

# 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.

### Core Functions

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

Communicable disease surveillance, prevention and control are core public health activities, accomplished through the provision of many department services by a diverse team of staff (physicians, nurses, laboratory scientists, epidemiologists, community health specialists, emergency planners, environmental health specialists, and others). Several methods are used to control the spread of communicable disease. These methods include testing and/or treating those exposed; immunizing whenever possible; improving infection control at health facilities; supporting social distancing 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 the diagnosis of new and emerging infectious disease and plays an important role in disease surveillance when addressing tuberculosis (TB), sexually transmitted infections (STIs), rabies, vector-borne disease, and other communicable disease, such as COVID-19. The Division of Epidemiology and Population Health, playing a leading role in the department's approach to communicable disease activities, has led the development of more robust surveillance, strengthened investigations and response to infections and outbreaks, and built partnerships with hospitals and long-term care facilities to investigate and prevent healthcare-associated infections.

#### **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 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.



**10 Essential Public Health Services**

The FCHD's regulatory food program, administered by EHS, has achieved and maintained conformance with eight of the nine Voluntary National Retail Food Regulatory Program Standards established by the Food and Drug Administration (FDA) in cooperation with the National Association of County and City Health Officials (NACCHO) and the Association of Food and Drug Officials (AFDO). These standards intend to establish a recommended framework for retail food regulatory programs to control the risk factors most commonly associated with foodborne illness in food establishments.

### **Promoting and Encouraging Healthy Behaviors**

Health promotion is fundamental to a wide variety of functional areas within FCHD and, as such, is integrated across multiple program areas. The Office of Emergency Preparedness and Response (EP&R) directs 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 engages the greater school population with health promoting activities, in addition to addressing the health needs of individual students. Community Health Workers (CHWs) are an important component of the FCHD's Health Integration Team, working in tandem with the Federally Qualified Health Centers (FQHCs) to expand chronic disease case management capacity. As culturally competent mediators, CHWs are a cost-effective way to increase capacity, providing education and supportive interventions to increase patients' knowledge, skills, and confidence in adopting healthy behaviors and managing chronic conditions. 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.

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. Outreach strategies are designed and delivered to reach the whole community, but intentional efforts are also implemented for targeted audiences and for harder-to-reach residents with language barriers or higher health risks. Recent FCHD health promotion efforts have focused on the strategic use of digital and social media advertising across multiple screens and platforms. In FY 2021, digital media efforts were targeted for expansion to the social media platforms that most effectively reach teens and young adults. This innovative approach uses marketing research to advance equity drivers by focusing outreach and engagement to at-risk residents.

### **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. The FCHD Family Assistance Workers, Outreach Workers, and other health care providers work collaboratively with local FQHCs to facilitate enrollment for individuals in need of a medical home. 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. This program provides daily health monitoring of the participants so that timely health interventions are rendered, reducing the incidence of preventable hospitalizations. 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 department also supports the integration of primary and behavioral health and has taken steps to integrate behavioral health and public health services into its STI Clinics. Public health nurses and behavioral health therapists work 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. In addition, the Maternal and Child Health home visiting and case management programs seek to engage prenatal women with substance use disorders. The department is exploring options to increase the expertise needed to more effectively collaborate with service providers to increase both the number of women referred and to better improve health outcomes for this high-risk population.

### **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 2020 and FY 2021, EP&R coordinated the department's response to three public health emergencies, including the ongoing COVID-19 pandemic. Prior to the COVID-19 pandemic response, EP&R conducted two full-scale exercises. The first was a U.S. Centers for Disease Control and Prevention (CDC) mandated exercise to test plans to respond to acts of biological terrorism and the other was an exercise to prepare long-term care facilities to administer vaccines during public health emergencies. Since January 2020, EP&R has been fully engaged in coordinating the department's emergency response to the COVID-19 pandemic. The MRC has successfully recruited over 1,000 new volunteers, more than doubling its size and better resourcing the Fairfax community for public health emergencies. EP&R has expanded its team to meet the ever-growing complexities of the pandemic response and to meet the challenges of community recovery ahead. In FY 2022 and beyond, EP&R will focus on leveraging lessons learned and community impacts from the COVID-19 pandemic to strengthen community preparedness and resiliency in Fairfax County.

### **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, with planned adoption and 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. Due to the impacts of COVID-19 response on the department, adoption of the strategic plan has been temporarily paused, with the intention of adopting the plan after the response.

While progress has been made in developing internal resources, building a strong local public health system 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. The impacts of COVID-19 on the community have further underscored the importance of these investments. 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. FCHD's population-based approach is guided by five principles: 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 (PFHF) and the Fairfax Food Council (FFC), contribute to multi-sector efforts to improve health and quality of life for all in the community. In FY 2020, the PFHF marked its 10th year of convening while continuing efforts to implement goals and objectives from its second Community Health Improvement Plan (CHIP) for 2019-2023, which was created and adopted by the PFHF 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. The department's COVID-19 response has reinforced the importance of a well-trained public health workforce and has highlighted the need to further invest in the

department's training program and infrastructure. Onboarding and preparing the surge staff needed for a pandemic response has stretched the department's capacity to develop and deliver just-in-time training and has further reinforced the need to advance efforts within the department to ensure all staff are skilled in the core public health competencies.

Over the past several years, the 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, the 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 2020, the department's second public health graduate certificate cohort began at George Mason University. In FY 2021 and into FY 2022, the department is focused on identifying and cultivating the necessary resources to move toward building core competencies in all staff. In addition, the department explored investments in appropriate technology to more efficiently deliver online and remote training to build workforce capacity.

### **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 2020, the FCHD further expanded technology platforms that provide self-service portals for provider partners and automate workflows in key program areas. The FCHD Division of Epidemiology and Population Health has made significant improvements to its public health data analytics capabilities, establishing models for visualizing trends and statistics in communicable disease, opioid use, and other population-based health issues, in addition to public dashboards for COVID-19 related data.

In FY 2021, the FCHD Informatics Team partnered with the Department of Information Technology to successfully provision IT assets to nearly 400 contracted staff involved in COVID-19 case and contact investigation and other activities, while also implementing and developing several key data systems for the COVID-19 response.

The FCHD continues to pursue key IT projects, including the implementation of the Department's first Electronic Health Record (EHR), which has been delayed due to COVID-19, and participation in the multi-agency Land Development Services System Replacement project, that went live with its first Phase in Fall of 2020, with expanded functionality planned through FY 2022.

### **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 from patients, Medicaid, and other third-party payers for x-rays, speech and hearing services, pregnancy testing, laboratory testing, pharmacy services, immunizations, STI clinical services, Adult Day Health Care (ADHC), death certificates, and other vital records. Revenue from clinical, laboratory, and dental fees declined in FY 2020 as the department's Continuity of Operations Plan (COOP) was triggered by the COVID-19 pandemic and resulted in consolidating clinic sites from five locations down to one at the end of Fiscal Year 2020 (sites were subsequently expanded back to three locations at the beginning of FY 2021). Fees collected by the ADHC

Program also dropped significantly because the centers were closed on March 13, 2020, and have yet to reopen.

## **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 as well as 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.
- 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 continues to serve 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 related to the COVID-19 response.

On January 22, 2020, the department initiated its Incident Command Structure in response to reports of a circulating novel Coronavirus. In March 2020, the department leveraged its existing Continuity of Operations Plan (COOP) to identify select service lines for consolidation and others for transition to remote service delivery to respond to two significant pressures: 1) the need to redirect staff to COVID-19 response and 2) the need to transition to remote operations, consistent with County and state mandates intended to minimize spread of disease. The department's public health clinics consolidated services and temporarily closed two of five sites, while the ADHC Centers closed completely with re-opening plans dependent on a vaccine becoming widely available. Following successful vaccination efforts, reopening is currently being planned and public health clinics have begun to bring services back online. However, consolidations early in the fiscal year resulted in impacts to a number of services and to department revenue.

Essential clinical services that continued during COVID-19 response have focused on efforts to prevent an increase in communicable diseases other than COVID-19. This included TB control, and the provision of vaccinations for children and adults, including work with HHS agency partners and community partners to offer community-based flu clinics to reach populations at higher-risk for flu. In addition, the department transitioned service delivery to remote operations in many instances where state and federal regulations allowed for such flexibilities; these programs include the Women, Infant and Children's Supplemental Nutrition Program, some of the Maternal and Child Health programming, and other select services. The consolidation, suspension, or closure of certain services lines was vital to ensuring department capacity to respond to COVID-19. Since January 2020, well over 500 Health Department staff have directly contributed to COVID-19 response through a deployment to response operations.

The FCHD School Health Program staff were a key resource used in the COVID-19 response, staffing call centers, and providing medical and non-medical support for testing and vaccination efforts since Fairfax County Public Schools (FCPS) and Falls Church City Public Schools (FCCPS) closed in mid-March and then transitioned to primarily virtual instruction. The fact that the School Health Program resides within the Health Department is an incredible asset at a time of emergency response, contributing to the department's capacity for surge staffing. As FCPS and FCCPS have returned to in-person instruction, School Health Program staff have been released from the response to provide services in individual schools as they re-open.

Since early 2020, the FCHD has worked to offer a variety of COVID-19 community testing opportunities, with an emphasis on reaching communities experiencing disproportionate levels of COVID-19 infections. The FCHD Laboratory performs testing in-house and typically delivers PCR test results within 24 to 48 hours. Timely reporting of COVID-19 test results is key to the "box it in" strategy the department employs to control spread of the virus. To assure continued success with timely testing, the FCHD Laboratory diversified testing methods, procuring new equipment that allowed staff to better navigate the nation-wide shortages of chemicals and reagents needed for this testing. A modular laboratory located at the Burkholder building has allowed the Health Department to increase testing capacity from 500 to 1,000 tests per day. As the only local public health laboratory in Virginia and the only back-up public health laboratory to the Virginia State's Department of Consolidated Laboratory services, FCHD Lab has proven an incredible resource for Fairfax, Northern Virginia, and the state in the midst of a global pandemic.

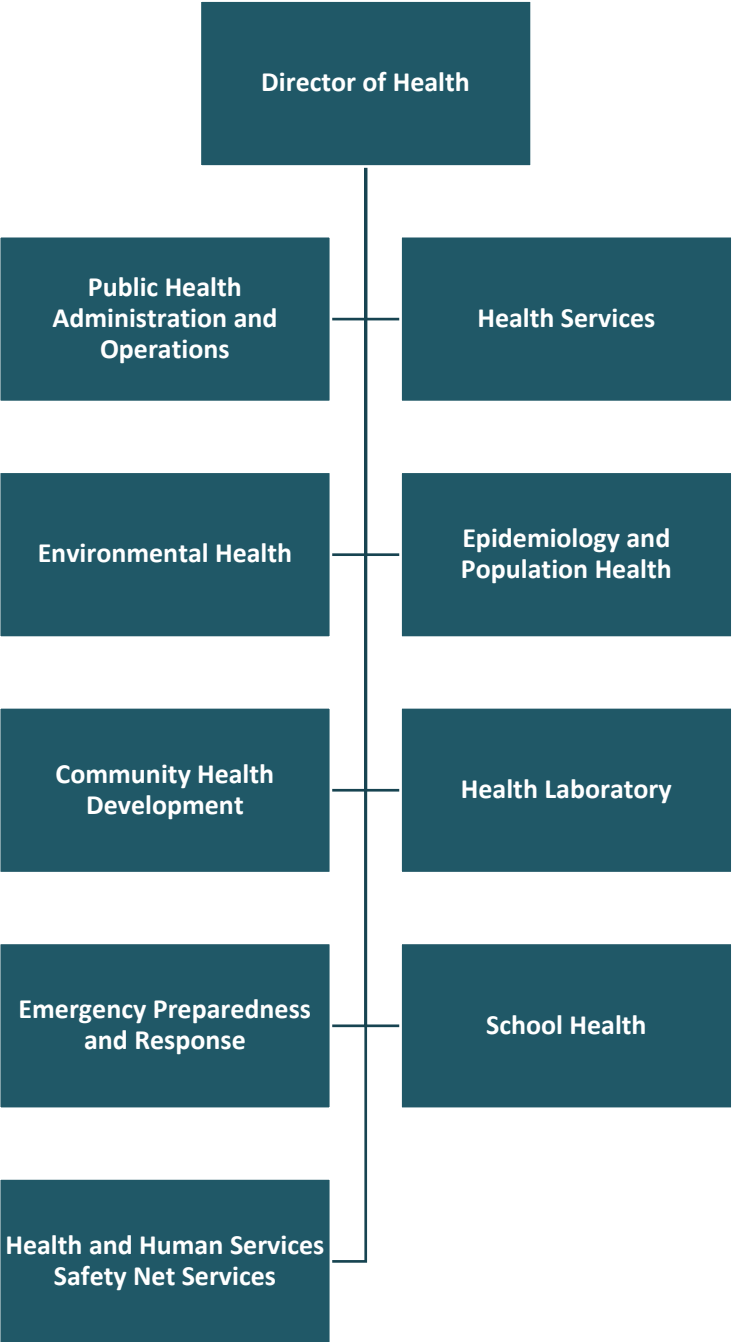
The FCHD's "box it in" strategy has also relied on a robust team of Containment staff conducting case and contact investigations for all positive COVID-19 cases reported for the Fairfax Health District, in addition to a team of Community Health Workers working with identified cases, contacts, and community groups to assess needs, provide assistance and provide referrals to resources. Containment efforts have been supported largely through a substantial contractual engagement with the Institute for Public Health Innovation.

Beginning in late December 2020, FCHD played a lead role in vaccination efforts throughout the County, both through direct vaccine administration in various Points of Dispensing (PODs) throughout the County as well as through vaccine redistribution, partnership and coordination with various non-governmental entities. Vaccination efforts were human resource-intensive for both clinical and non-clinical needs. The department employed a multi-pronged staffing strategy for vaccine efforts that relied on redeployment of existing FCHD staff, significant increases in volunteers through its Medical Reserve Corps program and the use of both part-time and temporary staff.

Internal administrative support services staff, such as information technology, facility management, human resources, finance, and communications, have continued their assigned work while also playing dual roles as they have supported both COOP and the response. This holds true for other staff throughout the department, including many in the Divisions of Community Health Development and Environmental Health Services (EHS). EHS has continued its normal caseload of restaurant inspections, consistent with some modifications from the Virginia Department of Health, while supporting response operations, and providing education for restaurants and other business owners on issues related to COVID-19. EHS also responds to all complaints filed with the Virginia Department of Health regarding the Governor's Executive Order related to Face Coverings.

The FCHD performance measures across all of its programs were impacted by the COVID-19 response and COOP, and this is reflected in the FY 2020 Actual data. While continued impacts are expected throughout FY 2021, FCHD has not revised FY 2021 estimates unless data were available to inform the revised estimates.

**Organizational  
Chart**





## Budget and Staff Resources

Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>FUNDING</b>					
<b>Expenditures:</b>					
Personnel Services	\$40,882,259	\$47,823,081	\$46,497,081	\$51,947,471	\$52,463,729
Operating Expenses	15,379,361	19,891,991	21,095,127	20,155,991	20,155,991
Capital Equipment	161,254	0	272,624	0	0
<b>Subtotal</b>	<b>\$56,422,874</b>	<b>\$67,715,072</b>	<b>\$67,864,832</b>	<b>\$72,103,462</b>	<b>\$72,619,720</b>
Less:					
Recovered Costs	(100)	0	0	0	0
<b>Total Expenditures</b>	<b>\$56,422,774</b>	<b>\$67,715,072</b>	<b>\$67,864,832</b>	<b>\$72,103,462</b>	<b>\$72,619,720</b>
<b>Income:</b>					
Elderly Day Care Fees	\$785,755	\$998,960	\$0	\$998,960	\$998,960
City of Fairfax Contract	1,224,274	1,491,937	1,450,963	1,450,963	1,450,963
Elderly Day Care Medicaid Reimbursement	231,766	307,178	62,178	307,178	307,178
Falls Church Health Department	387,660	387,050	387,050	387,050	387,050
Licenses, Permits, Fees	3,297,738	3,877,745	2,414,825	3,877,745	3,877,745
Recovered Costs - Health Department	44,133	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	9,426,509	9,426,509	9,426,509	9,426,509	9,426,509
<b>Total Income</b>	<b>\$19,393,601</b>	<b>\$20,485,145</b>	<b>\$17,737,291</b>	<b>\$20,444,171</b>	<b>\$20,444,171</b>
<b>NET COST TO THE COUNTY</b>	<b>\$37,029,173</b>	<b>\$47,229,927</b>	<b>\$50,127,541</b>	<b>\$51,659,291</b>	<b>\$52,175,549</b>
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	719 / 647.59	738 / 665.72	804 / 731.72	807 / 734.47	809 / 736.47

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

## FY 2022 Funding Adjustments

The following funding adjustments from the FY 2021 Adopted Budget Plan are necessary to support the FY 2022 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 4, 2021.

### Employee Compensation \$516,258

An increase of \$516,258 in Personnel Services is included for a 1.00 percent market rate adjustment (MRA) for all employees effective July 2021.

### Funding for Public Health Nurses Supporting COVID-19/School Health Program \$3,033,814

An increase of \$3,033,814 is included to support additional positions previously approved by the Board of Supervisors as part of the *FY 2020 Carryover Review*. These positions were previously funded through the Coronavirus Aid, Relief, and Economic Security (CARES) Act Coronavirus Relief Fund in FY 2021 to support contact tracing. The positions will continue to support contact tracing, testing, and vaccination efforts for the duration of the pandemic; however, once the pandemic is over, these positions will be redeployed to the School Health program to address the nurse to student ratio. It should be noted that an increase of \$1,416,990 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$4,450,804. 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 COVID-19 Mass Vaccination Efforts/Emergency Preparedness** **\$1,067,007**

An increase of \$1,067,007 is included to support additional positions previously approved by the Board of Supervisors as part of the *FY 2021 Mid-Year Review*. These positions were previously funded through the CARES Act Coronavirus Relief Fund in FY 2021 to support mass vaccination efforts. The positions will continue to support vaccination efforts for the duration of the pandemic; however, once the pandemic is over, these positions will be utilized to expand the agency's capabilities to prepare and respond to public health events. It should be noted that an increase of \$508,555 is included in Agency 89, Employee Benefits, for a total of \$1,575,562. 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 and Positions to Replace Expiring UASI Grant Funds** **\$137,378**

An increase of \$137,378 and 2/1.75 FTE new positions is included to address grant positions that will no longer be supported through the Urban Area Security Initiative (UASI) grant. The positions are responsible for the continued development, revision, and operationalization of the agency's Emergency Operations Plan and various supporting documents that guide the agency's response to public health emergencies. It should be noted that an increase of \$64,993 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$202,371. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1. 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 Nurse Supporting Opioid-Exposed Infants and Families** **\$93,324**

An increase of \$93,324 and 1/1.0 FTE new position is included as part of a recommendation from the Opioid Task Force to provide support to opioid-exposed infants and families. It should be noted that an increase of \$43,199 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$136,523. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

**Sully Community Center** **\$56,867**

An increase of \$56,867 and 2/2.0 FTE new positions is included to support operations and programs at the new Sully Community Center, which will help provide equitable access to health services and recreational opportunities. These positions will provide support to clients receiving services in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The Sully Community Center is currently scheduled to open in the last quarter of FY 2022. Full year funding will be needed beginning in FY 2023. It should be noted that an increase of \$27,142 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a cost of \$84,009. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

## Changes to FY 2021 Adopted Budget Plan

*The following funding adjustments reflect all approved changes in the FY 2021 Revised Budget Plan since passage of the FY 2021 Adopted Budget Plan. Included are all adjustments made as part of the FY 2020 Carryover Review, FY 2021 Mid-Year Review, FY 2021 Third Quarter Review, and all other approved changes through April 30, 2021.*

### **Carryover Adjustments** **\$2,725,760**

As part of the *FY 2020 Carryover Review*, the Board of Supervisors approved \$2,725,760 in encumbered carryover including \$2,678,519 in Operating Expenses and \$47,241 in Capital Outlay.

### **Public Health Nurses Supporting COVID-19 /School Health Program** **\$0**

As part of the *FY 2020 Carryover Review*, the Board of Supervisors approved 35/35.0 FTE new positions for the Health Department's School Health Program to support COVID-19 contact tracing. 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. These positions were funded through the CARES Act Coronavirus Relief Fund in FY 2021.

### **Public Health Laboratory Positions Supporting COVID-19** **\$0**

As part of the *FY 2020 Carryover Review*, the Board of Supervisors approved 9/9.0 FTE new public health laboratory positions to increase COVID-19 testing capacity from 500 to 1,000 tests per day. Funding from a federal pass-through grant awarded by the state covers these positions for a 30-month period.

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

As part of the *FY 2020 Carryover Review*, the Board of Supervisors approved 5/5.0 FTE new positions as a result of Fairfax County Public Schools (FCPS) funding 5/5.0 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 positions are included in the Health Department budget; however, costs associated with the positions will be fully reimbursed by FCPS.

### **Positions for COVID-19 Mass Vaccination Efforts/Emergency Preparedness** **\$0**

As part of the *FY 2021 Mid-Year Review*, the Board of Supervisors approved 13/13.0 FTE new positions to support the County's COVID-19 mass vaccination efforts. After the pandemic is over, these positions will be redeployed within the Health Department and will be utilized to expand the department's capabilities to build community resilience and prepare and respond to public health events. These positions were funded through the CARES Act Coronavirus Relief Fund in FY 2021.

### **Third Quarter Adjustments** **(\$2,576,000)**

As part of the *FY 2021 Third Quarter Review*, the Board of Supervisors approved an increase of \$674,000 in Personnel Services for a one-time compensation adjustment of \$1,000 for merit employees and \$500 for non-merit employees paid in May 2021. The increase was offset by a reduction of \$3,250,000 due to one-time savings from positions redeployed for COVID-19 response and reduction of one-on-one nursing services when Fairfax County Public Schools were closed for in-person learning.

### **Position Adjustment** **\$0**

The County Executive approved the redirection of 4/4.0 FTE positions to the Health Department to support COVID-19 contact tracing staff and ongoing information technology support for contracted staff and Health Department projects as well as the increased amount of recruiting, onboarding, and other human resources work related to supporting more staff in the Health Department.

## Cost Centers

The Health Department is divided into nine 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, School Health, 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 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$4,607,015	\$3,232,592	\$3,751,869	\$3,674,946	\$3,697,808
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	33 / 33	33 / 33	41 / 41	38 / 38	41 / 41

### 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 the program areas support essential department-wide functions, including strategic planning, communications, community outreach, health promotion, and partnership development.

Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$1,570,569	\$1,722,088	\$1,454,391	\$2,266,392	\$2,285,752
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	24 / 24	28 / 28	34 / 34	34 / 34	34 / 34

## 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 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$347,595	\$1,180,934	\$1,357,387	\$1,585,139	\$1,598,984
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	11 / 11	13 / 13	17 / 17	19 / 18.75	19 / 18.75

## 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 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$4,343,851	\$5,545,403	\$5,559,658	\$5,494,826	\$5,544,501
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	64 / 64	64 / 64	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 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$1,866,211	\$2,414,953	\$2,451,834	\$2,384,781	\$2,407,317
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	25 / 25	28 / 28	28 / 28	28 / 28	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 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$2,655,221	\$2,543,180	\$3,023,377	\$2,531,103	\$2,546,054
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	23 / 23	23 / 23	32 / 32	32 / 32	32 / 32

## 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, Women, Infant and Child Supplemental Nutrition, Public Health Clinical Services (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 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$34,087,371	\$41,871,128	\$41,025,987	\$23,174,365	\$23,376,511
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	539 / 467.59	549 / 476.72	588 / 515.72	256 / 253.38	255 / 252.38

## School Health

School Health provides health services to students in 199 Fairfax County Public Schools and centers. In addition, it provides support, through the oversight and coordination of contracted nursing services, for medically fragile students who require more continuous nursing assistance in order to attend school. Services include first aid, administration of authorized medications, identification of potential communicable disease situations, and development of health care plans for students with special health needs. School Health increasingly works with multiple partners to address social determinants of health in the school-aged population, with a focus on reducing health inequities and improving population health outcomes. As part of an internal reorganization, the School Health cost center was created as part of the FY 2022 Adopted Budget Plan; previously it was part of the Health Services cost center.

Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$0	\$0	\$0	\$21,787,116	\$21,957,999
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	0 / 0	0 / 0	0 / 0	336 / 266.34	336 / 266.34

## 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 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
<b>EXPENDITURES</b>					
Total Expenditures	\$6,944,941	\$9,204,794	\$9,240,329	\$9,204,794	\$9,204,794
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0

## Position Detail

The FY 2022 Adopted Budget Plan includes the following positions:

PUBLIC HEALTH ADMINISTRATION AND OPERATIONS - 41 Positions			
1	Director of Health	2	Management Analysts I
3	Deputy Directors for Health Department	1	Human Resources Generalist III
1	Division Director Public Health Strategic Ops	2	Human Resources Generalists II
3	Management Analysts IV	2	Human Resources Generalists I
1	Program and Procedures Coordinator	1	Financial Specialist III
1	Business Analyst IV	2	Financial Specialists II
3	Business Analysts III	1	Financial Specialist I
4	Business Analysts II	3	Administrative Assistants V
1	Business Analyst I	5	Administrative Assistants IV
1	Data Analyst II	2	Administrative Assistants III
1	Management Analyst II		
COMMUNITY HEALTH DEVELOPMENT - 34 Positions			
1	Director Community Health Development	1	Communications Specialist III
2	Management Analysts IV	2	Communications Specialists II
6	Management Analysts III	1	Internet/Intranet Architect I
1	Public Safety Information Officer IV	20	Community Health Specialists
EMERGENCY PREPAREDNESS AND RESPONSE - 19 Positions			
1	Public Health Emergency Management Coord.	2	Emergency Management Specialists I [+1]
1	Emergency Management Specialist IV	1	Public Health Doctor
3	Emergency Management Specialists III	3	Management Analysts I
6	Emergency Management Specialists II [+1]	2	Training Specialists
ENVIRONMENTAL HEALTH - 64 Positions			
1	Director Environmental Health	5	Environmental Health Technicians II
3	Environmental Health Program Managers	1	Environmental Health Technician I
5	Environmental Health Supervisors	1	Administrative Assistant V
15	Environmental Health Specialists III	3	Administrative Assistants III
25	Environmental Health Specialists II	5	Administrative Assistants II
EPIDEMIOLOGY AND POPULATION HEALTH - 28 Positions			
1	Public Health Doctor	1	Environmental Health Specialist III
2	Epidemiologists IV	1	Environmental Health Specialist II
5	Epidemiologists III	2	Community Health Specialists
3	Epidemiologists II	2	Human Services Assistants
1	Epidemiologist I	1	Administrative Assistant IV
8	Public Health Nurses III	1	Administrative Assistant III
HEALTH LABORATORY - 32 Positions			
1	Public Health Laboratory Director	6	Public Health Lab Scientists II
1	Assistant Public Health Laboratory Director	14	Public Health Lab Scientists I
1	Management Analyst III	1	Administrative Assistant V
1	Management Analyst II	2	Administrative Assistants III
3	Public Health Lab Scientists III	2	Material Management Drivers
HEALTH SERVICES - 255 Positions			
1	Director, Health Services	1	Rehabilitative Services Manager
2	Assistant Directors, Health Services	2	Public Health Nutritionists [+2]
1	Management Analyst IV	3	Dental Assistants
2	Management Analysts III	2	Radiologic Technologists
1	Management Analyst II	4	Senior Home Health Aides
4	Public Health Doctors	20	Home Health Aides
3	Public Health Dentists	5	Social Services Specialists II
3	Licensed Practical Nurses	4	Park/Rec Specialists III
4	Nurse Practitioners	1	Human Service Worker IV
13	Public Health Nurses IV	9	Human Service Workers II
19	Public Health Nurses III [+1]	11	Human Services Assistants
65	Public Health Nurses II, 3 PT	6	Administrative Assistants V
1	Senior Pharmacist	14	Administrative Assistants IV
1	Pharmacist	14	Administrative Assistants III
2	Audiologists II	32	Administrative Assistants II



## Performance Measurement Results

HEALTH SERVICES			
5	Speech Pathologists II		
SCHOOL HEALTH - 336 Positions			
1	Director, School Health	108	Public Health Nurses II
1	Assistant Director, School Health	4	Senior School Health Aides, PT
1	Public Health Doctor	198	School Health Aides, PT
6	Public Health Nurses IV	1	Administrative Assistant III
16	Public Health Nurses III		
+	Denotes New Position(s)		
PT	Denotes Part-time Position(s)		

The Fairfax County Health and Human Services System has adopted the Results-Based Accountability approach to measure impact across the system, foster joint accountability, and collectively strengthen programs and services. This framework focuses on measuring how much work is done, how well work is completed, and whether clients are better off as a result of receiving FCHD services. As a part of this effort, The FCHD continues to revise and refine its performance measures to better reflect desired client and community health outcomes. Some new measures have replaced key performance measures used in prior years; therefore, data is no longer being collected for the measures previously reported on. Additionally, data are not available for some years for newer measures due to changes in collection methodologies and reporting tools.

### **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 \$72,619,720 and all the department’s performance objectives. In addition, the department anticipates receiving grants totaling approximately \$4,685,735 and revenue of \$20,444,171 in FY 2022. The department achieved its target to meet 60 percent of all the performance measurement estimates set for FY 2020. It also exceeded its target of 60 percent for both quality and efficiency measures (75 percent and 69 percent, respectively).

### **Community Health Development**

Community Health Outreach serves as a resource for the 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 2020, the team reached 79,437 individuals; of those surveyed, 97 percent were satisfied with the health promotion activities provided. As a result of these efforts, 85 percent of survey respondents reported an intent to practice healthy behaviors. In FY 2020, the Outreach Team continued to build the capacity of interfaith partners to serve as public health champions, while also focusing significant efforts to expand the reach of COVID-19 public health messaging. Outreach activities in FY 2021 continued 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 2020, the COVID-19 pandemic response consumed all EP&R resources from January 2020 onwards. Training, exercising, and all other non-critical functions ceased which resulted in a decrease in metrics related to trainings and staff and volunteer documentation of preparedness levels. While the number of staff and volunteers who have completed required training has grown, the percent receiving training in the usual format has dropped due to the large surge in new volunteers to the Medical Reserve Corps program (over 1,000 new volunteers in a three-month

period). EP&R is unable to continue trainings due to staff engagement in the COVID-19 response as well as social distancing requirements; however, the real-world emergency response experience staff and volunteers are receiving through the COVID-19 response is more valuable to individual and department preparedness. Future efforts will focus on leveraging lessons learned from COVID-19 to improve staff, volunteer, department, and community preparedness for public health emergencies.

## **Environmental Health**

### **Consumer Protection Program:**

The Consumer Protection Program (CPP) currently has oversight of 4,063 permitted facilities that include 3,808 food establishments and 255 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, EHS implemented a more defined process for screening environmental complaints to determine the best means to respond, which can require interagency coordination and referral. The complaint screening process has helped increase the initial three-day response time to 51 percent in FY 2020 from 41 percent in FY 2019. However, over the same period, the metric for timely, ultimate resolution of environmental complaints (within 60 days of receipt) continued to trend relatively static at 84 percent, shy of the 90 percent target for FY 2020.

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. On April 1, 2020, the Virginia Department of Health granted local health departments authority to conduct training inspections by phone to meet food establishment inspection regulatory mandates while in-person inspections, other than for foodborne illness investigations, were suspended during COVID-19. Inspectors used surveys with questions for owners and operators about the most current Executive Orders and phased reopening guidelines for businesses. These training inspections cannot be used to report FY 2020 results for inspections conducted within prescribed inspection frequency and establishments demonstrating FDA risk factor control measures to reduce foodborne illness. In early FY 2021, CPP began conducting virtual inspections to address 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 (OSW) focuses on disposal systems and private well water supplies to ensure proper construction, operation, and maintenance that protect public health. During FY 2020, 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 33,496 during FY 2020, a slight decrease from the prior year. This decrease was largely related to the impact of the COVID-19 pandemic. From the first COVID-19 case in Fairfax County through the end of FY 2020, 14,375 COVID-19 cases were identified and investigated. The

reduced number of investigations for other communicable diseases likely can be attributed to 1) lower rates of healthcare utilization and screening for conditions such as latent tuberculosis infection or hepatitis C due to fear of acquiring COVID-19 from exposure in a healthcare setting; 2) the positive impact of improved hygiene and social distancing on disease occurrence; and 3) reduced communicable disease exposures among children as a result of school closures. Annual differences also reflect temporal changes in the circulation of specific pathogens that occur year-to-year. The percent of selected reportable communicable disease investigations for which initial public health control measures were initiated within the appropriate timeframe increased from 83 percent in FY 2019 to 86 percent in FY 2020. In FY 2021, the FCHD continued to conduct disease investigations and respond to outbreaks, while enhancing prevention efforts, particularly for healthcare-associated, emerging, and drug-resistant infections.

Population Health is a new function in the division with three epidemiology staff to focus on chronic diseases, violence, substance use, behavioral health, and health equity. Following establishment of program priorities and foci, the team will work to identify new performance measures to reflect the level of effort in this area and its impact on the community. During the COVID-19 pandemic, population health staff have largely been diverted to the pandemic response, delaying development of new performance measures. Key population health foci in FY 2020-2021 have included substance use (e.g., opioids, vaping), behavioral health and suicide, food insecurity and hunger, intimate partner violence, and inequities in the occurrence of these health conditions.

### **Health Laboratory**

A continuing focus of laboratory performance is control of average cost per test. The average cost per test in FY 2020 (\$10.76) was higher than FY 2019 (\$7.21) due to decreased test volume directly related to the COVID-19 pandemic. Future projected cost per test reflects increased costs of supplies and personnel. In addition to cost, quality improvement is an ongoing process in the operation of any laboratory. The FCHD Laboratory (FCHDL) distributes an annual Customer Satisfaction Survey to measure whether services provided meet or surpass the needs of clients. The FCHDL continued to maintain a high level of customer satisfaction as measured by FY 2020 survey results which indicate that 98 percent of customers were satisfied with current services.

To achieve and maintain certification through regulatory authorities, laboratories must participate in annual proficiency testing programs. The FCHDL participates in the following proficiency testing programs: College of American Pathologists, Wisconsin State Laboratory of Hygiene, American Proficiency Institute (API), Centers for Disease Control and Prevention, and Environmental Protection Agency approved environmental studies. The FCHDL continued to maintain a high degree of accuracy as measured by its FY 2020 scoring average of 98.6 percent on accuracy tests required for certification. The department's scoring level exceeds the goal of 95 percent and exceeds the accepted benchmark of 80 percent required for satisfactory performance by laboratory certification programs.

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 turnaround-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 98 percent of critical human exposures to potentially rabid animals. Of the 391 rabies tests conducted, 19 individuals were confirmed to have been exposed to rabid animals. The savings in medical costs

associated with the 223 individuals exposed to potentially rabid animals with negative test results is estimated at \$892,000.

### **Health Services**

#### **Maternal Child Health (MCH) Services:**

The number of Public Health Assessments (PHAs) provided to pregnant women in the FCHD clinics decreased by 13 percent in FY 2020 (2,217 PHAs) compared to FY 2019 (2,533 PHAs). As a result, the program fell short of the designated target of 2,700 PHAs. A root cause analysis is needed to identify the driving factors behind this decline. It may reflect a reduced number of access points to pregnancy testing when clinic sites were reduced from five to three, and/or well pregnant women may have been reluctant to seek care fearing exposure to COVID-19 at healthcare sites - arriving for delivery at hospitals only at the end of their term.

The FCHD's Home Visiting Programs include two evidence-based programs (Healthy Families Fairfax and Nurse Family Partnership) and one evidence-informed program (MCH Field). MCH home visiting services increased by 18 percent from 1,882 clients in FY 2019 to 2,218 in FY 2020. The percent of Nurse Family Partnership (NFP) pregnant women retained through their entire pregnancy also increased in FY 2020 from 61 percent to 74 percent. The client retention rate during pregnancy was above the Virginia rate of 70 percent in FY 2020. The improved retention rate may be attributed to the FCHD NFP program's Quality Improvement project designed to improve attrition and retention rates during FY 2020. Other factors may be the COVID-19 stay at home orders and/or increased vigilance around health intensified by their pregnancy.

The percent of births through the FCHD-Inova Cares Clinic for Women classified as low birth weight (LBW: less than 2,500 grams) increased from 7.8 percent in FY 2019 to 8.7 percent in FY 2020. This is higher than the national low birth weight target of 7.8 percent established by Healthy People 2020. Anecdotal evidence suggests that fear of exposure to COVID-19 in a healthcare setting and economic hardship caused by the pandemic may have discouraged some women from seeking prenatal care, which is known to be a marker for a healthier pregnancy and reduces LBW. In addition, research has shown that stressors during pregnancy can lead to premature birth and low birth weight. Initial studies are finding significant stress among pregnant women since the start of the coronavirus pandemic. Further investigation is warranted to identify and address contributing factors.

The FCHD experienced a 12 percent drop, from FY 2019 (9,057) to FY 2020 (7,960), in the number of infants and children up to 18 years of age, seeking childhood vaccines. Data shows that this drop occurred in the last quarter of FY 2020, coinciding with the onset of the COVID-19 pandemic. It may reflect the impact of reducing clinic sites from five to three and/or fear of exposure to COVID-19 in a health care setting. FCHD spearheaded a multisector effort to educate the public about the need for timely immunizations to prevent outbreaks of vaccine preventable diseases. To remove access barriers, numerous community-based immunization clinics were held in high opportunity neighborhoods throughout the County.

The percent of children served who completed the recommended vaccine series by 24 months of age remains steady at 67 percent in FY 2020. The FCHD vaccine coverage rate has consistently remained below the goal of 90 percent because the County has a highly transient population and, therefore, children who receive their initial vaccines at the FCHD do not always complete them before relocating. By the time of school entry, however, a much higher percentage of children are adequately immunized, with a 91 percent kindergarten entry immunization rate. 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:**

Clinic visits declined 18 percent from 47,755 in FY 2019 to 39,141 in FY 2020, with most notable decreases in the last quarter of the fiscal year, coinciding with the emergence of COVID-19. During this period, Health Services experienced a significant decrease in clients seeking services, attributed in large part to fear of exposure to COVID-19 in a health care setting in combination with individuals exercising caution in response to the Governor's Temporary Stay at Home Order. In response to this decrease in service demand and the increasing need for additional staff to support the COVID-19 response, the department temporarily reduced its clinical sites from five locations to one, consistent with its existing Continuity of Operations Plan (COOP). Sites were expanded back to three sites at the beginning of FY 2021 to accommodate renewed demand for in-person services while still providing staffing flexibility to COVID-19 response.

## **TB Program:**

The TB program reports rates per calendar year (CY) as required by VDH. The CY 2019 rate of active TB disease in Fairfax County was 5.4 per 100,000 compared to 5.7 in CY 2018. 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 consistent. The TB Satisfaction Survey results for CY 2019 demonstrate a 99 percent satisfaction rate with services provided. FCHD was unable to conduct the survey in CY 2020 due to the COVID-19 pandemic.

## **Long Term Care:**

The number of Medicaid Long Term Services & Supports (LTSS) Screenings (formerly known as Nursing Home Pre-Admission Screenings (NHPAS)) for low-income, frail children, older adults and adults with disabilities completed in FY 2020 (1,229) increased compared to FY 2019 (1,209) despite a decrease in screening requests in the 4th quarter of the fiscal year. This 4th quarter drop in the screenings is attributed to stay at home orders, and to family caregivers' resistance to allowing an unknown direct service worker into their home for fear of COVID-19 exposure. The rate of LTSS screenings increased in the 1st quarter of FY 2021, most likely due to family caregivers' need to return to work. LTSS screenings are expected to increase in FY 2021 in response to the County's aging population trend.

In FY 2020, 99 percent of the Adult Day Health Care (ADHC) participants met the criteria for institutional level of care but remained in the community due in part to the support services received through the ADHC program. One hundred percent of family caregivers surveyed in FY 2020 stated that they experienced less stress when their loved one attended an ADHC Center, which exceeded the FY 2020 projection by five percentage points. Additionally, the program achieved a 100 percent satisfaction rate amongst family caregivers who responded to an annual survey. The Average Daily Attendance (ADA) for the ADHC program remained steady at 104 in FY 2020; however, the total number of participants served dropped from 266 in FY 2019 to 226 in FY 2020 because the ADHC Centers closed due to COVID-19 on March 13, 2020 and have yet to re-open. During FY 2020, the actual net cost to provide services to a participant was \$82 per day compared to FY 2019 cost of \$85 per day. The FY 2021 cost per service unit will be significantly impacted due to center closures for the entire fiscal year. When centers re-open in FY 2022, there will be limited capacity due to COVID-19 mitigation measures. The program will focus on increasing enrollment and the average daily attendance when normal operations can resume.

## **School Health**

In FY 2020, the School Health Program supported 188,930 students at 199 school sites in FCPS and 2,649 students enrolled in four FCCPS sites during the regular school year. Summer school and community recreation centers were not supported in FY 2020 due to the COVID-19 closures. 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 (PHN). Plans are shared with school staff and appropriate training is provided by PHNs 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 was 83,154 in FY 2020. This was a decrease of 7,409 students as a result of the COVID-19 school closures. Student visits to school health rooms, which are staffed by School Health Aides (SHA), occur for student illness or injury during the school day. Health room visits consequently dropped due to the school closure to 588,218 for FY 2020 from 767,048 in previous year. The annual school satisfaction survey that measures parent satisfaction with school health services effectively managing their child's health condition was not completed because the COVID-19 school closure occurred prior to the distribution of the survey.

## **Health and Human Services Safety Net Services**

Beginning in FY 2020, Fairfax County transitioned the model of providing primary care services from directly contracting for and overseeing operations of the Community Health Care Network to partnering with two existing community health centers that are nonprofit Federally Qualified Health Centers (FQHCs), Neighborhood Health and Health Works for Northern Virginia. The FQHCs serve entire families in a primary care medical home model, regardless of insurance or income. The financial support to the FQHCs is to ensure that all Fairfax County residents have access to health care. The FQHCs provide whole person/whole family care to residents regardless of insurance or income. Patient fees are charged on a sliding scale. Local general funds supplement federal and private funding to provide health homes to the most vulnerable residents in the community.

Performance measures for this service area are derived from data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues reported to the U.S. Health Resources and Services Administration. The standardized reporting system allows comparison data across health centers nationally. To maintain consistent reporting with the Health Resources and Services Administration (HRSA), the performance measures are reported from the most recent reporting period, calendar year 2019. The Community Health Centers provided health care to 22,658 Fairfax County residents; 98 percent were at or below 200 percent of the Federal Poverty Guideline and more than half were uninsured. Eighty-nine percent of Community Health Center patients are from racial and/or ethnic minority groups and 57 percent are best served in a language other than English.

Community Health Centers monitor and report nationally on quality measures such as patients who have controlled diabetes, controlled high blood pressure, and those who maintain the use of statin therapy for the prevention and treatment of cardiovascular disease. Additionally, they track preventive health screenings and services such as cancer screening, immunizations, depression screenings, and body mass index screening and follow-up. In comparison with other health centers, Neighborhood Health and HealthWorks scored better than average on 82 percent of the clinical performance measures, earning each a silver quality leader award from HRSA. Sixty-two percent of patients with hypertension had controlled blood pressure.

# Health Department

Indicator	FY 2018 Actual	FY 2019 Actual	FY 2020 Estimate	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
<b>Administration and Operations</b>						
Percent of performance measurement estimates met	66%	60%	60%	69%	65%	65%
<b>Community Health Development</b>						
Percent of community members served who report intent to practice healthy behaviors	77%	86%	80%	85%	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	97%	97%	97%	81%	85%	90%
<b>Environmental Health</b>						
Percent of environmental complaints resolved within 60 days	82%	90%	90%	84%	90%	90%
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness <sup>1</sup>	95%	95%	95%	NA	96%	96%
Percent of out-of-compliance onsite sewage disposal and water supply systems corrected within the specified time period	94%	90%	90%	90%	90%	92%
<b>Epidemiology and Population Health</b>						
Percent of communicable disease investigations conducted within the appropriate timeframe	86%	83%	85%	86%	90%	90%
<b>Health Laboratory</b>						
Percent of individuals prevented from unnecessary rabies post-exposure shots by timely receipt of negative lab results	98%	99%	95%	98%	95%	95%
<b>Health Services</b>						
Percent of pregnant women served who deliver a low birth weight baby	7.3%	7.8%	7.8%	8.7%	7.8%	7.8%
Percent of children served by the Health Department who are up-to-date on immunizations at 24 months of age	63%	67%	65%	67%	60%	63%
Percent of clients who report that the services they received at a public health clinic addressed their health need <sup>2</sup>	98%	99%	98%	NA	98%	98%
Percent of participants who met the criteria for institutional level of care who were able to remain in the community	99%	97%	95%	99%	97%	97%
<b>School Health</b>						
Percent of parents and guardians who report that their child was able to attend school as a result of having a health care plan <sup>3</sup>	87%	73%	84%	NA	85%	85%
<b>Health and Human Services Safety Net</b>						
Percent of Community Health Center patients with hypertension whose blood pressure is controlled <sup>4</sup>	NA	NA	65%	62%	61%	63%

<sup>1</sup> The calculations for these measures are based on performance of in-person inspections of food service establishments. Only virtual training inspections with a survey about compliance with Executive Orders were conducted in late FY 2020 because of COVID-19. As a result, the FY 2020 Actuals for the measures cannot be accurately reported.

<sup>2</sup> Program was unable to conduct client survey due to COVID-19.

<sup>3</sup> Due to COVID-19 related school closures, the annual satisfaction survey was not conducted FY 2020.

<sup>4</sup> Federally Qualified Health Center measures and outcomes are compiled and reported on the calendar year. The most current outcomes for FY 2020 are for Calendar Year 2019.