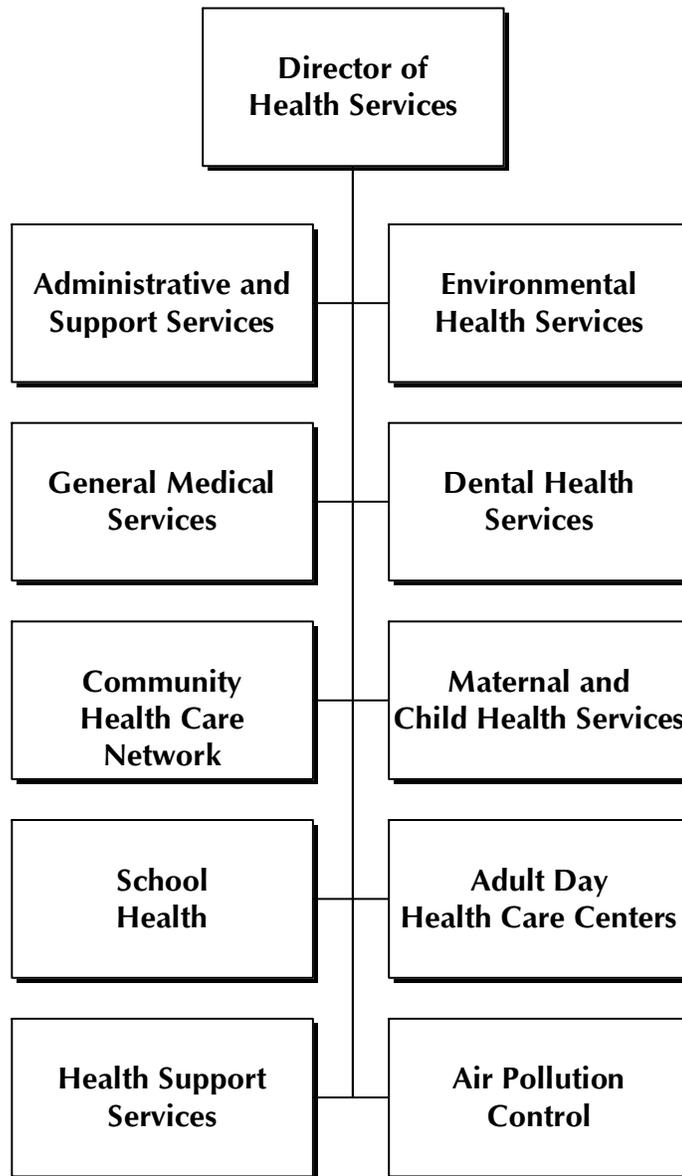


Health Department



Mission

The Health Department is dedicated to the protection of the health of the people and environment, prevention of disease and disability, and promotion of healthy behaviors and conditions for the people of Fairfax County and the cities of Falls Church and Fairfax.

Focus

The Health Department has four core functions as the foundation 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 measurements.

Health Department

In FY 1996, the Health Department became a locally administered agency. Prior to 1996 the Department was operated on a cooperative agreement with the state. The state has maintained 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 2006, it is anticipated that the state will contribute a total of \$8,088,520 in support of Health Department services.

Other revenue support for Health Department activities comes in the form of licenses, fees, and permits, including those collected from individuals and businesses for environmental and health-related services. Environmental fees are for varied 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. Eligible health-related services are billed to Medicaid, but Medicaid funding on the whole is expected to decline.

In early FY 2004, the agency finalized its strategic plan following input from the community, key stakeholders, and staff. Four strategic goals were identified and adopted, focusing on communicable disease, public access to health services, workforce management, and technology use. The work plan was completed in early FY 2005 and will be revised annually to guide Health Department services.

Threats to Public Health: 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 addition of a grant funded epidemiologist position in FY 2003 to the newly formed Epidemiology/Bioterrorism Preparedness Unit 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 establishment of the Bioterrorism Medical Action Team (B-MAT), comprised of 1,100 volunteer health care providers and 4,300 community volunteers, was completed in FY 2004. Efforts continue to recruit health/medical volunteers (under the umbrella of the Medical Reserve Corp), establish an ongoing training program, and conduct table top exercises specific to public health concerns, thus keeping staff and volunteers current in their knowledge and preparedness.

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.

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.

In addition to communicable diseases, West Nile virus, transmitted from infected mosquitoes to humans, continues as a public health concern. A coordinated, multi-agency mosquito management program is now in place, including the treatment of ponds and standing water to prevent a proliferation of the mosquito population in order to reduce the public health impact of the virus. The program also focuses on education, public awareness, and involvement of the community as tools to proactively address the problem. In FY 2005, a large portion of funding for the West Nile virus program was provided through Fund 116, the Integrated Pest Management Program. The total program is now almost completely funded through Fund 116, with the exception of \$0.1 million in the General Fund, which is reserved for treating areas of the County that are not a part of the special tax district. More information on the FY 2006 West Nile virus program can be found in the Fund 116 narrative (Volume 2).

Health Department

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 key in addressing the quality, availability, and accessibility of health care. Partnerships include the Long Term Care Project with the Department of Family Services (DFS) and the Department of Housing and Community Development (HCD); the Healthy Families Fairfax project with DFS, Reston Interfaith, Northern Virginia Family Services and United Community Ministries; the Community Access Program Grant (through the U.S. Department of Health and Human Services) with the Inova Health System and eleven key community-based organizations; the Senior Plus Program with the Fairfax-Falls Church Community Services Board and the Department of Recreation Services; and Smile Keepers, a grant awarded to the community partners to improve access to oral health. Finally, Health Assessment Action Teams (HAAT), which are multi-agency teams that conduct enrollment for residents seeking medical care and connect them with a medical home most appropriate for the individual and/or family, have been fully implemented in all three Community Health Care Network (CHCN) center sites.

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 enrollment process into the CHCN program addressed long wait lists by revising the residency period for eligibility, eliminating emergency enrollments, restricting referrals to private physicians, and redirecting patients to other centers or services that are more suitable. A totally restructured tuberculosis unit was fully implemented in FY 2004. This unit provides a more comprehensive and timely response to identified tuberculosis cases and incorporates ongoing education and consultation with the private medical sector. The agency responded to increased Environmental Health Division workload demands resulting from population growth and public facility expansions (i.e., swimming pools and restaurants) by reprioritizing field work to reduce the workload per staff to more manageable levels and to link establishment inspections to health risks. In FY 2006, the agency will continue to address quality and accessibility issues and will develop a network-based program to assist the agency in doing more targeted outreach and education on relevant health issues.

Workforce Management and Enhanced Communication: During FY 2005 and FY 2006, new initiatives that have emerged from the strategic planning process will begin to focus on workforce and communication goals, beginning with enhancing the agency Web site, initiating internal communication tools, and further developing the agency's workforce plan. Workforce management is critical to the strategic goal of employing and retaining a skilled productive workforce, as the highly competitive health professionals' employment market presents challenges to hiring qualified staff and conversely, keeping qualified experienced staff. During FY 2005, a plan was developed to address this focus area in one division with incremental implementation beginning in FY 2006.

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, strengthening its accessibility to the public, and developing new mechanisms by which the public can be kept informed of emerging health issues and/or emergency situations. An internal Web committee now is responsible for the content and relevance of material on the Web site. In FY 2006, more emphasis will be placed on internal communications for and with all staff.

Health Department

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

 Maintaining Safe and Caring Communities	Recent Success	FY 2006 Initiative	Cost Center
Continue development of a plan to increase public awareness of Adult Day Health Care and Senior Services in targeted, underserved populations and increase average daily attendance to attract a more diverse participant population for County Adult Day Health Care in early FY 2005, to be fully implemented in FY 2006.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adult Day Health Care Centers
Implemented recommendations for the Community Health Care Network (CHCN) Strategic Review, which focuses on a key strategy to utilize limited resources to provide a fuller range of medical care to the current number of patients rather than providing limited, possibly substandard care to more people. In addition, by adjusting CHCN provider schedules, an additional 8,166 primary care patient visits were completed in FY 2004 for a total of 47,899 visits.	<input checked="" type="checkbox"/>		Community Health Care Network
Continue to incorporate the Food and Drug Administration's (FDA) Voluntary National Retail Food Regulatory Program Standards into the Food Safety Program. A self assessment to identify the current program strengths and weaknesses was completed in early FY 2005. The self assessment will aid in developing strategies and an action plan for program improvement. The voluntary 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, an organization comprised of representatives from the food industry, regulatory community, and academia. This will be an on-going initiative for several years.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Health Services
In FY 2005, began work on amending the <u>Fairfax County Code</u> , Chapter 43.1, Food and Food Service Establishments, to bring the food safety regulations up to the 2005 FDA Model Food Code which reflects the most current science and best strategies to ensure a safe food supply.	<input checked="" type="checkbox"/>		Environmental Health Services
Continue a countywide project to locate and digitally map all individual drinking water wells. Data will be used to create a GIS layer that will allow for more efficient and rapid identification of wells that may be impacted by road improvements, sewer installation, contamination incidents, etc. Project will be completed in FY 2006.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Health Services

Health Department

 Maintaining Safe and Caring Communities	Recent Success	FY 2006 Initiative	Cost Center
<p>Continue the development of the Medical Reserve Corp (MRC) (formerly called Bioterrorism Medical Action Teams (B-MATs), which can be activated for smallpox or other bioterrorism events. The plan utilizes both medical and non-medical volunteers that are organized and trained to administer vaccines or dispense disease-preventing medications should there be an epidemic or bioterrorism attack. In FY 2004, 5,400 volunteers were registered with the MRC. This is an ongoing initiative with the FY 2006 goal of recruiting 7,000 trained volunteers ready to respond to a public health emergency.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General Medical Services
<p>In FY 2006, implement a plan for targeted testing of individuals at high risk of acquiring TB disease and who would benefit from treatment. The plan includes strengthening the involvement of key community members of specific ethnic and minority groups.</p>		<input checked="" type="checkbox"/>	General Medical Services
<p>Developed a plan in collaboration with the Division of Consolidated Laboratory Services to ensure local availability of laboratory training for Northern Virginia clinical laboratories through the National Laboratory Training Network (NLTN), a division of the Centers for Disease Control.</p>	<input checked="" type="checkbox"/>		Health Support Services/LAB
<p>Designated as one of the 16 "Sentinel Laboratories" in the Virginia Laboratory Response Network to receive specialized training to detect agents of bioterrorism and emerging pathogens. In addition, served as point of contact for Centers for Disease Control Health Alerts and disseminated laboratory-specific information to 12 hospitals and private laboratories that serve Fairfax County.</p>	<input checked="" type="checkbox"/>		Health Support Services/LAB
<p>In FY 2004, the School Health Services Program instituted consolidated training sessions for Fairfax County Public Schools (FCPS) and non-education based programs, and began utilizing an automated database for medical flag lists to reduce annual duplication of effort. In FY 2005, a strategic review of the program will be initiated in order to identify the scope of challenges with the increasing number of students with complex health conditions, and to develop a plan to address resource needs for the future.</p>	<input checked="" type="checkbox"/>		School Health
 Building Livable Spaces	Recent Success	FY 2006 Initiative	Cost Center
<p>Drafted amendments to Chapter 70, <i>Water</i>, of the <u>Fairfax County Code</u> to bring the well water regulations up to date and in-line with state regulations. Amendments were approved by the Board of Supervisors in FY 2005.</p>	<input checked="" type="checkbox"/>		Environmental Health Services

Health Department

 Connecting People and Places	Recent Success	FY 2006 Initiative	Cost Center
<p>Began submitting restaurant inspection reports for all regulated food service establishments in the County directly to the Virginia Department of Health at the time of inspection. All reports are made available for public access on the Internet (www.vdh.state.va.us).</p>	<input checked="" type="checkbox"/>		Environmental Health Services
 Practicing Environmental Stewardship	Recent Success	FY 2006 Initiative	Cost Center
<p>Established an Air Quality Program Manager position to specifically focus on air quality issues and help increase the County's air quality planning and regional collaboration efforts. The Air Quality Manager will have countywide responsibilities for all air quality issues, will chair the Air Quality subcommittee of the Environmental Coordinating Committee (ECC), and will be a standing member of the ECC. This position will have a dual reporting role under the supervision of the Director of the Division of Environmental Health and the Environmental Coordinator.</p>	<input checked="" type="checkbox"/>		Air Pollution
 Creating a Culture of Engagement	Recent Success	FY 2006 Initiative	Cost Center
<p>Continue work of the Long-Term Care Coordinating Council (LTCCC) to provide community leadership, championing the implementation of the Long-Term Care Strategic Plan. In FY 2005, the LTCCC facilitated collaborative partnerships and pursued resources to address the gaps in long-term care services through demonstration of new models of service delivery or enhancements to existing services, as well as provide leadership and education about the critical long-term care needs in the Fairfax community.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Long-Term Care Coordinating Council
<p>Continue to conduct a market study with the National PACE organization and the Department of Medical Assistance to determine the feasibility of developing a PACE Program (program for all inclusion care of the elderly). PACE is a comprehensive, multidisciplinary program which allows frail seniors to remain in the community of their choice.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Long-Term Care Coordinating Council

Health Department

 Exercising Corporate Stewardship	Recent Success	FY 2006 Initiative	Cost Center
Combine/streamline two distinct data systems supporting the Adult Day Health Care program into one management information system with capabilities for billing and management, streamlined data collection, and report generation.		<input checked="" type="checkbox"/>	Adult Day Health Care Centers
Completed implementation of policies and procedures to ensure compliance with the privacy component of the federal Health Insurance Portability and Accountability Act (HIPAA) in FY 2004. Total compliance, including the electronic transaction component, will be completed in FY 2005.	<input checked="" type="checkbox"/>		Agencywide
Implemented a Health Access Action Team (HAAT) at the three CHCN health care centers. These cross-agency teams, supervised by the Department of Family Services' eligibility staff, focus on identifying and enrolling individuals and families into the most appropriate medical program, while maximizing non-local resources. This cross-agency initiative was key to reducing and eliminating the wait at two CHCN centers, while reducing the wait list at the third CHCN center from one year to less than three months.	<input checked="" type="checkbox"/>		Community Health Care Network
Implemented an on-going system-wide strategy to access pharmaceutical companies' patient assistance programs to obtain medications at no cost for indigent patients of CHCN. The implementation of a more formal system resulted in nearly one million dollars worth of medication received from pharmaceutical companies at no cost to the County or CHCN patients. The savings helped provide the funding necessary to finance essential contract increases for primary health care services.	<input checked="" type="checkbox"/>		Community Health Care Network
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 will begin using the field inspection module in the fall of 2004. The permitting, plan review and inspections with wireless transmission will be designed and implemented late in FY 2005 or early FY 2006. FIDO, when fully implemented, is expected to greatly improve customer service, provide for a unified cross-agency approach to database management, and improve efficiency.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Health Services

Health Department

Budget and Staff Resources

Agency Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	562/ 492.81	562/ 492.81	565/ 495.81	580/ 510.08	580/ 510.08
Expenditures:					
Personnel Services	\$25,198,598	\$27,457,102	\$27,457,102	\$28,886,586	\$29,001,586
Operating Expenses	12,970,584	13,317,591	15,256,934	13,199,998	13,199,998
Capital Equipment	100,915	0	721,113	23,061	23,061
Subtotal	\$38,270,097	\$40,774,693	\$43,435,149	\$42,109,645	\$42,224,645
Less:					
Recovered Costs	(\$114,303)	(\$116,434)	(\$116,434)	(\$132,243)	(\$132,243)
Total Expenditures	\$38,155,794	\$40,658,259	\$43,318,715	\$41,977,402	\$42,092,402
Income/Revenue:					
Elderly Day Care Fees	\$670,970	\$757,106	\$700,946	\$714,965	\$714,965
Elderly Day Medicaid Services	119,130	122,589	127,302	129,848	129,848
Fairfax City Contract	724,645	724,645	757,412	757,412	757,412
Falls Church Health Department	163,657	166,930	170,698	179,233	179,233
Licenses, Permits, Fees	2,467,852	2,620,373	2,611,288	2,651,145	2,651,145
State Reimbursement	8,015,431	7,913,107	8,088,520	8,088,520	8,088,520
Air Pollution Grant	68,850	68,850	68,850	68,850	68,850
Total Income	\$12,230,535	\$12,373,600	\$12,525,016	\$12,589,973	\$12,589,973
Net Cost to the County	\$25,925,259	\$28,284,659	\$30,793,699	\$29,387,429	\$29,502,429

FY 2006 Funding Adjustments

The following funding adjustments from the FY 2005 Revised Budget Plan are necessary to support the FY 2006 program:

- ◆ **Employee Compensation** **\$1,100,937**
 An increase of \$1,116,746 associated with salary adjustments necessary to support the County's compensation program and existing staff, offset by an increase of \$15,809 in Recovered Costs due to a greater recovery of salary costs for services to other agencies.
- ◆ **Little River Glen** **\$198,318**
 An increase of \$198,318, including \$52,206 in Personnel Services, \$123,051 Operating Expenses and \$23,061 in Capital Equipment Expenses associated with the start-up of the Little River Glen Adult Day Health Care Center. Little River Glen is expected to open in early FY 2007 and has the capacity to serve 35 clients per day. The Personnel Services costs will support an additional 9/9.0 SYE positions, including three months of salary costs for the Center Nurse Coordinator and an Administrative Assistant IV, who will coordinate the hiring of additional staff and purchasing all the necessary supplies and equipment prior to the center's opening. Funding will also support 1/1.0 SYE Public Health Nurse II, 1/1.0 SYE Recreation Specialist III, 1/1.0 SYE Senior Center Assistant, and 4/4.0 SYE Home Health Aides. In addition, it should be noted that the FY 2006 net cost to open this facility is \$212,257. The net cost includes \$13,939 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.

Health Department

- ◆ **School Health Services at South County Secondary School** **\$167,880**

An increase of \$167,880 including \$151,880 in Personnel Services and \$16,000 in Operating Expenses, associated with the opening of a new Fairfax County Secondary School, South County, in September 2005. Funding will support the addition of 2/2.0 SYE Public Health Nurses and 2/1.27 SYE Clinic Room Aide positions. Public Health Nurses are responsible for developing and implementing health plans for students with identified health conditions, while Clinic Room Aides administer medication, provide care for sick and injured students, and conduct vision and hearing screenings. These additional positions will provide coverage to the new school, as well as act in a roving capacity at 188 Fairfax County Public School sites. In addition, it should be noted that the FY 2006 net cost to open this facility is \$208,432. The net cost includes \$40,552 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.

- ◆ **Supplemental Public Health Nurses for School Health Services** **\$124,652**

An increase of \$124,652 including \$108,652 in Personnel Services and \$16,000 in Operating Expenses to support the addition of 2/2.0 SYE Public Health Nurses to the Department's School Health program. Public Health Nurses are responsible for developing and implementing health plans for students with identified health conditions, as well as identifying and ensuring an appropriate response to other student medical issues. Due to the growing number of students requiring health plans be in place, and the increased complexity and scope of procedures performed in the school setting, an additional 2/2.0 SYE Public Health Nurses are included to improve the ratio of nurses to students and the rate at which health plans are implemented. In addition, it should be noted that the FY 2006 net cost to include these positions is \$153,662. The net cost includes \$29,010 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.

- ◆ **Telephone Maintenance** **\$25,000**

An increase of \$25,000 in Operating Expenses for maintenance of a new telephone system installed at the Health Department during FY 2005. The new system replaced one that was approximately 17 years old and was not equipped to handle the influx of calls expected in the event of a public health emergency.

- ◆ **Other Operating Expenses** **\$148,231**

A net increase of \$148,23 in Operating Expenses for intergovernmental charges, including an increase of \$100,900 in PC replacement charges based on an increase in the annual contribution for PC replacement by \$100 per PC, from \$400 to \$500; \$39,987 for Department of Vehicle Service charges based on anticipated charges for fuel, vehicle replacement, and maintenance costs; and \$7,344 for Information Technology charges based on the agency's historic usage.

- ◆ **Carryover Adjustments** **(\$3,026,331)**

A decrease of \$3,026,331 due to the carryover of \$3,026,331 in one-time Operating and Capital Equipment Expenses as part of the *FY 2004 Carryover Review*.

Health Department

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2006 Advertised Budget Plan, as approved by the Board of Supervisors on April 25, 2005:

- ◆ **Additional Substitutes for School Health Program** **\$115,000**
Funding of \$115,000 is included in Personnel Services for additional limited term support positions for the Health Department's Clinic Room Aide (CRA) substitute pool in order to provide improved CRA substitute coverage at Fairfax County Public School (FCPS) sites. CRAs are responsible for administering medication, providing care for sick and injured students, and conducting vision and hearing screenings. Additional substitute pool positions will afford substitutes the opportunity to work in a part-time capacity and the agency will have enough substitutes working to cover longer-term CRA absences resulting from vacancies or extended leave situations.

Changes to FY 2005 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2005 Revised Budget Plan since passage of the FY 2005 Adopted Budget Plan. Included are all adjustments made as part of the FY 2004 Carryover Review and all other approved changes through December 31, 2004:

- ◆ **Carryover Adjustments** **\$3,026,331**
As part of the FY 2004 Carryover Review, the Board of Supervisors approved encumbered funding of \$3,026,331 including Operating Expense obligations of \$2,711,780 and Capital Equipment obligations of \$314,551 for goods and services that had been ordered but had not yet been received.
- ◆ **Consolidation of Home-Based Care Services** **(\$445,875)**
As part of the FY 2004 Carryover Review, the Board of Supervisors approved the transfer of \$445,875 in Operating Expenses from the Health Department to the Department of Family Services (DFS) in conjunction with the consolidation of bathing services within DFS' Home-Based Care Program. The consolidation will facilitate the realization of program efficiencies and streamline the provision of similar services within one agency.
- ◆ **Position Redirections** **\$0**
During FY 2005, the County Executive approved the redirection of 3/3.0 SYE positions to the Health Department in support of the County's air quality activities, the Program for All Inclusive Care for the Elderly (PACE), and emergency planning efforts. There was no corresponding funding adjustment associated with this position redirection.

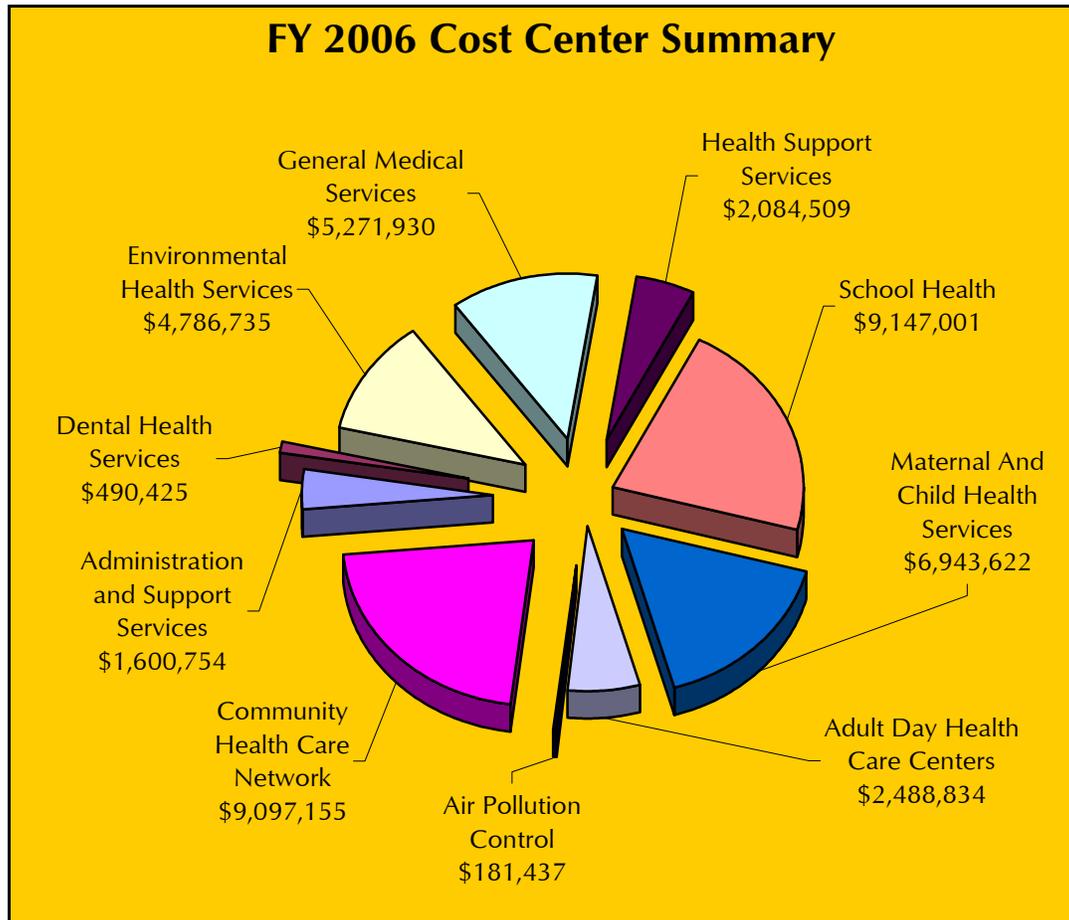
The following funding adjustments reflect all approved changes to the FY 2005 Revised Budget Plan from January 1, 2005 through April 18, 2005. Included are all adjustments made as part of the FY 2005 Third Quarter Review:

- ◆ **Environmental Projects** **\$80,000**
As part of the FY 2005 Third Quarter Review, the Board of Supervisors approved an expenditure increase of \$80,000 for the Health Department associated with the County's Environmental Excellence 20-year Vision Plan (Environmental Agenda) to implement critical environmental initiatives. Of this amount, \$50,000 is for the replacement of air monitoring equipment and \$30,000 is for onsite sewage disposal management initiatives. Total funding of \$2,000,000 was approved as part of the FY 2005 Third Quarter Review and provided funding to several County agencies in support of each of the Agenda's six topic areas, including Growth and Land Use; Air Quality and Transportation; Water Quality; Solid Waste; Parks, Trails and Open Space; and Environmental Stewardship.

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: Administrative and Support Services, Dental Health Services, Environmental Health Services, 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.



Administrative and Support Services

Administrative and Support Services 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 work 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 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	7/ 7	7/ 7	8/ 8	8/ 8	8/ 8
Exempt	1/ 1	1/ 1	1/ 1	1/ 1	1/ 1
Total Expenditures	\$1,515,439	\$1,486,244	\$1,975,276	\$1,600,754	\$1,600,754

Health Department

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
TOTAL POSITIONS			
9 Positions / 9.0 Staff Years		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 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Web site contacts	NA	NA	NA / NA	8,000	8,000
Efficiency:					
Cost per Web site contact	NA	NA	NA / NA	\$2.06	\$2.14
Service Quality:					
Percent of Web site users satisfied with the information and format	NA	NA	NA / NA	80%	80%
Outcome:					
Percent of users giving Web site a rating of Very Helpful or better	NA	NA	NA / NA	80%	80%

Performance Measurement Results

A new FY 2005 performance indicator focuses on a key priority of the agency's strategic planning process – integration and harnessing the use of proven technology. The agency goal of reaching 8,000 residents through the Web site reflects a numerical goal that represents two percent of County households. Enhanced promotion of the use of the Health Department Web site for general information will permit the agency to maximize staff time on essential program activities for a number of programs, including tuberculosis, communicable disease control, and inquiries regarding current health issues. The FY 2005 estimated cost of \$2.06 per Web site contact compares with the \$3.80 cost of a similar contact made by phone or in-person for general information. Users will be surveyed on the Web site to determine their satisfaction with the provided information and the usefulness of the site. Users will be able to provide a rating and comments that can be used to further improve on Web site effectiveness.

Health Department

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 Headstart Program.

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	4/ 4	4/ 4	4/ 4	4/ 4	4/ 4
Total Expenditures	\$493,581	\$476,639	\$511,307	\$490,425	\$490,425

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 60 percent of the children seen.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
New patients visits	1,542	1,104	1,600 / 1,281	1,600	1,600
Total visits	3,704	4,130	3,785 / 4,548	4,500	4,500
Patients screened	1,804	1,501	1,800 / 359	1,000	1,000
Education sessions	87	180	85 / 276	200	200
Efficiency:					
Cost per visit	\$64.29	\$137.00	\$148.00 / \$129.00	\$130.00	\$136.00
Net cost to County	\$51.85	\$104.00	\$100.00 / \$93.00	\$90.00	\$99.00
Service Quality:					
Customer satisfaction index	97%	97%	97% / 97%	97%	97%
Outcome:					
Percent of treatment completed	56%	55%	60% / 61%	60%	60%

Health Department

Performance Measurement Results

The Dental Program is re-establishing its role as a primary provider of dental services to low-income and Medicaid/FAMIS eligible children. After several changes to the program in recent years, the focus in FY 2006 is to achieve a consistent programmatic baseline for both community and clinical services. The focus in FY 2005 was to decrease the waiting period for services and increase the number of community screenings/education sessions completed.

Environmental Health Services

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

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	65/ 65	65/ 65	65/ 65	65/ 65	65/ 65
Total Expenditures	\$4,670,786	\$4,632,048	\$5,147,283	\$4,786,735	\$4,786,735

Position Summary					
1	Director of Environmental Health	5	Environmental Health Supervisors	1	Administrative Assistant V
2	Environmental Health Program Managers	14	Environmental Health Specialists III	3	Administrative Assistants III
		31	Environmental Health Specialists II	8	Administrative Assistants II
TOTAL POSITIONS					
65 Positions / 65.0 Staff Years					

Key Performance Measures

Goal

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

Objectives

- ◆ To routinely inspect all regulated food establishments a minimum of two times per year and reduce by 1 percentage point the number of establishments that are closed, due to major violations of the Food Code, from 9 percent to 8 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.

Health Department

- ◆ To maintain the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage born diseases that are corrected within 30 days at 82 percent and to move towards a target of 90 percent.
- ◆ To suppress the transmission of West Nile virus from infected mosquitoes to the human population, holding the number of human infections to 10, which is less than the 13 experienced in FY 2003.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Regulated food establishments	2,894	3,032	3,035 / 3,115	3,146	3,177
Water well supply services	5,030	4,644	4,625 / 4,487	4,300	4,200
Community health and safety complaints investigated	3,147	3,228	3,300 / 3,647	3,400	3,500
Sewage disposal system services	8,729	7,320	7,300 / 9,188	7,500	7,500
Mosquito larvicide treatments of catch basins to control West Nile Virus	22,615	66,879	150,000 / 153,623	91,000	134,000
Efficiency:					
Regulated food establishments/EHS ratio (1)	181:1	190:1	190:1 / 190:1	197:1	199:1
Water well services / EHS ratio	503:1	464:1	463:1 / 449:1	430:1	420:1
Community health and safety complaints / EHS ratio	450:1	461:1	471:1 / 521:1	486:1	500:1
Sewage disposal system services / EHS ratio	850:1	732:1	730:1 / 919:1	750:1	750:1
West Nile Virus program cost per capita	\$0.30	\$0.71	\$1.85 / \$1.33	\$1.50	\$1.48
Service Quality:					
Percent of regulated food establishments inspected at least once	99.9%	99.5%	100.0% / 92.5%	100.0%	100.0%
Average number of inspections to correct out-of-compliance water well supplies	1.1	0.9	1.2 / 1.3	1.2	1.2
Percent of community health and safety complaints responded to within 3 days	58.0%	55.7%	55.0% / 71.6%	65.0%	70.0%
Average number of inspections to correct out-of-compliance sewage disposal systems	3.0	2.8	3.0 / 3.6	3.0	3.0
Percent of targeted catch basin areas treated with mosquito larvicide within the scheduled timeframe	100%	100%	100% / 100%	100%	100%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Outcome:					
Percent of food establishments closed due to major violations	9.4%	8.6%	9.0% / 5.0%	9.0%	8.0%
Percent of out-of-compliance water well supplies corrected within 30 days	51.6%	44.3%	50.0% / 38.6%	50.0%	50.0%
Percent of community health and safety complaints resolved within 60 days	56.2%	61.8%	60.0% / 65.0%	65.0%	65.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days	79.3%	81.6%	82.0% / 77.4%	82.0%	82.0%
Confirmed human cases of West Nile Virus in Fairfax County, Fairfax City and Falls Church City, as reported by VDH (2)	0	13	4 / 3	10	10

(1) EHS = Environmental Health Specialist

(2) VDH = Virginia Department of Health

Performance Measurement Results

Food Establishments: The Food Safety Section is tasked with the enforcement of the Fairfax County Food and Food Establishment Code. The primary concern is violations associated with risk factors that contribute to food-borne illnesses. For routine monitoring of these risk factors, the Food Code mandates that each public food establishment be inspected at least once every six months. In FY 2004, the mandate was not met. Of the 3,115 establishments, 92.5 percent received only one routine inspection. Staff resources were limited during FY 2004 due to a staff turnover rate of approximately 35 percent. Full staffing is expected to increase the number of establishments inspected at least once a year to 100 percent in FY 2005. It is also anticipated that the percentage of closures will increase from five percent to nine percent in FY 2006 due to the increase in inspections.

Onsite Sewage & Water Section: Individual well water supplies and onsite sewage disposal systems are enforced under the Fairfax County Code for water and individual sewage disposal facilities. In FY 2006, it is projected that 50 percent of out-of-compliance well water supplies and 82 percent of out-of-compliance sewage disposal systems will be corrected within 30 days. Correction of water well deficiencies and problematic onsite 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 are transitioning from evaluating simple conventional sewage disposal systems in good soils to highly technical alternative sewage disposal systems in marginal to poor soils. Staff continues to be focused on the repair and replacement issues associated with older systems. Staff is also participating in an inter-agency committee to consider creating an onsite sewage disposal system management entity recommended by the New Millennium Occoquan Task Force. This entity would provide for routine maintenance and regular sampling of onsite sewage disposal systems by qualified professionals.

Health Department

Community Health & Safety Section: The Community Health and Safety Section continues to promote community revitalization and improvement by actively supporting and participating in the Neighborhood Volunteer Program, Hoarding Task Force, and Blight Abatement Program in an effort to help realize the County's vision of strengthening neighborhoods and building communities. Citizen complaints involving property maintenance issues or health and safety menaces are aggressively investigated and resolved. In FY 2004, there were 3,647 complaints received and 65 percent were resolved within 60 days. For FY 2005, it is estimated that 3,400 complaints involving property maintenance issues or health and safety menaces will be addressed, with 65 percent resolved within 60 days.

West Nile Virus (WNV): West Nile virus control is in its fourth year. The goal in FY 2006 is to continue to hold the number of human cases as reported by the Virginia Department of Health to no more than ten 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 storm water catch basins that inhibited mosquitoes from breeding in this environment.

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 human populations. Storm water catch basins, a significant breeding area for mosquitoes, are treated with larvicide. Surveillance activity is conducted by the County to determine mosquito breeding locations and the degree of presence of the virus in County mosquitoes and birds. A limited number of catch basin larvicide treatments were initiated at the end of FY 2002, when the West Nile virus first emerged in the County. The number of catch basin treatments has steadily increased each year through FY 2004, when a total of 153,623 catch basins were treated. A similar preemptive catch basin treatment program is planned for FY 2005 and FY 2006. 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. However, it should be noted that starting in FY 2005, program staff has decided to initiate the larger round of catch basin treatments later in the mosquito season. This will mean approximately 64,000 catch basin treatments will occur in FY 2006 rather than in FY 2005, causing the FY 2005 estimate to appear lower than the treatment level completed in the previous year. As previously mentioned, the number of mosquito larvicide catch basin treatments was low in FY 2003 due to the very rainy spring which made it difficult to move forward with a major treatment cycle at the end of the fiscal year. However, in FY 2004, weather conditions, especially rainfall, were very close to the average norm for the area, allowing the County to attain the goal of treating 150,000 catch basins with larvicide. 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 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	84/ 83.5	75/ 74.5	74/ 73.5	73/ 72.5	74/ 73.5
Total Expenditures	\$13,415,828	\$5,584,589	\$5,731,180	\$5,271,930	\$5,271,930

Health Department

Position Summary					
1 Public Health Doctor	2 Administrative Assistants V	2 Management Analysts III			
2 Comm. Health Specialists	1 Administrative Assistant IV	1 Management Analyst II			
6 Public Health Nurses IV	7 Administrative Assistants III	2 Asst. Directors of Patient Care Services			
5 Public Health Nurses III	7 Administrative Assistants II	1 Program and Procedures Coordinator			
33 Public Health Nurses II, 1 PT	1 Administrative Assistant I	1 Human Service Worker II			
1 X-Ray Technician	1 Management Analyst IV				
TOTAL POSITIONS					
74 Positions / 73.5 Staff Years					
6/5.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund			PT Denotes Part-Time Position		

NOTE: Funding of \$9,076,822 and 9/9.0 SYE positions related to the Community Health Care Network moved in FY 2005 to a new cost center with the same name, displayed following the General Medical Services cost center. As a result, the FY 2005 Adopted Budget Plan for the General Medical Services cost center decreased to \$5,584,589.

Key Performance Measures

Goal

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

Objectives

- ◆ For the Communicable Disease (CD) Program, to ensure that 95 percent of completed communicable disease investigations need no further follow-up; and to maintain the incidence of tuberculosis (TB) at 8.5/100,000 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 300 impaired adults within 10 working days of the request for screening.

- ◆ To increase the number of trained public health first responders and Medical Reserve Corp volunteers to 7,000.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Clients served in tuberculosis (TB) screening, prevention and case management	16,388	14,866	14,500 / 14,879	14,500	14,500
Communicable disease (CD) cases investigated	571	1,340	600 / 1,146	1,000	1,000
Medicaid Pre-Admission screenings completed per year	324	293	300 / 336	300	300
Emergency preparedness: Health Department staff and community Medical Reserve Corp volunteers completing an initial public health emergency education and training session	NA	4,750	1,100 / 940	1,100	1,100

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Efficiency:					
TB care: Total cost per client	\$55	\$123	\$127 / \$102	\$110	\$117
TB care: County cost per client	\$15	\$69	\$68 / \$44	\$49	\$56
CD investigations: Total cost per client	\$446	\$384	\$502 / \$272	\$325	\$342
CD Investigations: County cost per client	\$110	\$234	\$320 / \$118	\$147	\$164
Medicaid cost per service unit	\$122	\$214	\$227 / \$208	\$235	\$243
Medicaid net cost to County	\$70	\$167	\$176 / \$161	\$183	\$191
Emergency preparedness: Total cost per individual trained	NA	\$61	\$92 / \$123	\$153	\$129
Emergency preparedness: County cost per individual trained	NA	\$39	\$70 / \$97	\$131	\$107
Service Quality:					
Percent of community medical providers treating TB patients that are satisfied with the Health Department's TB Program	NA	NA	90% / 100%	95%	95%
Percent of individuals at highest risk for CD transmission provided screening, prevention education and training	NA	95%	95% / 100%	95%	95%
Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service	95%	97%	95% / 97%	95%	95%
Percent of individuals who express feeling confident to respond to a public health emergency following education and training	NA	95%	95% / 97%	95%	95%
Outcome:					
Rate of TB Disease/ 100,000 population	8.9	9.8	8.5 / 8.5	8.5	8.5
Percent of TB cases discharged completing treatment for TB disease	98%	96%	95% / 96%	95%	95%
Percent of completed communicable disease investigations needing no further follow-up	95%	95%	95% / 96%	95%	95%
Medicaid Pre-Admission screenings: Percent of screenings initiated within 10 working days of referral	NA	NA	95% / 95%	95%	95%
Public health first responders and Medical Reserve Corp volunteers trained and ready to respond to a public health emergency	NA	4,100	5,200 / 5,400	5,900	7,000

Health Department

Performance Measurement Results

Tuberculosis (TB): As the TB Program continues to focus on targeted TB testing, the number of clients screened for TB should begin to stabilize during FY 2005 and FY 2006. 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. Although this decrease meets the FY 2004 target, it is not yet a definitive indicator of future downward trends as this rate was recorded for one year only. During FY 2003, the TB Program underwent a reorganization that included the addition of a medical Pulmonologist and the consolidation of TB case management to a core group of highly trained public health nurses. This reorganization, completed in FY 2004, resulted in an increased cost per client for TB care in FY 2004, but provides for the medical and case management expertise necessary to care for the complexity of TB clients seeking care in Fairfax County. During FY 2004, 96 percent of TB cases completed treatment for TB disease. In order to evaluate how the reorganization was received by our community medical providers, a survey was developed and sent to them during FY 2004 and resulted in a 100 percent satisfaction rating.

Communicable Disease (CD): The number of CD investigations completed in FY 2004 was once again nearly double the original estimate. During FY 2004, the newly created centralized CD/Epidemiology Unit investigated over 500 cases involving a CD outbreak situation in addition to more than 500 routine CD investigations. The increase in CD outbreak investigations appears to be a trend for both routine and emerging infectious diseases. FY 2005 and FY 2006 estimates reflect the increase in the number of investigations, thereby decreasing the cost per investigation from previous estimates. During FY 2004, 100 percent of those individuals at highest risk for CD transmission were provided screening, prevention education, and training to prevent the spread of further infection.

Emergency Preparedness: During FY 2003, all Health Department staff and nearly 4,100 community volunteers were trained to respond to a public health emergency as part of the newly formed Bioterrorism Medical Action Teams (B-MATs). In FY 2004, additional Health Department staff was trained and community volunteers began to be recruited under the umbrella of the Medical Reserve Corps (MRC), a program sponsored by the Office of the Surgeon General. The number of community volunteers completing an initial public health emergency education and training during FY 2004 did not meet the FY 2004 target. This is due, in part, to the Health Department's decision to focus instead on the development of a robust volunteer database and alerting system funded through a MRC grant. Since this system has been in place, volunteers are able to register through a Web site and recruitment and training efforts have resumed. The costs for emergency preparedness training increased slightly during FY 2004 due to lower numbers of volunteers completing an initial training. Training costs in FY 2005 are estimated to be higher than in FY 2004 due to the addition of three limited-term positions (MRC Coordinator, MRC Database Manager and Administrative Assistant) to further volunteer recruitment and training efforts. The MRC Coordinator position will only be funded for FY 2005; therefore decreasing the FY 2006 estimated costs. The number of MRC volunteers trained and ready to respond to a public health emergency is increased by only 500 from FY 2004 to FY 2005, as the Health Department will be focusing on the retention of trained volunteers; thereby decreasing the possibility of fluctuating numbers due to attrition. The overall goal for FY 2006 is to have 7,000 MRC volunteers recruited, registered, and trained in order to respond to a public health emergency.

Home-Based Bathing/Respite Program: The Health Department contracted the services of the College of William and Mary, The Center for Excellence in Aging and Geriatric Health, to conduct a study on the efficiency of the Bathing and Respite Program. The William and Mary Study concluded that the program should be consolidated under the Department of Family Services' Home-Based Care Program, in order to maximize utilization and decrease the duplication of County services. The program is being offered through the Department of Family Services beginning in FY 2005. The Health Department, will, however, continue the provision of the Saturday Center-based Respite Program.

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.

Health Department

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 Bailey's Crossroads, South County and North County are operated under contract with a private health care organization to provide primary care services.

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	0/ 0	9/ 9	9/ 9	9/ 9	9/ 9
Total Expenditures	\$0	\$9,076,822	\$9,363,260	\$9,097,155	\$9,097,155

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	

NOTE: Prior to FY 2005, the funding and positions related to this cost center were previously listed as part of the General Medical Services cost center.

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 80 percent of individuals with diabetes receive an annual neuropathy exam.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Primary care visits	44,005	39,733	46,205 / 47,899	48,000	48,000
Efficiency:					
Net cost to County per visit	\$196	\$215	\$209 / \$176	\$192	\$193
Service Quality:					
Percent of clients satisfied with their care at health centers	92%	91%	95% / 89%	95%	90%
Percent of clients whose eligibility is determined on the first enrollment visit	78%	74%	80% / 52%	75%	NA
Percent of clients whose eligibility determination is accurate	NA	NA	NA	NA	90%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Outcome:					
Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period	NA	NA	65% / 64%	80%	80%
Percent of patients with diabetes who receive an annual neuropathy exam	NA	NA	NA / NA	80%	80%

Performance Measurement Results

The number of primary care visits increased in FY 2004 beyond expectations. The number of visits increased from 39,733 in FY 2003 to 47,899 in FY 2004, a 20.5 percent increase, well beyond the 16.3 percent increase originally estimated for FY 2004. This increased output is attributed to a major modification in the health provider schedules. A key result of the output increase is a corresponding decrease in the cost per primary care visit, from \$215 in FY 2003 to \$176 in FY 2004, an 18.1 percent decrease in cost per visit. Service Quality continues to be an area for improvement. Providers believe that the decrease in satisfied clients from 91 percent in FY 2003 to 89 percent in FY 2004 can be attributed to the increased patient appointment schedule, which was crucial to an increase in output. In FY 2004, the Community Health Care Network changed its enrollment process, from largely appointment-based to walk-in arrangements. Therefore, the "percent of clients whose eligibility is determined on the first enrollment visit" is no longer a relevant indicator. It will be replaced with "the percent of clients whose eligibility determination is accurate."

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 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	152/ 151.8	95/ 95	97/ 97	97/ 97	97/ 97
Total Expenditures	\$9,993,451	\$6,629,675	\$7,055,939	\$6,943,622	\$6,943,622

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	14	Administrative Assistants II
4	Public Health Nurses IV	6	Speech Pathologists II	1	Administrative Assistant I
5	Public Health Nurses III	2	Audiologists II	6	Human Service Workers II
44	Public Health Nurses II			1	Human Services Assistant
TOTAL POSITIONS					
97 Positions / 97.0 Staff Years					
25/25.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund					

NOTE: To more accurately capture all costs associated with School Health in one section, funding of \$4,171,281 associated with both the Medically Fragile Student program and positions in support of Fairfax County Public School clinics (53 Public Health Nurses, 3 Nurse Supervisors and 1 Administrative Assistant II) moved in FY 2005 to the School Health cost center, displayed following the Maternal and Child Health Services cost center. As a result, the FY 2005 Adopted Budget Plan for the Maternal and Child Health Services cost center decreased to \$6,629,675.

Health Department

Key Performance Measures

Goal

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

Objectives

- ◆ To improve the immunization rate of children served by the Health Department from 80 percent to 81 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.
- ◆ Under the Speech Language Program, to increase from 76 percent to 78 percent the percentage of clients discharged as corrected/no further follow-up needed.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Immunizations: Children seen	26,657	22,667	25,000 / 22,871	19,000	19,000
Immunizations: Vaccines given	59,360	52,395	55,000 / 44,537	40,000	40,000
Maternity: Pregnant women served	2,398	2,250	2,300 / 2,133	2,100	2,100
Speech Language: Client visits	3,966	3,855	4,200 / 3,929	4,200	4,300
Efficiency:					
Immunizations: Cost per visit	\$19	\$17	\$15 / \$14	\$17	\$17
Immunizations: Cost per visit to County	\$11	\$10	\$9 / \$10	\$13	\$13
Immunizations: Cost per vaccine administered	\$9	\$7	\$7 / \$7	\$8	\$8
Immunizations: Cost to County per vaccine administered	\$5	\$4	\$4 / \$5	\$6	\$6
Maternity: Cost per client served	\$655	\$644	\$632 / \$615	\$642	\$668
Maternity: Cost per client to the County	\$363	\$353	\$337 / \$292	\$317	\$264
Speech Language: Net cost per visit	\$141	\$132	\$137 / \$136	\$129	\$134
Service Quality:					
Immunizations: Percent satisfied with service	96%	98%	97% / 98%	97%	97%
Maternity: Percent satisfied with service	NA	97%	97% / 98%	97%	97%
Speech Language: Percent of survey families who rate their therapy service as good or excellent	99%	99%	100% / 100%	100%	100%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Outcome:					
Immunizations: Two-year-old completion rate	77%	79%	80% / 78%	80%	81%
Maternity: Overall low birth weight rate	4.8%	4.6%	4.8% / 4.9%	5.0%	5.0%
Speech Language: Percent of clients discharged as corrected; no follow-up needed	73.0%	76.0%	78.0% / 71.0%	76.0%	78.0%

Performance Measurement Results

Immunizations: The number of visits and vaccines given was less than projected for FY 2004 due to two factors. First, there was a shortage of Prevenar (pneumococcal) vaccine leading to restrictions on who could receive the vaccine and secondly, the Health Department began offering a new vaccine in June 2003 that combines three routine vaccines (DTaP, Polio, and Hepatitis B) into one injection. While the immunization completion rate is lower than projected, the survey tool has an accuracy rate of + or - 3 percentage points, which means the completion rate could actually be as high as the 81 percent target. This compares favorably with the state rate of 73 percent. The cost to the County per vaccine and visit was higher than projected due to decreased revenue. Since federal dollars supply all vaccines given to children, there is no charge for the vaccine. The only source of revenue is an administration fee billable to Medicaid and the number of Medicaid visits decreased in FY 2004. The Center for Disease Control information states that for every dollar spent on immunizations, \$10 is saved in future medical costs and the indirect costs of work loss (parent), death and disability. In FY 2004, the total cost to the County for immunizations was \$245,371, resulting in a potential savings of \$2,453,710 in future medical and indirect costs, according to this methodology.

Maternity Services: The low birth weight rate for the Health Department compares favorably with the overall County rate of 6.3 percent, particularly given that the Health Department population is generally at higher risk for poor birth outcomes. Recent 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 present and future. In FY 2004, the total cost to the County for prenatal care was \$650,680 resulting in a potential savings of at least \$2,147,241, according to the CDC statistic and methodology.

Speech and Language: There was a five percent decrease in the percentage of patients discharged as "corrected no further follow-up needed" between FY 2003 and FY 2004. This can be attributed, at least in part, to an increase in the number of patients who initiated services but did not continue services until the condition was corrected. The FY 2004 projected discharge rate of 78 percent was possibly too ambitious an objective given the historical data of 73 percent in FY 2002 and 76 percent in FY 2003. The FY 2005 estimate and FY 2006 projected discharge rate has been adjusted to more obtainable levels given historical data.

The methodology used to calculate efficiency (unit costs) was changed for the FY 2004 actual, FY 2005 estimate, and FY 2006 projection data. The changes in methodology included the use of midrange salary data in the calculation of personnel costs, and the calculation of expenditures based on the percentage of expenditures dedicated to a specific service. The change in unit costing methodology, the reduction in specific Maternal Child Health cost center expenditures, an anticipated increase in client visits, and an increase in fees has resulted in a reduction in speech language pathology FY 2005 estimated, and FY 2006 projected costs relative to FY 2004 actual costs. The continued increase in client visits is based on an increase of productivity standards for FY 2005.

Health Department

Health Support Services

Health Support Services reflects laboratory services of the Health Department.

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	14/ 14	14/ 14	14/ 14	14/ 14	14/ 14
Total Expenditures	\$2,048,385	\$2,046,461	\$2,294,874	\$2,084,509	\$2,084,509

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

Key Performance Measures

Goal

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

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 citizens 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 citizens the expense of needless shots) at the long-range target of 95 percent.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Tests reported	197,442	227,978	225,000 / 209,962	210,000	210,000
Rabies tests reported	709	701	700 / 755	700	700
Efficiency:					
Average cost/all tests	\$3.04	\$3.53	\$3.77 / \$4.29	\$4.61	\$4.86
Cost/rabies test	\$45.41	\$62.69	\$64.37 / \$59.29	\$67.09	\$70.13
Service Quality:					
Percent laboratory clients satisfied with service	NA	97%	95% / 98%	95%	95%
Percent of rabies tests involving critical human exposure completed within 24 hours	91%	92%	91% / 97%	95%	95%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Outcome:					
Average score on accuracy tests required for certification	99%	99%	98% / 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	93%	90%	90% / 98%	95%	95%

Performance Measurement Results

The laboratory Rabies Program instituted a new work schedule in FY 2004. The team not only met, but exceeded 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 2004, 479 residents received negative rabies test results within 24 hours (98 percent), saving an estimated \$958,000 in medical costs for a series of rabies post-exposure immunizations which average \$2,000 per series.

The laboratory has maintained a high degree of accuracy as measured by its FY 2004 scoring average of 98 percent on accuracy tests required for certification. The agency's scoring level greatly exceeds the benchmark of 80 percent generally accepted for satisfactory performance by laboratory certification programs.

In FY 2004, both laboratory test volumes and revenues decreased as a result of County and state programmatic changes resulting in a higher average cost per test. The Stream Monitoring Program was shifted from the Health Department to the Storm Water Planning Division of the Department of Public Works, resulting in a 75 percent decline in volume of stream testing collected. Additionally, the Health Department's HIV Case Management Program was shifted to the INOVA Juniper program. This resulted in both a lower volume of clinical testing and lower revenues associated with loss of HIV testing billed to other County agencies.

A continuing focus of laboratory performance is the control of test costs. The laboratory fee schedule will be reassessed in FY 2005. Efforts to expand the customer base will also be facilitated by the more timely and efficient services provided by an automated laboratory information system, which allows staff to devote more time to their primary laboratory duties, rather than manual recordkeeping tasks.

School Health

School Health provides health services to students in 187 Fairfax County Public Schools (188 schools in FY 2006 with the addition of a new FCPS secondary 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 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	0/ 0	245/ 176.31	245/ 176.31	251/ 181.58	251/ 181.58
Total Expenditures	\$0	\$8,458,349	\$8,522,961	\$9,032,001	\$9,147,001

Health Department

Position Summary	
3 Public Health Nurses IV	190 Clinic Room Aides, PT (2)
1 Public Health Nurse III	1 Administrative Assistant II
56 Public Health Nurses II, 2 PT (4)	
TOTAL POSITIONS	
251 Positions (6) / 181.58 Staff Years (5.27)	
() Denotes New Positions PT Denotes Part-Time Positions	

NOTE: This cost center was created in FY 2005 to more accurately capture all costs associated with School Health in one cost center. Funding of \$4,171,281 associated with both the Medically Fragile Student program and positions in support of Fairfax County Public School clinics (53 Public Health Nurses, 3 Nurse Supervisors and 1 Administrative Assistant II) were shifted to this cost center; those costs were combined with \$4,287,068 moved from the Clinic Room Aides cost center, which no longer exists. Combined, these services and staff totaled \$8,458,349 in the FY 2005 Adopted Budget Plan.

Key Performance Measures

Goal

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

Objectives

- ◆ To implement health plans for 36 percent of students with identified needs within five school days of the notification of the need, with 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 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Students in school (academic year)/sites	160,697 / 182	166,072 / 183	166,591 / 187 / 166,746 / 187	166,275 / 187	167,000 / 188
Students in summer school, community based recreation/programs/sites	NA	NA	NA / NA	52,300 / 130	53,000 / 130
Total # of students with health plans	NA	NA	NA / NA	40,000	41,000
Total # of students with new health plans	NA	NA	NA / 16,746	17,000	17,500
Visits to clinic of sick/injured and for medicine	1,014,771	817,525	840,000 / 767,008	800,000	800,000
Efficiency:					
Students/PHN ratio	NA	NA	NA / NA	3137:1	2930:1
Health plans/PHN ratio	NA	NA	NA / NA	755:1	719:1
Students with health plans in place within 5 days of notification	NA	NA	44,000 / 5,947	6,120	6,300
Cost per visit by CRA	\$3.95	\$6.10	\$6.09 / \$6.67	NA	NA
# Large group training sessions/# attending	NA	NA	NA / NA	50 / 2,500	50 / 2,700
Service Quality:					
Percent of parents satisfied with services	99.0%	99.6%	99.0% / 99.0%	99.0%	99.0%
Percent of students receiving health support from CRAs	NA	NA	NA / NA	94.0%	95.0%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Outcome:					
Percent of students with health plans in place within 5 days of notification	NA	NA	NA / 36.0%	36.0%	36.0%
Percent of school days CRA is on-site	96.0%	93.5%	93.0% / 94.0%	98.0%	98.0%

Performance Measurement Results

Public Health Nurses (PHNs) and Clinic Room Aides (CRAs) supported 166,746 students during school year 2003-2004. 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 so, 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 glucagon for emergencies.

Since a student cannot safely attend school until the health plan is in place and staff is trained to respond, a new indicator for FY 2005 reflects the goal to have health plans in place within 5 days of notification. Due to the number of students with health conditions and the increased complexity, the program accomplished this goal 36 percent of the time.

A minimum of three staff members must be trained to respond to each student's individual health needs. To increase efficiency and timeliness of training, staff is working with FCPS to offer large group trainings rather than one-on-one training. This may slightly improve the rate of health plans completed in five days in FY 2005 and beyond.

Clinic Room Aides

Funding Summary					
Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	188/ 119.51	0/ 0	0/ 0	0/ 0	0/ 0
Total Expenditures	\$3,995,200	\$0	\$0	\$0	\$0

NOTE: This cost center was discontinued in FY 2005 with the creation of the new School Health cost center above. All Clinic Room Aide staff and costs, equal to \$4,287,068 in FY 2005, were moved to the new School Health cost center.

Performance Measurement Results

Expenditures and performance results associated with Clinic Room Aides may now be found in the School Health Cost Center above.

Health Department

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 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	44/ 44	44/ 44	44/ 44	54/ 54	53/ 53
Total Expenditures	\$1,909,297	\$2,148,016	\$2,202,272	\$2,488,834	\$2,488,834

Position Summary					
1	Public Health Nurse IV	6	Administrative Assistants IV (1)	6	Senior Center Assistants (1)
6	Public Health Nurses III (1)	22	Home Health Aides (4)	6	Recreation Specialists III (1)
6	Public Health Nurses II (1)				
TOTAL POSITIONS					
53 Positions (9) / 53.0 Staff Years (9.0) () Denotes New Positions					

Key Performance Measures

Goal

To promote the health and independence of the frail elderly and adults with disabilities; to offer a cost effective alternative to nursing home placement; and to provide respite for family caregivers.

Objectives

- ◆ To provide services to 325 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 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Clients served per day	107	117	126 / 117	126	126
Clients per year	316	345	360 / 303	325	325
Operating days	248	247	248 / 247	248	248
Clients surveyed	194	223	234 / 196	200	200
Efficiency:					
Cost of service per client per day	\$70.00	\$81.00	\$78.00 / \$81.00	\$85.00	\$89.00
Net cost per client to the County	\$43.00	\$55.00	\$52.00 / \$55.00	\$57.00	\$61.00
Service Quality:					
Percent of clients/caregivers satisfied with service	100%	100%	100% / 98%	100%	100%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Outcome:					
Percent of clients who meet nursing home admission criteria	NA	NA	50% / 45%	50%	50%
Percent of caregivers able to maintain valued life goals	NA	NA	95% / 86%	95%	95%

Performance Measurement Results

The objective and related performance outcome indicators have been modified to include data on the percentage of Adult Day Health Care participants who met nursing home admission criteria but were able to remain in the community while attending the Center; therefore data is not available for FY 2001, FY 2002, or FY 2003.

According to the Long Term Care Task Force Report of 2002, 10.4 percent of the Fairfax County population (104,818 persons) was either 65 years or older, or an adult with a disability. It is estimated that in the year 2010 there will be 187,376 people in this group representing 16.8 percent of the County's population. As the demographics change and new demands for long term care emerge, the Adult Day Health Care (ADHC) program will play a crucial role in providing a cost effective alternative to more restrictive long term care options. The goal of ADHC is 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 in FY 2004, due to a high rate of illness and severe weather, including closures resulting from Hurricane Isabel. Specifically, the centers experienced 1,737 cancellations due to illness and 808 due to inclement weather. Plans are underway to modify the current billing policy in an attempt to reduce unscheduled absences and to increase revenue. In addition, staff will implement a targeted marketing plan to increase utilization of this program by the underserved population in our community.

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. An annual caregiver survey revealed that 86 percent of those surveyed stated that they had more time and energy to maintain their other valued life roles such as parent, worker or volunteer as a result of their loved one attending the Adult Day Health Care Center. It is believed that this program enables the participants to remain in the least restrictive environment possible. A review of participants revealed that 45 percent of the participants who attended Adult Day Health Care in FY 2004 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 four ambient air pollution monitoring stations. These monitoring stations monitor for a variety of gases which affect health (carbon monoxide, ozone, nitrogen dioxide, sulfur dioxide, particulants), 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 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	3/ 3	3/ 3	4/ 4	4/ 4	4/ 4
Total Expenditures	\$113,827	\$119,416	\$514,363	\$181,437	\$181,437

Health Department

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

Goal

To produce the highest quality air pollution data for the public, government agencies, and other interested parties. This data is used to make meaningful decisions regarding the effectiveness of air pollution regulations and progress toward meeting ambient air quality standards in order to protect the health and welfare of Fairfax County citizens. The aim is to assess the effectiveness of air pollution control regulations and actions aimed at achieving the National Ambient Air Quality Standard (NAAQS) for ozone by the year 2005.

Objectives

- ◆ To maintain the monitoring index at 95 percent or better.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate/Actual	FY 2005	FY 2006
Output:					
Air pollution measurements	302,545	304,715	336,352 / 314,426	320,000	320,000
Efficiency:					
Program cost per capita	\$0.320	\$0.036	\$0.071 / \$0.060	\$0.058	\$0.060
Service Quality:					
Data accuracy	3.0	3.8	5.0 / 3.6	5.0	5.0
Outcome:					
Air pollution monitoring index	96.4%	96.0%	95.0% / 94.9%	95.0%	95.0%

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 air pollution monitoring index outcome indicator, is a measure of how effectively the air quality monitoring program is achieving the U.S. Environmental Protection Agency (USEPA) 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 95 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 2004, Fairfax County experienced two exceedant days of the one-hour ozone standard and six exceedant days of the eight-hour ozone standard, resulting in unhealthy ambient air conditions. The USEPA has changed from a one-hour ozone standard to an eight-hour ozone standard. The USEPA has designated the Metropolitan Washington Region, which includes Fairfax County, as being in moderate non-attainment of the eight-hour ozone standard. As such, the region must initiate an aggressive air pollution control strategy to reduce air emissions. In an effort to work towards this end, the County recently established an Air Quality Program Manager position to specifically focus on air quality issues and help increase the County's air quality planning and regional collaboration. 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.