HEALTH CARE ADVISORY BOARD
COMMITTEE OF THE WHOLE
Meeting Summary
March 7, 2011

MEMBERS PRESENT
Marlene Blum
Bill Finerfrock
Rose Chu
Francine Jupiter
Dave West
Tim Yarboro
Rosanne Rodilosso
Ann Zuvekas
Susan Conrad

STAFF
Chris Stevens
Robin Mullet

GUESTS
Rosalyn Foroobar, Health Department
Dr. Gloria Addo-Ayensu, Health Department
Tom Crow, Health Department
Scott Patchan, Health Department
Esther Walker, Health Department
Michelle Milgrim, Health Department
John Caussin, Fire and Rescue Department
Phillip Pommerening, Fire and Rescue Department
Kristin Schuzer, Loyola University

Call to Order
Bill Finnerfrock, Budget Committee Chair, called the meeting to order at 7:32 p.m. Everyone introduced themselves.

Fire and Rescue Department (FRD) Budget Overview
Chief Caussin provided an overview of the department's budget. The following were highlighted:

- Approximately 100,000 calls for assistance came in to the department last year.
- Approximately 60,000 of these calls were for medical assistance.
- There remain 4 Basic Life Support (BLS) units in service.
- FRD has decreased their budget by about $12 million over the past 3 years.
- All agencies have been directed to cut their budgets for the remainder of FY 2011 by 1%. Most of this money cut from the FRD includes over time pay.

- FRD has implemented a full time Medical Director at a cost of $350,000. This was needed to keeping the system robust.
- There is no money in the budget to train existing fire personnel to become paramedics. Non-mandatory training has been significantly reduced over the past few years. Only providing mission-critical and certification training.
- Last week, the agency implemented a shut down of 2 BLS units after 7:00 p.m. each evening. Those staff fill in where there would have otherwise been over time pay needed for coverage.
- The budget is forcing the agency to become smaller – when the County continues to grow.
- The implementation of taking 2 BLS units out of service beginning at 7:00 p.m. each night is being viewed as a temporary solution to balance the budget for the remainder of FY 2011.
- Administrative staff and some training staff are going into the field to cover shifts instead of paying over time by calling back staff.
- The underlying concern of the agency is sustainability – where will the agency be in 18 and 24 months?

Questions:

What would the cost of restoring training be at a minimal level?

Estimated costs are $1.8 million to train 24 staff. The true cost of the training is not in the tuition and book fees, but rather in back-filling the positions while staff attends training.

The HCAB has continually requested data on response times. The budget (page 231) shows that the goal is for a first responder to arrive on the scene in 5 minutes (which was met only 60% of the time) and an ALS unit arrive within 9 minutes (which was down to 82% of the time). Can you elaborate on the reasons for this?

The agency is keenly aware of the response time issues. The biggest issue in not meeting these national standards is TRAFFIC. The other issue is how valid is the data? The agency seems to be encumbered by their own technology systems (and the limitations of those systems). The next upgrade to the system is expected to occur in January, 2012. Chief Pommerening made a commitment to the HCAB to follow-up with findings from the 2008 study and future response time studies.

How successful is Fairfax County in attracting new paramedics?

Very successful. The salaries and benefits are competitive and the County has an excellent reputation. Of the 24 newest staff, 12 were already certified as paramedics.

Could hiring already trained paramedics, who may therefore be closer to retirement, lead to a shorter "shelf-life" of these staff within the County?
Have not seen this as an issue so far, but clearly it is most desirable to train within their own staff.

Can employees who have been trained by the County be asked to give a commitment for "X" number of years of service in return for the training?
Have spoken with County personnel about this topic, but doesn't seem to be an option.

How long does the typical paramedic work?
A few years ago, the Department of Labor estimated that the typical paramedic works 6-7 years in this field.

Health Department Budget Overview

Rosalyn Foroobar provided a power-point presentation on the agency's budget. Highlights are below:

- FY 2012: supplemental pay increase for doctors of $40,000.
- Establishment of 12 PHN school health positions – funding provided by the State. NO LOCAL MATCH IS REQUIRED. These STATE FUNDED POSITIONS allow the continued efforts by the Health Department to redesign their service delivery model to a cluster-based Public Health Nurse (PHN) assignment. Shift from a ratio of PHN to number of students to a needs-based acuity system for PHN resource allocation.
- CHCN contract rate adjustment of $147,871.
- Additional contract adjustments (software vendor, etc.) of approximately $11,000.
- Most non-mandated services have already been cut, leaving little room for flexibility without cutting services that are viewed as having great value to the community (dental and CHCN are 2 examples). Dental services are available to children and maternity patients.
- Anticipate $400,000 reduction in revenue from restaurant inspection fees due to the General Assembly's decrease in fees from $285 to $40. Environmental Health Specialists (EHS) have a worker to food establishment ratio of 1:213 – this is higher than any other jurisdiction in the metro area. While adjustments have been made to deal with the more dense areas (food courts, etc.) by establishing teams of inspectors, the ratio remains too high. The actual cost of completing a restaurant inspection is estimated at $125.
- Inspections of temporary events that *do not pose a significant threat to the public's health* have been eliminated.
- The agency is trying to slowly transition to a more population-based service delivery model. This means empowering and engaging our

community partners to help reach pockets of the community that might otherwise not seek agency services.

- Approximately 33,000 H1N1 vaccinations were given last year.
- Administered over 11,400 doses of influenza vaccine in the district offices, Dulles Airport, Yellow Cab (to employees), and thirty-three Title 1 elementary schools.
- CHCN saw an increase of 6,343, or 35.5%, enrolled clients over the last fiscal year.
- CHCN is near capacity and an enrollment waitlist will likely be reinstated.
- Three hundred and sixty-six frail elderly and/or disabled adults were served in the Adult Day Care Centers last year. There is currently a waitlist of 31.
- Air monitoring was shifted to the State Department of Environmental Quality (DEQ) in July 2010. In the recent health rankings provided to the HCAB, Fairfax County ranked 132 out of 132 in air quality.
- The General Assembly mandated the Virginia Department of Health (VDH) to promulgate emergency regulations to govern alternative onsite sewage systems (AOSS) and stipulated that local jurisdictions accept any AOSS signed by an engineer.

Discussion/Questions:

1. What does it mean to be transitioning to a population-based service delivery model?

Broadening efforts into the community. Working with community groups to reach populations that might have otherwise not sought agency services. Being prevention focused. Engaging our community partners.

2. Is there excess capacity on the clinic-side of the house for staff to shift more of their time to community-based service?

Currently, there is not.

3. Last year, the HCAB encouraged board approval of 9 positions for the creation of the new Division of Community Health Development and Preparedness (DCHDP).

Need to focus on this and their accomplishments in the HCAB's memo to the Board.

4. It's reported on page 351 that the cost of the MAPP stakeholder is projected to be $843. What is this?

The wrong words were used. It is not their cost – but their VALUE.

5. Is there any legal recourse for the homeowner and/or the County if an experimental sewage system fails?

While the installer of the system can be sued, they are typically out of business by the time it fails and no recourse is available. The County is looking at requiring an up-front bond or some type of insurance plan.

The next HCAB meeting will be Wednesday, March 16 at 7:30 p.m. in conference room 232. At that time, priorities and recommendations of the Board will be developed.

The meeting was adjourned at approximately 9:45 p.m.