

Health Department

FY 2017 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of performance measures evaluated	NA	68	75/75	75	75
Service Quality					
Percent of quality and efficiency estimates met	NA	67%	65%/66%	65%	60%
Outcome					
Percent of performance measurement estimates met	46%	56%	65%/60%	65%	60%

Health Department

FY 2017 Adopted Budget Plan: Performance Measures

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 40 percent of the children seen.

Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
New patients visits	1,547	714	1,000/864	1,000	1,000
Total Patient visits	2,603	3,640	3,400/2,721	3,400	3,400
Patients screened	262	746	1,100/114	1,100	1,100
Efficiency					
Cost per visit	\$353	\$357	\$273/\$269	\$283	\$283
Net cost to County	\$249	\$179	\$190/\$179	\$195	\$196
Service Quality					
Customer satisfaction index	97%	97%	97%/97%	97%	97%
Outcome					
Percent of treatment completed within a 12 month period	42%	44%	40%/40%	40%	40%

Health Department

FY 2017 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of food service establishment inspections	5,990	7,759	6,000/7,706	6,000	6,000
Service Quality					
Percent of foodborne illness risk factor inspections conducted in food service establishments within the prescribed inspection frequency	76%	95%	95%/95%	95%	95%
Outcome					
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness	NA	NA	95%/90%	95%	95%

Health Department

FY 2017 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of onsite sewage disposal and water supply systems inspections	4,050	3,737	3,500/3,361	3,500	3,500
Efficiency					
Onsite Sewage Disposal and Water Well Program Cost Per Capita	\$0.65	\$0.53	\$0.69/\$1.01	\$1.61	\$1.63
Service Quality					
Percent of Onsite Sewage & Water Program service requests responded to within 3 days	42%	34%	40%/35%	40%	40%
Outcome					
Percent of out-of-compliance onsite sewage disposal and water supply systems corrected within the specified time period	92%	89%	90%/82%	90%	90%

Health Department

FY 2017 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of Environmental Health community-based activities: inspections, permits, and service requests	29,640	30,983	30,000/29,543	30,000	30,000
Service Quality					
Percent of environmental complaints responded to within 3 days	59%	55%	60%/58%	60%	60%
Outcome					
Percent of environmental complaints resolved within 60 days	86%	91%	90%/88%	90%	90%

Health Department

FY 2017 Adopted Budget Plan: Performance Measures

Objective

To suppress the transmission of West Nile virus, known to be carried by infected mosquitoes, in the human population.

Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Mosquito larvicide treatments of storm drains to control West Nile virus	101,013	103,661	105,000/76,377	105,000	105,000
Efficiency					
Disease Carrying Insect Program cost per capita	\$1.10	\$1.02	\$1.72/\$1.07	\$1.79	\$1.80
Service Quality					
Percent of targeted storm drain areas treated with mosquito larvicide within the scheduled timeframe	91%	94%	100%/70%	90%	90%
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	8	3	1/1	1	1

Health Department

FY 2017 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of screenings, investigations and treatment for selected communicable diseases	28,032	34,550	27,000/32,485	27,000	29,000
Efficiency					
CD program cost per capita	NA	\$5	\$7/\$6	\$7	\$7
Service Quality					
Percent of selected reportable communicable disease investigations for which initial public health control measures were initiated within the appropriate timeframe	85%	90%	85%/85%	90%	90%
Outcome					
Rate of TB Disease/100,000 population	8.0	5.1	5.9/5.3	5.9	5.9
Percent of clients who report that the services they received at a public health clinic addressed their health need	91%	93%	90%/91%	90%	90%
Percent of individuals who demonstrate knowledge following health promotion activities ¹	91%	N/A	85%/95%	90%	90%
Percent of individuals exposed to a confirmed norovirus outbreak who did not develop illness after the implementation of Health Department outbreak control measures	90%	63%	90%/88%	85%	85%

¹ FY 14 data is not available due to change in health promotion curriculum.

Health Department

FY 2017 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Tests reported	235,289	213,696	200,000/218,403	200,000	200,000
Efficiency					
Average cost/all tests	\$6.11	\$8.00	\$8.24/\$7.61	\$7.77	\$7.98
Service Quality					
Percent of laboratory clients satisfied with service	96%	97%	95%/97%	95%	95%
Outcome					
Average score on accuracy tests required for certification	96%	99%	95%/97%	95%	95%

Health Department

FY 2017 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Rabies tests reported	564	624	550/624	550	550
Efficiency					
Cost/rabies test	\$88.39	\$84.00	\$88/\$98.90	\$91.40	\$92.61
Service Quality					
Percent of rabies tests involving critical human exposure completed within 24 hours	99%	99%	95%/99%	95%	95%
Outcome					
Percent of individuals saved from unnecessary rabies post-exposure shots by timely receipt of negative lab results	99%	99%	95%/99%	95%	95%

Health Department

FY 2017 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of primary care visits provided through the Community Health Care Network	50,287	50,174	50,250/48,100	50,250	50,250
Number of clients who received primary care through the Community Health Care Network	15,021	14,678	15,000/13,795	15,000	15,000
Efficiency					
Net cost to County per visit	\$184	\$169	\$177/\$173	\$177	\$181
Service Quality					
Percent of clients satisfied with their care at health centers	94%	98%	95%/96%	95%	95%
Percent of clients whose eligibility determination is accurate	99%	99%	99%/99%	99%	99%
Outcome					
Percent of Community Health Care Network clients with stable or improved health outcomes	NA	63%	64%/52%	64%	64%

Health Department

FY 2017 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 70 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of vaccines administered to children	27,849	30,590	30,000/34,417	34,000	34,000
Service Quality					
Immunizations: Percent satisfied with service	95%	93%	95%/91%	90%	90%
Outcome					
Percent of children served by the Health Department who are up-to-date on immunizations at 24 months of age	61%	61%	60%/62%	61%	61%

Health Department FY 2017 Adopted Budget Plan: Performance Measures

Objective

To maintain the low birth weight rate for all Health Department clients at 5.0 percent or below.

Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of pregnant women provided a public health assessment visit	NA	2,984	2,700/3,240	3,300	3,300
Efficiency					
Percent of pregnant women served who receive home visiting services	NA	52%	50%/47%	52%	52%
Outcome					
Percent of pregnant women served who deliver a low birth weight baby	5.0%	5.5%	5.0%/8.4%	8.0%	8.0%

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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Speech Language: Client visits	2,743	3,116	3,000/2,616	2,800	2,800
Efficiency					
Speech Language: Net cost per visit	\$200	\$197	\$220/\$275	\$259	\$259
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	89%	74%	75%/83%	75%	75%

Health Department

FY 2017 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

80% of children 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of student visits to school health rooms	770,744	731,306	775,000/793,252	800,000	810,000
Students with health plans	48,781	48,647	49,000/50,188	50,500	51,000
Efficiency					
Percent of students' health care plans established within 5 days	58%	57%	60%/55%	60%	60%
Ratio of PHN training hours to number of Fairfax County Public School staff trained to implement health care plans ²	NA	NA	NA/NA	1:30	1:30
Service Quality					
Percent of parents/guardians who report their child's health condition was managed effectively in the school setting	NA	87%	85%/85%	85%	85%
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	NA	79%	80%/82%	85%	85%

² Data being collected for this new measure during FY 2016.

Health Department

FY 2017 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 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 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Average daily attendance of participants	105	96	110/95	97	100
ADHC clients per year	268	260	280/249	250	255
Medicaid Pre-Admission Screenings Completed per year	912	1,055	1,224	1,359	1,508
Efficiency					
Net cost per ADHC client per day to the County	\$78.00	\$93.00	\$98.00/\$89.00	\$84	\$72
Service Quality					
Percent of ADHC clients/caregivers satisfied with service	97%	99%	95%/99%	95%	95%
Average # of calendar days between request for Medicaid Pre-Admission Screening and submission to Department of Medical Assistance Services for processing	NA	36	18	18	18

Health Department FY 2017 Adopted Budget Plan: Performance Measures

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Outcome					
Percent of participants who met the criteria for institutional level of care who were able to remain in the community	93%	93%	90%/92%	90%	90%
Percent of caregivers who report experiencing less stress as a result of ADHC	94%	91%	90%/93%	90%	90%
Percent of caregivers who report that the participant experienced a positive impact on their mood as a result of attending ADHC	86%	91%	85%/93%	85%	NA
Percent of caregivers who report that the participant has been more involved in meaningful activities since attending ADHC	NA	74%	85%/78%	85%	NA
Percent of caregivers who report that the participant experienced a positive impact on their physical health as a result of attending ADHC	93%	83%	85%/86%	85%	NA

Health Department

FY 2017 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 increase the number of residents reached through integrated agency-wide outreach events by 20 percent.

Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of community members served through outreach and health promotion activities	16,672	23,423	20,000/42,477	20,000	20,000
Efficiency					
Cost of Community Outreach expenditures divided by the number of residents reached	\$25	\$19	\$18/\$11	\$25	\$22
Service Quality					
Percent of community members satisfied with health promotion activities	93%	93%	95%/94%	95%	95%
Outcome					
Percentage increase in the number of residents reached through integrated community outreach	(1%)	40.5%	5%/81%	5%	5%

Health Department

FY 2017 Adopted Budget Plan: Performance Measures

Objective

To ensure that at least 75 percent of all Health Department staff and volunteers achieve and maintain compliance with Incident Command Systems (ICS) training requirements of the National Incident Management System (NIMS) with a long-term target of 95%.

Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Output					
Number of staff and volunteers who have completed required training	1,345	1,170	1,200/1,164	1,200	1,200
Efficiency					
Training cost expended per staff or volunteer (CHDP is seeking to eliminate this measure in FY 2016)	\$11	\$49	\$36/\$35	\$28	N/A
Ratio of training hours invested to volunteers hours contributed ³	NA	NA	NA/1:22	1:25	1:25
Service Quality					
Percent of staff and volunteers who have completed required training	34%	93%	75%/77%	90%	90%
Outcome					
Percent of staff and volunteers who report they are better prepared for public health emergencies as a result of preparedness trainings and exercises	NA	88%	90%/91%	90%	90%
Percent of volunteers who reporting feeling a stronger connection to their community through their services	NA	83%	80%/89%	90%	90%

³ Data being collected for this new measure during FY 2016.