

Health Department



Health Department

Mission

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

AGENCY DASHBOARD			
Key Data	FY 2012	FY 2013	FY 2014
1. Number of screenings, investigations, and treatment for selected communicable diseases	27,166	28,032	34,550
2. Number of vaccines administered to children	29,324	27,849	30,590
3. Number of primary care visits provided through the Community Health Care Network	54,336	50,287	50,174
4. Number of student visits to school health rooms	765,784	770,744	731,306
5. Number of Environmental Health community-protection activities: inspections, permits, and service requests	36,305	29,640	30,983
6. Number of community members served through outreach and health promotion activities	16,818	16,672	23,423

Focus

The Fairfax County Health Department (FCHD) has five core functions: 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. These functions are the community-facing elements of the 10 Essential Public Health Services (EPHS), which define public health and serve as the framework for quality and performance improvement initiatives nationwide.



10 Essential Public Health Services

In FY 2014, the FCHD finalized its Strategic Plan for 2014-2019, which outlines goals and objectives to strengthen the department's capacity to deliver the 10 EPHS through population-based prevention approaches. The department's strategic plan brings with it challenges (retaining resources to address ongoing activities that are critical to the community) and opportunities (securing resources to enable the department to reorient towards population based prevention programs that focus on disease prevention and health promotion). Building a strong public health infrastructure is central to effective delivery of the 10 EPHS and to adequately address the public health challenges of today and the future. This means investing in the workforce so that employees are prepared for the changing role of public health; continuing to build partnerships to make a greater difference by working together; communicating effectively with colleagues, partners, and customers;

Health Department

monitoring and evaluating community health data to understand the health status of the community; and leveraging technology to increase efficiency in service delivery. Enhancing capacity in these areas will improve the ability of the FCHD to anticipate emerging public health issues and to proactively address them.

The 10 EPHS also serve as the framework for nationally-adopted performance and quality improvement (QI) initiatives, such as local public health department accreditation. In FY 2014, the FCHD submitted its application for accreditation to the Public Health Accreditation Board with the goal of advancing the quality and performance of its programs and services. In addition, the FCHD developed a QI plan to describe how QI is integrated into staff training, organizational structures, and processes. Ongoing quality improvement efforts include assessing customer satisfaction and implementing quality assurance policies, procedures, and evaluation tools. Using the Results-Based Accountability (RBA) performance management framework provides a systematic approach to monitor how much the department is doing, how well it is being done, and whether the customers are better off as a result. Engaging in these performance improvement activities lays the foundation for improved protection, promotion, and preservation of community health.

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 2016, it is anticipated that the state will contribute a total of \$9.8 million in support of FCHD services. Additional financial support for FCHD 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, 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 and investigating communicable disease is an essential service of a health department. The FCHD provides community-focused epidemiological investigations and health education to those experiencing a communicable disease. In addition, the FCHD communicates and coordinates with federal, state, and local public health partners to maintain vigilance and readiness for emerging public health threats, such as Middle Eastern Respiratory Syndrome (MERS-CoV.), Enterovirus D68, Ebola Virus Disease (EVD), tuberculosis, and vaccine preventable diseases.

Occasionally, instances of communicable disease require a larger, more integrated effort to ensure the mitigation of disease. In FY 2014 two incidents required wider scale public health actions and information sharing. In the summer of 2013, the FCHD initiated a large tuberculosis (TB) contact investigation involving the students, faculty, and staff of Robert E. Lee High School. The FCHD provided testing and evaluation for thousands in the school community, and provided X-ray services and medical treatment to those found to have latent TB infection. In the spring of 2014, the FCHD investigated an outbreak of measles, which was a large-scale coordinated effort with the Virginia Department of Health and several neighboring local health departments. FCHD actions included assessments of hundreds of exposed individuals to determine their risk for developing disease, and enacting public health measures to prevent possible spread. Both events highlighted the need for routine surveillance and monitoring for communicable disease, as well as readiness, coordination and resources to handle large scale events of public health significance.

Health Department

Immunizations are one of the safest and most effective ways to protect against vaccine-preventable communicable diseases. While immunizations have significantly reduced the incidence of many serious diseases, vaccination rates for some diseases are still not meeting public health goals. The FCHD continues to work with schools, health care providers, and community partners to reinforce the importance of age appropriate immunizations and to improve access for under-vaccinated populations. The FCHD offers vaccines recommended by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee for Immunization Practices (ACIP) to children and uninsured adults. Significant gaps in access to adult vaccinations have been identified and the FCHD's immunization services provide an affordable and accessible means to improve vaccine-preventable disease coverage among low-income adults within the community.

The Virginia Department of Health (VDH) has continued to support ongoing vaccine access for vulnerable populations, in particular, pregnant women and adolescents. For example, the Tdap initiative aims to protect vulnerable infants who are too young to be fully immunized. Surrounding infants with community members who have received the Tdap vaccine helps to create community-wide immunity. In accordance with this initiative, the FCHD focused on adults who work with infants, specifically child-care providers, through the provision of offsite vaccine clinics that were held in collaboration with community partners.

The FCHD strives to provide state-of-the-art communicable disease testing services and began using a blood test called QuantiFERON®-TB test (QFT) for identifying latent tuberculosis infection in FY 2015. Compared with the tuberculin skin test (TST), this is a more accurate, reliable, and convenient TB diagnostic tool. A positive QFT result is strongly predictive of true infection with *Mycobacterium tuberculosis*, thereby reducing the risk of unnecessary treatment and chest X-rays.

Protecting the Public against Environmental Hazards

A critical aspect of protecting the health of the public is education, coupled with enforcement of laws and regulations that mitigate or eliminate environmental public health hazards. Environmental Health Services (EHS) promotes compliance in the regulated community through routine inspections, outreach activities, and education on healthy practices. EHS also conducts complaint investigations to identify and correct potentially risky situations or behaviors that can adversely affect public health. In FY 2014, EHS was restructured and staff was cross-trained to provide environmental services more efficiently and effectively. Staff is now better-equipped to respond to fluctuations in the number and type of community-based activities including inspections, permits, and service requests.

The Food and Drug Administration (FDA) has cooperative agreements with both the National Association of County and City Health Officials (NACCHO) and the Association of Food and Drug Officials (AFDO). These cooperative agreements offer grant funding to support local health departments enrolled in the FDA's Voluntary National Retail Food Regulatory Program Standards. Fairfax County's regulatory food program has achieved two-thirds of the standards and is recognized as a model for applying these standards. In early FY 2014, EHS was selected by NACCHO to assist other local health departments enrolled in the program standards. In late FY 2014, AFDO awarded two grants to EHS to support FCHD standards-related activities. Within EHS, these standards have served as a model to improve other areas such as the administration of the water recreational facilities regulatory program.

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 between birds and humans by infected mosquitoes, and the pathogen causing Lyme disease is transmitted to humans by infected deer ticks. Community education continues to be the cornerstone of prevention efforts by increasing

Health Department

residents' awareness of personal protection actions that can be taken against disease-carrying insects. An 18-month calendar and children's storybook are created by the Disease-Carrying Insects Program (DCIP) and are published annually for distribution to the community. In FY 2015 the DCIP partnered with the Consumer Protection Program to develop outreach materials and provide training to EHS staff on the application of integrated pest management in restaurants (e.g., control of cockroaches). 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 and expand its laboratory capabilities to improve disease surveillance. In FY 2013, the FCHD laboratory expanded molecular testing of mosquito pools for the presence of West Nile virus to surrounding jurisdictions and private environmental companies (e.g. Prince William County, Henrico County, City of Alexandria, and Clarke Environmental Co.). In order to be prepared for emerging vector-borne pathogens such as *Borrelia*, *Babesia*, *Anaplasma*, and *Chikungunya*, the FCHD laboratory continues to evaluate molecular protocols in ticks and mosquito pools for efficiency and cost-effectiveness. The expanded use of automated extraction and plating robots has enabled the FCHD laboratory to significantly increase sample testing capacity. These technologies along with the cross training of staff and expansion of services to surrounding jurisdictions have resulted in an increase in test volume as well as revenue.

Promoting and Encouraging Healthy Behaviors

Community-wide outreach to inform and educate residents about health issues can empower individuals to adopt healthy behaviors and to take actions that are conducive to good health. The FCHD engages ethnic, minority, and vulnerable populations on a wide range of issues 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.

In FY 2014, the School Health Program continued quality improvement initiatives in keeping with the recommendations of the *School Health Ten Year Strategic Plan*. Fairfax County Public Schools (FCPS) has an increasing number of students with complex health conditions that require specific health care plans in order for the children to attend school. Over the last three years there has been a 12 percent increase (3,118 new health care plans) in the number of students with newly diagnosed health conditions. In FY 2015, FCHD, in partnership with FCPS staff, completed an analysis of the care plan development process. The goal was to improve the efficiency and effectiveness of the process, adequately support students with health conditions during the school day and provide clear communication between parents, school staff and the school health services program. This quality improvement initiative will enable the school health services program to more efficiently respond to the increasing health needs of the FCPS population.

The CDC reports that the health status of students is strongly linked to their academic success and recommends coordinated school health programs to improve educational performance and the well-being of children. In line with this construct, the FCHD School Public Health Nurses, in partnership with FCPS, developed new resources for use in health promotion in the elementary school setting. In FY 2014, over 12,000 students, parents and staff participated in health education sessions conducted by School Public Health Nurses on topics such as healthy food choices, hand washing, and dental hygiene. In addition, the FCHD provided training for almost 10,000 FCPS staff on diabetes, anaphylaxis, seizures, asthma, and other health conditions to increase the understanding and support of students with these conditions. These initiatives continued into FY 2015 supported by best practice research and are in alignment with the FCHD Strategic Plan.

Health Department

In FY 2014 the FCHD marked the one year anniversary of 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 toward 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, Infants, 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 five. In FY 2014, Fairfax County WIC staff served an average of 4,440 pregnant and post-partum women, 3,912 infants, and 9,285 children for a total of 17,637 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 Health Works Herndon and Inova Cares Clinic. WIC activities are resourced through Fund 50000, Federal-State Grant (Volume 2).

Assuring the Quality and Accessibility of Health Services

Access to health services is vital to keeping communities healthy and strong. Linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable is an essential service for the FCHD. Due to the significant number of working poor and uninsured in Fairfax County, there continues to be a high demand for services in the Community Health Care Network (CHCN), the County's primary health care system. In FY 2014, 20,541 individuals were enrolled in CHCN and as of October 2014, there were 721 individuals waiting to enroll in CHCN.

In collaboration with the Department of Family Services' Health Access Assistance Team (HAAT), 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 underserved populations. During FY 2014, CHCN and HAAT staff partnered with Northern Virginia Family Service to assist over 1,300 residents in navigating the new health insurance marketplace instituted by the Affordable Care Act (ACA) of 2010. CHCN staff estimate that over 1,200 CHCN patients transitioned from CHCN to other resources in the marketplace exchange during the first ACA open enrollment period.

During FY 2014, the FCHD continued to work with the County's Health Care Collaborative to respond to healthcare service delivery needs associated with the ACA. In collaboration with a national health care consulting firm, the Health Care Collaborative has identified and developed a potential primary care network model for better integrating the delivery of health care services to vulnerable populations and communities. The Health Care Collaborative will review recommended implementation steps and continue to work with community safety net providers to establish service delivery that assures access to new health insurance marketplace programs; integrates primary, specialty, oral and behavioral health services; and improves access and affordability of health care in the Fairfax community.

In early FY 2015, the CHCN, in collaboration with its contracted clinic operator (Molina Healthcare), and George Mason University Center for Health Policy Research and Ethics, was awarded a three-year grant from the Robert Wood Johnson Foundation. The overall goal of the grant is to build on existing provider payment incentives by rewarding provider teams for improved patient outcomes and a reduction in disparities associated with coronary artery disease drug therapy, cervical cancer screening and smoking cessation.

Health Department

Access to prenatal care services for uninsured and underinsured women continues through a partnership between the FCHD and Inova Cares Clinic for Women. The FCHD remains the entry point for pregnancy testing and prenatal care and provides a Public Health Assessment (PHA) visit to all pregnant women needing services. This visit entails an assessment of psychosocial risk factors, such as depression and intimate partner violence, a tuberculosis screening and referral to community resources. Eligible clients are referred to the Inova Cares Clinic for Women for the clinical components of prenatal care.

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 work and relief from the daily needs their loved ones require. This enhances the participant's quality of life as well as the economic and emotional health of the caregiver. This care option is an affordable alternative to nursing home care in Northern Virginia, which has an estimated annual cost of \$90,885, assisted living facility care with approximate costs of \$57,600 a year (MetLife Report 2012), and home health care estimated at \$41,500 per year. At a rate of less than \$27,000 a year (paying at the highest fee level), ADHC in Fairfax County is a cost effective, affordable option for clients and caregivers. The biggest barrier to access to ADHC has been the lack of awareness of its value and availability in the community at large. The increase in community-based Long Term Care (LTC) resources in the County targeting older adults has impacted enrollment in the adult day health program over the last five years. In FY 2014, the FCHD launched a more robust marketing campaign that focused on educating key referral sources that are a vital link in enrollment and effective utilization of County long-term care services. Although initially the numbers of referrals were not meeting expectations, there was a slight increase the last quarter of FY 2014. It is anticipated that continued marketing and outreach activities, designed to increase visibility will result in a higher average daily attendance in future years as well. The Health Department will continue to assess the level of need for adult day health care in the community so accessibility will be sustained.

Innovative models of service delivery such as neighbors helping neighbors "Age in Place" continues to expand in Fairfax County. Communities or neighborhoods initiate service models by self-identifying and self-determining the needs of their members. They then design 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 Team (LTCPDT), numerous communities in the County have begun planning for or have initiated service models. Because transportation is identified as the greatest need by the aging in place communities, the LTCPDT staff also facilitated the development of a volunteer driver capacity building program to support community-based programs. The Long Term Care Coordinating Council (LTCCC) staffed by the LTCPDT, develops community-based solutions to address gaps in access to services. The LTCCC 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.

Responding to Disasters and Assisting Communities in Recovery

The capacity to detect potential public health threats and quickly mobilize resources in response is a critical aspect of protecting the health of the public. Within the Division of Community Health Development and Preparedness (CHDP), the Office of Emergency Preparedness (OEP), which includes the Fairfax Medical Reserve Corps (MRC), prepares staff, volunteers, and residents to respond effectively to public health emergencies. OEP coordinates all emergency preparedness planning, training, and exercise activities for agency staff and MRC volunteers, and ensures local and regional coordination before, during and after public health emergencies.

During FY 2014, the Office of Emergency Preparedness coordinated the department's response to various public health threats, including the Lee High School TB investigation and a regional measles outbreak

Health Department

investigation. These investigations put emergency response skills into practice, and gave department staff and MRC volunteers an opportunity to work together during a real-world response. In addition, OEP worked with a number of regional partners in an effort to enhance the preparedness of the region's extended care facilities by providing communications enhancements, emergency planning assistance, and evacuation/surge guidance. Due to its success, this effort is being replicated across the state.

In FY 2015, OEP continued the development and integration of the MRC into emergency and routine agency activities to better prepare for a coordinated response by staff and volunteers. In addition, several exercises conducted in early FY 2015 allowed the Health Department to test its plans for supporting emergency shelters at the state and local-level. In FY 2016, OEP will continue efforts to build and enhance a culture of preparedness among agency staff and MRC volunteers through training, exercises, and opportunities to support the agency during both emergencies and non-emergency events. OEP will also coordinate the Health Department's support of the World Police and Fire Games, taking place in the summer of 2015.

Recruit, Train and Retain a Diverse Competent Workforce

Assuring a competent public health workforce is essential to protecting, promoting, and improving community health. Workforce planning continues with the goal of increasing the diversity of the FCHD workforce through recruitment practices and hiring approaches that attract qualified candidates who reflect the diversity of the community.

The FCHD and its staff are guided by five values: Making a Difference; Integrity; Respect; Excellence; and Customer Service. There are several ongoing initiatives to support these values in employees, which include affording staff opportunities to meet with the Director and engage in discussions about FCHD values. In FY 2014 a Leadership Seminar Series was implemented for mid-level managers and supervisors, and upper administration to enhance leadership skills and expand the use of quality management principles, practices and tools in the day-to-day operations of the FCHD. In FY 2015 the FCHD completed a workforce development plan based on the nationally adopted public health core competencies to prepare staff for the evolving role of public health and support succession planning. To prepare staff for promotional opportunities and career advancement, plans include expanding internal cross-training, and offering learning opportunities to increase the skills and performance of staff.

Investing in Technology to Improve Efficiency and Service Delivery

In order for the FCHD service delivery system to be efficient and effective, it must have an operational infrastructure with the right technological tools and resources to meet program needs. One priority is the integration of proven technology to maximize access to and dissemination of critical health information to staff, providers, and the community. In FY 2014, the FCHD focused on expanding the department's 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 92 percent, and increased Twitter and Facebook interest by 130 percent and 83 percent, respectively. In FY 2015, the Environmental Health division expanded the use of Internet-based application requests for selected permit programs and will continue online applications in FY 2016.

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 electronic storage of patient health data and facilitate secure electronic exchange of health information with key service partners.

Health Department

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.

Improving Organizational Capacity to Fulfill the Evolving Role of Public Health

Over the next several years a strategic aim 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 the 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. In FY 2014 a Community Health Improvement Plan (CHIP) was completed. The CHIP 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.

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.

Health Department

- 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.

Budget and Staff Resources

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$35,213,610	\$36,638,959	\$35,929,381	\$37,544,910	\$37,926,833
Operating Expenses	16,504,702	16,620,295	20,092,659	17,142,566	17,156,196
Capital Equipment	60,953	0	139,645	0	0
Total Expenditures	\$51,779,265	\$53,259,254	\$56,161,685	\$54,687,476	\$55,083,029
Income:					
Elderly Day Care Fees	\$1,008,579	\$1,056,021	\$1,008,580	\$871,593	\$938,398
City of Fairfax Contract	1,101,264	1,101,264	1,314,477	1,257,752	1,257,752
Reimbursement	227,438	262,224	262,224	215,336	215,336
Falls Church Health Department	311,588	279,764	311,588	311,588	311,588
Licenses, Permits, Fees	3,381,582	3,283,063	3,310,429	3,392,261	3,392,261
Reimbursement - School Health	3,995,766	3,877,215	3,995,766	3,995,766	3,995,766
State Reimbursement	9,760,015	9,314,714	9,760,015	9,760,015	9,760,015
Total Income	\$19,786,232	\$19,174,265	\$19,963,079	\$19,804,311	\$19,871,116
NET COST TO THE COUNTY	\$31,993,033	\$34,084,989	\$36,198,606	\$34,883,165	\$35,211,913
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	653 / 573.54	653 / 573.54	656 / 584.47	646 / 573.75	652 / 579.75

This department has 63/63.0 FTE Grant Positions in Fund 50000, Federal-State Grants.

FY 2016 Funding Adjustments

The following funding adjustments from the FY 2015 Adopted Budget Plan are necessary to support the FY 2016 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 28, 2015.

- Employee Compensation** **\$1,142,618**
 An increase of \$1,142,618 in Personnel Services includes \$406,377 for a 1.10 percent market rate adjustment (MRA) for all employees and \$736,241 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2015.

Health Department

- ◆ **Full Day Mondays at Elementary Schools** **\$370,224**

As previously approved by the Board of Supervisors as part of the *FY 2014 Carryover Review*, funding of \$370,224 in Personnel Services supports the implementation of full-day Mondays at Fairfax County elementary schools beginning in September 2014. The Fairfax County School Board voted in June 2014 to eliminate the early release Mondays in all elementary schools. As a result of full-day Mondays, School Health Aides and contracted Registered Nurses will be required to work additional hours on Mondays.

- ◆ **School Health** **\$230,086**

An increase of \$230,086 and 4/3.28 FTE positions (2/2.0 FTE Public Health Nurses II and 2/1.28 FTE School Health Aides) supports two new Fairfax County elementary schools, Bailey's II and Ft. Belvoir. Each school is assigned a School Health Aide that provides care for sick and injured students and administers authorized medication. A Public Health Nurse is also assigned to each school to promote health and wellness in the school community; identify potential communicable diseases; assess students with health conditions; develop health care plans for students with special needs; provide support for medically fragile students who require continuous assistance and consult with school administration on implementation of mandated health requirements. Funding includes \$208,700 in Personnel Services and \$21,386 in Operating Expenses. It should be noted that an increase of \$89,595 in Fringe Benefits funding is also included in Agency 89, Employee Benefits. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits narrative in the Nondepartmental program area section in Volume 1.

- ◆ **Position Supporting Land Development Process** **\$70,832**

On December 2, 2014, the Board of Supervisors approved increases to Land Development Services and Fire Prevention Division (Fire Marshal) fees for plan review, permits, and inspection services. The fee increase will support additional staff resources in a variety of agencies supporting the plan review, permits and inspection process. The goal of the additional staff is to assist the County in improving customer service, work plan implementation efforts, supports minimum submission review for grading plans and tenant work, electronic plan submissions and reducing plan review timeframes. To support this effort 1/1.0 FTE Environmental Health Specialist II position was added to the Health Department in FY 2015 to support increased development activity within the County. An increase of \$70,832 in Personnel Services is required to support this position. The approved fee increases are anticipated to result in additional revenue of approximately \$2.1 million in FY 2015 and \$5.1 million in FY 2016 to support land development projects in Fairfax County. It should be noted that an increase of \$30,408 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$101,240 in FY 2016. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

- ◆ **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** **\$277,588**

An increase of \$277,588 in Operating Expenses supports a contract rate increase for the providers of the contracted health services and for providers of repair and maintenance services for laboratory and medical equipment.

Health Department

◆ **Reductions**

(\$511,952)

A decrease of \$511,952 and 8/8.0 FTE positions reflects reductions utilized to balance the FY 2016 budget. The following table provides details on the specific reductions:

Title	Impact	Posn	FTE	Reduction
Close the Annandale Adult Day Health Care Program Site	<p>This reduction closes the Annandale Adult Day Health Care (ADHC) program site, which is one of five program sites that provide services for low-income seniors and adults with disabilities. The ADHC program allows adults who are unable to stay at home without supervision to avoid being placed in more costly and more restrictive care environments and remain in their homes as they age. The program also benefits caregivers by providing relief from the stress of caring for an elderly family member and allowing them to maintain jobs. The closure of this site will eliminate 8/8.0 FTE positions.</p> <p>There are approximately 39 participants who receive services at the Annandale site with an average daily attendance of 24 individuals. It is anticipated that closing this program site will have minimal impact as displaced participants can be redirected to other remaining ADHC sites. Additionally, transportation will be available to these sites, although travel times may increase if other sites are greater distances from a participant's home. It should be noted that 1/1.0 FTE position originally included in the reduction has been restored by the Board and will be moved to the Lincolnia ADHC site to meet licensing requirements to increase capacity so that all Annandale ADHC participants have the option to be served at the Lincolnia ADHC site. This reduction includes a decrease in revenue from program fees of \$117,070 for a net reduction to the General Fund of \$338,471.</p>	8	8.0	\$455,541
Realize Savings Based on Prior Year Spending	This reduction will impact the department's Personnel Services budget and is based on historical savings in this area as a result of current staffing levels. Although no significant impact is expected, the department will be required to closely manage their position vacancies and monitor spending patterns.	0	0.0	\$30,000

Health Department

Title	Impact	Posn	FTE	Reduction
Use Human Services Assistants to Teach Car Seat Classes	Car seat classes are currently conducted by Public Health Nurses (PHN) and Human Services Assistants (HSA) twice per month at five locations throughout the County. This reduction will eliminate the use of PHN's in conducting car seat classes and use only HSA positions which have a lower hourly rate.	0	0.0	\$17,611
Reduce Printing and Copying Supplies	This reduction is associated with a countywide policy decision being implemented to reduce the volume of printing and copying documents over a multi-year period. This was a common and recurring theme brought forward by employees as part of the Mission Savings process in Fall 2014. Agencies are being directed to review internal printing policies and reduce the use of individual desktop printers by utilizing the Multi-Functional Devices (MFDs) available throughout County buildings. In addition, agencies are being directed to reduce paper and toner consumption by only printing documents when necessary and by printing materials double-sided whenever possible.	0	0.0	\$6,300
Office Supply Savings	This reduction reduces the cost of office supplies by standardizing the types of supplies available to staff and implementing a supervisory review process for supply orders to prevent duplications and ensure the necessity of supplies.	0	0.0	\$2,500

Changes to FY 2015 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2015 Revised Budget Plan since passage of the FY 2015 Adopted Budget Plan. Included are all adjustments made as part of the FY 2014 Carryover Review, FY 2015 Third Quarter Review, and all other approved changes through April 30, 2015.

◆ **Carryover Adjustments**

\$3,612,431

As part of the FY 2014 Carryover Review, the Board of Supervisors approved funding of \$3,612,431, including \$2,730,622 in encumbered funding, \$511,585 in unencumbered funding needed to update existing interfaces to ensure compatibility with the new Electronic Health Record; purchase the Cepheid GeneXpert specialized rapid testing system for tuberculosis and its resistance to drug treatment; and costs associated with the Health Department's share of relocation expenses and renovations to the Lincolnia Center. Additionally, \$370,224 supports the implementation of full-day Mondays at Fairfax County elementary schools beginning in September 2014. The Fairfax County School Board voted in June 2014 to eliminate the early release Mondays in all elementary schools. As a result of full-day Mondays, School Health Aides and contracted Registered Nurses will be required to work additional hours on Mondays.

Health Department

- ◆ **Position Adjustments Supporting Land Development Services**

On December 2, 2014, the Board of Supervisors approved increases to Land Development Services and Fire Prevention Division (Fire Marshal) fees for plan review, permits, and inspection services. The fee increase will support additional staff resources in a variety of agencies supporting the plan review, permits and inspection process. As a result of the fee increase, 1/1.0 FTE position was added in FY 2015 to Agency 71, Health Department to support increased development activity within the County.

\$0
- ◆ **Position Adjustment Supporting Epidemiology**

The County Executive approved the transfer of 2/2.0 FTE positions to the Health Department to support the County's Epidemiology program.

\$0
- ◆ **Third Quarter Adjustments**

As part of the *FY 2015 Third Quarter Review*, the Board of Supervisors approved a net reduction of \$530,000 to generate one-time savings primarily to make a down payment on the recommended changes to the County's reserve policies.

(\$530,000)
- ◆ **Incentive Reinvestment Initiative**

A net decrease of \$180,000 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 2015 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.

(\$180,000)

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 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$2,026,973	\$1,882,725	\$3,832,400	\$2,115,158	\$2,117,032
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	7 / 7	7 / 7	4 / 4	8 / 8	4 / 4

Health Department

1 Director of Health
1 Assistant Director for Health Services

1 Business Analyst IV
1 Administrative Assistant IV

TOTAL POSITIONS
4 Positions / 4.0 FTE

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 six months to three years of age.

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$704,187	\$662,006	\$698,744	\$679,816	\$681,440
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

Environmental Health provides public health services that protect the community from potential environmental hazards and exposures that pose a risk to human health. 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 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$4,175,678	\$4,882,346	\$4,713,106	\$5,076,082	\$5,087,287
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	61 / 61	61 / 61	63 / 63	62 / 62	63 / 63
1 Director of Environmental Health	15	Environ. Health Specialists III		1 Administrative Assistant V	
1 Business Analyst III	27	Environ. Health Specialists II		3 Administrative Assistants III	
3 Environ. Health Program Managers	1	Environ. Health Specialist I		5 Administrative Assistants II	
5 Environ. Health Supervisors	1	Environmental Tech I			

TOTAL POSITIONS
63 Positions / 63.0 FTE

Health Department

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 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$7,684,572	\$7,618,312	\$7,824,557	\$7,807,675	\$7,845,242
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	97 / 97	97 / 97	101 / 101	98 / 98	101 / 101
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	
7 Public Health Nurses IV	2	Management Analysts III	9	Administrative Assistants III	
11 Public Health Nurses III	1	Human Service Worker II	12	Administrative Assistants II	
27 Public Health Nurses II	1	Human Service Assistant	1	Material Mgmt. Driver	
4 Nurse Practitioners	1	Epidemiologist III	1	Administrative Associate	
2 Radiologic Technologists	1	Epidemiologist II	1	Business Analyst III	
			1	Business Analyst II	
TOTAL POSITIONS					
101 Positions / 101.0 FTE					

Community Health Development and Preparedness

Community Health Development and Preparedness serves to strengthen the local public health system through community engagement, improve impact on health outcomes and ensure the FCHD can effectively respond to public health emergencies and existing and emerging public health challenges. A number of the FCHD's programs and initiatives support this effort including the public information office, strategic planning, community outreach and engagement, public health emergency preparedness and response and oversight of the Medical Reserve Corps.

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$1,080,211	\$1,338,387	\$1,391,981	\$1,373,658	\$1,376,956
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	18 / 18	18 / 18	18 / 18	18 / 18	18 / 18
1 Director Comm Health Dev. & Prep.	1	Management Analyst IV	1	Administrative Assistant III	
1 Public Health Emergency Mgmt. Coord.	2	Management Analysts III	1	Emergency Mgmt. Spec. III	
1 Public Safety Information Officer IV	4	Community Health Specs.	2	Emergency Mgmt. Specs. II	
2 Communications Specs. II	1	Material Mgmt. Spec. III	1	Emergency Mgmt. Spec. I	
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 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$8,251,684	\$8,773,041	\$8,667,791	\$8,950,351	\$8,951,913
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 III		1 Administrative Assistant IV			
1 Management Analyst II					
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, and clients 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 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$7,369,171	\$7,723,371	\$7,453,420	\$7,672,487	\$7,923,938
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	102 / 102	102 / 102	100 / 100	98 / 98	100 / 100
3 Public Health Doctors		1 Rehab. Services Manager		8 Administrative Assistants III	
1 Asst. Director for Medical Services		1 Physical Therapist II		15 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	
5 Public Health Nurses III		5 Administrative Assistants V		4 Human Services Assistants	
33 Public Health Nurses II		1 Administrative Assistant IV		1 Business Analyst I	
TOTAL POSITIONS					
100 Positions / 100.0 FTE					

Health Department

Health Laboratory

The Fairfax County Health Department Laboratory (FCHDL) provides medical and environmental testing in support of the department's public health clinics and environmental services. FCHDL offers a wide range of testing services to aid in the diagnosis of diseases of public health interest and the microbiology laboratory carries out surveillance activities. FCHDL utilizes the latest technology and instrumentation to provide analysis of human samples for immunology, chemistry, and screening for drugs of abuse. In addition, FCHDL performs environmental testing. The laboratory performs monitoring and surveillance testing on County streams for bacteria 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. The lab is certified under Clinical Laboratory Improvement Amendments (CLIA) for clinical testing and by the Division of Consolidated Laboratories (DCLS) to perform testing on public and private water supplies.

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$3,094,172	\$2,703,362	\$3,469,778	\$2,865,657	\$2,869,796
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	19 / 19	19 / 19	18 / 18	18 / 18	18 / 18
1 Public Health Laboratory Director		1 Senior Pharmacist		1 Administrative Assistant IV	
2 Public Health Laboratory Supervisors		1 Pharmacist		2 Administrative Assistants III	
9 Public Health Laboratory Technologists		1 Management Analyst II			
TOTAL POSITIONS					
18 Positions / 18.0 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 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$13,827,228	\$13,978,057	\$14,162,301	\$14,879,541	\$14,907,292
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	275 / 195.54	275 / 195.54	275 / 203.47	279 / 206.75	279 / 206.75

Health Department

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	198 School Health Aides, PT (2)
66 Public Health Nurses II, 14 PT (2)	

TOTAL POSITIONS

279 Positions (4) / 206.75 FTE (3.28)

() Denotes New Positions

PT Denotes Part-Time Positions

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, 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. The development branch is responsible for coordination and implementation of the County's Long Term Care Strategic Plan. The services branch focuses on respite programs, nursing home pre-admission screenings and the continuum of services for long-term care.

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised	FY 2016 Adopted
EXPENDITURES					
Total Expenditures	\$3,565,389	\$3,697,647	\$3,947,607	\$3,267,051	\$3,322,133
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	56 / 56	56 / 56	59 / 59	47 / 47	51 / 51

1 Prog. & Procedure Coord.	1 Management Analyst IV	1 Management Analyst II
2 Public Health Nurses IV	4 Park/Recreation Specialists III (-1)	4 Senior Home Health Aides (-1)
8 Public Health Nurses III (-1)	2 Licensed Practical Nurses	4 Administrative Assistants IV (-1)
4 Public Health Nurses II (-1)	20 Home Health Aides (-3)	

TOTAL POSITIONS

51 Positions (-8) / 51.0 FTE (-8.0)

(-) Denotes Abolished Positions due to Budget Reductions

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 FCHD services. As a part of this effort, for FY 2015 and FY 2016 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.

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimate/Actual	FY 2015	FY 2016
Program Management					
Percent of performance measurement estimates met	NA	46%	60%/56%	65%	65%
Dental Health Services					
Total patient visits	3,335	2,603	2,700/3,640	3,400	3,400
Percent of treatment completed within a 12 month period	47%	42%	40%/44%	40%	40%
Environmental Health					
Percent of environmental complaints resolved within 60 days	NA	86%	90%/91%	90%	90%
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	N/A	95%
Percent of out of compliance onsite sewage disposal and water supply systems corrected within the specified time period	87%	92%	90%/89%	90%	90%
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	8	1/3	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	85%	87%/90%	85%	85%
Percent of clients who report that the services they received at a public health clinic addressed their health need	98%	91%	90%/93%	90%	90%
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	90%/88%	90%	90%
Community Health Care Network					
Number of clients who received primary care through the Community Health Care Network	12,891	15,021	15,000/14,678	15,000	15,000
Percent of Community Health Care Network clients with stable or improved health outcomes	NA	NA	NA/63%	64%	64%
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	71%	61%	70%/61%	60%	60%
Percent of pregnant women served who deliver a low birth weight baby	6.5%	5.0%	5.0%/5.5%	5.0%	5.0%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2012 Actual	FY 2013 Actual	FY 2014 Estimate/Actual	FY 2015	FY 2016
Health Laboratory					
Percent of individuals saved from unnecessary rabies post-exposure shots by timely receipt of negative lab results	98%	99%	95%/99%	95%	95%
School Health					
Percent of students' health care plans established within 5 days	64%	58%	65%/57%	60%	60%
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	80%/79%	80%	80%
Long Term Care Development and Services					
Percent of participants who met the criteria for institutional level of care who were able to remain in the community	93%	93%	90%/93%	90%	90%
Percent of caregivers who report experiencing less stress as a result of Adult Day Health Care	92%	94%	90%/91%	90%	90%

* The Health Department will not have complete data available to report on this measure for FY 2015.

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2016/adopted/pm/71.pdf

Performance Measurement Results

Program Management

In FY 2014, 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, a new measure that will reflect the department's progress with adopting results-based accountability measures has been developed for FY 2015. In FY 2014, 56 percent of performance measurement estimates were met, which is slightly lower than the target.

Dental Health Services

In FY 2014, the dental program continued to focus on the oral health and preventative programs initiated last fiscal year (e.g., fluoride application to infants and toddlers who attend the WIC program). Two of the three dental offices faced extended leaves by the dentists this year. These unanticipated leaves had an impact on new patient visits and the number of patients screened. Although maternity services transitioned from FCHD to Inova, the FCHD continues to accept dental referrals for pregnant clients served through the program. Continuing countywide discussions of a more comprehensive approach to safety net dentistry could impact performance measurement results for future fiscal years.

Health Department

Environmental Health

Consumer Protection Program: The Consumer Protection Program (CPP) currently has oversight of 3,730 permitted facilities which include 3,371 food service establishments (an increase from 3,329 in FY 2013) and 359 other commercial establishments. CPP also conducts health inspections for other licensing agencies and responds to reports of public health or safety menaces. CPP conducted approximately 9,000 inspections, complaint investigations and responses to service requests in FY 2014.

Food establishment inspections were completed according to regulatory mandates and 95 percent of those inspections were conducted within the prescribed risk-based inspection frequency. In FY 2016, CPP will continue to identify risk factors that could lead to disease in regulated establishments and to educate employees on public health interventions that contribute to a healthy and safe community.

Onsite Sewage & Water Program: The Onsite Sewage & Water Program (OSW) focuses on disposal systems and private well water supplies to ensure proper construction, operation and maintenance that protect public health. During FY 2014, 89 percent of sewage disposal 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 was 77.4 percent.

All new construction for commercial and residential properties without access to public sewer and existing malfunctioning systems require a site soil evaluation review by OSW. Once approved, a conventional or alternative sewage disposal system can be designed for property development. Alternative Onsite Sewage Systems (AOSS) regulations require design by professional engineers. OSW reviews these designs and inspects the installations of AOSS. In FY 2014, OSW conducted 156 soil evaluations. Over half of all new sewage disposal systems approved were alternative designs.

The water recreation facilities program has regulatory oversight of approximately 1,200 pools, spas, interactive water features, and water parks. In FY 2014, each was inspected at least once.

Disease Carrying Insects Program (DCIP): 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 2014, 3,329 mosquito traps were set. The program works collaboratively with the Department's Communicable Disease and Epidemiology unit that investigates human cases of WNV reported by VDH. In FY 2014, there were three confirmed human cases of WNV in the County.

Larval mosquito surveillance and control efforts help protect public health by identifying aquatic habitats that support the development of mosquitoes and, when indicated, treating those habitats with a larvicide that kills mosquito larvae. Approximately 36,500 storm drains are treated with a larvicide during three separate six-week cycles from May through October, for a total of approximately 109,500 storm drain treatments. The actual number of mosquito larvicide treatments in FY 2014 was 103,661. Weather conditions are the principal factors that determine the number of storm drains that will be treated, as well as the percent of storm drains treated within the scheduled timeframe, during a given year.

Health Department

Communicable Disease Control

Tuberculosis (TB): In FY 2014, the number of clients who received tuberculosis screening, prevention, and case management rose compared to FY 2013 from 25,822 to 31,986, due primarily to several large contact investigations. The rate of active TB disease in Fairfax County decreased from 8.0 in FY 2013 to 5.1 in FY 2014, consistent with state and national trends. The County case rate remains higher than the state and the U.S. rate, due to the consistent number of newcomers from parts of the world where the disease is endemic. The TB treatment completion rates increased demonstrating successful mitigation of disease incidence. During FY 2014, 99 percent of individuals diagnosed with active TB disease received their medical care from the FCHD. The County's TB services yield excellent outcomes, with 99 percent of clients with TB discharged for completed treatment.

Communicable Disease (CD): The number of CD investigations conducted during FY 2014 increased compared to FY 2013. Forty-one disease outbreaks originating in Fairfax County were investigated in FY 2014 as compared to 35 in FY 2013, with non-foodborne gastroenteritis the most common type of outbreak. The 2,564 investigations completed in FY 2014 included 1,235 cases associated with these 41 separate outbreak situations. In FY 2016, the FCHD will continue to identify individuals at highest risk for CD transmission and provide screening, prevention education, and training to prevent the spread of further infection.

Community Health Development and Preparedness

Community Health Outreach (CHO): CHO serves as a resource for FCHD programs, helping them link with communities and provide residents with information about services, disseminate important health messages and engage in direct health education. Much of CHO's activity is based in the County's growing minority and multicultural communities.

In FY 2014, CHO worked with more than 180 community-based organizations, participated in over 550 individual events, and reached over 22,000 individuals; of those surveyed, 93 percent were satisfied with the health promotion activities provided. In addition to sustained outreach efforts around "community immunity" and the County's Chronic Disease Self-Management Program (CDSMP), CHO continued outreach in conjunction with the FCHD's TB program and the Special Supplemental Nutrition Program for WIC. Outreach efforts for these programs focused on leveraging community partnerships to spread health messages (TB) and identify eligible families (WIC). CHO also continued to work in FY 2014 to strengthen its network of Community Health Champions, training community volunteers to spread important health messages. In FY 2016 the CHO team will continue existing outreach initiatives and increase clients enrolled in the CDSMP. In efforts to best gauge the effectiveness of outreach and health promotion activities, outcome evaluation will focus on knowledge and behavior-related measures, a shift from a past focus on the increase in numbers of individuals reached.

Office of Emergency Preparedness (OEP): In FY 2014, to better-measure the outcome of its preparedness efforts, OEP instituted a new evaluation metric to determine if staff and MRC volunteers are better prepared as a result of their participation in trainings and exercises. This new measure will allow OEP to determine if its efforts are truly making a difference in how staff and volunteers feel about their own individual level of preparedness. Early indicators are that efforts have been successful – 88 percent of staff and volunteers surveyed during FY 2014 indicate that they are better prepared as a result of participating in an emergency preparedness training or exercise. As trainings and exercises are offered to more staff and volunteers, this number may continue to rise, and data from the evaluation for each will help refine the program further.

Health Department

Community Health Care Network

The number of primary care visits provided by CHCN remained mostly unchanged, decreasing 0.2 percent from 50,287 visits in FY 2013 to 50,174 visits in FY 2014. This slight decrease occurred despite approximately 1,200 CHCN patients being eligible for health insurance on the ACA health insurance marketplace during the first open enrollment period and transitioning to other community resources (i.e., a larger decrease was expected). Maintaining a similar level of total visits with fewer unduplicated patients served indicates that patients utilized services more intensively on a per individual basis. For this reason, CHCN continues to maintain a waitlist, albeit shorter than previous years. The net cost to the County per visit decreased from \$184 in FY 2013 to \$169 in FY 2014. The decreased net cost per visit is a function of the decreased availability of specialty referrals, loss of radiology services, and elimination of one contracted provider position as part of the FY 2014 budget reductions.

Maternal and Child Health Services

Immunizations: The FCHD provided 30,590 vaccinations to 9,115 children ages newborn to 18 years in FY 2014. The total number of vaccines given in FY 2014 is higher than those given in FY 2013 (27,849 vaccinations). This may be due to the increased promotion of vaccines and subsequent awareness of their importance in the community. In FY 2014, 61 percent of children received all the required vaccinations by 24 months of age (Up-to-Date Report, Quarter 1, January–March 2014, 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.

The cost to the County of providing immunization services to clients ages newborn to 18 years was \$40 per visit which is a slight decrease from the FY 2013 cost of \$41 per visit. Similarly, the cost to the County per vaccination of \$17 in FY 2014 decreased slightly from the FY 2013 actual cost of \$18 per vaccination. Immunizations are one of the most cost effective ways to prevent the burden of disease in the community. It has been estimated that for every dollar invested in vaccines, \$10.20 is saved in future medical expenses as well as in indirect societal costs. In FY 2014 the immunizations cost to the County was \$227,171 resulting in a potential savings of \$2,317,144 in future medical and indirect costs.

Maternity Services: In FY 2014, FCHD and Inova Health System transitioned to a collaborative practice model in which the FCHD serves as the entry point, beginning with the provision of pregnancy testing, and Inova Health System provides the full scope of obstetric care. Once eligibility for prenatal services is determined, the FCHD provides initial public health and supportive services, tuberculosis screening and follow-up, screening for psychosocial risk factors (e.g., depression, intimate partner violence), referrals to community resources, influenza vaccination, case management and public health nurse home visiting services. In FY 2014 the FCHD provided Public Health Assessments to 2,984 pregnant women.

The overall low birth weight (LBW) percentage for FCHD clients increased slightly from 5 percent in FY 2013 to 5.5 percent in FY 2014. The overall LBW percentage compares favorably with the Fairfax County rate of 7 percent and the State 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.

Health Department

The State of Health Care 2012 Report (SOHC), produced by the National Committee for Quality Assurance, indicates that early access to quality prenatal care equates to over \$1,000 savings in hospital costs per delivery. The SOHC Report also estimates that for every \$1 spent on prenatal care, \$3.37 is saved in neonatal care, plus an additional cost savings of \$4.63 in long-term morbidity costs resulting in a total savings of \$8 for every \$1 spent on prenatal care. In FY 2014, the actual cost to the County for prenatal care was \$486,793 for 2,984 clients resulting in estimated savings of \$3,894,344.

Speech and Language: The Speech and Hearing program provides speech and audiology services to both children and adults, but predominately serves children. In FY 2014, 96 percent of speech clients and 80 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 the sole provider of hearing aid services for children with Medicaid in the County. The Speech and Hearing program experienced nearly a 14 percent increase in speech visits during FY 2014 which is attributed to the first-time inclusion of community-based preschool screenings in the visit total. The increase in client visits contributed to a 1.5 percent decrease in unit cost from FY 2013.

Health Laboratory

The actual cost per test in FY 2014 was higher than FY 2013, due to the loss of the maternity testing to INOVA and increased cost of more sensitive molecular testing. Future projected cost per test reflects an increase associated with the change of tuberculosis skin test (TST or PPD) to a more sensitive/specific blood test (QFT). The implementation of this more specific QFT test will result in a significant cost savings to the County associated with the elimination of unnecessary treatment due to false positive TSTs. 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 2014 scoring average of 99 percent on accuracy tests required for certification. The agency's scoring level exceeds the service quality goal of 95 percent and 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 2014, 500 residents (99 percent of those with negative results) received their negative test results within 24 hours, saving an estimated \$2,000,000 in medical costs for a series of unnecessary rabies post-exposure immunizations which average \$4,000 per series.

School Health

In School Year 2013-2014, the School Health Services Program supported 185,646 students at 196 school sites during the regular school year and 23,642 students at 170 sites in summer school and community recreation programs. Summer program enrollment related to Individualized Education Plans services, summer enrichment and prevention programs, and individual school sponsored programs continued to decrease slightly from the prior year.

In FY 2014, the number of students who had a health condition that may impact their school day was 48,647. The demand for training (e.g., epinephrine administration, inhalers, and glucometers) of school staff, to enable students with health conditions to be successful in school, is a critical activity in the school health program. The public health nurses provided training to 19,968 school staff during the year. The time required to prepare and conduct training, along with public health nurse vacancies, affected the

Health Department

FCHD ability to meet the percentage of health plans in place within five days, which was slightly lower than the estimate.

Since 2011, the enrollment of students in Fairfax County Public Schools has increased 8 percent and resources to support the health needs of these students have remained flat due to the current fiscal climate. Nevertheless, the quality of school health services remained high, with 87 percent of parents and guardians reporting that their child's health condition was managed effectively in the school setting.

Long Term Care Development and Services

Adult Day Health Care: Eighty-three percent of family caregivers surveyed this year stated the ADHC enabled them to keep their loved one at home, in the community, preventing the need for more restrictive, and/or costly long-term care thereby enhancing their quality of life. Ninety-one percent of family caregivers surveyed this year state that they experienced less stress when their loved one attended one of the ADHC centers. Dr. Steven Zarit, of Penn State University, conducted a multistate clinical study on caregivers of participants in an adult day services program, which included several Fairfax County family caregivers. The study demonstrated "interventions to lower stress on caregivers, such as the use of adult day care services, have an effect on the body's biological responses to stress..." which suggests that use of adult day care services may protect caregivers against the harmful effects of stress associated with giving care to someone with dementia.

In FY 2014, the Average Daily Attendance (ADA) of 96 did not meet the goal of 110, and was a 9 percent decrease from the previous year. Several factors have contributed to the decline in ADA. The lack of transportation prevented at least 10 participants from either attending at all or increasing their days of attendance. Severe weather days (double the average for the past five years) resulted in no County transportation, thus a decrease in attendance. Additionally, there has been a rapid increase in long-term care options for residents of Fairfax County. More than 30 new home health agencies or branches and 12 new assisted living facilities with dementia units have opened over the last ten years. As the diversity of the County increases, several adult day centers catering to one ethnic group or another have emerged. Lastly, the frailty of the population served remains high so that participants' length of stay in the program has decreased. The opening of the Program for the All Inclusive Care of the Elderly (PACE) has also impacted the numbers of people with Medicaid and Medicare who attend the County's ADHC program. The cost per service unit has increased due to a drop in revenue associated with the decrease in enrollment. A robust marketing campaign put into place throughout FY 2014, resulted in a 36 percent increase in referrals and a 20 percent increase in admissions in the final quarter as compared to the first, so it is hoped that the increased awareness will continue to grow throughout FY 2016.