Health Department

Health Department

Mission

Protect, promote and improve health and quality of life.

Focus

The Health Department has five core functions upon which service activities are based: preventing epidemics and the spread of disease, protecting the public against environmental hazards, promoting and encouraging healthy behaviors, assuring the quality and accessibility of health services, and responding to natural and man-made disasters and assisting communities in recovery. Healthy People national health objectives and goals serve as a guide for the Health Department's strategic direction and services and are reflected in many of its performance measures.

In FY 1996, the Health Department became a locally administered agency. Prior to 1996, the Department operated under a cooperative agreement with the State. The state supports the Fairfax County Health Department by funding the locality based on a formula set by the General Assembly. For FY 2012, it is anticipated that the State will contribute a total of $8,834,894 in support of Health Department services.

Other revenue support for Health Department activities comes from licenses, fees and permits, including those collected from individuals, businesses, and contracts with the cities of Fairfax and Falls Church for environmental and health-related services. Environmental Health fees are charged for various services, such as inspections of food establishments, onsite sewage disposal, water well systems, private schools, childcare facilities, tattoo parlors, and water recreation facilities; and the review of building permits and plans. Fees are also collected for death certificates, x-rays, speech and hearing services, pregnancy testing, prenatal care, laboratory tests, pharmacy services, physical therapy, primary care services, adult immunizations, and Adult Day Health Care participation. Eligible health-related services are billed to Medicaid and other third party payers.

To enhance the department's capability to anticipate and respond effectively to rapidly evolving and complex public health challenges, an FY 2010 plan to consolidate several existing programs under a new Division of Community Health Development and Preparedness was approved by the Board of Supervisors as part of the FY 2011 Adopted Budget Plan. The work of this division enables the department to build upon strategic initiatives and networks developed post 9-11 to enhance emergency preparedness and response activities; better integrate the department's community capacity and resiliency building activities with ongoing programs and services to strengthen the local public health system infrastructure; and incorporate community assets into core public health programs to address fundamental gaps in service delivery in order to promote health equity and enhance the health and wellbeing of all Fairfax residents. The new Division is comprised of the Office of Emergency Preparedness, including the Medical Reserve Corps (MRC); Community Health Outreach; Strategic Planning; Total Quality Improvement; and Communications functions of the department.

The County's Tick Surveillance Program monitors the presence of ticks that carry human disease pathogens.

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

Preventing and/or Minimizing the Impact of New and Emerging Communicable Diseases and Other Public Health Threats

Control of communicable diseases, a primary function, remains a continuous and growing challenge as evidenced in the occurrence of norovirus, food-borne illnesses, measles, seasonal flu outbreaks and pandemics, the prevalence of tuberculosis in the community, the increased number of contaminated food product recalls, and the increase in the number of communicable disease illnesses reported to the Health Department that require investigation. In FY 2012, the Health Department will continue efforts to leverage internal and external resources and maintain a high level of surveillance and readiness to detect and respond effectively and efficiently to emerging public health threats.

During FY 2010, the Health Department was the lead County agency responsible for the H1N1 pandemic response. Over 74,700 H1N1 vaccinations were provided by the Health Department in collaboration with over 1,000 Medical Reserve Corp volunteers and County agency partners. H1N1 vaccination clinics were held for the general public and difficult-to-reach populations through three mass vaccination clinics, 450 departmental clinics, and 20 community based clinics.

Health promotion continues to be an integral component of all Health Department activities. Community-wide outreach has focused on hand washing, respiratory hygiene, safe handling of food, HIV prevention and deterrence of insect related illnesses. The Health Department continues to intensify its strategic efforts to engage ethnic, minority and vulnerable populations through community partnerships and other population based culturally appropriate methods. The Multicultural Advisory Council (MAC), established in FY 2008, and the Northern Virginia Clergy Council for the Prevention of HIV/AIDS have proven to be critical partners and trusted sources for building community capacity to deliver and re-enforce key public health messages within targeted communities.

In FY 2012, West Nile virus, which is spread by infected mosquitoes to humans, will continue to be a public health concern. To date there have been 25 human cases of West Nile virus detected in the County since FY 2003. The latest case was reported in the spring of FY 2011. In calendar year 2009, there were 260 reported cases of Lyme disease, transmitted by infected deer ticks to humans, an increase from 207 reported cases in 2008. In FY 2009, the Disease Control Insect Program (DCIP) initiated a tick identification service for County residents to inform them of the type of tick that had bitten them. The department will continue its tick identification services and tick surveillance system, initiated to monitor the presence of ticks that carry human disease pathogens. It will also continue to educate the medical community and targeted populations regarding this disease to increase prevention efforts. Mosquito and tick borne disease surveillance efforts are supported through a special tax district and funded through Fund 116, Integrated Pest Management Program (Volume 2).

Bedbugs have become increasingly prevalent, not only in Fairfax County but in the nation. Investigations of complaints began in early FY 2004 with two reported occurrences and have increased steadily to 90 investigations in FY 2010. Education and quick intervention are the keys to reducing bedbug infestations.

During FY 2011, the Health Department Laboratory moved to a renovated, free standing facility with a specially designed molecular testing laboratory at the former Belle Willard Elementary School. The local

availability of molecular tests for emerging pathogens has enhanced the Health Department's ability to rapidly conduct surveillance for communicable diseases. It has also allowed the Department to monitor the presence of human disease pathogens in ticks and mosquitoes.

Facilitating Access to Services

Due to the growing number of working poor/uninsured in Fairfax, the demand for services continues to challenge the current capacity of the County's primary health care system. In FY 2010, the Community Health Care Network (CHCN) enrolled 26,157 patients, an increase of 28.1 percent over FY 2009's patient enrollment of 20,418. CHCN collaborates with the Department of Family Services' Health Access Assistance Team to provide off-site eligibility assessment and enrollment at health fairs and community-based programs, in an effort to reach vulnerable and difficult-to-reach populations. The Health Department's Multicultural Advisory Committee (MAC) is a key partner in targeting effective outreach efforts. The MAC is working closely with staff to identify community members to participate in the department's first Patient Navigator Program. This prevention-focused program will educate key partners who will be the vital link in their respective communities to enrollment and effective utilization of County health services.

Prenatal care service utilization remained high during FY 2010, with 2,807 clients served during 10,209 clinic visits. Maternal Child Health (MCH) services include home visits and ongoing consultation to the women and families utilizing the Health Department services. In light of the need to maximize resources in these economically challenging times, a new MCH service delivery model was developed and piloted in FY 2011. Due to the limited numbers of MCH field nursing staff relative to the amount of time spent traveling and locating clients in the community and a need to broaden outreach, in FY 2012 the department will implement an education and support group program to meet the needs of women in the first six weeks after pregnancy. This program will provide education and resources traditionally provided during a home visit, foster the development of social networks and support systems among women experiencing similar post partum issues, increase client opportunities for intervention eight fold, and allow the department to serve more clients. The class will be conducted in partnership with the Health Department's Women Infant and Child nutrition program, other County agencies such as Department of Family Services, and community organizations.

The total number of health district office clinic visits for FY 2010 was 129,736 a 49 percent increase over the 87,027 clinic visits in FY 2009. The H1N1 vaccination clinics contributed in large part to the increase in clinic visits. The department initiated a project in FY 2010 to redesign the clinic service delivery model in order to enhance client satisfaction, clinic accessibility, and optimize resources. During FY 2011, the department piloted recommendations from the clinic redesign project to improve efficiency, access to services and client satisfaction.

Collaborative efforts with other County agencies and nonprofit organizations continue to be key in addressing the quality, availability, and accessibility of health care. Partnerships with the private sector and other County agencies will continue to be cultivated to improve access. These partnerships include: Homeless Healthcare Services with the Office to Prevent and End Homelessness, Department of Family Services, Fairfax-Falls Church Community Services Board, Fairfax Area Christian Emergency and Transitional Services, New Hope Housing, Volunteers of America, United Community Ministries, Northern Virginia Dental Clinic, and Reston Interfaith; services for late stage Alzheimer clients with the Alzheimer's Family Day Center; and several other projects in development through the Long Term Care Coordinating Council (LTCCC) and the Long Term Care Development Team (LTCDT). Long Term Care community partners include: Life Circle Alliances, Chesterbrook Residences for assisted living, The Arc of Northern Virginia, Central Senior Center, PRS Inc., Specially Adapted Resource Clubs (SPARC) for

young adults who are physically challenged, the Jewish Social Services Agency, and the Virginia Department of Rehabilitative Services.

According to a report compiled by the Department of Systems Management in 2009, residents 65 years and older comprised 12 percent of the population in Fairfax County. Programs serving older adults will be impacted by strong growth in this segment of the population (*Source: Fairfax County Department of Systems Management for Human Services, 2009).* Therefore, the Health Department has developed a strategic plan to explore innovative, alternative sources of adult day health care in the community. The goal is to maintain the level of service needed to meet the demand in the County while leveraging resources through public/private partnerships.

Another need identified by parents of young adults with Autism Spectrum Disorder (ASD) is for employment and social supports for young adults with ASD. No such supports existed until a committee of the LTCCC created partnerships with PRS Inc., the Jewish Social Services Agency, and the Virginia Department of Rehabilitative Services. During FY 2010, the partnership established a pilot program of intensive intervention to serve two previously ineligible young adults who are now progressing toward employability. The Services for Young Adults with Disabilities Committee of the LTCCC has received a $5,000 grant from Life Circle Alliances and is seeking other funding to expand the pilot program to a larger audience, expected to be more than 30 young adults.

Employing and Retaining a Skilled and Diverse Workforce

The Health Department is working to improve as a high performance organization that is guided by its values. It has adopted the following five values: Making a Difference, Integrity, Respect, Excellence and Customer Services. There are several initiatives underway to make these values come alive. The Agency Recognition Awards Program has undergone review and revision to reinforce the Health Department's values and the need for innovative ways to recognize staff. In these economic challenging times, it is important that opportunities to recognize staff for exceptional performance are supported and encouraged. The goal of the agency Recognition Program is to provide a mechanism to acknowledge staff who demonstrate a job well done (WOW Award) as well as employee accomplishments outside routine job duties (Honors Award). In an effort to be more "values driven", new employee interviews, orientation, and performance evaluations for staff incorporate these five values. Workforce planning continues, with the strategic goal of employing and retaining a skilled and diverse workforce. Annually and as needed, the Health Department reviews its activities, programs, and organizational structure in an ongoing effort to improve customer service and to maximize resources.

The development of innovative recruitment and retention strategies and succession planning initiatives continue as the department prepares for the increasing number of aging baby boomers who will be retiring. In FY 2010, the department developed a Public Health Nurse (PHN) Resource Team consisting of 10 Exempt Limited Term positions, currently filled with retired PHN's. These nurses are available to provide temporary coverage for critical vacancies within the department. The use of the Resource Team is superior to hiring temporary staff through an agency for several reasons, but most importantly, it is more cost effective and enhances the department's ability to fill critical positions with experienced public health nurses, thus eliminating orientation and training costs associated with new hires.

Integrating and Harnessing Technology

A key strategic priority is integrating proven technology to maximize access to and dissemination of critical health information to staff, providers and the community. Timely, accessible information is now available on the Health Department's website to keep the community current on significant and ongoing health events, emergency preparedness, West Nile Virus, and other relevant topics. As computer access

and expertise expand within our community, the Department is also pursuing ways in which residents can use Internet based features to pre-register for Health Department services, to evaluate eligibility for services, or to register program specific questions and comments. Great strides have also been made to make the intranet (Info Web) more useful to department staff. In FY 2010, the department expanded Info Web features to include inter and intra agency collaboration pages, on-line staff directories, and committee and work group pages. With the countywide implementation of automated collaboration tools in FY 2011, the department is planning to expand its document sharing and work group locations to include community partners and other local jurisdictions.

In FY 2012, the department's Community Health Care Network (CHCN) program will implement an electronic medical record (EMR) system, including automated interfaces for orders and results for radiology and laboratory services, and e-prescribing for medications. The department plans to implement EMR capabilities for all patient care services within three years. Work continues on improving technology support for the environmental health division. The Fairfax Inspections Database Online (FIDO) is now operational with wireless technology, real-time access, and updates by field environmental health staff. Geographic Information System expertise continues to expand, providing geo-coded data and maps for all Department programs and activities, including disease surveillance. In response to a quality improvement need in the Tuberculosis Program, the Department Laboratory upgraded its tuberculosis testing database from an older state system to a laboratory information system that uses the County network to provide secure, immediate access to patient testing data. This facilitates rapid response to serious communicable disease.

In FY 2011, the department automated call center operations with software to manage incoming and outgoing calls, and to collect, analyze and disseminate critical information related to a public health event or emergency.

Addressing Growing Needs and Preparing for the Future

In mid FY 2010, the Partnership for a Healthier Fairfax was created to conduct the Mobilizing for Action through Planning and Partnership (MAPP) process. MAPP was developed in 2001 by the National Association for City and County Health Officials and the Centers for Disease Control and Prevention (CDC). MAPP provides a framework for the development of a community health improvement plan by helping communities prioritize their public health issues, identify resources for addressing them, and take action.

One key component of MAPP is its focus on the entire local public health system, which encompasses all public, private and voluntary entities, as well as individuals and informal associations that contribute to community health. Having the full spectrum of community participation in the MAPP process leads to better framing of the issues, more creative solutions, community ownership, credibility, and sustainability. In FY 2010, the Partnership had 85 members representing 69 stakeholder groups.

The School Health long term strategic plan builds upon School Health program strengths while seeking to improve the quality, efficiency, and availability of essential school based health services and integration with other public health functions. One aspect of the plan calls for the redesign of the service delivery model to utilize a cluster-based assignment for the school Public Health Nurses (PHN). The redesign of the school service delivery model ensures that each district office covers two clusters. Equalizing staff and schools in the district offices will help the Department to better respond to staffing issues and align with the school system structure to facilitate communication and provide enhanced services. A pilot and evaluation of the cluster-based assignment model will be completed in FY 2012 with full implementation by FY 2014.

In addition, Standards of Quality (SOQ) monies provided by the Virginia Department of Education to localities that provide school nurse support will be posted to the County, rather than being provided directly to the Fairfax County Public Schools (FCPS). This change is in response to the current service delivery model in Fairfax, wherein the County Health Department provides the majority of the School Health function. These funds are based on the number of nursing hours provided to school age children. School divisions allocate these funds to support school nurse positions or contracted services for professionals providing health services and the realignment of this funding will allow for the establishment of 12/12.0 SYE new public health nurse positions. The position expansion supports implementation of the recommendations of the School Health Study and Ten Year Strategic Plan to support the increasing health needs of students enrolled in FCPS.

Work continues to strengthen the "health safety set system" through integration of behavioral health with primary care. Community Health Care Network (CHCN) staff expanded provision of primary health care and on-site enrollment to a third Fairfax-Falls Church Community Services Board (CSB) site in FY 2010.

In FY 2011, the laboratory moved from their current leased space to a new home in the JoAnne Jorgenson Laboratory, located in the former Belle Willard school property in the City of Fairfax, which is now owned by the County. The new facility will provide enhanced security and biosafety as well as expanded molecular testing capability. In keeping with the County Vision Element of "Practicing Environmental Stewardship," the facility has been designed to be the first LEED (Leadership in Energy and Environmental Design) certified "Silver" laboratory in Fairfax County. The new laboratory will position the Health Department to meet the complex technical challenges of the future.

The new Division of Community Health and Preparedness has afforded the Department the support it needs to transition to a more population-based service delivery model and position itself to take on new roles anticipated with the passage of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, which will result in major changes in the health care system. Health Department staff will continue to work closely with County and key health care partners to anticipate and address community needs and optimize the delivery of preventive health services in both the private, non-profit, and public sectors.

Relationship with Boards, Authorities and Commissions

The Health Department works closely with and supports two advisory boards appointed by the Board of Supervisors.

- The Health Care Advisory Board (HCAB) was created in 1973 to assist the Fairfax County Board of Supervisors in the development of health policy for the County and to advise the Board on health and health related issues that may be expected to impact the County citizens. The HCAB performs duties as mandated by the Board of Supervisors, those initiated by the Board or by the HCAB itself. The underlying goal of the HCAB's activities has been promotion of the availability and accessibility of quality cost-effective health care in Fairfax County.

- The Commission on Organ and Tissue Donation and Transplantation (COTD) was created in 1994 to increase awareness of all citizens and employers in Fairfax County regarding organ and tissue donation and transplantation through education and coordination of resources in a way that will result in increased organ, eye, and tissue donations in the County, and will reduce the

need for transplants. The COTD, which includes 21 members, provides information and counsel to the Board of Supervisors in the area of organ transplantation and organ and tissue donation.

Budget and Staff Resources

Agency Summary					
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	597 / 525.98	602 / 530.98	654 / 582.98	666 / 594.98	666 / 594.98
Expenditures:					
Personnel Services	$32,259,232	$33,354,238	$32,540,000	$33,684,168	$33,684,168
Operating Expenses	14,056,735	14,934,793	17,024,879	17,244,149	17,244,149
Capital Equipment	261,060	0	850,860	0	0
Total Expenditures	**$46,577,027**	**$48,289,031**	**$50,415,739**	**$50,928,317**	**$50,928,317**
Income/Revenue:					
Elderly Day Care Fees	$1,386,784	$1,261,486	$1,261,486	$1,286,716	$1,286,716
Elderly Day Care Medicaid Reimbursement	252,649	228,765	256,439	260,285	260,285
City of Fairfax Contract	1,020,861	1,020,861	1,216,832	1,216,832	1,216,832
Falls Church Health Department	231,664	228,373	240,146	244,949	244,949
Licenses, Permits, Fees	3,234,387	3,459,584	4,011,212	4,038,367	3,636,790
State Reimbursement	9,142,840	8,696,264	8,834,894	8,834,894	8,834,894
Total Income	**$15,269,185**	**$14,895,333**	**$15,821,009**	**$15,882,043**	**$15,480,466**
Net Cost to the County	**$31,307,842**	**$33,393,698**	**$34,594,730**	**$35,046,274**	**$35,447,851**

FY 2012 Funding Adjustments

The following funding adjustments from the FY 2011 Adopted Budget Plan are necessary to support the FY 2012 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the budget on April 26, 2011.

- **Employee Compensation** **$0**
  It should be noted that no funding is included for pay for performance or market rate adjustments in FY 2012.

- **Supplemental Pay Increase for Public Health Doctors** **$40,000**
  A net increase of $40,000 is associated with a supplemental pay increase necessary to attract, and retain, medical personnel essential to the missions of public health programs based on an analysis conducted by the Department of Human Resources.

- **School Health** **$2,963,469**
  An increase of $2,963,469 is associated with the establishment of 12/12.0 SYE public health nurse positions and additional costs associated with the School Health program. Funding for the increase is completely offset by additional State revenues to be received beginning in FY 2012 from the Fairfax County Public Schools (FCPS) to align state support for School Health functions in the Health Department. Funding includes $1,024,861 supporting the costs of 8/8.0 SYE Public Health Nurse II and 4/4.0 SYE Public Health Nurse III positions and non-merit support. The position expansion supports implementation of the recommendations of the School Health Study and Ten Year Strategic

Plan to support the increasing health needs of students enrolled in FCPS. An additional $1,938,608 will be appropriated in the Health Department for services provided by the FCPS in support of the school health function. An increase of $283,871 for fringe benefit costs is included in Agency 89, Employee Benefits in addition to this adjustment in the Health Department.

- **Contract Rate Adjustment** **$158,055**
  An increase of $158,055 is associated with a contract rate adjustment with the providers of contracted health services.

- **Carryover Adjustments** **($122,238)**
  A decrease of $122,238, comprised of $114,238 in Personnel Services and $8,000 in Operating Expenses, reflects a redirection of 2/2.0 SYE positions in Environmental Health Division to support the newly created Agency 97, Department of Code Compliance that was approved by the Board of Supervisors as part of the *FY 2010 Carryover Review*.

- **Reductions** **($400,000)**
  A decrease of $400,000 reflects the following reduction utilized to balance the FY 2012 budget:

Title	Impact	Posn	SYE	Reduction
Manage Reductions to Various Operating Expenses	The agency will reduce various Operating Expenses and anticipates a limited impact on customers as a result of these reductions.	0	0.0	$400,000

Changes to FY 2011 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2011 Revised Budget Plan since passage of the FY 2011 Adopted Budget Plan. Included are all adjustments made as part of the FY 2010 Carryover Review, FY 2011 Third Quarter Review, and all other approved changes through April 12, 2011:

- **Carryover Adjustments** **$2,826,708**
  As part of the *FY 2010 Carryover Review*, the Board of Supervisors approved encumbered funding of $2,644,224 in Operating Expenses and $54,722 in Capital Equipment that is primarily associated with the move of the health laboratory, purchase of a back-up generator for the Willard Center, and purchase of a mobile filing system for the Environmental Health Division. In addition, the Board of Supervisors approved an additional increase of $250,000 in Operating Expenses to procure the services of an outside consultant to help the County analyze the impacts of healthcare reform on County programs and clients and to develop a plan to address these impact, as well as a decrease of $122,238, comprised of $114,238 in Personnel Services and $8,000 in Operating Expenses, to reflect a redirection of 2/2.0 SYE positions in Environmental Health Division to support the newly created Agency 97, Department of Code Compliance.

- **Third Quarter Adjustments** **($700,000)**
  As part of the *FY 2011 Third Quarter Review*, the Board of Supervisors approved a net reduction of $700,000 to generate savings to meet FY 2012 requirements.

- **Position Changes** **$0**
  As part of the FY 2011 review of County position categories, a conversion of 54/54.0 SYE positions has been made. The status of limited term positions was reviewed in light of recent changes to federal regulations related to health care and other federal tax requirements. As a result of this review a number of existing limited term positions have been converted to Merit Regular status.

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, Communicable Disease Control, Division of Community Health Development and Preparedness, Community Health Care Network, Maternal and Child Health Services, Health Laboratory, School Health, and Long Term Care Development and Services.

Program Management

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

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	10 / 10	8 / 8	10 / 10	10 / 10	10 / 10
Total Expenditures	**$2,116,056**	**$1,544,823**	**$2,436,311**	**$1,152,462**	**$1,152,462**

Position Summary

1	Director of Health	1	Administrative Assistants V
1	Asst. Dir. for Health Services	3	Administrative Assistants IV
1	Director of Patient Care Services [1]	1	Administrative Assistant III
1	Business Analyst IV	1	Administrative Assistant II

TOTAL POSITIONS
10 Positions / 10.0 Staff Years

[1] The Director of Patient Care Services, reflected in this cost center, provides direction and support for department-wide activities and for a number of specific cost centers involved in Patient Care Services, including Dental Health Services, Communicable Disease Control, Maternal and Child Health Services, School Health and Long Term Care Development and Services.

Key Performance Measures

Goal

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

Objectives

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

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Output:					
Website visits	318,240	327,138	375,000 / 550,101	425,000	425,000
Efficiency:					
Ratio of visits to website maintenance hours	340:1	260:1	400:1 / 378:1	400:1	400:1
Service Quality:					
Percent of website users satisfied with the information and format	NA	80.0	80.0 / N/A	80.0	80.0
Outcome:					
Percent of users giving website a rating of Very Helpful or better	NA	80.0%	80.0% / NA	80.0%	80.0%

Performance Measurement Results

This objective focuses on a key priority in the Health Department's strategic plan – integrating and harnessing the use of proven technology. In FY 2010, the actual number of visits to the Health Department Public Internet page rose by 68 percent. Much of this increase is directly attributed to the H1N1 outbreak in early FY 2010 when the public sought information about vaccinations. In that time, visits to the website tripled or quadrupled from the same period the previous year. During that same time period, website maintenance hours increased due to daily posting of status and updates on the H1N1 situation. Though the number of visits dramatically increased, the department experienced a concomitant increase in website maintenance hours. The ratio improved dramatically over FY 2009, but did not meet the target ratio for this reason. Removing the four months of visits through the H1N1 emergency, the Health Department still experienced an increase of 15 percent over FY 2009. The department attributes this increase to expanded capabilities offered through the Health Department Internet site for client pre-registration forms and on-program eligibility evaluation. During FY 2012, the agency plans to collect information on website satisfaction in addition to usage.

Dental Health Services

Dental Health Services addresses the dental needs of approximately 2,500 low-income children at three dental locations (South County, Herndon/Reston, and Central Fairfax). Additionally, dental health education and screening is available in schools and the Head Start programs. The program provides dental services to maternity clients of the Fairfax County Health Department who present with acute and/or emergent dental needs.

Funding Summary					
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	4 / 4	4 / 4	9 / 9	9 / 9	9 / 9
Total Expenditures	**$591,075**	**$571,791**	**$593,425**	**$571,791**	**$571,791**

Position Summary		
3 Public Health Dentists	3 Administrative Assistants II	3 Dental Assistants
TOTAL POSITIONS 9 Positions / 9.0 Staff Years		

Key Performance Measures

Goal

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

Objectives

- To complete preventative and restorative dental treatment within a 12 month period for at least 35 percent of the children seen.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Output:					
New patients visits	2,152	693	700 / 707	700	700
Total visits	3,560	2,426	2,450 / 2,427	2,450	2,450
Patients screened	1,418	3,089	2,750 / 3,116	2,800	2,800
Education sessions	466	292	250 / 325	NA	NA
Efficiency:					
Cost per visit	$188	$218	$233 / $198	$212	$212
Net cost to County	$118	$94	$117 / $88	$99	$105
Service Quality:					
Customer satisfaction index	97%	96%	96% / 97%	97%	97%
Outcome:					
Percent of treatment completed within a 12 month period	36%	33%	35% / 40%	35%	35%

Performance Measurement Results

In FY 2010, continued efforts were made to conduct screenings to identify children in need of dental care. These screening provided an opportunity for students and their families to learn about the importance of routine dental services and to review oral health prevention messages. The dental program continues to focus on preventative efforts. The use of dental sealants to protect teeth from dental caries is used in the clinics as well as at some of the community screening sites. A dental fluoride varnish program, which began in FY 2009, will be extended to participants of the Woman-Infant-Child (WIC) program as a preventative effort for very young children in FY 2011. In FY 2010, the dental program broadened the population it served and now provides care for maternity clients with acute and emergent dental needs. These adult patients are clients of the Fairfax County Health Department's Maternity Program. The dental needs of some of the maternity clients were quite extensive because many of these adults did not receive preventative dental care as children or regular dental interventions as adults. All new clients, children and adults, often have a higher acuity as they often enter care into the department's program without any prior dental services.

Environmental Health

The Environmental Health Services Division provides high quality services that protect the public health through a variety of regulatory activities. These activities include permitting, regulating, and inspecting onsite sewage disposal systems, private water supplies, public facilities such as food service establishments, milk plant, swimming pool facilities, tourist establishments, summer camps, campgrounds, tattoo parlors, and "religiously exempt" child care centers, and the elimination of public health or safety menaces caused by rats, trash, and insects infestations as well as mosquito and tick surveillance activities. The division continues to promote community revitalization and property improvement through education and enforcement, in addition to blight prevention and elimination, and by actively supporting and participating in multi-agency efforts including the Hoarding Task Force, Neighborhood Enhancement Task Force and Building Communities.

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	66 / 66	66 / 66	68 / 68	68 / 68	68 / 68
Total Expenditures	**$4,736,015**	**$5,108,530**	**$4,927,867**	**$4,986,292**	**$4,986,292**

Position Summary

1	Director of Environmental Health	15	Environ. Health Specialists III	1	Administrative Assistant V
3	Environ. Health Program Managers	31	Environ. Health Specialists II	3	Administrative Assistants III
1	Business Analyst II	1	Environ. Health Specialist I	5	Administrative Assistants II
5	Environ. Health Supervisors	1	Environmental Tech I	1	Info Technology Tech I

TOTAL POSITIONS
68 Positions / 68.0 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 maintain the percentage of regulated food establishments that are inspected on a frequency that is based on the food borne risk potential of the establishment (high risk establishments will be inspected three times a year, moderate risk twice a year, and low risk once a year) and to maintain the number of establishments that are closed, due to major violations of the Food Code, at a target of 5 percent.

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

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

- To maintain the percentage of complaints dealing with rats, cockroaches, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60-days at 80 percent.

- To suppress the transmission of West Nile virus, known to be carried by infected mosquitoes, in the human population and hold the number of human cases as reported to the Virginia Department of Health to no more than 1 case.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Output:					
Regulated food establishments	3,191	3,195	3,150 / 3,223	3,150	3,190
Total number of water well system permits issued	NA	296	330 / 319	330	330
Total number of sewage disposal system permits issued	NA	809	850 / 858	850	850
Community health and safety complaints investigated	1,339	1,451	1,500 / 967	950	950
Mosquito larvicide treatments of catch basins to control West Nile virus	101,416	105,099	102,000 / 109,898	105,000	109,500
Efficiency:					
Food Safety Program cost per capita	NA	$2.24	$2.53 / $2.30	$2.41	$2.11
Onsite Sewage Disposal and Water Well Program cost Per capita	NA	$1.06	$1.14 / $1.09	$1.15	$1.23
Community Health and Safety Program cost per capita	NA	$1.05	$1.18 / $1.12	$1.14	$1.24
West Nile virus cost per capita	$1.25	$1.28	$2.02 / $1.20	$2.01	$2.01
Service Quality:					
Percent of regulated food establishments risk-based inspections conducted on time	NA	95.0%	95.0% / NA	95.0%	95.0%
Percent of water well system service requests responded to within 3 days	NA	39.7%	35.0% / 32.9%	35.0%	35.0%
Percent of sewage disposal system service requests responded to within 3 days	NA	29.1%	30.0% / 32.8%	30.0%	30.0%
Percent of community health and safety complaints responded to within 3 days	65.2%	68.7%	70.0% / 55.9%	65.0%	65.0%
Percent of targeted catch basin areas treated with mosquito larvicide within the scheduled timeframe	96.0%	90.0%	100.0% / 100.0%	100.0%	100.0%

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Outcome:					
Percent of food establishments closed due to major violations	5.0%	4.6%	5.0% / 3.0%	5.0%	5.0%
Percent of out-of-compliance water well systems corrected within 60 days	65.0%	83.1%	75.0% / 71.4%	75.0%	85.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days	88.7%	88.1%	90.0% / 87.1%	90.0%	90.0%
Percent of community health and safety complaints resolved within 60 days	80.2%	86.4%	90.0% / 77.6%	80.0%	80.0%
Confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health	1	1	1 / 1	1	1

Performance Measurement Results

Food Safety Program: The Fairfax County *Food and Food Handling Code's* primary concerns are those violations identified by the Center for Disease Control and Prevention as risk factors that contribute to food-borne illness. The Commonwealth of Virginia mandates that each public food service establishment be inspected for routine monitoring of these risk factors. The Program uses a risk and performance-based inspection frequency in an effort to focus its resources on the food service facilities with complex food operations and a history of non-compliance with food-borne illness risk factors. In FY 2010, the Food Safety Program inspected 94.7 percent of the 3,223 food establishments. In FY 2012, the Program will continue to identify risk factors in food establishments, educate food service employees on safe food handling practices and procedures, monitor smoking status, meet remaining FDA Voluntary National Retail Standards, enforce the *Food and Food Handling Code*, and continue towards a 5 percent rate of food establishment closures due to major violations.

Onsite Sewage & Water Program: This program focuses on the repair, installation, and maintenance issues associated with onsite sewage disposal systems and water well supplies. In FY 2010, approximately 71 percent of out-of-compliance well water systems were corrected within 60 days. In FY 2010, approximately 87 percent of out-of-compliance sewage disposal systems were corrected within 30 days, a percentage that is anticipated to remain constant in FY 2011 and FY 2012. Correction of well water system 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. Staff has transitioned from evaluating the design and installation of simple conventional sewage disposal systems to highly technical alternative sewage disposal systems installed on difficult sites and in marginal to poor soils. Approximately 50 percent of new septic systems installed in FY 2010 utilized non-traditional, alternative onsite sewage disposal systems and new technologies. The use of non-traditional septic systems is expected to rise for FY 2011 and FY 2012. Legislation adopted during the 2009 General Assembly session resulted in creation of the *Emergency Regulations for Alternative Onsite Sewage Systems*. This regulation requires frequent monitoring and maintenance of all alternative onsite sewage disposal systems in the County. The section was able to gain 60 percent compliance of the onsite sewage systems that were designated out of compliance with the Chesapeake Bay Preservation Act septic tank pump-out requirement.

Community Health & Safety Program: The continuing goal is to protect public health by: investigating public health and safety hazard complaints; permitting and inspecting 812 facilities operating with Health Department permits at public and community swimming pools, hotels, bed and breakfast inns, summer camps, campgrounds and "religiously exempt" child care centers; and inspecting facilities permitted under another regulatory authority that mandate health inspections for massage establishments, group homes and group residential facilities. Nine hundred and sixty-seven complaints were investigated during FY 2010. Staff serves a critical role in various response actions assigned in the Fairfax County Emergency Response Plan. One of these roles was support for the agency H1N1 response which resulted in a reduction in Service Quality and Outcome indicators for Community Health and Safety. In FY 2012, the Program will continue to work on an 80 percent target of resolving complaints within 60 days.

Disease Carrying Insects Program (DCIP): The continuing goal of DCIP 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 one case per year. In FY 2010, there was only one reported human case of WNV. DCIP costs are based on the number and size of treatment rounds in a given year, as well as education, outreach, and surveillance activities carried out in-house. Treatment rounds, although dependent on weather conditions, remain fairly constant each year, maintaining a relatively stable program cost. The total DCIP estimated cost per capita is $2.01 for FY 2011 and FY 2012. Cost per capita in future years may vary depending on environmental factors, insecticide treatments resulting from larval inspections and surveillance activities, as well as follow-up studies for the evaluation of the outreach program and the appearance of another vector or pathogen in the County.

Communicable Disease Control

Communicable Disease Control Division is responsible for overseeing the County's response to tuberculosis; the prevention and control of communicable diseases; and the provision of medical services to sheltered, medically fragile and unsheltered homeless.

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	73 / 73	73 / 73	92 / 92	92 / 92	92 / 92
Total Expenditures	**$6,278,012**	**$5,836,397**	**$6,098,271**	**$5,856,397**	**$5,856,397**

Position Summary

4	Public Health Doctors	1	Asst. Director of Patient Care Services	1	Administrative Assistant V
4	Comm. Health Specs.	2	Management Analysts III	5	Administrative Assistants IV
5	Public Health Nurses IV	1	Management Analyst I	5	Administrative Assistants III
12	Public Health Nurses III	1	Human Service Worker II	15	Administrative Assistants II
27	Public Health Nurses II	1	Human Service Assistant	1	Warehouse Worker-Driver Helper
4	Nurse Practitioners	2	X-Ray Technicians	1	Administrative Associate

TOTAL POSITIONS
92 Positions / 92.0 Staff Years
2/2.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund

Key Performance Measures

Goal

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

Objectives

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

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

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Output:					
Clients served in tuberculosis (TB) screening, prevention and case management	18,783	21,535	19,000 / 24,589	24,000	24,000
Communicable disease (CD) cases investigated	1,729	2,266	2,000 / 2,079	2,000	2,000
Clients served through the Homeless Medical Services Program	2,108	1,682	1,600 / 1,420	1,500	1,500
Efficiency:					
TB care: Total cost per client	$109	$102	$117 / $90	$97	$97
TB care: County cost per client	$52	$51	$57 / $46	$52	$52
CD investigations: Total cost per client	$501	$414	$464 / $446	$490	$491
CD Investigations: County cost per client	$278	$198	$252 / $246	$287	$290
Homeless clients evaluated by the Nurse Practitioner	1:527	1:421	1:400 / 1:355	1:375	1:375
Service Quality:					
Percent of community medical providers treating TB patients that are satisfied with the Health Department's TB Program	100%	100%	95% / 100%	95%	95%
Percent of individuals at highest risk for CD transmission provided screening, prevention education and training	100%	100%	95% / 100%	95%	95%
Percent of homeless clients who return for a follow-up visit	80%	43%	33% / 35%	33%	33%

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Outcome:					
Rate of TB Disease/100,000 population	10.3	9.3	10.0 / 8.0	10.0	10.0
Percent of TB cases discharged completing treatment for TB disease	97%	97%	95% / 98%	97%	97%
Percent of completed CD investigations needing no further follow-up	95%	95%	95% / 95%	95%	95%
Percent of homeless clients with improved health outcomes	12%	29%	30% / 30%	30%	30%

Performance Measurement Results

Tuberculosis (TB): In FY 2010, the number of clients who received tuberculosis screening, prevention and case management increased 14 percent over FY 2009. An increase in the number of large TB contact investigations (places of work, a large college campus, etc.) is thought to be the reason for this result. Rates of TB screening, prevention and case management will be monitored during FY 2011 and FY 2012 to assess the status of this key indicator.

During FY 2010, the Health Department's TB Program achieved a 98 percent TB treatment completion rate for clients with TB disease, exceeding the goal of 95 percent. The rate of TB disease in Fairfax County also decreased slightly, at 8.0/100,000 population or 86 cases, as compared to the FY 2009 rate of 9.3. The rate of active TB disease remains relatively stable, as the demographic make-up of the County includes a consistent number of newcomers from parts of the world where the disease is endemic. It is not known if the case rate of TB disease will remain relatively constant going forward, as previous years have seen much greater fluctuation in rates. This key indicator will be monitored for trends going forward. A rate of 10.0/100,000 is projected for FY 2012.

Approximately 18 percent of individuals treated for TB disease received their medical care through private physicians, who receive consultation and guidance related to medical care from the Health Department's TB physician consultant. One hundred percent of private medical providers responding to a survey reported satisfaction with the Health Department's TB program.

The FY 2010 cost per client for TB care was less than estimated due to the volume of clients served being greater than anticipated. It is anticipated that FY 2011 and FY 2012 costs will increase slightly, based on the estimate of clients expected to be served remaining the same and projected decreased revenues.

Communicable Disease (CD): The number of CD investigations during FY 2010 was 8.3 percent less than FY 2009. This decrease in volume is related to a much milder norovirus season as compared to FY 2009. This decrease in illness was not only a local trend, but a statewide and national trend as well. The 2,079 investigations accomplished in FY 2010 included 1,111 cases associated with 22 separate outbreak situations. There were 5 percent fewer outbreaks in FY 2010 than in FY 2009, 50 percent of which were related to gastrointestinal illness (11 of 22: six were confirmed norovirus).

A CD investigation is conducted and counted in the performance measure if the individual case meets the illness case definition, had a confirmatory lab result or a combination of both. The CD investigation number does not include the 156 seasonal influenza cases tracked and reported to the Virginia Department of Health during the FY 2010 influenza season. In addition, the emergence of a novel influenza strain, H1N1, in the fourth quarter of FY 2009, and extending throughout FY 2010, required significant resources to manage provider and public education and mass distribution of vaccine that are not fully reflected in the total number of CD investigations. Response to this novel influenza strain required staff from all program areas of the agency to provide support for mass vaccination clinics, additional clinic hour availability at Health Department offices and the management of call volume via the stand-up of a Call Center that remained functional for much of FY 2010.

FY 2010 outbreak work included the additional investigation of cases that were identified via laboratory analysis of specimens through Pulsed Field Gel Electrophoresis (PFGE) testing to be linked to other cases, often associated with a nationwide food-borne outbreak of gastrointestinal disease. Nationwide food-borne outbreaks have become more common with changes in the manufacture and production of food, as well as improvements in the federal food safety monitoring systems. With the use of the epidemiology tool PFGE, linkage of specimens of the same pathogen is anticipated to increase, as identification of disease source in large nationwide outbreaks is an urgent public health matter.

During FY 2010, 100 percent of individuals at highest risk for CD transmission were provided screening, prevention education and training to prevent the spread of further infection. This exceeds the target goal of 95 percent. The outcome indicator of completion of CD investigation with no further follow-up needed met the goal of 95 percent. A similar number of CD cases and percentage of investigations completed are anticipated for FY 2011 and FY 2012.

The FY 2010 cost per client for CD investigations was less than estimated due to the volume of investigations being greater than anticipated. It is anticipated that FY 2011 and FY 2012 costs will increase slightly, based on estimated investigation volume and projected decreased revenues.

Homeless Medical Services Program: The Homeless Medical Services Program served a total of 1,420 clients in FY 2010: 264 duplicated in the shelters, 1,105 unduplicated in the Homeless Healthcare Program (HHP) and 51 unduplicated in the Medical Respite Program (MRP). Overall output decreased 16 percent from FY 2009. However, initial performance measures were based on pilot and start-up year data.

Since that time, the HHP and MRP programs have evolved. Program staff has been able to cultivate trust among clients and build supportive relationships. Clients are educated and encouraged to seek preventive care before symptoms become more acute. Nurse practitioners have been able to stabilize clients with more chronic and advanced disease pathologies, allowing for quicker transitions to appropriate medical homes. As a result, the percent of homeless clients who returned for a follow-up visit decreased from 43 percent in FY 2009 to 35 percent in FY 2010. The program also achieved its performance target for the percent of homeless clients with improved health outcomes: Thirty percent of clients experienced an improvement in one or more reported medical problems.

The program continues to meet its overall goal of enrolling clients in primary medical care. Lower patient volume has led to a decrease in output, but overall enhancements in service quality and efficiency. More importantly though, are the direct and indirect health benefits to the homeless population and the community in preventing and caring for our most vulnerable citizens.

Division of Community Health Development and Preparedness

The Division of Community Health Development and Preparedness was established as part of the FY 2011 Adopted Budget Plan and is a consolidation of a number of ad hoc Health Department programs and initiatives including the Medical Reserve Corps (MRC), Pan Flu Outreach, strategic planning and overall public health emergency preparedness activities. The division facilitates the integration of the agency's community capacity and resiliency building aspects of emergency preparedness and response activities, health education/promotion and other outreach efforts with health informatics and strategic initiatives to optimize service delivery.

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	3 / 3	14 / 14	16 / 16	16 / 16	16 / 16
Total Expenditures	**$400,929**	**$1,359,179**	**$1,533,170**	**$1,359,179**	**$1,359,179**

Position Summary

1	Division Director	1	Communications Specialist II	5	Community Health Specialists
1	Public Health Emergency Mgmt. Coord.	1	Management Analyst IV	1	Warehouse Specialist
1	Public Safety Information Officer IV	2	Management Analysts III	1	Admin. Asst. II
1	Volunteer Services Coordinator II	1	Management Analyst II		

TOTAL POSITIONS
16 Positions / 16.0 Staff Years
2/2.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund

Key Performance Measures

Goal

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

Objectives

- To increase the number of residents reached through integrated agency-wide outreach events by 30 percent.
- To sustain at least 80 percent of the relevant community stakeholder involvement throughout the Mobilizing for Action through Planning and Partnership (MAPP) community wide health assessment phase.
- To ensure that at least 98 percent of all Health Department personnel achieve and maintain compliance with Incident Command Systems (ICS) training requirements of the National Incident Management System (NIMS) as promulgated and updated annually by the Department of Homeland Security.

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Output:					
Number of residents reached through integrated outreach and education programs	NA	NA	2,000 / 9,063	8,000	10,400
Number of stakeholders represented in Partnership for a Healthier Fairfax Coalition	NA	NA	75 / 85	80	75
Number of staff trained in ICS/NIMS	NA	360	500 / 68	100	100
Efficiency:					
Cost of Community Outreach expenditures divided by the number of residents reached	NA	NA	$10 / $8	$46	$35
Cost per stakeholder participant in Partnership for a Healthier Fairfax	NA	NA	$787 / $712	$789	$853
ICS/NIMS training cost expended per Health Department staff member	NA	$36	$26 / $40	$27	$27
Service Quality:					
Percentage of residents who evaluate their educational experience as "good" or "excellent"	NA	NA	95% / 95%	95%	95%
Percent of Partnership for a Healthier Fairfax Coalition stakeholders that rate partnership as "good" or "excellent"	NA	NA	NA / NA	80%	80%
Percentage of Health Department staff who evaluate their ICS/NIMS training experience as "good" or "excellent"	NA	95%	95% / 98%	98%	100%
Outcome:					
Percentage increase in the number of residents reached through integrated community outreach	NA	NA	30% / 30%	30%	30%
Percent of stakeholders engaged in the Partnership for a Healthier Fairfax Coalition	NA	NA	80% / 75%	80%	80%
Percentage of Health Department staff meeting established ICS/NIMS training requirements	95%	92%	95% / 90%	95%	98%

Performance Measurement Results

Community-Wide Strategic Planning (MAPP): In mid FY 2010, the Partnership for a Healthier Fairfax was created to conduct the Mobilizing for Action through Planning and Partnership (MAPP) process. MAPP was developed in 2001 by the National Association for City and County Health Officials (NACCHO) and the Center for Disease Control (CDC). MAPP provides a framework for the development of a community health improvement plan, by helping communities prioritize their public health issues, identify resources for addressing them, and take action.

One key component of MAPP is that it focuses on the entire local public health system (LPHS), including all public, private and voluntary entities, as well as individuals and informal associations that contribute to community health. Having the full spectrum of community participation in the MAPP process leads to better framing of the issues, more creative solutions, community ownership, credibility and sustainability over time. In FY 2010, the Partnership for a Healthier Fairfax had 85 members representing 69 stakeholder groups. This was achieved through community education and outreach by the Health Department's MAPP Core Support Team, Partnership Co-Chairs, and coalition members in an effort to garner additional community involvement. In FY 2011, three subcommittees of the Partnership for a Healthier Fairfax (Forces of Change, Community Themes and Strengths, and Community Health Status),

completed a comprehensive community health assessment. In late FY 2011 and FY 2012, the Partnership will identify strategic issues and develop goals and strategies to address those issues, forming a community health improvement plan.

Outreach Services: In FY 2009, the Fairfax County Health Department was awarded a $364,740 grant through a competitive process (one of two awards in Virginia) sponsored by the U.S. Department of Health and Human Services. These funds supported the establishment and nurturing of partnerships with human service provider agencies, private physician practices, local small businesses and community providers serving at-risk and hard-to reach populations.

In FY 2010, the second and final year of the grant, the H1N1 pandemic shifted resources away from grant activities to community wide vaccination efforts and education programs (e.g. respiratory etiquette, hand washing and strategies to minimize infection). The H1N1 pandemic increased community demand for services, enhanced receptiveness to outreach education messages, and increased community partnerships exceeding FY 2010 estimates by 28 percent. In turn, the competitive grant was extended in order to complete project deliverables.

In FY 2010 Business Survival Workshops were held to help small-medium size businesses establish an all hazards Continuity of Operations Plan (COOP), with emphasis on pandemic planning. Targeted outreach to ethnic businesses was done to encourage attendance. Nineteen summits and 11 Town Hall Meetings were held in each of the nine County magisterial districts to keep residents informed about the H1N1 Influenza Pandemic and their role in the community response. Targeted outreach was done to reach vulnerable populations through mosques, temples, churches, ESL programs, day laborer sites, home-owners associations, Women, Infant and Children (WIC) programs and senior sites.

In FY 2011 and FY 2012, the Outreach Services team will build upon ongoing educational efforts by focusing on food safety, childhood obesity, chronic disease, HIV/AIDS, Tuberculosis and other communicable disease prevention.

Emergency Preparedness and Response: In FY 2007, the Health Department created the Office of Emergency Preparedness (OEP) to help coordinate and enhance its emergency preparedness and response activities, including planning, training and exercise-related activities, grant management, logistical support, and volunteer coordination.

Since its inception, OEP and its staff have increased agency integration of and compliance with a variety of federal mandates, including the National Incident Management System (NIMS) and Incident Command System (ICS), as well as Centers for Disease Control (CDC) guidance on public health preparedness and response. OEP conducted a variety of preparedness drills and exercises to ensure that the agency and its staff and volunteers are ready to respond to a variety of natural and man-made disasters, including disease outbreaks and acts of bioterrorism. In FY 2010, OEP and its staff coordinated the agency's response to the H1N1 influenza pandemic, including overseeing the planning and conducting of three mass vaccination clinics at the Fairfax County Government Center that vaccinated close to 20,000 people.

The current FY 2011 estimate and FY 2012 future estimates for "Number of ICS/NIMS training slots provided" are lower than anticipated as most of the Department staff has successfully completed the ICS/NIMS training. Additionally, the two mandatory classes for all staff can be taken online as independent study, again, decreasing the amount and frequency of classes offered. FY 2012 training will

provide instruction for new hires and advanced training to Incident Management Team (IMT) members and other senior staff.

In FY 2011, the OEP Team oversaw an extensive revision of the Health Department's Emergency Operations Plan. This plan guides the agency's response to emergencies, and is a critical cornerstone of its preparedness efforts. For the remainder of FY 2011 and in FY 2012, OEP will continue to increase the level of preparedness of the department by conducting trainings and exercises on this recently-updated plan, as well as a host of other preparedness-related initiatives.

Medical Reserve Corps: The Fairfax County Medical Reserve Corps (MRC), a component of the department's Office of Emergency Preparedness, is composed of 3,763 medical and non-medical volunteers who have indicated their willingness to support the Department and serve the community in the event of a public health emergency.

During FY 2010, the MRC was mobilized to participate in the Health Department's response to the H1N1 influenza pandemic. This was the first opportunity to mobilize the volunteers in response to a public health emergency since the program's inception in 2003. In response to the pandemic, 1,018 MRC volunteers contributed 19,000 hours over a five-month period, providing critical support in a variety of capacities; including staffing the department's public information line, mass vaccination clinics at the Government Center, and other community-based vaccination clinics throughout the County.

For the remainder of FY 2011 and in FY 2012, MRC program staff will focus on developing a multi-year strategic plan in order to improve and sustain the capabilities of the program and its critical resource – the volunteers – to a level that effectively supports the Fairfax County Health Department as it prepares to respond to natural and man-made disasters and emergencies.

Community Health Care Network

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

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	9 / 9	9 / 9	9 / 9	9 / 9	9 / 9
Total Expenditures	**$9,004,562**	**$9,142,492**	**$9,531,843**	**$9,290,363**	**$9,290,363**

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

Objectives

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

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Output:					
Primary care visits	50,054	50,012	50,000 / 51,447	50,000	51,000
Efficiency:					
Net cost to County per visit	$154	$185	$180 / $179	$184	$188
Service Quality:					
Percent of clients satisfied with their care at health centers	93%	94%	95% / 97%	95%	95%
Percent of clients whose eligibility determination is accurate	98%	99%	98% / 99%	98%	98%
Outcome:					
Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period	91%	94%	95% / 96%	95%	95%
Percent of patients with diabetes who receive an annual neuropathy exam (1)	82%	80%	NA / NA	NA	NA
Percent of patients with diabetes who have had a total cholesterol and LDL ("bad cholesterol") screen within the last year (2)	NA	94%	95% / 96%	95%	95%

(1) Performance measure discontinued in FY 2010.

(2) New performance measure in FY 2009.

Performance Measurement Results

The number of primary care visits provided in FY 2010 increased by 2.9 percent to 51,447 from 50,012 visits in FY 2009. The net cost to the County per visit decreased from $185 in FY 2009 to $179 in FY 2010. While total costs were reduced slightly, the reduction in net cost per visit was driven by the increased number of visits provided. The percent of women provided a mammogram increased slightly from 94 percent in FY 2009 to 96 percent in FY 2010. This increase is attributed to on-going education and provider follow-up with patients as well as to an enhanced tracking system that monitors compliance and results. The percent of patients with diabetes who received an annual neuropathy exam to determine weakness or numbness in their extremities was eliminated last year as the medical team found it to be an imprecise measure. It was replaced with a new indicator, percent of patients with diabetes who have had a total cholesterol and LDL screen within the last year, activities which are able to be objectively tracked and measured. For this measure, the FY 2010 actual was 96 percent, just slightly improved from the FY 2009 actual of 94 percent. The percent of clients whose FY 2010 eligibility determination was accurate

remained at 99 percent. The Health Access Assessment Team (HAAT), deployed by the Department of Family Services, continues to support and ensure standard, comprehensive eligibility and enrollment processes.

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 InovaCares Clinic for Women and 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 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	96 / 96	95 / 95	110 / 110	110 / 110	110 / 110
Total Expenditures	**$6,820,228**	**$7,708,736**	**$7,955,695**	**$7,728,736**	**$7,728,736**

Position Summary

3	Public Health Doctors	1	Human Service Worker IV	2	Administrative Assistants IV
1	Asst. Director for Medical Services	1	Rehab. Services Manager	6	Administrative Assistants III
1	Asst. Director of Patient Care Services	1	Physical Therapist II	17	Administrative Assistants II
4	Public Health Nurses IV	6	Speech Pathologists II	6	Human Service Workers II
8	Public Health Nurses III	2	Audiologists II	1	Human Service Worker
42	Public Health Nurses II	4	Administrative Assistants V	4	Human Services Assistants

TOTAL POSITIONS
110 Positions / 110.0 Staff Years
53/53.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund

Key Performance Measures

Goal

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

Objectives

- To maintain the immunization compliance rate of children who are between the ages of 19-35 months, served by the Health Department, at 80 percent, working toward a target of 90 percent.
- To maintain the low birth weight rate for all Health Department clients at 5.0 percent or below.
- To ensure that 75 percent of Speech Language Pathology clients will be discharged as corrected with no further follow-up required.

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Output:					
Immunizations: Children seen	24,624	21,848	22,000 / 63,408	22,000	22,000
Immunizations: Vaccines given	39,587	36,062	39,000 / 65,725	39,000	40,000
Maternity: Pregnant women served	2,895	2,880	2,800 / 2,807	2,800	2,800
Speech Language: Client visits	2,855	3,298	2,800 / 2,804	2,850	2,850
Efficiency:					
Immunizations: Cost per visit	$28	$31	$34 / $18	$34	$34
Immunizations: Cost per visit to County	$24	$20	$24 / $12	$25	$25
Immunizations: Cost per vaccine administered	$17	$19	$19 / $17	$19	$19
Immunizations: Cost to County per vaccine administered	$15	$12	$14 / $12	$14	$14
Maternity: Cost per client served	$516	$520	$591 / $495	$564	$564
Maternity: Cost per client to the County	$226	$195	$278 / $218	$300	$296
Speech Language: Net cost per visit	$168	$169	$198 / $192	$196	$196
Service Quality:					
Immunizations: Percent satisfied with service	97%	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	100%	100%	100% / 100%	100%	100%
Outcome:					
Immunizations: 2 year old completion rate	74%	79%	80% / 70%	80%	80%
Maternity: Overall low birth weight rate	5.7%	4.7%	4.8% / 5.6%	4.8%	5.0%
Speech Language: Percent of students discharged as corrected; no follow-up needed	75%	71%	75% / 80%	75%	75%

Performance Measurement Results

Immunizations: For FY 2010 the number of vaccines given was substantially higher than estimated due to H1N1 vaccination efforts. The Health Department gave 32,905 doses of H1N1 influenza vaccine, which was in addition to regular seasonal flu vaccine, to children 18 and younger. Additionally, the school entrance requirements were changed requiring additional doses of Varicella, Mumps, Polio, and Dtap. The cost per immunization visit and vaccine administered decreased significantly in FY 2010; however, this is largely due to the H1N1 effort and giving nearly twice the number of vaccines with H1N1 vaccine and supplies that were provided free of charge from the State. Future costs are expected to be closer to FY 2009 levels. The FY 2010 immunization completion rate of 70 percent for vaccinated two-year-olds was lower than the FY 2010 target. Because of the downturn in the economy, there was an increase in clients coming to the Health Department for the first time, many who were not entering the system as infants and thus had incomplete immunizations. Additionally, in FY 2009 there was a heightened public awareness and misinformation about the measles, mumps, and rubella (MMR) vaccine, and a possible link to autism. The agency will continue to strive to achieve completion rates of 90 percent compliance in FY 2011 and FY 2012, the national goal set in Healthy People 2020. It is noted that by the time of school

entry, a much higher percentage of children are adequately immunized, despite having lacked these immunizations at the age of two. The 2009 State of Health Care Quality Report (SOHC) from the National Committee for Quality Assurance (NCQA), states that for every dollar spent on immunizations, $29 dollars is saved in future medical costs and the indirect cost of work loss (parent), death and disability. In FY 2010, the cost to the County for immunizations was $767,891, resulting in a potential savings of $22,268,839 in future medical and indirect costs.

Maternity Services: In FY 2010, the Health Department saw a 2.5 percent decrease in the number of women seen for prenatal care services from 2,880 women to 2,807 women. This decrease in clients may be attributed to a decline in the local economy which reduced the number of available lower wage jobs resulting in fewer people in the area that would utilize maternity services. Maternity costs for FY 2010 are less than estimated due to the implementation of some clinic efficiency measures that reduced wait times. However, future estimates are closer to FY 2010 estimates assuming that medical costs will continue to rise.

The overall low birth weight percentage (comprised of low birth weight or LBW, and very low birth weight or VLBW) for Health Department clients in FY 2010 increased from 4.7 percent to 5.6 percent. The percentage of low birth weight category increased from 3.7 percent to 5.0 percent while the percentage of VLBW category remained essentially static at 1.0 percent. The overall LBW percentage still compares favorably with the Fairfax County percentage of 6.9 percent (2008, latest available data), particularly given that the population served by the Health Department is generally at higher risk for poor birth outcomes. The Health Department has set a goal of achieving a low birth weight percentage of 5.0 percent, which is the national goal established in Healthy People 2020.

The SOHC Report (latest available) indicates that for infants of mothers who received prenatal care, the predicted hospital cost is $1,065 compared with $2,069 for a mother who received no prenatal care prior to delivery, resulting in savings of $1,004. According to the March of Dimes, in 2005 (latest available), the annual costs (medical, educational and lost productivity) of preterm birth in the United States were over $26 billion and the average first year medical costs were about 10 times greater for preterm than for full term babies. The SOHC Report also estimates that for every $1 spent on prenatal care $3.33 is saved in postpartum care, plus an additional cost savings of $4.63 in long-term morbidity costs. In FY 2010, the actual cost to the County for prenatal care was $612,324 for 2,807 clients resulting in estimated savings of $4,874,099.

The Client Satisfaction Survey done in May 2009 was completed as part of the Clinic Redesign initiative. The survey was not repeated May 2010 because the redesign work is still in progress and significant changes in service delivery are anticipated in the next six to eight months. A new survey tool has been developed in FY 2011 and clients will be surveyed once changes are implemented.

Speech and Language: In FY 2010, there was a 15 percent decrease in the number of client visits attributed to managed staff vacancies within the Speech and Hearing Program. In FY 2009, the Program experienced an unprecedented 15.5 percent increase in client visits due to full staffing of all positions. A 13 percent increase in revenue from FY 2009 to FY 2010 helped constrain costs resulting in a 3 percent decrease in unit costs during this time period. Revenue is expected to increase during FY 2011 and FY 2012 as a 16 percent fee increase goes into effect, in addition to cost reduction strategies and clinic efficiencies measures being implemented.

Health Laboratory

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

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	14 / 14	14 / 14	19 / 19	19 / 19	19 / 19
Total Expenditures	**$2,526,967**	**$2,366,110**	**$2,861,445**	**$2,368,655**	**$2,368,655**

Position Summary

1	Public Health Laboratory Director	1	Senior Pharmacist	2	Administrative Assistants III
2	Public Health Laboratory Supervisors	1	Pharmacist	1	Administrative Assistant IV
10	Public Health Laboratory Technologists	1	Management Analyst II		

TOTAL POSITIONS
19 Positions / 19.0 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 residents to avoid needless rabies post-exposure shots by the timely receipt of negative lab results by maintaining the percentage of rabies tests involving critical human exposure that are completed within 24 hours (potentially saving residents the expense of needless shots) at 95 percent.

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Output:					
Tests reported	238,578	245,081	220,000 / 239,072	220,000	220,000
Rabies tests reported	695	658	650 / 643	625	625
Efficiency:					
Average cost/all tests	$4.99	$4.54	$5.10 / $5.75	$5.60	$5.66
Cost/rabies test	$79.20	$83.17	$84.24 / $85.24	$83.99	$83.99
Service Quality:					
Percent of laboratory clients satisfied with service	98%	97%	95% / 97%	95%	95%
Percent of rabies tests involving critical human exposure completed within 24 hours	99%	97%	95% / 96%	95%	95%
Outcome:					
Average score on accuracy tests required for certification	99%	99%	95% / 99%	95%	95%
Certifications maintained	Yes	Yes	Yes / Yes	Yes	NA
Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results	99%	98%	95% / 98%	95%	95%

Performance Measurement Results

Control of average cost per test is a continuing focus of laboratory performance. The actual cost per test in FY 2010 was slightly higher than estimated due to inclusion of one-time capital expenses for scientific equipment and furniture associated with laboratory relocation. The laboratory relocated in the fall of FY 2010 to a renovated County facility designed to provide the enhanced testing capability that will be required to meet public health needs in the future.

As indicated on the annual customer satisfaction survey (97 percent satisfied), the majority of laboratory customers selected "accuracy of test results" as their first service priority. The Health Department laboratory continued to maintain a high degree of accuracy as measured by its FY 2010 scoring average of 99 percent on accuracy tests required for certification. The agency's scoring level exceeds the service quality goal of 95 percent and greatly exceeds the accepted benchmark of 80 percent required for satisfactory performance by laboratory certification programs.

The Rabies laboratory exceeded its service quality goal of 95 percent and reported rabies test results in less than 24 hours on 96 percent of critical human exposures to potentially rabid animals. In FY 2010, 671 residents (98 percent of those with negative results) received their negative test results within 24 hours, saving an estimated $1,342,000 on needless medical costs for a series of rabies post-exposure immunizations which average $2,000 per series.

School Health

School Health provides health services to students in 194 Fairfax County Public Schools and provides support for medically fragile students who require more continuous nursing assistance while they attend school. Services include first aid, administration of authorized medications, identification of potential communicable disease situations, and development of health care plans for students with special health needs.

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	258 / 186.98	260 / 188.98	262 / 190.98	274 / 202.98	274 / 202.98
Total Expenditures	**$10,289,458**	**$10,825,964**	**$10,631,895**	**$13,789,433**	**$13,789,433**

Position Summary

4	Public Health Nurses IV	1	Assistant Director of Patient Care Services
8	Public Health Nurses III (4)	1	Administrative Assistant II
64	Public Health Nurses II, 2 PT (8)	196	School Health Aides PT

TOTAL POSITIONS
274 Positions (12) / 202.98 Staff Years (12.0)

( ) Denotes New Position
PT Denotes Part-Time Positions

Key Performance Measures

Goal

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

Objectives

- To implement health plans for at least 65 percent of students with identified needs within five school days of the notification of the need, toward a target of 95 percent, and to maintain the on-site availability of a School Health Aide (SHA) on 97 percent of school days.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Output:					
Students in school (academic year)	166,351	168,929	174,365 / 171,610	176,000	178,000
School sites	189	192	194 / 194	194	196
Students in summer school, community-based recreation/programs/sites	40,364 / 168	30,242/182	35,000/135 / 14,937/102	15,000/100	20,000/100
Students with new health plans	13,823	17,182	16,000 / 17,772	17,000	17,000
Total health plans implemented	40,089	48,963	47,000 / 49,511	48,000	48,500
Visits to clinic of sick/injured and for medicine	755,220	741,852	755,000 / 731,947	755,000	755,000
Students with health plans	44,734	47,068	45,000 / 46,866	46,000	46,500

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Efficiency:					
Students/PHN ratio	3,025:1	3,071:1	3,170:1 / 3120:1	3,200:1	3,236:1
Health plans/PHN ratio	729:1	856:1	818:1 / 900:1	873:1	873:1
Large group training sessions/number attending	50 / 1,354	256/2,427	100/2,000 / 148/2,693	100/2,500	100/2,500
Students with health plans in place within 5 days of notification	8,680	11,392	9,100 / 9,976	9,900	10,500
Service Quality:					
Percent of parents satisfied with services	97.0%	98.0%	97.0% / 98.0%	97.0%	97.0%
Percent of students receiving health support from SHAs	96.0%	96.0%	94.0% / 96.0%	95.0%	95.0%
Outcome:					
Percent of students with health plans in place within 5 days of notification	63.0%	66.0%	65.0% / 56.0%	65.0%	65.0%
Percent of school days SHA is on-site	98.0%	97.0%	97.0% / 97.0%	97.0%	97.0%

Performance Measurement Results

In School Year (SY) 2009-2010, the School Health Program supported 171,610 students at 194 school sites during the regular school year and 14,937 students at 102 sites in summer school and community/recreation programs (e.g., Department of Family Services; School-Age Child Care (SACC); Neighborhood and Community Services (Rec-PAC) and Fairfax County Park Authority Programs). The number of students attending summer school continues to decrease due to the economic downturn and the ability of families to pay for some services not associated with Individual Educational Plan (IEP) services. The number of summer sites and enrollment is expected to remain low in the future due to a slow economy and budgetary constraints related to providing the additional non-mandated summer services.

In FY 2010, the percentage of students who had a health condition that may impact their school day was 27 percent of the total student population with 56 percent of students having a new health plan in place within five days of notification. This percent of plans in place within five days declined from FY 2009 in part due to the need to focus on activities to prevent a H1N1 influenza outbreak in the school setting. School Public Health Nurses (PHNs) assisted the school system in mask fit testing and providing consultative services in developing isolation protocols for children identified with influenza like illness during the school day. Because one of the high risk populations affected by H1N1 was school age children, selected members of the School Health Team were deployed to support H1N1 vaccine efforts in the community from October 2009 through January 2010. The number of visits to the school health room decreased despite concern about the effects of H1N1 in the school setting. This decrease in visits is a result of proactive education and outreach to families advising them of the need to keep ill children at home to prevent the spread of influenza. In the future, the focus will continue on identification of students with health care needs and the need to improve the percentage of students who have a plan in place within five days. It is anticipated that the number of heath conditions will increase slightly with increasing enrollments and students who have more than one identified health condition.

The quality of school health services remains high, as measured by the annual parent and school staff satisfaction survey, with 98 percent expressing satisfaction with services and care provided by Health Department staff despite a reduction in the hours for the SHAs in elementary schools.

Long Term Care Development and Services

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

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	62 / 62	59 / 59	59 / 59	59 / 59	59 / 59
Total Expenditures	**$3,674,314**	**$3,825,009**	**$3,845,817**	**$3,825,009**	**$3,825,009**

Position Summary

1	Prog. & Procedure Coord.	1	Management Analyst IV	1	Management Analyst II
3	Public Health Nurses IV	6	Park/Recreation Specialists III	6	Senior Home Health Aides
7	Public Health Nurses III	24	Home Health Aides	6	Administrative Assistants IV
4	Public Health Nurses II				

TOTAL POSITIONS
59 Positions / 59.0 Staff Years

Key Performance Measures

Goal

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

Objectives

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

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

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Output:					
ADHC clients served per day	129	137	140 / 138	140	140
ADHC clients per year	348	367	370 / 366	370	370
ADHC operating days	249	248	248 / 245	248	248
Medicaid Pre-Admission screenings completed per year	630	669	702 / 697	730	760
Medicaid Pre-Admission Screenings that met criteria (adults only)	NA	NA	610 / 436	455	475
Medicaid Pre-Admission Screenings that resulted in the use of community-based services (adults only)	NA	NA	490 / 359	365	380
ADHC clients surveyed	195	215	NA / NA	NA	NA
Efficiency:					
Cost of ADHC service per client per day	$110.00	$105.00	$114.00 / $94.00	$101.00	$101.00
Net cost per ADHC client to the County	$72.00	$66.00	$70.00 / $50.00	$59.00	$57.00
Medicaid Pre-Admission screenings net cost to County	$110	$100	$94 / $96	$102	$98
Medicaid Pre-Admission screenings cost per service unit	$159	$191	$192 / $194	$200	$197
Service Quality:					
Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service	92%	98%	95% / 98%	95%	95%
Percent of ADHC clients/caregivers satisfied with service	99%	100%	95% / 100%	95%	95%
Outcome:					
Percent of family caregivers who state that ADHC enables them to keep their loved one at home, in the community	92%	97%	90% / 90%	90%	90%
Percent of low income frail elderly and adults with disabilities who meet criteria for Medicaid waiver services and have access to Medicaid community-based services	NA	NA	80% / 82%	80%	80%

Performance Measurement Results

Adult Day Health Care: As the demographics change and new demands for long term care emerge, the Adult Day Health Care (ADHC) program will play a crucial role. The program's goal is to promote the health and independence of the frail elderly and adults with disabilities, enabling them to remain in their homes in the community, thereby preventing the need for more restrictive and/or costly long term care.

According to a survey conducted by AARP in 2010, 86 percent of respondents stated they would "prefer to remain in their homes indefinitely as they age." Of the participants enrolled in the ADHC program in FY 2010, 93 percent met the criteria for more restrictive and costly long term care facilities. Of the family caregivers surveyed 90 percent stated that the ADHC program helped them keep their loved ones at home, in the community. This care option presents a significant cost savings to a family, considering that the average annual cost of a nursing home in Northern Virginia is $86,140 and the base annual rate for an

assisted living facility is $54,792 (MetLife Report 2009), which does not take into account the extra cost associated with dementia care.

In FY 2010 the Average Daily Attendance (ADA) of 138 came close to meeting the goal of 140. In an effort to reach the ADA goal, a new marketing plan will be developed in FY 2011 that will focus on web-based initiatives and continued efforts to reach out to the ethnically diverse. As anticipated, the cost per client per day decreased in FY 2010 from the projected $114 to $94, with a net cost to the County down from the projected $70 to $50 per client per day. This was due to the implementation of a cost reduction plan and the elimination of "Leave Days," requiring payment for days scheduled whether attended or not by participants. The FY 2011 estimated increase in cost per service unit and net cost to the County is a result of a new fee scale that was implemented to make fees more equitable across all income levels.

Medicaid Nursing Home Pre-Admission Screening (NHPAS): The growing demand for NHPAS is a reflection of the changing demographics of an aging population and increasing need for long term care services. An increase of approximately 5.0 percent is projected for NHPAS in FY 2011 based on trends and the growing number of individuals aging in place in Fairfax County. The actual number of NHPAS in FY 2010 was slightly lower than what was projected, due in part to the tightened requirements by the Department of Medical Assistance Services (DMAS) regarding at risk of nursing home placement criteria definition. The cost per service unit and net cost per service unit increased from FY 2010 to FY 2011 due to an increase in fringe benefit rate from 29 percent in FY 2010 to 35 percent in FY 2011.

Air Pollution Control

This program was eliminated at the end of FY 2010. The responsibility of air monitoring in the County has been transferred to the Virginia Department of Environmental Quality.

Funding Summary

Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan	FY 2012 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	2 / 2	0 / 0	0 / 0	0 / 0	0 / 0
Total Expenditures	**$139,411**	**$0**	**$0**	**$0**	**$0**

Key Performance Measures

Goal

The goal was to produce the highest quality air pollution data for the public, government agencies, and other interested parties and to participate in local, regional, state and federal monitoring efforts. Data collected was used to make decisions regarding the effectiveness of air pollution regulations and progress toward meeting the standards that protect the health and welfare of Fairfax County residents. The aim was to assess the effectiveness of voluntary actions and control measures aimed at achieving the Clean Air Act National Ambient Air Quality Standards (NAAQS). Currently, the metropolitan region including Fairfax County does not meet the NAAQS for ozone.

Objectives

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

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Output:					
Measurements made	324,587	301,416	193,132 / 146,286	NA	NA
Efficiency:					
Program cost per capita	$0.198	$0.270	$0.215 / $0.143	NA	NA
Service Quality:					
Data accuracy	3.2%	2.6%	5.0% / 2.7%	NA	NA
Outcome:					
Monitoring index	97.6%	94.7%	96.0% / 96.3%	NA	NA

Performance Measurement Results

The service quality indicator for data accuracy is a quantitative evaluation of the quality of the air pollution data produced. An indicator at or below 5 percent is considered high-quality data and this level has been consistently maintained. The outcome indicator, the air pollution monitoring index, is a measure of how effectively the air quality monitoring program is achieving the U.S. Environmental Protection Agency (EPA) requirements. A high monitoring index provides assurance that the work prescribed for the program has been conducted properly. In FY 2010, a high monitoring index, as represented by the target of 95 percent, and a low data accuracy indicator, implied high quality data from which meaningful decisions were made regarding the abatement of air pollution.

During the CY 2009 ozone season, Fairfax County only had one exceedant day of the eight-hour ozone National Ambient Air Quality Standard (NAAQS). The U.S. EPA has designated the Metropolitan Washington Region, which includes Fairfax County, as being in moderate non-attainment of the eight-hour ozone standard. In March 2008, EPA tightened the ozone NAAQS to 0.075 ppm. In early 2010, the EPA proposed lowering the health-based standard to a level between 0.060 ppm and 0.070 ppm as recommended by the Scientific Advisory Panel. EPA hopes to have the new lower level established by the end of July 2011.

There are no values indicated for FY 2011 Current Estimate or FY 2012 Future Estimate since the Air Pollution Control Monitoring Program was eliminated at the end of FY 2010. At the start of FY 2011 responsibility for air monitoring in the County was transferred to the state Department of Environmental Quality. Staff will continue to assure that air quality monitoring in the County and region meets federal standards and that appropriate steps are taken to help the region make progress toward meeting NAAQS.