ. Health Specialists III | 3 | Administrative Assistants III |
| 1 | Business Analyst II | 31 | Environ. Health Specialists II | 7 | Administrative Assistants II |
| TOTAL POSITIONS | | | | | |
| 67 Positions / 67.0 Staff Years | | | | | |

Key Performance Measures

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.

Objectives

- ◆ To routinely inspect all regulated food establishments a minimum of two times per year and reduce by 1 percentage point the number of establishments that are closed, due to major violations of the Food Code, from 7 percent towards a target of 0 percent closures.
- ◆ To maintain the percentage of improperly installed water well supplies that pose the potential for water-borne diseases that are corrected within 30 days at 51 percent, toward a target of 90 percent.
- ◆ To maintain the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage-borne diseases that are corrected within 30 days at 87 percent and to move towards a target of 90 percent.
- ◆ 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 63 percent and to move towards a target of 70 percent in FY 2008 and 90 percent in future years.
- ◆ 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 by the Virginia Department of Health to no more than three cases.

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Regulated food establishments | 3,115 | 3,165 | 3,197 / 3,232 | 3,030 | 3,085 |
| Water well supply services provided | 4,487 | 3,839 | 3,800 / 3,839 | 3,800 | 3,600 |
| Sewage disposal system services provided | 9,188 | 7,635 | 7,600 / 7,635 | 7,600 | 7,600 |
| Community health and safety complaints investigated | 3,647 | 2,564 | 2,600 / 2,511 | 2,600 | 2,800 |
| Stormwater catch basins treated with mosquito larvicide | 153,623 | 92,920 | 105,000 / 113,117 | 125,000 | 115,000 |
| Efficiency: | | | | | |
| Regulated food establishments / Specialist | 190:1 | 198:1 | 200:1 / 202:1 | 189:1 | 192:1 |
| Water well services / Specialist | 449:1 | 384:1 | 380:1 / 384:1 | 380:1 | 360:1 |
| Sewage disposal system services/ Specialist | 919:1 | 764:1 | 760:1 / 764:1 | 760:1 | 760:1 |
| Community health and safety complaints / Specialist | 521:1 | 366:1 | 371:1 / 358:1 | 371:1 | 400:1 |
| West Nile virus program cost per capita | \$1.23 | \$0.88 | \$1.58 / \$1.05 | \$1.10 | \$1.12 |
| Service Quality: | | | | | |
| Percent of regulated food establishments inspected at least once | 92.5% | 100.0% | 100.0% / 100.0% | 100.0% | 100.0% |
| Average number of inspections to correct out-of-compliance water well supplies | 1.3 | 1.2 | 1.2 / 1.2 | 1.2 | 1.2 |
| Average inspections to correct out-of-compliance sewage disposal systems | 3.6 | 2.9 | 3.0 / 2.9 | 3.0 | 3.0 |
| Percent of community health and safety complaints responded to within 3 days | 71.6% | 64.7% | 65.0% / 64.7% | 65.0% | 70.0% |
| Percent of target areas treated in accordance with the timetable | 100% | 100% | 100% / 100% | 100% | 100% |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Outcome: | | | | | |
| Percent of food establishments closed due to major violations | 5.0% | 7.2% | 8.0% / 7.0% | 6.0% | 5.0% |
| Percent of out-of-compliance water well supplies corrected within 30 days | 38.6% | 53.8% | 50.0% / 50.7% | 55.0% | 60.0% |
| Percent of out-of-compliance sewage disposal systems corrected within 30 days | 77.4% | 79.7% | 80.0% / 86.7% | 90.0% | 90.0% |
| Percent of community health and safety complaints resolved within 60 days | 65.0% | 63.4% | 65.0% / 63.4% | 65.0% | 70.0% |
| Confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health | 3 | 1 | 5 / 0 | 3 | 3 |

Performance Measurement Results

Food Safety: Tasked with the enforcement of the Fairfax County Food and Food Handling Code in public food establishments, the Food Safety Section's primary concern are those violations identified by the Center for Disease Control and Prevention as risk factors that contribute to food-borne illness. For routine monitoring of these risk factors, the Commonwealth of Virginia mandates that each public food establishment is, at a minimum, inspected at least once every 6 months. In FY 2006, the Food Safety Section met the minimum mandate number of inspections, ensuring that 100 percent of the 3,232 food establishments were inspected two times during the fiscal year. This goal was achieved in part because of the limited amount of vacancies in the Foods Safety Section during the year and a temporary redirection of staff. However, the mandated number of inspections is lower than the ideal number of inspections designed to prevent food-borne illness. Studies have shown that high risk establishments (those with complex food preparation; cooking, cooling and reheating), which are approximately 50 percent of Fairfax County restaurants, should be inspected at a greater frequency than low risk establishments (limited menu/handling) to reduce the incidence of food-borne risk factors. The Food and Drug Administration recommends that high-risk establishments be inspected three to four times a year and low risk once a year. The Fairfax County Food and Food Handling Code was revised during FY 2006 to transfer responsibility for inspecting convenience stores and gas stations to the Virginia Department of Agriculture and Consumer Services. When fully staffed, this transfer of facilities will allow an additional 0.5 SYE to increase the focus on high-risk establishments. However, meeting the FDA recommended inspection frequency would require an additional 7/7.0 SYE food safety inspectors based on the current workload of 202 establishments per inspector.

Onsite Sewage & Water: Individual well water supplies and onsite sewage disposal systems are enforced under the Fairfax County Code: Private Water Well Ordinance (Chapter 70.1) and the Individual Sewage Disposal Facilities (Chapter 68.1). In FY 2008, the Health Department projects that 60 percent of out-of-compliance well water supplies and 90 percent of out-of-compliance sewage disposal systems will be corrected within 30 days. Correction of water well deficiencies and problematic on-site sewage disposal systems can be highly complicated and expensive for the property owner, resulting in unavoidable delays in achieving full compliance. Temporary processes usually are available to eliminate health hazards while mitigation procedures are in process. Recent years have seen more in-fill development of housing as the County becomes more urbanized. Most in-fill development now utilizes non-traditional, alternative sewage disposal systems and technologies. Staff resources have transitioned from evaluating the installation of simple conventional sewage disposal systems in good soils to highly technical alternative sewage disposal systems installed in marginal to poor soils. Staff continues to focus on repair and replacement issues associated with older systems.

Health Department

Community Health & Safety: This section came within two percentage points of meeting its goal of resolving at least 65 percent of all complaints within 60 days during FY 2006. The FY 2008 goal is to improve the resolution rate to 70 percent. In FY 2007, an initiative between the Health Department and Department of Planning and Zoning will be completed, which will streamline how property maintenance issues will be handled. Presently, both agencies are involved in property maintenance issues. This often leads to confusion from the citizens and duplication of effort from the inspectors. By consolidating property maintenance responsibilities under one department, customer services will be greatly enhanced and staff resources better utilized. The Health Department will continue to play a supporting role in resolving property maintenance issues and will lead the hoarding taskforce. Citizen complaints involving health and safety menaces will continue to be aggressively investigated and resolved. In a joint venture with the Departments of Public Works and Environmental Services, Planning and Zoning, and Information Technology, the Division of Environmental Health has implemented the Complaints Management Module of FIDO. The Community Health and Safety Section began using the field inspection module in FY 2005. This system collects service requests differently from the antiquated HMIS database system used in the past. A reduction in the complaints received in FY 2005 is attributed to this new database system.

Disease-Carrying Insects Program: The goal in FY 2008 is to hold the number of human cases as reported by the Virginia Department of Health to no more than three cases, a number equal to that of FY 2004. The County has a comprehensive mosquito surveillance and management program that utilizes an integrated pest management, and multi-agency, approach to suppress the mosquito population and the transmission of West Nile virus (WNV) to human populations. Storm water catch basins, a significant breeding area of *Culex* mosquitoes that are the primary vectors of WNV, are treated with larvicide. Surveillance activity is conducted by the County to determine mosquito breeding locations and the degree of presence of the virus in County mosquitoes. A limited number of catch basin larvicide treatments were initiated at the end of FY 2002, when the disease first emerged in the County. The number of catch basin treatments has steadily expanded each year and in FY 2007 and FY 2008 a similar preemptive catch basin treatment program is planned. Treatment cycles totaling about 125,000 catch basins are projected in FY 2007 to ensure the aggressive suppression of the disease due to the flooding in Huntington, which required aggressive control activity. However, projections for treatment cycles have been slightly reduced in FY 2008 as no such incident is anticipated. This level assumes the capacity for treatment response if there is a warm WNV season (May to October), which would enhance mosquito breeding and development of the virus in these mosquitoes. Weather conditions, primarily rainfall is the principal factor that determines the number of catch basins that will be treated any given year. The cost per capita reflects the combined funding for West Nile virus activities provided under the Department of Health (General Fund) and Fund 116, Integrated Pest Management Program.

General Medical Services

General Medical Services Division is responsible for overseeing the County's response to tuberculosis; the control of communicable diseases; the Health Department's role in ensuring overall emergency preparedness; the provision of center-based services for those families requiring an outside care provider to assist with the activities of daily living and the needs of a sick or disabled family member; the provision of medical services to sheltered, medically fragile and unsheltered homeless individuals and the administration of Medicaid nursing home pre-screenings.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 73/ 72.5 | 79/ 78.5 | 82/ 81.5 | 80/ 79 | 82/ 81.5 |
| Total Expenditures | \$5,694,722 | \$6,625,044 | \$8,510,087 | \$6,962,198 | \$6,962,198 |

Health Department

| Position Summary | | | | | |
|--|--------------------------------|---|---|---|-------------------------------|
| 1 | Asst. Dir. for Health Services | 1 | Asst. Director of Patient Care Services | 1 | X-Ray Technician |
| 2 | Public Health Doctors | 1 | Management Analyst IV | 1 | Administrative Assistant V |
| 4 | Comm. Health Specs. | 3 | Management Analysts III | 4 | Administrative Assistants IV |
| 6 | Public Health Nurses IV | 1 | Program and Procedures Coord. | 4 | Administrative Assistants III |
| 13 | Public Health Nurses III | 1 | Human Service Worker II | 6 | Administrative Assistants II |
| 26 | Public Health Nurses II, 1 PT | 1 | Public Health Emergency Mgmt Coord. | 1 | Administrative Assistant I |
| 3 | Nurse Practitioners | 1 | Speech Pathologist | 1 | Administrative Associate |
| TOTAL POSITIONS | | | | | |
| 82 Positions / 81.5 Staff Years | | | | | |
| 4/4.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund | | | PT Denote Part-Time Position | | |

Key Performance Measures

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.

Objectives

- ◆ 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 8.9/100,000 and to move toward the Healthy People 2010 objective of 1.0/100,000 population, assuring that 95 percent of all TB cases will complete treatment.
- ◆ To expedite access to needed services by providing Medicaid Nursing Home Pre-Admission screening for at least 95 percent of 400 impaired adults within 10 working days of the request for screening.
- ◆ To increase the number of active Medical Reserve Corps volunteers to 6,000 by the end of FY 2008.
- ◆ To ensure that 30 percent of clients served in the Homeless Medical Services Program experience improved health outcomes.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Clients served in tuberculosis (TB) screening, prevention and case management | 14,879 | 12,932 | 14,000 / 14,909 | 14,500 | 14,500 |
| Communicable disease (CD) cases investigated | 1,146 | 1,426 | 1,200 / 1,439 | 1,400 | 1,450 |
| Medicaid Pre-Admission screenings completed per year | 336 | 351 | 350 / 501 | 400 | 400 |
| Emergency preparedness: Health Department staff and community Medical Reserve Corps volunteers completing an initial public health emergency education and training session | 940 | 1,489 | 1,400 / 1,737 | 1,400 | 1,400 |
| Clients served through the Homeless Medical Services Program | NA | NA | NA | NA | 1,550 |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Efficiency: | | | | | |
| TB care: Total cost per client | \$102 | \$126 | \$117 / \$108 | \$130 | \$136 |
| TB care: County cost per client | \$44 | \$53 | \$55 / \$44 | \$64 | \$73 |
| CD investigations: Total cost per client | \$272 | \$223 | \$299 / \$220 | \$426 | \$429 |
| CD Investigations: County cost per client | \$118 | \$124 | \$164 / \$118 | \$225 | \$242 |
| Medicaid cost per service unit | \$208 | \$205 | \$216 / \$151 | \$190 | \$199 |
| Medicaid net cost to County | \$161 | \$159 | \$164 / \$103 | \$138 | \$147 |
| Emergency preparedness: Total cost per individual trained | \$123 | \$129 | \$134 / \$124 | \$167 | \$160 |
| Emergency preparedness: County cost per individual trained | \$97 | \$113 | \$100 / \$98 | \$149 | \$143 |
| Clients evaluated by the Nurse Practitioner | NA | NA | NA | NA | 1:388 |
| 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% | 94% | 95% / 97% | 95% | 95% |
| Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service | 97% | 96% | 95% / 95% | 95% | 95% |
| Percent of individuals who express feeling confident to respond to a public health emergency following education and training | 97% | 97% | 95% / 97% | 95% | 95% |
| Percent of clients who return for a follow-up visit | NA | NA | NA | NA | 30% |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Outcome: | | | | | |
| Rate of TB Disease/100,000 population | 8.5 | 9.1 | 8.5 / 8.9 | 8.9 | 8.9 |
| Percent of TB cases discharged completing treatment for TB disease | 96% | 97% | 97% / 98% | 95% | 95% |
| Percent of completed CD investigations needing no further follow-up | 96% | 96% | 95% / 99% | 95% | 95% |
| Medicaid Pre-Admission screenings: Percent of screenings initiated within 10 working days of referral | 95% | 100% | 95% / 100% | 95% | 95% |
| Number of active Medical Reserve Corp Volunteers | 5,400 | 3,260 | 4,600 / 3,542 | 4,600 | 6,000 |
| Percent of clients with improved health outcomes | NA | NA | NA | NA | 30% |

Performance Measurement Results

Tuberculosis (TB): In FY 2006, as previously predicted, the TB program experienced stabilization in the number of clients served in tuberculosis screening, prevention and case management. This is related to the focus on and full implementation of targeted tuberculin skin testing (TST) and reflects the same rate as FY 2004 actual data, which was slightly more than the FY 2005 actual. It is predicted that this stabilization will continue as a trend, based on the continuation of the focus on the use of the targeted TST, ensuring that only high risk individuals are tested, resulting in fewer false positive results.

During FY 2006, the rate of TB disease in Fairfax County remained steady, at 8.9/100,000 population, as compared to a similar FY 2005 rate of 9.1. Although the rate of TB is thought to be directly linked to the demographic composition of the County population, with increasing representation of individuals more at risk for disease as the population increases, the case rate of TB disease is expected to remain relatively constant going forward due to early intervention and treatment efforts.

The increase in the cost per client in FY 2007 estimates and FY 2008 projections reflect the market adjustment in salaries.

The Health Department's TB Program achieved a 98 percent TB treatment completion rate for clients with TB disease. Slightly less than half of individuals treated for TB disease receive their medical care through private physicians, who receive consultation and guidance related to medical care from the Health Department's TB physician consultant. One hundred percent of private medical providers surveyed reported satisfaction with the Health Department's TB program.

Communicable Disease (CD): The number of CD investigations during FY 2006 was 20 percent greater than expected, continuing the trend of more CD investigations in each successive year surpassing current/future estimates. Increased staffing to manage the workload in this program occurred in FY 2007, thereby matching resources with increased demand for CD investigations. The costs associated with this work are estimated to increase in FY 2007, as well as FY 2008, based on the additional manpower required by the increased volume of CD investigations. The 1,439 investigations accomplished in FY 2006 include 404 cases associated with 18 separate outbreak situations. The CD investigations number does not include the 2,195 seasonal influenza cases tracked and reported to the Virginia Department of Health during the FY 2006 influenza season.

Health Department

The FY 2006 cost per client for CD investigations is less than estimated, and less than the FY 2005 actual, due to the increase in CD case investigations. The addition of positions in this program in FY 2007 will result in an increase in cost in both FY 2007 and FY 2008.

During FY 2006, 97 percent of individuals at highest risk for CD transmission were provided screening, prevention education and training to prevent the spread of further infection. This exceeds the target goal of 95 percent.

Medicaid Pre-Admission Screenings: The Commonwealth of Virginia requires that all individuals who are currently or will be eligible for community or institutional long-term care services, as defined in the state plan for medical assistance, shall be evaluated to determine their need for nursing or nursing facility services. The Health Department, as the lead department, ensures that the screenings are conducted and processed according to established Department of Medical Assistance Services criteria. The number of screenings completed in FY 2006 exceeded estimates by 43 percent. The increase in completed screenings reflected a change within the Department of Family Services from Home-Based Care to a Task-Based Home Care Program. Subsequent to that change, more individuals believed they needed more service hours and might qualify for Medicaid services, which meant the number of screening requests increased. The department screens all those who request the service. Finally, 100 percent of those screenings were completed within 10 days, as the department revamped its processes to enable a more timely completion of the service. The Medicaid Cost per service unit is a measure of the cost of a screening per individual screened, and in FY 2006 this cost was only 70 percent of the estimate due to the large number of screenings. As fewer screenings are expected in FY 2007 and FY 2008, the cost per individual has been raised accordingly.

Emergency Preparedness: During FY 2003, over 4,000 community volunteers were recruited and trained to respond to a public health emergency as part of the newly formed Bioterrorism Medical Action Teams (B-MATs). This large number of volunteers was recruited prior to the development of an adequate volunteer database or organized volunteer program. In FY 2004, community volunteers began to be recruited under the umbrella of the Medical Reserve Corps (MRC), a program sponsored by the Office of the Surgeon General. In addition, a MRC grant awarded by that same office enabled the Health Department to focus its efforts on the development of a robust volunteer database and alerting system that would ensure a more dependable public health response and better sustain a large volunteer program. With the advent of this new system, volunteers were able to register through a Web site and recruitment and training efforts were further developed and expanded.

The actual number of MRC volunteers for FY 2005 and FY 2006 is lower than the initial FY 2004 recruitment number. This is due, in part, to the removal of non-active MRC volunteers from the newly developed MRC database and the turnover of volunteers leaving the program due to re-location or other personal commitments. The FY 2005 and FY 2006 number of volunteers is now more reflective of a committed, trained group of individuals that are ready to respond to a public health emergency.

The FY 2007 focus for the MRC recruitment and training program is directed to the further recruitment of MRC leadership and essential volunteer roles within the MRC structure with the continued goal of recruiting 6,000 MRC volunteers by the end of FY 2008. An additional goal to develop an on-line training curriculum for MRC leaders will also be accomplished. As a result of an extensive and progressive training curriculum, 97 percent of all MRC volunteers that have completed an initial training report being confident in their ability to respond to a public health emergency.

The costs for emergency preparedness training during FY 2005 and FY 2006 was fairly consistent and on target with cost estimates. However, the number of volunteers and staff completing an initial training was higher than estimated in FY 2006, as the Health Department provided additional training to staff on Pandemic Influenza Preparedness and Response, an unanticipated training need, thus increasing the numbers trained and decreasing costs. Projected costs for MRC training are increased for FY 2007, as the MRC grant which funded the MRC Coordinator position during FY 2006 will be eliminated and the addition of two County merit positions are added to the program (e.g., the MRC Coordinator and MRC Trainer).

Health Department

Homeless Medical Services Program: The Health Department has provided medical services through Nurse Practitioners to homeless shelter residents at the County's five homeless shelters for the past 14 years, and will begin providing services at the new Katherine K. Hanley Shelter when it opens in the summer of 2007. During FY 2006 and FY 2007, a cross-agency initiative to establish a pilot program for the medically fragile homeless was added to these services. During FY 2007, another initiative was undertaken to provide both physical and behavioral health care to unsheltered homeless persons through the establishment of Unsheltered Homeless Healthcare Outreach Teams with oversight provided by the Health Department and medical services provided by a Nurse Practitioner. This expanded Health Department role in the provision of health care to both sheltered and unsheltered homeless persons will be fully implemented during FY 2008.

The Homeless Medical Services performance measure is a new indicator for FY 2008. The output indicator will be reflective of the number of clients served in five (possibly six) established homeless shelters, the Medically Fragile Pilot Project and the Unsheltered Homeless Outreach Program (inclusive of drop in sites and street outreach). It is estimated that 1,550 unduplicated clients will be served through the total program.

The efficiency indicator will provide the client to practitioner ratio and the service quality indicator will provide the percent of clients that return for a follow-up visit. National data indicates that homeless persons have multiple chronic physical, behavioral health and substance abuse needs. If health care is obtained it is generally episodic and follow up care is generally non-existent. Thus, for the first year of full programmatic implementation, it is estimated that 30 percent of clients will return for a follow-up visit with the overall objective to ensure that 30 percent of clients served in the Homeless Medical Services Program experience improved health outcomes. Health outcomes are an objective measure based on a pre-identified list of expected physical outcomes resulting from a specific intervention.

As this program grows and become integrated into the community, it is anticipated that additional persons will receive medical services and follow up care and have improved health outcomes. Programmatic experience will provide the department with more accurate estimates for the FY 2009 budget.

Community Health Care Network

The Fairfax Community Health Care Network (CHCN) is a partnership of health professionals, physicians, hospitals and local governments. It was formed to provide primary health care services to low-income, uninsured County residents who cannot afford medical care. Three health centers at Seven Corners, South County and North County are operated under contract with a private health care organization to provide primary care services.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 9/9 | 9/9 | 9/9 | 9/9 | 9/9 |
| Total Expenditures | \$8,352,535 | \$9,124,157 | \$9,292,927 | \$8,939,700 | \$8,939,700 |

| Position Summary | |
|--------------------------------------|--------------------------------|
| 1 Management Analyst IV | 6 Social Workers II |
| 1 Management Analyst II | 1 Administrative Assistant III |
| TOTAL POSITIONS | |
| 9 Positions / 9.0 Staff Years | |

Key Performance Measures

Goal

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

Health Department

Objectives

- ◆ To accommodate an increase in patient visits to 48,500, a level still within the maximum allowed under the existing contract with the contract provider, and to ensure that 80 percent of female patients age 40-69 treated over a two-year period receive a mammogram and 80 percent of individuals with diabetes receive an annual neuropathy exam.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Primary care visits | 47,899 | 47,616 | 48,000 / 48,032 | 48,250 | 48,500 |
| Efficiency: | | | | | |
| Net cost to County per visit | \$176 | \$179 | \$199 / \$177 | \$189 | \$188 |
| Service Quality: | | | | | |
| Percent of clients satisfied with their care at health centers | 89% | 89% | 90% / 92% | 95% | 95% |
| Percent of clients whose eligibility is determined on the first enrollment visit | 52% | 49% | NA / NA | NA | NA |
| Percent of clients whose eligibility determination is accurate | NA | NA | 90% / 93% | 95% | 95% |
| Outcome: | | | | | |
| Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period | 64% | 74% | 80% / 79% | 80% | 80% |
| Percent of patients with diabetes who receive an annual neuropathy exam | NA | 69% | 75% / 74% | 80% | 80% |

Performance Measurement Results

The number of primary care visits in FY 2006 (48,032) remained at nearly the same level as FY 2005 (47,616). This sustained output is attributed to a modification in health provider schedules, which occurred in FY 2004, and continues to be adjusted to maximize patient visits. The FY 2006 actual patient satisfaction score of 92 percent reflects a slight increase over FY 2005, and it exceeded the FY 2006 projected level of 90 percent. Key areas of improvement focused on disseminating information to patients regarding how to access services after hours and informing patients at the time of their arrival the estimated wait to be seen. The percent of women provided a mammogram has increased from 74 percent in FY 2005 to 79 percent in FY 2006. This continued increase is attributed to additional education and provider follow-up with patients as well as an enhanced tracking system that monitors compliance and results. The percent of patients with diabetes who received an annual exam to determine weakness or numbness in their extremities was 74 percent as compared to the estimate of 75 percent. Compliance and follow-up with patients is often difficult given the transient living situation of many of the patients served by CHCN. Beginning in FY 2006, the CHCN began measuring the percent of clients whose eligibility determination for CHCN services is accurate, instead of measuring the percent of clients whose eligibility is determined on the first visit, in an attempt to better understand service quality. The percent of clients whose eligibility determination was accurate was 93 percent, a slight increase over the estimate of 90 percent. The Health Access Assessment Team has established a more standard and comprehensive eligibility process.

Health Department

Maternal and Child Health Services



Maternal and Child Health Services provides pregnancy testing, maternity clinical and case management services, immunizations, early intervention for infants at risk for developmental delays, and case management to at-risk/high-risk families. Maternity clinical services are provided in conjunction with Inova Fairfax Hospital where women receive last trimester care and delivery. The target population is the medically indigent and there is a sliding scale fee for services. Services to infants and children are provided regardless of income.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 97/ 97 | 97/ 97 | 96/ 96 | 97/ 97 | 96/ 96 |
| Total Expenditures | \$6,862,665 | \$7,222,082 | \$7,198,068 | \$7,774,740 | \$7,774,740 |

| Position Summary | | | | | |
|---|---------------------------|---------------------------------|--|--|--|
| 2 Public Health Doctors | 1 Eligibility Supervisor | 3 Administrative Assistants V | | | |
| 1 Asst. Director for Medical Services | 1 Rehab. Services Manager | 2 Administrative Assistants IV | | | |
| 1 Asst. Director of Patient Care Services | 1 Physical Therapist II | 4 Administrative Assistants III | | | |
| 4 Public Health Nurses IV | 5 Speech Pathologists II | 13 Administrative Assistants II | | | |
| 9 Public Health Nurses III | 2 Audiologists II | 6 Human Service Workers II | | | |
| 40 Public Health Nurses II | | 1 Human Services Assistant | | | |
| TOTAL POSITIONS | | | | | |
| 96 Positions / 96.0 Staff Years | | | | | |
| 25/25.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund | | | | | |

Key Performance Measures

Goal

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

Objectives

- ◆ To improve the immunization rate of children served by the Health Department to 80 percent, toward the Healthy People 2010 goal of 90 percent.
- ◆ To maintain the low birth weight rate for all Health Department clients at 4.8 percent or below.
- ◆ To ensure at least 75 percent of Speech Language Pathology clients will be discharged as corrected/no further follow-up required.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|----------------------------------|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Immunizations: Children seen | 22,871 | 20,592 | 19,000 / 21,920 | 25,000 | 25,000 |
| Immunizations: Vaccines given | 44,537 | 32,644 | 33,000 / 39,762 | 45,000 | 45,000 |
| Maternity: Pregnant women served | 2,133 | 2,328 | 2,100 / 2,621 | 2,600 | 2,600 |
| Speech Language: Client visits | 3,929 | 3,212 | 3,400 / 2,751 | 3,400 | 3,400 |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Efficiency: | | | | | |
| Immunizations: Cost per visit | \$14 | \$20 | \$17 / \$21 | \$20 | \$20 |
| Immunizations: Cost per visit to County | \$10 | \$15 | \$12 / \$18 | \$16 | \$17 |
| Immunizations: Cost per vaccine administered | \$7 | \$12 | \$11 / \$12 | \$11 | \$11 |
| Immunizations: Cost to County per vaccine administered | \$5 | \$9 | \$7 / \$10 | \$9 | \$9 |
| Maternity: Cost per client served | \$615 | \$576 | \$621 / \$527 | \$517 | \$538 |
| Maternity: Cost per client to the County | \$292 | \$264 | \$285 / \$237 | \$227 | \$248 |
| Speech Language: Net cost per visit | \$136 | \$153 | \$164 / \$172 | \$144 | \$155 |
| Service Quality: | | | | | |
| Immunizations: Percent satisfied with service | 98% | 98% | 97% / 98% | 97% | 97% |
| Maternity: Percent satisfied with service | 98% | 98% | 97% / 97% | 97% | 97% |
| Speech Language: Percent of survey families who rate their therapy service as good or excellent | 100% | 100% | 100% / 100% | 100% | 100% |
| Outcome: | | | | | |
| Immunizations: 2 year old completion rate | 78% | 77% | 80% / 78% | 80% | 80% |
| Maternity: Overall low birth weight rate | 4.9% | 4.5% | 4.8% / 4.7% | 4.8% | 4.8% |
| Speech Language: Percent of students discharged as corrected; no follow-up needed | 71% | 75% | 77% / 73% | 77% | 75% |

Performance Measurement Results

Immunizations: The number of visits and the number of vaccines given in FY 2006 were higher than projected due to several factors: the Health Department began offering several new vaccines in FY 2006; unlike previous years, there was no vaccine shortage; overall there was increased availability of some vaccines; and there were a number of new school immunization requirements. These new requirements are also the reason for the increase in the projected number of visits and vaccines in FY 2007 and FY 2008. Costs per visit and per vaccine were higher than anticipated due to several factors. Costs for telecommunications, postage, document translation and the use of tele-interpreters were much higher than projected. While the immunization completion rate is lower than projected, the survey tool used has an accuracy rate of + or - 3 percentage points which means the completion rate could be as high as 81 percent. The Center for Disease Contract information states that for every dollar spent on immunizations, \$10 is saved in future medical costs and the indirect cost of work loss (parent), death and disability. In FY 2006, the total cost to the County for immunizations was \$385,703, resulting in a potential savings of \$3,857,030 in future medical and indirect costs according to this methodology.

Maternity Services: The low birth weight rate for the Health Department compares favorably with the overall County rate of 6.4 percent, particularly given that the Health Department population is generally at higher risk for poor birth outcomes. The State of Health Care Quality Report of 2003 indicates that for every dollar spent on prenatal care, between \$3.30 and \$23 are saved in future health care costs for the unborn child. The

Health Department

range reflects the range of risk factors, severity of related birth outcomes, costs to care for the child present and future education needs. In a recent national study, average hospital charges ranged from \$5,816 for normal weight infants to \$205,204 for infants with very low birth weight. In FY 2006, the total cost to the County for prenatal care was \$620,584 resulting in a potential savings of \$2,047,927 to \$14,273,432.

Speech and Language: There was a significant reduction in the number of client visits (14 percent from FY 2005 to FY 2006) which was due in part to a full-time staff vacancy over a six month period (FY 2006) and an additional reduction in available staff over an overlapping three month period. The number of client visits estimated for FY 2006 was predicated on full staffing. A reduction of available staff reduces the number of client visits, which reduces revenue and subsequently increases the cost per visit. Unit costs increased by 12 percent in FY 2006. The unit cost per visit was also affected by a significant increase in actual FY 2006 operational costs versus estimated FY 2006 costs.

The Speech Language program has targeted an increase in the number of clients discharged as corrected/no further follow-up required since FY 2002. The average discharge rate from FY 2003 to FY 2006 is 74 percent. Based on historical data, the target for FY 2006, which was 77 percent, appears to have been too difficult an objective to attain. The FY 2008 discharge rate has been adjusted to 75 percent. Historical data would suggest that a 75 percent corrected discharge rate is a reasonable, attainable measure of success regarding the provision of speech language pathology services.

Health Laboratory

The Fairfax County Health Department Laboratory provides a full range of medical and environmental testing to meet the needs of the department's public health clinics and environmental services. The laboratory is certified under Clinical Laboratory Improvement Amendments to test specimens for tuberculosis, enteric pathogens, intestinal parasites, sexually transmitted diseases, HIV, and drugs of abuse. The laboratory is also certified by the Environmental Protection Agency and Food and Drug Administration to perform testing on water, air and milk samples. Drinking water samples are tested for the presence of bacterial and chemical contaminants. Monthly testing is performed on County air filters and streams. The laboratory also accepts specimens from other programs such as the court system, the detention centers, Alcohol and Drug Services, Mental Health Services, the Department of Public Works and Environmental Services, as well as from surrounding counties.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 14/ 14 | 14/ 14 | 14/ 14 | 14/ 14 | 14/ 14 |
| Total Expenditures | \$2,343,852 | \$2,137,931 | \$2,326,276 | \$2,270,988 | \$2,270,988 |

| Position Summary | | | | | |
|--|--|---|-----------------------|---|------------------------------|
| 1 | Public Health Laboratory Director | 1 | Senior Pharmacist | 1 | Administrative Assistant III |
| 2 | Public Health Laboratory Supervisors | 1 | Management Analyst II | 1 | Administrative Assistant II |
| 7 | Public Health Laboratory Technologists | | | | |
| TOTAL POSITIONS | | | | | |
| 14 Positions / 14.0 Staff Years | | | | | |

Key Performance Measures

Goal

To provide quality-assured and timely public health laboratory services to the Health Department and other County agencies to assist them in carrying out their programs in the prevention of disease and in the enforcement of local ordinances, state laws, and federal regulations.

Health Department

Objectives

- ◆ 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.
- ◆ 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.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Tests reported | 209,962 | 205,384 | 210,000 / 238,834 | 210,000 | 210,000 |
| Rabies tests reported | 755 | 750 | 700 / 706 | 700 | 700 |
| Efficiency: | | | | | |
| Average cost/all tests | \$4.29 | \$4.58 | \$4.86 / \$4.58 | \$5.04 | \$5.33 |
| Cost/rabies test | \$59.29 | \$61.63 | \$70.13 / \$69.06 | \$71.75 | \$73.46 |
| Service Quality: | | | | | |
| Percent of laboratory clients satisfied with service | 98% | 97% | 95% / 97% | 95% | 95% |
| Percent of rabies tests involving critical human exposure completed within 24 hours | 97% | 99% | 95% / 99% | 95% | 95% |
| Outcome: | | | | | |
| Average score on accuracy tests required for certification | 98% | 98% | 95% / 98% | 95% | 95% |
| Certifications maintained | Yes | Yes | Yes / Yes | Yes | Yes |
| Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results | 98% | 99% | 95% / 99% | 95% | 95% |

Performance Measurement Results

Assisted by a revised testing schedule, the rabies laboratory again exceeded its service quality goal and reported rabies test results in less than 24 hours on 99 percent of critical human rabies exposures. In FY 2006, 365 residents (99 percent of total caseload) received negative rabies test results within 24 hours, saving an estimated \$730,000 in medical costs for a series of rabies post-exposure immunizations which average \$2,000 per series.

As indicated on the FY 2006 annual customer satisfaction survey (97 percent satisfied), the majority of laboratory customers selected "accuracy of test results" as their first service priority. The Health Department laboratory continued to maintain a high degree of accuracy as measured by its FY 2006 scoring average of 98 percent on accuracy tests required for certification. The department's scoring level greatly exceeds the accepted benchmark of 80 percent generally accepted for satisfactory performance by laboratory certification programs.

A continuing focus of laboratory performance is the control of average cost per test. The fee schedule was increased in FY 2006 resulting in a 4.5 percent increase in revenues. Annual test volumes also increased by 16 percent in FY 2006. As a result, the average cost per test was not only significantly lower than anticipated but held to the same level as the prior year.

Health Department

School Health

School Health provides health services to students in 189 Fairfax County Public Schools and provides support for medically fragile students who require more continuous nursing assistance while they attend school. Services include first aid, administration of authorized medications, identification of potential communicable disease situations, and development of health care plans for students with special health needs.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 252/ 182.58 | 256/ 185.85 | 256/ 185.23 | 256/ 185.23 | 256/ 185.23 |
| Total Expenditures | \$8,616,074 | \$9,694,490 | \$9,786,430 | \$9,842,269 | \$9,842,269 |

| Position Summary | |
|------------------------------------|--|
| 3 Public Health Nurses IV | 1 Assistant Director for Patient Care Services |
| 4 Public Health Nurses III | 1 Administrative Assistant II |
| 55 Public Health Nurses II, 2 PT | 192 Clinic Room Aides, 192 PT |
| TOTAL POSITIONS | |
| 256 Positions / 185.23 Staff Years | |
| PT Denotes Part-Time Positions | |

Key Performance Measures

Goal

To maximize the health potential of school-age children by providing health support services in the school setting.

Objectives

- ◆ To implement health plans for at least 64 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 Clinic Room Aide (CRA) on 98 percent of school days.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|-------------------|-------------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Students in school (academic year)/sites | 166,746 / 187 | 163,126 / 187 | 167,000 / 188 / 163,534 / 188 | 165,000 / 189 | 165,000 / 189 |
| Students in summer school, community-based recreation/programs/sites | NA | 48,562 / 143 | 53,000 / 130 / 52,525 / 136 | 53,500 / 130 | 50,000 / 130 |
| Students with health plans | NA | 46,683 | 45,000 / 47,522 | 45,000 | 48,000 |
| Students with new health plans | 16,746 | 19,115 | 20,000 / 18,371 | 20,500 | 20,000 |
| Total health plans implemented | NA | 43,714 | 45,000 / 45,774 | 45,000 | 45,000 |
| Visits to clinic of sick/injured and for medicine | 767,008 | 792,491 | 800,000 / 768,986 | 800,000 | 760,000 |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Efficiency: | | | | | |
| Students/PHN ratio | NA | 3,198:1 | 3,036:1 / 3,028:1 | 2,895:1 | 2,700:1 |
| Students with health plans in place within 5 days of notification | 5,947 | 8,637 | 6,300 / 10,885 | 12,710 | 12,800 |
| Health plans/PHN ratio | NA | 857:1 | 818:1 / 880:1 | 789:1 | 800:1 |
| Large group training sessions/number attending | NA | 50 / 2,389 | 50 / 2,700 / 30 / 1,842 | 55 / 3,000 | 25 / 2,000 |
| Service Quality: | | | | | |
| Percent of parents satisfied with services | 99.0% | 99.0% | 99.0% / 99.4% | 99.0% | 99.0% |
| Percent of students receiving health support from CRAs | NA | 94.0% | 95.0% / 95.0% | 95.0% | 95.0% |
| Outcome: | | | | | |
| Percent of students with health plans in place within 5 days of notification | 36.0% | 45.0% | 32.0% / 59.0% | 62.0% | 64.0% |
| Percent of school days CRA is on-site | 94.0% | 97.0% | 98.0% / 97.0% | 98.0% | 98.0% |

Performance Measurement Results

The School Health Program supported 163,534 students at 188 school sites during the 2005 - 2006 educational school year. Additionally, the program provided training classes to 1,500 Fairfax County Public School/Community Recreation Services/Office of Children staff supporting over 52,000 school-age children in 136 sites for summer school and County recreational programs (e.g., School-Age Child Care, Rec-PAC and Fairfax County Park Authority Programs).

Trainings are held to address and prepare the staff to handle specific health care plans for children with complex medical needs as well as comprehensive care to sick and injured children or the facilitation of medications.

Data indicates an increase from 45 percent to 59 percent of all students who needed health plans to enter school were served within five days as outlined in the program goal. This demonstrates a 14 percentage point increase in efficiency towards the ultimate goal of 95 percent. It is anticipated that the number of students needing health care plans will remain constant or slightly increase and that the goal of reaching a 62 percent completion rate in FY 2007 and a 64 percent completion rate in FY 2008 is attainable. Strategies to accomplish this include a major rewrite of the guidelines for creating health care plans and subsequent training for Health Department nurses, which was accomplished in March 2006, as well as the development of an on-line training curriculum to facilitate timely entry into school.

Quality of clinic services as measured by a parent and staff school satisfaction survey continues to be impressive at 99.4 percent satisfaction with services and Health Department staff in FY 2006.

Health Department

Long Term Care Development and Services

Long Term Care Development and Services currently includes Adult Day Health Care Centers, which are operated at Lincolnia, Lewinsville, Annandale, Mount Vernon, Braddock Glen and Herndon. A full range of services are provided to meet the medical, social, and recreational needs and interests of the frail elderly and/or disabled adults attending these centers. In the future, the development branch of this cost center will be responsible for coordination and implementation of the County's Long Term Care Strategic Plan. The services branch of this cost center will focus on respite programs, nursing home pre-admission screenings, and the continuum of services for long term care.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 55/ 55 | 55/ 55 | 56/ 56 | 56/ 56 | 56/ 56 |
| Total Expenditures | \$2,153,814 | \$2,916,133 | \$2,977,197 | \$2,992,547 | \$2,992,547 |

| Position Summary | | | | | |
|--|-----------------------------------|--------------------------------|--|--|--|
| 2 Public Health Nurses IV | 6 Park/Recreation Specialists III | 6 Senior Center Assistants | | | |
| 6 Public Health Nurses III | 24 Home Health Aides | 6 Administrative Assistants IV | | | |
| 6 Public Health Nurses II | | | | | |
| TOTAL POSITIONS | | | | | |
| 56 Positions / 56.0 Staff Years | | | | | |

Key Performance Measures

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.

Objectives

- ◆ To provide adult day health care services to 411 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.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Clients served per day | 117 | 118 | 126 / 121 | 150 | 155 |
| Clients per year | 303 | 324 | 341 / 339 | 403 | 411 |
| Operating days | 247 | 248 | 248 / 248 | 248 | 248 |
| Clients surveyed | 196 | 177 | 200 / 179 | 200 | 205 |
| Efficiency: | | | | | |
| Cost of service per client per day | \$81.00 | \$86.00 | \$96.00 / \$91.00 | \$98.00 | \$99.00 |
| Net cost per client to the County | \$55.00 | \$58.00 | \$68.00 / \$61.00 | \$70.00 | \$71.00 |
| Service Quality: | | | | | |
| Percent of clients/caregivers satisfied with service | 98% | 100% | 100% / 100% | 100% | 100% |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Outcome: | | | | | |
| Percent of family caregivers who state that ADHC enables them to keep their loved one at home in the community | 86% | 77% | 95% / 94% | 90% | 90% |

Performance Measurement Results

According to the Long Term Care Task Force Report of 2002, 10.4 percent of the Fairfax County population (104,818 persons) was either 65 years or older, or an adult with disabilities in the year 2000. It is estimated that in the year 2010 there will be 187,378 people in this group representing 16.8 percent of the County's population. As the demographics change and new demands for long-term care emerge, Long Term Care Development and Services, and more specifically the Adult Day Health Care (ADHC) program, will play a crucial role in providing a cost effective alternative to more restrictive long-term care. The program goal is to promote the health and independence of the frail elderly and adults with disabilities, enabling them to remain in their homes in the community, preventing the need for more restrictive and/or costly long-term care.

Ninety percent of the participants enrolled in the ADHC program this year met the criteria for more restrictive and costly long-term care facilities. Additionally, 94 percent of the family caregivers surveyed stated that the ADHC program helped them keep their loved ones at home in the community. This presents a significant cost savings to the family considering that the average annual cost of a nursing home in Northern Virginia is \$75,000 (MetLife Report 2005) and the annual cost of attending the ADHC program at the maximum daily fee of \$65 is \$16,120.

The value of this program goes well beyond the stated financial benefit, as it offers participants the opportunity to socialize, enjoy peer support, and receive health services in a stimulating and supportive environment that promotes better physical and mental health. Finally, it helps functionally impaired adults who need supportive services to improve and/or maintain their independence. According to a 2005 – 2006 Annual ADHC Satisfaction Survey, family caregivers stated that a significant number of participants in the program experienced an improvement in their sleep patterns, cognitive function, level of interest in daily life and general health status.

The program objective to serve 126 participants in FY 2006 was not met. Even though the program attendance rate increased in FY 2006 from 86 percent to 90 percent, the frailty of the participants, a higher than usual rate of winter illness, inclement weather, and a stricter interpretation of the staff-to-participant ratio impeded Average Daily Attendance (ADA) goal attainment. Additionally, the program expected to open its sixth center in March 2006, but due to construction delays the center did not open until late May. This delay impeded the program's ability to serve additional participants. An aggressive marketing plan and staffing adjustments will enhance the program's ability to attain its ADA goal starting in FY 2007.

The following two factors contributed to the noted increase in cost of care per service unit in FY 2006. First, the projected 2 percent increase in fees was not instituted for FY 2006. A decision was made to withhold the 2 percent increase in fees because of the implementation of the new attendance and billing policy. Second, there were one-time capital equipment costs associated with the newly constructed Braddock Glen ADHC Center that inflated the overall cost of care per service unit. Additionally, even though Braddock Glen ADHC had the capacity to serve 35 participants, the average daily attendance upon opening in late May was 18. It is also important to note that most of the initial participants were transfers from the other five ADHC centers and therefore they did not represent new participants to the program. Thus, the anticipated delay in achieving ADA goals at the Braddock ADHC Center and the one-time opening costs for this new center inflated the net cost of care per service unit in FY 2006.

Health Department

Air Pollution Control

Air Pollution operates five ambient air pollution monitoring stations. These monitoring stations monitor for a variety of gases which affect public health (carbon monoxide, ozone, nitrogen and sulfur dioxide), and complement ozone monitoring performed in the Lee District by the Virginia Department of Environmental Quality. These monitoring locations give the County a daily air quality index that is used in the metropolitan region for forecasting. The section has a particulate monitoring program with sites throughout the County and operates an acid rain site in Mason Neck Park.

| Funding Summary | | | | | |
|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2006 Actual | FY 2007 Adopted Budget Plan | FY 2007 Revised Budget Plan | FY 2008 Advertised Budget Plan | FY 2008 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 4/ 4 | 4/ 4 | 4/ 4 | 4/ 4 | 4/ 4 |
| Total Expenditures | \$304,974 | \$187,658 | \$214,472 | \$186,825 | \$186,825 |

| Position Summary | | | | | |
|--------------------------------------|--------------------------------------|---|---------------------------------|--|--|
| 1 | Environmental Health Program Manager | 2 | Environ. Health Specialists III | | |
| | | 1 | Environ. Health Specialist II | | |
| TOTAL POSITIONS | | | | | |
| 4 Positions / 4.0 Staff Years | | | | | |

Key Performance Measures

Goal

To produce the highest quality air pollution data for the public, government agencies, and other interested parties. This data is used to make meaningful decisions regarding the effectiveness of air pollution regulations and progress toward meeting ambient air quality standards in order to protect the health and welfare of Fairfax County residents. The goal is to assess the effectiveness of air pollution control regulations and actions aimed at achieving the National Ambient Air Quality Standard (NAAQS) for ozone by the year 2010.

Objectives

- ◆ To maintain the monitoring index at 96 percent or better.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--------------------------------|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2004 Actual | FY 2005 Actual | FY 2006 Estimate/Actual | FY 2007 | FY 2008 |
| Output: | | | | | |
| Measurements made | 314,426 | 319,133 | 320,000 / 321,323 | 320,000 | 320,000 |
| Efficiency: | | | | | |
| Program cost per capita | \$0.060 | \$0.291 | \$0.147 / \$0.244 | \$0.165 | \$0.170 |
| Service Quality: | | | | | |
| Data accuracy | 3.6% | 3.7% | 5.0% / 3.7% | 3.8% | 3.8% |
| Outcome: | | | | | |
| Air pollution monitoring index | 94.9% | 96.5% | 96.0% / 98.0% | 96.0% | 96.0% |

Health Department

Performance Measurement Results

The service quality indicator for data accuracy is a quantitative evaluation of the quality of the air pollution data produced. An indicator at or below 5 percent is considered high-quality data and this level has been consistently maintained. The outcome indicator, the air pollution monitoring index, is a measure of how effectively the air quality monitoring program is achieving the U.S. Environmental Protection Agency (EPA) requirements. A high monitoring index provides assurance that the work prescribed for the program has been conducted properly. Therefore, a high monitoring index, as represented by the target of 96 percent, and a low data accuracy indicator, implies high quality data from which meaningful decisions can be made regarding the abatement of air pollution.

During FY 2006, Fairfax County experienced 12 exceedant days of the eight-hour ozone standard resulting in unhealthy ambient air conditions. This is the first full year under the new health-based more stringent eight-hour ozone standard that the EPA implemented after they revoked the one-hour ozone standard on June 15, 2005. The EPA has designated the Metropolitan Washington Region, which includes Fairfax County, as being in moderate non-attainment of the eight-hour ozone standard. The region must initiate an aggressive air pollution control strategy to reduce air pollutant emissions. A State Implementation Plan must be submitted by June 2007 and compliance with the eight-hour National Ambient Air Quality Standard (NAAQS) for ozone must be demonstrated by June 2010. The EPA has designated the Metropolitan Washington Region in non-attainment for fine particulates and the department is still awaiting guidance documents on how to proceed with planning efforts to demonstrate compliance. The program cost per capita is higher in FY 2005 and FY 2006 due to the purchase of several new air monitoring instruments to replace outdated equipment and a new trailer at the Mount Vernon site.