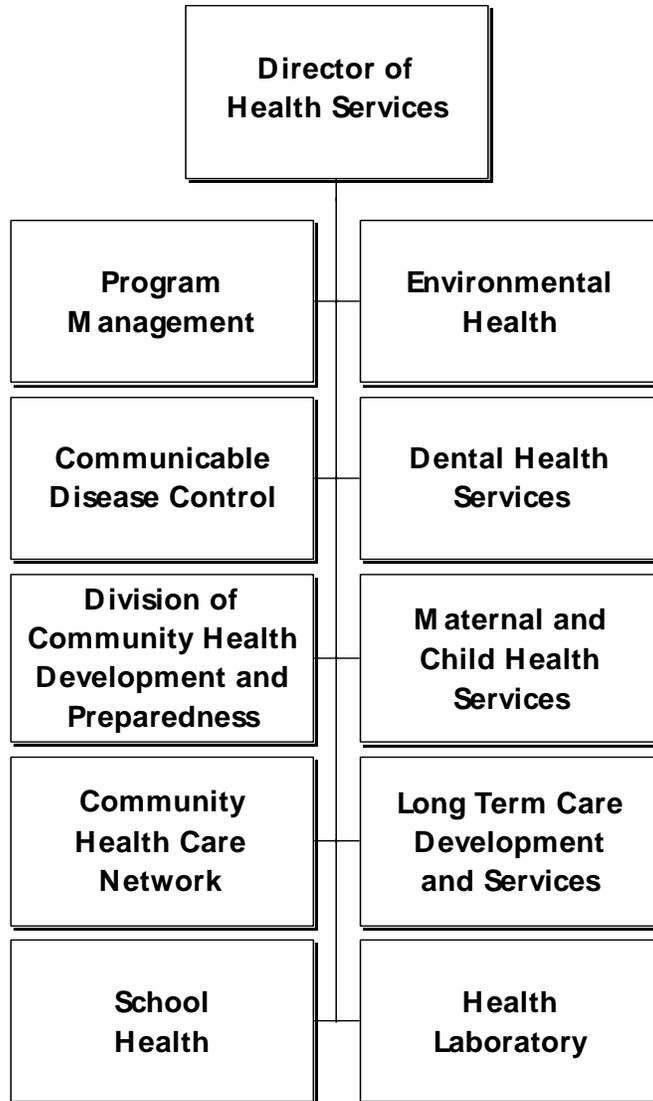


Health Department



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Mission

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

AGENCY DASHBOARD			
Key Data	FY 2013	FY 2014	FY 2015
1. Number of screenings, investigations, and treatment for selected communicable diseases	28,032	34,550	32,485
2. Number of vaccines administered to children	27,849	30,590	34,417
3. Number of primary care visits provided through the Community Health Care Network	50,287	50,174	48,100
4. Number of student visits to school health rooms	770,744	731,306	793,252
5. Number of Environmental Health community-protection activities: inspections, permits, and service requests	29,640	30,983	29,543
6. Number of community members served through outreach and health promotion activities	16,672	23,423	42,477

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.

In FY 2015, the FCHD completed the progress report for year one of its Strategic Plan for 2014-2019, which outlines goals and objectives to strengthen the department's capacity to deliver the 10 EPHS. The department's strategic plan brings with it challenges (securing and retaining resources to address ongoing activities that are critical to the community) and opportunities (leveraging community assets and other resources to enable the department to reorient towards population-based prevention programs that focus on disease prevention and health promotion). While progress has been made in developing internal resources, building a strong public health infrastructure remains 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 strategic partnerships to address the



10 Essential Public Health Services

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health needs of the community and the root causes of health inequities; communicating effectively with colleagues, partners, and customers; 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 2015, the FCHD submitted 335 documents 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 implemented 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 2017, it is anticipated that the state will contribute a total of \$9,077,567 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.

**The Health Department supports
the following County Vision Elements:**

-  **Maintaining Safe and Caring Communities**
-  **Creating a Culture of Engagement**
-  **Connecting People and Places**
-  **Maintaining Healthy Economies**
-  **Building Livable Spaces**
-  **Practicing Environmental Stewardship**
-  **Exercising Corporate Stewardship**

Preventing Epidemics and the Spread of Disease

Communicable disease surveillance, prevention and control are core Public Health activities that are provided through a number of services within the Health Department by a diverse team of providers (physicians, nurses, laboratory technicians, epidemiologists, community health specialists and others). In FY 2015 FCHD investigated 1,482 reports of communicable disease and 858 outbreaks. This involves using social distancing to limit interaction between individuals with a communicable disease and those who are well; determining possible exposures; testing and/or treating those exposed, if warranted, to

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prevent illness; and preventing further spread through education and instituting infection control measures. In addition, FCHD treated 51 confirmed cases of tuberculosis (TB); performed contact tracing to identify those who may have been exposed; provided testing to identify contacts with latent infection and offered treatment to prevent TB disease; and provided x-ray diagnostic services to more than 400 individuals suspected of having TB disease. These actions are crucial to preventing the spread of TB.

The FCHD is increasingly responding to complex communicable disease incidents that require broad coordination between the Health Department and local public health system partners such as the healthcare community; laboratories; the Virginia Department of Health; public safety; and other local, state and federal agencies. In the fall of 2014, the Ebola outbreak in West Africa and the resulting transmissions that occurred in healthcare settings in the United States tested the preparedness of the local public health system. FCHD, in collaboration with state and local partners, worked to assure proper infection control practices, access to care, and appropriate public messaging. A major aspect of the local health department response has involved the monitoring of travelers from Ebola-affected countries for any signs or symptoms of Ebola virus disease for 21-days. From October 2014 through December 2015, 786 travelers were monitored.

The nationwide resurgence of vaccine preventable diseases, such as measles and whooping cough, is a serious threat to vulnerable populations and reinforces the need for FCHD to partner with the community to increase awareness about community immunity and encourage vaccination. Responding to measles cases and outbreaks is time consuming and costly for local health departments. During FY 2015, the FCHD responded to two measles outbreaks that resulted in large contact investigations involving 952 people at a cost of \$174,585 to the department. In addition, families and businesses incur costs when potentially exposed individuals with undetermined immunity against measles are asked to stay at home to prevent further cases.

The FCHD laboratory strives to provide state-of-the-art communicable disease testing services and began using a blood test called QuantiFERON®-TB Gold test (QFT) as an aid in identifying *M.tuberculosis* infection, including latent TB infection and TB disease, in FY 2015. Compared with the tuberculin skin test, this is a more accurate, reliable, and convenient TB diagnostic tool. A positive QFT result is strongly predictive of true infection with *Mycobacterium tuberculosis*, reducing the risk of unnecessary treatment and chest X-rays. The laboratory also implemented a new molecular method to assist in the diagnosis of *M. Tuberculosis* (MTB) infections. Molecular methods are more sensitive and faster than traditional test methods, and improve the ability of the Health Department to identify and reduce the transmission of disease in the community. Results are received within two hours compared to the six to eight weeks that traditional methods require. The rapid diagnosis of MTB infections by this GeneXpert technology enables earlier initiation of appropriate drug therapy, which ultimately allows patients to return to work and/or school sooner and prevents the spread of disease throughout the community.

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.

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

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in developing, implementing, and improving the infrastructure necessary to support conformance with the FDA's Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards). The FCHD's regulatory food program has achieved conformance with seven of the nine standards and is recognized as a model for applying these standards. In early FY 2015, NACCHO selected EHS for a third consecutive year to assist other local health departments enrolled in the program standards. In late FY 2015, AFDO awarded two grants to EHS to support FCHD standards-related activities. In early FY 2016, the FDA awarded the County grant funding for a three-year EHS project to achieve conformance with the Retail Program Standards and advance efforts for a nationally integrated food safety system.

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 residents' awareness of personal protection actions that can be taken against disease-carrying insects. An 18-month calendar and children's storybook are created and published by the Disease-Carrying Insects Program (DCIP) annually for distribution to the community. DCIP activities are supported through a special tax district and funded through Fund 40080, Integrated Pest Management Program (Volume 2).

FCHD continues to enhance and expand its laboratory capabilities to improve disease surveillance. In order to be prepared for emerging vector-borne pathogens such as *Borrelia*, *Babesia*, *Anaplasma*, *Dengue*, and *Chikungunya*, the FCHD laboratory continues to evaluate molecular protocols in ticks and mosquito pools for efficiency and cost-effectiveness. The laboratory expanded surveillance testing to include testing of ticks for *Borrelia burgdorferi* in the fall of 2015. *Borrelia burgdorferi*, a tick-borne parasite, is the causative agent of Lyme disease. The expanded use of automated extraction and plating robots in FY 2014 and FY 2015 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.

Promoting and Encouraging Healthy Behaviors

Community-wide outreach to inform and educate residents about health issues can empower individuals to adopt healthy behaviors and 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 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 2015, 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 9 percent increase (5,538 new health care plans) in the number of students with newly diagnosed health conditions. In FY 2015, the FCHD, in partnership with FCPS staff, completed an analysis of the care plan development process and provided recommendations that will enable the school health services program to respond to the increasing health needs of the FCPS population more effectively and efficiently. This quality improvement initiative promotes better support to students with health conditions and provides clear communication between parents, school staff and the school health services program. The implementation of the recommendations started in FY 2016 with the *Anaphylaxis Action Plan*. Over 22,500 students have been identified as having an allergy and more than 4,500 of them have an allergy that causes an anaphylaxis response if exposed. This action plan is intended to increase efficiencies for the

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Public Health Nurse (PHN) and improve the understanding of the response to anaphylaxis by the school staff.

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 school-based PHNs, in partnership with FCPS, developed new resources for use in health promotion in the elementary school setting. In FY 2015, over 24,000 students, parents and staff participated in health education sessions conducted by PHNs on topics such as healthy food choices, hand washing, and dental hygiene. Education and outreach to the school community was in greater demand than previous years due to FCPS increased focus on health and wellness in students and staff. In addition, the FCHD provided training for over 12,000 FCPS staff on diabetes, anaphylaxis, seizures, asthma, and other health conditions to increase the understanding and support of students with these conditions. On-line learning modules developed by the FCHD in partnership with FCPS resulted in improved access to trainings by school staff. These initiatives, supported by best practice research, will continue into FY 2017 and are in alignment with the FCHD Strategic Plan.

The FCHD Maternal and Child Health program works to reduce infant mortality and morbidity and to promote the health of women, infants, and children in the community. Nurse home visiting services are provided through the Healthy Families Fairfax Program, the Nurse Family Partnership Program, and FCHD Maternal and Child Health (MCH) field nurses. Services include prenatal support, postpartum checkups, screening and referral for depression and intimate partner violence, promotion of positive parenting skills and parent-child bonding, assessment of developmental delays, and the development of economic self-sufficiency for the family, including working towards education and employment goals.

The FCHD promotes healthy behaviors for the frail elderly and adults with disabilities attending the Adult Day Health Care program. This service provides ongoing monitoring and coordination of each participant's health, in collaboration with their primary health care providers. This integrated approach promotes the health and well-being of the participants and aims to prevent unnecessary hospitalizations due to unmanaged chronic disease or injuries resulting from physical or cognitive impairments. The participants also receive nutritionally well-balanced meals, daily exercise and opportunities for social engagement – all factors that promote healthy aging.

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 2015, Fairfax County WIC staff served an average of 3,051 pregnant and post-partum women, 1,297 breastfeeding women, 3,965 infants, and 8,816 children for a total of 17,129 clients. WIC activities are funded in Fund 50000, Federal-State Grant Fund (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 2015, 18,120 individuals were enrolled in CHCN and as of September 2015, there were 351 individuals waiting to enroll in CHCN, all at the CHCN-Bailey's clinic location.

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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 2015, CHCN and HAAT staff also directly assisted over 465 CHCN enrollees in navigating the health insurance marketplace instituted by the Affordable Care Act (ACA) of 2010. Out of a total pool of 1,175 CHCN enrollees initially projected to be eligible for health insurance subsidies, approximately 349 successfully transitioned from CHCN to other health care resources in the marketplace exchange during the 2015-2016 ACA open enrollment period.

In FY 2015, the FCHD continued to work with the County's Health Care Collaborative to respond to other healthcare service delivery needs associated with the ACA. In follow-up to work done in prior fiscal years, the Health Care Collaborative is working to develop a new primary care network model that better integrates the delivery of health care services to vulnerable populations and communities. The Health Care Collaborative is working 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 November 2015, the CHCN-Bailey's clinic relocated to the Merrifield Center and is co-located with providers from the Fairfax-Falls Church Community Services Board (CSB), Inova Behavioral Health Services, and the Northern Virginia Dental Clinic. It should be noted that the CHCN program has secured Inova Health Care Services as the new contractor for operation, management and staffing of the three CHCN clinics. Inova will assume responsibility for CHCN on July 1, 2016 (FY 2017). The new contractor will be expected to participate fully in the County's ongoing initiatives related to health services integration, cross-sector health data exchange, and the leveraging of other non-County payer sources for health services provision that are expected to increase the effectiveness and efficiency of the County's health and human services delivery system.

In FY 2015, the CHCN, in collaboration with Molina Healthcare, and George Mason University Center for Health Policy Research and Ethics, continued working on 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. Initially, the grant focused on disparities associated with coronary artery disease drug therapy, cervical cancer screening and smoking cessation. Following baseline assessment of other medical conditions, disparities in the maintenance of glycosylated hemoglobin (HbA1c) levels in diabetics and systolic blood pressure level in patients with hypertension were added for evaluation. Initial findings have identified disparities between patient groups both within and between the CHCN program's three clinic location settings for several of these conditions. Further analysis will continue throughout the remaining two years of the grant period.

The FCHD Maternal and Child Health program works to ensure that all women have a safe and healthy pregnancy. The CDC's publication, "Safe Motherhood at a Glance 2015," identifies an increasing trend in the number of pregnant women in the United States who have chronic health conditions such as high blood pressure, diabetes, or heart disease that may put them at a higher risk of adverse outcomes. The CDC states that women who take steps to prevent and control these chronic conditions before and during pregnancy have the best chance for a healthy outcome. By assuring the provision of maternity care, the Health Department can improve health outcomes for mothers and their children.

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 visit to all pregnant women needing services. This visit entails an assessment of psychosocial risk factors, such as depression and intimate

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partner violence; 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, which costs approximately \$57,600 a year (MetLife Report 2012); and home health care, estimated at \$41,500 per year. At a cost of less than \$27,000 a year (paying at the highest fee level), ADHC is a cost effective, affordable option for clients and caregivers in Fairfax County.

Over the past five years, despite high satisfaction levels and the increasing aging demographic, the ADHC program has experienced a slow decline in the average daily attendance and the total number of people served annually. There are several factors contributing to this trend. There has been an increase in other long-term care options, such as more assisted living facilities with dementia units and an increase in the number of home health agencies offering in-home care. There is also a lack of public awareness about the program, especially in the ethnically diverse communities who tend to care for their frail elderly at home. As a result, none of the five ADHC centers met their service capacity over the last three years. In order to maintain ADHC services to eligible participants and maximize existing resources, the Annandale ADHC Center was closed at the end of December 2015 with assurances that all of the Annandale ADHC Center participants would be served in the remaining four centers located throughout the County. A comprehensive transition plan was developed in order to minimize the impact of the closure on the participants and their families.

Over the next year and a half the Lewinsville Senior Complex, which includes the Adult Day Health Care center, senior center, and child care centers will be redeveloped. Throughout these transitions, the ADHC program will strive to maintain high quality service, to serve individuals of all income levels, to implement a new, more focused marketing campaign, and to explore other provider options to meet the needs of community members.

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. Two magisterial districts initiated planning of new aging in place models in FY 2015. Transportation is identified as the greatest need by the aging in place communities; therefore, the LTCPDT staff also facilitated the development of a volunteer driver capacity building program to support community-based programs. The program became operational in FY 2015 and is serving five community-based transportation providers, with three more considering. The Long Term Care Coordinating Council (LTCCC) staffed by the LTCPDT, develops community-based solutions to address gaps in access to services. The LTCCC has 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. A LTCCC committee has been established to address each area with innovative solutions.

Nursing Home Pre-Admission Screening (NHPAS), funded by Medicaid, helps individuals of any age who are unable to perform certain Activities of Daily Living (ADL) and have medical/nursing needs to obtain the services provided in a nursing home. If an individual meets the functional criteria he/she may

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choose to remain in the community rather than seek the more costly option of nursing home placement. In July 2014 the Virginia General Assembly mandated that the time between a request for a NHPAS and the submission of the completed NHPAS should be no more than 30 calendar days. Additionally, DMAS mandated the implementation of the electronic Universal Assessment Instrument (UAI) a screening tool called ePAS effective July 1, 2015. The FCHD partnered with the Department of Family Services Adult and Aging Division to implement the new electronic UAI, successfully reducing the average length from request of service to the submission of screening from 36 to 18 calendar days in June 2015.

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 other partners to respond effectively to public health emergencies. OEP coordinates all emergency preparedness planning, training, and exercise activities for department staff and MRC volunteers, and ensures local and regional coordination before, during and after public health emergencies.

During FY 2015, the Office of Emergency Preparedness coordinated the department's response to various public health emergencies, including preparedness and response activities related to the ongoing Ebola outbreak in West Africa and a regional measles outbreak investigation. These incidents 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 coordinated department preparedness and response activities for the 2015 World Police and Fire Games, which was hosted by the County in late June and early July 2015. During the ten-day period of the games, OEP staffed the County Emergency Operations Center (EOC) and coordinated the collection and dissemination of critical public health-related information to a variety of stakeholders.

In FY 2016, OEP coordinated the department's submission for re-recognition for the National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR), a competency-based and recognition program that assesses local public health preparedness. In addition, OEP worked to advance several emergency preparedness-focused strategic planning initiatives identified as part of the department wide strategic planning effort. Coupled with ongoing efforts to better integrate emergency preparedness training into the department's workforce development plans, OEP plans to further integrate the MRC into routine activities of the department to enhance response coordination between staff and volunteers. In FY 2017, OEP will continue to build and enhance a culture of preparedness among department staff and MRC volunteers through training, exercises, and opportunities to support the department during both emergencies and non-emergency events. Following the revision of plans for the emergency dispensing of medical countermeasures in late FY 2016, OEP will work with a number of County partners to plan a large exercise to test the newly-revised plans.

Recruit, Train and Retain a Diverse Competent Workforce

Assuring a competent public health workforce is essential to protecting, promoting, and improving community health. Given the unprecedented climate of transformation and increasing complexity of public health challenges, a primary focus for the FCHD leadership is developing critical crosscutting foundational capabilities within the department that provides the flexibility required to meet traditional as well as changing public health needs. Workforce planning efforts continue to focus on increasing the diversity of the FCHD workforce through recruitment practices and hiring approaches that attract qualified candidates who reflect the diversity of the community. Behaviorally-based, position-specific interview questions have been developed to assess the applicant's judgment, decision-making, analytical

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and problem solving skills to attract employees that can meet the changing demands of public health practice. 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 create an environment that promotes these values and supports the department's quality culture and quest to become a values driven high performing organization. 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. Additional trainings that reinforce the underlying concepts of public health are offered by George Mason University and include *Introduction to Epidemiology* and *Environmental Health Fundamentals*. Future plans involve the development of courses in *Global Health and Emerging Threats*. To support succession planning and prepare staff for promotional opportunities and career advancement, staff is offered mentoring, shadowing, and career management planning opportunities. Internal cross-training, and courses offered to enhance coaching skills and to develop the leader's role as a change agent in the Health Department are being planned.

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. In FY 2015 the FCHD continued to focus on expanding its internet/social media presence, expanded use of mobile technologies for improved field services, and explored strategies for integrated service care delivery. Improved Web sites and expanded social media messaging resulted in an increase in the FCHD's Web site visits by 3.4 percent (547,000 visits), and increased Twitter and Facebook interest by 82 percent (3,194 followers) and 62 percent (1,085 likes), respectively. In FY 2015, the Environmental Health program continued to revise and improve Internet-based permit application requests, reducing response time from request to issuance of a permit.

In FY 2016 the FCHD Laboratory enhanced the HIPAA compliant Laboratory Information System (LIS) with the addition of two modules for expanded functionality. SoftWeb is a web portal which will allow clients to order and view laboratory tests and results. SoftReports allows lab staff to create and run statistical reports which can be customized for individual client's needs. The addition of these two modules will result in improved service delivery, reduced turnaround time, and improved customer satisfaction and are expected to increase testing volumes while maintaining the average cost per test despite escalating medical equipment and supply costs.

Mobile technology is increasingly essential to reach clients and document activities at the point-of-service as community-based services expand. The FCHD has invested in tablet computing, using wireless access technology, and issued mobile smart phone devices. Mobile applications are increasingly used to streamline data collection and information dissemination in various program areas.

Electronic Health Record (EHR) procurement was delayed in FY 2016 due to contractual issues. However, the Health Department continues to pursue EHR technology to support clinical and field health services, as part of a Human Services-wide integrated care model. The integrated care model encompasses the wide variety of health care services provided to County residents in behavioral, social, medical, and dental programs, and supports coordination of care using a holistic view of client needs. As a critical part of this model, the EHR will allow for electronic storage of patient health data and facilitate secure electronic exchange of health information with key service partners.

Other planned technology initiatives include updating the call center software, expanding use of telemedicine solutions, and instituting use of on-line collaboration tools for internal and community use.

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Improving Organizational Capacity to Fulfill the Evolving Role of Public Health

Effectively addressing 21st century public health challenges will require a strong public health infrastructure. 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 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 Live Healthy Fairfax branding has highlighted collaborative community health improvement work by the Health Department's public health system partners. Health Department partners and coalitions contribute to improved health and quality of life for all in the community. The Community Health Dashboard was implemented in FY 2015 to provide a web-based data resource for the Fairfax community to explore existing population data and track year-to-year trends in population health improvement efforts. In addition, in FY 2015, the Partnership for a Healthier Fairfax (PFHF) completed its year one assessment of implementation goals and objectives for the five-year Community Health Improvement Plan (CHIP). Through the work of public, nonprofit, and business sectors, progress is reported on key actions in each of the 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 continue to collaborate with PFHF on the implementation of the CHIP.

The Division of Community Health Development and Preparedness will continue to play a critical role in ensuring the department's own development and readiness for the future as it supports the FCHD's transition to a population-based service delivery model and enhances department 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 about organ, eye, and tissue donation and the steps that both individuals and employers can take to promote these life-saving efforts. The COTD advises the Board of Supervisors on organ, eye, and tissue donation policies and provides community outreach at the local and regional levels.

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- 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 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$35,396,556	\$37,926,833	\$37,966,006	\$39,789,362	\$39,808,167
Operating Expenses	16,337,531	17,156,196	20,580,804	18,718,423	18,718,423
Capital Equipment	139,613	0	208,022	0	0
Total Expenditures	\$51,873,700	\$55,083,029	\$58,754,832	\$58,507,785	\$58,526,590
Income:					
Elderly Day Care Fees	\$931,321	\$938,398	\$931,321	\$931,321	\$931,321
City of Fairfax Contract	1,314,477	1,257,752	1,285,047	1,323,599	1,323,599
Reimbursement	297,196	215,336	297,196	297,196	297,196
Falls Church Health Department	333,728	311,588	342,522	333,728	379,461
Licenses, Permits, Fees	3,356,307	3,392,261	3,505,992	3,655,971	3,655,971
Reimbursement - School Health	3,995,766	3,995,766	3,995,766	3,995,766	3,995,766
State Reimbursement	9,607,853	9,760,015	9,077,567	9,077,567	9,077,567
Total Income	\$19,836,648	\$19,871,116	\$19,435,411	\$19,615,148	\$19,660,881
NET COST TO THE COUNTY	\$32,037,052	\$35,211,913	\$39,319,421	\$38,892,637	\$38,865,709
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	656 / 584.47	652 / 579.75	653 / 580.75	652 / 579.75	653 / 580.75

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

FY 2017 Funding Adjustments

The following funding adjustments from the FY 2016 Adopted Budget Plan are necessary to support the FY 2017 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the budget on April 26, 2016.

- ◆ **Employee Compensation** **\$1,369,321**
 An increase of \$1,369,321 in Personnel Services includes \$503,988 for a 1.33 percent market rate adjustment (MRA) for all employees, \$680,333 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2016, and \$185,000 for personnel adjustments related to the County's epidemiology program.
- ◆ **Contract Rate Increases** **\$1,104,901**
 An increase of \$1,104,901 in Operating Expenses supports a contract rate increase for the providers of contracted health services and for providers of repair and maintenance services for laboratory and medical equipment.

Health Department

- ◆ **Compensation Associated with Public Health Doctors** **\$493,208**

An increase of \$493,208 in Personnel Services supports funding for additional compensation requirements as a result of Public Health Doctors moving from the S and E pay scales to the X pay scale, which resulted in pay adjustments and an increased pay range for both merit and benefits eligible positions. This change was approved in order to be in line with market rates and help with recruitment and retention issues for positions that have historically been hard to fill.

- ◆ **Nursing Services for Medically Fragile Students** **\$350,000**

An increase of \$350,000 in Operating Expenses is included to address the increase in one-on-one nursing services for medically fragile students enrolled in Fairfax County Public Schools. The Medically Fragile program serves both full time and pre-school students, and if a student is found eligible, services are mandated under federal law. Cases are reviewed by a multidisciplinary team of experts who recommend services based on the medical need of a student. The Health Department coordinates, manages, and financially supports these nursing services. Over the last several years there has been an increase in demand for one-on-one nursing services and the demand is expected to continue to grow in the coming years as more medically fragile students are entering the school system at the age of pre-school and remaining in the system until the completion of their school years.

- ◆ **Laboratory Equipment and Supplies** **\$107,326**

An increase of \$107,326 in Operating Expenses is included for equipment and supplies to support enhanced laboratory testing for communicable diseases and environmental hazards. This expenditure increase is completely offset by a revenue increase from expanded lab service fees for no net impact to the General Fund.

- ◆ **School Health Position for City of Falls Church** **\$18,805**

An increase of \$18,805 in Personnel Services is included to support full-year funding for a Public Health Nurse II position approved by the Board of Supervisors as part of the *FY 2016 Third Quarter Review* to provide School Health services to the City of Falls Church. The County provides School Health services to the City of Falls Church through a contract and the County is fully reimbursed for the costs associated with these services. The County has previously provided these services using a benefits eligible position, but increased workload complexity and volume now require a merit position. It should be noted that an increase of \$26,928 in Fringe Benefits funding is 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. The expenditure increase is completely offset by an increase in revenue for no net impact to the General Fund.

Changes to FY 2016 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2016 Revised Budget Plan since passage of the FY 2016 Adopted Budget Plan. Included are all adjustments made as part of the FY 2015 Carryover Review, FY 2016 Third Quarter Review, and all other approved changes through April 30, 2016.

- ◆ **Carryover Adjustments** **\$3,768,187**

As part of the *FY 2015 Carryover Review*, the Board of Supervisors approved funding of \$3,768,187, including \$2,927,630 in encumbered funding and \$590,000 in unencumbered funding needed to procure an Electronic Health Record (EHR) System and update existing interfaces (chest x-ray, speech, hearing, and dental) to ensure compatibility with the new EHR system, which were both delayed due to contractual issues that require the Health Department to select a new vendor.

Health Department

Additionally, \$250,557 supports six months of operations at the Annandale Adult Day Health Center (ADHC). The closure of the Annandale ADHC program site was included in the FY 2016 Adopted Budget Plan; however, the closure was delayed by six months to allow more time for participants to transition to other sites or arrange other care options.

◆ **Incentive Reinvestment Initiative** **(\$100,000)**

A net decrease of \$100,000 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 2016 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.

◆ **School Health Position for City of Falls Church** **\$3,616**

As part of the *FY 2016 Third Quarter Review*, the Board of Supervisors approved partial-year funding of \$3,616 and 1/1.0 FTE new Public Health Nurse II position to provide School Health Services for the City of Falls Church. The County provides School Health services to the City of Falls Church through a contract and the County is fully reimbursed for the costs associated with these services. The County has previously provided these services using a benefits eligible position, but increased workload complexity and volume now require a merit position. It should be noted that an increase of \$5,178 in Fringe Benefits funding is included in Agency 89, Employee Benefits. The expenditure increase is fully offset by an increase in revenue for no net impact to the General Fund.

Cost Centers

The Health Department is divided into ten 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 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$2,267,932	\$2,117,032	\$3,432,618	\$1,655,058	\$1,655,058
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	4 / 4	4 / 4	4 / 4	4 / 4	4 / 4

1 Director of Health
1 Assistant Director for Health Services

1 Business Analyst IV
1 Administrative Assistant V

TOTAL POSITIONS
4 Positions / 4.0 FTE

Health Department

Dental Health Services

Dental Health Services addresses the oral health needs of low-income children at three dental locations (South County, Herndon/Reston, and Central Fairfax). Additionally, dental health education and screening is available in schools and the Head Start programs. The program also provides dental services to meet the acute and emergent dental needs of pregnant women who are receiving maternity services through the Inova Cares for Women program. The program partners with the WIC program to provide fluoride application to children six months to three years of age.

Category	FY 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$706,602	\$681,440	\$737,347	\$742,967	\$742,967
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 three program areas: the Consumer Protection Program, the Onsite Sewage and Water 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 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$4,080,713	\$5,087,287	\$4,947,609	\$5,084,987	\$5,084,987
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	63 / 63	63 / 63	63 / 63	63 / 63	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		3 Environmental Techs II		4 Administrative Assistants II	
5 Environ. Health Supervisors					

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 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$7,602,417	\$7,845,242	\$7,990,481	\$8,505,537	\$8,505,537
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	101 / 101	101 / 101	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	
7 Public Health Nurses IV	1 Management Analyst III			9 Administrative Assistants III	
12 Public Health Nurses III	1 Human Service Worker II			12 Administrative Assistants II	
23 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
97 Positions / 97.0 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 partnership engagement, public health emergency preparedness and response and oversight of the Medical Reserve Corps.

Category	FY 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$1,343,899	\$1,376,956	\$1,491,798	\$1,853,539	\$1,853,539
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	18 / 18	18 / 18	19 / 19	19 / 19	19 / 19
1 Director Comm Health Dev. & Prep.	1 Management Analyst IV			1 Administrative Assistant III	
1 Public Health Emergency Mgmt. Coord.	3 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
19 Positions / 19.0 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 Merrifield, 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 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$8,073,688	\$8,951,913	\$9,484,495	\$9,860,847	\$9,860,847
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 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$7,107,923	\$7,923,938	\$8,082,342	\$8,521,492	\$8,521,492
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	100 / 100	100 / 100	105 / 105	105 / 105	105 / 105
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	
7 Public Health Nurses III		5 Administrative Assistants V		4 Human Services Assistants	
36 Public Health Nurses II		1 Administrative Assistant IV		1 Business Analyst I	
TOTAL POSITIONS					
105 Positions / 105.0 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 laboratory is recognized as an Advanced Sentinel Laboratory in the Laboratory Response Network and provides surge capacity for the state public health laboratory.

Category	FY 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$2,789,985	\$2,869,796	\$3,435,141	\$3,222,181	\$3,222,181
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	18 / 18	18 / 18	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 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$14,310,021	\$14,907,292	\$15,469,683	\$15,703,555	\$15,722,360
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	275 / 203.47	279 / 206.75	280 / 207.75	279 / 206.75	280 / 207.75

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	4 Sr. School Health Aides
67 Public Health Nurses II, 14 PT	194 School Health Aides, PT

TOTAL POSITIONS

280 Positions / 207.75 FTE

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 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised	FY 2017 Adopted
EXPENDITURES					
Total Expenditures	\$3,590,520	\$3,322,133	\$3,683,318	\$3,357,622	\$3,357,622

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)

Regular	59 / 59	51 / 51	49 / 49	49 / 49	49 / 49
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1 Prog. & Procedure Coord.	1	Management Analyst IV	20	Home Health Aides
2 Public Health Nurses IV	1	Management Analyst II	4	Park/Recreation Specialists III
5 Public Health Nurses III	2	Licensed Practical Nurses	4	Administrative Assistants IV
5 Public Health Nurses II	4	Sr. Home Health Aides		

TOTAL POSITIONS

49 Positions / 49.0 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 FCHD services. As a part of this effort, for 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Program Management					
Percent of performance measurement estimates met	46%	56%	65%/63%	65%	65%
Dental Health Services					
Total patient visits	2,603	3,640	3,400/2,721	3,400	3,400
Percent of treatment completed within a 12 month period	42%	44%	40%/43%	40%	40%
Environmental Health					
Percent of environmental complaints resolved within 60 days	86%	91%	90%/88%	90%	90%
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness	NA	NA	95%/90%	95%	95%
Percent of out of compliance onsite sewage disposal and water supply systems corrected within the specified time period	92%	89%	90%/90%	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	8	3	1/1	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	85%	90%	85%/85%	90%	90%
Percent of clients who report that the services they received at a public health clinic addressed their health need	91%	93%	90%/91%	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	88%	90%/91%	90%	90%
Community Health Care Network					
Number of clients who received primary care through the Community Health Care Network	15,021	14,678	15,000/13,795	15,000	15,000
Percent of Community Health Care Network clients with stable or improved health outcomes	NA	63%	64%/52%	64%	64%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Maternal and Child Health Services					
Percent of children served by the Health Department who are up-to-date on immunizations at 24 months of age	61%	61%	60%/62%	61%	61%
Percent of pregnant women served who deliver a low birth weight baby	5.0%	5.5%	5.0%/8.4%	7.8%	7.8%
Health Laboratory					
Percent of individuals saved from unnecessary rabies post-exposure shots by timely receipt of negative lab results	99%	99%	95%/99%	95%	95%
School Health					
Percent of students' health care plans established within 5 days	58%	57%	60%/55%	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	79%	80%/82%	85%	85%
Long Term Care and Development Services					
Percent of participants who met the criteria for institutional level of care who were able to remain in the community	93%	93%	90%/92%	90%	90%
Percent of caregivers who report experiencing less stress as a result of Adult Day Health Care	94%	91%	90%/93%	90%	90%

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2017/adopted/pm/71.pdf

Performance Measurement Results

Program Management

Program Management, comprised of the Health Director and supporting staff, oversees the FCHD General Fund Budget of \$58,526,590 and all of the department's performance objectives. In addition, the department anticipates receiving grants totaling approximately \$4,740,715 and revenue of \$19,660,881 in FY 2017. A new measure that reflects the department's progress with adopting results-based accountability measures was developed in FY 2015. The department met 63 percent of the outcomes targets for FY 2015, thereby missing the target of 65 percent. The reasons are explained in the respective cost centers' performance measurement results sections.

Dental Health Services

In FY 2015, the dental program continued to focus on the oral health and preventative programs initiated last fiscal year (i.e. fluoride application to infants and toddlers who attend the WIC program). Two of the three dental offices faced extended leaves by the dentists. These absences had an impact on all outcome metrics. The remaining dentist covered the urgent needs of the three offices resulting in less time available for community screenings as the acute care needs of existing clients needed to be prioritized. The acuity (severity of needs) of the patients has increased. One factor contributing to this is that many of the unaccompanied children that are being processed through the Department of Family Services are

Health Department

older and when they receive dental care at the FCHD it is found that they have many years of neglected oral health issues.

Although the Maternity services transitioned from FCHD direct care to Inova direct prenatal care, the dental care component continued. Pregnant clients being seen at the INOVA Cares Clinic for Women can be referred to the FCHD Dental clinics. It is anticipated that these numbers will be consistent with the referrals (fewer than 200 clients).

There are county-wide 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 shift with a potential change in productivity. These changes may warrant a revision to the performance measurements in the future. At this time, the advancement of this potential change is unknown and it is raised here to set the stage for future changes.

Environmental Health

Consumer Protection Program: The Consumer Protection Program (CPP) currently has oversight of 3,542 permitted facilities which include 3,323 food service establishments and 119 other commercial establishments. CPP also conducts health inspections for other licensing agencies and responds to reports of public health or safety menaces. In FY 2015, CPP conducted approximately 9,000 inspections, complaint investigations and responses to service requests. CPP responded to 58 percent of complaint investigation requests within 3 days of receipt, and 88 percent of these requests were resolved within 60 days of receipt.

CPP has implemented a new process to categorize food establishments for a risk- and performance-based inspection frequency. In FY 2015, a food establishment inspection was to be inspected one, two, or three times depending on its assigned risk category. 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 assessed the compliance history of each food establishment and added a service (e.g., inspection, on-site training, risk control plan) for an establishment that needs support to achieve long-term compliance with the regulations. CPP will determine the effectiveness of the additional services and report for FY 2016 the percent of food establishments in compliance with control measures that reduce the occurrence of foodborne illness. In FY 2017, 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 2015, 91 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 73 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 2015, OSW conducted 120 soil evaluations. Over half of all new sewage disposal systems approved were alternative designs.

Health Department

The water recreation facilities program has regulatory oversight of approximately 1,200 pools, spas, interactive water features, and water parks. In FY 2015, Environmental Health completed inspections according to regulatory mandates with each pool vessel receiving one inspection and 93 percent having two inspections.

Disease Carrying Insects Program (DCIP): 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. The total DCIP cost per capita was \$1.07 in FY 2015. The estimated cost for FY 2016 (\$1.79) is based on use of the entire DCIP budget, including up to 35,000 storm drains that are treated with a larvicide during three separate six-week cycles from May through October, for a total of approximately 105,000 storm drain treatments. Actual spending depends on environmental factors, insecticide treatments, surveillance activities, and education and outreach. Future estimates for this measure have been adjusted to 105,000 from 109,500 treatments based on the average number of storm drains treated in the prior five years.

Weather conditions are the principal factors that determine the number of storm drains that will be treated and the percent of storm drains treated within the scheduled timeframe during a given year. Near record days of rainfall in June 2015 limited the application of larvicides. The new contract with the provider of mosquito control activities was delayed and not awarded until late May 2015. As a result, there was a significant decrease in the number of larvicide treatments of storm drains for the control of mosquitoes that transmit West Nile Virus (WNV) from FY 2014 (103,661) to FY 2015 (76,377). In FY 2015, 70 percent of storm drains were treated within the scheduled time frame.

The DCIP collaborates with the FCHD Communicable Disease Control unit that investigates human cases of WNV reported by the Virginia Department of Health. In FY 2015, there was one confirmed human case of WNV in the County.

Communicable Disease Control

Tuberculosis (TB): In FY 2015, the FCHD provided 29,145 tuberculosis screening, testing, and treatment services. While this represented a decrease from FY 2014 (31,986), it was still higher than in past years, representing the need for TB services in the County. The rate of active TB disease in Fairfax County increased slightly from 5.1 per 100,000 to 5.3 per 100,000. The County case rate remains higher than many areas in the state, due to the consistent number of newcomers from parts of the world where the disease is endemic. FCHD provides high quality clinical care for TB. During FY 2015, 99 percent of individuals diagnosed with active TB disease received their medical care from the FCHD. Ninety-eight percent of clients were started on recommended initial medication therapy, and 93 percent completed treatment in the appropriate time frame.

Communicable Disease (CD): The number of CD investigations conducted during FY 2015 increased compared to FY 2014, mainly due to two large communicable disease events - Ebola Virus Disease Traveler Monitoring and a case of measles - that combined required screening of 1,000 individuals. The 3,340 screenings and investigations completed in FY 2015 included 1,482 cases associated with 43 separate outbreak situations. The 43 outbreaks originating in Fairfax County represented an increase from FY 2014, when 41 outbreaks were investigated. In FY 2017, the FCHD will continue to provide routine investigation of diseases, as well as continuing to monitor travelers to Ebola-affected countries.

Health Department

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 2015, CHO worked with more than 200 governmental and community-based organizations, participated in over 578 individual events, and reached over 42,000 individuals; of those surveyed, 94 percent were satisfied with the health promotion activities provided. Outreach and health promotion activities include the Chronic Disease Self-Management Program (CDSMP); the Diabetes Self-Management Program (DSMP); the Vaccine Literacy Campaign; and outreach related to hand washing, emergency preparedness, and access to Health Department services and programs. The substantial increase in the number of residents reached through outreach activities during FY 2015 is due to the establishment of improved public partnerships, greater trust from the faith community, and an increase in Diabetes and Chronic Disease Self-Management Program leaders and community partners willing to participate in program sustainability.

In FY 2016 the CHO team continued existing outreach initiatives to 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 2015 a large MRC recruitment drive for health care professionals identified 120 new volunteers. Future efforts will continue to focus on providing opportunities for volunteers to complete the required trainings as quickly as possible so that they can become deployable resources for the Health Department. In FY 2015, to better measure the outcome of its preparedness efforts, OEP collected data for 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 – 91 percent of staff and volunteers surveyed during FY 2015 indicated 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 will continue to rise, and data from the evaluation for each will help refine the program further.

Community Health Care Network

The continuing prevalence of a large number of low-income, uninsured residents continues to provide significant demand for Community Health Care Network (CHCN) services. During FY 2015, the CHCN provided access to health services for 18,120 enrollees; served 13,795 of those individuals through at least one visit; provided 48,100 primary care visits across all three CHCN clinic sites; and coordinated 8,715 referrals for specialty care services. Over the past three fiscal years, annual enrollment totals of uninsured, low-income individuals meeting CHCN program eligibility criteria were: 20,451 (FY 2013), 20,434 (FY 2014), and 18,120 (FY 2015). The notable decrease in FY 2015 is likely attributable in part to completion of the second year of the Affordable Care Act (ACA), and the availability of subsidies for health insurance on the ACA marketplace. A commensurate decrease in the number of primary care visits provided and unduplicated patients who had at least one visit was noted as well.

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The net cost per patient visit to the County for CHCN services increased 2.3 percent (from \$169 to \$173) between FY 2014 and FY 2015, and is projected to increase 2.0 percent in FY 2016 (to \$177). These increases are well below the inflation of healthcare costs seen regionally and nationally. The program continues to utilize and enforce strict eligibility and enrollment criteria to ensure that patients receiving CHCN services truly have no other alternatives for access to affordable healthcare. In addition, the CHCN program makes extensive use of prescription patient assistance programs and bulk purchase programs to acquire free and/or low-cost medications for CHCN patients to keep the program's pharmaceutical costs down.

Based on the most recent patient satisfaction survey of CHCN patients conducted by researchers at George Mason University, the percent of CHCN clients satisfied with their care at CHCN health centers was 96 percent. This maintenance of patient satisfaction reflects the program's ongoing commitment to quality assurance and is expected to continue at this level for the foreseeable future.

At this time, the percent of CHCN patients with stable or improved outcomes for FY 2015 is 52 percent. This outcome is a decrease in positive outcomes compared to 63 percent in FY 2014, which can be attributed in part to patients remaining enrolled in CHCN (i.e., those not acquiring ACA insurance and transitioning to other community providers) having generally higher acute health care needs, and more difficulty understanding, implementing, and sustaining complicated chronic disease management strategies.

Maternal and Child Health Services

Maternity Services: FY 2015 was the first full year of operating under the new collaborative care delivery model between the FCHD and the Inova Cares Clinic for Women (ICCW). In FY 2015 the FCHD provided Public Health Assessments to 3,240 pregnant women. This is an increase in pregnant women receiving services through the FCHD from FY 2014 (2,984), and is likely due to the inclusion of all eligible pregnant women regardless of gestation and risk status.

The percent of pregnant women served who delivered a low birth weight baby increased from 5.5 percent to 8.4 percent in FY 2015. This result is due to the increased number of high risk women included in the total number of women served in FY 2015. In previous years, the women who were seen in the high risk maternity clinic at Inova were not included in the total number of deliveries, as they were no longer considered FCHD clients. With the new FCHD-ICCW model of maternity care delivery, all clients are included in the total number of clients, no longer separating low, moderate and high risk maternity clients. Maternity clients with high risk medical conditions are at a higher risk for delivering a low birth weight infant. This data is now provided to FCHD by Inova per the partnership contract. Given that the population served by the Health Department is generally at higher risk for poor birth outcomes, the FCHD and Inova will closely monitor and collaborate to decrease this low birth weight rate, aiming for the national goal established in Healthy People 2020 which is 7.8 percent. The FCHD-Inova partnership provides quality early public health services and continuous prenatal clinical care which is critical to improving pregnancy and birth outcomes.

Speech and Language: The Speech and Hearing program provides speech and audiology services to both children and adults, but predominately serves children. In FY 2015, 97 percent of speech clients and 86 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 was not fully staffed during FY 2015 which attributed to a 16 percent decrease in speech visits from FY 2014.

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Health Laboratory

A continuing focus of laboratory performance is control of average cost per test. The average cost per test in FY 2015 was lower than FY 2014, cross training of staff resulting in lower personnel costs, and decreased operational costs associated with increased efficiencies. 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) and the implementation of the Cepheid GeneXpert MTB/RIF assay. The implementation of these more specific tests will result in a significant cost savings to the County associated with earlier detection of Tuberculosis Disease and 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. The recent enhancement of the HIPAA compliant Laboratory Information System to include a web portal for ordering and viewing test results as well as the ability to create individualized ad hoc statistical reports will allow the laboratory to improve service delivery, reduce turnaround time, improve customer satisfaction, and increase both testing volumes and testing revenues while maintaining the average cost per test despite escalating medical equipment and supply costs.

Quality improvement is an ongoing process in the operation of any laboratory. The FCHD Laboratory distributes an annual Customer Satisfaction Survey (CSS) in an effort to measure whether services provided by staff meet or surpass the needs of clients. The responses to the survey assist laboratory staff to develop and monitor quality improvement projects, assess test menus, monitor trends, and improve communication with customers. The FCHD laboratory continued to maintain a high level of customer satisfaction as measured by its FY 2015 CSS average of 97 percent of customers satisfied with current services.

In order to achieve and maintain certification through regulatory authorities such as Clinical Laboratory Improvement Amendments (CLIA) and the Environmental Protection Agency (EPA), laboratories must participate in annual proficiency testing programs. The FCHD laboratory participates in the following proficiency testing programs: College of American Pathologists, Wisconsin State Laboratory of Hygiene, Centers for Disease Control and Prevention, and ERA. The FCHD laboratory continued to maintain a high degree of accuracy as measured by its FY 2015 scoring average of 97 percent on accuracy tests required for certification. The department'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.

Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal. Rabies is almost always fatal once symptoms appear, but can be prevented almost 100 of the time when post-exposure prophylaxis is administered soon after an exposure occurs. FCHD laboratory provides 24 hour turn-around-time for rabies testing on animals to prevent individuals from receiving unnecessary rabies post-exposure shots. 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 2015, 463 residents (99 percent of those with negative results) received their negative test results within 24 hours, saving an estimated \$1,852,000 in medical costs for a series of unnecessary rabies post-exposure immunizations which average \$4,000 per series.

School Health

In School Year 2014-2015, the School Health Services Program supported 185,347 students at 196 school sites during the regular school year and 24,902 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 increased slightly from the prior year.

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In FY 2015, the number of students who had a health condition that could impact their school day was 50,188. 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 20,483 school staff during the year. The time required to prepare and conduct training, along with public health nurse vacancies, affected the FCHD ability to meet the percentage of health plans in place within five days. For FY 2017, the ability to have a plan in place in 5 days after notification of a student's health condition, as a measure of efficiency will be replaced by a more reliable measure with variables that are better able to be controlled by the program.

Since 2011, the enrollment of students in Fairfax County Public Schools has increased 8 percent, which has been accompanied by modest additional resources given the current fiscal climate. Preliminary FCPS estimates indicate that student enrollment will decrease slightly in the coming school year; however, as student enrollment tends to fluctuate and the health needs of students continue to become more complex, additional resources may be needed in the future. The quality of school health services remained high, with 85 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

Nursing Home Pre-Admission Screenings: The number of Medicaid Nursing Home Pre-Admission Screenings (NHPAS) completed in FY 2015 increased to 1,224 which represented a 34 percent increase in service demand since FY 2013. This trend is reflective of the aging population both nationally and in Fairfax County. The increase in requests for home-based community services is indicative of the desire to age in place. Medicaid eligible older adults and individuals with disabilities are able to access services in the community if they so choose. In 2014 the Virginia General Assembly modified the Code of Virginia to stipulate that the time between a request for a screening and the submission of the completed screening to the Department of Medical Assistance Services for processing be no more than 30 calendar days. The FCHD Long Term Care Unit collaborated with the Adult and Aging Services Division in the Department of Family Services to identify measures that could be taken to expedite the screening process. This interdepartmental partnering allowed for the implementation of process improvements resulting in a decrease in the time from initial client request for a screening to submission of the screening results from 36 to 18 calendar days. This new performance metric was adopted mid-year as a way to track adherence to the new Virginia Code's time requirement for NHPAS. The data in the metric chart reflects screenings done from September 1, 2014 through June 30, 2015.

Of the 1,224 NHPAS completed in FY 2015, 835, or 68 percent of the low-income, frail elderly and adults with disabilities were found eligible for services. Of those found eligible, 92 percent selected community-based services rather than the more costly institutional care.

Adult Day Health Care: The Adult Day Health Care Program (ADHC) has always provided a highly valued and high quality service with caregiver satisfaction surveys showing 99 percent satisfaction in the overall services provided. Ninety two percent of the participants met the criteria for "institutional level of care" but were able to remain in the community, in part, due to the support services received at the ADHC. Ninety-three 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

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caregivers against the harmful effects of stress associated with giving care to someone with dementia. Family caregivers surveyed also acknowledged a host of other benefits experienced by participants who attend the ADHC Center; reporting that their loved one experienced a positive impact on their mental and physical health and that they had more opportunities to engage in meaningful activities. All of these factors serve to improve the overall health and well-being of the participants.

Despite high satisfaction levels and the increasing aging demographic, the ADHC program has been experiencing a slow decline in enrollment over the past five years. In FY 2015, the Average Daily Attendance (ADA) of 95 did not meet the goal of 110 and the total enrollment of 249 did not meet the goal of 280. Over the past five years there has been a proliferation of long term care services to include home care agencies, assisted living facility memory units, the Program for the All-inclusive Care of the Elderly, (PACE) and other adult day programs offering alternatives to the County operated ADHC Centers. The growth in service providers has, in part, contributed to the significant reduction in enrollment over the last five years. Additionally the lack of transportation prevented at least ten participants from either attending at all or increasing their days of attendance. There is a lack of public awareness about the program especially in the ethnically diverse communities who tend to care for their frail elderly at home.

As part of the FY 2016 Adopted Budget Plan, the Annandale ADHC Center was closed with the understanding that all of the Annandale ADHC Center participants could be served in the remaining four centers located throughout the County. A comprehensive transition plan was implemented in order to minimize the impact of the closure on the participants and their families. In order to successfully implement the transition plan, the closure of the Annandale ADHC Center was delayed until December 2015. Due to the closure of the Annandale ADHC, the FCHD did not fill positions as they became vacant which also lessened personnel costs, which in turn decreased the cost per service unit from \$93 in FY 2014 to \$89 in FY 2015.

A revised marketing campaign has been put into place with the input of the family caregivers. Ideas for improvements to the marketing plan were addressed in collaboration with the ADHC caregivers and the FCHD Public Information office. A more focused marketing approach has been initiated in FY 2016 and includes presentations to physicians groups, enhancing the department website, use of social networking, and concentrating more marketing efforts on the Hispanic and Ethiopian communities. By eliminating one center and improving the focus of the marketing efforts it is anticipated that the ADHC program will see a 2 percent growth rate in participation. With an increase in attendance and a reduction in overhead costs, it is anticipated that the net cost per service unit will further decrease in FY 2016 and FY 2017.