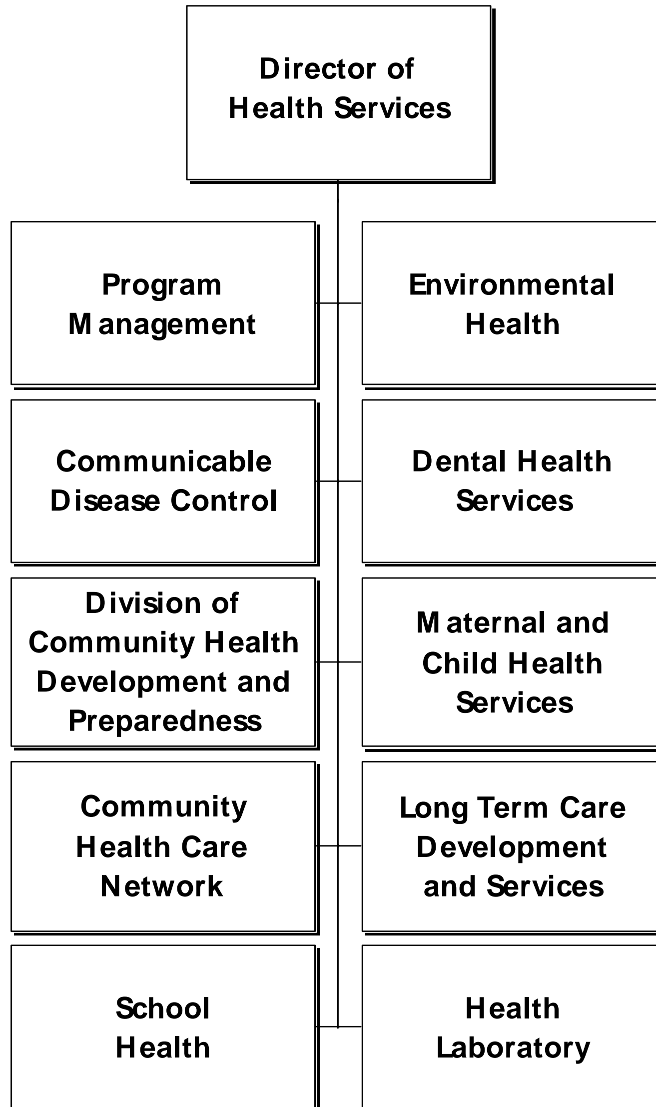
Health Department



Mission

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

AGENCY DASHBOARD

	Key Data	FY 2014	FY 2015	FY 2016
1.	Number of screenings, investigations, and treatment for selected communicable diseases	34,550	32,485	30,949
2.	Number of vaccines administered to children	30,590	34,417	31,559
3.	Number of primary care visits provided through the Community Health Care Network	50,174	48,100	37,365
4.	Number of student visits to school health rooms	731,306	793,252	768,676
5.	Number of Environmental Health community-protection activities: inspections, permits, and service requests	30,983	29,543	29,885
6.	Number of community members served through outreach and health promotion activities	23,423	42,477	86,882

Focus

The Fairfax County Health Department (FCHD) has five core functions: preventing epidemics and the spread of disease; protecting the public against environmental hazards; promoting and encouraging healthy behaviors; assuring the quality and accessibility of health services; and responding to disasters and assisting communities in recovery. These functions are the community-facing elements of the 10 Essential Public Health Services (EPHS), which define public health and serve as the framework for quality and performance improvement initiatives nationwide.

10 Essential Public Health Services

In FY 2016, the FCHD completed the progress report for year two 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

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 May 2016, the FCHD was accredited by the Public Health Accreditation Board (PHAB), having met national standards for high quality public health services, leadership and accountability. The department received the full accreditation for five years and is now one of 150 health departments achieving accreditation nationwide. Engaging in the accreditation process and meeting accreditation standards provided opportunities for improvement and reinforcement of the department's strengths. PHAB recognized the FCHD for its community partnerships, administrative and management infrastructure, and performance management system. In addition, PHAB highlighted the department's well–designed and succinct quality improvement plan which supports and maintains a quality culture. The department is working to expand the number and scope of QI projects. 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.

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

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 2018, it is anticipated that the state will contribute a total of $9,244,567 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.

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). Several methods are used to control the spread of communicable disease. These methods include the use of 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; preventing further spread through education and instituting infection control measures.

Outbreaks of vaccine-preventable diseases continue to pose a threat to the health of the public. In early FY 2016 the FCHD responded to a report of a case of measles that required follow up on approximately 1,800 potentially exposed individuals. This was the third measles case in two years that required a large response from FCHD. Therefore efforts to promote vaccination as a critical public health strategy continue.

Clinically, FCHD remains actively involved in treating and providing public health support to patients with active tuberculosis (TB). In FY 2016, FCHD provided treatment for 66 confirmed cases of tuberculosis. As part of investigating each of these cases, FCHD 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 laboratory and x-ray diagnostic services to 403 individuals suspected of having TB disease. These public health actions are crucial to preventing the spread of TB.

The FCHD also aligns with national goals to end TB, not just treat it. Therefore, efforts to enhance treatment of latent TB disease were increased in FY 2016, including promoting use of a shorter treatment regimen, and client education and support for completing treatment. The FCHD expanded the use of the QuantiFERON ® blood test for TB detection to children ages five and up. The test is more accurate than the traditional skin test. The goal is to increase efficiency of the testing process and improve client acceptance of the accuracy of results, thereby increasing acceptance of treatment for latent infection. At the end of FY 2016, the rate of TB testing by blood test increased from 46 percent to 84 percent. As a result of shifting to blood testing, the number of clients needing X-rays and requiring treatment for latent infection is gradually decreasing. This change in practice has reduced staff time spent on diagnostic work-ups, and has increased the capacity to provide patient support and education for treatment of latent disease.

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 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) in cooperation with both the National Association of County and City Health Officials (NACCHO) and the Association of Food and Drug Officials (AFDO), offer grant funding to support local health departments in developing, implementing, and improving the infrastructure necessary to support conformance with FDA's Voluntary National Retail Food Regulatory 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 2016, NACCHO selected EHS for a fourth consecutive year to mentor other local health departments enrolled in the

program standards. In late FY 2016, AFDO awarded two grants to EHS to support FCHD standards-related activities.

In early FY 2016, the FDA awarded the FCHD 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. FY 2016 project deliverables include completion of a third foodborne illness risk factor survey, a report on trends of the occurrence of risk factors in County food establishments from 2006 to 2016, and development of a basic food handler training program targeting food employees other than managers. The work plan for FY 2017 included project deliverables related to the active managerial control of risk factors by food establishment owners and operators. Incentive programs, such as the Active Managerial Control Recognition Program and the 14 Carrot Gold Award, recognize the achievements of the food industry and complement intervention strategies implemented by the Health Department to improve compliance with the food regulations.

Vector-borne diseases such as West Nile virus and Lyme disease, are perennial public health concerns that require continuous 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. Zika virus was detected for the first time in the Americas during early 2015 and has now spread throughout South America, Central America, the Caribbean, and parts of North America. Zika virus is primarily transmitted through the bite of an infected mosquito. Through calendar year (CY) 2016, all reported cases in Virginia have been travel related.

In order to limit the potential for local transmission of Zika virus from mosquitoes to humans, the Health Department is conducting surveillance and investigation of human cases; facilitating testing for humans; trapping and testing mosquitoes; initiating targeted mosquito control activities as necessary to protect public health; and educating the public about personal protection and ways to eliminate mosquito breeding sites around their homes. Annually, a calendar and children's storybook are created and published by the Disease Carrying Insects Program (DCIP) for distribution to the community. Zika-specific outreach materials were developed and distributed during FY 2016. DCIP activities are supported through a special tax district and funded through Fund 40080, Integrated Pest Management Program (Volume 2).

The FCHD continues to enhance and expand its laboratory capabilities to improve disease surveillance in order to provide timely identification and response to emerging pathogens of public health interest. In response to the Zika virus outbreak in FY 2016, the FCHD laboratory validated and implemented a molecular method to detect the presence of Zika virus in mosquito pools. Surveillance of mosquito pools provides early detection of the virus in the community allowing for faster public health response. 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 bacteria, is the causative agent of Lyme disease. The expanded use of automated extraction and plating robots has enabled the FCHD laboratory to significantly increase sample testing capacity. The FCHD lab is currently validating a triplex molecular method for the identification of Zika, Dengue, and Chikungunya viruses to identify the presence of any of these viruses within a mosquito pool. The laboratory maintains certification as a Certified Drinking Water Laboratory providing both chemical and bacteriological testing of private and public water supplies. These technologies along with the cross training of staff and expansion of services to surrounding jurisdictions have resulted in an increase in test volume and revenue.

Promoting and Encouraging Healthy Behaviors

Community-wide outreach to inform and educate residents about health issues can empower individuals to adopt healthy behaviors and take actions that are conducive to good health. In FY 2017 the FCHD diversified its media health promotion efforts from general audience movie theaters to more targeted audiences, such as directing teens in crisis public service announcements (PSAs) to online advertisement space for youth. In addition, the FCHD continues to engage 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 2016, 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. In FY 2016, there were 58,800 students with health plans, which is a 17 percent increase in comparison to the 50,188 students with health plans in FY 2015. Care plan process improvements were implemented in FY 2016, beginning with the *Anaphylaxis Action Plan.* Over 24,000 students have been identified as having an allergy and more than 4,100 of them have an allergy that causes an anaphylaxis response if exposed. This action plan is intended to increase efficiencies for Public Health Nurses (PHN) and improve the understanding of the response to anaphylaxis by the school staff. An evaluation of the use of the Action Plan in March 2016 indicated that both school staff, parents and PHNs supported the streamlined format. Beginning in FY 2017, the action plan format includes the support of students with asthma, seizure disorders and diabetes.

The Centers for Disease Control and Prevention (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 wellbeing 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, middle and high school setting. In FY 2016, over 35,000 students, parents and staff participated in health education sessions conducted by PHNs on topics such as healthy food choices, hand washing, dental hygiene and smoking cessation. In FY 2017 the School Health program launched an initiative to promote medication safety in the home and the awareness of prescription drug abuse and misuse in adolescents using the *Smart Moves Smart Choices* program supported by the Virginia Department of Health. Education and outreach to the school community continues to increase, with a focus on supporting initiatives in Title 1 schools in partnership with the Department of Neighborhood and Community Services (NCS), the Department of Family Services (DFS), and community groups. In addition, the FCHD provided hands on training for over 26,000 FCPS staff on diabetes, anaphylaxis, seizures, asthma and other health conditions to increase the understanding and support of students with these conditions. Online learning modules developed by the FCHD in partnership with FCPS resulted in improved access to trainings by school staff and provided over 40,000 FCPS staff access to health information about these conditions. These initiatives, supported by best practice research, will continue into FY 2018 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 wellbeing 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-balanced meals, daily exercise and opportunities for social engagement – all factors that promote healthy aging.

The Long Term Care Coordinating Council (LTCCC), staffed by the Health Department, planned and hosted a Living Well Aging Well Summit in FY 2016 that drew over 900 attendees. The Summit included workshops on fall prevention, nutrition, exercise and other healthy behaviors and had over 100 resource tables where Fairfax County and community nonprofits provided information about aging well.

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 2016, Fairfax County WIC staff served 2,895 pregnant and postpartum women, 1,378 breastfeeding women, 3,872 infants, and 8,444 children for a total of 16,589 clients, which is a 3 percent decrease in overall WIC participation compared to 17,129 clients in FY 2015. WIC activities are funded through a grant 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. As of May 1, 2017, 18,043 individuals were enrolled in CHCN (fiscal year-to-date) and there were 261 individuals on the wait list for CHCN services.

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 2016, CHCN and HAAT staff also directly assisted over 179 CHCN enrollees in navigating the health insurance marketplace instituted by the Affordable Care Act (ACA) of 2010. Out of a total pool of 504 CHCN enrollees initially projected to be eligible for health insurance subsidies, approximately 224 successfully transitioned from CHCN to other health care resources in the marketplace exchange during the 2016-2017 ACA open enrollment period.

In FY 2016, 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. Inova Health Care Services assumed responsibility for the operation, management and staffing of the primary care components of CHCN on July 1, 2016.

Simultaneously, Genoa, a QOL company, expanded their existing pharmacy services contract with the CSB to assume responsibility for CHCN pharmacy services. Additional contracts were put in place to maintain and transition the CHCN electronic medical record (EMR) without any gaps in clinical services. These new contractors 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 2016, 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. Preliminary root cause analyses, based on clinical data and staff observations have identified potential causal factors for the observed disparities. Patient focus groups conducted during FY 2017 will be used to assess patient-based factors potentially contributing to the observed disparities. Further analysis will continue throughout the remaining year of the grant period.

Integration of health care services is one of the County's strategic priorities for the local health system. In FY 2016, the CHCN, in collaboration with the CSB, Neighborhood Health (a federally qualified health center), and Psychiatric Rehabilitation Services (PRS), Inc., began working on the "Be Well" grant, a four-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Grant activities focus on fully integrating (not just co-locating) primary care services into behavioral health settings, and improving the whole health (i.e., physical, behavioral, and wellness needs) of each individual in the system. The targets for "Be Well" grant activities are people with serious mental illness, who often have difficulty accessing and/or consistently utilizing a primary care medical home. Individuals receiving services through this grant receive primary and behavioral health assessments, targeted care, specialized disease management education, wellness plans, and peer support from both primary care and behavioral health staff. The CHCN-Merrifield clinic location serves as one of two key sites of focus for this grant. The grant's overall goal is to serve over 700 individuals across all sites by the end of the four-year 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 the 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 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 participants 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 participants' quality of life as well as the economic, emotional, and physical wellbeing 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.

In an effort to maximize resources, while maintaining ADHC services, the Annandale ADHC Center was closed at the end of December 2015. The remaining four centers were able to serve all of the Annandale ADHC participants and have been able to meet the ongoing demand for ADHC in the community. Beginning in FY 2017 the Lewinsville Senior Complex, which includes an ADHC center, senior center, and two child care centers will be redeveloped. During this time the ADHC center will move to a temporary location to maintain continuity of services. Over the next year the ADHC program will strive to maintain high quality services to 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. The needs identified are then used to design systems of service that engage volunteer and/or veteran service providers to deliver a variety of services, such as transportation, shopping, and chores. With the assistance of the Long Term Care Program Development staff, numerous communities in the County have begun planning for or have initiated service models. Transportation is identified as the greatest need by the aging in place communities. In response to this need, staff have also facilitated the development of a volunteer driver capacity building program to support existing community-based transportation providers and assist in developing new programs in underserved areas. To make it easy to locate a ride, an interactive map of volunteer driver programs serving older adults in Fairfax County was developed in FY 2016. The Long Term Care Coordinating Council (LTCCC) 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 priority area with innovative solutions.

Responding to Disasters and Assisting Communities in Recovery

The capacity to detect potential public health threats and quickly mobilize a 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 2016, the Office of Emergency Preparedness coordinated the department's response to various public health emergencies, including local preparedness and response activities related to the Ebola outbreak in West Africa and the Zika virus in South and Central America. These public health emergencies put the department's response capabilities into practice, and gave staff and MRC volunteers an opportunity to work together during a real-world response.

Also in FY 2016, OEP coordinated the department's successful 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, OEP plans to further integrate the MRC into routine department activities to enhance cohesion between staff and volunteers.

In FY 2017, OEP convened a team to update the FCHD's Continuity of Operations Plan (COOP) to outline the department's continuity capabilities and the resources needed to maintain mission essential functions. In addition, OEP will continue to build and enhance a culture of preparedness among department staff and MRC volunteers through training, exercises, and practical 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 FY 2017, OEP will work with a number of County partners to plan a large exercise to test the newly-revised plans in FY 2018.

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. 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.

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 and have the skills to meet the changing demands of public health practice.

In FY 2016, trainings that reinforce underlying concepts of public health were offered by George Mason University including, *Introduction to Epidemiology; Environmental Health Fundamentals;* and *Case Management and Health Behavior Change Theory*. In FY 2017, a new course, *Cultural Influences on Perceptions: Insights for Healthcare Workers*, designed to educate staff on unconscious biases and the effect it has on service delivery and individual care provided to clients, was added to the FCHD curriculum. Emergency preparedness training now includes a *Radiation Awareness* course. Future plans involve the development of courses in *Global Health and Emerging Threats*.

In FY 2017, the FCHD continued work on the development of core public health competencies for entry level employees and middle managers, which is anticipated to be completed in FY 2018. The FCHD will also continue to offer opportunities for managers to develop critical thinking, change management, strategic planning, decision making and performance management skills and abilities. Succession planning is an integral of part of the department's workforce development plan, so efforts to prepare staff for promotional opportunities and career advancement will be expanded. Some additional strategies that are utilized include cross-training, mentoring, shadowing, and the implementation of career management plans.

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 2016 the FCHD continued to expand its internet and social media presence, enhanced the use of web integrated tools to improve communications with community partners and County residents, and upgraded key internal systems to support new innovations in tuberculosis testing, communicable disease investigations, and call center operations. The FCHD is exploring strategies for integrated service delivery as part of a Health and Human Services system–wide integrated care model. The integrated care model encompasses the wide array 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, an Electronic Health Record (EHR) system will be procured in FY 2018 to allow for the capture, storage and secure exchange of relevant health information with appropriate service partners in the Health and Human Services System.

The FCHD Environmental Health division is participating in the multi-agency Land Development Services System Replacement project. The systems will provide a modern enterprise solution to support development plan review, permit and license issuance, code enforcement and inspection, and cashiering activities.

The FCHD Laboratory continued to roll out new Laboratory Information System (LIS) modules in FY 2016 to expand laboratory report functionality and allow for secure web-based access to laboratory test results. In FY 2017, the Lab focused on a Laboratory Informatics Assessment to determine strategic direction for future testing and supporting information systems.

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 the FCHD's population-based approach are a community perspective, population-based data, evidence-based practice, an emphasis on outcomes and 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 partnership with the Department of Neighborhood and Community Services, the Community Health Dashboard was recently expanded to include outcomes data for the Collective Impact for Successful Children and Youth policy plan. In addition, in FY 2016, the Partnership for a Healthier Fairfax (PFHF) completed its year two evaluation 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 the PFHF on the implementation of the CHIP. The efforts to

expand capacity to address community health have been successful, in part, due to grants awarded for implementation of some objectives.

The Division of Community Health Development and Preparedness will continue to play a critical role in ensuring the department's 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.

- 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 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
FUNDING					
Expenditures:					
Personnel Services	$37,495,575	$39,808,167	$39,458,951	$40,747,474	$40,747,474
Operating Expenses	16,114,588	18,718,423	23,161,742	18,568,423	18,568,423
Capital Equipment	25,435	0	114,074	0	0
Total Expenditures	$53,635,598	$58,526,590	$62,734,767	$59,315,897	$59,315,897
Income:					
Elderly Day Care Fees	$875,018	$931,321	$863,276	$863,276	$863,276
City of Fairfax Contract	1,285,046	1,323,599	1,256,740	1,281,874	1,281,874
Elderly Day Care Medicaid Reimbursement	339,875	297,196	297,196	297,196	297,196
Falls Church Health Department	328,469	379,461	379,461	379,461	379,461
Licenses, Permits, Fees	3,650,886	3,655,971	3,575,547	3,737,290	3,737,290
Reimbursement - School Health	3,995,766	3,995,766	3,995,766	3,995,766	3,995,766
State Reimbursement	9,077,567	9,077,567	9,077,567	9,077,567	9,244,567
Total Income	$19,552,627	$19,660,881	$19,445,553	$19,632,430	$19,799,430
NET COST TO THE COUNTY	$34,082,971	$38,865,709	$43,289,214	$39,683,467	$39,516,467
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	653 / 580.75	653 / 580.75	654 / 582.59	653 / 581.59	654 / 582.59

This department has 64/64.0 FTE Grant Positions in Fund 50000, Federal-State Grant Fund.

FY 2018 Funding Adjustments

The following funding adjustments from the FY 2017 Adopted Budget Plan are necessary to support the FY 2018 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 May 2, 2017.

♦ **Employee Compensation** **$939,307**

An increase of $939,307 in Personnel Services includes $681,040 for performance-based and longevity increases for non-uniformed merit employees effective July 2017, as well as $258,267 for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions.

♦ **Reductions** **($150,000)**

A decrease of $150,000 reflects reductions utilized to balance the FY 2018 budget. In addition, opportunities generating $125,000 in General Fund revenue have been identified. The following table provides details on the specific reductions and revenue enhancements:

Title	Impact	Posn	FTE	Reduction
Reduce Insight Memory Care Center (IMCC) Contract	This reduction will reduce the Health Department's contract with IMCC by 50 percent. Currently, all County residents suffering from mid-late state dementia are eligible for dementia-specific day care services at a reduced fee. This reduction caps those eligible to receive the reduced fee at 400 percent of the federal poverty level. Therefore, this reduction should not impact low-income individuals receiving services. The IMCC contract also provides community outreach, education, support and training for at least 350 family caregivers. There will be minimal impact to this piece of the contract.	0	0.0	$150,000
Increase Fees for Laboratory and Clinical Services	The Health Department provides a range of clinical services and laboratory testing that includes services such as pregnancy testing, drug testing, vaccinations, and various health assessments. Each service is provided for a set fee that varies based on the service provided. An increase in fees of approximately 10 percent would bring in an estimated $125,000 in additional revenue. It is anticipated that raising fees will have minimal impact on clients' ability to access public health services, as there is an established fee waiver policy and payment plan option for low-income residents who are unable to pay, or for those who meet certain Virginia Department of Health or age criteria.	0	0.0	$0

Changes to FY 2017 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2017 Revised Budget Plan since passage of the FY 2017 Adopted Budget Plan. Included are all adjustments made as part of the FY 2016 Carryover Review, FY 2017 Third Quarter Review, and all other approved changes through April 30, 2017.

♦ **Carryover Adjustments** **$4,208,177**

As part of the *FY 2016 Carryover Review*, the Board of Supervisors approved funding of $4,208,177, including $4,008,177 in encumbered funding and $200,000 in unencumbered funding, which includes $100,000 to procure equipment to convert analog x-ray images to a digital format for tuberculosis screenings, and $100,000 as part of the Incentive Reinvestment Initiative that allowed agencies to identify savings in FY 2016 and retain a portion to reinvest in employees.

- **Insight Memory Care Contract** **$150,000**
  As part of the *FY 2017 Third Quarter Review*, the Board of Supervisors approved funding of $150,000 to restore funding for the Insight Memory Care Center (IMCC) contract for one year to allow IMCC to modify and adapt their business model to improve fundraising capacities. This funding will delay the reduction until FY 2019 and it is anticipated that IMCC will be able to offset the reduction with increased fundraising activities. This funding will be included as unencumbered carryover as part of the *FY 2017 Carryover Review* in order to fully fund the contract in FY 2018.

- **Incentive Reinvestment Initiative** **($150,000)**
  A net decrease of $150,000 reflects 50 percent of the savings generated as the result of careful management of agency expenditures during the fiscal year and was returned to the General Fund as part of the *FY 2017 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.

- **Position Adjustment** **$0**
  The County Executive approved the transfer of 1/1.0 FTE position to Agency 71, Health Department from Agency 67, Department of Family Services due to workload requirements within the Human Services system.

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 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$1,790,189	$1,655,058	$3,749,599	$1,667,573	$1,667,573
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	4 / 4	4 / 4	7 / 7	4 / 4	7 / 7

1 Director of Health	1 Epidemiologist IV	1 Business Analyst IV
1 Assistant Director for Health Services	2 Management Analysts IV	1 Administrative Assistant V

TOTAL POSITIONS
7 Positions / 7.0 FTE

Dental Health Services

Dental Health Services addresses the oral health needs of low-income children at three dental locations (South County, Herndon/Reston, and Central Fairfax). Additionally, dental health education and screening is available in schools and the Head Start programs. The program also provides dental services to 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 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$705,189	$742,967	$763,589	$758,342	$758,342
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 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$4,482,179	$5,084,987	$5,106,828	$5,161,730	$5,161,730
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

Communicable Disease Control

Communicable Disease Control is responsible for the surveillance of reportable diseases; the investigation of tuberculosis and other communicable disease outbreaks; the provision of infection control guidance to prevent the spread of disease within the community; and the provision of medical services to sheltered, medically fragile and unsheltered homeless individuals.

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$7,944,230	$8,505,537	$8,797,523	$8,638,938	$8,638,938
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	97 / 97	97 / 97	98 / 98	96 / 96	98 / 98

4 Public Health Doctors
4 Comm. Health Specs.
7 Public Health Nurses IV
13 Public Health Nurses III
23 Public Health Nurses II
3 Nurse Practitioners
2 Radiologic Technologists
1 Director of Patient Care Services
1 Asst. Director of Patient Care Services
1 Management Analyst III
1 Human Service Worker II
1 Human Service Assistant
3 Epidemiologists III
1 Epidemiologist II
2 Administrative Assistants V
7 Administrative Assistants IV
8 Administrative Assistants III
12 Administrative Assistants II
1 Material Mgmt. Driver
1 Administrative Associate
2 Business Analysts III

TOTAL POSITIONS
98 Positions / 98.0 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 anticipate, prepare for and effectively respond to public health emergencies and community health needs. A number of the FCHD's programs and initiatives support this effort, including the public information office, strategic planning, community outreach and partnership engagement, and public health emergency preparedness and response, which oversees the Medical Reserve Corps.

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$1,438,513	$1,853,539	$1,862,058	$1,884,277	$1,884,277
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	19 / 19	19 / 19	19 / 19	19 / 19	19 / 19

1 Director Comm Health Dev. & Prep.
1 Public Health Emergency Mgmt. Coord.
1 Public Safety Information Officer IV
2 Communications Specs. II
1 Management Analyst IV
3 Management Analysts III
1 Management Analyst II
3 Community Health Specs.
1 Material Mgmt. Spec. III
1 Administrative Assistant III
3 Emergency Mgmt. Specs. II
1 Emergency Mgmt. Spec. I

TOTAL POSITIONS
19 Positions / 19.0 FTE

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 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$7,822,216	$9,860,847	$10,791,298	$9,871,760	$9,871,760
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	9 / 9	9 / 9	8 / 8	9 / 9	8 / 8

1 Management Analyst IV
1 Management Analyst III
5 Social Services Specialists II
1 Administrative Assistant IV

TOTAL POSITIONS
8 Positions / 8.0 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 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$7,744,115	$8,521,492	$8,349,454	$8,663,167	$8,663,167
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	105 / 105	105 / 105	102 / 102	105 / 105	102 / 102

3 Public Health Doctors
1 Asst. Director for Medical Services
1 Asst. Director of Patient Care Services
6 Public Health Nurses IV
7 Public Health Nurses III
35 Public Health Nurses II
1 Rehab. Services Manager
5 Speech Pathologists II
2 Audiologists II
5 Administrative Assistants V
1 Administrative Assistant IV
8 Administrative Assistants III
15 Administrative Assistants II
1 Human Service Worker IV
6 Human Service Workers II
4 Human Services Assistants
1 Business Analyst I

TOTAL POSITIONS
102 Positions / 102.0 FTE

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. The microbiology unit carries out surveillance activities of etiologic agents of public health and epidemiological concern.

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$2,798,165	$3,222,181	$3,789,610	$3,248,388	$3,248,388
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	18 / 18	18 / 18	18 / 18	18 / 18	18 / 18

- 1 Public Health Laboratory Director
- 2 Public Health Laboratory Supervisors
- 9 Public Health Laboratory Technologists
- 1 Senior Pharmacist
- 1 Pharmacist
- 1 Management Analyst II
- 1 Administrative Assistant IV
- 2 Administrative Assistants III

TOTAL POSITIONS
18 Positions / 18.0 FTE

School Health

School Health provides health services to students in 197 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 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$15,239,508	$15,722,360	$15,989,235	$16,132,747	$16,132,747
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	280 / 207.75	280 / 207.75	281 / 209.59	281 / 209.59	281 / 209.59

- 1 Assist. Dir. of Patient Care Svcs.
- 4 Public Health Nurses IV
- 8 Public Health Nurses III
- 67 Public Health Nurses II, 3 PT
- 1 Administrative Assistant IV
- 1 Administrative Assistant III
- 1 Administrative Assistant II
- 4 Sr. School Health Aides, PT
- 194 School Health Aides, PT

TOTAL POSITIONS
281 Positions / 209.59 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 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
EXPENDITURES					
Total Expenditures	$3,671,294	$3,357,622	$3,535,573	$3,288,975	$3,288,975
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	49 / 49	49 / 49	49 / 49	49 / 49	49 / 49

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	3	Licensed Practical Nurses	4	Administrative Assistants IV
4	Public Health Nurses II	4	Sr. Home Health Aides		

TOTAL POSITIONS
49 Positions / 49.0 FTE

Key Performance Measures

The Fairfax County Health and 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. 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, in FY 2016 the FCHD revised 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.

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate/Actual	FY 2017	FY 2018
Program Management					
Percent of performance measurement estimates met	56%	63%	65%/56%	60%	60%
Dental Health Services					
Total patient visits	3,640	2,721	3,400/2,580	2,800	2,800
Percent of treatment completed within a 12 month period	44%	43%	40%/32%	40%	30%
Environmental Health					
Percent of environmental complaints resolved within 60 days	91%	88%	90%/89%	90%	90%
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness	NA	90%	95%/93%	95%	95%

Health Department

Indicator	Prior Year Actuals FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate/Actual	Current Estimate FY 2017	Future Estimate FY 2018
Environmental Health					
Percent of out of compliance onsite sewage disposal and water supply systems corrected within the specified time period	89%	90%	90%/92%	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	3	1	1/8	1	1
Communicable Disease Control					
Percent of selected reportable communicable disease investigations for which initial public health control measures were initiated within the appropriate timeframe	90%	85%	90%/83%	90%	90%
Percent of clients who report that the services they received at a public health clinic addressed their health need	93%	91%	90%/98%	94%	94%
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	88%	91%	90%/94%	90%	90%
Community Health Care Network					
Number of clients who received primary care through the Community Health Care Network	14,678	13,795	15,000/12,208	10,950	15,000
Percent of Community Health Care Network clients with stable or improved health outcomes	63%	52%	64%/72%	64%	64%
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%	62%	61%/57%	60%	60%
Percent of pregnant women served who deliver a low birth weight baby	5.5%	8.4%	7.8%/7.5%	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	57%	55%	60%/63%	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	79%	82%	85%/85%	85%	85%

Indicator	Prior Year Actuals FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate/Actual	Current Estimate FY 2017	Future Estimate FY 2018
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%	92%	90%/96%	92%	92%
Percent of caregivers who report experiencing less stress as a result of Adult Day Health Care	91%	93%	90%/96%	93%	93%

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2018/adopted/pm/71.pdf

Performance Measurement Results

Program Management

Program Management, composed of the Health Director and supporting staff, oversees the FCHD General Fund Budget of $59,315,897 and all of the department's performance objectives. In addition, the department anticipates receiving grants totaling approximately $4,875,832 and revenue of $19,799,430 in FY 2018. The department met 56 percent of all the performance measure estimates set for FY 2016, and 64 percent of the estimates for quality and efficiency measures, 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 2016, 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). One of the three dental offices faced an extended vacancy by the retirement of one of the dentists. Recruitment to fill the vacancy took seven months and this left a significant gap in services and an impact on all performance metrics. The remaining dentists covered the urgent needs of patients created by the vacancy resulting in less time available for community screenings and for the acceptance of new patients as the acute care needs of existing clients needed to be prioritized. This is reflected in a significant drop in new patients this year as well as patients screened. It also affected the net costs, as a dentist performing treatment is the only revenue generator and with the vacancy, the dental assistants were reassigned to other duties that did not generate revenue although the costs of their positions remain in the cost center. In addition, the acuity (severity of needs) of the patients has increased, resulting in patients requiring visits of longer duration, for complex treatments prior to completing care. One factor contributing to this is that many of the children that are being processed through the Department of Family Services are older and when they receive dental care at the FCHD it is found that they have many years of neglected oral health issues.

Over the next three to five years, the dental program will continue to meet the needs of the low-income community requiring oral health services through the provision of chair-based dentistry. However, it is anticipated that there will be a greater focus on population health with the dental program staff conducting more outreach in the community to increase the prevention aspects of oral health in the hopes of decreasing those who will require complex treatment in the future.

Environmental Health

Consumer Protection Program: The Consumer Protection Program (CPP) currently has oversight of 3,649 permitted facilities which include 3,443 food establishments and 206 other commercial establishments. CPP also conducts health inspections for other licensing agencies and responds to reports of public health or safety menaces. In FY 2016, CPP conducted 29,885 community-based activities, including inspections, permits, and responses to service requests. CPP responded to 60 percent of complaint investigation requests within three days of receipt, and 89 percent of these requests were resolved within 60 days of receipt.

In FY 2015, CPP implemented a new process to categorize food establishments and conduct inspections on a risk and performance based frequency. Depending on its assigned risk category, food establishments were inspected one, two, or three times. In FY 2016, inspections were conducted based on both risk and performance. Based on the compliance history of each food establishment, CPP provided tailored services (e.g., inspection, onsite training, and risk control plan) to help the establishment achieve long-term compliance with the regulations. Food establishment inspections were completed according to regulatory mandates with 95 percent of those inspections being conducted within the prescribed risk-based inspection frequency. In FY 2016, CPP determined the effectiveness of the additional services and found that 93 percent of all food establishments are in compliance with FDA risk factor control measures to reduce foodborne illness. In FY 2018, 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 2016, 92 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 90 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 2016, OSW conducted 188 soil evaluations. Over half of all new sewage disposal systems approved were alternative designs.

The water recreation facilities program has regulatory oversight of approximately 1,200 pools, spas, interactive water features, and water parks. In FY 2016, Environmental Health completed inspections according to regulatory mandates with each pool vessel receiving one inspection and 99 percent having two inspections.

Disease Carrying Insects Program (DCIP): Mosquito surveillance and control efforts help protect public health by identifying locations that support the development of mosquitoes and, when indicated, conducting pesticide treatments. The total DCIP cost per capita was $1.43 in FY 2016, an increase of $0.36 over FY 2015. During FY 2016, DCIP filled a vacant position, replaced three vehicles, and incurred increased costs to test mosquitoes for West Nile virus. As part of the Health Department's response to the threat of Zika virus, there was an increase in the number of seasonal staff, the number of outreach materials printed, and outreach activities conducted by DCIP staff. The estimated per-capita cost for FY 2017 ($1.84) includes 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, mosquito surveillance, insecticide treatments, and education and outreach activities.

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. In FY 2016, 71 percent of storm drains were treated, by the contractor, within the scheduled time frame. In FY 2017 and FY 2018 the FCHD will implement strategies to ensure the maximum number of storm drains are treated effectively, when weather permits.

The DCIP collaborates with the FCHD Communicable Disease Control in their investigation of human cases of WNV. In FY 2016, there were 8 confirmed human cases of WNV in the County.

Communicable Disease Control

The total number of screenings, investigations, and treatment for tuberculosis (TB) and reportable communicable disease (excluding animal bites and HIV/AIDS) was 30,949. This metric includes TB risk screenings, TB testing (TST and blood tests), X-rays and biological specimen collection to rule out TB, treatment of active TB cases, investigations of reportable diseases and outbreaks, and screenings of individuals exposed to measles.

Tuberculosis: In FY 2016, the FCHD provided 24,816 tuberculosis screening, testing, and treatment services. This was a decrease from FY 2015 (29,145). This decrease can partly be attributed to a change in testing, from skin test to a blood test, which is more accurate and has fewer false positive test results and therefore fewer diagnostic examinations for latent TB infection. The rate of active TB disease in Fairfax County remained relatively flat at 5.4 per 100,000 (compared to 5.3 in 2015). However, the County case rate remains higher than many areas in the state, due to the County's diversity and the high prevalence of TB in many parts of the world. FCHD provides high quality clinical care for TB. The most recent TB clinical care indicators demonstrated that FCHD meets and in many cases exceeds the goals set by the state health department.

Communicable Disease (CD): The number of CD screenings, investigations and treatments for selected communicable disease was 30,949 during FY 2016 a decrease from the prior year 32,485. These fluctuations are influenced by a number of factors, such as the number and scope of investigations and infection control and prevention efforts. In response to a confirmed case of measles, 1,800 potentially exposed individuals were screened. The 1,453 screenings and investigations completed in FY 2016 included 711 cases associated with 33 separate outbreak situations. The 33 outbreaks originating in Fairfax County represented a decrease from FY 2015, when 43 outbreaks were investigated. In FY 2018, the FCHD will continue to provide routine investigation of diseases, and respond to outbreaks as needed.

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 2016, CHO worked with more than 425 governmental and community-based organizations, participated in over 417 individual events, and reached over 86,000 individuals; of those surveyed, 98 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; facilitated dialogues to reduce the stigma

of mental health diagnosis, 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 2016 is due to the establishment of improved public partnerships, greater trust from the faith community leading to a request for multiple health presentations from within the same faith organization, and an increase in media opportunities.

CHO continues to identify Diabetes and Chronic Disease Self-Management Program leaders and community partners willing to participate in sustainability efforts for this evidence-based program. Through new partnerships and existing outreach initiatives there is an increase in clients enrolled in CDSMP. In efforts to best gauge the effectiveness of outreach and health promotion activities, outcome evaluation will now 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 2016, the long-term response to the Ebola Virus Disease (EVD) and preparedness for mosquito season and the possibility of locally-transmitted Zika Virus provided excellent opportunities for staff and volunteers to participate in preparedness-related activities. Ongoing efforts will focus on providing additional opportunities for staff and volunteers to complete required trainings as quickly as possible so that they can support the Health Department in responding to emergencies. OEP collects data to determine if its efforts are making a difference in how staff and volunteers feel about their own individual level of preparedness. In FY 2016, 94 percent of staff and volunteers surveyed 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 2016, the CHCN provided access to health services for 18,079 enrollees; served 12,208 of those individuals through at least one visit; provided 37,365 primary care visits across all three CHCN clinic sites; and coordinated 7,844 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: 20,434 (FY 2014), 18,120 (FY 2015), and 18,079 (FY 2016). 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. Over the next few years, as County efforts take shape to redesign the local safety net system, prioritize CSB patients requiring access to a primary care medical home and initiate acceptance of payment from third-party payer sources, the number of individuals enrolled in CHCN services may increase significantly.

During FY 2016, there was a 22.3 percent decrease in the number of primary care visits provided, from 48,100 in FY 2015 to 37,365 in FY 2016, and a decrease of 11.5 percent in the number of unduplicated patients seen, from 13,795 in FY 2015 to 12,208 in FY 2016. This was due to the gradual loss of clinic staff for more stable employment during the period of uncertainty associated with the termination of the Molina contract and the onboarding of the new CHCN vendor. While both the outgoing and incoming contractors attempted to work together to fill gaps left by departing staff, it was not sufficient to prevent a drop in service capacity during this timeframe. As such, the number of patient visits and unduplicated patients dropped and the net cost per patient visit increased from $173 to $217. With the new vendor taking over July 1, 2016, the level of patient visits and unduplicated patients served are expected to gradually increase and return to pre-contract transition levels. Consequently, the net cost is projected to increase further by 53.5 percent in FY 2017 (to $333), but then decrease to $236 in FY 2018. Total CHCN

costs decreased from $8.3 million in FY 2015 to $8.1 million in FY 2016. However, beginning in FY 2017, additional costs for the new primary care, pharmacy, and EMR transition contracts are anticipated. The CHCN program continues to 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, 98 percent of CHCN clients were satisfied with their care at CHCN health centers. Although the lack of provider availability and difficulties getting patients seen in a timely manner towards the end of the fiscal year began to become a notable patient satisfaction issue, the maintenance of overall patient satisfaction for the care received reflects the program's ongoing commitment to quality assurance.

In FY 2016 the percent of CHCN patients with stable or improved outcomes was 72 percent (i.e., 3,067 out of 4,268 positive outcome readings for individuals diagnosed with diabetes and/or hypertension). This outcome is an increase in positive outcomes compared to 52 percent in FY 2015. For FY 2016, the sample size for assessing this performance measure was increased to reflect a more representative sample of the CHCN patient population. Clinical guidelines for controlled glycosylated hemoglobin (HgbA1c) and hypertension ranges were utilized to identify the proportion of CHCN patients with measured readings within specified control ranges for these two high-prevalence chronic conditions.

Maternal and Child Health Services

Maternal Child Health Services (MCH): In FY 2016, FCHD provided Public Health Assessments to 3,036 pregnant women, which is a 6 percent decrease from 3,240 pregnant women in FY 2015. FCHD's Home Visiting Programs ~~includes~~ two evidence-based programs (i.e., Healthy Families Fairfax and Nurse Family Partnership) and one evidence-informed program (MCH Field). These three programs' goals are in alignment with the Health Resources and Services Administration's (HRSA) Federal Home Visiting Goals which are to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. MCH home visiting services were provided to 1,650 clients in FY 2016.

The percent of pregnant women served through the FCHD and Inova Cares Clinic for Women (ICCW) who delivered a low birth weight baby decreased from 8.4 percent in FY 2015 to 7.5 percent in FY 2016. This is in close alignment with the national low birth weight goal of 7.8 percent established by Healthy People 2020. Maternity clients with medical conditions are at a higher risk for delivering a low birth weight newborn. Given that the population served is generally at higher risk for poor birth outcomes than the general population, FCHD and ICCW closely monitor birth outcomes and will continue to address risk factors which contribute to low birth weight, such as poor maternal nutritional status and adequacy of prenatal care. The collaborative care delivery model between the FCHD and ICCW provides quality early public health services and continuous prenatal clinical care, which is critical to improving pregnancy and birth outcomes.

Immunizations: In FY 2016, 31,559 vaccines were administered to 9,292 children, newborn to 18 years of age. The percent of children served who completed the recommended vaccine series by 24 months of age decreased to 57 percent, a drop of 5 percentage points from FY 2015 (Up-to-Date Report, Quarter 1, January–March 2016, Virginia Department of Health). This vaccine coverage rate has consistently remained below the FCHD and Healthy People 2020 goal of 80 percent. A major contributing factor is having a highly transient population and the inability of FCHD to track individuals who are unable to complete vaccination series started at the FCHD. By the time of school entry, however, a much higher percentage of children are adequately immunized, despite having lacked these immunizations or

adequate documentation of vaccination at the age of two. This is attributable to the state law which establishes minimum vaccination requirements for school entry in an effort to lower the incidence of vaccine preventable diseases.

Action steps put into place in FY 2016 to improve immunization rates included: exploring a reminder system to encourage clients receiving services at the FCHD to obtain vaccines that are due; expanded training and usage by FCHD staff of the Virginia Immunization Information System (VIIS); and outreach efforts to educate more child day care providers, parents, and health care providers on the importance of timely immunization.

Speech and Language: The Speech and Hearing program provides speech and audiology services to both children and adults, but predominately serves children. In FY 2016, 90 percent of both speech and hearing clients were children. The program is the sole provider of hearing aid services for children with Medicaid in the County. The Speech program, though not fully staffed during FY 2016, achieved a 5 percent increase in client visits (2,749 visits) when compared to FY 2015 (2,616 visits).

Health Laboratory

A continuing focus of laboratory performance is control of average cost per test. The average cost per test in FY 2016 ($7.25) was lower than FY 2015 ($7.61) due to increased test volume associated with the addition of new test methods, cross training of staff and decreased operational costs associated with increased efficiencies. Future projected cost per test reflects an increase associated with increased cost of supplies and personnel costs. The implementation of more specific molecular methods which allow for earlier detection of Tuberculosis disease and the elimination of unnecessary chest x-rays and treatment for false positive tuberculin skin tests has resulted in significant savings to the County. The Health Insurance Portability and Accountability Act (HIPAA) compliant Laboratory Information System (LIS) was recently enhanced to include a web portal for ordering and viewing test results and provide the capability to create individualized ad hoc statistical reports. These 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 in an effort to measure whether services provided 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 FY 2016 survey results which indicate that 99 percent of customers were satisfied with current services.

In order to achieve and maintain certification through regulatory authorities such as Clinical Laboratory Improvement Amendments 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 EPA approved environmental studies. The FCHD laboratory continued to maintain a high degree of accuracy as measured by its FY 2016 scoring average of 99 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, a preventable viral disease often transmitted through the bite of a rabid animal, is almost always fatal once symptoms appear, but can be prevented almost 100 percent of the time when post-exposure prophylaxis is administered soon after an exposure occurs. The FCHD laboratory provides 24 hour turn-around-time for rabies testing on animals to allow for timely prophylactic treatment when needed and the avoidance of unnecessary rabies post-exposure shots, which average $4,000 per series. 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. Of the 474 rabies tests conducted, 51 individuals were confirmed to have been exposed to rabid animals. The savings in medical costs associated with the 349 negative test results is estimated at $1,384,000.

School Health

In FY 2016, the School Health Services Program supported 185,490 students at 197 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.

The number of students who had a health condition that could impact their school day was 58,800 in FY 2016 (an increase of 17 percent over FY 2015). The provision of training (e.g., epinephrine administration, asthma inhalers, and glucometers) to school staff to enable students with health conditions to fully access their education is a critical activity in the school health program. Public health nurses provided training to 26,694 school staff (an increase of 30 percent over FY 2015). For FY 2016, the proportion of plans in place within 5 days increased from 55 percent in FY 2015 to 63 percent. In addition, there was a slight increase (85 percent in FY 2016 as compared to 82 percent in FY 2015) in the number of parents and guardians who reported their child was able to attend school as a result of having a health care plan in place. This improvement was attributed to the introduction of new online health information training that enables school staff to effectively manage students' health conditions during the school day. It should be noted that the time required to prepare health plans and conduct training to implement these plans, along with public health nurse vacancies, continues to limit opportunities for health promotion.

Since 2012, the enrollment of students in Fairfax County Public Schools has increased 8.5 percent. Preliminary FCPS estimates indicate that student enrollment will remain stable or only slightly increase in the coming school year; however, the health needs of students continue to become more complex. A skilled School Health staff with ratios that are appropriate to manage these needs is essential. The overall satisfaction of parents with school health services remained high at 93 percent, with 77 percent of parents and guardians reporting that their child's health condition is managed effectively in the school setting. This is a decrease from FY 2015 reflecting the challenge of meeting parent expectations for improved access to the public health nurse and timely development of health care plans.

Long Term Care Development and Services

Nursing Home Pre-Admission Screenings: The number of Medicaid Nursing Home Pre-Admission Screenings (NHPAS) completed in FY 2016 for low-income, frail elderly and adults with disabilities increased to 1,378, representing a 31 percent increase in service demand since FY 2014 and an overall average of 11 percent increase annually for the past 3 years. 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 (DMAS) for processing be no more than 30 calendar days. The FCHD Long Term Care Unit, in collaboration with the Adult and Aging Services Division in the Department of Family Services, implemented a number of measures, including online submission of the screening assessment, which resulted in an expedited screening process. In FY 2016 the average number of calendar days between the request for a screening and its submission to DMAS was 18 calendar days.

Of the 1,378 NHPAS completed in FY 2016, 1,196, or 87 percent were eligible for services and 96 percent of those deemed eligible selected community-based services rather than institutional care.

Adult Day Health Care (ADHC): Ninety six percent of the ADHC participants met the criteria for institutional level of care but were able to remain in the community due in part to the support services received at the ADHC. This exceeds the annual projection of 90 percent, as the population served this year was frailer. Ninety-six percent of family caregivers surveyed this year state that they experienced less stress when their loved one attended an ADHC Center, which was higher than projected at 90 percent. Several Fairfax County family caregivers participated in a Penn State University study on caregivers of participants in an adult day services program. The study demonstrated "interventions to lower stress on caregivers, such as the use of adult day care services, have an effect on the body's biological responses to stress…," which suggests that use of adult day care services may protect caregivers against the harmful effects of stress associated with giving care to someone with dementia. Family caregivers surveyed also acknowledged a number of other benefits experienced by participants who attend the ADHC, including an improvement in their mood and physical health. Additionally they reported that their loved one had more opportunities to engage in meaningful activities. All of these factors serve to improve the overall health and wellbeing of the participants.

Despite high satisfaction levels and the increasing aging demographic, the ADHC program has experienced a slow decline in enrollment over the past six years. In FY 2016, the Average Daily Attendance (ADA) of 91 did not meet the goal of 97 and the total enrollment of 236 did not meet the goal of 250. Over the past decade 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 ADHCs. The growth in service providers has contributed to the significant reduction in enrollment over the last five years.

During FY 2016, the actual net cost to provide services to a participant was $93 per day compared to the estimated cost of $84 per day. This variance resulted from a less than anticipated enrollment and an increase in expenditures. During FY 2016 a revised marketing campaign with a more targeted approach was implemented and included outreach to physicians groups, website enhancement, use of social networking, and marketing to ethnic communities. These efforts are continuing and others are being initiated such as increased collaboration with the Alzheimer's Associations and participating in local media presentations. With a 2 percent increase in fees, it is anticipated that the net cost per service unit will decrease in FY 2017 and FY 2018. Based on utilization trends, and an increase in alternative long term care options, it is not anticipated that enrollment will significantly increase in FY 2017 and FY 2018.