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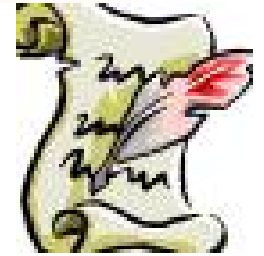
# Health Department



FY 2010 LOBS Presentation

October 6, 2008

# Agency At a Glance



## ♦ **Mission**

- Protect, Promote and Improve Health and Quality of Life

## ♦ **Core Functions**

- Prevent epidemics and the spread of disease
- Protect the public against environmental hazards
- Promote and encourage healthy behaviors
- Assure quality and accessibility of health services
- Respond to disasters and assist communities in recovery

## ♦ **Divisions**

- Environmental Health
- Patient Care Services
- Laboratory
- Office of Emergency Preparedness

# Agency Growth Since FY 2001



## ◆ Growth in Expenditures

- FY 2009: \$46.98 million vs. FY 2001: \$34.32 million
  - an increase of \$12.66 million or 36.88%
  - an average annual increase of 4.00%

## ◆ Growth in Positions/Staff Year Equivalency (SYE)

- FY 2009: 598/527.23 vs. FY 2001: 551/468.78
  - an increase of 47/58.45

## ◆ Major Growth Areas

- School Health (SH) and Long Term Care (LTC)
- Communicable Diseases (CD)/Epidemiology
- Emergency Preparedness and Response

## ◆ Factors Driving Growth

- New Schools and LTC Facilities
- Changing Demographics
- Increased demand for services (maternity and other clinic services, CD investigations, chemical hazards investigations)
- Concerns about terrorism and outbreaks of Severe Acute Respiratory Syndrome (SARS), pandemic flu, and Methicillin Resistant Staphylococcus Aureus (MRSA),
- Expanding and evolving role of Public Health post 9/11
- The public's expectation for the health of the community
- County-wide initiatives

# New Programs Since FY 2001



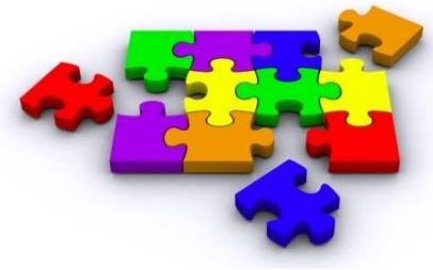
- ◆ Emergency Preparedness and Response – 7 positions
  - Need to strengthen infrastructure to address biological, chemical, radiation and environmental hazards.
  - Development of Office of Emergency Preparedness, Chemical Hazards Unit, Medical Reserve Corp.
- ◆ Long Term Care (LTC) – 15 positions
  - Opening of Braddock Glen Adult Day Health Care
  - Assignment of LTC Development to the agency
  - Establishment of a Quality Assurance mechanism for health-related services in County assisted living facilities
- ◆ Homeless Health Care Program - 3 positions
  - Medically fragile at the Embry Rucker Shelter
  - Medical/dental/behavioral health outreach to the unsheltered homeless
- ◆ Environmental Health - 4 positions
  - Establishment of Disease Carrying Insect Program to address West Nile Virus and other vector-borne diseases
  - Program Manager for Air Monitoring Program
  - Strike Team

# Agency Strategic Focus



- ◆ **Strategic Goal**: To recruit and retain a skilled workforce equipped and prepared to address current and emerging public health challenges, threats and growing service needs.
- ◆ **Strategic Plan**: Developed in 2003. Balance Score Card process has resulted in the review of existing strategic plan, update of performance measures and better alignment of measures with strategic focus, agency values and initiatives. Community-driven strategic planning process (MAPP - Mobilizing for Action through Planning and Partnership) which involves a comprehensive community health assessment and leveraging of local public health system assets is underway.
- ◆ **Strategic Approach**: Services have been streamlined through multiple program redesign initiatives. Continuous improvements are achieved through TQI program and there is an ongoing initiative to incorporate recently adopted values into the culture of the agency in order to become values-driven.

# Agency Strategic Focus



## ♦ Challenges

- Strengthening existing infrastructure to address current and emerging public health issues, threats and service demands in the face of an aging workforce and a national shortage of public health personnel.
- Balancing the need for enhanced population-based services and providing current services and information on health issues to a diverse community.
- Leveraging community assets through outreach, education, collaboration and engagement is constrained by competing demands on staff for mandatory preparedness trainings and growing service demands.
- Sustaining inter-agency and community partnerships.

## ♦ Initiatives

- Fiscal limitations have hampered community health education, resiliency and preparedness efforts, and will delay implementation of portions of School Health Study recommendations.
- Major portion of recent outreach efforts have been facilitated through grant funded positions.

# LOBS Summary Table:

## FY 2008 Adopted Budget Plan Data

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<i><b>Number</b></i>	<i><b>LOB Title</b></i>	<i><b>Net LOB Cost</b></i>	<i><b>LOB Number of Positions</b></i>	<i><b>LOB SYE</b></i>
71-01	Environmental Health Programs	\$2,414,460	71	71.00
71-02	Laboratory	\$746,167	13	13.00
71-03	Pharmacy	\$679,024	1	1.00
71-04	Maternal Health	\$577,150	31	31.00
71-05	Child Health	\$3,339,787	65	65.00
71-06	School Health	\$8,037,708	256	185.23
71-07	Communicable Diseases	\$3,082,119	76	75.50
71-08	Long Term Care Development and Services	\$2,263,661	59	59.00
71-09	Community Health Care Network	\$8,969,281	9	9.00
71-10	Dental Health	\$323,956	4	4.00
71-11	Program Management	\$1,093,166	9	9.00
71-12	Emergency Preparedness	\$299,846	3	3.00
<b>TOTAL</b>		<b>\$31,826,325</b>	<b>597</b>	<b>525.73</b>

# LOBS Highlights

## LOB 71-01: Environmental Health Programs

- ◆ **What We Do:** Provide a comprehensive program of environmental services that focus on education of the public regarding environmental matters and abatement of hazards and nuisances to their health. This includes air quality monitoring; food safety; onsite water and sewage; community health and safety hazards such as hoarding, rodents, bedbugs, animal waste, trash and open pits; and the investigation of environmental hazards and emergencies such as lead, asbestos, radon, mold and other hazardous materials. FY 2008 - Air quality measures: 324,587; Food safety inspections: 10,730; Onsite systems regulated: 33,876; Community Health Safety inspections: 4,606.
- ◆ **Who We Serve:** Services are available to the entire community but are targeted to those who have specific needs/concerns and/or complaints regarding situations in their environment (e.g. restaurants, homes not connected to public water/sewage).
- ◆ **Why We Do It:** Majority of services are mandated either by State Code or County Ordinance.
- ◆ **Benefits and Value of LOB:** Provides the mechanisms for safeguarding the health of the population within the environments that they live, work and/or socialize.



# LOBS Highlights

## LOB 71-02: Laboratory

- ◆ **What We Do**: Primary focus is providing communicable diseases testing; testing for agency clinical services and select county agencies; environmental testing for bacteria and environmental hazards from private wells, streams and public water systems (certified drinking water laboratory); and milk analysis (FDA certified). FY 2008 – 238,578 specimens tested; 695 rabies tests reported.
- ◆ **Who We Serve**: The community at large whose identified needs match services offered; clients of agency clinical services and other County agencies such as the Community Services Board, Detention Centers, Court System and Police Department.
- ◆ **Why We Do It**: The *Code of Virginia* has provision for district level laboratory services. While not mandated, the service supports agency services and is essential to the health and well being of agency clients and targeted residents of the community.
- ◆ **Benefits and Value of LOB**: Assures timely testing and results in support of agency clinical services and requests from other county agencies, communicable diseases and rabies programs, and the safety of private wells and milk.

# LOBS Highlights

## LOB 71-03: Pharmacy

- ◆ **What We Do**: Support agency clinical services and AIDS Drug Assistance Program clients by providing pharmaceuticals and biologics needed for treatment and/or prevention of medical conditions and communicable diseases. FY 2008 – 18,069 prescriptions filled.
- ◆ **Who We Serve**: Patients of the agency's clinical services; patients of the private physician community with HIV/AIDS or TB; and businesses who contract with the agency for employee immunizations.
- ◆ **Why We Do It**: While not a mandated service, it is essential to the effectiveness of agency clinical and community services.
- ◆ **Benefits and Value of LOB**: Pharmaceuticals and biologics, which are purchased via state/federal contracts at significantly reduced costs, are readily available to agency clients and enhance patient compliance. When an outbreak occurs in the community, such as pertussis or even anthrax, immediate treatment and prophylaxis can be provided.

# LOBS Highlights

## LOB 71-04: Maternal Health

- ◆ **What We Do:** Provide pregnancy testing, prenatal care, health education, anticipatory guidance and case management to low income women in order to improve pregnancy outcomes and reduce infant mortality and morbidity.
- ◆ **Who We Serve:** Females of childbearing age who seek confirmation of pregnancy and low-income, uninsured females in need of prenatal care. Maternity patients who are at high risk for poor pregnancy outcomes also receive case management, including home visits. FY 2008 – 5,974 pregnancy tests (82% positive); 2,895 maternity clients.
- ◆ **Why We Do It:** The availability of accessible prenatal care for low-income women is a mandate of the State Board of Health and part of the County Contract with the Virginia Department of Health.
- ◆ **Benefits and Value of LOB:** Pregnancy outcomes for patients initiating care through the agency are better than county-wide or state levels and almost meet the national low-birth weight goal of 5.0%.

# LOBS Highlights

## LOB 71-05: Child Health

- ◆ **What We Do**: Provide preventive health services to infants and children in an effort to reduce morbidity and mortality; prevent potentially handicapping conditions through early intervention; and increase childhood immunization levels to prevent vaccine preventable diseases. In FY 2008 – 24,624 children received 39,587 immunizations.
- ◆ **Who We Serve**: While services are open to all children in need, the majority of infants and children served are underinsured or uninsured.
- ◆ **Why We Do It**: Majority of the services are either mandated by State Code or the State Board of Health.
- ◆ **Benefits and Value of LOB**: Healthy children thrive and are ready to succeed in school.

# LOBS Highlights

## **LOB 71-06: School Health**

*(slide 1 of 2)*

- ◆ **What We Do:** Provide health services to students in collaboration with Fairfax County Public Schools (FCPS) and medical consultation to administrators and staff on a variety of health related issues (e.g., medically fragile, communicable diseases, and safety of medication administration in the school setting). Services include education and training; emergency care; referral and case management of acute and chronic conditions (39,893 chronic conditions); case management of pregnant teens; surveillance of communicable diseases; care of sick and injured students (755,220 student visits); medication administration (850 daily medications); and hearing and vision screening (64,000 students).
- ◆ **Who We Serve:** The students and staff of the public school system as well as student's families if indicated.

# LOBS Highlights

## **LOB 71-06: School Health**

*(slide 2 of 2)*

- ◆ **Why We Do It:** To honor a long term agreement between the county and school system to provide clinic aides to care for sick and injured students and nursing services for the school population. This arrangement has been reaffirmed in 1993, 1999, 2002 and 2008 following in-depth program evaluations by Task Forces and Committees. The mandated aspects of the program, which involves surveillance and communicable diseases investigations (including treatment/prophylaxis of affected individuals when warranted), are carried out by Public Health Nurses.
- ◆ **Benefits and Value of LOB:** Enables children to maximize their potential for learning and to succeed in school.

# LOBS Highlights

## **LOB 71-07: Communicable Disease Program**

*(slide 1 of 2)*

- ◆ **What We Do:** Prevent and reduce illness and death in the community from communicable diseases of public health significance through health promotion; prevention education; syndromic surveillance; case identification and investigation; and taking actions to prevent transmission and spread, including treatment when warranted. Diseases of concern include tuberculosis (TB); sexually transmitted diseases (STD); HIV/AIDS; food-borne illnesses; emerging infectious diseases; other communicable diseases and public health threats. FY 2008 – 5,272 STD client visits; 7,851 HIV/AIDS Testing & Counseling client visits; 108 TB Cases; 2,108 homeless clients served; 22,515 International Travel visits; 1,729 CD investigations; 18,783 TB screenings.
- ◆ **Who We Serve:** All county residents who have been exposed to or have a communicable disease of significance or require follow-up for a reportable disease identified by the private medical community; and individuals susceptible to vaccine preventable diseases (routine and travel related). This core public health function is also an integral component of the Homeless Healthcare Program.

# LOBS Highlights

## **LOB 71-07: Communicable Disease Program**

*(slide 2 of 2)*

- ♦ **Why We Do It**: This line of business is federally and state mandated. It has been the foundation of public health since the middle ages and the Fairfax County Health Department since it was established in April 1917 and remains the most important core function.
- ♦ **Benefits and Value of LOB**: The control of communicable disease in the diverse, mobile society in which we now live is an essential public health function that promotes the health and well being of the entire community and saves lives.



# LOBS Highlights

## **LOB 71-08: Long Term Care Development and Service**

*(slide 1 of 2)*

- ◆ **What We Do:** Promote the health and independence of frail elderly and adults with disabilities; provide respite for family caregivers; and coordinate and implement the County's Long Term Care Strategic Plan. Services are provided through the Adult Day Health Care Centers (ADHC), Saturday Respite, Medicaid Pre-Screening for Nursing Home Care, and the Senior Plus Program. In addition, the Long Term Care Coordinating Council (LTCCC) acts as a catalyst to ensure accessible, affordable, integrated and dynamic community based long term care services. In FY 2008 – 90% of the 365 participants met criteria for more restrictive and costly LTC facilities.
- ◆ **Who We Serve:** The primary recipients of services are seniors and/or disabled adults with cognitive and/or physical impairments who can remain in the community with their care providers (usually family). Average age of participants is 85.
- ◆ **Why We Do It:** With the exception of nursing home Medicaid pre-screenings, which is mandated by the State, all other services in this LOB were established under the direction of the local governing body to meet local needs.

# LOBS Highlights

## **LOB 71-08: Long Term Care Development and Service**

*(slide 2 of 2)*

- ◆ **Benefits and Value of LOB:** Long Term Care programs, services and activities such as Adult Day Health Care offer an alternative to more restrictive and costly long term care while offering participants the opportunity to socialize, participate in therapeutic activities and receive health services in a safe, stimulating and supportive environment, which improves the overall quality of life. Through the work of the LTCCC, the County has leveraged county funds to seed new programs, with a Return On Investment (ROI) surpassing the county's investment.

# LOBS Highlights

## **LOB 71-09: Community Health Care Network (CHCN)**

*(slide 1 of 2)*

- ◆ **What We Do:** Provide comprehensive, primary health care to the medically indigent population using a managed care model. Primary care is delivered at three County health centers via a contractor. Upon referral by the primary care practitioner, patients obtain specialty care from private physicians who participate in an organized pro bono/nominal reimbursement charity care network. All ancillary services including pharmaceuticals are included in the model via a variety of contractual agreements. County personnel function in a “gatekeeper” role doing eligibilities, handling physician referrals and managing the contract.
- ◆ **Who We Serve:** Uninsured individuals/families whose income is at or below 200% of the federal poverty level and have been County residents for a minimum of nine months are eligible to participate. Ninety-three percent of the participants are adults, most of whom are working or are being supported by a working member of the family. FY 2008 – 20,396 individuals were enrolled in the program.

# LOBS Highlights

## **LOB 71-09: Community Health Care Network (CHCN)**

*(slide 2 of 2)*

- ◆ **Why We Do It:** Access to health care for the working poor is essential to having a healthy, productive workforce. This was recognized by the County in the late 1980's when it directed the Health Department to develop a system to meet this need.
- ◆ **Benefits and Value of LOB:** This is a safety net program that provides the working poor with a medical home for primary care and reduces the need for more costly hospital and emergency care. Every person/family needs access to health care.

# LOBS Highlights

## LOB 71-10: Dental Care

- ◆ **What We Do:** Provide screening/evaluation, preventive and restorative dental care to low-income children in three County locations – North, South and Central. On request, oral health education is provided to schools, pre-schools and child-care centers. FY 2008 – 2,152 new patients had a total of 3,560 visits; 466 educational sessions.
- ◆ **Who We Serve:** Low-income children, 3 years through 18 years of age, are eligible for services. Currently, the dental program is open to uninsured and Medicaid children. Most children in the program have serious dental problems due to lack of good dental hygiene, nutrition and the age at which care is sought.
- ◆ **Why We Do It:** Dental Health is a non-mandated program, but has been an integral part of the agency services for over forty years due to declining availability of services within the community for this population.
- ◆ **Benefits and Value of LOB:** Poor dental health is a real deterrent to growth and development and can lead to chronic health issues as the child grows. It also affects a child's self-esteem and social skills.

# LOBS Highlights

## LOB 71-11: Program Management

- ◆ **What We Do:** Provide overall leadership in assuring that the agency meets the needs of the community, address ongoing and emerging public health challenges/threats and foster a work environment that is values-driven and maximizes productivity.
- ◆ **Who We Serve:** All County residents, the governing body, agency community partners, other county agencies and agency staff.
- ◆ **Why We Do It:** To assure that services meet the changing needs of the community, are in compliance with local, state and federal guidelines/mandates and result in high quality service to county residents and government.
- ◆ **Benefits and Value of LOB:** Provides strategic direction and serves as the infrastructure focal point of the agency to assure quality, accessibility, appropriateness, responsiveness of programs/activities and stewardship of available resources.

# LOBS HIGHLIGHTS

## **LOB 71-12: Office of Emergency Preparedness**

*(slide 1 of 2)*

- ◆ **What We Do**: Formally created in 2006 to coordinate Public Health preparedness and response planning, training and exercise activities. This LOB includes the Medical Reserve Corps, Pandemic Flu response planning/community outreach, the Cities Readiness Initiative and is responsible for collaborating with county, regional, state and NCR partner agencies to assure prompt, appropriate response to emergencies.
- ◆ **Who We Serve**: All County residents, other first responder and county agencies, and regional partners.
- ◆ **Why We Do It**: Homeland Security Presidential Directive 8, issued in 2004, formalized an initiative already underway within the agency to incorporate public health preparedness and response as a core function following the terrorism events of 2001. Living in a designated high risk area incentivized the establishment of a team, initially, to work in collaboration with other first responders and community partners. Since then, the agency has worked aggressively to prepare staff and the community for a public health emergency using an all hazards approach.

# LOBS HIGHLIGHTS

## LOB 71-12: Office of Emergency Preparedness

*(slide 2 of 2)*

- ◆ **Benefits and Value of LOB:** Public Health preparedness strengthens the local public health system (Health Department, partner agencies and community) and continues to significantly enhance the delivery of public health services within the Fairfax community. Community preparedness increases the likelihood of an effective and timely response to public health emergencies and decreases the potential for public panic and the demand for public safety services in all disasters by promoting individual and family preparedness. Insuring the ongoing capacity of our health and medical infrastructure and promoting the resilience of our community is vital to continuity of operations and recovery from large-scale incidents.



# Maximizing Resources

## ◆ **Restructuring/Service Redesign**

- Clinical services; School Health Study cluster reallocation; Consolidation of Environmental Health (EH) plan review activities
- Re-allocation of nurse practitioners for Homeless Healthcare Program

## ◆ **TQI**

- Maternity, TB, Nurse of the Day process

## ◆ **Technology**

- FIDO has streamlined permitting process
- Web-based and GIS information sharing
- Provision of laptop computers to all field staff to improve field inspections is underway
- Increased use of conference calls; MOMs on-line eligibility application; Video Direct Observed Therapy for TB patients; Billing for ADHC and Environmental Health services

## ◆ **Training**

- Cross-training of EH staff; Emergency preparedness and response training for all staff; Nursing preceptor program to enhance new employee orientation and expedite independent functioning and improve retention

## ◆ **Grants**

- Community outreach and public health preparedness initiatives

## ◆ **Partnerships**

- Internship programs for physician residents and MPH students
- Multicultural Advisory Council/ethnic media
- Use of community for Saving Babies Campaign
- Medical Reserve Corp volunteers; Long Term Care Coordinating Council

# Agency Reduction Priorities

## Reduction Philosophy

*(slide 1 of 2)*

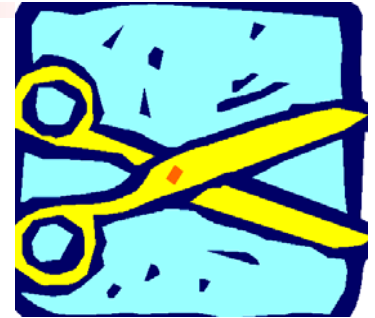


- ◆ Extremely difficult process, given FY 2008 reductions, redesign initiatives and ongoing processes to streamline programs, activities and services (PAS) to improve efficiencies and reduce cost.
- ◆ Initial step was to identify PAS mandated at the local, state or federal level or in the County/Virginia Department of Health contract and eliminated them from reduction consideration. Non-mandated PAS that support mandated services (Pharmacy, Laboratory, Program Management) were also eliminated from consideration.
- ◆ Reviewed degree of alignment of remaining PAS with agency strategic plan, core public health functions and how critical it is to agency mission.

# Agency Reduction Priorities

## Reduction Philosophy

*(slide 2 of 2)*



- ◆ Compared eligible PAS for impact on participants, clients or community if considered for reduction or elimination, the severity of the impact and whether a segment of the community would be disproportionately impacted.
- ◆ Evaluated what kind of impact (if any) an eligible PAS reduction would have on community safety or the environment.
- ◆ Took into consideration whether a reduction in PAS would result in completely eliminating the workload vs. merely shifting it.
- ◆ Explored feasibility of revenue enhancements to sustain PAS, with consideration for whether the higher fees would be consistent with fees set by Board of Health.

## MANDATED & **NON-MANDATED** SERVICES

<i>LOB</i>	<i>MANDATED</i>	<i>NON-MANDATED</i>
<b>71-01 Environmental Health</b> <i>SYE – 71</i>	Food Safety Onsite Sewage & Water Community Health & Safety	Environmental Hazards (Chemical Hazards) Air Pollution Control Information Resources Program Management
<b>71-02 Laboratory</b> <i>SYE- 31</i>		Laboratory
<b>71-03 Pharmacy</b> <i>SYE – 1</i>		Pharmacy
<b>71-04 Maternal Health</b> <i>SYE – 31</i>	Clinical Services (Prenatal Care & Pregnancy Testing) High Risk Maternity Case Management	
<b>71-05 Child Health</b> <i>SYE – 65</i>	Clinical Services Early Identification of Handicap Conditions	Healthy Families Fairfax Infant/Preschool-High Risk (Field)
<b>71-06 School Health</b> <i>SYE - 256</i>	Communicable Disease Control School Health Nursing	Clinic Room Aides
<b>71-07 Communicable Diseases</b> <i>SYE - 76</i>	Communicable Diseases/Epidemiology Sexually Transmitted Diseases HIV/AIDS Program Tuberculosis Program	International Travel Clinic Homeless Medical Services
<b>71-08 Long Term Care Development &amp; Services</b> <i>SYE – 59</i>	Medicaid Nursing Home Preadmission	LTC Development (LTCCC) Adult Day Health Care (6 Centers) Respite Program LTC QA Program Senior Plus Program
<b>71-09 Community Health Care Network</b> <i>SYE - 9</i>		Primary Care Services
<b>71-10 Dental Health</b> <i>SYE – 4</i>		Dental Health
<b>71-11 Program Management</b> <i>SYE – 9</i>	Vital Statistics	Program Administration
<b>71-12 Emergency Preparedness</b> <i>SYE – 3</i>	Emergency Preparedness & Response (includes MRC, Pan Flu)	

# Summary of Agency Funding

- ◆ County
  - \$31,826,325
- ◆ State Contributions for mandated services
  - \$9,734,264
- ◆ Grants
  - Federal/State: \$3,409,080
  - 13 grants
  - 57 positions

# Agency Reduction Priorities

## Reduction Summary

Priority Ranking	Reduction Description	Positions	SYE	Net Reduction
1	Annandale Adult Day Care	9	9.0	\$253,135
2	Environmental Hazards	2	2.0	\$139,584
3	School Health/CRA's	192	119.5	\$4,498,135
4	Air Pollution Control	4	4.0	\$231,300
<b>TOTAL REDUCTION</b>		<b>207</b>	<b>134.5</b>	<b>\$5,122,154</b>



# LOBS Reduction Impact

## Reduction 1: Closure of Annandale ADHC Center

*(Slide 1 of 2)*

### LOB #71-08: Long Term Care Development and Services

- ◆ **Reduction: \$253,135                      9/9.0 SYEs**
- ◆ Description: The Annandale Adult Day Health Care Center (ADHC) is one of six centers in the County. The center served a total of 52 participants this year with an average daily attendance of 17. The average age of participants is 85 years.
- ◆ Impact:
  - Increase in waiting period for service from 7 to 21 weeks depending upon the family's choice for participation at remaining five sites. Availability of transportation may be a factor in facilitating the transfer of these participants to another center.
  - The lives of the participants as well as the caregivers will be impacted and nursing home placement may be the only remaining option for some families.

# LOBS Reduction Impact



## Reduction 1: Closure of Annandale ADHC Center

*(Slide 2 of 2)*

### **LOB #71-08: Long Term Care Development and Services**

- ◆ Performance Measurement: Not met.
  - The Performance Measure for the entire ADHC program is to achieve an average daily attendance (ADA) of 150 participants in the program. FY 2008 actual ADA was 129.
  - The acuity level of participants, which continues to increase (5% in FY 2008), results in increased discharges and vacancies. This significantly impacts participant enrollment and the ADA, especially when coupled with the two – three month increase in wait list that can occur pending the realignment of Fastran catchment areas. Over 50% of participants are dependent on Fastran for transportation.



# LOBS Reduction Impact



## Reduction 2: Elimination of Environmental Hazards Program

### LOB #71-01: Environmental Health

- ◆ **Reduction: \$139,584**      **2/2.0 SYEs**
- ◆ Description: The Environmental Hazards Program was formed in FY 2007 as part of the agency's emergency preparedness development and supports the Fire and Rescue Department's response to environmental emergencies involving chemical hazards by providing guidance on re-entry and appropriate clean up following initial assessment by Hazmat Unit. It also responds to citizen concerns to toxic and non-toxic substances such as mold, mercury, lead, radon, asbestos and hazardous materials.
- ◆ Impact:
  - Inability to perform chemical and other hazardous material emergency response role. Skills required in this Unit are different from that of an Environmental Health Specialist.
- ◆ Performance Measurement: Incomplete due to newness of program.

# LOBS Reduction Impact



## Reduction 3: Elimination of Clinic Room Aides from School Health Program

*(slide 1 of 3)*

### **LOB #71-06: School Health**

- ◆ **Reduction: \$4,498,135**                      **192/119.5 SYEs**
- ◆ **Description:** The Clinic Room Aide (CRA) is the primary source of care for sick/injured students and for administering routine and emergency medications in the Fairfax County Public Schools (FCPS). In addition, the CRA is responsible for vision and hearing screenings for new students and those in grades K, 3, 7 and 10; serves a critical role in early identification of communicable diseases in the school; and ensures compliance with individual health plans. In FY 2008 there were 755,220 clinic visits; over 850 medications given each school day; and over 64,000 students were screened for vision and hearing defects.

# LOBS Reduction Impact



## Reduction 3: Elimination of Clinic Room Aides from School Health Program

*(slide 2 of 3)*

### **LOB #71-06: School Health**

#### ♦ Impact:

- Children with health issues will need to be triaged by FCPS personnel or designee. This would include care of sick and injured, administration of medications, contacting parents, vision and hearing screenings for students and tracking of immunizations.
- Lack of a consistent presence to ensure compliance with health plans, which continue to increase in number and level of complexity.
- Possible loss of continuity, a key factor in fostering student development and maturity, and parent/family comfort level in the health needs of their child being met while in school.
- Possible increase in the incidence and prevalence of communicable diseases in the schools as a result of delays in disease reporting by FCPS, which in turn can impact the community at large.

# LOBS Reduction Impact



## Reduction 3: Elimination of Clinic Room Aides from School Health Program

*(slide 3 of 3)*

### **LOB #71-06: School Health**

#### ◆ Impact con't:

- This reduction of service will not affect the Public Health Nurse (PHN) role within FCPS. Currently PHNs manage multiple schools and perform the following functions:
  - PHNs work with families to link them to health resources in the community, following identification of a student's health needs by the CRA.
  - PHNs identify children with health conditions such as asthma, allergies, heart disease, seizure disorder, diabetes and others significant chronic conditions and develop health care plans for these students.

- ◆ Performance Measurement: Met. To maintain onsite availability of CRAs on 98% of school days.

# LOBS Reduction Impact



## Reduction 4: Elimination of Air Pollution Control Program (slide 1 of 2)

### LOB #71-01: Environmental Health

- ◆ **Reduction: \$231,300**      **4/4.0 SYEs**
- ◆ **Description:** Air Pollution Control program monitors the county's air quality and works cooperatively with the metropolitan Washington Council of Governments to reduce air pollutants. Five ambient air pollution monitoring stations throughout the County monitor the air for carbon monoxide, ozone, sulfur dioxide, oxides of nitrogen, acid rain and particulate matter. The program is also responsible for tracking pollutant levels around several major pollution sources such as the Luck Stone Quarry in Centreville, Vulcan Stone Quarries in Lorton, the I-95 Energy Resource Recovery Facility and the Alexandria/Arlington Energy Resource Recovery Facility. The incinerator monitoring project tracks meteorological conditions, particulates and heavy metal parameters which facilitates evaluation of the potential adverse impact those sources may have on the region's air quality.

# LOBS Reduction Impact



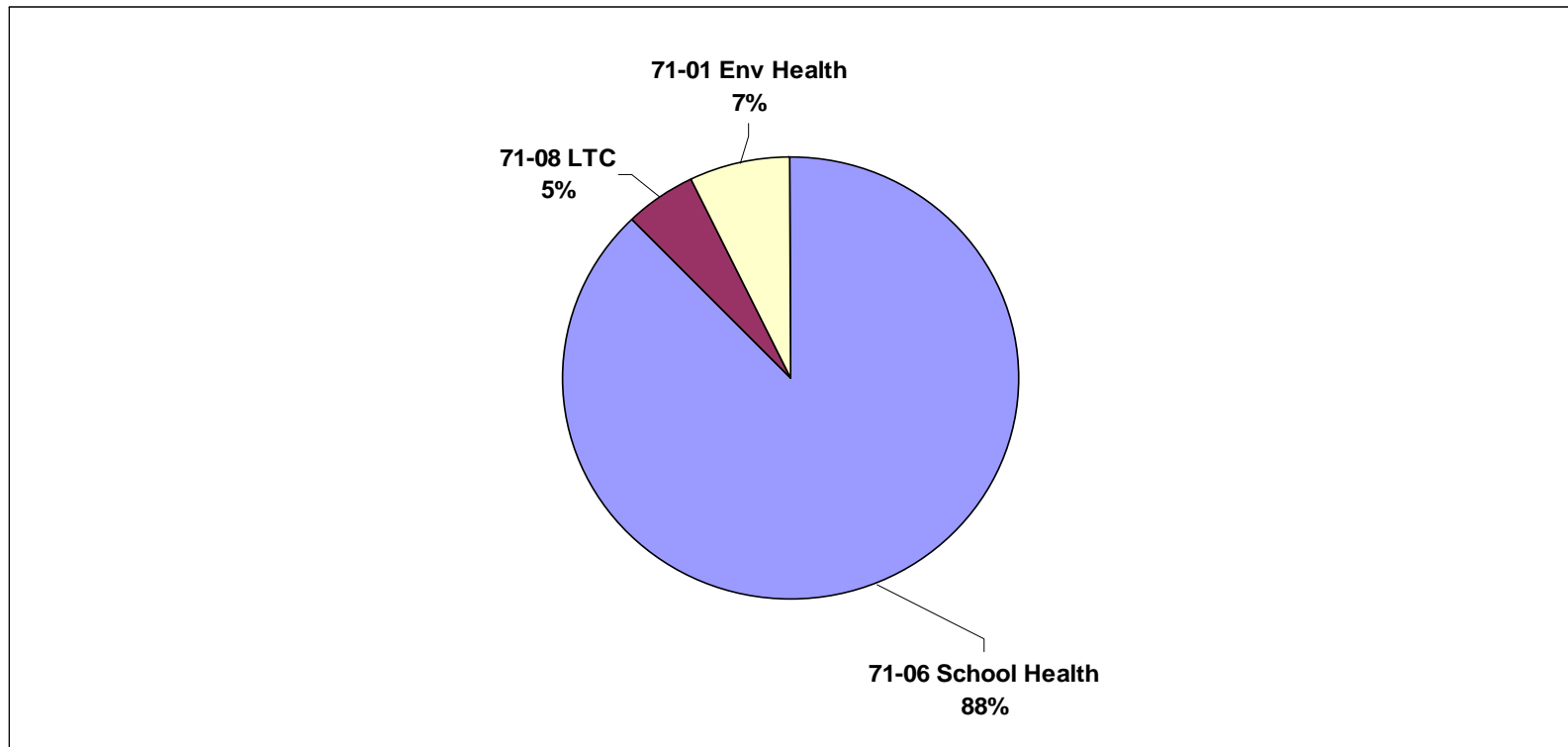
## Reduction 4: Elimination of Air Pollution Control Program (slide 2 of 2)

### LOB #71-01: Environmental Health

- ◆ Impact:
  - Monitoring services at the stone quarries and energy recovery facilities will cease.
  - Special studies to monitor pollution from businesses and idling motor vehicles will be discontinued.
  - Data on primary air pollutants will not be reported to EPA. In light of reduced EPA funding to the state, the ability of the State to maintain the county sampling program is doubtful.
- ◆ Performance Measurement: Met
  - FY 2008 air pollution measurements: estimate/actual – 320,000/324,587; incidence of air quality reporting errors less than 5%: estimate/actual – 3.8% /3.6%; air pollution monitoring program exceeds EPA requirements for sampling and reporting 95% of the time: estimate/actual – 96%/97.6%; program cost per capita: estimate/actual – \$0.168/\$0.198.

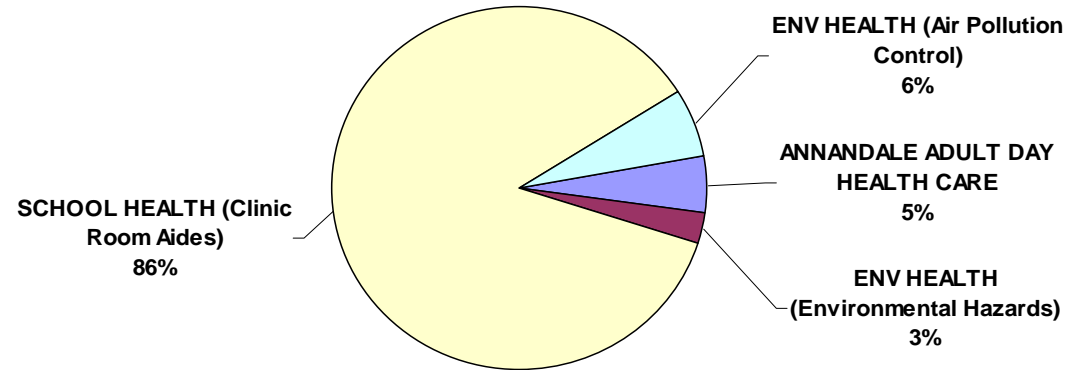
# Agency Reduction Priorities

## Reductions by LOB



# Agency Reduction Priorities

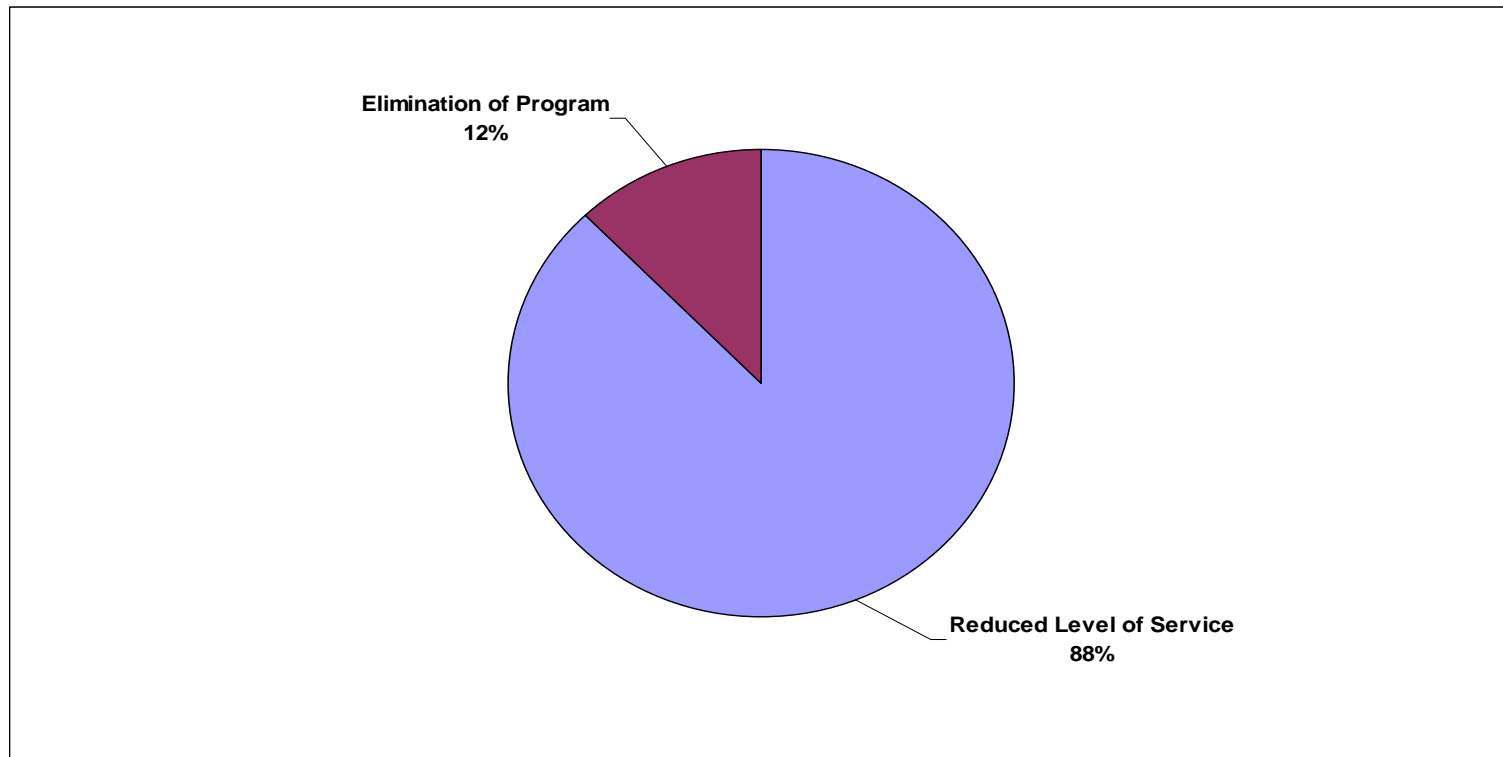
## Reductions by Program Area





# Agency Reduction Priorities

## Reductions by Classification



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# Questions and Answers

