

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Program Management

Goal

To provide oversight and leadership of FCHD in order to ensure the provision of quality and timely services to FCHD clients.

Objective

To meet at least 65% of FCHD performance measurement estimates.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of performance measures evaluated | 75 | 78 | 73/73 | 74 | 74 |
| Service Quality | | | | | |
| Percent of quality and efficiency estimates met | 66% | 64% | 60%/52% | 60% | 60% |
| Outcome | | | | | |
| Percent of performance measurement estimates met | 60% | 56% | 60%/66% | 60% | 60% |

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Dental Health Services

Goal

To improve the oral health of low-income children and maternity clients of the FCHD through prevention and/or control of dental disease.

Objective

To complete preventative and restorative dental treatment within a 12 month period for at least 30 percent of the children seen.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| New patients visits | 864 | 590 | 800/1,511 | 800 | 800 |
| Total Patient visits | 2,721 | 2,580 | 2,800/2,909 | 2,800 | 2,800 |
| Patients screened | 114 | 114 | 1,000/2,746 | 1,000 | 1,000 |
| Efficiency | | | | | |
| Cost per visit | \$269 | \$378 | \$285/\$357 | \$384 | \$390 |
| Net cost to County | \$179 | \$281 | \$207/\$274 | \$295 | \$301 |
| Service Quality | | | | | |
| Customer satisfaction index | 97% | 97% | 97%/97% | 97% | 97% |
| Outcome | | | | | |
| Percent of treatment completed within a 12 month period | 43% | 32% | 40%/33% | 30% | 30% |

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FY 2019 Adopted Budget Plan: Performance Measures

Environmental Health Services

Goal

To protect and improve the health and welfare of all persons in Fairfax County by preventing, minimizing or eliminating their exposure to biological, chemical or physical hazards in their present or future environments.

Objective

To maintain the percentage of regulated food establishments that are inspected on a frequency that is based on the food borne risk potential of the establishment (high risk establishments will be inspected three times a year, moderate risk twice a year, and low risk once a year) and to maintain the percent of food service establishments found to be in compliance, at the completion of the inspection cycle, with control measures that reduce the occurrence of foodborne illness at 95 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of food service establishment inspections | 7,706 | 8,431 | 7,900/8,179 | 7,900 | 7,900 |
| Service Quality | | | | | |
| Percent of foodborne illness risk factor inspections conducted in food service establishments within the prescribed inspection frequency | 95% | 95% | 95%/98% | 95% | 95% |
| Outcome | | | | | |
| Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness | 90% | 93% | 95%/95% | 95% | 95% |

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Objective

To maintain the percentage of out of compliance onsite sewage disposal and water supply systems corrected within the specified time period at 90.0 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of onsite sewage disposal and water supply systems inspections | 3,361 | 3,257 | 3,200/3,380 | 3,200 | 3,200 |
| Efficiency | | | | | |
| Onsite Sewage Disposal and Water Well Program Cost Per Capita | \$1.01 | \$1.59 | \$1.32/\$1.45 | \$1.54 | \$1.71 |
| Service Quality | | | | | |
| Percent of Onsite Sewage & Water Program service requests responded to within 3 days | 35% | 41% | 40%/35% | 40% | 40% |
| Outcome | | | | | |
| Percent of out-of-compliance onsite sewage disposal and water supply systems corrected within the specified time period | 90% | 92% | 90%/93% | 90% | 90% |

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Objective

To maintain the percentage of complaints dealing with rats, cockroaches, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60 days at 90 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of Environmental Health community-protection activities: inspections, permits, and service requests | 29,543 | 29,885 | 30,000/31,423 | 30,000 | 30,000 |
| Service Quality | | | | | |
| Percent of environmental complaints responded to within 3 days | 58% | 60% | 60%/58% | 60% | 60% |
| Outcome | | | | | |
| Percent of environmental complaints resolved within 60 days | 88% | 89% | 90%/97% | 90% | 90% |

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Objective

To minimize the risk of mosquito-borne illness.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Mosquito larvicide treatments of storm drains to control West Nile virus* | 76,377 | 74,248 | 105,000/51,258 | N/A | N/A |
| Number of stormwater structure inspections to detect immature mosquitoes | N/A | N/A | N/A/4,195 | 8,000 | 8,000 |
| Number of stormwater structure treatments to control immature mosquitoes | N/A | N/A | N/A/311 | 700 | 700 |
| Efficiency | | | | | |
| Disease Carrying Insect Program cost per capita | \$1.07 | \$1.43 | \$1.84/\$1.16 | \$1.85 | \$1.86 |
| Service Quality | | | | | |
| Percent of targeted storm drain areas treated with mosquito larvicide within the scheduled timeframe | 70% | 71% | 80%/73% | N/A | N/A |
| Percent of stormwater structure inspections completed within the scheduled timeframe | N/A | N/A | N/A/N/A | 80% | 80% |
| Percent of stormwater structure treatments completed within the scheduled timeframe | N/A | N/A | N/A/88% | 80% | 80% |
| Outcome | | | | | |
| Confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health | 1 | 8 | 1/0 | N/A | N/A |
| Percent of stormwater structure inspections that resulted in treatments to control immature mosquitoes | N/A | N/A | N/A/8% | 10% | 10% |

* During FY 2017, storm drain treatments by the contractor were discontinued and replaced by inspection and treatment of “dry ponds” by Health Department staff. The contract was not renewed for FY 2018 and these measures are being replaced.

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FY 2019 Adopted Budget Plan: Performance Measures

Communicable Disease Control

Goal

To detect, prevent, prepare for, and respond to ongoing and emerging communicable diseases of public health significance.

Objective

To ensure that 90 percent of public health measures required for the control of a communicable disease outbreak are initiated within the appropriate timeframe.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of screenings, investigations and treatment for selected communicable diseases | 32,485 | 30,949 | 29,000/29,445 | 29,000 | 29,000 |
| Efficiency | | | | | |
| CD program cost per capita | \$6 | \$6 | \$8/\$9 | \$10 | \$10 |
| Service Quality | | | | | |
| Percent of selected reportable communicable disease investigations for which initial public health control measures were initiated within the appropriate timeframe | 85% | 83% | 90%/78% | 85% | 90% |
| Outcome | | | | | |
| Rate of TB Disease/100,000 population | 5.3 | 5.4 | 5.9/5.7 | 5.7 | 5.8 |
| Percent of clients who report that the services they received at a public health clinic addressed their health need | 91% | 98% | 94%/98% | 98% | 98% |
| Percent of individuals who demonstrate knowledge following health promotion activities * | 95% | N/A | NA/N/A | N/A | N/A |
| Percent of individuals exposed to a confirmed norovirus outbreak who did not develop illness after the implementation of Health Department outbreak control measures | 88% | 95% | 85%/94% | 90% | 90% |

* This measure is being discontinued due to a small sample size of participants.

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Health Laboratory

Goal

To provide timely, quality-assured medical and environmental public health laboratory testing services to the Health Department and other County agencies to assist them in carrying out their programs in the prevention of disease and the enforcement of local ordinances, state laws, and federal regulations.

Objective

To maintain certification with federal agencies and to ensure a high level of testing quality by maintaining a 95 percent scoring average on accuracy tests required for certification.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Tests reported | 218,403 | 220,823 | 215,000/237,690 | 215,000 | 215,000 |
| Efficiency | | | | | |
| Average cost/all tests | \$8 | \$7 | \$10/\$8 | \$10 | \$10 |
| Service Quality | | | | | |
| Percent of laboratory clients satisfied with service | 97% | 99% | 95%/97% | 95% | 95% |
| Outcome | | | | | |
| Average score on accuracy tests required for certification | 97% | 99% | 95%/97% | 95% | 95% |

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Objective

To avoid unnecessary rabies post-exposure shots being given to potentially exposed residents by maintaining the percentage of rabies tests involving critical human exposure that are completed within 24 hours at 95 percent.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Rabies tests reported | 557 | 474 | 500/428 | 450 | 450 |
| Efficiency | | | | | |
| Cost/rabies test | \$99 | \$123 | \$116/\$179 | \$159 | \$162 |
| Service Quality | | | | | |
| Percent of rabies tests involving critical human exposure completed within 24 hours | 99% | 99% | 95%/100% | 95% | 95% |
| Outcome | | | | | |
| Percent of individuals saved from unnecessary rabies post-exposure shots by timely receipt of negative lab results | 99% | 99% | 95%/100% | 95% | 95% |

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Community Health Care Network

Goal

To provide timely and appropriate access to medical care for low-income, uninsured residents of Fairfax County and the cities of Fairfax and Falls Church.

Objective

To provide Community Health Care Network clients with stable or improved health outcomes.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of primary care visits provided through the Community Health Care Network | 48,100 | 37,365 | 33,533/30,925 | 50,250 | 50,250 |
| Number of clients who received primary care through the Community Health Care Network | 13,795 | 12,208 | 10,950/11,662 | 15,000 | 15,000 |
| Efficiency | | | | | |
| Net cost to County per visit | \$173 | \$217 | \$333/\$327 | \$227 | \$232 |
| Service Quality | | | | | |
| Percent of clients satisfied with their care at health centers | 96% | 98% | 95%/91% | 95% | 95% |
| Percent of clients whose eligibility determination is accurate* | 99% | 99% | NA | NA | NA |
| Outcome | | | | | |
| Percent of Community Health Care Network clients with stable or improved health outcomes | 52% | 72% | 64%/67% | 64% | 67% |

* This measure is being discontinued as this data is no longer being collected.

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Maternal and Child Health Services

Goal

To promote optimal health and wellbeing of the medically indigent through the provision of preventative maternity, infant, and child health care services.

Objective

To achieve a target of at least 60 percent, with a long-term target of 80 percent, for the number of children served by the Health Department who are protected against vaccine preventable diseases as a result of completing the recommended vaccination series by 24 months of age.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of vaccines administered to children | 34,417 | 31,559 | 32,000/37,659 | 32,000 | 32,000 |
| Service Quality | | | | | |
| Immunizations: Percent satisfied with service | 91% | 89% | 90%/90% | 90% | 90% |
| Outcome | | | | | |
| Percent of children served by the Health Department who are up-to-date on immunizations at 24 months of age | 62% | 57% | 60%/62% | 60% | 60% |

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Objective

To maintain the low birth weight rate for all Health Department clients and achieve the Healthy People 2020 target of 7.8 percent or below.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of pregnant women provided a public health assessment visit | 3,240 | 3,036 | 3,100/3,030 | 3,000 | 3,000 |
| Efficiency | | | | | |
| Percent of high-risk pregnant eligible women who received home visiting services* | 47% | 54% | NA | NA | NA |
| Service Quality | | | | | |
| Percent of Nurse Family Partnership pregnant women retained through their entire pregnancy | 86% | 84% | 83%/75% | 80% | 80% |
| Outcome | | | | | |
| Percent of pregnant women served who deliver a low birth weight baby | 8.4% | 7.5% | 7.8%/7.9% | 7.8% | 7.8% |

* This measure is being discontinued.

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Objective

To ensure that 75 percent of Speech Language Pathology clients are discharged without the need for further follow up for presenting problems.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Speech Language: Client visits | 2,616 | 2,749 | 2,800/3,084 | 2,800 | 2,800 |
| Efficiency | | | | | |
| Speech Language: Net cost per visit | \$275 | \$250 | \$262/\$227 | \$266 | \$272 |
| Service Quality | | | | | |
| Speech Language: Percent of survey families who rate their therapy service as good or excellent | 100% | 100% | 100%/100% | 100% | 100% |
| Outcome | | | | | |
| Speech Language: Percent of students discharged as corrected; no follow-up needed | 83% | 80% | 75%/93% | 75% | 75% |

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

School Health

Goal

To maximize the health potential of school-age children by providing health support services in the school setting.

Objective

To maintain 85% of children who are able to attend school as a result of having a health care plan.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of student visits to school health rooms | 793,252 | 768,676 | 770,000/807,229 | 810,000 | 810,000 |
| Students with health plans | 50,188 | 58,800 | 60,000/66,887 | 67,000 | 67,000 |
| Efficiency | | | | | |
| Percent of students' health care plans established within 5 days* | 55% | 63% | 60%/60% | NA | NA |
| Ratio of PHN training hours to number of Fairfax County Public School staff trained to implement health care plans | NA | 1:20 | 1:25/1:17 | 1:17 | 1:17 |
| Service Quality | | | | | |
| Percent of parents/guardians who report their child's health condition was managed effectively in the school setting | 85% | 77% | 80%/84% | 80% | 80% |
| Outcome | | | | | |
| Percent of parents and guardians who report that their child was able to attend school as a result of having a health care plan | 82% | 85% | 85%/87% | 85% | 85% |

*Measure was replaced with new efficiency measure.

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Long Term Care Development and Services

Goal

To promote the health and independence of frail elderly and adults with disabilities, while offering them an alternative to more restrictive and costly long term care options; and to provide respite for family caregivers.

Objective

To provide adult day health care services to frail elderly and adults with disabilities, so that at least 90 percent of their family caregivers are able to keep them at home, in the community, preventing the need for more costly and often less desirable long-term care options.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|--|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Average daily attendance of participants | 95 | 91 | 95/90 | 95 | 100 |
| ADHC clients per year | 249 | 236 | 250/232 | 250 | 250 |
| Medicaid Pre-Admission Screenings Completed per year | 1,224 | 1,378 | 1,529/1,379 | 1,450 | 1,500 |
| Efficiency | | | | | |
| Net cost per ADHC client per day to the County | \$89 | \$93 | \$79/\$85 | \$89 | \$86 |
| Service Quality | | | | | |
| Percent of ADHC clients/caregivers satisfied with service | 99% | 97% | 95%/100% | 95% | 95% |
| Average # of calendar days between request for Medicaid Pre-Admission Screening and submission to Department of Medical Assistance Services for processing | 18 | 18 | 18/15 | 15 | 15 |
| Outcome | | | | | |
| Percent of participants who met the criteria for institutional level of care who were able to remain in the community | 92% | 96% | 92%/98% | 92% | 92% |
| Percent of caregivers who report experiencing less stress as a result of ADHC | 93% | 96% | 93%/96% | 93% | 93% |
| Percent of caregivers who report that the participant experienced a positive impact on their mood as a result of attending ADHC* | 93% | 85% | NA | NA | NA |
| Percent of caregivers who report that the participant has been more involved in meaningful activities since attending ADHC* | 78% | 81% | NA | NA | NA |

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FY 2019 Adopted Budget Plan: Performance Measures

| | | | | | |
|---|-----|-----|----|----|----|
| Percent of caregivers who report that the participant experienced a positive impact on their physical health as a result of attending ADHC* | 86% | 89% | NA | NA | NA |
|---|-----|-----|----|----|----|

*This measure is being discontinued.

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Community Health Development and Preparedness

Goal

To promote community resiliency and capacity to address emerging public health issues and optimize public health emergency response and recovery efforts.

Objective

To achieve at least 75 percent of community members served reporting intention to practice healthy behaviors.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of community members served through outreach and health promotion activities | 42,477 | 86,882 | 40,000/40,831 | 45,000 | 45,000 |
| Efficiency | | | | | |
| Cost of Community Outreach expenditures divided by the number of residents reached | \$11 | \$5 | \$13/\$11 | \$12 | \$12 |
| Service Quality | | | | | |
| Percent of community members satisfied with health promotion activities | 94% | 98% | 95%/92% | 95% | 95% |
| Outcome | | | | | |
| Percentage increase in the number of residents reached through integrated community outreach* | 81% | 105% | NA | NA | NA |
| Percent of community members served who report intent to practice healthy behaviors | NA | 78% | 75%/87% | 75% | 75% |

*Measure was replaced to better reflect customer outcomes.

Health Department

FY 2019 Adopted Budget Plan: Performance Measures

Objective

To maintain 90 percent of staff and volunteers reporting that they are better prepared for public health emergencies as a result of preparedness trainings and exercises with a long-term target of 95%.

Performance Indicators

| Indicator | Prior Year Actuals | | | Current Estimate | Future Estimate |
|---|--------------------|----------------|-------------------------|------------------|-----------------|
| | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate/Actual | FY 2018 | FY 2019 |
| Output | | | | | |
| Number of staff and volunteers who have completed required training | 1,164 | 1,163 | 1,200/930* | 1,200 | 1,250 |
| Efficiency | | | | | |
| Training cost expended per staff or volunteer** | \$35 | \$32 | NA | NA | NA |
| Ratio of training hours invested to volunteers hours leveraged | 1:22 | 1:29 | 1:25/1:51 | 1:30 | 1:35 |
| Service Quality | | | | | |
| Percent of staff and volunteers who have completed required training | 77% | 78% | 85%/63%* | 85% | 88% |
| Outcome | | | | | |
| Percent of staff and volunteers who report they are better prepared for public health emergencies as a result of preparedness trainings and exercises | 91% | 94% | 90%/98% | 95% | 98% |
| Percent of volunteers who reporting feeling a stronger connection to their community through their services | 89% | 88% | 85%/95% | 95% | 96% |

* Two (2) new required trainings were added in FY 2017, lowering the number of staff who had completed all required trainings. By the end of FY 2018 staff will have had time to complete the new required trainings per estimates above.

**This measure is being discontinued and replaced in order to better capture return on investment.