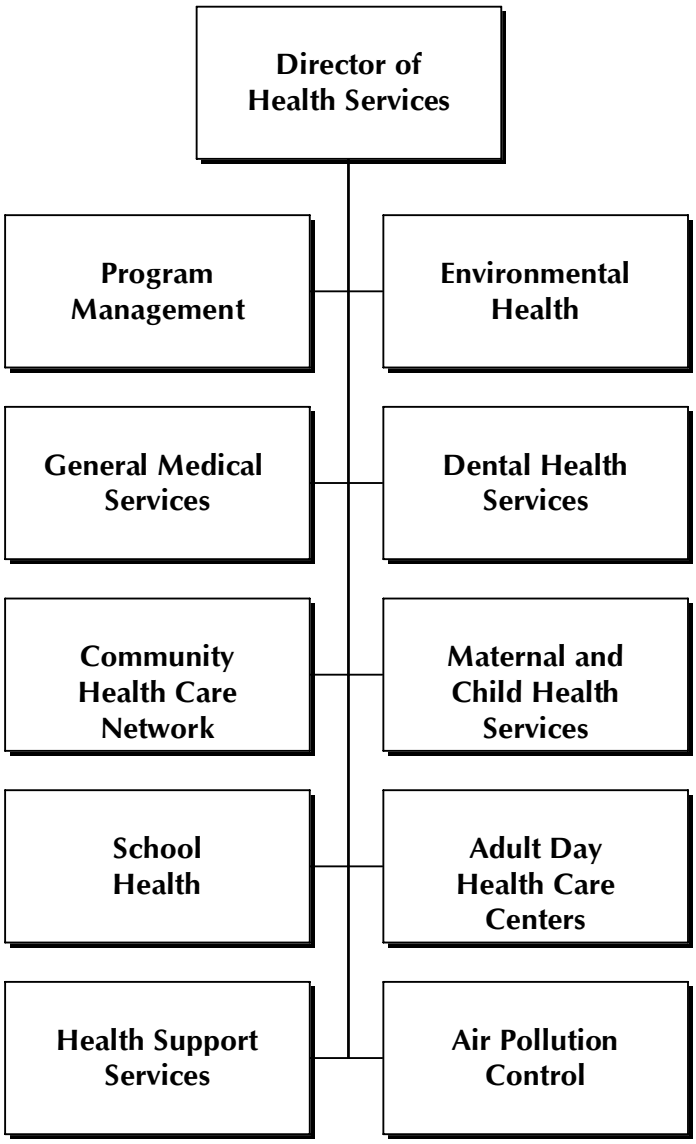
Health Department



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 agency's services and are reflected in several of the performance measures.

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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 2007, it is anticipated that the state will contribute a total of $8,457,707 in support of Health Department services.

Other revenue support for Health Department activities comes from licenses, fees, and permits, including those collected from individuals and businesses 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. Future Medicaid funding is uncertain as various proposals have been made on the national level to alter the program.

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

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; and
- Integrating and harnessing the use of proven technology to provide cost-effective health services.

Preventing the Spread of Communicable Disease: Control of communicable diseases 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 agency that must be investigated. The recently formed Epidemiology/Bioterrorism Preparedness Unit has greatly enhanced the agency's ability to monitor and identify trends for communicable diseases, food-borne illness complaints, and hospital conditions. Bioterrorism response capacity also remains an ongoing focus. The Bioterrorism Medical Action Team, originally established in FY 2004 is now the foundation of the Medical Reserve Corps, which seeks to recruit health/medical and lay volunteers, establish an ongoing training program, and conduct table top exercises specific to public health concerns. These activities keep staff and volunteers current in their knowledge and preparedness. Two new initiatives began in early FY 2006: the development of an Isolation and Quarantine Protocol, and a Protocol for the follow-up and tracking of rabies post exposure prophylaxis clients.

Education on healthy behaviors continues to be an integral component of all agency 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. A new initiative that focuses on obesity is in process with the Metropolitan Washington Council of Governments, local health care systems, many community-based groups, and educational institutions. Education and action (physical activity) will be the focus.

In addition to communicable diseases, West Nile virus, which is transmitted from infected mosquitoes to humans, continues to be a public health concern. 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: Demand for services continues to increase and exceed the current capacity of the health system. Collaborative efforts with other County agencies and nonprofit organizations continue to be the key in addressing the quality, availability, and accessibility of health care. Partnerships include the new Medically Fragile Homeless Project with the Department of Family Services (DFS); the Healthy Families Fairfax project with DFS, Reston Interfaith, Northern Virginia Family Services and United Community Ministries; the Senior Plus Program with the Fairfax-Falls Church Community Services Board and the Department of Community and Recreation Services.

The redesign of some existing services has been undertaken in order to respond to increased service demands in a time of decreasing resources. A Total Quality Improvement Program is in place so that services are modified as issues are identified in the delivery system. A redesigned process for early entry into prenatal care completed in FY 2005 has improved efficiency and timeliness for the beginning of care. The work processes within the Environmental Health Community Health and Safety section are all in the redesign stage as the implementation of the new County of Fairfax Inspection Database Online (FIDO) system occurs. Increased efficiency and improved customer service should result once the project is complete.

Employing and Retaining a Skilled and Diverse Workforce: During FY 2006 and FY 2007, new initiatives have begun to achieve improvements in the enhanced communication realm. A new intra-agency initiative began in late FY 2005 to review agency values, update them, and then start a process for putting them into action, not only in the agency's services to others, but also internally for and with staff. The goal is to have the agency known for its excellence in service as well as perceived by staff as the best place to work. The Recognition/Honors Award Program has undergone review and revision to incorporate the agency's values and the need for innovative ways to recognize staff. In mid FY 2006, an internal communication tool will be implemented to improve communication and understanding of the work of the agency. July 2005 marked the beginning of the implementation of the revised classification series for Public Health Nurses; this will be fully implemented by the end of FY 2006 and will provide a significant increase in the number of upward-mobility opportunities for staff. Workforce management is critical to the strategic goal of employing and retaining a skilled and productive workforce, as the highly competitive health professionals' employment market presents challenges to hiring qualified staff and conversely, keeping qualified and experienced staff. Succession planning was initiated and will receive increased emphasis in FY 2007, as the number of retirees increases each year. In the coming three to five years, the agency expects to lose 15 employees to retirement.

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. In FY 2005, enhanced communications focused primarily on improving and expanding the agency's Web page; the agency Web site was improved significantly, providing the public with more up to date information on significant issues and improving awareness of available services. An internal committee now is responsible for the content and relevance of material on the Web site. In early FY 2006, the new Patient Care Services information management system (AVATAR) became fully operational, providing a comprehensive and integrated record management system for patient services, including an accounts-receivable system. Work continues on improving the technology used in day-to-day activities within Environmental Health.

Addressing Growing Needs and Preparing for the Future: In response to emerging public health needs, the Health Department is taking initiative in FY 2007 on several fronts. First, additional funding and resources are being directed toward the prevention of communicable diseases, the improvement of epidemiology capabilities, and the prevention and response for a bioterrorist event. To that end, additional resources are being provided for the Medical Reserve Corps, which utilizes volunteers to staff and operate vaccination or medication dispensing sites across the County should a bioterrorist event, such as anthrax or smallpox, or a naturally occurring epidemic, such as pandemic flu, require such intervention. Second, additional resources are being dedicated to reestablishing a chemical hazard response capability within the Health Department, which is critical to monitoring and preventing public health exposures and environmental contamination to ground water. Third, management analysis capability is being added to allow the agency to more effectively perform strategic planning and program review activities. Finally, improving medical care for the homeless is of utmost importance, as the County's homeless population continues to grow. The Health Department will be adding nurses at County shelters and will be equipping a mobile medical clinic designed to travel throughout the County, serving the medical needs of the homeless who are not using County shelters.

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

Maintaining Safe and Caring Communities	Recent Success	FY 2007 Initiative
Support a multi-agency initiative to enhance senior services by creating regional senior service sites that offer an array of services/programs (Senior Center, Senior Plus Program and Adult Day Health Care Center) designed to meet the needs of seniors along the long-term-care continuum.		☑
Implementation of Beginning Steps for Parents Project and Operation Preemie Program which are both focused on improving pregnancy outcomes and connectivity to community resources.	☑	
Elimination of the Community Health Care Network (CHCN) backlog for the first time since the program's inception in FY 1996. The Health Access Action Team, a cross-agency initiative with the Department of Family Services, assesses individuals and families and links them with the most appropriate medical resource, including Medicaid and other programs that utilize non-local funds. This assessment and increased enrollment appointments have resulted in having immediate access to enrollment in the program.	☑	
Incorporate the Food and Drug Administration (FDA) 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 self assessment to identify current program strengths and weaknesses was completed in FY 2005 and will aid in the development of strategies and an action plan for program improvement. A baseline survey report on the occurrence of risk factors and the use of Food Code interventions is to be completed in FY 2006.	☑	☑
Complete a countywide project to locate and digitally map all individual drinking water wells in FY 2007 and continue mapping alternative sewage disposal systems, food establishments and swimming pools. This will allow for more efficient and rapid identification of sites to address problems, issues, outbreaks or other significant public health events.	☑	☑
Development and implementation of a Tuberculin Skin Testing (TST) Competency Program for Health Department Public Health Nurses and community providers. The TST is a method for screening for Tuberculosis infection and requires very specific knowledge and skills in order to have an accurate outcome. This is the first formal TST competency program in a Health Department setting in the United States.	☑	
Training for all Public Health Nurses in the administration and interpretation of Tuberculin Skin Tests (TST) will occur in FY 2006. Education and encouragement of private providers to implement standards for TST administration and interpretation will be the focus in FY 2007 in anticipation of new guidelines forthcoming by the Centers for Disease Control and Prevention (CDC) regarding the administration and interpretation of TSTs.		☑

Maintaining Safe and Caring Communities	Recent Success	FY 2007 Initiative
In coordination with the Fairfax County Public Schools (FCPS), developed, piloted and implemented the School Gastrointestinal and Influenza-Like Illness Monitoring System (SIMS) in 180 FCPS schools. This program was developed in order to provide a more 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 Community-based Epidemic (ESSENCE). One new initiative for this program during FY 2007 will be the development of a web based data collection tool to be utilized by the FCPS Clinic Room Aides (CRAs) on site for later analysis by the agency's Epidemiologist.	☑	☑
During the FY 2005 flu-vaccine shortage, the Health Department, in collaboration with the Medical Society of Northern Virginia, developed and implemented a plan to distribute over 22,000 doses of flu vaccine to high-risk individuals through community medical providers, nursing homes, assisted living facilities, Health Department clinics and other County agencies.	☑	
During FY 2006 and continuing into FY 2007, develop a comprehensive Influenza Response Plan that addresses flu vaccine shortage, Nursing Home and Assisted Living flu preparedness efforts and pandemic influenza.		☑
Authorized by the CDC to send Tuberculosis samples from Agency Bio-safety Level 3 lab directly to national "fingerprinting" lab, an authorization normally granted only to State Public Health laboratories. This eliminates sending the specimens to the Virginia State Lab which results in delayed receipt of results.	☑	
PACE (Program for All Inclusive Care of the Elderly) is a comprehensive program which leverages Medicaid and Medicare dollars in providing medical and social services which enables frail seniors to remain in their homes and community. In FY 2005 an initial feasibility study and market analysis was completed. A follow up feasibility study will be completed in FY 2006.		☑
Begin the multiyear initiative to transition service delivery, where possible, from traditional individual-based services to population-based services. This will enable an increased focus on prevention and health promotion.		☑
In FY 2006, a strategic review of the School Health Services Program will be initiated to identify current and future challenges as a result of the increasing number of students with complex health conditions. In FY 2007 a plan to address gaps and resource needs will be finalized.		☑

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Building Livable Spaces	Recent Success	FY 2007 Initiative
Continue active participation on the multi-agency Hoarding Task Force. The purpose of the program is to work with residents who are habitual and excessive collectors of miscellaneous items such as newspapers, household trash, clothing, magazines, etc. to a degree that health and safety is negatively impacted.	☑	☑
As part of the Strengthening Neighborhoods and Building Community effort within Fairfax County government, a joint venture between Division of Environmental Health and the Department of Planning and Zoning, is being developed and will be implemented beginning March 2006. Newly cross-trained property maintenance inspectors will be deployed to three pilot sites to more efficiently and effectively address conditions relating to residential property maintenance, blight, nuisance conditions, and neighborhood tension relating to these conditions. The pilot is aimed at improving government-wide accountability for resolving property-related violations by appropriately and consistently promoting teamwork and support of rapid resolution across multiple agencies.		☑
Connecting People and Places	**Recent Success**	**FY 2007 Initiative**
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 Epidemic (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 on-going to include active participation on a Regional Committee that will address interpretation and follow-up of surveillance flags triggered by this system.	☑	☑
Implement 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 CDC and the state health department.		☑
Participate in an inter-jurisdictional project that would pilot a Computer Assisted Telephone Interviewing Capacity System. This system is proposed to meet the management demands of isolated and quarantined individuals and the collection of epidemiologic data.		☑
Develop and implement a custom application to enhance the effectiveness of the current volunteer database that supports the Medical Reserve Corps. The functionality of this new application will include an improved web user interface, enhance the new and existing volunteer application and management process, develop a robust system for volunteer resource management during emergencies, and provide the ability for volunteer photo identification and GIS based alerting.		☑
Continue development and implementation of a plan to increase public awareness of Adult Day Health Care (ADHC) and Senior Services in targeted underserved populations in order to attract a more diverse participant population and increase average-daily attendance.	☑	☑

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Practicing Environmental Stewardship	Recent Success	FY 2007 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.	☑	☑
In FY 2005 began 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 is currently in nonattainment for ozone and must submit a State Implementation Plan to the Environmental Protection Agency (EPA) by 2007 and demonstrate compliance by 2010.	☑	☑
In FY 2005 the County received a National Association of Counties Achievement Award for its Comprehensive Air Quality Management Plan developed by the Air Quality Subcommittee. This plan identifies initiatives to improve air quality that are in process or will be addressed as funds become available.	☑	
The Health Department laboratory successfully achieved certification for testing arsenic in drinking water in preparation for the new federal drinking water standards that go into effect in January 2006.	☑	
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 to move Fairfax County into an EPA level 4 status.	☑	☑
Creating a Culture of Engagement	**Recent Success**	**FY 2007 Initiative**
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. If approved, it will be expanded to include other shelters.	☑	☑
Continue the work of the Long Term Care Coordinating Council, which provides community leadership by championing the implementation of the Long Term Care Strategic Plan, by developing a Long Term Care (LTC) Non-Profit (Affordable Long Term Community Living). The LTC Non-Profit will act as the business organization, brokering partnerships and leveraging resources among the business, faith-based, non-profit and public sectors and fostering development of "Investment Strategies" including an Incentive Fund and a Care Fund, designed to increase LTC services in the community.		☑

Creating a Culture of Engagement	Recent Success	FY 2007 Initiative
Conduct industry and community outreach activities to solicit broad spectrum input and develop the process to measure success of jurisdictions in meeting all of the standards of the FDA Voluntary National Retail Food Regulatory Program Standards; activity will be lead by the Preventive Medicine Resident/CDC.		☑

Exercising Corporate Stewardship	Recent Success	FY 2007 Initiative
In FY 2005, full-time pharmacists were incorporated into program operations at the three health care centers. As a result, 90 percent of the pharmaceuticals that had been purchased through a contract with a local pharmacy are now distributed at the health centers. This resulted in a cost offset of $1.5M to the program and greater convenience for the patients who can now obtain most of their medications on-site rather than at off-site pharmacies.	☑	☑

Budget and Staff Resources

Agency Summary

Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	565/ 495.81	580/ 510.08	582/ 512.08	595/ 524.35
Expenditures:				
Personnel Services	$26,132,741	$29,001,586	$29,001,586	$31,398,349
Operating Expenses	12,720,528	13,199,998	15,373,526	13,833,524
Capital Equipment	548,245	23,061	479,258	0
Subtotal	**$39,401,514**	**$42,224,645**	**$44,854,370**	**$45,231,873**
Less:				
Recovered Costs	($123,814)	($132,243)	($132,243)	($138,687)
Total Expenditures	**$39,277,700**	**$42,092,402**	**$44,722,127**	**$45,093,186**
Income/Revenue:				
Elderly Day Care Fees	$687,098	$714,965	$714,965	$801,815
Elderly Day Medicaid Services	139,274	129,848	153,090	160,745
Fairfax City Contract	757,412	757,412	837,436	849,591
Falls Church Health Department	170,698	179,233	161,220	161,220
Licenses, Permits, Fees	2,864,478	2,651,145	3,063,249	3,080,795
State Reimbursement	8,228,016	8,088,520	8,332,716	8,457,707
Air Pollution Grant	68,850	68,850	68,850	68,850
Total Income	**$12,915,826**	**$12,589,973**	**$13,331,526**	**$13,580,723**
Net Cost to the County	**$26,361,874**	**$29,502,429**	**$31,390,601**	**$31,512,463**

FY 2007 Funding Adjustments

The following funding adjustments from the FY 2006 Revised Budget Plan are necessary to support the FY 2007 program:

- **Employee Compensation** **$1,239,303**
  An increase of $1,245,438 in Personnel Services is associated with salary adjustments necessary to support the County's compensation program, offset by an increase of $6,135 in Recovered Costs due to a greater recovery of salary costs for services to other agencies.

- **Medical Care for the Homeless** **$375,340**
  An increase of $375,340 including $141,940 in Personnel Services and $233,400 in Operating Expenses is associated with the addition of 2/2.0 SYE Nurse Practitioners and the purchase of a mobile medical clinic. Funding provides for the conversion of an Exempt Limited Term Nurse Practitioner to merit status for the pilot program focusing on improved access to care for the medically fragile at the Embry Rucker Shelter approved by the Board of Supervisors during the FY 2006 budget process. Another Nurse Practitioner is added to resume shelter medical services to the homeless population at the County's four other shelters. This position was previously funded by a grant received by the Department of Family Services. Operating Expenses will purchase equipment for a mobile medical clinic to serve the growing population of homeless that do not use County shelters. The mobile clinic will serve different parts of the County in order to provide medical care to the maximum number of homeless individuals. It should be noted that the FY 2007 net cost to fund the addition of these positions is $408,045. The net cost includes $32,705 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.

- **Alzheimer's Contract** **$300,000**
  An increase of $300,000 in Operating Expenses is associated with a contractual arrangement for late stage Alzheimer's care with the Alzheimer's Family Day Center (AFDC). AFDC is the sole provider of late stage dementia care in the community for those with limited incomes.

- **Little River Glen** **$254,094**
  A net increase of $254,094 is associated with an increase of $346,664 in Personnel Services partially offset by a decrease of $69,509 in Operating Expenses and a decrease of $23,061 in Capital Equipment associated with the operation of the Little River Glen Adult Day Health Care Center. Little River Glen is expected to open in late FY 2006 and has the capacity to serve 35 clients per day. In FY 2006, the Board of Supervisors approved 9/9.0 SYE positions for Little River Glen and funded the Center Nurse Coordinator and an Administrative Assistant IV for three months so they could coordinate the necessary hiring and purchasing prior to the center's opening. The remaining six positions were funded for one month. As a result, an additional $346,664 will provide the funding necessary for the positions associated with Little River Glen. In addition, the decreases in Operating Expenses and Capital Equipment in FY 2007 are associated with the start-up purchases of supplies and equipment for Little River Glen in FY 2006. It should be noted that the FY 2007 net cost to operate this facility is $361,554. The net cost includes $107,460 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.

- **School Health Services at West Fairfax Elementary and Westfield High Schools** **$192,080**
  An increase of $192,080 including $164,780 in Personnel Services and $27,300 in Operating Expenses will fund 2/1.27 SYE Clinic Room Aides associated with the opening of West Fairfax Elementary School and increased enrollment at Westfield High School. As a new school, West Fairfax Elementary requires one Clinic Room Aide to serve the medical needs of its students. In addition, higher than originally projected enrollment at Westfield High School necessitates the addition of one Clinic Room Aide. Clinic Room Aides administer medication, provide care for sick and injured students, and conduct vision and hearing screenings. In addition, 2/2.0 SYE Public Health Nurses II were added to develop and implement health plans for students with identified health conditions such as asthma, diabetes, life-threatening allergies, and cancer. It should be noted that the FY 2007 net cost to fund the addition of these positions

is $236,323. The net cost includes $44,243 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.

- **Medical Reserve Corps** **$136,365**
  An increase of $136,365 including $126,965 in Personnel Services and $9,400 in Operating Expenses is associated with 2/2.0 SYE additional positions for the Medical Reserve Corps (MRC), due to the expiration of grant funding in FY 2006. The addition of 1/1.0 SYE Management Analyst III and 1/1.0 SYE Community Health Specialist will enable the MRC to recruit volunteers that could be mobilized in the event of a major public health crisis. The MRC, with over 3,000 volunteers, is utilized to staff and operate vaccination or medication dispensing sites across the County should a bioterrorist event, such as anthrax or smallpox, or a naturally occurring epidemic, such as pandemic flu, require such intervention. It should be noted that the FY 2007 net cost to fund the addition of these positions is $170,455. The net cost includes $34,090 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.

- **Communicable Diseases/Epidemiology/Bioterrorism** **$129,390**
  An increase of $129,390 including $111,990 in Personnel Services and $17,400 in Operating Expenses is associated with an additional 1/1.0 SYE Public Health Nurse II and 1/1.0 SYE Community Health Specialist for the Health Department's Communicable Disease Unit. The addition of a Public Health Nurse II will address the increasing demand for investigation and surveillance of diseases and outbreaks. An additional Community Health Specialist will educate the public regarding bioterrorism preparedness, communicable disease prevention, and Medical Reserve Corps Training. It should be noted that the FY 2007 net cost to fund the addition of these positions is $159,459. The net cost includes $30,069 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.

- **Chemical Hazard Response** **$124,629**
  An increase of $124,629 including $117,629 in Personnel Services and $7,000 in Operating Expenses will fund 1/1.0 SYE Environmental Health Specialist III and 1/1.0 SYE Environmental Health Specialist II associated with the reestablishment of a chemical hazard response capability within the Health Department. These positions will provide the initial industrial hygiene expertise needed to collaborate more effectively with the Fire and Rescue Department to mitigate incidents involving chemical hazards. This expertise is critical to monitoring and preventing public health exposures and environmental contamination to ground water. It should be noted that the FY 2007 net cost to fund the addition of these positions is $156,212. The net cost includes $31,583 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.

- **Operating Requirements** **$95,766**
  An increase of $96,075 in Operating Expenses includes an increase of $50,044 for Department of Vehicle Services charges based on anticipated charges for fuel, vehicle replacement, and maintenance; an increase of $30,370 due to an increase in the mileage reimbursement rate to 44.5 cents per mile; an increase of $15,661 for Information Technology charges based on the agency's historical usage; offset by an increase of $309 in Recovered Costs associated with the Air Pollution Control Program.

- **Management Analysis** **$75,870**
  An increase of $75,870 including $70,970 in Personnel Services and $4,900 in Operating Expenses is associated with the addition of 1/1.0 SYE Management Analyst III, which will allow the agency to more effectively perform management analysis activities such as strategic planning, needs assessment, program review, statistical analysis, and community engagement. Since the Health Department is staffed primarily with healthcare professionals and administrative staff, program management analysis activities are not adequately resourced. It should be noted that the FY 2007 net cost to fund the addition of this position is $94,925. The net cost includes $19,055 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.

- **Adult Day Health Care** **$72,947**
  An increase of $72,947, including $70,387 in Personnel Services and $2,560 in Operating Expenses is associated with the addition of 2/2.0 SYE Home Health Aides. The addition of two Home Health Aides will bring the Adult Day Health Care (ADHC) Program's staff to participant ratio into compliance with a more strict interpretation of a state mandate, requiring six "eyes-on" staff for every ADHC participant. These positions are added in FY 2006 and a funding adjustment will be made during the *FY 2006 Third Quarter Review*. It should be noted that the FY 2007 net cost to fund the addition of these positions is $91,846. The net cost includes $18,899 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.

- **Carryover Adjustments** **($2,629,725)**
  A decrease of $2,629,725 due to the carryover of one-time Operating Expenses and Capital Equipment as part of the *FY 2005 Carryover Review*.

Changes to FY 2006 Adopted Budget Plan

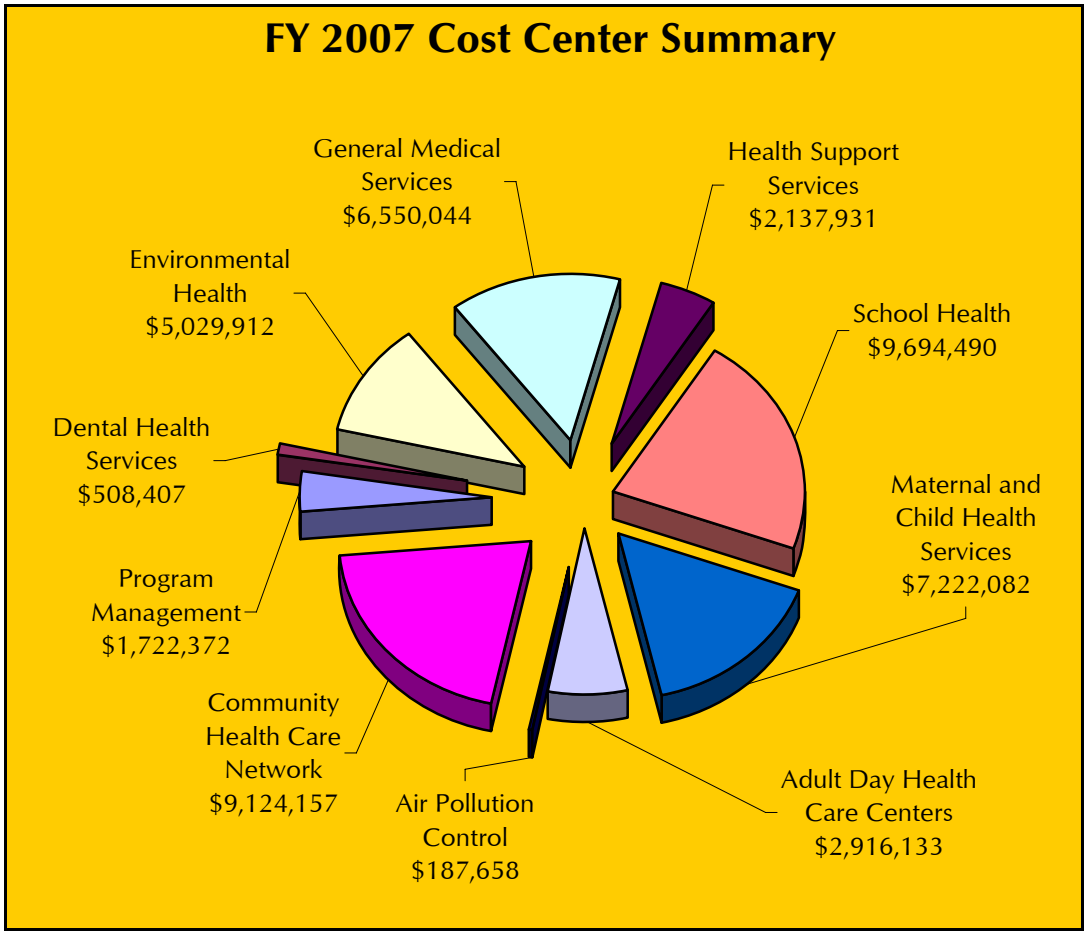
The following funding adjustments reflect all approved changes in the FY 2006 Revised Budget Plan since passage of the FY 2006 Adopted Budget Plan. Included are all adjustments made as part of the FY 2005 Carryover Review and all other approved changes through December 31, 2005:

- **Carryover Adjustments** **$2,629,725**
  As part of the *FY 2005 Carryover Review*, the Board of Supervisors approved encumbered funding of $2,629,725 including Operating Expense obligations of $2,199,433 and Capital Equipment obligations of $430,292 for goods and services that had been ordered but had not yet been received.

- **Health Positions** **$0**
  Subsequent to the *FY 2005 Carryover Review*, 3/3.0 SYE positions were added for FY 2006: 1/1.0 SYE Public Health Doctor and 2/2.0 SYE Home Health Aides. The addition of a Public Health Doctor in FY 2006, with expertise in animal-related communicable diseases, is essential to enhance the County's ability to address animal-related public health threats, such as avian flu and anthrax. The addition of two Home Health Aides will bring the Adult Day Health Care (ADHC) Program's staff to participant ratio into compliance with a more strict interpretation of a state mandate, requiring six "eyes-on" staff for every ADHC participant. Funding for the Home Health Aides will be adjusted at the *FY 2006 Third Quarter Review*. Also subsequent to the *FY 2005 Carryover Review,* 1/1.0 SYE Administrative Assistant II was transferred to the Department of Family Services to better meet service delivery needs. As a result, a net 2/2.0 SYE positions have been added to the Health Department.

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 Support Services, School Health, Adult Day Health Care Centers, and Air Pollution Control.



Program Management

Program Management provides overall agency 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 DC area in order to maximize resources available in various programmatic areas.

Funding Summary

Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	8/ 8	8/ 8	8/ 8	9/ 9
Exempt	1/ 1	1/ 1	1/ 1	1/ 1
Total Expenditures	**$1,829,709**	**$1,600,754**	**$1,784,391**	**$1,722,372**

Position Summary	
1 Director of Health E	1 Administrative Assistant IV
1 Assistant Director for Health Services	2 Administrative Assistants III
1 Director of Patient Care Services [1]	1 Administrative Assistant II
1 Business Analyst IV	1 Health Services Communications Specialist
1 Management Analyst III (1)	
TOTAL POSITIONS	**( ) Denotes New Position**
10 Positions (1) / 10.0 Staff Years (1.0)	**E Denotes Exempt Position**

[1] The Director of Patient Care Services, reflected in this cost center, provides direction and support for agencywide 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 Adult Day Health Care Centers.

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 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Web site visits	NA	NA	8,000 / 185,049	185,000	185,000
Efficiency:					
Cost per Web site contact	NA	NA	$2.06 / $0.14	$0.14	$0.14
Service Quality:					
Percent of Web site users satisfied with the information and format	NA	NA	80% / NA	80%	80%
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 has been modified in FY 2006 and focuses on a key priority of the agency's strategic planning process-integration and harnessing the use of proven technology. The FY 2005 goal of reaching 8,000 residents through the Web site was a numerical goal based on reaching two percent of County households. While the number of households reached cannot be determined exactly, the number of visits to the Web site can be measured. The actual number of visits to the Web site was approximately 23 times the number initially projected. In the future, the number of visits to the site will be measured. It should also be noted that it was not possible to measure satisfaction or the quality of the Web site in FY 2005 due to the limitations of the County system. It is hoped that this capability will be realized in FY 2006, so measurement can begin in FY 2007.

Dental Health Services

The Dental Health Services Division 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 and screening is available in schools with an augmented academic program and the Head Start Program.

Funding Summary				
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	4/ 4	4/ 4	4/ 4	4/ 4
Total Expenditures	**$461,475**	**$490,425**	**$490,484**	**$508,407**

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 time period for 70 percent of the children seen.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
New patients visits	1,104	1,281	1,600 / 1,016	1,500	1,600
Total visits	4,130	4,548	4,500 / 4,815	4,500	4,700
Patients screened	1,501	359	1,000 / 1,233	1,200	1,200
Education sessions	180	276	200 / 233	230	230
Efficiency:					
Cost per visit	$137.00	$129.00	$130.00 / $113.00	$135.00	$134.00
Net cost to County	$104.00	$93.00	$90.00 / $78.86	$95.00	$95.00
Service Quality:					
Customer satisfaction index	97%	97%	97% / 97%	97%	97%
Outcome:					
Percent of treatment completed	55%	61%	60% / 71%	69%	70%

Performance Measurement Results

FY 2005 revealed that more children utilizing the dental program were facing significant dental problems. This resulted in fewer new patients being accepted due to the increased number of visits per child. The percentage of children completing care, however, increased significantly in FY 2005. The cost per visit in FY 2005 reflects a vacant dentist position for three months of the fiscal year.

Environmental Health

The Environmental Health 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 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	65/ 65	65/ 65	65/ 65	67/ 67
Total Expenditures	**$4,353,611**	**$4,786,735**	**$5,025,502**	**$5,029,912**

Position Summary

1	Director of Environmental Health	5	Environ. Health Supervisors	1	Administrative Assistant V
2	Environ. Health Program Managers	15	Environ. Health Specialists III (1)	3	Administrative Assistants III
1	Business Analyst II	32	Environ. Health Specialists II (1)	7	Administrative Assistants II

TOTAL POSITIONS
67 Positions (2) / 67.0 Staff Years (2.0) **( ) Denotes New Position**

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 percent the number of establishments that are closed, due to major violations of the Food Code, from 9 percent towards a target of 0 percent closures.

- To maintain the percentage of improperly installed water well supplies that pose the potential for waterborne diseases that are corrected within 30 days at 50 percent and to move towards a target of 90 percent.

- To maintain the percentage of complaints dealing with commercial and residential blighted properties; residential safe and sanitary property maintenance code violations; rat, cockroach, 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 65 percent and to move towards a target of 90 percent.

- To ensure the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage born diseases that are corrected within 30 days is at least 80 percent and to move towards a target of 90 percent.

- To suppress the transmission of West Nile virus, known to be carried by infected mosquitoes, in the human population.

Indicator	Prior Year Actuals FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Output:					
Regulated food establishments	3,032	3,115	3,146 / 3,165	3,197	3,229
Water well supply services	4,644	4,487	4,300 / 3,839	3,800	3,600
Community health and safety complaints investigated	3,228	3,647	3,400 / 2,564	2,600	2,800
Sewage disposal system services	7,320	9,188	7,500 / 7,635	7,600	7,600
Stormwater catch basins treated with mosquito larvicide	66,879	153,623	91,000 / 92,920	105,000	105,000
Efficiency:					
Regulated food establishments / Specialist	190:1	190:1	197:1 / 198:1	200:1	202:1
Water well services / Specialist	464:1	449:1	430:1 / 384:1	380:1	360:1
Community health and safety complaints / Specialist	461:1	521:1	486:1 / 366:1	371:1	400:1
Sewage disposal system services / Specialist	732:1	919:1	750:1 / 764:1	760:1	760:1
West Nile virus program cost per capita	$0.74	$1.23	$1.50 / $0.88	$1.58	$1.48
Service Quality:					
Percent of regulated food establishments inspected at least once	99.5%	92.5%	100.0% / 100.0%	100.0%	100.0%
Average number of inspections to correct out-of-compliance water well supplies	0.9	1.3	1.2 / 1.2	1.2	1.2
Percent of community health and safety complaints responded to within 3 days	55.7%	71.6%	65.0% / 64.7%	65.0%	70.0%
Average number of inspections to correct out-of-compliance sewage disposal systems	2.8	3.6	3.0 / 2.9	3.0	3.0
Percent of target areas treated in accordance with the timetable	100%	100%	100% / 100%	100%	100%

Indicator	Prior Year Actuals FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Outcome:					
Percent of food establishments closed due to major violations	8.6%	5.0%	9.0% / 7.2%	8.0%	7.0%
Percent of out-of-compliance water well supplies corrected within 30 days	44.3%	38.6%	50.0% / 53.8%	50.0%	50.0%
Percent of community health and safety complaints resolved within 60 days	61.8%	65.0%	65.0% / 63.4%	65.0%	65.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days	81.6%	77.4%	82.0% / 79.7%	80.0%	80.0%
Number of confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health	13	3	10 / 1	5	5

Performance Measurement Results

The Food Safety Section: 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 *Food Code* mandates that each public food establishment is, at a minimum, inspected at least once every six months. In FY 2005, the Food Safety Section met the minimum mandate number of inspections; 100 percent of the 3,165 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. However, the mandated number of inspections is lower than the number of inspections to prevent food-borne illness. Studies have shown that high-risk establishments (those with extensive handling of raw ingredients), which are approximately 65 percent of Fairfax County restaurants, are to be inspected at a greater frequency than low-risk establishments (limited menu/handling) to reduce the incidence of food-borne-risk factors. The FDA recommends that high-risk establishments be inspected four times a year and low risk once a year.

Onsite Sewage & Water Section: Individual well-water supplies and onsite sewage disposal systems are enforced under the Fairfax County Codes, *Private Water Well Ordinance* and the *Individual Sewage Disposal Facilities*. In FY 2006, it is projected that 50 percent of out-of-compliance well-water supplies and 80 percent of out-of-compliance sewage-disposal systems will be corrected within 30 days. Correction of water-well deficiencies and of 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 be focused on repair and replacement issues associated with older systems. Staff is also participating on a commission to consider creating an onsite-sewage-disposal system management entity recommended by the New Millennium Occoquan Watershed Task Force. This entity could provide for routine maintenance and regular pumping of onsite-sewage-disposal systems by qualified professionals.

Community Health & Safety Section: The goal in FY 2007 is to continue to promote community revitalization and improvement by actively supporting and participating in the Neighborhood Volunteer Program, Hoarding Task Force, Blight Abatement Program, and the Strengthening Neighborhoods and Building Communities effort. Resident complaints involving property maintenance issues or health and safety menaces are 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 the Fairfax Inspection Database Online (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 Health Management and Information System database used in the past. A reduction in the complaints received in FY 2005 is attributed to this new database system. There were 2,564 complaints received and 63.4 percent were resolved within 60 days. For FY 2006, it is estimated that 2,600 complaints involving property maintenance issues or health and safety menaces will be addressed, with 65 percent resolved within 60 days.

Disease-Carrying Insects Program: The goal in FY 2007 is to hold the number of human cases of West Nile Virus (WNV), as reported by the Virginia Department of Health, to no more than five cases, a number lower than the 13 cases reported for the County in FY 2003. This number is higher than the FY 2004 experience, when the County benefited from the unseasonably cool weather and very heavy spring rains, flushing through stormwater catch basins and inhibiting certain species of mosquitoes from breeding. 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 WNV to humans. Stormwater catch basins, a significant breeding area, are treated with larvicides. Surveillance activity is conducted by the County to determine mosquito breeding locations and the degree of presence of the virus in County mosquitoes and birds. 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 2006 and FY 2007 a similar preemptive catch basin treatment program is planned. Treatment cycles totaling about 105,000 catch basins are projected to ensure the aggressive suppression of the disease. 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, are the principal factors that determine 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; and the administration of Medicaid nursing home pre-screenings.

Funding Summary

Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	74/ 73.5	74/ 73.5	74/ 73.5	80/ 79.5
Total Expenditures	**$5,130,810**	**$5,271,930**	**$6,287,563**	**$6,550,044**

Position Summary					
2	Public Health Doctors	2	Administrative Assistants V	2	Management Analysts III (1)
4	Comm. Health Specs. (2)	1	Administrative Assistant IV	1	Management Analyst II
6	Public Health Nurses IV	7	Administrative Assistants III	2	Asst. Directors of Patient Care Services
8	Public Health Nurses III	6	Administrative Assistants II	1	Program and Procedures Coordinator
31	Public Health Nurses II, 1 PT (1)	1	Administrative Assistant I	1	Human Service Worker II
1	X-Ray Technician	1	Management Analyst IV	1	Resource Development & Training Mgr.
2	Nurse Practitioners (2)				

TOTAL POSITIONS
80 Positions (6)/ 79.5 Staff Years (6.0) — **( ) Denotes New Position**
6/5.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund — **PT Denotes Part-Time Position**

Key Performance Measures

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 8.5/100,000 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 350 impaired adults within 10 working days of the request for screening.

- To increase the number of active Medical Reserve Corps (MRC) volunteers to 6,000 by FY 2007.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Clients served in tuberculosis (TB) screening, prevention and case management	14,866	14,879	14,500 / 12,932	14,000	14,000
Communicable disease (CD) cases investigated	1,340	1,146	1,000 / 1,426	1,200	1,200
Medicaid Pre-Admission screenings completed per year	293	336	300 / 351	350	350
Emergency preparedness: Health Department staff and community Medical Reserve Corps volunteers completing an initial public health emergency education and training session	4,750	940	1,100 / 1,489	1,400	1,400

Health Department

Indicator	Prior Year Actuals FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Efficiency:					
TB care: Total cost per client	$123	$102	$110 / $126	$117	$122
TB care: County cost per client	$69	$44	$49 / $53	$55	$60
CD investigations: Total cost per client	$384	$272	$325 / $223	$299	$314
CD Investigations: County cost per client	$234	$118	$147 / $124	$164	$179
Medicaid cost per service unit	$214	$208	$235 / $205	$216	$221
Medicaid net cost to County	$167	$161	$183 / $159	$164	$169
Emergency preparedness: Total cost per individual trained	$61	$123	$153 / $129	$134	$138
Emergency preparedness: County cost per individual trained	$39	$97	$131 / $113	$100	$120
Service Quality:					
Percent of community medical providers treating TB patients that are satisfied with the Health Department's TB Program	NA	100%	95% / 100%	95%	95%
Percent of individuals at highest risk for CD transmission provided screening, prevention education and training	95%	100%	95% / 94%	95%	95%
Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service	97%	97%	95% / 96%	95%	95%
Percent of individuals who express feeling confident to respond to a public health emergency following education and training	95%	97%	95% / 97%	95%	95%
Outcome:					
Rate of TB Disease/100,000 population	9.8	8.5	8.5 / 9.1	8.5	8.5
Percent of TB cases discharged completing treatment for TB disease	96%	96%	95% / 97%	97%	95%
Percent of completed communicable disease investigations needing no further follow-up	95%	96%	95% / 96%	95%	95%
Medicaid Pre-Admission screenings: Percent of screenings initiated within 10 working days of referral	NA	95%	95% / 100%	95%	95%
Number of active Medical Reserve Corp Volunteers	4,100	5,400	5,900 / 3,260	4,600	6,000

Performance Measurement Results

Tuberculosis (TB): The TB Program continues to focus on targeted Tuberculin Skin Testing (TST), a method of screening for TB infection that ensures that only those high risk individuals are tested, resulting in fewer false positive results. It is estimated that the number of clients screened for TB infection should begin to stabilize during FY 2006 and FY 2007, as this targeted testing approach becomes fully implemented. Despite having seen a one-year decrease in the number of TSTs given, one year of data does not indicate a trend. However, the results will be re-evaluated when next year's data becomes available.

During FY 2004, the rate of TB disease in the County decreased to 8.5/100,000 population, a downward trend experienced by the rest of Virginia. FY 2005 resulted in a TB rate of 9.1/100,000 population. A possible explanation for this increase in the number of TB cases may be reflective of the increase in the County's population with greater representation of individuals more at risk for TB disease.

The Health Department's TB Program worked to ensure a 97 percent TB treatment completion rate for clients with TB disease. 50 percent of individuals treated for TB disease receive their medical care through private physicians; receiving consultation and guidance from the Health Department's TB physician consultant. 100 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 2005 was nearly 50 percent higher than estimated. This increase in the number of CD cases investigated has occurred for the second year in a row. During FY 2004, a newly created centralized CD/Epidemiology Unit investigated over 500 cases involving a CD outbreak situation in addition to over 500 routine CD investigations. During FY 2005, a number of outbreak situations resulted in large numbers of cases to be investigated; the reported number of CD cases investigated did not include an additional 2,638 cases of influenza that were tracked and reported to the Virginia Department of Health during this year's influenza season. The FY 2005 cost per client is lower than estimated due to the increase in cases investigated. During FY 2005, 94 percent of individuals at highest risk for CD transmission were provided screening, prevention education, and training to prevent the spread of further infection. The target goal for this important indicator remains at 95 percent and will hopefully be met in future years.

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 agency, ensures that the screenings are conducted and processed according to established Department of Medical Assistance criteria. The number of screenings completed in FY 2005 exceeded estimates by 17 percent because the number of screening requests increased, and the agency screens all those who request the service. In addition, 100 percent of those screenings were completed within 10 days, as the agency revamped its processes to enable a more timely completion of the service.

Emergency Preparedness: During FY 2003, over 4,000 community volunteers, the majority being Fairfax County Public School employees, 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 being 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. Since this system has been in place, volunteers are able to register through a Web site and recruitment and training efforts have been further developed and expanded.

The actual number of MRC volunteers for FY 2005 is lower than estimated. This is due, in part, to the removal of non-active MRC volunteers from the newly developed MRC database. The FY 2005 actual number of volunteers is now more reflective of a committed group of volunteers that are ready to respond to a public health emergency. As a result of a progressive training curriculum, 97 percent of all MRC volunteers that have completed initial training report confidence in their ability to respond if asked to do so.

The FY 2007 focus for the MRC recruitment and training program will be directed to the further recruitment of MRC leadership and essential volunteer roles within the MRC structure, with the goal of recruiting 6,000 MRC volunteers by the end of FY 2007.

The costs for emergency preparedness training increased during FY 2004 due to lower numbers of volunteers completing an initial training. Training costs in FY 2005 are lower than estimated, as the number of volunteers trained was higher than estimated. This was due, in part, to the focused efforts of a new MRC Program Coordinator and Database Manager. Projected costs for MRC training are increased for FY 2007, as the MRC grant that is funding the MRC Coordinator position during FY 2006 will expire.

Community Health Care Network

The Fairfax Community Health Care Network 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 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	9/ 9	9/ 9	9/ 9	9/ 9
Total Expenditures	**$8,368,173**	**$9,097,155**	**$9,416,093**	**$9,124,157**

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.

Objectives

- To accommodate an increase in patient visits to 48,000, 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 75 percent of individuals with diabetes receive an annual neuropathy exam.

Indicator	Prior Year Actuals FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Output:					
Primary care visits	39,733	47,899	48,000 / 47,616	48,000	48,000
Efficiency:					
Net cost to County per visit	$215	$176	$192 / $179	$199	$200
Service Quality:					
Percent of clients satisfied with their care at health centers	91%	89%	95% / 89%	90%	90%
Percent of clients whose eligibility is determined on the first enrollment visit	74%	52%	75% / 49%	NA	NA
Percent of clients whose eligibility determination is accurate	NA	NA	NA	90%	90%
Outcome:					
Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period	NA	64%	80% / 74%	80%	80%
Percent of patients with diabetes who receive an annual neuropathy exam	NA	NA	80% / 69%	75%	75%

Performance Measurement Results

The number of primary care visits in FY 2005 (47,616) remained at nearly the same level as FY 2004. This sustained output is attributed to a major modification in health provider schedules, which occurred in FY 2004. While the FY 2005 actual patient satisfaction score of 89 percent was consistent with FY 2004, it was lower than the FY 2005 projected level of 95 percent. Providers believe that the key concern among patients was the wait times in the clinic to see the provider or obtain medications. While some of the wait is related to health care delivery in general, staff has staggered their working hours to accommodate more prompt service delivery. The percent of women provided a mammogram has increased from 64 percent in FY 2004 to 74 percent in FY 2005. This significant increase is attributed to additional education and provider follow-up with patients as well as adjustments to the scheduling procedures for radiology exams. The percent of patients with diabetes who received an annual neuropathy exam was 69 percent as compared to estimate of 80 percent. The estimate was based on the general population, not the CHCN patients, as this was a new indicator. Compliance and follow-through with patients is often difficult given the transient living situation of many of the patients served by CHCN. As a result, the target has been lowered to 75 percent in FY 2006 and FY 2007.

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 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	97/ 97	97/ 97	97/ 97	97/ 97
Total Expenditures	**$6,598,488**	**$6,943,622**	**$7,269,350**	**$7,222,082**

Position Summary

2	Public Health Doctors	1	Eligibility Supervisor	3	Administrative Assistants V
1	Asst. Director for Medical Services	1	Rehab. Services Manager	4	Administrative Assistants III
1	Asst. Director of Patient Care Services	1	Physical Therapist II	15	Administrative Assistants II
4	Public Health Nurses IV	6	Speech Pathologists II	6	Human Service Workers II
9	Public Health Nurses III	2	Audiologists II	1	Human Services Assistant
40	Public Health Nurses II				

TOTAL POSITIONS
97 Positions / 97.0 Staff Years
25/25.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund

Key Performance Measures

Objectives

- To improve the immunization rate of children served by the Health Department to 80 percent, and to move towards the Healthy People 2010 goal of 90 percent.
- To maintain the low birth weight rate for all Health Department clients of 5 percent or below.
- Under the Speech Language Program, to increase from 75 percent to 77 percent the percentage of clients discharged as corrected/no further follow-up needed.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Immunizations: Children seen	22,667	22,871	19,000 / 20,592	19,000	19,000
Immunizations: Vaccines given	52,395	44,537	40,000 / 32,644	33,000	33,000
Maternity: Pregnant women served	2,250	2,133	2,100 / 2,328	2,100	2,100
Speech Language: Client visits	3,855	3,929	4,200 / 3,212	3,400	3,400

Indicator	Prior Year Actuals FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Efficiency:					
Immunizations: Cost per visit	$17	$14	$17 / $20	$17	$18
Immunizations: Cost per visit to County	$10	$10	$13 / $15	$12	$13
Immunizations: Cost per vaccine administered	$7	$7	$8 / $12	$11	$11
Immunizations: Cost to County per vaccine administered	$4	$5	$6 / $9	$7	$8
Maternity: Cost per client served	$644	$615	$642 / $576	$621	$635
Maternity: Cost per client to the County	$353	$292	$317 / $264	$285	$295
Speech Language: Net cost per visit	$132	$136	$129 / $153	$164	$177
Service Quality:					
Immunizations: Percent satisfied with service	98%	98%	97% / 98%	97%	97%
Maternity: Percent satisfied with service	97%	98%	97% / 98%	97%	97%
Speech Language: Percent of survey families who rate their therapy service as good or excellent	99%	100%	100% / 100%	100%	100%
Outcome:					
Immunizations: Two-year-old completion rate	79%	78%	80% / 77%	80%	80%
Maternity: Overall low birth weight rate	4.6%	4.9%	5.0% / 4.5%	4.8%	4.8%
Speech Language: Percent of clients discharged as corrected; no follow-up needed	76.0%	71.0%	76.0% / 75.0%	77.0%	77.0%

Performance Measurement Results

Immunizations: The number of visits in FY 2005 was consistent with the estimated number of visits; however, the number of vaccines given was less than that projected for FY 2005 due to the fact that we began offering several new combination vaccines. 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. The cost per vaccine increased since, in addition to higher costs, fewer vaccines were given. 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 the 80 percent target. The Centers for Disease Control and Prevention (CDC) 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 2005, the total cost to the County for immunizations was $299,998, resulting in a potential savings of almost $3 million in future medical and indirect costs according to this methodology.

Maternity Services: The 4.5 percent 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. Recent March of Dimes studies show 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 range reflects the range of risk factors, related birth outcomes, and costs to care for the child at the present and into the future. 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 2005, the total cost to the County for prenatal care was $615,314 resulting in a potential savings of at least $2,030,536 according to the CDC statistic and methodology.

Speech and Language: There was a significant reduction in the number of client visits (18 percent) which was due in part to a one full time staff vacancy throughout the entire FY 2005 period. The number of client visits estimated for FY 2005 was predicated upon full staffing. A reduction of available staff directly impacted the number of client visits, and indirectly, the cost per visit which increased by 12.5 percent. The net cost per visit was also affected by a significant increase in actual FY 2005 operational costs (i.e., telecommunications, postage, etc.) versus estimated FY 2005 costs.

Health Support Services

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. Water samples are tested for bacteria and chemistries such as lead, arsenic, and copper. Monthly testing is performed on county air filters and streams. The laboratory also accepts specimens from other county programs such as public safety, the Department of Public Works and Environmental Services, jails, the Fairfax – Falls Church Community Services Board, and surrounding counties.

Funding Summary

Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	14/ 14	14/ 14	14/ 14	14/ 14
Total Expenditures	**$2,117,174**	**$2,084,509**	**$2,331,095**	**$2,137,931**

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

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. To meet the Service Quality goal of 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 the long-range target of 95 percent.

Indicator	Prior Year Actuals FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Output:					
Tests reported	227,978	209,962	210,000 / 205,384	210,000	210,000
Rabies tests reported	701	755	700 / 750	700	700
Efficiency:					
Average cost/all tests	$3.53	$4.29	$4.61 / $4.58	$4.86	$5.05
Cost/rabies test	$62.69	$59.29	$67.09 / $61.63	$70.13	$71.75
Service Quality:					
Percent laboratory clients satisfied with service	97%	98%	95% / 97%	95%	95%
Percent of rabies tests involving critical human exposure completed within 24 hours	92%	97%	95% / 99%	95%	95%
Outcome:					
Average score on accuracy tests required for certification	99%	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	90%	98%	95% / 99%	95%	95%

Performance Measurement Results

The Rabies Team exceeded last year's excellent performance. A revised testing schedule allowed the Rabies Team to once again exceed the 95 percent Service Quality Goal of 24-hour test reporting on critical human rabies exposures. A higher volume of rabies tests resulted in a lower than anticipated cost per test. In FY 2005, 405 residents (99 percent of total caseload) received negative rabies test results within 24 hours, saving an estimated $810,000 in medical costs for a series of rabies post-exposure immunizations which average $2,000 per series.

The laboratory continued to maintain a high degree of accuracy measured by its FY 2005 scoring average of 98 percent on accuracy tests required for certification. The agency's scoring level greatly exceeds the accepted benchmark of 80 percent generally accepted for satisfactory performance by laboratory certification programs.

Although laboratory test volumes decreased slightly in FY 2005 due to reduced demand for drug abuse testing from other County programs, the decrease was offset by an increase in revenues from new environmental customers, which are those residents having small non-community wells. The average cost per test remained close to the projection.

A continuing focus of laboratory performance is the control of average cost per test. The laboratory reassessed and increased the fee schedule for FY 2006 in an effort to increase revenues. Additional Health Department testing, currently sent to outside contract laboratories, will be brought back into the lab in FY 2006 to maintain annual test volumes and control the cost per test.

School Health

School Health provides health services to students in 188 Fairfax County Public Schools (189 schools in FY 2007 with the addition of a new FCPS elementary school) 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 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	245/ 176.31	251/ 181.58	251/ 181.58	255/ 184.85
Total Expenditures	**$7,996,929**	**$9,147,001**	**$9,247,001**	**$9,694,490**

Position Summary

3	Public Health Nurses IV	192	Clinic Room Aides, 191 PT (2)
4	Public Health Nurses III	1	Administrative Assistant II
55	Public Health Nurses II, 2 PT (2)		

TOTAL POSITIONS
255 Positions (4) / 184.85 Staff Years (3.27)

( ) Denotes New Positions
PT Denotes Part-Time Positions

Key Performance Measures

Objectives

- To implement health plans for at least 62 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) at 98 percent of school days.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Students in school (academic year)/sites	166,072 / 183	166,746 / 187	166,275 / 187 / 163,126 / 187	167,000 / 188	165,000 / 189
Students in summer school, community based recreation/programs/sites	NA	NA	52,300 / 130 / 48,562 / 143	53,000 / 130	53,500 / 130
Students with health plans	NA	NA	40,000 / 46,683	45,000	45,000
Students with new health plans	NA	16,746	17,000 / 19,115	20,000	20,500
Total health plans implemented	NA	NA	NA / 43,714	45,000	45,000
Visits to clinic of sick/injured and for medicine	817,525	767,008	800,000 / 792,491	800,000	800,000
Efficiency:					
Students/PHN ratio	NA	NA	3,137:1 / 3,198:1	3,036:1	2,895:1
Students with health plans in place within 5 days of notification	NA	5,947	6,120 / 8,637	6,300	11,275
Health plans/PHN ratio	NA	NA	755:1 / 857:1	818:1	789:1
Large group training sessions/number attending	NA	NA	50 / 2,500 / 50 / 2,389	50 / 2,700	55 / 3,000

Indicator	Prior Year Actuals FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Service Quality:					
Percent of parents satisfied with services	99.6%	99.0%	99.0% / 99.0%	99.0%	99.0%
Percent of students receiving health support from CRAs	NA	NA	94.0% / 94.0%	95.0%	95.0%
Outcome:					
Percent of students with health plans in place within 5 days of notification	NA	36.0%	36.0% / 45.0%	36.0%	62.0%
Percent of school days CRA is on-site	93.5%	94.0%	98.0% / 97.0%	98.0%	98.0%

Performance Measurement Results

Public Health Nurses (PHNs) and Clinic Room Aides (CRAs) supported 163,126 students during school year 2004-2005. To a large extent, the requirements for services are driven by the current medical practice in the community and by the health needs of the general population. Thus, the increase in obesity and diabetes in the general population has yielded an increased number of students with diabetes and other health problems.

In the past, a health plan typically addressed one or two procedures, such as administering an epi-pen for a severe allergy. Current medical practice has significantly increased the complexity and scope of procedures performed in the school setting, and it has become increasingly difficult to develop and implement individual health plans in the desired five-day timeframe. For instance, a student with diabetes may require blood glucose testing, insulin, carbohydrate counting, and glucagons for emergencies.

A minimum of three staff members must be trained to respond to each student's individual health needs. To accomplish this, centralized large group training sessions were held at 50 different times with 2,389 FCPS staff attending. This process allowed more staff to be trained and utilized less staff time, thus increasing the number of health care plans implemented within 5 days from 36 percent to 45 percent. Students were able to enter school sooner and staff training time was minimized. The trainings were also offered to non-FCPS programs such as School-Age Child Care (SACC), Rec-PAC and Fairfax County Park Authority summer camps.

The Clinic Room Aide (CRA) program was allocated nine additional substitute positions in March 2005. Coverage ability significantly increased for total or partial day coverage. With an existing pool of 31 CRA substitutes by end of the school year, the coverage response rate was greatly enhanced. CRAs were on site 97 percent of school days. This equates to 228,390 total hours of coverage.

Adult Day Health Care Centers

Adult Day Health Care Centers are currently operated at Lincolnia, Lewinsville, Annandale, Mount Vernon 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.

Funding Summary				
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	44/ 44	53/ 53	55/ 55	55/ 55
Total Expenditures	**$2,055,013**	**$2,488,834**	**$2,511,575**	**$2,916,133**

Position Summary					
1	Public Health Nurse IV	6	Administrative Assistants IV	6	Senior Center Assistants
6	Public Health Nurses III	24	Home Health Aides	6	Park/Recreation Specialists III
6	Public Health Nurses II				
TOTAL POSITIONS					
55 Positions / 55.0 Staff Years					

Key Performance Measures

Objectives

- To provide services to 375 frail elderly and adults with disabilities so that 50 percent of those who might have entered nursing homes are able to remain in the community with their families, preventing the need for more costly long-term care, and 95 percent of family members/caregivers indicate that they gain time/energy, while their family member attends the Adult Day Care Center, allowing them to maintain valued life roles such as parent, worker, or volunteer.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Clients served per day	117	117	126 / 118	126	151
Clients per year	345	303	325 / 324	341	375
Operating days	247	247	248 / 248	248	248
Clients surveyed	223	196	200 / 177	200	225
Efficiency:					
Cost of service per client per day	$81.00	$81.00	$85.00 / $86.00	$96.00	$83.00
Net cost per client to the County	$55.00	$55.00	$57.00 / $58.00	$68.00	$56.00
Service Quality:					
Percent of clients/caregivers satisfied with service	100%	98%	100% / 100%	100%	100%
Outcome:					
Percent of clients who meet nursing home admission criteria	NA	45%	50% / 58%	50%	50%
Percent of caregivers able to maintain valued life goals	NA	86%	95% / 77%	95%	95%

Performance Measurement Results

In FY 2004 the objective and related performance outcome indicators were modified to include data on the percentage of Adult Day Health Care (ADHC) participants who met nursing home admission criteria but were able to remain in the community while attending the Center; therefore data are not available for FY 2003.

According to the 2000 Census, 11.5 percent of the population or 111,415 persons in Fairfax County were age 60 and older. This is projected to increase by 43.8 percent in 2010 to 160,188. Residents age 85 and older, those with the highest degree of frailty and most likely to need long term care services, will increase by 38.7 percent from 6,922 persons in 2000 to 9,604 persons in 2010. As the demographics change and new demands for long term care emerge, the ADHC program will play a crucial role in providing a cost effective alternative to more restrictive long term care options. It is our goal to promote the health and independence of the frail elderly and adults with disabilities, thus preventing premature institutionalization.

The objective to serve 126 clients per day was not met this year due to a significant rate of absenteeism. If participants had attended the center as scheduled the average daily attendance (ADA) would have been as high as 137. Several factors contributed to this absenteeism rate. First, participants served by this program are frail elderly with multiple health conditions and are therefore more likely to be absent due to illness. Second, FASTRAN transportation to the center was cancelled several times this winter due to adverse weather conditions. Lastly, many participants missed scheduled days because they were being cared for by another out-of-town caregiver. In an effort to increase ADA and revenue in FY 2006, a new attendance and billing policy, addressing the aforementioned factors, was implemented on July 1, 2005.

The following two factors will contribute 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, Little River Glen (LRG) ADHC is expected to open in the fourth quarter of FY 2006. There are one time capital equipment costs associated with the opening of this new center that will inflate the overall cost of care per service unit. In addition, even though LRG has the capacity to serve 35 participants, the ADA is expected to be 18 in FY 2006 as it will take time and effort to enroll enough participants to meet the maximum ADA goal. The anticipated delay in achieving ADA goals at the LRG Center will impact revenue and consequently inflate the net cost of care per service unit in FY 2006.

According to a 2002 study conducted by the National Respite Network and Resource Center, respite for caregivers has been shown to sustain family stability and prevent more costly out-of-home placement. The annual caregiver survey revealed that 85.7 percent of those surveyed said that having their family member attend the ADHC program helped them keep their loved at home in the community; and 77 percent stated that they had more time and energy to maintain their other valued life roles such as parent, worker, or volunteer. The ADHC program enables participants to remain in the least restrictive environment, allowing them to remain in the community as long as possible, aging in place. A review of participants revealed that 58 percent of the participants who attended ADHC this year met the functional criteria for nursing home placement but were able to remain with their families in the community.

Air Pollution Control

Air Pollution operates five ambient air pollution monitoring stations. These monitoring stations monitor for a variety of gases which affect health (carbon monoxide, ozone, nitrogen dioxide, sulfur dioxide, particulates), 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 computed locally and has meaning and accuracy for Fairfax County.

Funding Summary

Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	4/ 4	4/ 4	4/ 4	4/ 4
Total Expenditures	**$366,318**	**$181,437**	**$359,073**	**$187,658**

Position Summary

1	Environmental Health Program Manager	1	Environ. Health Specialist III
		2	Environ. Health Specialists II

TOTAL POSITIONS
4 Positions / 4.0 Staff Years

Key Performance Measures

Objectives

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

Indicator	Prior Year Actuals FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Output:					
Measurements made	304,715	314,426	320,000 / 319,133	320,000	320,000
Efficiency:					
Program cost per capita	$0.036	$0.060	$0.058 / $0.291	$0.147	$0.153
Service Quality:					
Data accuracy	3.8%	3.6%	5.0% / 3.7%	5.0%	5.0%
Outcome:					
Air pollution monitoring index	96.0%	94.9%	95.0% / 96.5%	96.0%	96.0%

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 five 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 Environmental Protection Agency (EPA) quality assurance 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 2005, Fairfax County experienced two exceedant days of the one-hour ozone standard and seven exceedant days of the eight-hour ozone standard, resulting in unhealthy ambient air conditions. The EPA changed to an eight-hour ozone standard and revoked the one-hour ozone standard on June 15, 2005. The EPA designated the Metropolitan Washington Region, which includes Fairfax County, as being in moderate non-attainment of the eight-hour ozone standard. As a result, the region must initiate an aggressive air pollution control strategy to reduce air 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 Health Department is still awaiting guidance documents on how to proceed with planning efforts to demonstrate compliance.