

# Health Department

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

**Focus** The Fairfax County Health Department (FCHD) has five core functions: 1) preventing epidemics and the spread of disease; 2) protecting the public against environmental hazards; 3) promoting and encouraging healthy behaviors; 4) assuring the quality and accessibility of health services; and 5) 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.

In order for the FCHD to address the evolving health needs of the community while continuing to provide traditional public health services, a major restructuring of the department was implemented in FY 2020. The implementation of the new organizational structure, which has resulted in a new configuration of programmatic divisions, better aligns functional areas, positions the department to address the root causes of health inequity, and scales-up ongoing efforts to become a values-driven, high performing organization prepared to address 21<sup>st</sup> century public health challenges.



**10 Essential Public Health Services**

## Core Functions

### **Preventing Epidemics and the Spread of Disease**

Communicable disease surveillance, prevention, and control are core public health activities that are provided through many services within FCHD by a diverse team of providers (physicians, nurses, laboratory scientists, epidemiologists, community health specialists, emergency planners, and others). Several methods are used to control the spread of communicable disease. These methods include testing and/or treating those exposed; immunization; improving infection control at health facilities; social distancing to reduce interactions between persons with a communicable disease and those who are well; identifying and decreasing high-risk behaviors or exposures; and preventing further spread through public education. In addition, laboratory testing is essential to disease surveillance and the diagnosis of new and emerging infectious diseases, including testing to support efforts to address tuberculosis (TB), sexually transmitted infection, rabies, and vector-borne diseases.

In FY 2019, the FCHD realigned existing resources to form the Division of Epidemiology and Population Health. The division capitalized on the realignment and redirected resources to develop more robust surveillance and investigations of healthcare-associated infections as well as to enhance partnerships with hospitals and skilled nursing facilities within the Fairfax Health District, improving disease prevention, reporting, and public health response. This emphasis aligns with the overall objective of decreasing the spread of disease.

FCHD remains actively involved in treating and providing public health support to clients with active TB as well as assessing those with suspected TB. Sixty percent of the active TB cases in Virginia are residents of Northern Virginia. In response to the high rates of TB in Northern Virginia, a regional TB Taskforce was created in 2016. The Taskforce, through community engagement with those most at risk for Latent TB Infection (LTBI), created a regional marketing campaign, including print, transit, and digital media. The campaign ran from early spring to summer of 2019. In early FY 2020, the TB Taskforce began the work of analyzing data to determine the effectiveness of the campaign.

### **Protecting the Public against 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. Laboratory testing data is also fundamental to the early identification and remediation of environmental health hazards within the community. In support of EHS, the FCHD Laboratory offers a wide range of environmental testing services and maintains certification as a Certified Drinking Water Laboratory, in addition to performing bacterial and chemical monitoring and surveillance testing on County streams. The FCHD Laboratory also provides 24-hour turnaround time for rabies testing in animals for Fairfax County and surrounding jurisdictions to prevent individuals from receiving unnecessary rabies post-exposure shots.

The U.S. 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), offers 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, administered by EHS, has achieved and maintained conformance with eight of these nine standards and is recognized as a national model for applying these standards locally. In early FY 2019, NACCHO selected EHS for a seventh consecutive year to mentor other local health departments enrolled in the program standards. In late FY 2019, AFDO awarded two grants to EHS to support FCHD standards-related activities.

### **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 2019, the FCHD continued to redirect its media health promotion efforts from general movie theater advertisements to more targeted cable and online advertising. The use of digital advertising has proven to be a cost-effective means of reaching targeted audiences across multiple screens and platforms.

Health promotion is fundamental to a wide variety of functional areas within FCHD and, as such, is integrated across multiple program areas. In FY 2019, the Office of Emergency Preparedness and Response (EP&R) began direct outreach and education to residents and organizations representing residents with access and functional needs, especially those with disabilities or who are otherwise medically fragile. The School Health Program continued to evolve and expanded its reach beyond the support of individual students' health needs to the promotion of health among the greater school population. In addition, the department hired and certified three community health workers to work with the Federally Qualified Health Centers (FQHCs) and public health nurse liaisons to expand chronic disease case management capacity. As culturally competent mediators, community health workers are a cost-effective way to increase capacity, providing education and supportive interventions to increase patient's knowledge, skills, and confidence in adopting healthy behaviors and managing his/her chronic condition.

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, the Northern Virginia Clergy Council for the Prevention of HIV/AIDS, and other interfaith public health partners are critical partners for building community capacity to deliver and reinforce key public health messages within targeted communities.

### **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. The integration of health care services is also one of the County's strategic priorities for the local health system.

Under the direction of the Deputy County Executive for Health and Human Services, and in collaboration with Inova Health System and two nonprofit Federally Qualified Health Centers, a new primary care model was implemented in FY 2020 to strengthen and expand the County's safety net and improve access to integrated health care in the Fairfax community. The new primary care model includes the transition of community health care services to the two nonprofit Federally Qualified Health Centers located within Fairfax County. This transition allows families to be served within the same location (no longer requiring children to be seen outside of the old Community Health Care Network program) and to remain with their medical provider, regardless of payer source.

In FY 2019, the FCHD implemented a plan to integrate behavioral health and public health services in the Sexually Transmitted Infection Clinic. Public health nurses and behavioral health therapists worked collaboratively to provide screening, brief intervention, and referral to treatment for clients who screen positive for substance use, depression, intimate partner violence, and/or tobacco use. 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.

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 relief from the daily caregiving needs of their loved ones. In May of FY 2019, the new Lewinsville Multi-Service Center was completed. This campus includes two new buildings: one is a low-income senior living facility while the other is an intergenerational building that houses two privately operated childcare centers, the Lewinsville ADHC program, and a Senior Center (operated by the Department of Neighborhood and Community Services).

### **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. The Office of Emergency Preparedness and Response (EP&R), which includes the Fairfax Medical Reserve Corps (MRC), prepares staff, volunteers, the community, and other partners to prepare for, respond to, recover from, and mitigate public health emergencies.

EP&R coordinates all emergency preparedness, response, and recovery planning, logistics, training, and exercise activities for department staff and MRC volunteers, and ensures local and regional health and medical coordination before, during, and after emergencies that impact the public health and healthcare systems. EP&R coordinates the department's compliance with local, state, and federal mandates and requirements and coordinates on a local, regional, state, and federal level to further public health emergency preparedness goals. At the local and regional levels, EP&R coordinates and/or supports multiple preparedness planning initiatives with response partners and community organizations.

In FY 2019, EP&R coordinated the department's response to five incidents impacting public health, including infectious disease investigations, the Baileys Crossroads apartment fire mass care shelter, and severe weather. In addition, EP&R provided 89 training and exercise opportunities; launched a health preparedness campaign to prepare residents for the impacts of emergencies on their health and medical needs; successfully completed a federally mandated review of its mass medication dispensing plans; and led the initiative of 21 counties and cities across four states to exercise regional medication dispensing plans at all levels of government.

### **Planning and Accreditation**

In 2019, the FCHD completed the final year of implementation of its Strategic Plan for 2014-2019, which outlined goals and objectives to strengthen the department's capacity to deliver the 10 EPHS. An interdisciplinary Strategic Planning Committee was convened in FY 2019 to examine the factors and trends impacting the department and update the strategic plan to begin implementation in calendar year 2020. The revised plan will continue to address the challenge of securing and retaining resources for ongoing activities that are critical to the community, while seizing opportunities to leverage community assets and other resources that enable the department to reorient towards population-based programs focusing 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 initiatives, such as local public health department accreditation. In May 2016, the FCHD was accredited by the Public Health Accreditation Board, 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 275 local, state, and tribal health departments having achieved accreditation nationwide. In FY 2019, the department convened a new Performance Excellence Leadership Council to improve the alignment and integration of the components of its performance management system, which includes the use of performance standards to guide practice, the monitoring of program performance measures, the regular reporting of performance results, and quality improvement efforts to improve performance. Engaging in these performance improvement activities lays the foundation for improved protection, promotion, and preservation of community health.

## **Improving Organizational Capacity to Fulfill the Evolving Role of Public Health**

Effectively addressing 21<sup>st</sup> 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: 1) a community perspective; 2) population-based data; 3) evidence-based practice; 4) an emphasis on outcomes; and 5) 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 sponsored coalitions, such as the Partnership for a Healthier Fairfax and the Fairfax Food Council, contribute to multi-sector efforts to improve health and quality of life for all in the community. In FY 2019, the Partnership for a Healthier Fairfax closed out its 2013-2018 Community Health Improvement Plan with over 90 percent of key actions performed or in progress. The FCHD facilitated the Partnership's second Community Health Improvement Plan development process with a new plan for 2019-2023, which was created and adopted by the Partnership for a Healthier Fairfax in December 2018.

## **Recruiting, Training, and Retaining 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, foundational capabilities within the department that provide the flexibility required to meet traditional as well as changing public health needs.

Over the past several years, FCHD has provided training to staff to enhance the specialized knowledge and skills in core public health disciplines. In addition, efforts have been made to focus on competency expansion with strategic skills development around systems thinking, change management, data analysis, and policy engagement to prepare staff for the cross-sector and leadership work required to effectively address the social, economic, and community-based determinants of health. In FY 2019 and FY 2020, FCHD began work to assess staff across the department on public health core competencies, providing insights that will inform future workforce development strategies. In addition, in late FY 2019, the first cohort of staff began an academic program, in partnership with George Mason University, to earn a public health graduate certificate. The second cohort will begin in late FY 2020.

## **Investing in Technology to Improve Efficiency and Service Delivery**

For the FCHD service delivery system to be efficient and effective, it must have an operational technology foundation with the right tools and resources to meet program needs. In FY 2019, the FCHD further expanded technology platforms that provide self-service portals for provider partners and automate workflows in key program areas. In FY 2019 and FY 2020, the FCHD Division of Epidemiology and Population Health made significant improvements to its public health data analytics capabilities. Partnering with VDH and other resources, FCHD has begun establishing models for visualizing trends and statistics in communicable disease, opioid use, and other population-based health issues.

The FCHD continues to participate in key, enterprise IT projects, that include the Health Care Services Information System (HCSIS), an Electronic Health Record (EHR), and the multi-agency Land Development Services System Replacement project, scheduled to be implemented in spring 2020, with expanded functionality planned through FY 2022. In FY 2019, the FCHD Laboratory promoted hardware and software upgrades to enhance the existing Laboratory Information System and purchased SoftMedia. The Office of Emergency Preparedness and Response also instituted new electronic systems to communicate more effectively with community organizations and other stakeholders during public health emergencies and to track trainings and competencies for public health responders on the department's Incident Management Team.

### Revenue Sources

The FCHD operates as a locally administered health department with support from the state based on a formula set by the General Assembly. For FY 2021, it is anticipated that the state will contribute a total of \$9,426,509 to support FCHD services, with additional financial support 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 services. Fees are also collected for x-rays, speech and hearing services, pregnancy testing, laboratory tests, pharmacy services, immunizations, Sexually Transmitted Infection clinical services, Adult Day Health Care, and death certificates and other vital records. Eligible clinical and laboratory services are billed to Medicare, Medicaid, and other third-party payers.

### Relationship with Boards, Authorities and Commissions

The FCHD works closely with and supports two 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 residents. 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. In FY 2019, The HCAB worked with other community partners to expand the continuum of senior housing services available to Fairfax residents, which culminated in the Board of Supervisors amending the Fairfax County Zoning Ordinance and Comprehensive Plan.
- The Fairfax Area Long Term Care Coordinating Council (LTCCC) 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.

### Pandemic Response and Impact

The FCHD has served as the lead response agency for the COVID-19 pandemic and, as such, has been actively engaged in both community facing and internal County activities. Below are examples of work FCHD has engaged in. The list is not exhaustive but serves to highlight and demonstrate the types of activities conducted through May 2020 by the department.

- Redeployed 359 internal staff to COVID-19 response roles.
- Communicated with private physician community regarding COVID-19 testing and management by health alerts and webinars.
- Provided Personal Protective Equipment (PPE) to dental, medical, and long-term care community to ensure safe services were provided.
- Coordinated with safety net providers, hospitals, and urgent care sites to increase testing capacity with a particular focus on communities of risk.
- Provided guidance to County agencies and departments on COVID-19 related modifications necessary to support essential services and address any specific exposures that might occur.
- Consolidated service sites and suspended several service lines to ensure staff are available to respond.
- Established a call center which has responded to 10,566 calls from the public and made 19,414 calls to residents in support of contact investigations.
- Conducted a total of 1,069 COVID-19 tests in the Fairfax County Public Health Laboratory.
- Conducted 10,690 contact investigations.
- Established and deployed Rapid Response Teams approximately 150 times (including repeat visits) to 40 Long Term Care Facilities (LTCFs) and 24 other congregate setting facilities. Established a nurse liaison program with LTCFs that ensures an in-person visit to each LTCF by a public health nurse as long as the facility continues to be impacted by COVID-19.
- Performed 7 Point Prevalence Surveys at LTCFs; performed 1 on-site point of collection at Lynbrook Elementary School.
- Mailed 465,000 COVID-19 toolkit mailers to households across Fairfax County as well as the cities of Fairfax and Falls Church.
- Responded to 253 media requests.

#### Contact Tracing Program

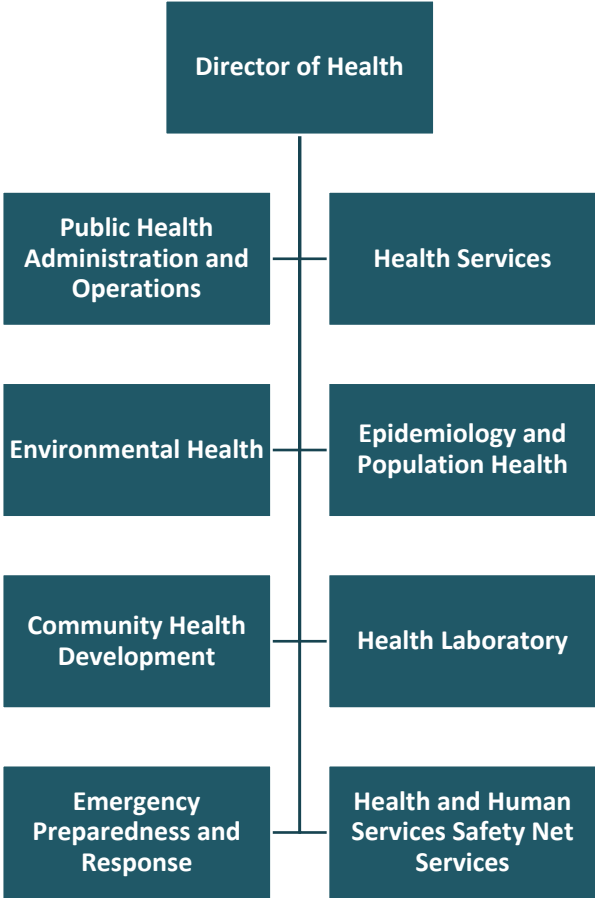
As the County moves into the next phase of re-opening, the Health Department will significantly expand the contact tracing and case investigation program. The Health Department has contracted with the Institute for Public Health Innovation (IPHI) to help implement this effort. IPHI will hire up to 330 case and contact interview employees, who will be employees of IPHI and deployed to the Health Department to support contact tracing efforts. These employees, along with existing Health Department staff, will be utilized for the contact tracing and case investigation program which includes interviewing individuals who are confirmed or probable COVID-19 patients along with reaching out to individuals who have come in contact with the COVID-19 patient. Public health staff on this team reach out to and warn these contacts of their potential exposure as rapidly and sensitively as possible. As staff speak with contacts, they help individuals assess risk and share information and instructions for self-monitoring, isolation, and staying healthy.

Additionally, IPHI will be providing up to 70 Community Health Workers. The Community Health Worker collaborates with contact tracing teams, the Health Department Outreach Team, and the community to provide culturally competent supports and communication to individuals and families in following COVID-19 related self-isolation or quarantine protocols, through health education, coaching, modeling and reinforcing recommended health messages, and identifying and addressing

barriers to programs and services needed to safely self-isolate and quarantine. The Community Health Worker facilitates connections between individuals and families in diverse communities to community-based programs, services and resources for food, transportation, shelter, physical and mental healthcare, child and elderly care, and other social supports by utilizing neighborhood or community-level knowledge and familiarity.

In addition to the IPHI contract, the Health Department will also add 35/35.0 FTE new Public Health Nurse positions. These positions will support case and contact investigations and public health interventions in high risk settings and communities. The Health Department will immediately begin recruitment of these positions and the positions will be formally approved by the Board as part of the *FY 2020 Carryover Review*. After the pandemic is over, these positions will be redeployed to the School Health program to address the nurse to student ratio. Based on modest Fairfax County Public Schools enrollment growth, this will bring the nurse to student ratio to 1:1,990. This is just under the 1:2,000 target.

**Organizational Chart**





**Budget and Staff Resources**

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>FUNDING</b>					
<b>Expenditures:</b>					
Personnel Services	\$42,078,082	\$45,797,285	\$45,797,285	\$48,463,103	\$47,823,081
Operating Expenses	19,938,176	19,752,991	20,824,135	20,033,499	19,891,991
Capital Equipment	286,548	0	209,354	0	0
<b>Total Expenditures</b>	<b>\$62,302,806</b>	<b>\$65,550,276</b>	<b>\$66,830,774</b>	<b>\$68,496,602</b>	<b>\$67,715,072</b>
<b>Income:</b>					
Elderly Day Care Fees	\$1,047,551	\$998,960	\$998,960	\$998,960	\$998,960
City of Fairfax Contract	1,387,057	1,387,057	1,224,275	1,491,937	1,491,937
Elderly Day Care Medicaid Reimbursement	307,178	297,196	307,178	316,393	307,178
Falls Church Health Department	377,144	387,050	387,050	387,050	387,050
Licenses, Permits, Fees	3,783,348	3,895,147	3,877,745	3,958,307	3,877,745
Recovered Costs - Health Department	1,465,971	0	0	0	0
Reimbursement - School Health	3,995,766	3,995,766	3,995,766	3,995,766	3,995,766
State Reimbursement - Health Department	9,231,848	9,360,715	9,426,509	9,426,509	9,426,509
<b>Total Income</b>	<b>\$21,595,863</b>	<b>\$20,321,891</b>	<b>\$20,217,483</b>	<b>\$20,574,922</b>	<b>\$20,485,145</b>
<b>NET COST TO THE COUNTY</b>	<b>\$40,706,943</b>	<b>\$45,228,385</b>	<b>\$46,613,291</b>	<b>\$47,921,680</b>	<b>\$47,229,927</b>
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	668 / 596.09	675 / 603.09	719 / 647.59	723 / 650.72	738 / 665.72

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

**FY 2021 Funding Adjustments**

*The following funding adjustments from the FY 2020 Adopted Budget Plan are necessary to support the FY 2021 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 12, 2020.*

**New Positions Supporting Coronavirus Response \$686,366**

An increase of \$686,366 and 8/8.0 FTE new positions is included to continue to address the COVID-19 pandemic and will address anticipated short- and long-term needs of the department. These positions will increase the department's capacity to plan for, respond to, and recover from large-scale infectious disease outbreaks and pandemics, with the immediate focus on the COVID-19 response. It should be noted that an increase of \$320,332 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$1,006,698. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

**Public Health Nurses Supporting the School Health Program \$627,878**

An increase of \$627,878 and 7/7.0 FTE new positions is included to begin to address the Public Health Nursing shortage in the school setting. The County has been steadily addressing the needs of the School Health program for several years and has proposed a multi-year approach to increasing the number of public health nurses supporting Fairfax County Public Schools. This is year one of the six-year proposal to meet the County program target of a 1:2,000 public health nurse to student ratio. It should be noted that an increase of \$293,994 in Fringe Benefits funding is included in Agency

89, Employee Benefits, for a total cost of \$921,872. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

**Funding for Positions Supporting Coronavirus Response** **\$423,397**

As previously approved by the Board of Supervisors as part of the *FY 2020 Third Quarter Review*, an increase of \$423,397 is included to support additional positions in the Office of Emergency Preparedness and Response to immediately address the COVID-19 outbreak. It should be noted that an increase of \$212,430 in Fringe Benefits funding is included in Agency 89, Employee Benefits. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

**Funding to Support Health Department Operations** **\$180,000**

An increase of \$180,000 in Personnel Services is included to support Health Department operations.

**Nursing Services for Medically Fragile Students** **\$140,000**

An increase of \$140,000 in Operating Expenses is included to address the increase in one-on-one nursing services for medically fragile students enrolled in Fairfax County Public Schools. The Medically Fragile program serves both full-time and pre-school students, and if a student is found eligible, services are mandated under federal law. Cases are reviewed by a multidisciplinary team of experts who recommend services based on the medical need of a student. The Health Department coordinates, manages, and financially supports these nursing services. Over the last several years there has been an increase in demand for one-on-one nursing services and the demand is expected to continue to grow in the coming years as more medically fragile students are entering the school system at the age of pre-school and remaining in the system until the completion of their school years. Additionally, the complexity of care and the number of hours required per student continues to grow.

**School Health Aides Supporting the School Health Program** **\$120,022**

An increase of \$120,022 and 3/2.13 FTE new positions is included for school health aide positions at North West County Elementary School, which is scheduled to open for the 2020-2021 school year, as well as Bryant High School and Mountain View High School. A school health aide position is added when a new school is opened. Bryant High School and Mountain View High School are alternative high schools that do not currently have dedicated school health aide positions; however, based on the acuity levels of the students, the principals have requested additional support. It should be noted that an increase of \$51,194 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$171,216. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

**Position Supporting Epidemiology** **\$102,133**

An increase of \$102,133 and 1/1.0 FTE new position is included to support the Epidemiology and Population Health program. The new position will continue to build Epidemiology capacity to meet the County's cross agency and community needs. Continuing to build epidemiological capacity is crucial to enhance the County's ability to prevent and control infectious diseases as well as develop capability to monitor the health status of the community and guide new approaches to the delivery of population-based health services to reduce health inequities. It should be noted that an increase of \$48,195 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$150,328. For more information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area of Volume 1.

**Anti-Parasitic Medication** (\$115,000)

A decrease of \$115,000 in Operating Expenses is included due to a change in how the Health Department is dispensing anti-parasitic medication to clients in the Refugee Program. These costs are completely offset by a corresponding revenue reduction for no net impact to the General Fund.

**Changes to  
FY 2020  
Adopted  
Budget Plan**

*The following funding adjustments reflect all approved changes in the FY 2020 Revised Budget Plan since passage of the FY 2020 Adopted Budget Plan. Included are all adjustments made as part of the FY 2019 Carryover Review, FY 2020 Third Quarter Review, and all other approved changes through April 30, 2020.*

**Carryover Adjustments** \$1,280,498

As part of the *FY 2019 Carryover Review*, the Board of Supervisors approved funding of \$1,280,498 for encumbered funding, including \$1,186,084 in Operating Expenses and \$94,414 in Capital Equipment.

**Positions Supporting Coronavirus Response and Ongoing Efforts** \$0

As part of the *FY 2020 Third Quarter Review*, the Board of Supervisors approved 5/5.0 FTE new positions for the Health Department's Office of Emergency Preparedness and Response to immediately address the COVID-19 outbreak. However, once the Coronavirus threat has passed, these positions will be redeployed to expand the emergency training and exercise capabilities of the Health Department to meet the varied educational and experiential needs of its large audiences and the community. As the Health Department's emergency preparedness, response, and recovery program has matured over the past decade, a widening gap has developed between existing preparedness resources and the increasing demands and changing dynamics of public health preparedness. This includes significant work necessary to engage faith communities and multicultural groups in public health preparedness endeavors to improve community resilience and to ensure equity in emergency planning representation and response and recovery service delivery.

**Public Health Nurses for School Health Program** \$0

As part of the *FY 2020 Third Quarter Review*, the Board of Supervisors approved 2/2.0 FTE new positions as a result of Fairfax County Public Schools (FCPS) funding 2/2.0 FTE nursing positions to address Public Health Nursing shortages in the school setting. Since the school health program is operated and managed by the Health Department, the 2/2.0 FTE new Public Health Nurse II positions are included in the Health Department budget; however, costs associated with the positions will be fully reimbursed by FCPS.

**Reclassification of Non-Merit Benefits Eligible Positions to Merit** \$0

As part of an ongoing Board-directed review of the County's use of limited-term staffing, 37/37.0 FTE new merit positions are included due to the reclassification of non-merit benefits-eligible positions to merit status. These are part of a total of 235 positions that were identified in the *FY 2019 Carryover Review* across all County agencies as candidates for possible conversion based on the tasks performed by each position and the hours worked by incumbents. No additional funding has been included as the work hours of these positions are expected to remain largely unchanged.

## Cost Centers

The Health Department is divided into eight cost centers which work together to fulfill the mission of the department. They are: Public Health Administration and Operations, Community Health Development, Emergency Preparedness and Response, Environmental Health, Epidemiology and Population Health, Health Laboratory, Health Services, and Health and Human Services Safety Net Services.

### Public Health Administration and Operations

Public Health Administration and Operations provides overall department guidance and administration including agency leadership, program development and monitoring, fiscal stewardship, human resources, and informatics. A primary focus of agency leadership is working with the community, private health sector, governing bodies, and other jurisdictions within the Northern Virginia region and the Metropolitan Washington area to maximize resources available in various programmatic areas.

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$3,797,129	\$3,046,592	\$3,228,593	\$3,304,269	\$3,232,592
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	21 / 20.5	28 / 27.5	33 / 33	33 / 33	33 / 33

### Community Health Development

Community Health Development serves to strengthen the local public health system through community engagement, health planning initiatives, and partnership development. The division works to improve health outcomes by engaging target populations and ensuring that interventions and messaging are culturally and linguistically appropriate. Several of its program areas support essential department-wide functions, including strategic planning, communications, community outreach, health promotion, and partnership development.

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$1,269,430	\$1,412,510	\$1,412,699	\$1,450,371	\$1,722,088
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	21 / 21	17 / 17	24 / 24	22 / 22	28 / 28

## Emergency Preparedness and Response

Emergency Preparedness and Response ensures the department can anticipate, prepare for, effectively respond to, and recover from public health threats and emergencies as well as meet community health preparedness needs. Preparedness activities include inter- and intra-departmental coordination, logistics and resource management, planning and capability building, training and exercising, community health preparedness, and volunteer management. These activities improve readiness and community resiliency while ensuring staff and volunteers are adequately trained and prepared to respond to emergencies that impact public health. The Medical Reserve Corp expands the department's capacity in public health emergencies and supports traditional public health activities.

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$422,658	\$590,837	\$591,284	\$611,084	\$1,180,934
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	0 / 0	6 / 6	11 / 11	6 / 6	13 / 13

## 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: Consumer Protection Program, Onsite Sewage and Water Program, and Disease Carrying Insects Program (Fund 40080, Integrated Pest Management Program, Volume 2). 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 public to encourage healthy behaviors and maintain voluntary, long-term compliance with state and local regulations.

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$4,582,311	\$5,545,403	\$5,559,500	\$5,730,326	\$5,545,403
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	62 / 62	61 / 61	64 / 64	64 / 64	64 / 64

## Epidemiology and Population Health

Epidemiology and Population Health improves the health and well-being of County residents through the identification, investigation, control, and prevention of acute and chronic health conditions. For communicable diseases, this includes surveillance for reportable diseases, investigation of disease cases and outbreaks, identification of causative factors, and intervention to reduce disease occurrence. For non-communicable conditions (e.g., obesity, food insecurity, opioid and other substance use), the division analyzes and shares data and monitors trends to promote situational awareness and support decision-making; identifies racial, ethnic, and socioeconomic disparities in disease occurrence; identifies underlying factors that contribute to disease and health disparities and proposes evidence-based solutions to address those factors; supports development and implementation of preventive interventions; monitors, evaluates, and improves the quality of programs; provides expertise in data collection, analysis, and use; and engages in research to improve prevention and health outcomes.

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$0	\$2,210,865	\$2,210,865	\$2,288,728	\$2,414,953
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	0 / 0	22 / 22	25 / 25	27 / 27	28 / 28

## Health Laboratory

The FCHD Health Laboratory provides medical and environmental laboratory testing in support of the Health Department's public health clinics and environmental services. The FCHD Health Laboratory offers a wide range of testing services to aid in the diagnosis, treatment, and monitoring of diseases of public health significance. These services support Health Department programs such as Tuberculosis, Sexually Transmitted Infection, Rabies, and the Disease Carrying Insects Program, as well as mandated environmental tests and substance abuse tests for other County agencies.

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$2,510,119	\$2,543,180	\$2,869,980	\$2,600,277	\$2,543,180
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	17 / 17	16 / 16	23 / 23	23 / 23	23 / 23

## Health Services

Health Services includes programs and interventions across the lifespan to encourage healthy behaviors, prevent the spread of disease, and provide treatment to those most in need. Programs include: Maternal Child Health, School Health, Women, Infant and Child Supplemental Nutrition, Public Health Clinical Services including Pharmacy, Immunizations, Maternity, Dental, Homeless HealthCare, Speech and Hearing, and Newcomer Health, Integrated Health Services; and Long-Term Care services including Adult Day Health Care.

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$38,887,332	\$50,200,889	\$41,451,837	\$43,193,630	\$41,871,128
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	540 / 468.59	525 / 453.59	539 / 467.59	548 / 475.72	549 / 476.72

## Health and Human Services Safety Net Services

Health and Human Services Safety Net Services assures Fairfax County residents have access to integrated primary care, regardless of their ability to afford care or maintain fixed insurance coverage. This primarily includes financial support to the two nonprofit Federally Qualified Healthcare Centers and additional assistance for patients who cannot afford prescriptions, specialty care, or other related health care needs.

Category	FY 2019 Actual	FY 2020 Adopted	FY 2020 Revised	FY 2021 Advertised	FY 2021 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$10,833,827	\$0	\$9,506,016	\$9,317,917	\$9,204,794
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	7 / 7	0 / 0	0 / 0	0 / 0	0 / 0

## Position Detail

The FY 2021 Adopted Budget Plan includes the following positions:

<b>PUBLIC HEALTH ADMINISTRATION AND OPERATIONS - 33 Positions</b>					
1	Director of Health		1	Human Resources Generalist III	
3	Deputy Directors for Health Department		1	Human Resources Generalist II	
1	Division Director Public Health Strategic Ops		1	Human Resources Generalist I	
3	Management Analysts IV		1	Financial Specialist III	
1	Program and Procedures Coordinator		2	Financial Specialists II	
1	Business Analyst IV		1	Financial Specialist I	
3	Business Analysts III		3	Administrative Assistants V	
1	Business Analyst I		4	Administrative Assistants IV	
1	Management Analyst II		2	Administrative Assistants III	
2	Management Analysts I				
<b>COMMUNITY HEALTH DEVELOPMENT - 28 Positions</b>					
1	Director Community Health Development		2	Communications Specialists II	
1	Management Analyst IV		1	Internet/Intranet Architect I	
6	Management Analysts III		14	Community Health Specialists [+4]	
1	Public Safety Information Officer IV		1	Administrative Assistant III	
1	Public Safety Information Officer III				





## **Public Health Administration and Operations**

Public Health Administration and Operations, composed of the Health Director and supporting staff, oversees the FCHD General Fund Budget of \$67,715,072 and all the department's performance objectives. In addition, the department anticipates receiving grants totaling approximately \$4,689,218 and revenue of \$20,485,145 in FY 2021. The department achieved its target to meet 60 percent of all the performance measurement estimates set for FY 2019. However, estimates for quality and efficiency measures decreased to 45 percent, thereby missing the target of 60 percent. The reasons are explained in the respective cost centers' performance measurement results sections. Adjustments have been made to FY 2020 estimates to reflect more realistically achievable targets in the areas of efficiency and quality.

## **Community Health Development**

Community Health Outreach serves as a resource for FCHD and other County programs, helping them link with communities and provide residents with information about services, disseminate important health messages, engage in direct health education, and build community capacity to improve health. In FY 2019, the team reached nearly 43,000 individuals. Of those surveyed, 97 percent were satisfied with the health promotion activities provided. As a result of these efforts, 86 percent of survey respondents reported an intent to practice healthy behaviors. The Community Health Outreach team assisted in mobilizing community engagement from multicultural residents to participate in the 50+ survey and the County Strategic Plan survey. Outreach activities in FY 2021 will continue to expand beyond the initial 64 Champions from 12 interfaith communities who are engaged in expanding capacity within their houses of worship to address health and well-being.

## **Emergency Preparedness and Response**

In FY 2019, the department's response to multiple public health emergencies, coupled with the increased variety and frequency of preparedness and response trainings, exercises, and activities improved the preparedness of staff and volunteers to fulfill their responsibilities as emergency responders. Ongoing efforts will focus on providing new, more robust, and more frequent training and exercise opportunities for staff, volunteers, and partner organizations. Emergency Preparedness and Response staff collect 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 2019, 97 percent of staff and volunteers surveyed indicated that they were better prepared as a result of participating in an emergency preparedness training or exercise.

## **Environmental Health**

### **Consumer Protection Program:**

The Consumer Protection Program (CPP) currently has oversight of 4,011 permitted facilities that include 3,797 food establishments and 214 other commercial establishments. CPP also conducts health inspections for other licensing agencies and responds to reports of public health or safety menaces. In FY 2019, Environmental Health implemented a more defined process for screening environmental complaints to determine the best means to respond which can require interagency coordination and referral. Environmental Health was able to resolve 90 percent of environmental complaints within 60 days in FY 2019, up from 82 percent in FY 2018.

CPP categorizes food establishments and conducts inspections on a risk and performance-based frequency. Depending on its assigned category, a food establishment is inspected one, two, or three times within a 12-month period. For a food establishment with a poor compliance history, CPP provides additional tailored services (e.g., inspection, onsite training, and risk control plan) to help the establishment achieve long-term compliance with the regulations. In FY 2019, food establishment inspections were completed per regulatory mandates with 100 percent of those inspections being

conducted within the prescribed risk and performance-based inspection frequency. In FY 2019, CPP evaluated the effectiveness of the regulatory food program's services and found that 97 percent of all food establishments follow the Food and Drug Administration risk factor control measures to reduce foodborne illness. In FY 2020, 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 and Water Program:**

The Onsite Sewage and Water Program focuses on disposal systems and private well water supplies to ensure proper construction, operation, and maintenance. During FY 2019, 90 percent of sewage disposal system violations and well water system deficiencies were corrected within 60 days.

### **Disease Carrying Insects Program (DCIP):**

Mosquitoes, ticks, and other vectors are responsible for transmitting pathogens that can result in life-changing illnesses such as West Nile Virus (WNV), Lyme disease, and Zika. The program uses principles of integrated mosquito management that combines public education, surveillance, and vector control to help protect the public from mosquito and tick-borne diseases. DCIP activities are funded through Fund 40080, Integrated Pest Management Fund in Volume 2. For performance measurement information related to the DCIP, refer to the Fund 40080 narrative.

### **Epidemiology and Population Health**

The number of Communicable Disease screenings, investigations, and treatments for selected diseases was 34,480 during FY 2019, an increase from prior years. The percent of communicable disease investigations conducted within the appropriate timeframe decreased from 86 percent in FY 2018 to 83 percent in FY 2019. The increase in the number of investigations in FY 2019 reflects increasing trends in the occurrence of sexually transmitted infections, increased screening for latent tuberculosis infections, and improved surveillance for chronic hepatitis. In addition, annual differences occur in the specific pathogens that circulate in the community. In FY 2020, FCHD will continue to conduct disease investigations and respond to outbreaks, while continuing to enhance prevention efforts, particularly for healthcare-associated, emerging, and drug-resistant infections.

Population Health is a new function in the division with two epidemiology positions focusing on chronic diseases, violence, substance use, behavioral health, and health equity. It is anticipated that new Population Health performance measures will be included in the [FY 2022 Advertised Budget Plan](#).

### **Health Laboratory**

A continuing focus of laboratory performance is the average cost per test. The average cost per test in FY 2019 (\$7) was lower than FY 2018 (\$9) due to increased test volume. Future projected cost per test reflects increased costs of supplies and personnel costs. In addition to average cost, quality improvement is an ongoing process. The FCHD Laboratory distributes an annual Customer Satisfaction Survey to measure whether services provided meet or surpass the needs of clients. The FCHD Laboratory continued to maintain a high level of customer satisfaction in FY 2019 with 98 percent of customers reporting they were satisfied with current services.

To achieve and maintain certification through regulatory authorities, 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 Environmental Protection Agency approved environmental studies. The FCHD Laboratory continued to maintain a high degree of accuracy as measured by its FY 2019 scoring average of 96 percent on accuracy tests required for certification.

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 FCHDL 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 goal of 95 percent of individuals prevented from unnecessary rabies post-exposure shots and reported rabies test results in less than 24 hours on 99 percent of critical human exposures to potentially rabid animals. Of the 437 rabies tests conducted, 20 individuals were confirmed to have been exposed to rabid animals. The savings in medical costs associated with the 299 individuals exposed to potentially rabid animals with negative test results is estimated at \$1,196,000.

### Health Services

#### **Maternal Child Health Services:**

The number of Public Health Assessments provided to pregnant women in the FCHD district offices decreased by three percent in FY 2019. This reduction is comparable to the nearly five percent decline in total deliveries reported to the FCHD in FY 2019 by Inova Cares Clinic for Women. Service delivery data and potential contributing factors to these declines will continue to be monitored and assessed over this next year.

FCHD's Home Visiting Programs includes two evidence-based programs (Healthy Families Fairfax and Nurse Family Partnership) and one evidence-informed program (Maternal Child Health Field). Maternal Child Health home visiting services declined seven percent from 2,031 clients in FY 2018 to 1,882 in FY 2019. The percent of Nurse Family Partnership pregnant women retained through their entire pregnancy decreased in FY 2019 from 65 percent to 61 percent, significantly lower than the 90 percent national Nurse Family Partnership target. The client retention rate during pregnancy was also below the state rate of 66 percent in FY 2019. In FY 2020, the Nurse Family Partnership program initiated a Quality Improvement project focusing on improving attrition and retention rates.

The percent of births through Inova Cares Clinic for Women classified as low birth weight (LBW: less than 2,500 grams) increased from 7.3 percent in FY 2018 to 7.8 percent in FY 2019. This is consistent with the national low birth weight target of 7.8 percent established by Healthy People 2020. Given the increase in LBW infants, FCHD and Inova Cares Clinic for Women plan to intensify their efforts to address contributing factors such as poor maternal nutritional status and adequacy of prenatal care. During FY 2019, the agency participated in the Virginia Neonatal and Perinatal Collaborative, whose mission is to ensure that every mother has the best perinatal care and every infant cared for in Virginia has the best possible start to life. The current focus of the collaborative is to address the disparities contributing to the rising maternal mortality rate in the Commonwealth of Virginia.

In FY 2019, 31,816 vaccines were administered to 9,057 infants and children up to 18 years of age, which is a 13 percent increase over FY 2018. FCHD continues to serve an ethnically and culturally diverse population, with a commitment to removing barriers (e.g., language, literacy, transportation, cultural beliefs), increasing access to health care, and promoting health equity. The FCHD will closely monitor service delivery data as well as the immunization status of the community in order to protect all residents from vaccine-preventable diseases.

The percent of children served who completed the recommended vaccine series by 24 months of age continues its upward trend from 63 percent in FY 2018 to 67 percent in FY 2019 (Up-to-Date Report, Quarter 1, January–March 2019, Virginia Department of Health). This may be due to the implementation of a reminder telephone call system. FCHD vaccine coverage rate has consistently remained below the goal of 90 percent because Fairfax has a highly transient population and, therefore, children who receive their initial vaccines at the FCHD do not always complete them before relocating. However, by the time of school entry a much higher percentage of children are adequately immunized, with an 84 percent kindergarten entry immunization rate (Comprehensive Clinical Assessment Software Application [CoCASA] FY 2019). This is attributed to the state law which establishes minimum vaccination requirements for school entry to lower the incidence of vaccine preventable diseases.

### **Public Health Clinical Services:**

The clinic services experienced a slight increase in visits from 47,699 in FY 2018 to 47,755 in FY 2019. The satisfaction rate among clients remains high at 99 percent, indicating the degree to which clinic services met their needs.

### **TB Program:**

The TB program reports rates per calendar year (CY) as required by VDH. The CY 2018 rate of active TB disease in Fairfax County is 5.7 per 100,000 as compared to 6.3 in CY 2017. The County case rate remains higher than many areas of the state reflecting the diversity of the County's population. Other TB related service volume remained fairly consistent. TB Field Satisfaction Survey results for FY 2019 demonstrate a 95 percent satisfaction rate with services provided.

### **School Health:**

In FY 2019, the School Health Program supported 187,830 students at 197 school sites in Fairfax County Public Schools (FCPS) during the regular school year, 24,180 students at 98 sites in summer school and community recreation programs, and 2,621 students enrolled in four Falls Church City Public Schools. Students with health conditions, such as life-threatening allergies, seizure disorders, or diabetes, are supported during the school day with health care plans developed by public health nurses. Plans are shared with school staff and appropriate training is provided by public health nurses to support students' health needs, maintain school attendance, and enable students to achieve their highest potential.

The number of students in FCPS with an identified health condition increased by 11 percent from 81,376 in FY 2018 to 90,563 in FY 2019. This increase is in line with the rise in identified health conditions in years prior to FY 2018 and is likely due to improvements in data collection systems used by public health nurses resulting in improved accuracy of the assessment of students' health status. Student visits to school health rooms, which are staffed by school health aides, occur for student illness or injury during the school day. Health room visits dropped slightly to 767,048 visits, which is a 2 percent decrease from 780,534 visits during FY 2018. There was an increase in the percent of parents and guardians who reported their child could attend school, as a result of having a health care plan in place, from 73 percent in FY 2018 to 84 percent in FY 2019. The overall satisfaction of parents with school health services also increased from 72 percent in FY 2018 to 77 percent in FY 2019. Increases in satisfaction can be attributed to improvements in the accurate identification of students with health conditions along with an enhanced focus on the timely establishment of health care plans to meet students' health needs.

### **Long Term Care:**

The number of Medicaid Nursing Home Pre-Admission Screenings (NHPAS) completed in FY 2019 for low-income, frail children, older adults, and adults with disabilities was 1,209. This is a slight decrease from the 1,253 conducted in FY 2018. A projected increase in screenings by four percent in FY 2020 is expected due to an aging population who will need Medicaid services to remain in the community. Additionally, a recent state sponsored training of NHPA screeners stressed the need for a more consistent and compassionate interpretation of the eligibility criteria which is expected to increase the number of re-screenings this fiscal year. In FY 2019, the average number of calendar days between the request for a screening and its submission to the Virginia Department of Medical Assistance Services (DMAS) was 21 calendar days; and 95 percent of all screening requests were completed and submitted to DMAS within 30 calendar days, meeting the Code of Virginia requirement.

Ninety-seven percent of the Adult Day Health Care (ADHC) participants met the criteria for institutional level of care but could remain in the community due in part to the support services received at the ADHC. This exceeded the estimate of 93 percent, as the population served this year was increasingly frail. Ninety-five percent of family caregivers surveyed this year state that they experienced less stress when their loved one attended an ADHC Center, which was consistent with the FY 2019 projection. Additionally, the program achieved a 98 percent satisfaction rate amongst family caregivers who responded to an annual survey. The ADHC program saw an increase in the average daily attendance (ADA) in 2019, serving 103 daily compared to 98 in FY 2018. In FY 2019, the FCHD increased marketing efforts to improve the digital and social media exposure of ADHC and accelerated collaborations with other County agencies and community groups resulting in much higher visibility. It is expected that attendance will grow another 10 percent in FY 2020 as these efforts continue. The program saw a 36 percent increase in the number of participants with a Medicaid Waiver. During FY 2019, the actual net cost to provide services to a participant was \$85 per day compared to FY 2018 cost of \$82 per day. Although revenue was higher in FY 2019, the cost of providing the services also increased. It is anticipated the cost per service unit will decrease in FY 2020 as enrollment continue to increase.

### **Health and Human Services Safety Net Services (formerly Community Health Care Network in FY 2019 and part of Health Services in FY 2020):**

In FY 2019, the Community Health Care Network (CHCN) provided access to health services for 19,973 enrollees; served 11,920 of those individuals through at least one visit; provided 38,263 primary care visits across the three CHCN clinic sites; and coordinated 10,932 referrals for specialty care services. Over the past three fiscal years, annual enrollment totals of uninsured, low-income individuals meeting CHCN program eligibility criteria have remained constant.

In FY 2019, the percent of CHCN patients with stable or improved outcomes was 73 percent. This outcome was comparable to FY 2018. 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.

Beginning in FY 2020, Fairfax County transitioned the model of providing primary care services from directly contracting for and overseeing operations of the CHCN to partnering with two nonprofit Federally Qualified Healthcare Centers (FQHCs). The FQHCs serve entire families in a primary care medical home model, regardless of insurance or ability to pay. The financial support to the FQHCs is to ensure that all Fairfax County residents have access to health care. As a result, the measures of output, efficiency, quality, and outcome will change as the expanded access will result in improved community health. It is anticipated that new performance measures will be included in the FY 2022 Advertised Budget Plan.

# Health Department

Indicator	FY 2017 Actual	FY 2018 Actual	FY 2019 Estimate/Actual	FY 2020 Estimate	FY 2021 Estimate
<b>Administration and Operations</b>					
Percent of performance measurement estimates met	66%	61%	60%/60%	60%	60%
<b>Community Health Development</b>					
Percent of community members served who report intent to practice healthy behaviors	87%	77%	75%/86%	80%	80%
<b>Emergency Preparedness and Response</b>					
Percent of staff and volunteers who report they are better prepared for public health emergencies as a result of preparedness training and exercises	98%	97%	98%/97%	97%	97%
<b>Environmental Health</b>					
Percent of environmental complaints resolved within 60 days	97%	82%	90%/90%	90%	90%
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness	95%	95%	95%/97%	95%	96%
Percent of out of compliance onsite sewage disposal and water supply systems corrected within the specified time period	93%	94%	90%/90%	90%	90%
<b>Epidemiology and Population Health</b>					
Percent of communicable disease investigations conducted within the appropriate timeframe	78%	86%	85%/83%	85%	85%
<b>Health Laboratory</b>					
Percent of individuals prevented from unnecessary rabies post-exposure shots by timely receipt of negative lab results	100%	98%	95%/99%	95%	95%
<b>Health Services</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%
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%
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%
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%
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%
<b>Health and Human Services Safety Net Services</b>					
Percent of Community Health Care Network clients with stable or improved health outcomes	67%	73%	67%/73%	NA	NA

A complete list of performance measures can be viewed at <https://www.fairfaxcounty.gov/budget/fy-2021-adopted-performance-measures-pm>