

Health Department



Health Department

Mission

Protect, promote and improve health and quality of life.

Focus

The Fairfax County 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 2020 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 2013, 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, hotels, public and community swimming pool facilities, and other permitted facilities. 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. In addition, eligible health-related services are billed to Medicaid and other third party payers.

In response to the new "Patient Protection and Affordable Care Act" that incorporates comprehensive health insurance reforms, the Health Department engaged in an effort to prepare and respond to requirements of the federal Health Care Reform bill with the goal of lower health care costs and improved consumer health care choices. In FY 2012 and continuing in FY 2013, the department, with other County agencies and community leaders, will develop recommendations for the provision of safety net services. These recommendations will incorporate best practices for improving the community health through prevention and wellness strategies; complete a comprehensive review of the current system's capacity to provide needed health services including the Community Health Care Network, free clinics, and other nonprofit, private, and public providers in the Fairfax area; identify any possible revenue opportunities; and design an integrated model of service delivery that incorporates primary, oral, and behavioral health services.



Medical Reserve Corps volunteers participate in CRI Drill

Health Department

To enhance the department's capability to anticipate and respond effectively to rapidly evolving and complex public health challenges, several existing programs were consolidated under a new Division of Community Health Development and Preparedness (CHDP). The work of CHDP enables the department to build upon strategic initiatives and networks developed post 9-11 to enhance emergency preparedness and response activities and to better integrate the department's community capacity and resiliency building activities with ongoing programs and services. This work has helped to strengthen the local public health system infrastructure and incorporate community assets into core public health programs to address fundamental gaps in service delivery. This 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 the Communications functions of the department.

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 and/or minimizing the impact of new and emerging communicable diseases and other public health threats, facilitating access to health services, employing and retaining a skilled and diverse workforce, integrating and 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 core function of the Health Department, remains a continuous and growing challenge as evidenced by 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 2013, 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.

For the 2010-11 influenza season, the Health Department conducted a targeted vaccine campaign among ethnic minorities, homeless, incarcerated, and other difficult to reach populations who do not traditionally have access to or receive influenza vaccine. Using funding received as part of the American Recovery and Reinvestment Act of 2009 (ARRA) the Health Department worked with community partners to distribute and administer over 18,000 doses of influenza vaccine. The department typically administers approximately 4,000 doses annually. ARRA funded seasonal influenza vaccine was also offered to Fairfax County Public Schools (FCPS) students in the 33 Title I elementary schools. A total of 6,631 doses of vaccine were provided to students in these FCPS preschool and elementary school sites during the school day. This number represented 24 percent of the total enrollment in these Title I schools.

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. In FY 2012, the Health Department initiated a campaign to educate Fairfax residents on the importance of "community immunity." Providing information on the importance of having a critical portion of the community immunized against influenza and other vaccine-preventable diseases assists in protecting others as there is less opportunity for the virus to spread. 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) and the Northern Virginia Clergy Council for the Prevention of HIV/AIDS have proven to be critical partners and trusted

Health Department

sources for building community capacity to deliver and re-enforce key public health messages within targeted communities.

In FY 2013, 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 2010, there were 256 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 Carrying Insect Program (DCIP) initiated a tick identification service for County residents. 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 in Fund 116, Integrated Pest Management Program (Volume 2).

Bedbugs have become increasingly prevalent, not only in Fairfax County but throughout the nation. Investigations of complaints began in early FY 2004 with two reported occurrences and have increased steadily to 90 investigations in FY 2011. 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 will enhance the Health Department's ability to conduct surveillance rapidly for communicable diseases. It also allows the department to monitor the presence of human disease pathogens in ticks and mosquitoes.

In FY 2011, the Community Health Care Network (CHCN) joined a multi-jurisdictional effort with the Regional Primary Care Coalition to improve the efficiency and effectiveness of breast cancer screening, referral, and follow-up so that jurisdictions and clinics can be better positioned to provide 100 percent of low-income women age 40 and older with access to breast health care.

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 2011, the Community Health Care Network (CHCN) enrolled 26,588 patients, an increase in the number of patients mirroring the nearly 30 percent growth seen in the prior year. Consequently, CHCN initiated a wait list for the first time in five years. Nonetheless, enrollment has continued for many priority populations, and collaboration continues 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. In FY 2012, CHCN was the recipient of 5/4.6 FTE nurse practitioners/physician's assistants, funded by the Kaiser Permanente Foundation as part of its Community Ambassadors Program. This community-based pilot program, expected to last two to three years, targets service delivery to vulnerable populations in safety-net clinics, providing clinics with additional staffing resources as well as training and education. The ultimate goal of the partnership is to improve care delivery and health outcomes in the community. The Health Department's Multicultural Advisory Committee (MAC) is a key partner in targeting effective outreach efforts. In FY 2011, the MAC worked closely with staff to identify community members to participate in the department's first Patient Navigator Program. This prevention-focused program educated key partners who are the vital link in their respective communities to enrollment and effective utilization of County health services.

Health Department

Prenatal care service utilization remained high during FY 2011, with 2,926 clients served during 10,887 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. This model provides education and resources traditionally delivered during a home visit, fosters the development of social networks and support systems among women experiencing similar postpartum issues, increases client opportunities for intervention eight fold, and allows the department to serve more clients. Preliminary data from the pilot indicates that the postpartum assessment coordination successfully provided the women with needed information and linkages to other County services and support systems. The classes were conducted in partnership with the Health Department's Women Infant and Child (WIC) nutrition program and, although attendance was initially low, the classes were well received by the participants. In FY 2012, a partnership with Inova Cares Clinic for Women and Children is being developed; classes will be taught on site at the clinic and will begin while the women are still pregnant. MCH field staff will also implement the Virginia Department of Health Low Income Safety Seat Distribution and Education Program offering a car seat at no charge to eligible families. This class will tie into the other education and support group programs designed to meet the needs of the women in the first six weeks after pregnancy.

The total number of health district office clinic visits (excluding H1N1 flu vaccination visits) for FY 2011 was 72,321, a 2.2 percent increase over the 70,762 clinic visits in FY 2010. 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. The resulting pilot began in FY 2011 and is nearing conclusion and, if proven effective, the Health Department will implement the new service delivery model in all five district offices.

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 and strengthened 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, Inova Health System, and George Mason University; and several other projects in development through the Long Term Care Coordinating Council (LTCCC) and the Long Term Care Development Team (LTCDDT). 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, the Virginia Department of Rehabilitative Services, and George Mason University.

According to the Virginia Department for the Aging, the US Administration on Aging, and the U.S. Bureau of the Census, Fairfax County will experience a 24 percent increase in its population 60 years and older between the years 1990 and 2030. It is anticipated that growth in this segment of the population will increase the demand for services for older adults and adults with disabilities. In preparation for this anticipated need, the Health Department is working in collaboration with public/private LTC service providers, consumers and other key stakeholders to develop a strategic plan to create innovative, alternative ways of providing adult day health care. The goal is to maintain the level of services needed for this growing segment of the population as access to scarce resources becomes more competitive.

Health Department

In addition, the Health Department is currently working with several other local health departments and a variety of private entities to develop improved processes that give older adults better access to the broad range of services available in our community and regionally, including our Adult Day Health Care (ADHC) program. The goal is to develop an innovative program that includes fine tuning the current referral system with a focus on older adults who have chronic illnesses or disabilities. This effort endeavors to develop a health care system that will support care transitions and educate clients about the value and benefits of ADHC. The term “care transitions” refers to the movement patients make between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness. By working system-wide in our community, the Health Department hopes to enhance the valuable role it plays with LTC community partners.

Beginning in FY 2012, the County will partner with Inova Health System to establish a PACE (Program of All-inclusive Care for the Elderly) site at the Braddock Glen Adult Day Health Care Center. The County is contributing to this effort by leasing the space to Inova for \$1 per year for three years, during which time Inova will operate the current adult day health care center and open the PACE program at the site. PACE is an alternative to nursing home care and provides community-based health and social supports to older adults who are eligible for both Medicare and Medicaid. Other than the initial lease support, Inova assumes the full cost and any risk associated with the program. Current Braddock Glen Adult Day Health Care participants will be able to remain in that program for as long as they are eligible under current guidelines.

Beginning in FY 2011 and continuing into FY 2012, the LTCCC engaged in a new strategic planning effort to update the original plan from FY 2002. The Council’s 45 members – confirmed by the County Board of Supervisors – and additional members of its working committees identified new priority areas: housing, transportation, services, and participation. Seven new working committees will address these priorities using a project-based approach.

Another significant need in the community identified by parents is for employment and social supports for young adults with Autism Spectrum Disorder (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 to serve young adults with ASD. In FY 2010, the partnership established a pilot program of intensive intervention to serve two previously ineligible young adults who are now progressing toward employability. In FY 2011, the Jewish Social Services Agency and SPARC collaborated to obtain grant funding for a new pilot program of social day supports and successfully negotiated for space at the Old McLean Firehouse. That program opened in September 2011 to serve at least four individuals.

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. Health Department staff work to embody 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 reinforces 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 Awards 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

Health Department

diverse workforce. Annually 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 experienced staff who will be retiring. In FY 2010, the department developed a Public Health Nurse (PHN) Resource Team consisting of 10 non-merit positions, filled by PHNs who had retired from the Health Department. This program has been very successful as the Resource Team PHNs are available to provide temporary coverage for critical vacancies within the department. The Resource Team has allowed the Health Department to respond to seasonal fluctuations in demand for services and was utilized for outbreak investigations and community flu clinics throughout FY 2011. The use of the Resource Team is superior to hiring temporary staff through an agency; 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 Web site 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 (County Info Web) more useful to department staff. In FY 2011, the department updated the Communication Annex in the Health Department's Emergency Operations Plan (EOP), and upgraded online communication tools for all users. In FY 2012 and FY 2013, the Health Department will undertake a number of critical communication initiatives. Goals of these initiatives are to improve internal communication, expand external communication capabilities, and ensure adherence to countywide communication standards. Key aspects of this effort include: implementing a social media policy and platform, designing and implementing training for all Health Department FairfaxNet (intranet) pages, upgrading the department's website to be more user friendly, and promoting the vaccine literacy campaign in the community. With the countywide implementation of automated collaboration tools, 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 will continue to focus on implementing Electronic Health Record (EHR) software. EHR systems will allow for complete electronic storage of patient health data and facilitate electronic exchange of health information with key service partners. In addition, incentives offered through state and federal legislation allow the department to offset program costs. The department's Community Health Care Network (CHCN) program implemented an EHR system, including automated interfaces for orders and results for radiology and laboratory services, and e-prescribing for medications. The department plans to implement EHR 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 fully 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 FY 2012, the laboratory information system server was upgraded in association with the move to the new facility, facilitated communication between databases, and enhanced reporting and surveillance capacity. In FY 2012, the department further developed the automation of call center

Health Department

operations with software to manage incoming and outgoing calls, as well as to collect, analyze and disseminate critical information related to public health events or emergencies.

In an effort to prepare for an EHR system and to enhance efficiency in generating electronic radiology reports, the Tuberculosis Program purchased a digital x-ray system in FY 2011 and implemented the use of this new technology in FY 2012. A PORTACOUNT PRO Respirator Fit Tester was added to the Respiratory Protection Program in FY 2012. This quantitative testing equipment improves the Health Department's capability to fit test more employees who may be at-risk for potential exposure to communicable disease while on the job. Specific features of the fit tester include storage of pertinent data and testing results. In collaboration with the Virginia Department of Health, genotyping of *Tuberculosis* (TB) integrated with social-network links is being used to enhance contact investigations to ultimately lead to identification of new active Tuberculosis cases (individuals) while reducing the spread of TB within the community.

Addressing Growing Needs and Preparing for the Future

Over the next several years a strategic aim of the Health Department is to build the capacity to address health issues at a population level with a focus on reducing health inequities. Five principles that characterize and guide our population-based approach are (a) a community perspective, (b) population-based data, (c) evidence-based practice, (d) an emphasis on outcomes, and (e) the importance of primary prevention. This approach will seek to leverage many traditional and non-traditional partners, using innovative strategies such as policy, systems, environmental and educational changes within different sectors of the County—e.g., implementing a policy to ensure healthy vending machine snacks in all County buildings. This approach will require mobilizing and aligning stakeholders and resources in new ways but will have the force of having broader population impacts and outcomes.

As part of our focus on population health, 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 non-profit organizations, 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 2011, the Partnership increased its membership from 85 to 110 individuals, representing 79 stakeholder groups.

The *School Health Ten Year 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. The redesign of the school service delivery model utilizing the Fairfax County Public Schools cluster structure ensures that each district office covers two clusters. A pilot in two of the clusters was implemented in FY 2011 and successfully demonstrated improved timeliness in PHN interventions for student health related issues. The pilot of the cluster-based assignment is expanding to three more clusters in FY 2012 with additional evaluation and a plan to fully implement the remaining three clusters in FY 2013. 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.

Health Department

Beginning in FY 2012, the Health Department now receives Standards of Quality (SOQ) funding provided by the Virginia Department of Education. This funding, previously allocated directly to the FCPS, is provided to localities that provide school nurse support. 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. The realignment of this funding allowed for the establishment of 12/12.0 SYE new public health nurse positions. The additional positions directly support recommendations in the *School Health Ten Year Strategic Plan*. In FY 2012, a focused, evidenced-based health promotion program for healthy eating and living, as well as a targeted asthma management program, will be developed and implemented in collaboration with existing services in FCPS.

In FY 2011, the laboratory moved from their current leased space in the Health Administration Building to a new home in the JoAnne Jorgenson Laboratory, located in the former Belle Willard school property, which is now owned by the County in the City of Fairfax. The new facility provides enhanced security and biosafety as well as expanded molecular testing capability. In keeping with the County Vision Element of "Practicing Environmental Stewardship," the facility was designed to be a LEED (Leadership in Energy and Environmental Design) certified laboratory by adaptive reuse of an existing building and innovative design that conserved energy and water usage. The building is the fourth Fairfax County building to be awarded "Gold" LEED certification. The new laboratory will position the Health Department to meet the complex technical challenges of the future.

The 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 three 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 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.

Health Department

- The Fairfax Area Long Term Care Coordinating Council (LTCCC) was created in FY 2002 to identify and address unmet needs in long term care services and supports. The LTCCC has over 40 members confirmed by the Board of Supervisors and representing other boards and commissions (including the HCAB), public and private agencies, and stakeholders. The LTCCC has supported and developed new services to assist adults with disabilities and older adults in a variety of areas with little or no new County funds.

Budget and Staff Resources

| Agency Summary | | | | | |
|---|---------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 654 / 582.98 | 666 / 594.98 | 666 / 594.98 | 661 / 589.98 | 661 / 589.98 |
| Expenditures: | | | | | |
| Personnel Services | \$31,774,781 | \$33,684,168 | \$34,549,400 | \$35,014,463 | \$35,524,954 |
| Operating Expenses | 14,602,416 | 17,244,149 | 19,645,524 | 16,959,326 | 16,959,326 |
| Capital Equipment | 278,521 | 0 | 572,872 | 0 | 0 |
| Total Expenditures | \$46,655,718 | \$50,928,317 | \$54,767,796 | \$51,973,789 | \$52,484,280 |
| Income/Revenue: | | | | | |
| Elderly Day Care Fees | \$1,241,162 | \$1,286,716 | \$1,204,744 | \$1,145,227 | \$1,145,227 |
| Elderly Day Care Medicaid Reimbursement | 304,171 | 260,285 | 260,285 | 226,500 | 226,500 |
| City of Fairfax Contract | 1,214,569 | 1,216,832 | 816,553 | 1,028,077 | 1,028,077 |
| Falls Church Health Department | 265,590 | 244,949 | 265,590 | 265,590 | 265,590 |
| Licenses, Permits, Fees | 4,030,963 | 3,636,790 | 3,050,213 | 3,072,289 | 3,072,289 |
| Reimbursement - School Health | 3,850,171 | 3,877,215 | 3,877,215 | 3,877,215 | 3,877,215 |
| State Reimbursement | 8,834,894 | 8,834,894 | 8,834,894 | 8,834,894 | 8,834,894 |
| Total Income | \$19,741,520 | \$19,357,681 | \$18,309,494 | \$18,449,792 | \$18,449,792 |
| Net Cost to the County | \$26,914,198 | \$31,570,636 | \$36,458,302 | \$33,523,997 | \$34,034,488 |

FY 2013 Funding Adjustments

The following funding adjustments from the FY 2012 Adopted Budget Plan are necessary to support the FY 2013 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 May 1, 2012.

- Employee Compensation** **\$1,196,650**
 An increase of \$1,196,650 in Personnel Services reflects \$757,894 for a 2.18 percent market rate adjustment (MRA) in FY 2013, effective July 2012, and \$438,756 for a 2.50 percent performance-based scale and salary increase for non-uniformed merit employees, effective January 2013.
- Full Year Impact of FY 2012 Market Rate Adjustment** **\$681,684**
 As part of the *FY 2011 Carryover Review*, the Board of Supervisors approved an increase of \$681,684 in Personnel Services for a 2.0 percent market rate adjustment (MRA), effective September 24, 2011.

Health Department

- ◆ **Contract Rate Increases** **\$241,777**
 An increase of \$241,777 is associated with contract rate adjustments for providers of contracted health services.
- ◆ **Expenditure Realignment** **\$0**
 An increase of \$400,000 in Personnel Services accompanied by an equivalent decrease of \$400,000 in Operating Expenses is associated with a reallocation of expenditures to properly align costs within the Health Department. These adjustments were necessary following the fall 2011 conversion to the County’s new integrated finance, budget, purchasing and human resources computer system and fully offset each other for no net impact to the County.
- ◆ **Human Services Realignment** **(\$55,000)**
 A reallocation of \$55,000 in Personnel Services from the Health Department to the Department of Administration for Human Services (DAHS) is to properly align costs within the human services system. DAHS supports critical activities within the human services system and has not had sufficient resources in the last several fiscal years to meet ongoing and emergency requirements, including revenue collection and contract administration. This reallocation was included as part of the *FY 2011 Carryover Review*, and is made by the agencies partnering with DAHS in recognition of their reliance on the services the agency performs on their behalf to meet the mission of the human services system.
- ◆ **Reductions** **(\$509,148)**
 A decrease of \$509,148 reflects agency reductions utilized to balance the FY 2013 budget. The following chart provides details on the specific reductions approved, including funding and associated positions.

| Title | Impact | Posn | SYE | Reduction |
|--|---|----------|------------|-------------------------|
| <p>Closure of Braddock Glen Adult Day Health Care Center (ADHC)</p> | <p>This reduction involves decreasing the number of Health Department operated Adult Day Health Care (ADHC) centers from six to five. In the fourth quarter of FY 2012, the operation of Braddock Glen ADHC (BGADHC) will be transferred to Inova Health Systems as part of an agreement between the County and Inova. BGADHC will be converted to a Program for the All-inclusive Care of the Elderly (PACE) site serving individuals who are dually eligible for both Medicare and Medicaid. This conversion to PACE will expand the County’s Long Term Care (LTC) continuum of services and will have a positive impact on Fairfax County’s LTC services. Therefore, this reduction is not expected to decrease overall customer satisfaction as staffing and programming will remain intact at the other five centers. Nor is this reduction expected to significantly impact the ability to serve customers in FY 2013. With staffing reallocated from BGADHC, three ADHC centers will have the ability to increase capacity to serve more participants on a daily basis. Once Braddock Glen ADHC becomes a PACE site and the center transfers its operation to Inova, it is also anticipated that a significant portion of lost revenue from BGADHC, will be reallocated to other ADHC sites. Other County agencies that will be impacted by this reduction are the Department of Family Services (which administers the Congregate Meal Program) and the Department of Neighborhood and Community Services (which administers the Human Services Transportation System).</p> | <p>5</p> | <p>5.0</p> | <p>\$310,813</p> |

Health Department

| Title | Impact | Posn | SYE | Reduction |
|---|--|------|-----|-----------|
| School Health Aides (SHA) Substitutes: Eliminate 5 Exempt Status Positions | In the absence of the merit School Health Aide (SHA) and without substitute coverage, Fairfax County Public School (FCPS) front office administrative assistant staff and teachers would be required to cover the health room to provide direct care to students for illnesses, injuries and the administration of medications or health procedures. Reducing the substitute SHA positions by one sixth, will require that care for students sometimes fall onto the already over-burdened school staff who have primary duties not related to the health care of students. During school year 2010-2011, school assigned merit SHAs requested a total of 26,101 hours of substitute coverage. | 0 | 0.0 | \$71,735 |
| Reduction of 1/1.0 SYE Nurse Practitioner (Contracted) for the Community Health Care Network (CHCN) | Currently, there are 4/4.0 SYE Nurse Practitioners funded through the Molina contract who provide services to low-income, uninsured residents of Fairfax County and the cities of Fairfax and Falls Church through the Community Health Care Network. Key services provided by Nurse Practitioners at CHCN include primary health care, acute and chronic care, and women's health care. The elimination of 1.0/1.0 SYE Molina Nurse Practitioner reduces the availability of services provided by Nurse Practitioners by 25 percent and will result in a longer wait for critical primary care and women's health services. The number of patient visits delivered by each Nurse Practitioner total 3,825 annually. | 0 | 0.0 | \$126,600 |

Changes to FY 2012 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2012 Revised Budget Plan since passage of the FY 2012 Adopted Budget Plan. Included are all adjustments made as part of the FY 2011 Carryover Review, FY 2012 Third Quarter Review, and all other approved changes through April 24, 2012.

- ◆ **Carryover Adjustments** **\$3,894,479**
 As part of the *FY 2011 Carryover Review*, the Board of Supervisors approved funding of \$520,232 in Personnel Services for a 2.0 percent market rate adjustment, effective September 24, 2011. In addition, the Board approved encumbered funding of \$2,801,375 in Operating Expenses and \$572,872 in Capital Equipment.
- ◆ **Expenditure Realignment** **\$0**
 An increase of \$400,000 in Personnel Services accompanied by an equivalent decrease of \$400,000 in Operating Expenses is associated with a reallocation of expenditures to properly align costs within the Health Department. These adjustments were necessary following the fall 2011 conversion to the County's new integrated finance, budget, purchasing and human resources computer system and fully offset each other for no net impact to the County.
- ◆ **Human Services Realignment** **(\$55,000)**
 As part of the *FY 2011 Carryover Review*, a reallocation of \$55,000 in Personnel Services from the Health Department to the Department of Administration for Human Services was made to properly align costs within the human services system.

Health Department

Cost Centers

The Health Department is divided into 10 cost centers which work together to fulfill the mission of the department. They are: Program Management, Dental Health Services, Environmental Health, 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 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 10 / 10 | 10 / 10 | 10 / 10 | 10 / 10 | 10 / 10 |
| Total Expenditures | \$2,005,130 | \$1,152,462 | \$3,972,383 | \$1,523,449 | \$1,529,958 |

| Position Summary | |
|--|--------------------------------|
| 1 Director of Health | 1 Administrative Assistant 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.

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| Website visits | 327,138 | 550,101 | 425,000 / 182,255 | 200,000 | 200,000 |
| Efficiency: | | | | | |
| Ratio of visits to website maintenance hours | 260:1 | 378:1 | 400:1 / 125:1 | 125:1 | 150:1 |
| Service Quality: | | | | | |
| Percent of website users satisfied with the information and format | 80.0 | N/A | 80.0 / NA | 80.0 | 80.0 |
| Outcome: | | | | | |
| Percent of users giving website a rating of Very Helpful or better | 80.0% | NA | 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. FY 2011 was a transition year for Internet services. The County introduced a new Internet platform and the department's web pages were redesigned. The new Internet system collects web site statistics differently than the previous tools. With the new tool, a web site "visit" means that the user spent a minimum amount of time navigating Health Department website pages, assuming that the user visited our site with intent to research information. Although the new measure offers a better perspective on actual visits, the actual numbers are significantly reduced from prior years. The criteria that define a web site visit are roughly two times longer than previous measures. When these criteria re applied to the existing measurement formula, the department approached its goal of 425,000 "visits" in FY 2011.

During FY 2012, the department continues to expand its presence in social media. Since social media offers an alternative to disseminate information, it is unclear how this will impact website usage. County residents may obtain the information that they require through social media interaction rather than website visits. On the other hand, social media offers a new access point to more detailed information compared to the County website.

Due to the changing Internet based solutions utilized for public communication and the new evaluative tools available for measuring web site activity, the department will adjust its goals for website activity beginning in FY 2013.

Health Department

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 program. The program also 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 2011 | FY 2012 | FY 2012 | FY 2013 | FY 2013 |
| | Actual | Adopted Budget Plan | Revised Budget Plan | Advertised Budget Plan | Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 9 / 9 | 9 / 9 | 9 / 9 | 9 / 9 | 9 / 9 |
| Total Expenditures | \$635,980 | \$571,791 | \$758,978 | \$589,503 | \$595,793 |

| Position Summary | | | |
|--------------------------------------|------------------------|---|------------------------------|
| 3 | Public Health Dentists | 3 | Dental Assistants |
| 3 | | | Administrative Assistants II |
| 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 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| New patients visits (1) | 693 | 707 | 700 / 864 | 800 | 800 |
| Total visits | 2,426 | 2,427 | 2,450 / 2,713 | 2,700 | 2,700 |
| Patients screened | 3,089 | 3,116 | 2,800 / 585 | 2,800 | 2,800 |
| Efficiency: | | | | | |
| Cost per visit | \$218 | \$198 | \$212 / \$316 | \$332 | \$338 |
| Net cost to County | \$94 | \$88 | \$99 / \$215 | \$227 | \$233 |
| Service Quality: | | | | | |
| Customer satisfaction index | 96% | 97% | 97% / 97% | 97% | 97% |
| Outcome: | | | | | |
| Percent of treatment completed within a 12 month period | 33% | 40% | 35% / 60% | 35% | 35% |

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

Health Department

Performance Measurement Results

In FY 2011, the dental program continued to focus on preventative efforts with the piloting and eventual implementation of a program to provide oral health education and fluoride application in the three dental offices to infants and toddlers who attend the WIC program. The dentists provided more services in the dental operatories resulting in increased total visits and new patients but fewer patients screened in community settings (e.g., schools and Head Start classrooms). 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 in the Fairfax County Health Department's maternity Program. Their dental needs remain some of the more complex and time consuming, as some of these adults have not received preventative dental care as children or regular dental interventions as adults. New clients (children and adults) often have a higher acuity as they often enter care the program without any prior dental services.

The three dental programs experienced a significant shift in personnel expenditures in FY 2011 due to the conversion of exempt limited-term positions to merit regular positions as a result of changes in federal law. During this timeframe, staffing went from four to nine merit positions and additional fringe benefit costs were incurred. These changes had a significant impact on the program's cost per visit. Now that all dental staff are in place, it is anticipated that an increase in output will be noted in coming years and that per-visit costs will grow at a much decreased rate.

Environmental Health

The Environmental Health Services Division provides high quality services that protect the public health from hazardous environmental conditions by permitting, regulating, investigating, and inspecting onsite sewage disposal systems, private water supplies, and public facilities (such as food service establishments, milk pasteurization plants, swimming pool facilities, hotels, summer camps, campgrounds, tattoo parlors, and "religiously exempt" child care centers). The division also oversees the elimination of public health or safety menaces caused by rats, trash, and insects infestations, as well as mosquito and tick surveillance activities. The Environmental Health Specialist educates to change behaviors and obtain voluntary, long term compliance. If conditions are not voluntarily eliminated, the Environmental Health Specialist pursues legal action. 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 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 68 / 68 | 68 / 68 | 67 / 67 | 67 / 67 | 67 / 67 |
| Total Expenditures | \$4,463,869 | \$4,986,292 | \$4,762,205 | \$5,054,351 | \$5,111,015 |

| Position Summary | | | | | |
|---|----------------------------------|----|--------------------------------------|---|-------------------------------|
| 1 | Director of Environmental Health | 15 | Environ. Health Specialists III | 1 | Administrative Assistant V |
| 3 | Environ. Health Program Managers | 30 | Environ. Health Specialists II (-1T) | 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 | | | | | |
| 67 Positions (-1) / 67.0 (-1.0) Staff Years | | | | | |
| (T) Denotes Transferred Position | | | | | |

Health Department

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 2.5 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 75 percent with a future target of 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 87 percent with a future target of 90 percent.
- ◆ To maintain the percentage of complaints dealing with rats, cockroaches, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60 days at 90 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 three cases.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| Regulated food establishments | 3,195 | 3,223 | 3,150 / 3,186 | 3,190 | 3,215 |
| Total number of water well system permits issued | 296 | 319 | 330 / 296 | 320 | 320 |
| Total number of sewage disposal system permits issued | 809 | 858 | 850 / 933 | 900 | 900 |
| Community health and safety complaints investigated | 1,451 | 967 | 950 / 937 | 950 | 950 |
| Mosquito larvicide treatments of catch basins to control West Nile virus | 105,099 | 109,898 | 105,000 / 102,754 | 109,500 | 110,000 |
| Efficiency: | | | | | |
| Food Safety Program Cost per Capita | \$2.24 | \$2.30 | \$2.41 / \$1.53 | \$2.73 | \$2.79 |
| Onsite Sewage Disposal and Water Well Program Cost Per Capita | \$1.06 | \$1.09 | \$1.15 / \$0.93 | \$1.13 | \$1.16 |
| Community Health and Safety Program Cost per Capita | \$1.05 | \$1.12 | \$1.14 / \$0.97 | \$1.20 | \$1.22 |
| West Nile virus cost per capita | \$1.28 | \$1.20 | \$2.01 / \$1.15 | \$1.75 | \$1.74 |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Service Quality: | | | | | |
| Percent of regulated food establishments risk-based inspections conducted on time | 95.0% | 94.7% | 95.0% / 89.5% | 95.0% | 95.0% |
| Percent of water well system service requested responded to within 3 days | 39.7% | 32.9% | 35.0% / 34.0% | 35.0% | 35.0% |
| Percent of sewage disposal system service requests responded to within 3 days | 29.1% | 32.8% | 30.0% / 33.7% | 30.0% | 30.0% |
| Percent of community health and safety complaints responded to within 3 days | 68.7% | 55.9% | 65.0% / 58.2% | 70.0% | 70.0% |
| Percent of targeted catch basin areas treated with mosquito larvicide within the scheduled timeframe | 90.0% | 100.0% | 100.0% / 88.0% | 100.0% | 100.0% |
| Outcome: | | | | | |
| Percent of food establishments closed due to major violations | 4.6% | 3.0% | 5.0% / 2.5% | 2.5% | 2.5% |
| Percent of out-of-compliance water well systems corrected within 60 days | 83.1% | 71.4% | 75.0% / 68.0% | 75.0% | 75.0% |
| Percent of out-of-compliance sewage disposal systems corrected within 30 days | 88.1% | 87.1% | 90.0% / 91.0% | 90.0% | 90.0% |
| Percent of community health and safety complaints resolved within 60 days | 86.4% | 77.6% | 80.0% / 90.8% | 90.0% | 90.0% |
| 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 / 2 | 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 Food Safety 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 2011, the Food Safety Program conducted 89.5 percent of the required inspections established by the risk and performance based frequency utilized at 3,186 food establishments. The reduction in the percentage of completed inspections from FY 2010 to FY 2011 is due in part to the division's managed vacancy plan. In FY 2013, the Food Safety 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 2.5 percent rate of food establishment closures due to major violations.

Health Department

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 2011, approximately 68 percent of out-of-compliance well water systems were corrected within 60 days. In FY 2011, approximately 91 percent of out-of-compliance sewage disposal systems were corrected within 30 days. 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 in 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. In FY 2011, 937 complaints were investigated. 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 and 2013, the Community Health & Safety Program will continue to work on a 90 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 2011, there were two reported human cases 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 \$1.75 in FY 2012 and \$1.74 in FY 2013. 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.

Health Department

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 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 92 / 92 | 92 / 92 | 92 / 92 | 92 / 92 | 92 / 92 |
| Total Expenditures | \$6,407,160 | \$5,856,397 | \$6,822,159 | \$6,013,723 | \$6,078,190 |

| 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 | Material Mgmt. Assistant |
| 4 | Nurse Practitioners | 2 | Radiologic Technologists | 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 ensure that 95 percent of completed communicable disease investigations need no further follow-up; and to maintain the incidence of tuberculosis (TB) at no greater than 10.0/100,000 and to move toward the Healthy People 2020 national objective of 1.0/100,000 population, assuring that 95 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 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| Clients served in tuberculosis (TB) screening, prevention and case management | 21,535 | 24,589 | 24,000 / 24,934 | 24,500 | 24,500 |
| Communicable disease (CD) cases investigated | 2,266 | 2,079 | 2,000 / 2,207 | 2,000 | 2,000 |
| Clients served through the Homeless Medical Services Program | 1,682 | 1,420 | 1,500 / 1,479 | 1,500 | 1,500 |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Efficiency: | | | | | |
| TB care: Total cost per client | \$102 | \$90 | \$97 / \$91 | \$92 | \$94 |
| TB care: County cost per client | \$51 | \$46 | \$52 / \$45 | \$54 | \$56 |
| CD investigations: Total cost per client | \$414 | \$446 | \$490 / \$429 | \$482 | \$496 |
| CD Investigations: County cost per client | \$198 | \$246 | \$287 / \$265 | \$302 | \$312 |
| Homeless clients evaluated by the Nurse Practitioner | 1:421 | 1:355 | 1:375 / 1:370 | 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 unduplicated clients who enroll in the Community Health Care Network (CHCN) | NA | NA | NA | NA | 50% |
| Percent of homeless clients who return for a follow-up visit | 43% | 35% | 33% / 19% | 25% | NA |
| Outcome: | | | | | |
| Rate of TB Disease/100,000 population | 9.3 | 8.0 | 10.0 / 7.8 | 8.0 | 8.0 |
| Percent of TB cases discharged completing treatment for TB disease | 97% | 98% | 97% / 97% | 97% | 97% |
| Percent of completed CD investigations needing no further follow-up | 95% | 95% | 95% / 99% | 95% | 95% |
| Percent of homeless clients with improved health outcomes | 29% | 30% | 30% / 30% | 30% | 30% |

Performance Measurement Results

Tuberculosis (TB): In FY 2011, the number of clients who received tuberculosis screening, prevention and case management remained relatively constant compared to FY 2010. This year was the first the use of the Risk Assessment screening tool exceeded the number of tuberculin skin tests given, which may be due to improved nursing assessments and better processes for targeted population-based testing. Rates of TB screening, prevention and case management will be monitored during FY 2013 to assess the status of this key indicator.

During FY 2011, the Health Department's TB Program achieved a 97 percent TB treatment completion rate for clients with TB disease. The rate of TB disease in Fairfax County decreased slightly to 7.8/100,000 population as compared to the FY 2010 rate of 8.0/100,000. In Fairfax, 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 8.0/100,000 is projected for FY 2012 and 2013.

Health Department

Approximately 10 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 2011 cost per client for TB care was less than estimated due to the volume of clients served being greater than anticipated. The total cost to the County per client is estimated to be higher in FY 2012 and 2013 due to increased fringe benefit costs and reduced projected revenue.

Communicable Disease (CD): The number of CD investigations in FY 2011 was comparable to FY 2010. Twenty-three disease outbreaks originating in Fairfax County were investigated in FY 2011 as compared to 32 in FY 2010, with the majority of outbreaks being non-foodborne gastroenteritis in long term care facilities. The 2,207 investigations completed in FY 2011 included 1,080 cases associated with these 23 separate outbreak situations.

Counted in the communicable disease cases investigated performance measure are all case investigations associated with CD reports and cases of illness associated with outbreaks. The CD investigations number does not include the 516 reports of Lyme Disease sent to the Fairfax County Health Department (FCHD) and investigated, or the 1,782 seasonal influenza cases tracked and reported to the Virginia Department of Health during the FY 2011 influenza season.

For the 2010-11 influenza season, the Health Department conducted a targeted vaccine campaign among ethnic minorities, the homeless, the incarcerated, and other hard-to-reach populations who do not traditionally receive influenza vaccine. Using funding received as part of the American Recovery and Reinvestment Act of 2009 (ARRA), the Health Department worked with community partners to distribute and administer over 18,000 doses of influenza vaccine. The department typically administers approximately 4,000 doses annually.

A nationwide increase in the number of food recalls due to contamination with enteric pathogens, reports of issues of public health concern not currently listed as reportable diseases, follow-up of disease contacts associated with exposures to Fairfax residents by visitors and travelers, and facilitation of specimen collections for testing associated with disease in other jurisdictions, are examples of resource intensive work that are also not reflected in the performance measure number of communicable diseases investigated.

FY 2011 outbreak work also included the additional investigation of epidemiologically linked cases that were identified via laboratory analysis of specimens through Pulsed Field Gel Electrophoresis (PFGE) testing. Such linked cases are often associated with nationwide food-borne outbreaks 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, linkages of specimens with the same pathogen are anticipated to increase, as identification of the disease source in large nationwide outbreaks is an urgent public health matter.

In FY 2011, 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 outcome 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. Similar numbers of CD cases and percentage of investigations completed are anticipated in FY 2012 and 2013.

Health Department

The FY 2011 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 2012 and 2013 costs will increase slightly based on the estimated investigation volume and projected revenue decreases.

Homeless Medical Services Program: The Homeless Medical Services Program served a total of 1,479 clients in FY 2011: 172 duplicated in the shelters, 1,260 unduplicated in the Homeless Healthcare Program (HHP) and 47 unduplicated in the Medical Respite Program (MRP). Overall output increased 4 percent in FY 2011, a slight uptick from FY 2010 patient volume of 1,420. The program continues to achieve 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.

Fewer clients are returning for follow up visits with the program’s nurse practitioners, a trend that began three years ago in FY 2009 with a 43 percent return rate and decline to 35 percent in FY 2010 and 19 percent in FY 2011. This measure underscores the program’s maturity and is indicative of its mission to connect clients to existing programs and services in their community. Beginning in FY 2013, the program will measure service quality by the percentage of unduplicated clients who enroll in the Community Health Care Network. This change will not diminish the importance of the program, which remains a vital link in the County’s efforts to end and prevent homelessness. Rather the enhanced service quality measure will ensure that the program is meeting its objectives and accurately reflecting clients’ progress as they move through the continuum of care.

The Homeless Medical Services Program provides the County’s most vulnerable individuals – the medically frail and the unsheltered homeless – a gateway to a medical home. During the program’s initial start-up phase, measuring the number of clients who returned to the nurse practitioner was appropriate as staff worked to engage new, and oftentimes in transient clients. However, the program has evolved since its inception and focuses on matching client needs with the most appropriate resource.

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 Health Department programs and initiatives including the public information office, strategic planning, community outreach & engagement, public health emergency preparedness & response, and oversight of the Medical Reserve Corps (MRC). Investments in the new division are building the necessary infrastructure to engage the community in immediate, effective and meaningful health and wellness strategies. The continued development of CHDP is a strategic step in the Health Department’s aim to strengthen community engagement, improve impact on health outcomes, and ensure that the Health Department can effectively respond to existing and emerging public health threats.

| Funding Summary | | | | | |
|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 16 / 16 | 16 / 16 | 17 / 17 | 17 / 17 | 17 / 17 |
| Total Expenditures | \$874,423 | \$1,359,179 | \$1,176,450 | \$1,400,333 | \$1,415,494 |

Health Department

| Position Summary | | | | | |
|--|--------------------------------------|---|------------------------------|---|------------------------------|
| 1 | Director Comm Health Dev. & Prep | 2 | Communications Specs II (1T) | 4 | Community Health Specialists |
| 1 | Public Health Emergency Mgmt. Coord. | 1 | Management Analyst IV | 1 | Material Mgmt. Spec III |
| 1 | Public Safety Information Officer IV | 2 | Management Analysts III | 1 | Admin. Asst. II |
| 1 | Volunteer Services Coordinator II | 1 | Management Analyst II | 1 | Emergency Mgmt. Spec II |
| TOTAL POSITIONS | | | | | |
| 17 Positions (1) / 17.0 (1.0) Staff Years | | | | | |
| 2/2.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund | | | | | |
| (T) Denotes Transferred Position | | | | | |

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 sustain at least 70 percent of the relevant community stakeholder involvement throughout the Mobilizing for Action through Planning and Partnership (MAPP) community wide health assessment phase.
- ◆ To increase the number of residents reached through integrated agency-wide outreach events by 3 percent.
- ◆ To ensure that at least 95 percent of all Health Department personnel achieve and maintain compliance with Incident Command Systems (ICS) training requirements of the National Incident Management System (NIMS) as promulgated and updated annually by the Department of Homeland Security.

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| Number of residents reached through integrated outreach and education programs | NA | 9,063 | 8,000 / 22,661 | 10,000 | 10,300 |
| Number of stakeholders represented in Partnership for a Healthier Fairfax Coalition | NA | 85 | 80 / 110 | NA | NA |
| Number of staff trained in ICS/NIMS (1) | 360 | 68 | 100 / 132 | 100 | 100 |
| Efficiency: | | | | | |
| Cost of Community Outreach expenditures divided by the number of residents reached | NA | \$8 | \$46 / \$10 | \$34 | \$38 |
| Cost per stakeholder participant in Partnership for a Healthier Fairfax | NA | \$712 | \$789 / \$551 | NA | NA |
| ICS/NIMS training cost expended per Health Department staff member (1) | \$36 | \$40 | \$27 / \$21 | \$29 | \$29 |

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Service Quality: | | | | | |
| Percentage of residents who evaluate their educational experience as "good" or "excellent" | NA | 95% | 95% / 94% | 95% | 95% |
| Percent of Partnership for a Healthier Fairfax Coalition stakeholders that rate partnership as "good" or "excellent" | NA | NA | 80% / 79% | NA | NA |
| Percentage of Health Department staff who evaluate their ICS/NIMS training experience as "good" or "excellent" (1) | 95% | 98% | 98% / 93% | 98% | 98% |
| Outcome: | | | | | |
| Percentage increase in the number of residents reached through integrated community outreach | NA | 30% | 30% / 253% | (56%) | 3% |
| Percent of stakeholders engaged in the Partnership for a Healthier Fairfax Coalition | NA | 75% | 80% / 70% | NA | NA |
| Percentage of Health Department staff meeting established ICS/NIMS training requirements (1) | 92% | 90% | 95% / 90% | 95% | 95% |

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

Performance Measurement Results

Division of Community Health Development and Preparedness (CHDP): CHDP successes during FY 2011 indicated that CHDP is positioned to respond quickly and effectively to changing health priorities in the community. The Division's Office of Emergency Preparedness (OEP) received the "Project Public Health Ready" designation from the National Association of County and City Health Officials which recognizes the Health Department for its readiness to respond to a public health emergency. CHDP continues to support the Partnership for a Healthier Fairfax and its strategic planning process which includes administering and analyzing a community health survey that reached more than 6,000 community members. The division has expanded outreach efforts to more than 100 community organizations and, as a result, has increased the department's capacity to educate hard-to-reach populations. The Health Department continues to provide critical and effective communications to all sectors of Fairfax including the development of a county-wide public information campaign on influenza emphasizing the concept of "community immunity" and providing the public with critical information in times of public health emergencies such as the flooding caused by recent tropical storms. CHDP recognizes the impact of the difficult economic climate and the importance of generating resources to accomplish its essential functions. In FY 2011, the Health Department was awarded more than \$1.27 million in grant funding to support planning, outreach, education and preparedness efforts. This funding directly impacted the division's operational capacity and helped CHDP meet or exceed its performance indicators. The division exceeded its outreach target, number of people served, by a substantial 150 percent over the FY 2010 baseline.

In FY 2012, CHDP implemented the "Community Immunity" public awareness campaign, strengthened and expanded its use of social media and Internet-based communications, neared completion of its Community Health Improvement Plan and began an internal agency strategic planning process. Planning and exercising for public health emergencies will continue and focus on key aspects of

Health Department

planning. Outreach activities will be evaluated and information developed from the assessment that can be used to expand services and focus resources on communities that experience health inequities. CHDP will continue to seek funding opportunities to support essential functions and may expand this effort as internal capacity grows. However, it is anticipated that due to grant funding that expired in FY 2011, outreach and emergency preparedness activities will be impacted with outputs.

Community Health Planning (CHP): In mid FY 2010, the Health Department created the Partnership for a Healthier Fairfax to conduct and oversee the Mobilizing for Action through Planning and Partnerships (MAPP) initiative. 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 2011, the Partnership for a Healthier Fairfax increased its membership to 110 members representing 79 stakeholder groups. This increase was achieved through community education and outreach by the Health Department's Outreach Team, volunteer Partnership Co-Chairs, and coalition members in an effort to garner participation in a Community Health Survey for the Fairfax area. In FY 2011, the Partnership for a Healthier Fairfax completed the comprehensive community health assessment phase of MAPP. This four-part assessment included reporting on key health indicators, gathering community input on health priorities, understanding the external forces impacting community health, and assessing how the local public health system functions as a whole. A key highlight of this effort was completing more than 6,000 community surveys in the fall of 2010.

In FY 2012, the Partnership for Healthier Fairfax, in partnership with Fairfax Health and Human Services providers, synthesized the findings of these assessments, identified strategic issues and formed Strategic Issue Teams to develop goals and strategies to address priorities identified in the assessment phase. These teams will continue their work into FY 2013 towards the creation of a community health improvement plan. Internal and external stakeholders and resources will be identified, mobilized and aligned so that the Teams can transition to implementing their strategies. Additionally, the department's Outreach Team will begin developing an internal strategic planning process that will build upon priorities identified in the MAPP process and additional assessments conducted within the agency. The Health Department strategic plan will be completed in FY 2014.

The current performance measurements for the Partnership for a Healthier Fairfax were designed to measure the MAPP process, and do not serve to measure the strategic direction of the Partnership moving forward. In FY 2013, the current performance measurements will be deleted as the Partnership shifts its focus to the formulation of goals for its strategic issues, the development of implementation strategies, and a community health improvement plan. This plan will include key performance measurements focused on reducing health disparities and improving health outcomes for all residents of Fairfax. Specific, relevant and measureable indicators will be identified in the community health improvement plan and reported at that time.

Community Health Outreach (CHO): Outreach focuses on engaging community organizations and residents in a meaningful dialog about health issues impacting their communities and the County. The purpose of outreach is to act as a communication, knowledge and capacity bridge between the Health Department and the people who live, work and play in the Fairfax community. Much of their activity is

Health Department

based in the County's growing Asian, African American, Hispanic/Latino, Indian and Muslim communities. The Outreach Team provides residents with information about Health Department and County services, links them to these services and provides direct health education services to community organizations and their stakeholders.

In FY 2011, the Outreach Team worked with more than 100 community-based organizations, attended more than 172 community events and reached more than 20,000 residents with direct education efforts. It exceeded its FY 2011 performance measure related to the number of people reached by more than 14,000 residents; a direct result of grant funds which expanded the program's staffing and resource materials. Those grant funds ended at the beginning of FY 2012 and may return the number of residents reached to historical levels in the following years. In partnership with the Fairfax County Department of Family Services, Elderlink program, the Outreach Team implemented the Stanford Chronic Disease Self-Management Program (CDSMP). The project has trained 23 class leaders and more than 100 residents have completed the program. The effort has garnered state-wide recognition and has been featured in several news articles.

In FY 2012 and 2013, the Outreach Team will focus on incorporating health issues such as tuberculosis, obesity and HIV/AIDS into its outreach portfolio, redesigning some of its outreach strategies to focus more on increasing the capacity of community-based organizations to address health issues and enhancing its evaluation and tracking capabilities through technology and process improvements. Finally, the Outreach Team will continue to emphasize its vaccination outreach efforts by focusing on educating the community on vaccine literacy and the concept of community immunity.

Office of Emergency Preparedness (OEP): OEP aims to coordinate and enhance the Health Department's emergency preparedness and response activities, including planning, training and exercises, grant management, logistical support, and volunteer coordination. Since its inception, OEP staff has increased agency integration of and compliance with a variety of Federal mandates, including the National Incident Management System (NIMS), Incident Command System (ICS), and Centers for Disease Control (CDC) guidance on public health preparedness and response. OEP has conducted a variety of preparedness exercises to ensure that agency 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 2011, OEP began an extensive revision of the Health Department's Emergency Operations Plan (EOP). This plan guides the agency's response to emergencies, and is a critical cornerstone of its preparedness efforts. In addition, OEP spearheaded the Health Department's successful application for recognition from the National Association of County and City Health Officials (NACCHO) under "Project Public Health Ready." This recognition was based on an assessment of three key areas: emergency preparedness planning; workforce competency; and demonstration of all-hazards readiness through exercises or response to a real incident. The Fairfax County Health Department is one of only 198 local health departments in the Nation that have received this designation.

In FY 2012, OEP, based on lessons-learned during the response to the H1N1 influenza pandemic in 2010, oversaw the development of plans for the vaccination of young-adults and school-age children throughout the County during an influenza pandemic. These plans were tested during a successful operations-based exercise held at two Fairfax County middle schools in the summer of 2011.

For the remainder of FY 2012, and continuing in FY 2013, OEP will further enhance the Department's preparedness by revising various emergency plans, with a special focus on plans associated with the command, control and coordination of large-scale public health emergencies and the mass dispensing of

Health Department

antibiotics during incidents of bioterrorism. In addition, training and exercise opportunities related to recently-revised plans will be offered to staff and volunteers, and emergency notifications and communications drills will occur regularly to ensure our readiness to respond.

The Fairfax County Medical Reserve Corps (MRC), a component of the Health Department's Office of Emergency Preparedness, is composed of over 4,000 medical and non-medical volunteers who have indicated their willingness to support the Health Department and serve the community in the event of a public health emergency.

During FY 2011, the MRC assisted the Health Department with conducting influenza vaccination clinics in a variety of community settings, including select Fairfax County elementary schools, Dulles International Airport, and other locations that targeted at-risk segments of the community. MRC volunteers participated in several trainings that addressed personal preparedness Safety Officer training, cardiopulmonary resuscitation (CPR), shelter operations, disaster behavioral health, the Incident Command System (ICS), the National Incident Management System (NIMS), and radiological/nuclear emergencies. In FY 2011, MRC volunteers contributed 3,473 hours of service to the County with the majority (2,092 hours) going towards trainings and exercises, and 735 hours supporting the Health Department's influenza vaccination effort.

In FY 2012, MRC volunteers participated in the Health Department's operations-based exercise to test its newly-developed plans for the vaccination of young adults and school-age children during an influenza pandemic that was held at two Fairfax County middle schools.

For the remainder of FY 2012 and in FY 2013, MRC program staff will focus on developing a volunteer policy and procedure manual, and a multi-year strategic plan to guide the governance and administration of the program and provide the volunteers with a variety of critical information. In addition, trainings and exercises focused on enhancing volunteer knowledge, skills and abilities in areas related to recently-revised plans (such as mass dispensing, ICS and NIMS) will be conducted throughout the year.

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 in partnership with County staff.

| Funding Summary | | | | | |
|----------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Category | FY 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 9 / 9 | 9 / 9 | 9 / 9 | 9 / 9 | 9 / 9 |
| Total Expenditures | \$9,437,713 | \$9,290,363 | \$9,348,850 | \$9,411,596 | \$9,420,495 |

| 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 | |

Health Department

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 52,000 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 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| Primary care visits | 50,012 | 51,447 | 50,000 / 56,018 | 51,000 | 52,000 |
| Efficiency: | | | | | |
| Net cost to County per visit | \$185 | \$179 | \$184 / \$171 | \$187 | \$184 |
| Service Quality: | | | | | |
| Percent of clients satisfied with their care at health centers | 94% | 97% | 95% / 96% | 95% | 95% |
| Percent of clients whose eligibility determination is accurate | 99% | 99% | 98% / 99% | 98% | 98% |
| Outcome: | | | | | |
| Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period | 94% | 96% | 95% / 94% | 95% | 95% |
| Percent of patients with diabetes who have had a total cholesterol and LDL ("bad cholesterol") screen within the last year | 94% | 96% | 95% / 96% | 95% | 95% |

Performance Measurement Results

The number of primary care visits provided in FY 2011 increased 8.9 percent to 56,018 from 51,447 visits in FY 2010. The net cost to the County per visit decreased from \$179 in FY 2010 to \$171 in FY 2011. The key factor in the reduced net cost per visit was the increased number of preventative care visits provided. The percent of women provided a mammogram decreased slightly from 96 percent in FY 2010 to 94 percent in FY 2011. This decrease is within the margin of care; however, in FY 2012 CHCN joined a regional Komen initiative to improve breast health, and it expected that there will be continued improvement in this area. The percent of patients with diabetes who received an annual neuropathy exam to determine weakness or numbness in their extremities was eliminated in FY 2010 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 2011 actual was 96 percent, the same as the FY 2010 actual. The percentage 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.

Health Department

Maternal and Child Health Services

Maternal and Child Health Services provides pregnancy testing, maternity clinical, and case management services, immunizations, early intervention for infants at-risk for developmental delays, and case management to at-risk/high-risk families. Maternity clinical services are provided in conjunction with 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 2011 | FY 2012 | FY 2012 | FY 2013 | FY 2013 |
| | Actual | Adopted Budget Plan | Revised Budget Plan | Advertised Budget Plan | Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 110 / 110 | 110 / 110 | 110 / 110 | 110 / 110 | 110 / 110 |
| Total Expenditures | \$6,849,626 | \$7,728,736 | \$7,909,740 | \$7,930,389 | \$8,023,275 |

| 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 | | | |
| 9 Public Health Nurses III | 2 Audiologists II | 1 Human Service Worker | | | |
| 41 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.

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| Immunizations: Children seen | 21,848 | 63,408 | 22,000 / 25,256 | 26,000 | 26,000 |
| Immunizations: Vaccines given | 36,062 | 65,725 | 39,000 / 31,152 | 32,000 | 32,000 |
| Maternity: Pregnant women served | 2,880 | 2,807 | 2,800 / 2,926 | 3,000 | 3,000 |
| Speech Language: Client visits | 3,298 | 2,804 | 2,850 / 2,970 | 2,850 | 2,850 |
| Efficiency: | | | | | |
| Immunizations: Cost per visit | \$31 | \$18 | \$34 / \$21 | \$20 | \$20 |
| Immunizations: Cost per visit to County | \$20 | \$12 | \$25 / \$14 | \$13 | \$13 |
| Immunizations: Cost per vaccine administered | \$19 | \$17 | \$19 / \$17 | \$16 | \$16 |
| Immunizations: Cost to County per vaccine administered | \$12 | \$12 | \$14 / \$12 | \$11 | \$11 |
| Maternity: Cost per client served | \$520 | \$495 | \$564 / \$545 | \$596 | \$596 |
| Maternity: Cost per client to the County | \$195 | \$218 | \$300 / \$241 | \$300 | \$285 |
| Speech Language: Net cost per visit | \$169 | \$192 | \$196 / \$183 | \$188 | \$193 |
| Service Quality: | | | | | |
| Immunizations: Percent satisfied with service | 98% | 98% | 97% / 95% | 97% | 97% |
| Maternity: Percent satisfied with service | 98% | 98% | 97% / 95% | 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 | 79% | 70% | 80% / 69% | 80% | 80% |
| Maternity: Overall low birth weight rate | 4.7% | 5.6% | 4.8% / 6.4% | 5.0% | 5.0% |
| Speech Language: Percent of students discharged as corrected; no follow-up needed | 71% | 80% | 75% / 85% | 75% | 75% |

Performance Measurement Results

Immunizations: As expected, immunization costs to the County per vaccine and per visit increased in FY 2011, as no H1N1 vaccine was offered in FY 2011. The cost per visit went up from FY 2010 because the County no longer received supplies and vaccine for H1N1 from the State (as in FY 2010). The cost per vaccine remained the same.

In FY 2011, the actual number of children seen is higher than in FY 2009, but the total number of vaccines given is less because of the increased use of combination vaccines such as Pentacel (a combination of diphtheria, tetanus, acellular pertussis/DTap, poliomyelitis/IPV, and haemophilus influenza type b/Hib vaccinations) and Pedirix (DTP, hepatitis B and IPV). The FY 2011 immunization completion rate of 69 percent for vaccinated two-year-olds was lower than the FY 2011 target of 80 percent, but close to the actual rate in FY 2010. As residents continue to experience challenging economic times and fluidity in insurance coverage, individuals are seeking Health Department services for the first time, many of whom were not followed by the Health Department as infants. Many of these children are entering regulated day care centers and preschools requiring immunization as more parents need to return to work. In addition, families have lost their previous medical home and do not have their immunization

Health Department

documentation, thus appearing to not be up to date on vaccine schedules. There continues to be heightened public suspicion and misinformation about vaccines and unfounded links to autism and other adverse effects from vaccines and their components, causing some not to vaccinate entirely or to delay immunizations beyond the recommended ages. This phenomenon has a direct negative impact on compliance rates and places preschool children at unnecessary risk of acquiring vaccine preventable illnesses. The agency will continue to strive to achieve completion rates of 80 percent compliance in FY 2012 and FY 2013, the national goal set in Healthy People 2020 for Health Departments. 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 2010 State of Health Care Quality Report (SOHC) from the National Committee for Quality Assurance (NCQA) estimates that for every dollar spent on immunizations, \$29 dollars is saved on future medical costs and the indirect costs of work loss (parent), death and disability. Utilizing that estimate, in FY 2011, the cost to the County for immunizations was \$362,818, resulting in estimated potential savings of \$10,521,722 in future medical and indirect costs.

Maternity Services: In FY 2011, the Health Department saw a 4.2 percent increase in the number of women seen for prenatal care services from 2,807 women to 2,926 women which is the highest number served in the last five years. This increase in clients seeking services from the Health Department may be attributed to an increase in the number of uninsured women due to job loss, or working several low wage jobs that do not offer health insurance. Maternity costs for FY 2011 were less than projected, but higher than actual costs in FY 2010 due to increased costs for supplies and telecommunications. Maternity field services underwent a redesign beginning October 2010, in which field nurse resources are now strategically targeted to highest risk clients and services to low and moderate risk clients are provided in the office rather than in the home setting. This redesign resulted in increased efficiency and enabled the Health Department to maximize nursing resources while maintaining quality of care. In addition, a group education component will be added, in partnership with Inova, to provide needed information and resources to prenatal and postpartum clients.

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 2011 increased from 5.6 percent to 6.4 percent. The increase was seen primarily in the LBW category, as the percentage in the VLBW category decreased slightly by .05 percent. The overall LBW percentage still compares favorably with the Fairfax County percentage of 7.4 percent (2009, latest available data), particularly given that the population served by the Health Department is generally at higher risk for poor birth outcomes. Reasons for the increase may be attributed to economic hardship, including reduced employment and income, which has increased risk factors for premature birth, low birth weight and other negative birth outcomes. In FY 2010, the Health Department conducted an assessment of birth outcomes in the community and the disparity among African-Americans and Whites has been identified as a priority issue and focus. Strategies to collect further information and to address this disparity are being developed and will be incorporated into the overall Agency Strategic Plan. The Health Department has set a goal of achieving a low birth weight rate 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 estimated 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

Health Department

costs. In FY 2011, the actual cost to the County for prenatal care was \$706,011 for 2,926 clients resulting in estimated potential savings of \$5,620,643.

The Client Satisfaction Survey was done in June 2011 with a high overall satisfaction rating of 95 percent.

Speech and Language: The Speech and Hearing program provides speech and audiology services to both children and adults. In FY 2011, however, 91 percent of speech clients and 78 percent of hearing clients were children. The program is one of a very limited number of providers in Fairfax County that serves patients with Medicaid insurance coverage and serves as a provider of last resort for children in need of speech and audiology services including hearing aids. A sliding fee scale is available for those families who are not covered by Medicaid, but might not otherwise be able to afford services. Hearing aid fittings are provided only to children with Medicaid insurance. The Speech and Hearing program also provides speech services to children who are not eligible to receive those services through the Fairfax County Public School system.

In the period from FY 2010 to FY 2011, a 5.9 percent increase in the number of speech client visits, as well as a 3 percent increase in speech revenue, contributed to a 4.7 percent decrease in unit costs. This decrease can be attributed to the continued implementation of revenue enhancement and clinic efficiency strategies.

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 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 19 / 19 | 19 / 19 | 19 / 19 | 19 / 19 | 19 / 19 |
| Total Expenditures | \$2,473,080 | \$2,368,655 | \$2,739,765 | \$2,355,721 | \$2,370,977 |

| 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 | | | | | |

Health Department

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 | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| Tests reported | 245,081 | 239,072 | 220,000 / 239,915 | 220,000 | 220,000 |
| Rabies tests reported | 658 | 643 | 625 / 603 | 600 | 600 |
| Efficiency: | | | | | |
| Average cost/all tests | \$4.54 | \$5.75 | \$5.60 / \$4.75 | \$5.36 | \$5.41 |
| Cost/rabies test | \$83.17 | \$85.24 | \$83.99 / \$86.25 | \$82.74 | \$85.02 |
| Service Quality: | | | | | |
| Percent of laboratory clients satisfied with service | 97% | 97% | 95% / 96% | 95% | 95% |
| Percent of rabies tests involving critical human exposure completed within 24 hours | 97% | 96% | 95% / 97% | 95% | 95% |
| Outcome: | | | | | |
| Average score on accuracy tests required for certification | 99% | 99% | 95% / 99% | 95% | 95% |
| Certifications maintained | Yes | Yes | Yes / Yes | NA | NA |
| Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results | 98% | 98% | 95% / 97% | 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 2011 was lower than estimated due to increased usage of robotic equipment and cross-training of staff. The laboratory relocated in the fall of FY 2011 to a renovated County facility designed to provide the enhanced testing capacity required for public health needs in the future.

Health Department

As indicated on the annual customer satisfaction survey (96 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 2011 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 97 percent of critical human exposures to potentially rabid animals. In FY 2011, 631 residents (97 percent of those with negative results) received their negative test results within 24 hours, saving an estimated \$1,262,000 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 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 262 / 190.98 | 274 / 202.98 | 274 / 202.98 | 274 / 202.98 | 274 / 202.98 |
| Total Expenditures | \$9,976,438 | \$13,789,433 | \$13,649,823 | \$14,045,049 | \$14,245,868 |

| Position Summary | |
|---|---|
| 4 Public Health Nurses IV | 1 Assistant Director of Patient Care Services |
| 8 Public Health Nurses III | 1 Administrative Assistant II |
| 64 Public Health Nurses II, 2 PT | 196 School Health Aides PT |
| TOTAL POSITIONS | |
| 274 Positions / 202.98 Staff Years | |
| PT Denotes Part-Time Positions | |

Key Performance Measures

Goal

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

Objectives

- ◆ To implement health plans for at least 70 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.

Health Department

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| Students in school (academic year) | 168,929 | 171,610 | 176,000 / 175,296 | 177,416 | 179,000 |
| School sites | 192 | 194 | 194 / 194 | 193 | 195 |
| Students in summer school, community-based recreation/programs/sites | 30,242/182 | 14,937/102 | 15,000/100 / 23,864/103 | 25,000/110 | 27,000/120 |
| Students with new health plans | 17,182 | 17,772 | 17,000 / 12,752 | 13,000 | 13,500 |
| Total health plans implemented | 48,963 | 49,501 | 48,000 / 48,968 | 49,000 | 49,500 |
| Visits to clinic of sick/injured and for medicine | 741,852 | 731,947 | 755,000 / 724,029 | 730,000 | 730,000 |
| Students with health plans | 47,068 | 46,866 | 46,000 / 46,667 | 47,000 | 47,000 |
| Efficiency: | | | | | |
| Students/PHN ratio | 3,071:1 | 3,120:1 | 3,200:1 / 3,130:1 | 2,688:1 | 2,712:1 |
| Health plans/PHN ratio | 856:1 | 900:1 | 873:1 / 874:1 | 742:1 | 750:1 |
| Large group training sessions/number attending | 256/2,427 | 148/2,693 | 100/2,500 / 178/3,408 | 200/4,000 | 200/4,000 |
| Students with health plans in place within 5 days of notification | 11,392 | 9,976 | 9,900 / 8,840 | 9,100 | 10,125 |
| Service Quality: | | | | | |
| Percent of parents satisfied with services | 98.0% | 98.0% | 97.0% / 96.0% | 97.0% | 97.0% |
| Percent of students receiving health support from SHAs | 96.0% | 96.0% | 95.0% / 95.0% | 97.0% | 97.0% |
| Outcome: | | | | | |
| Percent of students with health plans in place within 5 days of notification | 66.0% | 56.0% | 65.0% / 70.0% | 70.0% | 75.0% |
| Percent of school days SHA is on-site | 97.0% | 97.0% | 97.0% / 96.0% | 97.0% | 97.0% |

Performance Measurement Results

In School Year (SY) 2010-2011, the School Health Program supported 175,296 students at 194 school sites during the regular school year and 23,864 students at 103 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). Summer program enrollment related to Individualized Education Plans (IEP) services, summer enrichment and prevention programs (e.g., Fairfax County Public Schools Middle School After School Programs and Adult and Community Education Programs), and individual school sponsored programs increased from the prior year. However, for the future the numbers attending summer programs is expected to remain constant due to continued slowing economic conditions.

In FY 2011, the number of students who had a health condition that may impact their school day remained stable at 46,667 (27 percent) of the total student population with an increase of 70 percent of students having a new health plan in place within five days of notification. This increase in the percent of plans in place within five days is in part a result of the increased focus on care plan development at the start of the school year and improved documentation of services. In FY 2012, the percentage of plans in place within five days of notification is expected to increase because of the additional 12 new school PHN positions assigned to health promotion activities. Although these nurses will focus on prevention and

Health Department

health education activities, they will be used at the start of the school year to assist in the development and implementation of health care plans. Additionally, in FY 2011, the number of students with new health plans declined while the total number of health plans remained relatively constant from the prior year. The decline in the number of newly identified health plans is a result of the clarification of the operational definition of “students with new health plans” to be counted only when first enrolling or diagnosed with a condition and not at the time the student transfers or moves from one school to the next. The percent of staff trained to perform health care procedures increased 15 percent. This increase in the number of trained staff is a product of increasing numbers of health procedures that are required during the school day.

The quality of school health services remains high, as measured by the annual parent and school staff satisfaction survey, with 96 percent expressing satisfaction with services and care provided by Health Department staff. This small decline from the prior year may be a result of merit School Health Aide (SHA) and Public Health Nurse (PHN) managed vacancies.

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, 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. As part of the FY 2013 reductions utilized to balance the budget, the Adult Day Health Care Center at Braddock Glen is being converted to a Program for the All-Inclusive Care of the Elderly (PACE) facility operated by Inova Health System. 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 2011 Actual | FY 2012 Adopted Budget Plan | FY 2012 Revised Budget Plan | FY 2013 Advertised Budget Plan | FY 2013 Adopted Budget Plan |
| Authorized Positions/Staff Years | | | | | |
| Regular | 59 / 59 | 59 / 59 | 59 / 59 | 54 / 54 | 54 / 54 |
| Total Expenditures | \$3,532,299 | \$3,825,009 | \$3,627,443 | \$3,649,675 | \$3,693,215 |

| Position Summary | | | | | |
|---|-------------------------------|----|--------------------------------------|---|-----------------------------------|
| 1 | Prog. & Procedure Coord. | 1 | Management Analyst IV | 1 | Management Analyst II |
| 3 | Public Health Nurses IV | 5 | Park/Recreation Specialists III (-1) | 5 | Senior Home Health Aides (-1) |
| 6 | Public Health Nurses III (-1) | 23 | Home Health Aides (-1) | 5 | Administrative Assistants IV (-1) |
| 4 | Public Health Nurses II | | | | |
| TOTAL POSITIONS | | | | | |
| 54 (-5) Positions / 54.0 (-5.0) Staff Years (-) Denotes Abolished Positions due to Budget Reductions | | | | | |

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.

Health Department

Objectives

- ◆ To provide adult day health care services to 360 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 | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2009 Actual | FY 2010 Actual | FY 2011 Estimate/Actual | FY 2012 | FY 2013 |
| Output: | | | | | |
| ADHC clients served per day | 137 | 138 | 140 / 134 | 130 | 137 |
| ADHC clients per year | 367 | 366 | 370 / 343 | 342 | 360 |
| ADHC operating days | 248 | 245 | 248 / 246 | 249 | 248 |
| Medicaid Pre-Admission screenings completed per year | 669 | 697 | 730 / 808 | 860 | 920 |
| Medicaid Pre-Admission Screenings that met criteria (adults only) | NA | 436 | 455 / 592 | 630 | 670 |
| Medicaid Pre-Admission Screenings that resulted in the use of community-based services (adults only) | NA | 359 | 365 / 497 | 505 | 535 |
| Efficiency: | | | | | |
| Cost of ADHC service per client per day | \$105.00 | \$94.00 | \$101.00 / \$95.00 | \$109.00 | \$100.00 |
| Net cost per ADHC client to the County | \$66.00 | \$50.00 | \$59.00 / \$53.00 | \$65.00 | \$61.00 |
| Medicaid Pre-Admission screenings cost per service unit | \$191 | \$194 | \$200 / \$225 | \$234 | \$235 |
| Medicaid Pre-Admission screenings net cost to County | \$100 | \$96 | \$102 / \$128 | \$135 | \$136 |
| Service Quality: | | | | | |
| Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service | 98% | 98% | 95% / 99% | 95% | 95% |
| Percent of ADHC clients/caregivers satisfied with service | 100% | 100% | 95% / 99% | 95% | 95% |
| Outcome: | | | | | |
| Percent of family caregivers who state that ADHC enables them to keep their loved one at home, in the community | 97% | 90% | 90% / 93% | 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 | 82% | 80% / 84% | 80% | 80% |

Health Department

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 November 2010, 88 percent of respondents 65 years old and up, stated they would "prefer to remain in their homes indefinitely as they age." Of the participants enrolled in the ADHC program in FY 2011, 94 percent met the criteria for more restrictive and costly long term care facilities. Of the family caregivers surveyed 93 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. The cost of ADHC in Fairfax County compares favorably to the cost of assisted living or nursing home placement (at \$22,250 being the highest fee charged).

In FY 2011, the Average Daily Attendance (ADA) of 134 came close to meeting the goal of 140, but was a decrease from the previous year. Winter weather and the overall poor economy played a role in the lower than expected number. In the revised estimate for FY 2012, the ADA is expected to drop to 130 due to the transfer of operations of the Braddock Glen Adult Day Health Care Center to Inova for operation of the Program for the All Inclusive Care of the Elderly (PACE). Most current participants plan to remain there under the care of Inova. In FY 2013, it is anticipated that the number served will increase, as participants who would have formerly attended Braddock Glen are served by the other five centers. Based on previous experience of opening a new center, it takes several years to increase enrollment. In an effort to reach the ADA goal, a new marketing plan will be developed in FY 2012 that will focus on web-based initiatives and efforts to reach out to the ethnically diverse, faith based communities, Home Owners Associations, and Human Resource Departments of local corporations. Focus groups will be consulted to determine the barriers to usage and to explore methods to increase awareness.

Although the program saw a slight dip in attendance, the cost per client per day decreased from the projection of \$101 to \$95, with a net cost reduced from the projection of \$59 to \$53. This decrease is attributed to the continued vacancy management and cost reduction plans implemented in FY 2011. In FY 2012, the net cost to the County is expected to increase due to the mid-year transfer of operations of the Braddock Glen Adult Day Health Care Center, thus impacting the revenue collected by the County. FY 2013 should see a decrease in the net cost to the County as much of the operational costs of Braddock Glen will be eliminated, and attendance and revenue increases at the other five centers is realized.

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 6 percent is projected for NHPAS in FY 2012 based on current trends. In FY 2011, the actual number of NHPAS exceeded projections, due in part to the increase in screenings conducted in senior housing developments for individuals requiring support services to be able to stay in the community and 'age in place.' With the increasing elderly population, it is anticipated the demand for pre-admission screening in Fairfax County will continue to grow. The cost per service unit and net cost per service unit increased in FY 2011 due to increased personnel costs.