

Health Department



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Mission

Protect, promote and improve health and quality of life.

AGENCY DASHBOARD			
Key Data	FY 2010	FY 2011	FY 2012
1. Communicable Disease Screenings, Investigations, and Treatment	26,668	27,141	27,166
2. Childhood Immunizations administered (1)	65,725	31,152	29,365
3. Community Health Care Network Primary Care Visits for uninsured residents	51,447	56,018	54,336
4. Number of School Health Clinics for sick and injured students	731,947	724,029	765,784
5. Number of Environmental Health Inspections and Permits Issued (food establishments etc.)	4,400	4,415	4,442
6. Number of residents among vulnerable populations reached through Health Department outreach (e.g., health promotion, emergency preparedness)	9,063	22,661	16,818

(1) 2010 figure includes H1N1 Vaccines

Focus

The Fairfax County Health Department (FCHD) 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 disasters and assisting communities in recovery.



Healthy People 2020 national health objectives and goals serve as a guide for the FCHD's strategic direction and services and are reflected in many of its performance measures.

In FY 1996, the FCHD became a locally administered agency. Prior to 1996, the FCHD operated under a cooperative agreement with the State. The State supports the FCHD by funding the locality based on a formula set by the General Assembly. For FY 2014, it is anticipated that the State will contribute a total of \$9.3 million in support of FCHD services.

Other revenue support for FCHD activities is generated from licenses, fees, and permits collected from individuals and businesses for environmental and health-related services and contracts with the cities of Fairfax and Falls Church. Environmental Health charges fees for various services, such as inspections and review of building permits and plans 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

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Adult Day Health Care participation. Eligible health-related services are billed to Medicare, Medicaid, and other third party payers.

The FCHD continues to work with the County's Health Care Reform Implementation Task Force (Task Force) to prepare for the various requirements related to the 2010 Patient Protection and Affordable Care Act and recommend strategies for implementation. The County's Task Force will continue to work with community safety net providers to establish a service delivery framework to: ensure access to new health insurance exchange programs; integrate primary, oral, and behavioral health services; and improve both access and affordability of health care in the Fairfax community for low-income residents.

In FY 2013 and continuing in FY 2014, the FCHD, with other County agencies and community partners, will develop recommendations for the provision of safety net services. These recommendations will incorporate best practices for improving the community's health through prevention and wellness strategies. The County's Task Force will also complete a comprehensive review of the current system's capacity to provide needed health services. This review will include the Community Health Care Network, free clinics, and private and nonprofit health providers in Fairfax County. Additionally, the department will explore potential new revenue opportunities during this process. Ultimately, an integrated model of service delivery will be designed that incorporates primary, oral, and behavioral health services.



Medical Reserve Corps volunteers participate in Bootcamp Training

To enhance the FCHD's capability to anticipate and respond effectively to public health challenges, several existing programs were consolidated under the Division of Community Health Development and Preparedness (CHDP) in FY 2010. Through CHDP, the FCHD builds upon its strategic initiatives and networks that were developed post 9-11 to enhance emergency preparedness and response activities. The role of CHDP is to ensure the Health Department's own development and readiness for the future and strengthen the local public health system infrastructure. Activities of CHDP serve to facilitate the agency's transition to population-based approaches with a health equity focus; enhance agency cultural competency; build capacity and leverage community assets to address public health challenges; and enrich agency service delivery improvement efforts by addressing fundamental gaps in service. CHDP is comprised of the Office of Emergency preparedness, including the Medical Reserve Corps (MRC); Community Health Outreach; Strategic Planning; Total Quality Improvement; and Communications function of the FCHD.

The FCHD also leads a cross-system staff effort to enhance and streamline long-term care services and supports provided by the FCHD and the Department of Family Services (DFS), Department of Neighborhood and Community Services (DNCS), and the Fairfax-Falls Church Community Services Board (CSB). This cross-system effort has resulted in significant budget savings, the development of cross-system performance measures, and the development of a new "front door" that will provide a single, coordinated system of information, assessment, and referral, thus greatly expediting client access to services.

The FCHD's strategic plan 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

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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. The FCHD's strategic plan is being revised in FY 2013 and will be implemented in FY 2014. The FCHD has also begun preparations for accreditation through the national Public Health Accreditation Board. The review for first time accreditation is a multi-phase process spanning 24 to 36 months and requires local health departments to meet stringent requirements for 10 essential areas of public health activities and to demonstrate a commitment to continuous improvement.

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 FCHD, remains a continuous and growing challenge as evidenced by the occurrence of norovirus, food-borne illnesses, seasonal flu outbreaks, pandemics, the prevalence of tuberculosis in the community, the increased number of contaminated food product recalls, and the growing number of communicable diseases, reported to the FCHD that require investigation. In FY 2014, the FCHD will continue efforts to leverage internal and external resources to maintain a high level of surveillance and readiness to detect and respond effectively and efficiently to ongoing and emerging public health threats.

During Calendar Year (CY) 2011, more than one-third of Virginia's tuberculosis (TB) cases were in Fairfax County. In FY 2012, the FCHD began a collaborative effort with the Virginia Department of Health (VDH) working toward process and program improvement within the Tuberculosis Program through cohort reviews. The cohort review process is a collaborative educational discussion that includes an assessment of program strengths, weaknesses, and performance over time. This retrospective and systematic review includes discussion of specific data on every TB case in the identified cohort group. The review process focuses on selected indicators compared to VDH and national goals related to improved treatment outcomes. In the first series of reviews, Fairfax met or exceeded all VDH goals. In FY 2013, each district set local targets for improvement based on performance data already collected for surveillance purposes.

Health promotion continues to be an integral component of all FCHD 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 FCHD 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 the vulnerable as there is less opportunity for the virus to spread. The FCHD 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 are critical partners and trusted sources for building community capacity to deliver and reinforce key public health messages within targeted communities.

Vector-borne diseases, such as West Nile virus and Lyme disease, continue to be public health concerns that require ongoing surveillance and monitoring. West Nile virus is spread by infected mosquitoes and the pathogen causing Lyme disease is transmitted by infected deer ticks to humans. In FY 2009, the Disease Carrying Insect Program (DCIP) initiated a tick identification service for County residents and will continue this service, in conjunction with tick surveillance to monitor for the presence of ticks that carry human disease pathogens. To improve disease surveillance activities, the DCIP, in collaboration with the FCHD Laboratory, are conducting mosquito testing in-house and working to bring tick testing

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in-house. Community education regarding these diseases continues to be the cornerstone of prevention efforts. DCIP activities are supported through a special tax district and funded through Fund 40080, Integrated Pest Management Program (Volume 2).

Bedbugs have become increasingly prevalent, not only in Fairfax County but across the nation. Investigations of complaints within the County began in early FY 2004 with two reported occurrences and have increased steadily to approximately 98 investigations in FY 2012. Education and quick intervention are the keys to reducing bedbug infestations.

During late FY 2011, the FCHD Laboratory moved to a renovated, free standing facility with a specially designed molecular testing laboratory at the former Belle Willard Elementary School. In FY 2012, the laboratory implemented molecular testing of mosquito pools for the presence of West Nile virus. In addition, the acquisition of a robotic nucleic acid extraction unit has significantly increased the sample testing capacity while decreasing result turn-around time. This new technology allows the laboratory to perform a higher volume of testing at a lower cost per test. The laboratory plans to expand the molecular testing menu in the future to include other emerging infectious disease pathogens of interest, such as norovirus and influenza. The local availability of molecular tests for emerging pathogens enhances the FCHD's ability to conduct surveillance rapidly for communicable diseases as well as to monitor the presence of human disease pathogens in ticks and mosquitoes. The laboratory also implemented enhanced syphilis testing with a robotic analyzer to replace the time consuming manual testing method. With recent cross training of staff, the laboratory is now able to increase revenue by offering molecular testing to other County agencies and health districts (e.g., Prince William, Henrico County, and Alexandria City).

Facilitating Access to Health Services

Due to the significant number of working poor/uninsured in Fairfax County, the demand for services continues to challenge the current capacity of the County's primary health care system. In FY 2012, the Community Health Care Network (CHCN) enrolled 17,764 individuals. Toward the end of FY 2011, a waiting list for CHCN had been initiated for the first time in five years. As of January 2013, this list contained 4,232 individuals waiting to enroll. Nonetheless, enrollment has continued for many priority populations, and collaboration continues with the Department of Family Services' Health Access Assistance Team (HAAT) 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 5/4.1 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 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 healthcare delivery and health outcomes in the community. The FCHD's Multicultural Advisory Council 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 FCHD's first Patient Navigator Program. This prevention-focused program educated key partners who are the vital link in their respective communities to program enrollment procedures and effective utilization of health services.

The Community Health Care Network continues its 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. The program expanded from one health center to all three centers in FY 2012.

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A new Maternal Child Health (MCH) service delivery model was implemented in October 2011. In this model, clients are assigned a risk level and receive follow-up according to need, which allows the FCHD to strategically focus limited Public Health Nurse (PHN) resources to the most at-risk clients and to maximize efficiency in delivering services. Additionally, the FCHD is working to establish the Nurse Family Partnership (NFP) program, a nurse based home visiting program for first time mothers, to augment the continuum of home visiting services within the County. The FCHD has developed a comprehensive implementation plan that has received approval from the NFP National Office and is currently pursuing federal funding to offset start-up and personnel costs

Prenatal care service utilization remained high during FY 2012, with 2,687 clients served during 11,258 clinic visits. Provision of maternity services is a partnership between the Health Department and InovaCares Clinic for Women. Currently, the Health Department functions as the entry point for pregnancy testing and prenatal care through the 2nd trimester, at which time clients are transferred to Inova for the remainder of their prenatal care and delivery. To optimize continuity of care and eliminate the need for clients to transition services mid-pregnancy, a new service delivery model which allows clients to receive their entire prenatal care and delivery at Inova will be implemented by FY 2014. In the new model, the Health Department will continue its role as the entry point for pregnancy testing and maternity services. Clients with positive pregnancy tests who meet eligibility requirements will be referred to InovaCares Clinic following a public health screening for tuberculosis and psychosocial risk factors (depression, intimate partner violence). In addition, the Health Department will provide primary care through the Community Health Care Network and other public health and supportive services, such as the Women, Infant, and Children Program, case management, and home visiting services.

In FY 2012, the FCHD instituted the Low-Income Child Safety Seat Distribution and Education Program (LISSDEP), a VDH program that provides free child safety seats to low-income residents. LISSDEP classes are taught bimonthly by public health nurses at three district offices and the InovaCares Clinic for Women. The total number of seats distributed in FY 2012 was 322 and is expected to increase as the community becomes more aware of the resource.

In FY 2012, the FCHD supported three special vaccine initiatives funded by the Virginia Department of Health for the distribution of Tdap vaccine, Human Papilloma Virus (HPV) vaccine, and Meningococcal vaccine (MCV). The Tdap Initiative, a response to the rise in pertussis within Virginia, attempts to increase community immunity against pertussis to protect infants who are not fully protected. The initiative targets adults who have contact with infants including child care providers, healthcare workers, and parents/grandparents/caregivers. In FY 2012, a total of 2,047 doses were provided free of charge to Fairfax residents. The FCHD is working with the Department of Family Services Child Care Division to provide Tdap to child care providers, George Mason University to distribute HPV and MCV, and the Community Health Care Network to distribute HPV vaccine.

The Special Supplemental Nutrition Program for Women, Infant, and Children (WIC) provides food, nutrition education, breastfeeding support, and referrals to health care and social services to nutritionally at-risk low-income pregnant women, new mothers, infants, and children through age 4. In FY 2011 Fairfax County WIC sites served 2,376 pregnant women, 1,472 breast feeding women, 980 post-partum women, 4,140 infants and 10,556 children for a total of 19,524 clients. During FY 2011, the Fairfax County WIC program identified strategies to better reach underserved areas including outreach plans resulting in a proposal for a new clinic location and targeted neighborhood marketing. Subsequently, a WIC clinic was established at Fort Belvoir in the Army Community Service Building serving 400 military community clients. In September 2012, the WIC program, in partnership with Inova, began providing WIC services

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on-site at the InovaCares Clinic for Women, thereby improving and expanding access for women, infants, and children.

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. The current partners include: Alexandria Neighborhood Health Services, Inc., a local federally qualified health center (FQHC), HealthWorks Herndon (also a FQHC), Homeless Healthcare Services with the Office to Prevent and End Homelessness, 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 several other projects in development through the Long-Term Care Coordinating Council (LTCCC). Long-Term Care (LTC) community partners include: LifeCircle 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 (JSSA), the Virginia FCHD of Rehabilitative Services, and George Mason University.

According to the Virginia Department for the Aging, the U.S. 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 FCHD is working in collaboration with public/private LTC service providers, consumers, and other key stakeholders to conduct a gap analysis to assist in the development of a strategic plan for adult day health care in the County. Preliminary results of the gap analysis indicate that many consumers and referral sources are not familiar with the concept of adult day health care and are not knowledgeable about the range of other LTC services offered by the County. The County's challenge and goal is to develop outreach initiatives that will educate both consumers and referral contacts about the range of LTC services available, thereby improving timely access to LTC services and resources.

In FY 2012, the FCHD worked with other Northern Virginia health departments and a variety of private entities to improve processes that give older adults better access to the broad range of services available in the community and regionally, including the Adult Day Health Care (ADHC) program. Initiatives for FY 2013 have focused on educating key referral sources that are a vital link in enrollment and effective utilization of County long-term care services. An additional focus will be to develop an innovative system that includes fine tuning the current referral process, specifically targeting older adults who have chronic illnesses or disabilities. This effort endeavors to develop a health care system that will support care transitions and educate consumers about the value and benefits of ADHC. By working system-wide in the community, the FCHD hopes to enhance the valuable role it plays with LTC community partners.

A new initiative is the development of "Aging in Place" service models. Individual communities or neighborhoods self-identify and self-determine the needs of their members and then design systems of service that utilize volunteers to deliver a variety of services, such as transportation, shopping, and chore services. Organizations in some communities have incorporated as private, non-profits to offer a one stop concierge service in which paid members call one number to access a variety of services through pre-screened vendors in the area. The Long Term Care Program Development Team (LTCPDT) provides technical assistance to these emerging Aging in Place communities. To date, Mount Vernon, Lake Barcroft, McLean, and Reston have all begun planning or have initiated service models with the

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assistance of County staff but without new County funding. Other communities have expressed interest in this approach that helps individuals remain in the community of their choice for as long as possible.

Beginning in FY 2012, the County partnered with Inova Health System to establish a PACE (Program of All-inclusive Care for the Elderly) site at the former 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 the new PACE program at this 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 risks associated with the PACE 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.

In FY 2012, the Long Term Care Coordinating Council, staffed by the LTCPDT, engaged in a new strategic planning effort to update the original FY 2002 plan. The Council's 50 plus members (confirmed by the County Board of Supervisors) and additional members of its working committees identified the following priority areas: housing, transportation, government affairs, services, and participation, which includes coordination of medical social services, young adults with disabilities and senior services. The LTCCC working committees continue to address these priorities using a project-based approach.

Another significant need in the community identified by parents of young adults with Autism Spectrum Disorders (ASDs) is employment, coupled with social supports for young adults with ASDs. No such supports existed for these individuals, who were not eligible for services offered through the Fairfax-Falls Church Community Services Board until a committee of the LTCCC created a partnership with PRS, Inc., JSSA, and the Virginia Department of Rehabilitative Services (DRS) to serve young adults with ASDs. During FY 2010, the partnership established a pilot program of intensive pre-employment intervention to serve two previously ineligible young adults. One individual continues to receive support and is showing progress in social and pre-employment skills. PRS is now offering Work Adjustment Training classes for their clients with ASDs and employment services for clients with and without DRS funding. In addition to pre-employment services, the LTCCC formed a partnership to provide specialized social support services for young adults with ASDs in an integrated setting at the SPARC clubhouse in McLean. JSSA provides specialized training, assessment and staff support to SPARC who now serves seven individuals with ASDs, three days a week. JSSA also offers evening social club meetings for young adults with ASDs in Fairfax.

Employing and Retaining a Skilled and Diverse Workforce

FCHD is working to advance as a high performance organization guided by its values. FCHD staff strives to embody the following five values: Making a Difference; Integrity; Respect; Excellence; and Customer Service. There are several on-going initiatives to support these values in staff and the services they provide. The agency recognition awards program reinforces the FCHD's values and the need for innovative ways to recognize staff. In these economically challenging times, it is important that opportunities to recognize staff for exceptional performance are supported and encouraged. The goal of the agency recognition program is to provide a mechanism to acknowledge staff members who demonstrate a job well done (WOW Award) as well as employee accomplishments outside routine job duties (Honors Award). In an effort to be more "values driven," new employee interviews, orientation, and performance evaluations for staff incorporate these five values. Workforce planning continues, with the strategic goal of employing and retaining a skilled and diverse workforce. Annually and as needed, the FCHD reviews its activities, programs, and organizational structure in an effort to continuously improve customer service and to maximize resources.

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The development of innovative recruitment and retention strategies and succession planning initiatives continue as the FCHD prepares for the increasing number of experienced staff who will be retiring. In FY 2010, the FCHD developed a Public Health Nurse (PHN) Resource Team consisting of 10 part-time employees, predominately PHNs who had retired from the FCHD. This program has been very successful as the Resource Team PHNs are available to provide temporary coverage for critical vacancies within the FCHD. The Resource Team has allowed the FCHD to respond to seasonal fluctuations in demand for services and has been utilized for outbreak investigations and community flu clinics. The use of the Resource Team is superior to hiring temporary staff through an outside agency. Most importantly, it is more cost effective and enhances the FCHD's ability to fill critical positions with experienced public health nurses, thus eliminating orientation and training costs associated with new hires. In FY 2012, the Resource Team provided 5,265 hours of public health nursing services.

In an effort to expand staffing resources in FY 2012, the FCHD, in collaboration with the Departments of Family Services and Neighborhood and Community Services, centralized functions of volunteer management to improve recruitment, placement, and training of volunteers. This volunteer program was selected by the National Association of Area Agencies on Aging's for a "What's Working" award. The award recognizes the County's collaborative effort to effectively leverage the social capital of older adults through volunteer initiatives. The National Area Agency on Aging awarded the County a grant for the partnership between Neighborhood and Community Services, FCHD and Area Agency on Aging volunteer programs. The FCHD's Adult Day Health Care program utilized 8,857 volunteer hours in FY 2012, representing an increase of 144 hours over the previous year.

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. The FCHD continued to emphasize enhancing communications with County residents through a number of improvements in FY 2012. An increased social media presence has widened message distribution and contributed to increases in Web site access. Internet-based features have been added to allow the public to pre-register for FCHD services, evaluate eligibility for services, apply for licenses and permits, and submit program specific questions and comments. A new Web site was launched in FY 2012 to provide information and guidance on how to pursue public health nursing careers. Improved email technologies allow FCHD staff to communicate securely with clients, parents, and service partners. Video technologies have enabled web-based distribution of public service messages and educational materials covering issues of public health significance. In response to public health emergency events, a new call center system is now in place to support call tracking and follow-up, and outreach to potentially affected individuals. In FY 2013, the FCHD expanded use of the automated call center to collect, analyze, and disseminate critical epidemiologic information related to public health events and emergencies.

Great strides have been made to maximize the use of the County's intranet. The FCHD FairfaxNet (intranet), a user friendly resource, was implemented in FY 2012. With the countywide implementation of automated collaboration tools, the FCHD is planning to expand its document sharing and work group locations to include community partners and other local jurisdictions.

The FCHD's technology focus in FY 2013 and FY 2014 is to procure and implement Electronic Health Record (EHR) software, implement a new Volunteer Management System, and expand automated interfaces to and from the laboratory information system. The FCHD plans to implement EHR capabilities for all patient care services within two years. An EHR will allow for complete electronic storage of patient health data and facilitate electronic exchange of health information with key service partners. Automation of laboratory interfaces will reduce paper and will allow for fax transmission and

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streamlined information exchange between the lab and key service partners, both County and non-County. In addition, incentives offered through state and federal legislation allow the FCHD to offset program costs. In FY 2012, staff of the Community Health Care Network collaborated with other “safety net” partners to expand use of the streamlined eligibility system within the region. This shared eligibility system enables providers to readily accept eligibility from other partners, which decreases barriers to service while increasing efficiency. In FY 2013, the FCHD implemented a new Volunteer Management System (VMS) that supports all County volunteer activities, including the Medical Reserve Corps. The VMS integrates volunteer contact and clearance information, activation alerts, tracking of required training, badge production and many enhanced features to engage critical volunteer resources.

In the fall of 2011, the FCHD Laboratory successfully upgraded its computer server and Laboratory Information System database to facilitate improved electronic reporting of lab results. The lab is actively working in collaboration with: various FCHD programs; the Fairfax-Falls Church Community Services Board, Alcohol and Drug Services and Mental Health Services; Juvenile and Domestic Relations District Court, Juvenile Detention Center; Office of the Sheriff, Adult Detention Center; and other health care providers to implement access to lab results through their respective Electronic Health Record (EHR) systems. In addition, the laboratory received grant funding from the VDH to implement electronic laboratory transfer of reportable diseases to the State.

The Environmental Health Division continues to increase mobile computing and electronic data transmission during establishment (e.g., restaurants, pools) inspections for increased efficiency. The Fairfax Inspections Database Online (FIDO) complaint submission smartphone app was introduced in FY 2012. This enhancement allows citizens to use smartphones to submit complaints that are directly transmitted to the FIDO system. In FY 2013, Environmental Health started accepting applications and payments through a dynamic portal. Using the portal, customers are now able to apply for, renew, and pay for their permits via computers and smartphones resulting in considerably reduced administrative processing time. By embracing technology, citizens are able to submit complaints and view plan review comments without direct FCHD staff involvement. GIS will be used extensively to geographically improve efficiency and effectiveness in the decision-making process by aligning service delivery with service demand.

Addressing Growing Needs and Preparing for the Future

Over the next several years a strategic aim of the FCHD is to build the capacity to address health issues at a population level with a focus on reducing health inequities. Five principals 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 ensuring healthy vending machine snacks in all County buildings). This approach will require mobilizing and aligning stakeholders and resources in new ways but that result in broader population impacts and ultimately, improved community health outcomes.

As part of FCHD’s focus on population health, in mid FY 2010, the FCHD formed the Partnership for a Healthier Fairfax (PFHF) 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) to serve as a framework for the development of a community health improvement plan. This initiative has brought together public, nonprofit, and business sectors to conduct a countywide community health assessment, identify and prioritize public health issues, and develop goals and strategies to address them. The PFHF completed a comprehensive

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community health assessment and identified five health priorities in FY 2012. Five strategic issue teams (SIT) have formed around these priorities and include: Access to Health Services; Data; Environment and Infrastructure; Health Workforce; and Healthy Lifestyles. In the coming years these teams will conduct a comprehensive policy scan, develop goals and strategies, and outline the work of the PFHF in a community health improvement plan, expected to be finalized in FY 2014. The PFHF activities are supported by a federal Community Transformation Grant (\$2.5 million over five years) that was awarded in FY 2012.

Beginning in FY 2013 and continuing into FY 2014, the Food Safety and Community Health and Safety Programs will merge. Combining the two programs will facilitate cross training of employees and expand their knowledge, skills, and abilities in the field of environmental health. In addition, the merger will streamline services and enhance staff performance levels as they strive to protect public health through investigation, education, and code enforcement.

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 strengthen public health functions. The redesign of the school service delivery model utilizing the Fairfax County Public Schools (FCPS) cluster structure ensures that each district office covers two clusters. In FY 2011, a pilot demonstrated improved timeliness in Public Health Nurse (PHN) interventions for student health related issues. As a result, the program was expanded to three additional clusters in FY 2012 with further evaluation and a plan for full implementation to the remaining three clusters in FY 2013. Equalizing staff and schools in the district offices enables the FCHD to better respond to staffing needs and align with the school system structure to facilitate communication and provide enhanced services.

Beginning in FY 2012, the FCHD began receiving 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 was in response to the current service delivery model in Fairfax, wherein the FCHD provides the majority of the health and health promotion activities in FCPS. 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 FTE 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 lifestyles was developed in partnership with FCPS Food and Nutrition Services and Health and Physical Education Divisions, the Department of Neighborhood and Community Services, middle school after-school programs, and the Department of Family Services Child Care Division. In FY 2013, School PHNs began teaching healthy lifestyles to kindergarten students and participating in health promotion activities with the school community, parents, and families.

In FY 2011, the laboratory completed the move from the health administration building to a new home in the JoAnne Jorgenson Laboratory, located in the City of Fairfax. The new fully operational 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 not only achieved LEED (Leadership in Energy and Environmental Design) Gold certification, but also was awarded the Nation's Healthiest Lab Award by the Association of Public Health Laboratories in 2012. The new laboratory positions the FCHD to meet the complex technical challenges of the future.

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The Division of Community Health Development and Preparedness will continue to play a critical role in ensuring the agency's own development and readiness for the future as it supports the FCHD's transition to a population-based service delivery model and enhances agency efforts to leverage community assets to address current and future public health challenges and community needs.

Relationship with Boards, Authorities and Commissions

The FCHD 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 the County citizens. The HCAB performs duties as mandated by the Board of Supervisors, those initiated by the Board or by the HCAB itself. The underlying goal of the HCAB's activities is 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.
- The Fairfax Area Long Term Care Coordinating Council was created in FY 2002 to identify and address unmet needs in long-term care services and supports. The LTCCC has over 50 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 using little or no new County funds to assist adults with disabilities and older adults in a variety of areas.

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Budget and Staff Resources

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$32,908,147	\$35,524,954	\$35,195,852	\$35,496,661	\$35,496,661
Operating Expenses	17,775,792	16,959,326	21,010,546	16,207,500	16,207,500
Capital Equipment	594,429	0	50,727	0	0
Total Expenditures	\$51,278,368	\$52,484,280	\$56,257,125	\$51,704,161	\$51,704,161
Income:					
Elderly Day Care Fees	\$1,127,428	\$1,145,227	\$1,127,428	\$1,127,428	\$1,127,428
City of Fairfax Contract	816,538	1,028,077	1,104,870	1,104,870	1,104,870
Elderly Day Care Medicaid Reimbursement	262,224	226,500	262,224	262,224	262,224
Falls Church Health Department	279,764	265,590	279,764	279,764	279,764
Licenses, Permits, Fees	3,200,639	3,072,289	3,234,236	3,252,172	3,252,172
Reimbursement - School Health	3,995,766	3,877,215	3,877,215	3,877,215	3,877,215
State Reimbursement	9,314,714	8,834,894	9,314,714	9,314,714	9,314,714
Total Income	\$18,997,073	\$18,449,792	\$19,200,451	\$19,218,387	\$19,218,387
NET COST TO THE COUNTY	\$32,281,295	\$34,034,488	\$37,056,674	\$32,485,774	\$32,485,774
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	666 / 594.98	661 / 589.98	661 / 589.98	653 / 581.98	653 / 581.98

This department has 58/58.0 FTE Grant Positions in Fund 50000, Federal/State Grants.

FY 2014 Funding Adjustments

The following funding adjustments from the FY 2013 Adopted Budget Plan are necessary to support the FY 2014 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the budget on April 30, 2013.

- ◆ **Employee Compensation** **\$438,756**
 An increase of \$438,756 in Personnel Services reflects the full year impact of the FY 2013 2.5 percent performance-based scale and salary increase, effective January 2013, for non-uniformed employees. It should be noted that no funding is included for additional employee compensation for this department in FY 2014.

- ◆ **Language Skills Proficiency Pay** **\$34,308**
 An increase of \$34,308 in Personnel Services reflects the full year impact of the reallocation of language skills proficiency pay from Agency 89, Employee Benefits, to agency budgets to better align costs related to the Language Skills Proficiency Pay program.

Health Department

◆ **Reductions** (\$1,253,183)

A decrease of \$1,253,183 and 8/8.00 FTE positions reflects agency reductions utilized to balance the FY 2014 budget. The following chart provides details on the specific reductions approved, including funding and associated positions.

Title	Impact	Posn	FTE	Reduction
Eliminate Four Vacant Public Health Nurse II Positions from the Maternal Child Health Cost Center	Provision of maternity services is a partnership between the Health Department and InovaCares Clinic for Women. Currently, the Health Department functions as the entry point for pregnancy testing and prenatal care through the 2nd trimester, at which time clients are transferred to Inova for the remainder of their prenatal care and delivery. To optimize continuity of care and eliminate the need for clients to transition services mid-pregnancy, a new service delivery model that allows clients to receive their entire prenatal care at Inova has been developed and will be implemented by FY 2014. As a result, elimination of the 4/4.0 FTE Public Health Nurse II clinic positions will have little or no impact to public health clinic services and the human services system.	4	4.00	\$276,984
Eliminate All Contracted On-Site Radiology Services at the Community Health Care Network	While community-based radiology services are available through Inova-based radiology facilities under the Inova charity care policy, discontinuing on-site radiology services may result in patients having either to wait longer periods of time or to travel farther to receive needed radiology services. In addition, this change may reduce provider efficiency in reviewing radiology reports and increase time delays in implementing treatments for CHCN patients.	0	0.00	\$245,000
Eliminate One Vacant Environmental Health Specialist III and Three Vacant Environmental Health Specialist II Positions in the Consumer Protection Program	The Environmental Health Division is currently in the process of merging the Food Safety Program and Community Health and Safety Program into one consolidated program known as Consumer Protection. Environmental health specialists within these programs are responsible for inspecting and responding to environmental complaints (e.g., food establishments, hotels, and pools). By the start of FY 2014, a total of 4/4.0 FTE Environmental Health II and III positions will be vacant. Eliminating these positions will increase caseloads by an average of 85 inspections per year. Currently, the frequency of these inspections exceeds local minimum mandates (two inspections per year). Through the reorganization of programs and use of risk-based inspections, the department will be able to maintain inspections at the levels necessary to safeguard public health and ensure safety. Thus the Health Department anticipates being able to manage this loss of staff resources while ensuring that external customers will not be impacted significantly.	4	4.00	\$224,373

Health Department

Title	Impact	Posn	FTE	Reduction
Eliminate Three Contracted Pharmacy Technician Positions and One Contracted Lab Technician Position at Various Community Health Care Network Locations	Over 12,000 patients receive laboratory testing annually and system-wide over 9,000 prescriptions are processed monthly. The elimination of three contracted Pharmacy Technicians would reflect a decrease of 30 percent system-wide (i.e., Pharmacy Technicians will be reduced from 10 to seven). The elimination of one contracted Lab Technician would reflect a 33 percent decrease in the number of Lab Technicians at the CHCN-Bailey's facility (i.e., from 3 to 2 Lab Technicians). Timeliness of pharmacy and laboratory services may be impacted by this reduction. It is anticipated that, on average, the wait times for pharmaceuticals and labs will increase from 20 minutes to 40 minutes. This may have an adverse financial impact on many CHCN patients who are employed in hourly wage jobs without paid time off.	0	0.00	\$199,826
Eliminate Three Contracted Full-Time Office Manager Positions in the Community Health Care Network	Each of the three CHCN health centers has one contracted Office Manager position who is the key support staff person for the center's nurse manager. These individuals are responsible for creating and managing schedules, ordering and receiving supplies, billing and managing accounts, and balancing collections (e.g., cash, credit card payments, and checks). Elimination of these three contracted positions would leave no office manager at the primary health care centers, where the number of clients seeking services, and patients currently enrolled seeking primary and specialty care, prescriptions, diagnostic and laboratory tests, mental health care, and medical social work services averages between 300 to 500 individuals per day. This staff position also provides essential coverage for the nurse manager in his/her absence and staff shortages at the front desk. Therefore, the timeliness of services may be impacted as it is anticipated that the wait time during peak service hours may be up to 60 minutes. Scheduling of clients and account management would also be impacted; however, there would likely be no reduction in the number of clients served. A longer wait may have an adverse financial impact on many CHCN patients who are employed in hourly wage jobs without paid time off.	0	0.00	\$157,000
Reduce Community Health Care Network Specialty Physician Care Payments	CHCN arranges for and coordinates nearly 10,000 specialty referrals for patients annually. During the past two years, staff has worked to decrease the number of paid specialists, resulting in a savings of \$200,000 (from nearly \$500,000 to \$300,000). This reduction represents another 50 percent decrease in funding available for specialty care and may result in clients experiencing delays in the receipt of specialty care. Additionally, there is an insufficient supply of providers in the community who are willing to provide specialty pro bono care. Since purchase of specialty care is not a sustainable model for CHCN, staff from CHCN, the medical society, local federally qualified health centers, and free clinics are working together to develop capacity for specialty care in the community.	0	0.00	\$150,000

Health Department

Changes to FY 2013 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2013 Revised Budget Plan since passage of the FY 2013 Adopted Budget Plan. Included are all adjustments made as part of the FY 2012 Carryover Review, FY 2013 Third Quarter Review, and all other approved changes through April 23, 2013.

- ◆ **Carryover Adjustments** **\$2,185,845**
 As part of the FY 2012 Carryover Review, the Board of Supervisors approved encumbered funding of \$1,851,537 (\$1,815,578 in Operating Expenses and \$35,959 in Capital Equipment), \$300,000 in Operating Expenses to leverage federal grant dollars and support relocation and redesign of a regional public health care facility in Herndon, and \$34,308 in Personnel Services for reallocation of language skills proficiency pay from Agency 89, Employee Benefits, to agency budgets to better align costs related to the Language Skills Proficiency Pay program.
- ◆ **Electronic Health Record** **\$1,587,000**
 As part of the FY 2012 Carryover Review, the Board of Supervisors approved \$1,587,000 in Operating Expenses for the Health Department to procure an Electronic Health Record (EHR) to replace existing patient medical records and comply with federal health information technology requirements.

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.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$3,017,447	\$1,529,958	\$4,078,906	\$1,536,467	\$1,536,467
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	10 / 10	10 / 10	7 / 7	7 / 7	7 / 7
1 Director of Health			1 Information Technology Technician II		
1 Asst. Dir. for Health Services			2 Administrative Assistants IV		
1 Business Analyst IV			1 Administrative Assistant III		
TOTAL POSITIONS					
7 Positions / 7.0 FTE					

Health Department

Dental Health Services

Dental Health Services addresses the oral health needs of low-income children at three dental locations (South County, Herndon/Reston, and Central Fairfax). Additionally, dental health education and screening is available in schools and the Head Start programs. The program also provides dental services to maternity clients of the Fairfax County Health Department who present with acute and/or emergent dental needs. Further, the program partners with the Women, Infant and Children Supplemental Nutrition Program to provide fluoride application to children 6 months to 3 years of age.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$723,766	\$595,793	\$600,297	\$603,266	\$603,266
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	9 / 9	9 / 9	9 / 9	9 / 9	9 / 9
3 Public Health Dentists		3 Dental Assistants		3 Administrative Assistants II	
TOTAL POSITIONS					
9 Positions / 9.0 FTE					

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.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$4,334,084	\$5,111,015	\$5,118,201	\$4,943,306	\$4,943,306
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	67 / 67	67 / 67	66 / 66	62 / 62	62 / 62
1 Director of Environmental Health	14	Environ. Health Specialists III (-1)		1 Administrative Assistant V	
3 Environ. Health Program Managers	27	Environ. Health Specialists II (-3)		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			
TOTAL POSITIONS					
62 Positions (-4) / 62.0 FTE (-4.0)					

(-) Denotes Abolished Position due to Budget Reductions

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.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$6,614,818	\$6,078,190	\$6,208,140	\$6,150,938	\$6,150,938
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	92 / 92	92 / 92	96 / 96	96 / 96	96 / 96
4 Public Health Doctors	1	Director of Patient Care Services	2	Administrative Assistants V	
4 Comm. Health Specs.	1	Asst. Director of Patient Care Services	6	Administrative Assistants IV	
6 Public Health Nurses IV	2	Management Analysts III	6	Administrative Assistants III	
12 Public Health Nurses III	1	Business Analyst III	14	Administrative Assistants II	
27 Public Health Nurses II	1	Human Service Worker II	1	Material Mgmt. Assistant	
4 Nurse Practitioners	1	Human Service Assistant	1	Administrative Associate	
2 Radiologic Technologists					
TOTAL POSITIONS					
96 Positions / 96.0 FTE					

Division of Community Health Development and Preparedness

The Division of Community Health Development and Preparedness serves to strengthen community engagement, improve impact on health outcomes, and ensure the FCHD can effectively respond to existing and emerging public health threats. A number of FCHD programs and initiatives support this effort 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 division (established in FY 2011) are building the necessary infrastructure to engage the community in immediate, effective and meaningful health, and wellness strategies.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$1,104,290	\$1,415,494	\$1,417,043	\$1,430,655	\$1,430,655
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	17 / 17	17 / 17	17 / 17	17 / 17	17 / 17
1 Director Comm Health Dev. & Prep.	2	Communications Specs. II	1	Material Mgmt. Spec. III	
1 Public Health Emergency Mgmt. Coord.	1	Management Analyst IV	1	Admin. Asst. III	
1 Public Safety Information Officer IV	1	Management Analyst III	2	Emergency Mgmt. Specs. II	
1 Volunteer Services Coordinator II	4	Community Health Specs.	1	Emergency Mgmt. Spec. III	
TOTAL POSITIONS					
17 Positions / 17.0 FTE					

Health Department

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.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$9,213,813	\$9,420,495	\$10,149,203	\$8,679,934	\$8,679,934
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	9 / 9	9 / 9	9 / 9	9 / 9	9 / 9
1 Management Analyst IV		6 Social Workers II			
1 Management Analyst II		1 Administrative Assistant III			
TOTAL POSITIONS					
9 Positions / 9.0 FTE					

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 fee scale for services. Services to infants and children are provided regardless of income.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$7,686,593	\$8,023,275	\$8,118,164	\$7,849,825	\$7,849,825
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	110 / 110	110 / 110	110 / 110	106 / 106	106 / 106
3 Public Health Doctors		1 Rehab. Services Manager		6 Administrative Assistants III	
1 Asst. Director for Medical Services		1 Physical Therapist II		17 Administrative Assistants II	
1 Asst. Director of Patient Care Services		6 Speech Pathologists II		1 Human Service Worker IV	
6 Public Health Nurses IV		2 Audiologists II		7 Human Service Workers II	
8 Public Health Nurses III		5 Administrative Assistants V		4 Human Services Assistants	
36 Public Health Nurses II (-4)		1 Administrative Assistant IV			
TOTAL POSITIONS					
106 (-4) Positions / 106.0 FTE (-4.0)					
(-) Denotes Abolished Position due to Budget Reductions					

Health Department

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 (EPA) and Food and Drug Administration (FDA) to perform testing on water, air and milk samples. Drinking water samples are tested for the presence of bacterial and chemical contaminants. The laboratory performs bacterial testing on County streams as well as molecular testing of mosquito pools for West Nile Virus. The laboratory also accepts specimens from other programs such as the court system, the detention centers, the Fairfax-Falls Church Community Services Board (Alcohol and Drug Services and Mental Health Services), the Department of Public Works and Environmental Services, as well as from surrounding counties.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$2,763,770	\$2,370,977	\$2,601,590	\$2,386,233	\$2,386,233
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	19 / 19	19 / 19	19 / 19	19 / 19	19 / 19
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 FTE					

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.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$12,389,255	\$14,245,868	\$14,238,608	\$14,383,233	\$14,383,233
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	274 / 202.98	274 / 202.98	275 / 203.98	275 / 203.98	275 / 203.98
1 Assist. Dir. of Patient Care Svcs.		1 Administrative Assistant IV			
4 Public Health Nurses IV		1 Administrative Assistant II			
8 Public Health Nurses III		196 School Health Aides PT			
64 Public Health Nurses II					
TOTAL POSITIONS					
275 Positions / 203.98 FTE					
PT Denotes Part-Time Position					

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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.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
EXPENDITURES					
Total Expenditures	\$3,430,532	\$3,693,215	\$3,726,973	\$3,740,304	\$3,740,304
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	59 / 59	54 / 54	53 / 53	53 / 53	53 / 53
1 Prog. & Procedure Coord.	1	Management Analyst IV	1	Management Analyst II	
2 Public Health Nurses IV	5	Park/Recreation Specialists III	5	Senior Home Health Aides	
6 Public Health Nurses III	23	Home Health Aides	5	Administrative Assistants IV	
4 Public Health Nurses II					
TOTAL POSITIONS					
53 Positions / 53.0 FTE					

Key Performance Measures

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2010 Actual	FY 2011 Actual	FY 2012 Estimate/Actual	FY 2013	FY 2014
Program Management					
Percent of users giving website a rating of Very Helpful or better	NA	NA	80.0% / 80.0%	80.0%	80.0%
Dental Health Services					
Percent of treatment completed within a 12 month period	40%	60%	35% / 47%	40%	40%
Environmental Health					
Percent of food establishments closed due to major violations	3.0%	2.5%	2.5% / 2.5%	1.7%	2.5%
Percent of out-of-compliance water well systems corrected within 60 days	71.4%	68.0%	75.0% / 76.1%	75.0%	75.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days	87.1%	91.0%	90.0% / 87.7%	90.0%	90.0%
Percent of community health and safety complaints resolved within 60 days	77.6%	90.8%	90.0% / 86.7%	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	2	1	1 / 1	1	1

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2010 Actual	FY 2011 Actual	FY 2012 Estimate/Actual	FY 2013	FY 2014
Communicable Disease Control					
Rate of TB Disease/100,000 population	8.0	7.8	8.0 / 7.5	8.0	8.0
Percent of TB cases discharged completing treatment for TB disease	98%	97%	97% / 97%	97%	97%
Percent of completed CD investigations needing no further follow-up	95%	99%	95% / 99%	95%	95%
Percent of homeless clients with improved health outcomes	30%	30%	30% / 18%	30%	30%
Division of Community Health Development and Preparedness					
Percentage increase in the number of residents reached through integrated community outreach	30%	253%	(56%) / (26%)	20%	20%
Percent of stakeholders engaged in the Partnership for a Healthier Fairfax Coalition	75%	70%	80% / NA	NA	NA
Percentage of Health Department staff meeting established ICS/NIMS training requirements	90%	90%	95% / 90%	95%	95%
Community Health Care Network					
Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period	96%	94%	95% / 92%	95%	95%
Percent of patients with diabetes who have had a total cholesterol and LDL ("bad cholesterol") screen within the last year	96%	96%	95% / 91%	95%	95%
Maternal and Child Health Services					
Immunizations: 2 year old completion rate	70%	69%	80% / 71%	80%	80%
Maternity: Overall low birth weight rate	5.6%	6.4%	5.0% / 6.5%	5.0%	5.0%
Speech Language: Percent of students discharged as corrected; no follow-up needed	80%	85%	75% / 78%	75%	75%
Health Laboratory					
Average score on accuracy tests required for certification	99%	99%	95% / 97%	95%	95%
Certifications maintained	Yes	Yes	NA / Yes	NA	NA
Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results	98%	97%	95% / 98%	95%	95%
School Health					
Percent of students with health plans in place within 5 days of notification	56.0%	70.0%	70.0% / 64.0%	70.0%	75.0%
Percent of school days SHA is on-site	97.0%	96.0%	97.0% / 97.4%	97.0%	97.0%

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2010 Actual	FY 2011 Actual	FY 2012 Estimate/Actual	FY 2013	FY 2014
Long Term Care Development and Services					
Percent of family caregivers who state that ADHC enables them to keep their loved one at home, in the community	90%	93%	90% / 92%	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	82%	84%	80% / 85%	80%	80%

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2014/adopted/pm/71.pdf

Performance Measurement Results

Program Management

This objective focuses on a key priority in the FCHD's strategic plan – integrating and harnessing the use of proven technology. In FY 2012, the department continued to transition public web pages to the County's new Internet platform, and redesigned approximately 20 new Web pages. In addition, the FCHD created new social media accounts to share public health information and engage audiences who are interested in public health. These updates resulted in a 22 percent increase in Web site visits over FY 2011.

During FY 2013, the department continues to expand its presence in social media for wider dissemination of public health information. Social media accounts offer new access points to more detailed information from the County Web site, and therefore are expected to increase the FCHD's Web site visits for future years.

Due to the changing Internet-based solutions utilized for public communication, and the new evaluative tools available for measuring Web site activity, the FCHD will adjust its goals and measures for Web site activity in FY 2014.

Dental Health Services

In FY 2012, Dental Health Services continued to focus on the oral health and preventative programs initiated last fiscal year (i.e., fluoride application to infants and toddlers who attend the WIC program). The dentists provided more services in the dental operatories and this resulted in increased total visits and new patients, but fewer patients screened in community settings (e.g., schools and HeadStart programs). In FY 2010, the dental program broadened the population it served and provides care for maternity clients with acute and emergent dental needs. Based on the Maternal Child Health Annual Report there has been a 20 percent increase in dental services to this population. 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. Many new clients, children and adults, have a higher acuity as they often enter care into the program without prior oral health 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

Health Department

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 slower rate. The cost per visit and net cost to County were better than estimated for FY 2012.

In FY 2013, a redesign of oral health services including public and nonprofit providers will, hopefully, result in a more comprehensive approach to safety net dentistry. If these plans proceed, it is anticipated that the demographics of the population served in Dental Health Services will change, thus impacting productivity. These changes may also lead to new performance measurements in FY 2014.

Environmental Health

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 2012, the Food Safety Program conducted 82 percent of the required inspections established by the risk- and performance-based frequency utilized at 3,195 food establishments. The reduction in the percentage of completed inspections from FY 2011 to FY 2012 is due in part to the division's managed vacancy plan, a greater rate of staff turnover than previously reported, and additional time needed for recruitment, hiring, and orienting new Environmental Health Specialists. In FY 2014, 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, continue to take steps toward meeting the FDA Voluntary National Retail Standards, enforce the *Food and Food Handling Code*, and continue to stay below a 2.5 percent rate of food establishment closures due to major violations.

Onsite Sewage & Water Program: This program focuses on the repair, installation, and maintenance issues associated with onsite sewage disposal systems and water well supplies. In FY 2012, approximately 76 percent of out-of-compliance well water systems were corrected within 60 days. In FY 2012, approximately 88 percent of out-of-compliance sewage disposal systems were corrected within 30 days, a percentage that is anticipated to remain constant in FY 2013 and FY 2014. Correction of well water system deficiencies and problematic on-site sewage disposal systems can be highly complicated and expensive for the property owner, resulting in unavoidable delays in achieving full compliance. The section was able to gain 91.7 percent compliance with the Chesapeake Bay Preservation Act septic tank pump-out requirement. Staff has transitioned from evaluating the design and installation of simple conventional sewage disposal systems to highly technical alternative sewage disposal systems installed on difficult sites and in marginal to poor soils. Approximately 50 percent of new septic systems installed in FY 2010 utilized non-traditional, alternative onsite sewage disposal systems and new technologies. The use of non-traditional septic systems is expected to rise for FY 2013 and FY 2014. Legislation authorizing Professional Engineers to design sewage disposal systems that do not comply with the prescriptive regulations normally required by the Sewage Handling & Disposal Regulations may result in development of lots that were previously rejected. New regulations for Alternative Onsite Sewage Systems became effective on December 7, 2012. This regulation makes permanent the frequent monitoring and maintenance requirements for all alternative onsite sewage disposal systems in the County.

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Community Health & Safety Program: The continuing goal is to protect public health by: investigating public health and safety hazard complaints; permitting and inspecting 914 facilities operating with FCHD 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 2012, 892 complaints were investigated. Staff serves a critical role in various response actions assigned in the Fairfax County Emergency Response Plan. In FY 2013 and 2014, the Community Health & Safety Program will continue to work on a 70 percent target of responding to complaints within 3 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 2012, there was one 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 \$1.74 in FY 2013 and \$1.73 in FY 2014. Cost per capita in future years may vary depending on environmental factors, insecticide treatments resulting from larval inspections and surveillance activities, as well as follow-up studies for the evaluation of the outreach program and the appearance of another vector or pathogen in the County.

Communicable Disease Control

Tuberculosis (TB): In FY 2012, the number of clients who received tuberculosis screening, prevention, and case management remained relatively constant compared to FY 2011. Use of the risk assessment screening tool continued to exceed 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 and FY 2012, the FCHD'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 from 7.8/100,000 population in FY 2011 to 7.5/100,000 in FY 2012. In Fairfax County, 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 2013 and FY 2014.

Approximately 12 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 FCHD's TB physician consultant. One hundred percent of private medical providers responding to a survey reported satisfaction with the FCHD's TB program.

Communicable Disease (CD): The number of CD investigations in FY 2012 was slightly higher compared to FY 2011. Forty-four disease outbreaks originating in Fairfax County were investigated in FY 2012 as compared to 23 in FY 2011, with the majority of outbreaks being non-foodborne gastroenteritis. The 2,496 investigations completed in FY 2012 included 1,239 cases associated with these 44 separate outbreak situations.

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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 267 reports of Lyme Disease sent to the FCHD and investigated, or the 694 seasonal influenza cases tracked and reported to the Virginia Department of Health during the FY 2012 influenza season. 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 2012 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 2012, 98 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 also exceeded the goal of 95 percent. Similar numbers of CD cases and percentage of investigations completed are anticipated in FY 2013 and 2014.

Homeless Medical Services Program: The Homeless Medical Services Program served a total of 820 clients in FY 2012: 351 duplicated in the shelters, 421 unduplicated in the Homeless Healthcare Program (HHP), and 48 unduplicated in the Medical Respite Program (MRP). Annual output decreased 45 percent between FY 2011 and FY 2012 due to volume declines in the HHP population. These declines occurred for two reasons. The first is due to a change in the program's data reporting requirements: clients who have not accessed HHP services in six months are exited from the Homeless Management Information System (HMIS) database. This reporting change has improved the quality and reliability of data. HHP clients who remain in the database are those who are actively receiving services. Second, the program has renewed its efforts to enroll HHP clients in a medical home – in most cases, the Community Health Care Network (CHCN). HHP services are now temporary and are accessed during the client's transition period to a medical home. The intent of the HHP program was always to serve as a temporary conduit to the County's existing primary health care and safety net services. The output should continue to decline as the County continues to implement its plan to end chronic homelessness. As expected, the drop in output also affected the program's efficiency measure of the clients to nurse practitioner ratio, which was estimated at 1:375 in FY 2012, but declined to 1:205. The output and efficiency measures are directly related so a decrease in one would result in a decrease in the other.

The program was unable to achieve its performance target of 50 percent for the percent of homeless clients enrolled in CHCN. During FY 2012, the program enrolled 30 percent of its clients into the CHCN. This is the first year data are being collected for this measure, and the estimate provided during the last fiscal year was based on artificially high output data, which included both active (individuals receiving services within the past six months) and inactive clients (clients who had not accessed services in six months or more). The program will continue to track this measure and make adjustments as necessary.

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The program was also not able to achieve its performance target for the percent of homeless clients with improved health outcomes. While the goal for FY 2012 was 30 percent, the program reported that 18 percent of clients had improved outcomes on one or more health conditions. This decrease is explained, however, by the overall drop in output and by outside sources of primary health care. With more clients gaining access to permanent medical homes, conditions for which a client may have sought out HHP services and received care may be followed up and/or resolved by another provider. Due to privacy regulations, the Homeless Medical Services Program is unable to monitor clients' health once they exit HHP for a permanent, medical home, such as Medicare, Medicaid, and the VA. In the case of CHCN, HHP clients will continue to remain clients of the Health Department; however, their data are tracked and stored by a different data management system. Once the Health Department implements an Electronic Health Record these challenges will be mitigated, allowing patients to transition throughout the continuum of safety net services while ensuring consistent baseline measures and treatment outcomes irrespective of agency program.

Division of Community Health Development and Preparedness

Division of Community Health Development and Preparedness (CHDP): CHDP achieved several notable outcomes in FY 2012 including: increased CHDP funding, strengthened staffing, expanded community engagement, enhanced preparedness, and improved response functionality. More specifically, CHDP's FY 2012 accomplishments included: increased collaboration with the Department of Neighborhood and Community Services that resulted in the Centers for Disease Control awarding Fairfax County a highly competitive grant worth \$2.5 million that will support the "Partnership for a Healthier Fairfax" Coalition for five years, launching a county-wide Vaccine Literacy education campaign, and effective response to several emergency related events such as the County's multi-day response to the June 2012 Derecho storm.

Community Health Planning (CHP): In mid FY 2010, the FCHD formed the Partnership for a Healthier Fairfax (PFHF), a multi-sector community coalition focused on improving community health. Since that time, the Community Health Planning Unit has been guiding the coalition through the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process. Utilizing the MAPP framework, PFHF conducted a comprehensive community health assessment in FY 2011, and identified the following health priorities in FY 2012: Access to Health Services, Data, Environment and Infrastructure, Health Workforce, and Healthy Lifestyles. To address these health priorities, PFHF formed Strategic Issue Teams (SITs) that worked in FY 2013 to conduct a policy scan, and develop goals and strategies. This work will be outlined in a community health improvement plan which is expected to be finalized in FY 2014.

In FY 2012, CHP collaborated with DNCS and was awarded the Centers for Disease Control and Prevention Community Transformation Grant (CTG). This grant builds upon the foundational work of the PFHF, and aims to increase community capacity to implement policy, system, programmatic, and environmental changes that reduce chronic disease and help community members live longer, more productive lives. In addition, CHP was selected for fellowship assignments from the Public Health Prevention Service and the Presidential Management Program. The fellows provide a level of staffing and skills that are critical to the FCHD's planning and policy development efforts and come at no additional cost to the County.

In FY 2013, staff leadership for the PFHF will be transitioned to positions funded by the CTG within DNCS. CHP will continue to provide technical assistance to the PFHF and to facilitate the successful completion of the steps in the MAPP process. The FCHD's strategic plan is being significantly revised in FY 2013 and will be implemented in FY 2014. Also in FY 2013, the FCHD began preparations for local

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FCHD accreditation. The accreditation application will be submitted to the Public Health Accreditation Board for consideration in FY 2014.

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

In FY 2012, CHO worked with more than 400 community-based organizations and reached more than 16,000 residents through direct education efforts. A close partner in this success has been the Department of Family Services Elderlink program, which works with CHO to implement the Stanford Chronic Disease Self-Management Program. This effort has garnered state-wide recognition and has been featured in several news articles.

In FY 2012, CHO played an important role in developing and launching the FCHD's Vaccine Literacy Campaign, which aims to educate people about the concept of community immunity, address vaccination safety and efficacy concerns, and increase vaccination rates for vaccine-preventable diseases. The initial focus was on influenza immunizations, and targeted younger adults and hard to reach racial and ethnic minority populations. CHO worked with more than 30 organizations to implement the campaign including George Mason University, faith-based organizations, and a wide variety of non-profit organizations. The Vaccine Literacy Campaign produced 94 community events and reached more than 6,000 individuals. CHO will continue these Vaccine Literacy efforts through FY 2015.

In FY 2013, CHO launched a variety of outreach initiatives including the Community Health Champions pilot program, which trains community volunteers to teach short educational sessions about emergency preparedness in the community. CHO will also launch a tuberculosis outreach initiative that will focus on the Indian, Vietnamese, and Ethiopian communities in the County. Finally, CHO supports the FCHD's Multicultural Advisory Committee (MAC) which plays a critical role in the FCHD's interface with the County's minority populations.

Moving into FY 2014 and FY 2015, CHO will continue to assess and conduct creative outreach activities across the County. It will focus on the Vaccine Literacy Campaign and the concept of community immunity, the Chronic Disease Self-Management Program, and Community Health Champions program. CHO has added tuberculosis as an outreach initiative and will begin to assess its impact in the community. CHO will also seek to expand its linkages to FCHD services outreach.

Office of Emergency Preparedness (OEP): OEP coordinates the FCHD'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 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.

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In FY 2013, OEP continued an extensive revision of the FCHD's Emergency Operations Plan (EOP), with a particular focus on its plan for responding to a large-scale Anthrax attack. Several corresponding emergency plans were updated during FY 2013 including those for: command and control and coordination of large-scale public health emergencies; the mass dispensing of antibiotics during incidents of bioterrorism; and incidents resulting in large numbers of fatalities. The EOP guides the FCHD's response to emergencies and is a critical cornerstone of its preparedness efforts. OEP will annually institute training and exercise activities related to the revised plans and core emergency functions (i.e., emergency notifications and communications drills). These trainings will be offered to both staff and the Fairfax County Medical Reserve Corps (MRC) volunteers.

OEP plays an important role in Fairfax County's emergency preparedness and response activities. In March 2012, OEP participated in the County's three-day full scale exercise, Operation Enduring Collaboration, which allowed the FCHD to enhance its ability to respond to a tornado event in the County. In June 2012, OEP was involved in the FCHD's response to a foodborne illness outbreak on the campus of George Mason University and the County's multi-day response to the Derecho storm. In addition, OEP spearheaded the FCHD's successful Local Technical Assistance Review (LTAR), an annual assessment of our bioterrorism response plans by the Centers for Disease Control and Prevention.

The MRC, a component of the FCHD's Office of Emergency Preparedness, is composed of over 3,000 medical and non-medical volunteers who have indicated their willingness to support the FCHD and serve the community in the event of a public health emergency. All MRC volunteers are required to complete 10 hours of basic training during their first year in the program, and to participate in trainings and exercises thereafter to enhance and maintain proficiency in their emergency response roles.

During FY 2012, over 200 MRC volunteers participated in three community-level Boot Camp training events. These events provided volunteers with the opportunity to complete their basic MRC training requirements. Additional trainings were held throughout the year on mass fatality response, radiological emergencies, and shelter operations. Overall, MRC volunteers contributed 3,063 hours in service to the County through training and other events.

In FY 2013, MRC program staff will develop a volunteer policy and procedure manual and produce a multi-year strategic plan to guide the governance and administration of the program. Additionally, trainings and exercises will be provided to enhance volunteer knowledge, skills, and abilities in areas related to recently-revised plans (such as mass dispensing, ICS, and NIMS). Looking to FY 2014 and FY 2015, the MRC will continue to recruit MRC volunteers and improve the number of volunteers who complete the training requirements. The MRC staff will also apply for external funding that can support the MRC's operations.

Community Health Care Network

The number of primary care visits provided in FY 2012 decreased 3.0 percent to 54,336 from 56,018 visits in FY 2011. This slight decrease was due to the implementation of an electronic health records system, which is now fully operational. The net cost to the County per visit increased marginally from \$171 in FY 2011 to \$174 in FY 2012. The increased net cost per visit relates to the decreased number of visits provided. The percent of women provided a mammogram decreased slightly from 94 percent in FY 2011 to 92 percent in FY 2012. This decrease is within the margin of care; however, in FY 2012 CHCN joined a regional Komen initiative to improve breast health, and it is expected that there will be continued improvement in this area. The percent of patients with diabetes who have had a total cholesterol and LDL screen within the last year decreased in FY 2012 to 91 per cent from 96 percent in FY 2011. The electronic health record enables a more precise data collection method, which was started in FY 2012.

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The percent of clients whose FY 2012 eligibility determination was accurate remained at 99 percent. The Health Access Assessment Team (HAAT) continues to support and ensure standard, comprehensive eligibility and enrollment processes.

Maternal and Child Health Services

Immunizations: The Fairfax County Health Department provided 29,365 vaccinations in FY 2012 and 12,277 immunization visits to children ages birth to 18 years. The total number of vaccines given in FY 2012 is slightly less than in FY 2011 because of the increased use of combination vaccines especially: Pentacel (a combination of diphtheria, tetanus, acellular pertussis/DTap, poliomyelitis/IPV, and haemophilus influenzae type b/Hib vaccinations), Pediarix (a combination of diphtheria, pertussis, tetanus, hepatitis B, and IPV vaccinations), and MMRV (a combination of measles, mumps, rubella, and varicella vaccinations). The FY 2012 immunization completion rate of 71 percent of two-year-olds having completed the required vaccination series is an increase from the FY 2011 actual rate of 69 percent. The agency will continue to strive to achieve completion rates of 80 percent compliance in FY 2013 and FY 2014, the national goal set in Healthy People 2020 for Health Departments.

The FCHD has developed an Agency Immunization Rate Improvement Plan that outlines specific strategies to be undertaken to improve the overall immunization rate. The focus is on data collection, client-provider opportunities, and community outreach, and aligns with Virginia Department of Health strategies. 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. Increasing provider use of the Virginia Immunization Information System (a central repository for immunization records from all sources so that completion rates can be determined on the most complete and accurate information) is another important strategy in improving immunization completion rates. 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 parents not to vaccinate entirely, or to delay immunizations beyond the recommended ages. This trend has a direct, negative impact on compliance rates and the FCHD has outlined several strategies to improve vaccination rates, including training clinic staff and providers to increase competency in educating parents on vaccine safety and efficacy.

The FY 2012 cost to the County of providing immunization services to clients aged birth to 18 years was \$33 per visit, which is an increase from the FY 2011 cost of \$14 per visit. Similarly, the cost to the County per vaccination of \$14 in FY 2012 increased from the FY 2011 actual cost of \$12 per vaccination. The cost to the County per visit reflects a significant increase from FY 2011 because the population used to calculate this in FY 2012 was limited to ages birth to 18, whereas in previous years all ages were included. The magnitude of the increase is not reflective of the true increase in costs, but rather a more accurate measurement of vaccine uptake in children younger than 18 years of age.

The 2010 State of Health Care Quality Report from the National Committee for Quality Assurance (NCQA), states that for every dollar spent on immunizations, \$29 dollars is saved in future medical costs and the indirect cost of parent/guardian work loss, death and disability. In FY 2012, the cost to the County for immunizations was \$402,566 resulting in a potential savings of \$11,674,414 in future medical and indirect costs.

Maternity Services: In FY 2012, the FCHD saw an 8 percent decrease (from 2,926 to 2,687 women) in the number of women seen for prenatal care services. This outcome is only the second time in the last six years there has been a decline in the number of maternity clients. This decrease in clients seeking services from the FCHD may be attributed to a decrease in clients newly arrived in the U.S. and an increase in

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second generation immigrants who are eligible to receive prenatal care through Medicaid. Maternity costs for FY 2012 were \$281 per client. Maternity costs for FY 2012 were less than projected, but higher than actual costs in FY 2011 because fewer clients were served in FY 2012.

The overall low birth weight percentage (comprised of low birth weight or LBW, and very low birth weight or VLBW) for FCHD clients increased slightly from 6.4 percent in FY 2011 to 6.5 percent in FY 2012. The increase was seen in the VLBW category, which generally is static around 1 percent but this year increased to 1.3 percent. The overall LBW percentage still compares favorably with the Fairfax County rate of 7 percent in 2010, particularly given that the population served by the FCHD is generally at higher risk for poor birth outcomes. Reasons for the increase may be attributed to continued economic hardships and its ripple effects: reduced employment, reduced income, food insecurity, housing insecurity, increased intimate partner violence, and increased reliance on social service programs. Strategies to collect further information and to address this disparity are being developed and will be included in the overall agency strategic plan. The FCHD has set a goal of reducing the low birth weight rate to 5 percent, which is the national goal established in Healthy People 2020.

The State of Health Care Quality Report indicates that for infants of mothers who received prenatal care, the predicted hospital cost is \$1,065 compared to \$2,069 for a mother who received no prenatal care prior to delivery, resulting in savings of \$1,004. According to the Institute of Medicine Report, Preterm Birth: Causes, Consequences and Prevention, 2007, the annual societal economic burden associated with preterm birth in the United States (i.e., medical costs, early intervention services, special education, and lost productivity) was \$26.2 billion in 2005. The SOHC Report also estimates that for every \$1 spent on prenatal care, \$3.33 is saved in postpartum care, plus an additional cost savings of \$4.63 in long-term morbidity costs. In FY 2012, the actual cost to the County for prenatal care was \$753,969 for 2,687 clients resulting in estimated savings of \$6,001,593.

Speech and Language: The Speech and Hearing program provides speech and audiology services to both children and adults, but predominately serves children. In FY 2012, 95 percent of speech clients and 85 percent of hearing clients were children. The program remains one of a few providers in the Fairfax community that delivers speech and hearing services to patients with Medicaid insurance coverage. The program is one of only two providers in the community that offers hearing aid services for children with Medicaid and the only such provider with offices in the north and south county areas. A sliding fee scale is available for those families without Medicaid insurance coverage who otherwise might not be able to afford services. The Speech and Hearing program also provides speech services to children who are not eligible to receive those services through Fairfax County Public Schools, and hearing screenings for those children evaluated by the County's early intervention Infant Toddler Connection program.

The Speech and Hearing program experienced a 10 percent decrease in speech visits between FY 2011 and FY 2012, attributable to an eight month vacancy of one speech pathology position. Due to the continued implementation of revenue enhancement and clinic efficiency standards, there was no increase in speech unit cost from FY 2011 to FY 2012.

Health Laboratory

Control of average cost per test is a continuing focus of laboratory performance. The actual cost per test in FY 2012 was higher than estimated due to inclusion of one-time expenses for scientific equipment and supplies associated with relocation to the new laboratory facility and molecular (robotic) testing supplies. Increased usage of robotic equipment and cross-training of staff are projected to decrease cost per test in the future.

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The FCHD laboratory continued to maintain a high degree of accuracy as measured by its FY 2012 scoring average of 97 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 98 percent of critical human exposures to potentially rabid animals. In FY 2012, 519 residents (98 percent of those with negative results) received their negative test results within 24 hours, saving an estimated \$1,038,000 on needless medical costs for a series of rabies post-exposure immunizations which average \$2,000 per series.

School Health

In School Year 2011-2012, the School Health Program supported 177,435 students at 193 school sites during the regular school year and 29,317 students at 109 sites in summer school and community/recreation programs (e.g., School-Age Child Care (SACC), 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., FCPS Middle School After School Programs and Adult and Community Education Programs), and individual school sponsored programs increased from the prior year.

In FY 2012, the percentage of students who had a health condition that may impact their school day continued to remain stable at 47,511 (27 percent) of the total student population. The percent of students with a new health plan in place within five days of notification decreased to 64 percent. This slight decrease of 6 percentage points is in part, a result of public health nurse vacancies. In FY 2013, the percent of plans in place within five days of notification is expected to increase because of the additional 12 new school public health nurse positions assigned to health promotion activities, which at the start of the school year will be used to develop and implement health care plans. In FY 2012, the number of students with new health plans increased in proportion to the total number of health plans, which is reflective of increasing enrollment. The percent of staff trained to perform health care procedures increased 24 percent. This continued rise in the number of trained staff is a product of increasing numbers of health procedures that are required during the school day and additional School public health nurse availability to support FCPS staff training needs.

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 FCHD staff.

Long Term Care Development and Services

Adult Day Health Care: As the demographics change and new demands for long-term care emerge, the Adult Day Health Care program will play a crucial role in the County's Long-Term Care Continuum. The program's goal is to promote the health and independence of frail elderly and adults with disabilities by providing a safety net for individuals who need supervision during the day due to changes in their cognitive and/or functional abilities allowing them to remain with their families in the community, preventing the need for more restrictive and/or costly long-term care thereby enhancing their quality of life. The program also provides a safety net for caregivers so they are able to continue to work, take the time they need to care for themselves and their families, and take a much needed break from the responsibilities of caregiving.

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According to a survey conducted by AARP in November 2010, 88 percent of respondents 65 years and older, stated they would “prefer to remain in their homes indefinitely as they age.” Of the participants enrolled in the ADHC program in FY 2012, 95 percent met the criteria for more restrictive and costly long-term care facilities. Of the family caregivers surveyed, 92 percent stated that the ADHC program helped them keep their loved ones at home. This care option is an affordable alternative to nursing home care in Northern Virginia with costs as much as \$90,155 a year, assisted living facility care with costs of \$52,920 a year (MetLife Report 2010), which does not take into account the extra cost associated with dementia care, and home health care with costs of approximately \$40,000 per year for an aide eight hours a day, five days a week. At a rate of \$22,500 a year, for a participant attending the center five days a week at the highest fee, the cost of ADHC in Fairfax County is a cost effective, affordable option for clients and caregivers.

In FY 2012, the Average Daily Attendance (ADA) of 123 came close to meeting the goal of 130, but was a decrease from the previous year. This was primarily due to the transfer of operations at the Braddock Glen ADHC to Inova for the purpose of becoming a Program of All Inclusive Care for the Elderly. The acuity level of participants enrolling in the program is also higher this year than that of participants enrolling in the past, resulting in a shorter length of stay. In FY 2012, the number of people who stayed in the program for more than two years dropped by 13 percent and those staying for less than a year increased by 20 percent. Discharges outnumbered admissions by 18 percent.

A survey conducted by members of the Virginia Adult Day Health Services Association reports general decline in average daily attendance (ADA) as a statewide challenge. It is attributed to a sluggish economy, lack of public awareness, and a higher participant turnover rate due to the higher acuity at admission. On the local level, focus groups were held with key stakeholders (consumers, referral sources and a strategic planning group) to identify barriers to ADHC usage and explore new effective marketing initiatives to pursue in FY 2013. Some of the recommendations were to: (1) increase awareness of ADHC as a long-term care option in the community, (2) increase the awareness of ADHC as a resource for referral sources, and (3) harness technology to integrate the assessment and referral process used by County human services staff to improve customer service and expedite access to services. If successful, the forecast for the numbers served for both FY 2013 and FY 2014 are expected to improve.

As expected, the cost per client per day increased in FY 2012 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. In FY 2013, the FCHD anticipates an increase in the net cost to the County because the rate of increase in the program’s operating budget will exceed the rate of new enrollment growth.

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. Based on current trends, an increase of approximately 9 percent is projected for NHPAS in FY 2013. Higher volumes are attributed to growth in the aging population and larger numbers of individuals with chronic conditions and disabilities requiring support services in order to stay in the community and age in place. The cost per service unit and net cost per service unit rose significantly in FY 2012 due to increased employee fringe benefit costs. An additional 0/0.5 FTE Public Health Nurse position was allocated in FY 2012 based on the higher than projected screening totals.