

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

---

### Public Health Administration and Operations

**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 60% of FCHD performance measurement estimates.

**Performance Indicators**

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of performance measures evaluated*	73	74	61/55	57	57
<b>Service Quality</b>					
Percent of quality and efficiency estimates met	52%	60%	60%/45%	60%	60%
<b>Outcome</b>					
Percent of performance measurement estimates met	66%	60%	60%/60%	60%	60%

\*FY 2019 estimate reflects the planned discontinuation of 17 clinic measures for Dental, DCIP and speech and hearing, and the addition of four new clinic measures. FY 2020 estimate reflects the projected discontinuation of five CHCN measures due to the transition to Federally Qualified Health Centers (FQHC).

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

---

### Community Health Development

#### Goal

To strengthen the capacity of the local public health system to address emerging public health issues through community engagement, health planning initiatives, and partnership development.

#### 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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of community members served through outreach and health promotion activities	40,831	33,838	35,000/42,769	35,000	35,000
Number of partner organizations collaborating on community health initiatives*	NA	NA	NA /154	162	170
<b>Efficiency</b>					
Cost of Community Outreach expenditures divided by the number of residents reached	\$11	\$14	\$17/\$14	\$18	\$18
<b>Service Quality</b>					
Percent of community members satisfied with health promotion activities	92%	97%	95%/97%	95%	95%
<b>Outcome</b>					
Percent of community members served who report intent to practice healthy behaviors	87%	77%	75%/86%	80%	80%

\*New measure added for FY2021 to capture capacity building and partnership development work. Previous years' data included when available.

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

---

### Emergency Preparedness

#### Goal

To ensure the department can anticipate, prepare for, effectively respond to, and recover from public health threats and emergencies, and meet community health preparedness needs.

#### Objective

To maintain at least 95 percent of staff and volunteers reporting that they are better prepared for public health emergencies as a result of preparedness trainings and exercises.

#### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of staff and volunteers who have completed required training	930	1,023	1,100/1,033	1,050	1,100
<b>Efficiency</b>					
Ratio of training hours invested to volunteer hours contributed	1:51	1:36	1:35/1:31	1:33	1:33
<b>Service Quality</b>					
Percent of staff and volunteers who have completed required training	63%	66%	70%/67%	70%	72%
<b>Outcome</b>					
Percent of staff and volunteers who report they are better prepared for public health emergencies as a result of preparedness trainings and exercises	98%	97%	98%/97%	97%	97%
Percent of volunteers who report experiencing a stronger connection to their community through their services	95%	91%	96%/91%	91%	91%

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

---

### Environmental Health

#### 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 percent of food service establishments demonstrating Food and Drug Administration (FDA) risk factor control measures to reduce the occurrence of foodborne illness at 95 percent or greater.

#### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of food service establishment inspections	8,179	8,626	7,900/9,048	8,700	8,800
<b>Service Quality</b>					
Percent of foodborne illness risk factor inspections conducted in food service establishments within the prescribed inspection frequency	98%	99%	95%/100%	95%	95%
<b>Outcome</b>					
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness	95%	95%	95%/97%	95%	96%

# Health Department

## FY 2021 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 percent or greater.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of onsite sewage disposal and water supply systems inspections	3,380	3,560	3,200/3,219	3,200	3,200
<b>Efficiency</b>					
Onsite Sewage Disposal and Water Well Program Cost Per Capita*	\$1.45	\$1.46	\$1.71/\$1.56	NA	NA
<b>Service Quality</b>					
Percent of Onsite Sewage & Water Program service requests responded to within 3 days	35%	39%	40%/39%	40%	40%
<b>Outcome</b>					
Percent of out-of-compliance onsite sewage disposal and water supply systems corrected within the specified time period	93%	94%	90%/90%	90%	90%

\* This measure was discontinued in FY 2020 as a result of organizational restructuring that combines all Onsite Inspections expenditures into one cost center.

# Health Department

## FY 2021 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 or greater.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of Environmental Health community-protection activities: inspections, permits, and service requests	31,423	42,853	30,000/43,009	35,000	40,000
<b>Efficiency</b>					
Environmental Health Cost Per Capita*	NA	NA	NA /\$5	\$6	\$5
<b>Service Quality</b>					
Percent of environmental complaints responded to within 3 days	58%	47%	60%/41%	50%	50%
<b>Outcome</b>					
Percent of environmental complaints resolved within 60 days	97%	82%	90%/90%	90%	90%

\*This measure was added in FY 2020 to better reflect the work of the combined cost center.

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

### Epidemiology and Population Health

**Goal**

To detect, prevent, prepare for, and respond to ongoing and emerging communicable and chronic 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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of screenings, investigations and treatment for selected communicable diseases*	29,445	27,474	29,000/34,480	NA	NA
Number of reportable communicable disease investigations**	NA	4,827	NA /5,185	5,300	5,300
<b>Efficiency</b>					
CD program cost per capita*	\$9	\$9	\$9/ N/A	NA	NA
Epidemiology and population health cost per capita**	NA	NA	NA /\$2	\$3	\$3
<b>Service Quality</b>					
Percent of communicable disease investigations conducted within the appropriate timeframe	78%	86%	85%/83%	85%	85%
<b>Outcome</b>					
Percent of individuals exposed to a confirmed norovirus outbreak who did not develop illness after the implementation of Health Department outbreak control measures*	94%	86%	90%/91%	NA	NA
Percent of communicable disease contacts who received prophylactic treatment to prevent the spread of disease**	NA	NA	NA /NA	90%	90%

\* These measures were discontinued in FY 2019 as a result of organizational restructuring.

\*\* These new measures were added in FY 2020 to better reflect the work of the division and cost center as a result of organizational restructuring.

# Health Department

## FY 2021 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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Tests reported	237,690	221,313	215,000/260,028	225,000	225,000
<b>Efficiency</b>					
Average cost/all tests	\$8	\$9	\$10/\$7	\$12	\$12
<b>Service Quality</b>					
Percent of laboratory clients satisfied with service	97%	97%	95%/98%	95%	95%
<b>Outcome</b>					
Average score on accuracy tests required for certification	97%	96%	95%/96%	95%	95%



# Health Department

## FY 2021 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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Rabies tests reported	428	430	450/437	430	430
<b>Efficiency</b>					
Cost/rabies test	\$179	\$191	\$174/\$196	\$191	\$191
<b>Service Quality</b>					
Percent of rabies tests involving critical human exposure completed within 24 hours	100%	98%	95%/99%	95%	95%
<b>Outcome</b>					
Percent of individuals prevented from unnecessary rabies post-exposure shots by timely receipt of negative lab results	100%	98%	95%/99%	95%	95%

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

---

### Health Services

#### Goal

To provide access to public health services that promote optimal health and wellbeing across the lifespan.

#### 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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of primary care visits provided through the Community Health Care Network*	30,925	35,388	50,250/38,263	NA	NA
Number of clients who received primary care through the Community Health Care Network*	11,662	16,837	15,000/11,920	NA	NA
<b>Efficiency</b>					
Net cost to County per visit*	\$327	\$271	\$209/\$291	NA	NA
<b>Service Quality</b>					
Percent of clients satisfied with their care at health centers*	91%	91%	95%/ NA**	NA	NA
<b>Outcome</b>					
Percent of Community Health Care Network clients with stable or improved health outcomes*	67%	73%	67%/73%	NA	NA

\*The Community Health Care Network contract ended in FY 2019 and data are not available for reporting.

\*\*With program transition at the end of FY 2019, actuals for patient satisfaction were not obtained.

# Health Department

## FY 2021 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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of pregnant women provided a public health assessment visit	3,030	2,613	2,700/2,533	2,700	2,700
<b>Service Quality</b>					
Percent of Nurse Family Partnership pregnant women retained through their entire pregnancy	75%	65%	80%/61%	75%	80%
<b>Outcome</b>					
Percent of pregnant women served who deliver a low birth weight baby	7.9%	7.3%	7.8%/7.8%	7.8%	7.8%

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

---

### 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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of vaccines administered to children	37,659	28,277	28,000/31,816	28,000	30,000
<b>Service Quality</b>					
Immunizations: Percent satisfied with service	90%	89%	90%/83%	85%	85%
<b>Outcome</b>					
Percent of children served by the Health Department who are up-to-date on immunizations at 24 months of age	62%	63%	60%/67%	64%	65%

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

### Objective

To ensure that clients have access to public health clinical services they need.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of clients served in public health clinics*	N/A	28,498	27,000/28,092	28,000	28,500
Dental: Patients screened**	2,746	1,462	NA / NA	NA	NA
Number of client visits to public health clinics*	N/A	47,699	45,000/47,755	47,000	47,500
Speech Language: Client visits**	3,084	3,099	NA / NA	NA	NA
Dental: New patients visits**	1,511	842	NA / NA	NA	NA
Dental: Total Patient visits**	2,909	3,016	NA / NA	NA	NA
<b>Efficiency</b>					
Percent of clients receiving clinic services as scheduled*	N/A	77%	75%/87%***	85%	85%
Speech Language: Net cost per visit**	\$227	\$230	NA / NA	NA	NA
Dental: Cost per visit**	\$357	\$342	NA / NA	NA	NA
Dental: Net cost to County**	\$274	\$256	NA / NA	NA	NA
<b>Service Quality</b>					
Percent of clients served in public health clinics who were satisfied with services*	N/A	86%	85%/84%	85%	85%
Speech Language: Percent of survey families who rate their therapy service as good or excellent**	100%	100%	NA / NA	NA	NA
Dental: Customer satisfaction index**	97%	97%	NA / NA	NA	NA
<b>Outcome</b>					
Rate of TB Disease/100,000 population	5.7	6.3	5.8/5.8	6.0	6.0
Percent of clients who report that the services they received at a public health clinic addressed their health need	98%	98%	98%/99%	98%	98%
Speech Language: Percent of students discharged as corrected; no follow-up needed**	93%	96%	NA / NA	NA	NA
Dental: Percent of treatment completed within a 12-month period**	33%	31%	NA / NA	NA	NA

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

---

\*New measures for the Health Services Division combine all public health clinic services, including dental health services and speech language services to replace service specific measures. Therefore, prior year actuals and estimates are not available for these new measures.

\*\*New measures for the Health Services Division combine all public health clinic services, including dental health services and speech language services to replace service specific measures; therefore, these measures are being discontinued.

\*\*\*Methodology for calculation of the show rate changed from FY 2018 to FY 2019

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

**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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Number of student visits to school health rooms	807,229	780,534	810,000/767,048	780,000	780,000
Students with health plans	66,887	81,376	67,000/90,563	97,500	103,000
<b>Efficiency</b>					
Percent of students' health care plans established within 5 days*	60%	NA	NA / NA	NA	NA
Ratio of PHN training hours to number of Fairfax County Public School staff trained to implement health care plans	1:17	1:17	1:17/1:25	1:17	1:25
<b>Service Quality</b>					
Percent of parents/guardians who report their child's health condition was managed effectively in the school setting	84%	72%	80%/77%	80%	80%
<b>Outcome</b>					
Percent of parents and guardians who report that their child was able to attend school as a result of having a health care plan	87%	73%	85%/84%	85%	85%

\*Measure was replaced with new efficiency measure.

# Health Department

## FY 2021 Adopted Budget Plan: Performance Measures

---

### Objective

To provide adult day health care services to frail elderly and adults with disabilities, so that at least 95 percent of participants are able to remain 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 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020	FY 2021
<b>Output</b>					
Average daily attendance of participants	90	98	108/103	113	124
ADHC clients per year	232	250	275/266	292	321
Medicaid Pre-Admission Screenings Completed per year	1,379	1,253	1,300/1,209	1,257	1,307
<b>Efficiency</b>					
Net cost per ADHC client per day to the County	\$85	\$82	\$78/\$85	\$72	\$63
<b>Service Quality</b>					
Percent of ADHC clients/caregivers satisfied with service	100%	100%	95%/98%	95%	95%
Average # of calendar days between request for Medicaid Pre-Admission Screening and submission to Department of Medical Assistance Services for processing	15	16	15/21	15	15
<b>Outcome</b>					
Percent of participants who met the criteria for institutional level of care who were able to remain in the community	98%	99%	93%/97%	95%	95%
Percent of caregivers who report experiencing less stress as a result of ADHC	96%	97%	95%/95%	95%	95%