

HEALTH CARE ADVISORY BOARD

Meeting Summary

November 8, 2021

MEMBERS PARTICIPATING ELECTRONICALLY

Marlene Blum, Chairman

Tim Yarboro, MD, Vice Chairman

Bill Finerfrock, Vice Chairman

Maia Cecire

Ellyn Crawford

Philippe Beauchene

Rose Chu

Leeann Alberts, JD, MBA

Shikha Dixit

Michael Trahos, DO, At Large

STAFF

Sherryn Craig

MEMBERS ABSENT

Rosanne Rodillosso

GUESTS

Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department

Jessica Werder, Deputy Director of Public Health Operations, Health Department

Benjamin Schwartz, MD, Director, Population Health and Epidemiology

Michael Forehand, Director, Central Region Government & Community Relations, Inova Health System

Linda J. Lang, MD, Chairperson and President, Inova Behavioral Health Service Line Inova Health System

Karyn Flannagan, PsyD, Vice President & Administrator, Inova Behavioral Health Service Line, Inova Health System

Alquietta Brown, RN, BSN, MHSA, PhD, Interim Nursing Leader, Inova Behavioral Health Service Line and Chief Nursing Officer, Inova Mount Vernon Hospital

Roberta Tinch, MHA, FACHE, President, Inova Mount Vernon Hospital and Vice President & Administrator, Musculoskeletal Service Line Inova Health System

Alicia Wiygul, Director, Inova Strategic Planning, Inova Health System

Call to Order

The meeting was called to order by Marlene Blum at 7:30 pm.

Audibility of Members' Voices

Chairman Marlene Blum conducted a roll call asking each participating member to state his/her name and the location from which he/she was participating.

Braddock District, Leeann Alberts, JD, MBA, Springfield, VA

Hunter Mill District, Ellyn Crawford, Reston, VA

Lee District, Maia Cecire, Alexandria, VA

Mason District, Rose Chu, Falls Church, VA

Mount Vernon District, Shikha Dixit, Lorton, VA

Providence District, Marlene Blum, Vienna, VA

Springfield District, Bill Finerfrock, Springfield

Sully District, Phil Beauchene, Chantilly, VA

At Large, Tim Yarboro, MD, Reston, VA

At Large, Dr. Yarboro, Falls Church, VA

Chairman Blum passed the virtual gavel to Vice Chairman Bill Finerfrock. Ms. Blum moved that each member's voice was adequately heard by each other member of the board. Dr. Trahos, DO seconded the motion. The motion passed unanimously.

Need for an Electronic Meeting

Having established that each member's voice could be heard by every other member, Ms. Blum established (1) the nature of the emergency compelling the emergency procedures, (2) the electronic format for the meeting, and (3) public access to the meeting. Ms. Blum moved that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of the Board and the physical presence of the public, cannot be implemented safely or practically. Ms. Blum moved that the Board would conduct the meeting electronically through Zoom Conference call, and that the public could access this meeting by telephone 888-398-2342 or through the following link - <https://us06web.zoom.us/j/87993478820>. Dr. Trahos, DO seconded the motion. The motion passed unanimously.

Continuity in Government

To dispense with FOIA's Usual Procedures to Assure Continuity in Government, Ms. Blum moved that matters on its agenda are statutorily required or necessary to continue operations and the discharge of the Health Care Advisory Board's lawful purposes, duties, and responsibilities. Dr. Trahos, DO seconded the motion. The motion passed unanimously.

October 11, 2021 Meeting Summary

The meeting minutes from October 11, 2021 were amended to correct an error in the discussion of the Surgical OR Unit.

Mt. Vernon Behavioral Health Beds

Linda J. Lang, MD, Chairperson and President, Inova Behavioral Health Service Line; Karyn Flannagan, PsyD, Vice President & Administrator, Inova Behavioral Health Service Line; Alquetta Brown, RN, BSN, MHSA, PhD, Interim Nursing Leader, Inova Behavioral Health Service Line, Chief Nursing Officer, Inova Mount Vernon Hospital; Roberta Tinch, MHA, FACHE, President, Inova Mount Vernon Hospital, and Vice President & Administrator, Musculoskeletal Service Line; and Alicia Wiygul, Director, Inova Strategic Planning provided an update on the proposed expansion of Mount Vernon Hospital's behavioral health service line.

Inova is the only healthcare provider in Northern Virginia that offers a full continuum of behavioral health services:

- Inpatient mental health services at three locations (total 133 beds)
 - Adults (41 beds at Inova Fairfax Medical Campus (IFMC), 22 beds at Inova Loudoun Hospital (ILH) - Cornwall Campus, 30 beds at Inova Mount Vernon Hospital (IMVH))
 - Adolescents (15 beds at IFMC)
 - Detoxification (25 beds at IFMC)
- Adult ambulatory services at 6 locations and virtually
 - Partial Hospitalization Programs (PHP)
 - Intensive Outpatient Programs (IOP)
 - Medication Assisted Therapy (MAT) for substance abuse
 - Individual and group counseling
 - Inova Psychiatric Assessment Center (IPAC) for urgent care
 - Child and Adolescent ambulatory services at two Inova Kellar Center locations

System-wide, Inova has more than 636 team members, including psychiatrists, psychologists, nurses, therapists, social workers and other behavioral health professionals. Inova has reorganized its care delivery using service lines, which allow for patient-focused, patient-centered care that integrates services across all care levels, reducing fragmentation and improving outcomes.

In 2020, Inova psychiatric service line documented 5,046 inpatient encounters and 94,297 overall patient encounters. Approximately 1,200 adults entered services through the ED.

Inova Mount Vernon is the only hospital in eastern Fairfax County or the City of Alexandria with inpatient psychiatric services. Currently, the hospital has 30 licensed beds, most of which are semi-private. The unit is often at capacity, and the consistent heavy utilization remains well above the State Medical Facilities Plan for full occupancy. High occupancy rates have translated into increased stays in the ER as patients wait for a bed to become available.

Inova has filed a Certificate of Public Need to build 20 new inpatient behavioral health beds. The expansion will be in shell space on the 3rd floor next to the existing inpatient psychiatric unit with infrastructure already in place to maximize operational efficiencies. This expansion of services will reduce wait times and increase access to critical care. Assuming timely approval of the project, IMVH anticipates that the new psychiatric beds will become operational in October 2022.

The need for behavioral health systems continues to increase. Temporary Detention Order (TDO) admissions across Inova are up by more than 40% year over year. Behavioral Health inpatient admissions are up 5%. Inova ERs treat more than 1,200 Behavioral Health patients each month.

Inova inpatient psychiatric occupancy has increased considerably over the past few years and is running at 85% in 2021. This creates safety issues for patients and staff, particularly in the older units with non-private patient rooms. Inova's high internal occupancy rates combined with the halting of admissions to several state-run psychiatric hospitals make it challenging to find appropriate inpatient beds for patients. The inability to find inpatient psychiatric beds creates a backlog in the EDs, impeding patient flow, increasing risk to ED patients and Inova team members, and contributing to overburdened local health and law enforcement partners (e.g., CSB, FCPD, Sheriff's Office, etc.).

In addition to support from the Northern region's CSBs, Inova has received support from the Board of Supervisors as well as members of the Northern Virginia Delegation to the General Assembly.

Inova will need 23 additional nurses to staff the 20-bed expansion in order to maintain the same nurse-patient ratio. Inova is building a pipeline across all its nursing units and looking at new models to enhance nursing staff system-wide.

With respect to the integrated model of care, Dr. Lang explained that licensed social workers with experience in behavioral health counseling are embedded in Inova's primary care clinics, allowing a warm hand off. If additional treatment is required, a referral will be made to a psychiatric practitioner.

The 20-bed expansion will serve the same patient mix as the current 30 beds. In total, Inova Mount Vernon Hospital's capacity will increase from 237 to 257 beds. The expanded service line will not redistribute or transfer beds; inpatient and surgical beds will be maintained.

In response to a question about telehealth, Dr. Lang said that most patients liked the flexibility it provides by eliminating the need for sitters, parking, and taking time off work.

There was robust discussion around the "4th Wave" of the pandemic, characterized by psychic trauma, mental illness, economic injury, and burnout. Inova's rate of patient encounters for 2021 is on pace to exceed that of 2020. HCAB members underscored the importance of the 4th wave, noting the community has not just been devastated by the virus physically, but emotionally and mentally as well.

Inova provides community outreach and school prevention to minimize psychiatric hospitalizations among children and adolescents. School-based providers are embedded in the school system. Upon screening, they can make referrals to care, including the Keller Center or intensive and partial outpatient treatment.

Inova has also partnered with FCPS on substance use and addiction disorders. System-wide, pediatricians from the pediatric service lines are being trained up to identify and manage behavioral health issues within their primary care pediatric practices. Inova's pediatricians also screen for depression and can recommend interventions if necessary.

2022 Fairfax County Human Services Issue Paper and Legislative Program

The HCAB, the Commission on Aging, and the Long Term Care Coordinating Council submitted a position statement – Long Term Care Personnel Standards for the Direct Provision of Patient Care – to the County's legislative staff for consideration by the Board of Supervisors for its 2022 Legislative Program. Since the HCAB's submission, the

Joint Commission on Health Care released its report to the Governor and General Assembly on "Workforce Challenges in Virginia's Nursing Homes." While the County's legislative staff has expressed interest in the Joint Commission's policy options, the position was not discussed at the most recent Legislative Committee meeting and has instead been slated for the November 23 meeting. Without a revised position, participating in the BOS' public hearing would be mistimed. However, the public record will remain open until the Board votes to adopt the package on December 7. A draft memo to the BOS was discussed regarding the need for long term care staffing standards among its care providers, especially in nursing homes. Virginia is only one of 16 states without any nursing home staffing requirements.

In addition to recommending the BOS add a position in the Human Services Issue Paper, the HCAB is also recommending that a statement be added to its Federal Principles for the 117th Congress, given that this issue extends beyond the scope of Fairfax County and requires partnership between the state and federal governments.

Bill Finerfrock moved that the HCAB send a memo to the BOS requesting consideration of the joint HCAB-COA-LTCCC position. Phil Beauchene and Shikha Dixit seconded the motion. The motion passed unanimously.

COVID-19 Response Update – Pediatric Vaccinations

With the FDA's authorization and the CDC's recommendation of the Pfizer COVID-19 vaccine for 5-11 year-olds, Dr. Benjamin Schwartz provided an update on the Health Department's COVID-19 response.

In early July, the Delta surge began, peaking on Sept 16 at just over 200 cases per day and since decreasing to the present 50-100 cases per day. The community transmission level in Northern Virginia remains at the Substantial level. The Virginia Department of Health's (VDH) COVID dashboard shows that Fairfax is currently at the Moderate level, but the Northern region's health departments are focused on the regional level given the overlap where people live, work, learn and play.

In reviewing the Delta surge, statistics show that the 5-9 year-old age group had the highest case rate of any age group. While some of the higher risk in the pediatric group may be a characteristic of the Delta variant itself, the higher rate in this group reflects the absence of vaccination in these children as well as their being out in the community.

As cases in the community have decreased, so too have cases at schools. For the 1-month period from Sept 27 to Oct 27, there were 544 cases among students and 119 among employees. The attack rate for students was 3/1,000 and for staff 4.7/1,000. There were also 2,591 student and 404 staff close contacts, with an average of 4.5 student contacts per case. Twenty-eight student contacts (1.1%) became a confirmed or probable case, and four staff contacts (1%) became a confirmed or probable case.

While initially there were some delays in health department investigations, those issues have been resolved with some changes to procedures and increased staff such that 93% of cases are called within two days of being reported (and an additional 146 even before the report from the school) and contacts receive an email within one day of being identified by the school along with a phone call.

For the one-month period from Sept 27 to Oct 27, there were 544 cases among students and 119 among employees. The attack rate for students was 3/1,000 and for staff 4.7/1,000. The highest attack rate among students was among those in elementary school at 2.4 times the rate in middle or high school

Dr. Schwartz reviewed the information presented by CDC to the Advisory Committee on Immunization Practices (ACIP) regarding the burden of COVID-19 on children. As of September 2021, there have been 1.9 million cases reported in children with over 8,300 hospitalizations – one-third of those ending up in the ICU. The hospitalization rates were three times higher among African American and Hispanic children compared with non-Hispanic White Children. At least 94 deaths have been documented. Multisystem Inflammatory Syndrome in Children (MIS-C) was most frequent in children ages 5-11 years old. Post-COVID or long-haul COVID occurred in about 8% of children aged 12-16, according to a study from the United Kingdom (UK).

Pfizer conducted a RCT (randomized controlled trial) to evaluate vaccine immunogenicity, efficacy and safety that included over 3,000 kids. The vaccine product is a different formulation with 1/3 the adult dose. Pfizer reported efficacy of 91% with 16 cases in the placebo group vs 3 in the vaccinated group.

The ACIP also received information about myocarditis given concern about this adverse effect among adolescents and young adults. It was noted that there were zero cases in the pediatric clinical trial, although given the number of children in the trial, no cases would have been expected.

Based on cases reported to VAERS, there is an increased risk of myocarditis associated with the mRNA vaccines, particularly in males 12-29 years old with most cases after the second dose. The highest rate of reported cases is in 16-17 year old males after the 2nd dose at 69.1 per million doses.

Given the disease burden in children, the performance of the vaccine in the clinical trial and information on observed and potential adverse events, the ACIP unanimously recommended vaccination for all 5-11 year old children.

Vaccinations of children in Fairfax County will be done in three phases. The first phase focuses on community vaccination sites including medical homes (i.e., primary care/pediatric practices), pharmacies, Health Department clinics (Government Center, South County Government Center), Community Vaccination Center (Tysons), Inova Center for Personalized Health (weekends), and Equity clinics (community centers & houses of worship). During this time all vaccination will be by appointment only to ensure that there is sufficient time and vaccine for everyone who has made an appointment.

The second phase will add targeted vaccination clinics in selected schools on evenings and/or weekends, and the third phase will include vaccinations during the school day at additional school locations.

These phases fit with the information collected by Fairfax County Public Schools' (FCPS) parent survey, which showed respondents' preference for vaccination at their healthcare provider's office with a parent present during the vaccination.

With the focus on private providers, one of the questions that should be asked is whether the providers who are vaccinating are equitably distributed throughout the county or whether they are more often in wealthier areas. A map displaying pediatric vaccine provider locations by social vulnerability showed that providers are well distributed across the county.

However, the Health Department recognizes that access is not the same for all children, particularly among those who are more disadvantaged or who may be undocumented. Therefore, the Health Department will continue to supplement other community opportunities with vaccine equity clinics. These clinics are occurring on weekends and will take place at sites like Springfield Town Center, Community Centers, and houses-of-worship. Children will be scheduled for these clinics by the FCHD outreach team, vaccine navigators and by CBO partners.

More generally, the navigators will provide scheduling support for all the community vaccination options. FCHD has a cadre of 29 Community Health Workers (CHWs) who have been trained to talk with people in their communities about vaccination using motivational interviewing and who are familiar with the various scheduling systems so that they can not only help connect someone to a vaccination site but are able to help with scheduling on demand.

Dr. Schwartz showed pictures from a weekend vaccination at Woodlawn Garden Apartments where Neighborhood Health, supported by Health Department navigators and the outreach team, vaccinated 66 people, including 44 children.

As preparations begin for the school-based clinics in Phase 2, equity is an important consideration. The Health Department was asked to provide input to FCPS about sites for vaccination and made recommendations to them based on an index that was comprised of level of social vulnerability, low vaccination rate and having a higher population, along with geographic balance and accessibility of the school. And vaccinations at these clinics will be delivered by a VDH contracted pharmacy or FCHD Field Vaccination Team.

To project what vaccine uptake might look like among children in the 5-11 year old age group, FCPS surveyed 85,302 parents of children in this age group and received over 30,000 responses for a response rate of 36%. Of those who responded, 785 reported intent to vaccinate their child (80% of them immediately); 12% undecided; and 10% not to vaccinate. The preference among respondents was to vaccinate with their doctor. Limitations to the survey include a low response rate and a lower proportion of African American and Hispanic respondents.

By contrast, there have been multiple national surveys which were reported at CDC's ACIP meeting. From those surveys, 34%-57% of parents indicated that they plan to get their child vaccinated and when asked their concerns, most mentioned the risk of long-term side effects, including myocarditis. One finding that was consistent across surveys was that among vaccinated parents, about 80% or more indicated that they would vaccinate their child whereas among unvaccinated parents the proportion who would vaccinate their child was very low.

Given that Fairfax has vaccinated between 75-80% of adults between 25-44 years-old who would be in the parent age group and have achieved good coverage across all

racial and ethnic groups, it does give the Health Department some confidence in being able to achieve child vaccinations equitably.

Our communications team is supporting vaccination efforts through multiple approaches including development of a communications toolkit, social media content, collaboration with partners such as FCPS, testimonials from children who have gotten vaccinated and their parents, and through the regional campaign at StayWellNoVa. Additionally, our Community Outreach Team continues to support community-based organizations and partners with information and materials.

Because eligibility expanded to 5-11 years old just occurred in the past 3-4 days, Fairfax has not yet received any information from VDH's Virginia Immunization Information System. The Health Department does have data on HD-operated clinics: About 5,100 children have been vaccinated at Government Center, Mount Vernon District Office, and Tysons. Non-Hispanic White and Asian American/Pacific Islander are over-represented in the current distribution, and as of this morning, all pediatric appointments had been scheduled for the week at both the Mount Vernon District Office and Tysons with some remaining at the Government Center.

Several HCAB members expressed concern over how representative the FCPS parent-survey was and the underrepresentation of African American and Hispanic children receiving COVID-19 vaccine at the Health Department's clinics. Dr. Schwartz indicated that the initial response may be indicative of how connected some parents were to vaccine availability, however a concerted effort would be made to ensure equitable access and distribution of the vaccine. Dr. Gloria also stated that it is important to reach herd immunity and quickly as possible to provide additional protection to those individuals who cannot get vaccinated.

The Health Department will continue to monitor coverage and will continue the same type of work it has done for other age groups to achieve high and equitable vaccine coverage.

Other Business. None.

There being no further business, the meeting adjourned at 9:25 pm.