

Health Department



Health Department

Mission

Protect, promote and improve health and quality of life for all in our community.



AGENCY DASHBOARD			
Key Data	FY 2011	FY 2012	FY 2013
1. Number of screenings, investigations, and treatment for selected communicable diseases	27,141	27,166	28,032
2. Number of vaccines administered to children	31,152	29,324	27,849
3. Number of primary care visits provided through the Community Health Care Network	56,018	54,336	50,287
4. Number of student visits to school health rooms	724,029	765,784	770,744
5. Number of Environmental Health community-protection activities: inspections, permits, and service requests	37,594	36,305	29,640
6. Number of community members served through outreach and health promotion activities	22,661	16,818	16,672

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 the performance measures.

In late FY 2013, the FCHD began a strategic planning process which will be completed by the end of FY 2014. It will incorporate input from the community, key stakeholders, and staff. Although the plan is still in development, the Health Department will be focusing on strengthening capacity to deliver the 10 Essential Public Health Services (EPHS) through population-based prevention programs. The 10 EPHS describe public health activities that all communities should undertake and serves as a framework for the national public health department accreditation process. The FCHD has begun preparations for accreditation through the Public Health Accreditation Board and will demonstrate its role in facilitating the delivery of the 10 EPHS in the Fairfax community. Several focus areas to enhance the public health infrastructure have been identified during the strategic planning process: recruitment, development, and retention of a diverse, competent workforce; investment in technology to improve efficiency and service delivery; and improvement in organizational capacity to fulfill the evolving role of public health.

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Revenue Sources

The FCHD operates as a locally administered health department supported by the state based on a formula set by the General Assembly. For FY 2015, it is anticipated that the state will contribute a total of \$9.3 million in support of the FCHD's services. Additional financial support for the FCHD's activities is provided through contracts with the cities of Fairfax and Falls Church. Other revenue is generated from fees for licensure registration, permits, and commercial and residential plan review for environmental and health-related services. Fees are also collected for death certificates, x-rays, speech and hearing services, pregnancy testing, laboratory tests, pharmacy services, physical therapy, primary care services, adult immunizations, and Adult Day Health Care participation. Eligible health-related services are billed to Medicare, Medicaid, and other third party payers.

Preventing Epidemics and the Spread of Disease

Identifying, analyzing, and mitigating the spread of communicable diseases remains a continuous and growing challenge as evidenced by the incidence of norovirus, foodborne illnesses, seasonal flu and tuberculosis in the community. To assure the health and safety of the community, communicable disease cases and outbreaks reported to the FCHD are investigated, and when indicated, protective public health interventions are implemented.

While the FCHD provides essential services for disease surveillance and mitigation, community outreach and partnerships with health professionals and community leaders provide innovative community-based solutions that enhance community education and capacity for communicable disease control. For example, in March 2013, a tuberculosis (TB) outreach effort, aimed at high-risk populations, was launched to increase awareness about TB, dispel myths and reduce barriers to testing and early treatment. The strategic focus of the outreach includes: engaging ethnic media to raise awareness among the targeted populations; conducting community presentations to educate potentially affected individuals; providing educational materials to community partners for broad distribution; and engaging community leaders and health care providers to adopt key TB messages for targeted communities.



FCHD staff and MRC volunteers at work

Immunization is a crucial way to prevent disease, and as such, the FCHD is working to expand immunization access to key undervaccinated populations. Funding from the Affordable Care Act of 2010 (ACA) now enables the FCHD to offer all vaccines recommended by the Centers for Disease Control and Prevention (CDC) to uninsured adults, who otherwise would not have access to these vaccines. In FY 2013, gaps in access to adult vaccinations continued to be addressed through initiatives funded by the Virginia Department of Health (VDH), targeting pregnant women, adolescents and adults. Vaccines offered through these programs are Tetanus-Diphtheria-Pertussis (Tdap) vaccine, Human Papilloma Virus (HPV) vaccine, and Meningococcal vaccine (MCV). The Tdap Initiative, which began in response to the rise in pertussis in Virginia, attempts to increase community immunity against pertussis to protect infants who are not fully immune. In FY 2013, a total of 1,520 Tdap doses were provided free of charge to Fairfax residents. In FY 2014, the FCHD held five offsite vaccine clinics to provide influenza and Tdap vaccines to employees of several large private child care facilities in the County as part of a VDH supported state-wide initiative.

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Protecting the Public against Environmental Hazards

In FY 2013, the Environmental Health Services (EHS) Food Safety and the Community Health and Safety Programs were merged into the newly created Consumer Protection Program (CPP) in an effort to streamline services and enhance staff performance levels in order to protect the public health through investigation, education, and code enforcement. As a result, staff is now cross trained and better equipped to respond to fluctuations in the number of community-based activities: inspections, permits, and service requests throughout the year.

In FY 2013, EHS was selected by the National Association of County and City Health Officials (NACCHO) to serve as a mentor for three out-of-state local health departments (LHD) enrolled in the Food and Drug Administration's Voluntary National Retail Food Regulatory Program Standards. Fairfax County's regulatory food program has achieved five of the nine standards and is recognized as a model for applying these standards. Through the mentorship, Fairfax County received funding in the amount of \$18,000 for staff training and assisting the three LHD food programs in developing their improvement plans to meet additional standards.

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 to humans by infected deer ticks. Community education regarding these diseases continues to be the cornerstone of prevention efforts. In FY 2009, the Disease Carrying Insects Program (DCIP) initiated a tick identification service. From calendar year 2009 through calendar year 2012, tick identification has increased from approximately 150 to over 350 identifications. DCIP activities are supported through a special tax district and funded through Fund 40080, Integrated Pest Management Program (Volume 2).

The FCHD continues to enhance its laboratory capabilities to improve disease surveillance. For example, the lab is collaborating with DCIP to bring tick testing in-house, following the successful initiation of in-house testing for mosquitoes. In FY 2012, the FCHD 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 in FY 2013 has significantly increased the sample testing capacity while decreasing result turn-around time. These technologies enhance the FCHD's ability to perform a higher volume of testing at a lower cost per test, conduct surveillance rapidly for communicable diseases as well as monitor the presence of human disease pathogens in ticks and mosquitoes. With recent cross training of staff, the laboratory is also able to increase revenue by offering molecular testing to other County agencies and health districts (e.g., Prince William County, Henrico County, and City of Alexandria).

Promoting and Encouraging Healthy Behaviors

Health promotion continues to be an integral component of all the FCHD's activities. Community-wide outreach has focused on hand washing, respiratory hygiene, safe handling of food, HIV prevention, and deterrence of insect related illnesses. The FCHD continues 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 for building community capacity to deliver and reinforce key public health messages within targeted communities.

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. The redesign of the School Health service delivery model, as outlined in the strategic plan, has enabled staff to support the health and safety of students more effectively and efficiently. In FY 2012, a focused evidenced-based

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health promotion program for healthy lifestyles was developed in partnership with Fairfax County Public School (FCPS) Food and Nutrition Services and Health and Physical Education Divisions, the Department of Neighborhood and Community Services, and the Department of Family Services. As a result, in FY 2013, School Public Health Nurses began teaching healthy lifestyles to kindergarten students and participating in health promotion activities with the school community, parents, and families. In addition, the FCHD developed training for 17,230 FCPS school staff on how to recognize symptoms of anaphylaxis and respond to a student experiencing symptoms by administering epinephrine, as mandated by new legislation in March 2012. Required annual training for school staff will also be conducted by FCHD professionals.

In FY 2013 the FCHD implemented the Nurse Family Partnership Program to promote healthy behaviors. This evidence-based, community approach to improving birth outcomes and breaking the cycle of poverty is funded through a grant from VDH, via the federal Maternal, Infant and Early Childhood Home Visiting Program. Nurse home visitors work with first-time mothers to support preventive health practices during pregnancy, promote and teach positive parenting skills, and guide families towards self-sufficiency. Research shows the program results in a reduction in child abuse and neglect, fewer childhood injuries, improved school readiness, and a reduction in behavioral and intellectual problems in early childhood.

The FCHD offers access to nutrition services and education as a means of improving and sustaining health for vulnerable populations. The Special Supplemental Nutrition Program for Women, Infant, and Children (WIC) provides nutritious foods, nutrition education, breastfeeding support, and health care referrals to at-risk, low-income pregnant women, new mothers, infants, and children up to age 5. In FY 2013 Fairfax County WIC sites served an average of 2,347 pregnant women, 1,669 breastfeeding women, 880 post-partum women, 3,946 infants and 9,982 children for a total of 18,824 clients each month. Expanding access has been a major focus of WIC, and as a result, in FY 2014, WIC began on-site clinic services to clients in the Herndon area in collaboration with HealthWorks Herndon and InovaCares Clinic.

Assuring the Quality and Accessibility of Health Services

Due to the significant number of working poor and uninsured in Fairfax County, the demand for services continues to challenge the current capacity of the Community Health Care Network (CHCN), the County's primary health care system. In FY 2013, 20,451 individuals were enrolled in CHCN and as of April 2014, there were 1,074 individuals waiting to enroll in CHCN. In collaboration with the Department of Family Services' Health Access Assistance Team, the FCHD has continued 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 and provides CHCN clinics with additional staffing resources as well as training and education. The Community Health Care Network's work with local Federally Qualified Health Centers has resulted in two New Access Points – one opened in Herndon in FY 2013 and a second in South County in FY 2014. Coordination and collaboration with these community partners will result in a greater number of Fairfax County residents having access to a primary care medical home. In September 2013, the CHCN program received the highest level of recognition as a Patient-Centered Medical Home (PCMH) from the National Committee for Quality Assurance (NCQA). The NCQA model is the most widely accepted PCMH model in the country. Growing evidence suggests that PCMHs offer improved access to care and improved quality.

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The FCHD continues to work with the County's newly formed Health Care Collaborative to prepare for and respond to healthcare service delivery needs associated with the Affordable Care Act of 2010. The Health Care Collaborative will continue to work with community safety net providers to establish a service delivery framework that assures access to new health insurance marketplace programs; integrates primary, oral, and behavioral health services; and improves access and affordability of health care for the Fairfax community. The FCHD, along with other County agencies and community partners, is developing recommendations for the provision of safety net services. These recommendations will incorporate prevention and wellness best practices to improve the community's health.

Prenatal care service utilization decreased for the second year in FY 2013 with 2,404 clients served during 9,387 clinic visits. Access to prenatal care services for uninsured and underinsured women continues through a partnership between the FCHD and Inova Cares Clinic for Women. Historically the FCHD has functioned as the entry point for pregnancy testing and prenatal care through the 2nd trimester, at which time clients are transferred to Inova Cares Clinic for Women 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 Cares Clinic for Women, was implemented in July 2013. The FCHD will continue as the entry point for pregnancy testing and maternity services; however, clients with positive pregnancy tests who meet eligibility requirements will be referred to Inova Cares Clinic for Women following a public health screening for tuberculosis and psychosocial risk factors. In addition, the FCHD will provide primary care through the Community Health Care Network and other public health and supportive services, such as WIC, case management, and home visiting services. The transition of all clinical components of prenatal care was completed on December 31, 2013.

One of the fastest growing segments of the County population is adults over the age of 60, and access to health-related services is a key population-focused area for the FCHD. 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. In preparation for this anticipated need, the FCHD is collaborating with the Department of Family Services and the Department of Neighborhood and Community Services to enhance the long-term care system of services by providing a more integrated approach.

The Adult Day Health Care (ADHC) program, a service provided to adults who need supervision during the day, allows many to remain at home while giving family caregivers the time they need to go to work or provide relief from the daily needs their loved ones require. This enhances the client's quality of life as well as the economic and emotional health of the caregiver. The biggest barrier to access to ADHC is the lack of awareness of its value and availability in the community at large. Thus, in FY 2013, the FCHD focused on educating key referral sources that are a vital link in enrollment and effective utilization of County long-term care services as well as the development of new marketing tools. With the increased visibility in the community in FY 2014, it is anticipated that enrollment will increase.

Innovative models of service delivery such as "Aging in Place," continue to expand in Fairfax County. Communities or neighborhoods initiate "Aging in Place" service models by self-identifying and self-determining the needs of their members and then designing systems of service that utilize volunteers to deliver a variety of services, such as transportation, shopping, and chores. With the assistance of the Long Term Care Program Development (LTCPDT) staff team, numerous communities in the County have begun planning for or have initiated service models. The Long Term Care Coordinating Council (LTCCC) staffed by the LTCPDT, develops community-based solutions to address gaps in access to services. The LTCCC's 50 or more members (confirmed by the Fairfax County Board of Supervisors) and

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additional members of its working committees identified the following priority areas to be addressed: housing, transportation, government affairs, coordination of medical and social services, young adults with disabilities and services for older adults.

The FCHD also led a cross-system initiative to enhance and streamline long-term care services and supports provided by the FCHD, the Department of Family Services, and the Department of Neighborhood and Community Services. The County Executive has charged the team with studying further efficiencies and possible enhancements for long-term care services.

Responding to Disasters and Assisting Communities in Recovery

Within the Division of Community Health Development and Preparedness (CHDP), the Office of Emergency Preparedness, which oversees the Fairfax Medical Reserve Corps (MRC), prepares staff and volunteers to respond effectively to public health emergencies throughout the year. During FY 2014 the Office of Emergency Preparedness (OEP) offered MRC volunteers basic and advanced training opportunities through multiple Boot Camp sessions. Basic training helps new MRC members meet all of the requirements to be deployed in an emergency. Advanced training prepares volunteers for leadership roles during an emergency response. During FY 2014 the OEP conducted preparedness training and exercises to ensure agency staff and volunteers are ready to respond to a variety of natural and manmade disasters, including disease outbreaks and acts of bioterrorism. Since its inception, the OEP has increased agency integration of and compliance with federal mandates, including the National Incident Management System, Incident Command System, and CDC guidance on public health preparedness and response.

Recruit, Train and Retain a Diverse Competent Workforce

The FCHD and its staff are guided by 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. The agency recognition awards program reinforces the FCHD's values and the need for innovative ways to recognize staff. 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). Other efforts to be more values driven are reflected in new employee interviews and orientation. Workforce planning continues, with the goal of employing and retaining a skilled and diverse workforce. The FCHD annually reviews the organizational structure in an effort to continuously improve customer service and to maximize resources.

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 2013, additional resources were dedicated to training and development in order to prepare and position the public health workforce for new roles in the evolving health delivery landscape. In FY 2014, the PHN Preceptor Program will be revised to reflect changing needs.

Investing in Technology to Improve Efficiency and Service Delivery

A key strategic priority is integrating proven technology to maximize access to and dissemination of critical health information to staff, providers, and the community. In FY 2013, the FCHD focused on expanding our Internet presence, applying Geographic Information System (GIS) technology to align service delivery, and procuring Electronic Health Record (EHR) software. Improved Web sites and expanded social media messaging resulted in an increase in the FCHD's Web site visits by 24 percent, and increased Twitter and Facebook interest by 46 percent and 83 percent respectively. The Environmental Health division has implemented Internet-based application requests for selected permit

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programs and will continue to expand online applications in FY 2015. GIS technology was used during FY 2013 to identify new healthcare access points where pockets of poverty and related barriers impede access to health services. Using GIS, the distribution of clients receiving Health Department clinic and field services was re-evaluated to forecast the impact of population shifts on current and future clinic locations.

Procurement processes were completed in FY 2014 to secure a public health oriented EHR software. The new EHR system is currently being implemented and will expand automated interfaces to and from supporting software systems, such as the FCHD Laboratory Information System, to facilitate service integration and collaboration. The EHR will allow for complete electronic storage of patient health data and facilitate secure electronic exchange of health information with key service partners.

Other planned initiatives include collaborating with Fairfax County Public Schools on web-based toolkits for health services in schools, continuing GIS based analyses to align populations in need and service access, and several pilot projects for mobile technology and telemedicine solutions. Mobile computing, such as tablets and smart phones, are increasingly secure, cost effective, and expand the FCHD's outreach and service provision efficiencies. In addition, a telemedicine pilot will be expanded at the Community Health Care Network Centers to allow patients remote access to specialty care and Medication Therapy Management consultations.

In the fall of 2013, the FCHD Laboratory successfully implemented the electronic transfer of reportable diseases to the state and will begin a major upgrade to the current Laboratory Information System. This upgrade will facilitate communication between databases, enhance reporting and surveillance capacity, and facilitate the electronic transfer of information between key service partners.

Improving Organizational Capacity to Fulfill the Evolving Role of Public Health

Over the next several years a strategic aim of the FCHD is to build capacity to address health issues at a population level, with a focus on reducing health inequities. Five principles that characterize and guide FCHD's population-based approach are a community perspective, population-based data, evidence-based practice, an emphasis on outcomes, and the importance of primary prevention. This approach will seek to leverage many traditional and non-traditional partners, using innovative strategies to influence policy, systems, and environmental changes across sectors. These actions will require mobilizing and aligning stakeholders and resources in new ways that result in broader population impacts and ultimately, improved community health outcomes.

As part of the FCHD's focus on population health, the Partnership for a Healthier Fairfax (PFHF) 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 community health assessment in FY 2012, and a Policy, Systems, and Environmental Scan in FY 2013. In early FY 2014, the Community Health Improvement Plan (CHIP) was completed and includes seven priority issues: Healthy and Safe Physical Environments; Active Living; Healthy Eating; Tobacco-Free Living; Health Workforce; Access to Health Services; and Data. In the coming years, the FCHD will collaborate with PFHF on the implementation of key actions outlined in the CHIP.

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.

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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 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 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$33,649,416	\$35,496,661	\$35,551,711	\$36,284,337	\$36,638,959
Operating Expenses	17,417,854	16,207,500	20,039,015	16,669,795	16,620,295
Capital Equipment	30,378	0	37,955	0	0
Total Expenditures	\$51,097,648	\$51,704,161	\$55,628,681	\$52,954,132	\$53,259,254
Income:					
Elderly Day Care Fees	\$1,056,021	\$1,127,428	\$1,056,021	\$1,056,021	\$1,056,021
City of Fairfax Contract	1,104,870	1,104,870	1,101,264	1,101,264	1,101,264
Elderly Day Care Medicaid Reimbursement	301,017	262,224	262,224	262,224	262,224
Falls Church Health Department	278,859	279,764	279,764	279,764	279,764
Licenses, Permits, Fees	3,309,050	3,252,172	3,277,298	3,283,063	3,283,063
Reimbursement - School Health	3,995,766	3,877,215	3,877,215	3,877,215	3,877,215
State Reimbursement	9,314,714	9,314,714	9,314,714	9,314,714	9,314,714
Total Income	\$19,360,297	\$19,218,387	\$19,168,500	\$19,174,265	\$19,174,265
NET COST TO THE COUNTY	\$31,737,351	\$32,485,774	\$36,460,181	\$33,779,867	\$34,084,989
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	661 / 589.98	653 / 581.98	653 / 573.54	653 / 573.54	653 / 573.54

This department has 62/62.0 FTE Grant Positions in Fund 50000, Federal-State Grants.

FY 2015 Funding Adjustments

The following funding adjustments from the FY 2014 Adopted Budget Plan are necessary to support the FY 2015 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 29, 2014.

- ◆ **Employee Compensation** **\$1,142,298**
 An increase of \$1,142,298 in Personnel Services includes \$457,463 for a 1.29 percent market rate adjustment (MRA) for all employees and \$354,622 for a 1.00 percent salary increase for non-uniformed employees, both effective July 2014, as well as \$330,213 for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions.
- ◆ **Electronic Health Record System** **\$244,379**
 An increase of \$244,379 in Operating Expenses supports the ongoing maintenance costs associated with the new Electronic Health Record system which replaces existing patient medical records and meets federal health information technology requirements.
- ◆ **Contract Rate Increases** **\$168,416**
 An increase of \$168,416 supports a contract rate increase for the providers of the contracted health services.

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Changes to FY 2014 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2014 Revised Budget Plan since passage of the FY 2014 Adopted Budget Plan. Included are all adjustments made as part of the FY 2013 Carryover Review, FY 2014 Third Quarter Review, and all other approved changes through April 30, 2014.

- ◆ **Incentive Reinvestment Initiative** **(\$150,000)**
 A net decrease of \$150,000 reflects 50 percent of the savings generated as the result of careful management of agency expenditures during the fiscal year and was returned to the General Fund as part of the *FY 2014 Third Quarter Review*. The remaining 50 percent was retained by the agency to be reinvested in employee training, conferences and other employee development and succession planning opportunities. This initiative was approved by the Board of Supervisors on December 3, 2013.

- ◆ **Carryover Adjustments** **\$4,074,520**
 As part of the *FY 2013 Carryover Review*, the Board of Supervisors approved funding of \$4,074,520, including \$555,050 in Personnel Services for a one-time compensation adjustment of \$850 for merit employees paid in November 2013, \$1,782,470 in encumbered funding, and \$1,737,000 unencumbered funding for the procurement of an Electronic Health Record (EHR) system needed to replace existing patient medical records and meet 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, 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 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$2,019,551	\$1,536,467	\$3,686,801	\$1,925,180	\$1,882,725
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	7/7	7/7	7/7	7/7	7/7
1 Director of Health			1 Business Analyst III		
1 Asst. Dir. for Health Services			1 Business Analyst II		
1 Business Analyst IV			1 Business Analyst I		
			1 Administrative Assistant IV		
TOTAL POSITIONS					
7 Positions / 7.0 FTE					

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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 Health Department who present with acute and/or emergent dental needs. Furthermore, 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 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$696,512	\$603,266	\$676,747	\$655,901	\$662,006
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	9 / 9	9 / 9	9 / 9	9 / 9	9 / 9
3 Public Health Dentists	3	3 Dental Assistants	3	3 Administrative Assistants II	
TOTAL POSITIONS					
9 Positions / 9.0 FTE					

Environmental Health

Environmental Health provides public health services that protect the community from potential environmental hazards and exposures that pose a risk to human health—as the prevention of epidemics and spread of disease is one of the core functions of the Health Department. The division has four program areas: the Consumer Protection Program, the Onsite Sewage and Water Program, the Plan Review Program, and the Disease Carrying Insects Program. The primary services conducted by these programs include inspections, complaint investigations, commercial and residential plan reviews, surveillance and control activities, and community outreach. The division supports the regulated community, other agencies, and the general public to encourage healthy behaviors and maintain voluntary, long-term compliance with state and local regulations.

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$4,181,630	\$4,943,306	\$4,792,912	\$4,840,215	\$4,882,346
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	66 / 66	62 / 62	61 / 61	61 / 61	61 / 61
1 Director of Environmental Health	15	15 Environ. Health Specialists III	1	1 Administrative Assistant V	
3 Environ. Health Program Managers	26	26 Environ. Health Specialists II	3	3 Administrative Assistants III	
5 Environ. Health Supervisors	1	1 Environ. Health Specialist I	5	5 Administrative Assistants II	
	1	1 Environmental Tech I			
TOTAL POSITIONS					
61 Positions / 61.0 FTE					

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Communicable Disease Control

Communicable Disease Control 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 individuals.

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$7,169,685	\$6,150,938	\$7,730,302	\$7,553,398	\$7,618,312
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	96 / 96	96 / 96	97 / 97	97 / 97	97 / 97
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	7	Administrative Assistants IV	
6 Public Health Nurses IV	2	Management Analysts III	7	Administrative Assistants III	
12 Public Health Nurses III	1	Human Service Worker II	14	Administrative Assistants II	
27 Public Health Nurses II	1	Human Service Assistant	1	Material Mgmt. Driver	
4 Nurse Practitioners			1	Administrative Associate	
2 Radiologic Technologists					
TOTAL POSITIONS					
97 Positions / 97.0 FTE					

Community Health Development and Preparedness

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 the FCHD's 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. Investments in the division are building the necessary infrastructure to engage the community in immediate, effective and meaningful health, and wellness strategies.

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$1,035,903	\$1,430,655	\$1,329,163	\$1,325,985	\$1,338,387
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	17 / 17	17 / 17	18 / 18	18 / 18	18 / 18
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	Administrative Assistant III	
1 Public Safety Information Officer IV	2	Management Analysts III	2	Emergency Mgmt. Specs. II	
1 Volunteer Services Coordinator II	4	Community Health Specs.	1	Emergency Mgmt. Spec. III	
TOTAL POSITIONS					
18 Positions / 18.0 FTE					

Health Department

Community Health Care Network

The 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 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$9,581,643	\$8,679,934	\$8,583,752	\$8,767,168	\$8,773,041
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	9 / 9	9 / 9	9 / 9	9 / 9	9 / 9
1 Management Analyst IV		5 Social Services Specialists II			
1 Management Analyst II		1 Administrative Assistant III			
1 Management Analyst III					
TOTAL POSITIONS					
9 Positions / 9.0 FTE					

Maternal and Child Health Services

Maternal and Child Health Services provides pregnancy testing, maternity case management services, immunizations, early intervention for infants at-risk for developmental delays, and case management to at-risk/high-risk families. The FCHD is the entry point for pregnancy testing and maternity services, clients then receive their entire pre-natal care and delivery through Inova Health Systems. 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 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$7,500,735	\$7,849,825	\$7,882,664	\$7,653,730	\$7,723,371
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	110 / 110	106 / 106	102 / 102	102 / 102	102 / 102
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		5 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	
33 Public Health Nurses II		1 Administrative Assistant IV			
TOTAL POSITIONS					
102 Positions / 102.0 FTE					

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 (CLIA) to test specimens for tuberculosis, enteric pathogens, intestinal parasites, sexually transmitted diseases, HIV, and drugs of abuse. The laboratory is also certified by the Division of Consolidated Laboratories (DCLS) to perform testing on drinking water samples 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 jurisdictions.

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$2,513,914	\$2,386,233	\$3,551,244	\$2,687,819	\$2,703,362
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 196 Fairfax County Public Schools and centers. In addition, it 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 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$13,014,802	\$14,383,233	\$13,737,706	\$13,878,302	\$13,978,057
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	275 / 203.98	275 / 203.98	275 / 195.54	275 / 195.54	275 / 195.54
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, 14 PT					
TOTAL POSITIONS					
275 Positions / 195.54 FTE					

PT Denotes Part-Time Position

Health Department

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 was 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 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised	FY 2015 Adopted
EXPENDITURES					
Total Expenditures	\$3,383,273	\$3,740,304	\$3,657,390	\$3,666,434	\$3,697,647
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	53 / 53	53 / 53	56 / 56	56 / 56	56 / 56
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	
7 Public Health Nurses II					
TOTAL POSITIONS					
56 Positions / 56.0 FTE					

Key Performance Measures

The Fairfax County Human Services System has adopted the Results-Based Accountability (RBA) approach to measure impact across the system, foster joint accountability, and collectively strengthen programs and services. In FY 2012, the FCHD began developing RBA program performance plans in alignment with this initiative. This framework focuses on measuring how much work is done; how well work is completed; and whether clients are better off as a result of receiving Health Department services. As a part of this effort, for FY 2015 the FCHD revised key performance measures to better reflect desired client and community health outcomes. Many of these new measures are replacing key performance measures used in prior years; therefore, data is no longer being collected for these measures. Additionally, data are not available for some years due to the newly adopted collection methodologies and reporting tools.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate/Actual	FY 2014	FY 2015
Program Management					
Percent of HD Performance Measures accomplished	NA	NA	NA/46%	60%	75%
Website Visits	182,255	221,653	200,000/274,850	250,000	250,000

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate/Actual	FY 2014	FY 2015
Dental Health Services					
Total patient visits	2,713	3,335	3,000/2,603	2,700	2,700
Percent of treatment completed within a 12 month period	60%	47%	40%/42%	40%	40%
Environmental Health					
Percent of environmental complaints resolved within 60 days	NA	NA	NA/86.0%	90.0%	90.0%
Percent of food service establishments found to be in compliance, at the completion of the inspection cycle, with control measures that reduce the occurrence of foodborne illness	NA	NA	NA/NA	NA	97.5%
Percent of out of compliance onsite sewage disposal and water supply systems corrected within the specified time period	90.3%	87.4%	NA/91.8%	90.0%	90.0%
Confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health	1	1	1/8	1	1
Communicable Disease Control					
Percent of selected reportable communicable disease investigations for which initial public health control measures were initiated within the appropriate timeframe	NA	NA	NA/85.0%	87.0%	89.0%
Percent of clients who report that the services they received at a public health clinic addressed their health need	94.0%	98.0%	NA/91.0%	90.0%	90.0%
Community Health Development and Preparedness					
Percent of staff and volunteers who report they are better prepared for public health emergencies as a result of preparedness trainings and exercises	NA	NA	NA/NA	NA	90.0%
Community Health Care Network					
Number of clients that received primary care through the Community Health Care Network	NA	NA	NA/15,021	15,000	15,000
Percent of Community Health Care Network clients with stable or improved health outcomes	NA	NA	NA/NA	Baseline TBD	TBD
Maternal and Child Health Services					
Percent of children served by the Health Department who are protected against vaccine preventable diseases as a result of completing the recommended vaccination series by 24 months of age*	69.0%	71.0%	80.0%/61.0%	70.0%	70.0%
Percent of pregnant women served who deliver a low birth weight baby*	6.4%	6.5%	5.0%/5.0%	5.0%	5.0%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate/Actual	FY 2014	FY 2015
Health Laboratory					
Percent of individuals saved from unnecessary rabies post-exposure shots by timely receipt of negative lab results*	97%	98%	95%/99%	95%	95%
School Health					
Percent of students' health care plans established within 5 days*	70.0%	64.0%	70.0%/58.0%	65.0%	70.0%
Percent of parents and guardians who report that their child was able to attend school as a result of having a health care plan	NA	NA	NA/NA	80.0%	80.0%
Long Term Care Development and Services					
Percent of caregivers who report that the participant was able to remain at home as a result of attending Adult Day Health Care*	93.0%	92.0%	90.0%/90.0%	90.0%	90.0%
Percent of caregivers who report experiencing less stress as a result of Adult Day Health Care	NA	NA	NA/NA	90.0%	90.0%

* Denotes a previously existing performance measure that has been reworded since publication of the [FY2014 Adopted Budget Plan](#).

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2015/adopted/pm/71.pdf

Performance Measurement Results

Program Management

In FY 2013, Web site visits continued to improve as the FCHD increased its social media presence and additional features were added to the public Web site. However, collecting accurate user satisfaction information has proven difficult and unreliable. Specific social media feedback (versus optional and passive user surveys) provides more descriptive information from the community on the value of the FCHD's Internet resources. Therefore, new results-based accountability measures have been developed for FY 2015.

Dental Health Services

In FY 2013, the Dental Program continued to focus on the oral health and preventative programs initiated in the previous fiscal year. One of the three dental offices was without a dentist for almost three months and as a result, total visits and screenings did not meet the FY 2013 targets. The dental program saw a significant increase in new patient visits. New clients often have a higher acuity as they often enter the program without any prior dental services. This leads to more time per patient and may also have impacted the total number of visits.

There are countywide discussions of a more comprehensive approach to safety net dentistry. If these plans proceed, it is anticipated that the demographics of the population served might change, impacting program productivity. If this should occur, performance measures may be modified in FY 2016.

Health Department

Environmental Health

Consumer Protection Program: The Consumer Protection Program (CPP) currently has oversight of 3,709 permitted facilities which include 3,329 food service establishments and 380 other commercial establishments. CPP conducted approximately 13,000 inspections, complaint responses or service requests in FY 2013.

In FY 2013 there were 3,329 permitted food establishments which is a 4 percent increase from FY 2012. All food inspections were completed according to regulatory mandates and approximately 98 percent of food establishments were found to be in compliance with control measures that reduce the occurrence of food-borne illness. In FY 2015, CPP will continue to identify risk factors that could lead to disease in regulated establishments and educate employees on public health interventions that contribute to a healthy and safe community.

Onsite Sewage & Water Program: The Onsite Sewage & Water Program focuses on disposal systems and private well water supplies to ensure they are constructed, operated and maintained in a manner that protects public health. During FY 2013, 92.1 percent of septic system violations were corrected and inspected by staff within 30 days. In the same time period, the percentage of well water system deficiencies corrected and inspected within 60 days decreased slightly from 76.1 percent to 73.9 percent.

Recent state regulations for Alternative Onsite Sewage Systems (AOSS) and legislation authorizing Professional Engineers to design sewage disposal systems have changed the scope of the program by enabling development of properties that were previously identified as non-buildable. As a result, the number of soil evaluations conducted increased by 32 percent over FY 2012 and 50 percent of all new sewage disposal systems approved in FY 2013 were alternative designs.

At the end of FY 2013, the water recreation facilities program, with regulatory oversight of 1,200 pools, spas, interactive water features, and water parks, inspected each of these facilities at least once during the operational period.

Disease Carrying Insects Program (DCIP): This program focuses on vector-borne disease surveillance and community education. Surveillance activities include routine collecting and testing of mosquitoes and ticks for the causative agents of West Nile virus (WNV), Lyme disease and other vector-borne diseases. Mosquitoes are currently collected at 68 sites in the County on a weekly basis from late April through mid-October with additional traps set in response to program needs. In FY 2013, 3,361 mosquito traps were set. This is a decrease from the two previous fiscal years primarily due to a reduction in the number of routine sites used and enhanced mosquito surveillance performed after flooding in the Huntington neighborhood in FY 2012. The program works collaboratively with the Department's Communicable Disease and Epidemiology unit that investigates human cases of WNV reported by the Virginia Department of Health. In FY 2013, there were eight confirmed human cases of WNV, including one WNV-related death, in the County. The rise in reported cases over previous years may be attributed to a nationwide increase in human WNV cases during calendar year 2012. Robust outreach and education efforts are used to help raise awareness of vector-borne diseases in the community. Storm drain treatments and other mosquito larviciding treatments are also carried out.

Health Department

Communicable Disease Control

Tuberculosis (TB): In FY 2013, the number of clients who received tuberculosis screening, prevention, and case management rose slightly compared to FY 2012 from 24,670 to 25,882, possibly due to several large worksite investigations. This key indicator will be monitored during FY 2014 to assess for any emerging trends.

The rate of active TB disease in Fairfax County increased slightly from 7.5/100,000 population in FY 2012 to 8.0/100,000 in FY 2013. Overall, the rate of active TB disease in Fairfax County remains 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 uniform, as previous years have seen 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 2014 and FY 2015.

As the rate of TB disease increased, treatment completion rates increased as well as demonstrating successful mitigation of disease incidence. During FY 2013, 99 percent of clients with TB disease who were discharged completed treatment, which is above the projected 97 percent. In FY 2013, 99 percent of individuals in Fairfax County treated for active TB disease received their medical care through the FCHD.

Communicable Disease (CD): Thirty-five disease outbreaks originating in Fairfax County were investigated in FY 2013 as compared to 44 in FY 2012. In FY 2013, 100 percent of individuals at highest risk for CD transmission were provided screening, prevention education and training to prevent the spread of further infection. This exceeds the target goal of 95 percent. The outcome indicator of completion of CD investigation with no further follow-up needed also exceeded the goal of 95 percent. Similar numbers for CD investigations and the percentage of completion with no further follow-up needed are anticipated for FY 2014.

Homeless Medical Services Program: The Homeless Medical Services Program served a total of 573 clients in FY 2013. This is a 30 percent decrease from FY 2012 primarily due to a decline in the sheltered homeless population. Homeless clients are enrolled in the Community Health Care Network (CHCN) directly upon shelter admission. Additionally, clients are staying fewer days in a shelter, resulting in fewer Nurse Practitioner contacts. The intent of the program is to provide a conduit to the County's exiting primary health care and safety net services, which is occurring with earlier enrollment to CHCN primary care services. The percent of homeless clients with improved outcomes was 15 percent in FY 2013, compared to an estimate of 30 percent. This is primarily due to clients seeking 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 may be followed up and/or resolved by another provider.

Community Health Development and Preparedness

Community Health Development and Preparedness (CHDP): CHDP achieved several notable outcomes in FY 2013 including strengthened staffing, enhanced community engagement, enhanced preparedness, and improved response functionality. More specifically, CHDP's FY 2013 accomplishments included the development of the Partnership for a Healthier Fairfax's Community Health Improvement Plan; expanded outreach with the FCHD's Tuberculosis program and the Special Supplemental Nutrition Program for Women, Infants, and Children; and effective response to several emergency related events, such as the large scale Tuberculosis investigation at Lee High School.

Health Department

Community Health Outreach (CHO): In FY 2013, CHO worked with more than 180 community-based organizations, participated in over 450 individual events and reached over 16,500 individuals. Of those surveyed, 93 percent evaluated their educational experience as “good” or “excellent.” Additionally, CHO began outreach in conjunction with the FCHD’s Tuberculosis (TB) program and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Outreach efforts for these programs focused on leveraging community partnerships to spread health messages (TB) and identifying eligible families (WIC). CHO also continued to strengthen its network of Community Health Champions, by training community volunteers to spread important health messages.

Office of Emergency Preparedness (OEP): In FY 2013, OEP was restructured to make the unit more efficient and flexible to meet the needs of the agency, its staff and volunteers. Additionally, refocusing on core capabilities for all-hazard emergencies contributed to a greater percentage of staff and volunteers meeting local and federal training mandates. In addition, OEP instituted the new Volunteer Management System (VMS). The new VMS database provides a more accurate picture of the numbers of engaged MRC volunteers, leading to a slightly smaller but more active pool of volunteers. This preparedness contributed to a successful outcome in FY 2013, when the County was hit by the Derecho storm, which left hundreds of thousands without power, including some of the County’s most vulnerable. OEP staff, working with the County’s Emergency Operations Center (EOC), coordinated with various partners to ensure that power was restored to eight of the 16 licensed nursing homes that had lost power. During Superstorm Sandy OEP again staffed the EOC.

Community Health Care Network

The number of primary care visits provided in FY 2013 decreased 7.5 percent to 50,287 from 54,336 visits in FY 2012 due to the elimination of a provider in the FY 2013 budget; however, the FY 2013 actual still represents a 4.8 percent increase over the original contracted number of 48,000. The net cost to the County per visit increased from \$174 in FY 2012 to \$184 in FY 2013. The increased net cost per visit is a factor of the decreased number of visits provided. The percentage of women who were provided a mammogram decreased slightly from 92 percent in FY 2012 to 91 percent in FY 2013. This decrease is within the margin of care; however, effort to incorporate block scheduling, which results in greater compliance, for mammography continues. The percentage of patients with diabetes who have had a total cholesterol and LDL screening within the last year decreased in FY 2013 to 90 percent from 91 percent in FY 2012.

Maternal and Child Health Services

Immunizations: The FCHD provided 27,849 vaccinations to 8,788 children aged birth to 18 years in FY 2013. This is slightly less than the FY 2012 actual of 29,365 due to the increased use of combination vaccines, as well as the increased number of children with medical homes due to the Affordable Care Act of 2010. In FY 2013, 61 percent of children received all the required vaccinations by 24 months of age (Up-to-Date Report, Quarter 1, January–March 2013, Virginia Department of Health). By the time of school entry, a much higher percentage of children are adequately immunized, despite having lacked these immunizations at the age of two. The agency has implemented several strategies to increase completion rates to 80 percent, the national goal set in Healthy People 2020 for Health Departments. These include the hiring of a dedicated immunization compliance nurse, increased promotion of vaccines among the community and working with private providers to ensure appropriate administration of vaccines.

Health Department

In FY 2013, the FCHD implemented changes to the immunization service as a result of the Affordable Care Act of 2010. As of October 1, 2012, the FCHD began offering all Advisory Committee for Immunization Practices (ACIP) Center for Disease Control and Prevention (CDC) recommended vaccines to uninsured adults at reduced cost, including seasonal influenza. The FCHD is also working to ensure vaccine and storage practices adhere to new CDC guidelines issued in November 2012 to reduce costs associated with vaccine loss due to power outages or equipment failure.

The cost to the County of providing immunization services to clients aged birth to 18 years was \$41 per visit which is a slight increase from the FY 2012 cost of \$33 per visit. Conversely, the cost to the County per vaccination of \$13 in FY 2013 decreased from the FY 2012 actual cost of \$14 per vaccination. The State of Health Care Quality 2012 Report from the National Committee for Quality Assurance, states that for every \$1 spent on immunizations, \$29 dollars is saved in future medical costs and the indirect cost of work loss (parent), death and disability. In FY 2013, the immunizations cost to the County was \$355,620 resulting in a potential savings of \$10,312,980 in future medical and indirect costs.

Maternity Services: In FY 2013, the FCHD provided prenatal care services for 2,404 pregnant women, an 11 percent decrease from FY 2012 (2,687 women). This is the second consecutive year there has been a decline in the number of maternity clients which is largely attributable to the Affordable Care Act of 2010. Changes in Medicaid eligibility criteria for visa-holders, effective October 2012, now allow a larger portion of the population served by the FCHD to access prenatal care through Medicaid providers. Maternity costs to the County for FY 2013 were \$271 per client.

The overall low birth weight (LBW) percentage for the FCHD's clients in FY 2013 decreased from 6.5 percent in FY 2012 to 5 percent. The overall LBW percentage compares favorably with the Fairfax County rate of 7 percent and the Commonwealth of Virginia rate of 8 percent (2011, latest available data from the Virginia Department of Health), particularly given that the population served by the Health Department is generally at higher risk for poor birth outcomes. The FCHD has set a goal of maintaining the low birth weight rate at 5 percent, which is the national goal established in Healthy People 2020.

Speech and Language: The Speech and Hearing program provides speech and audiology services to both children and adults, but predominately serves children. In FY 2013, 94 percent of speech clients and 81 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 which offer hearing aid services for children with Medicaid and the only such provider with services available to residents in the north and south county areas.

The Speech and Hearing program experienced a 2 percent increase in speech visits and a 22 percent increase in revenue in FY 2013. The growth in revenue is attributed to a \$10 increase in all speech user fees and increased Medicaid billing. There was also an 8 percent increase in Medicaid patient visits during this period; there was a 10 percent increase in unit costs in FY 2013 due to the limited increase in speech visits and an increase in personnel costs.

In FY 2013, there was an 11 percentage point increase in the number of patients who received speech services and were discharged as corrected. This increase indicates that a greater percentage of clients are successfully remaining in the program, which may be as a result of: extended service-delivery hours, effective care, limited availability of speech therapy services for Medicaid participants and low-income residents in the community.

Health Department

Health Laboratory

Control of average cost per test is a continuing focus of laboratory performance. The actual cost per test in FY 2013, while lower than FY 2012, was higher than estimated due to inclusion of expenses for scientific equipment and supplies associated with the addition of new molecular testing protocols. Future projected cost per test reflects an increase associated with the transitioning of maternity services to Inova and the resulting decrease in test volume. The increase of molecular testing and the addition of new test methods are projected to result in a lower cost per test than projected as well as generate increased revenue.

The FCHD laboratory continued to maintain a high degree of accuracy as measured by its FY 2013 scoring average of 96 percent on accuracy tests required for certification. The agency's scoring level exceeds the service quality goal of 95 percent and also 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 99 percent of critical human exposures to potentially rabid animals. In FY 2013, 446 residents (99 percent of those with negative results) received their negative test results within 24 hours, saving an estimated \$892,000 on needless medical costs for a series of rabies post-exposure immunizations which average \$2,000 per series.

School Health

In School Year 2012-2013, the School Health Program supported 181,393 students at 196 school sites during the regular school year and 27,868 students at 118 sites in summer school and community/recreation programs (e.g., School-Age Child Care, 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 decreased slightly from the prior year.

In FY 2013, the number of students who had a health condition that may impact their school day increased, totaling 48,781 students; however the overall rate (27 percent) remained unchanged, a result of increased School Year 2012-2013 student enrollment. The percentage of students with a new health plan in place within five days of notification decreased 6 percentage points from 64 percent in School Year 2011-2012 to 58 percent in School Year 2012-2013. New legislation requiring the FCHD to train public school staff to recognize and respond to anaphylaxis in children with unknown allergies contributed to this decline. Over 8,000 FCPS staff were trained during September-October 2012, which is the same time frame for completing student health plans. The time required to prepare for and conduct the mandatory training, along with public health nurse vacancies, impacted the FCHD's ability to meet the percentage of health plans in place within five days.

The percentage of staff trained to perform health care procedures decreased 10 percent. The decline in individually trained staff to support students with health care plans is due to a consolidation in group trainings. The quality of school health services remained high, as measured by the annual parent and school staff satisfaction survey, with 95 percent expressing satisfaction with the FCHD's services, care, and staff.

Health Department

Long Term Care Development and Services

Adult Day Health Care: Ninety percent of family caregivers surveyed in FY 2013 stated that ADHC enabled them to keep their loved ones at home, preventing the need for more restrictive and/or costly care. This care option is an affordable alternative to nursing homes, assisted living facilities and home health care which have average annual costs of \$90,885, \$57,600 (MetLife Report 2012) and \$41,500, respectively. At a cost of \$25,300 a year, ADHC is a cost effective option for caregivers. The ADHC program also provides respite for family caregivers. Ninety-four percent of family caregivers surveyed stated that they worried less when their loved one attended one of the ADHC centers.

In FY 2013, the Average Daily Attendance (ADA) of 105 did not meet the goal of 130, and was a 15 percent decrease from the previous year. Several factors have contributed to the decline; a sluggish economy, an increase in the annual rate of discharge due to the frailty of the participants, and limited resources to market the program. The cost per service unit has increased due to a drop in revenue associated with the decrease in enrollment.

Medicaid Nursing Home Pre-Admission Screening (NHPAS): The number of requests for NHPAS increased 5 percent in FY 2013. This increase is attributed to growth in the aging population and larger numbers of individuals with chronic conditions and disabilities. Eighty-six percent of persons found to be eligible for long-term care Medicaid services selected the Elderly Disabled Consumer Directed (EDCD) Waiver. The EDCD Waiver provides community-based services that allow a medically fragile individual to stay in the community while aging in place, thus reducing the need for the more costly residential care.