

# Health Department

## Mission

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

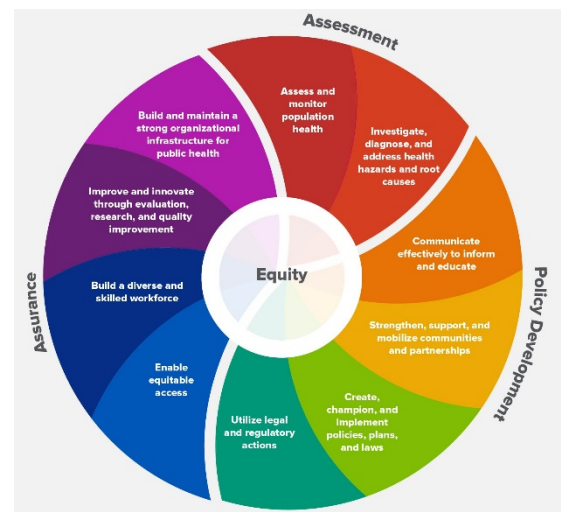
## Focus

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 integral to the FCHD's implementation 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. A key first step is robust surveillance for early detection of disease and outbreaks, followed by investigation to identify modifiable risk factors and implementation of preventive interventions. 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 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.



**10 Essential Public Health Services**

#### **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.

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 has expanded its engagement of 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 network partners are critical champions for building community capacity to deliver and reinforce key public health messages within targeted communities.

Community-wide outreach and engagement 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 informed by community champions and designed and delivered to reach the whole community, but intentional efforts are also implemented for targeted populations 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 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. 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 conduct a behavioral health screening, provide 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 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, quickly mobilize a response, and sustain emergency response operations are critical aspects 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 FCHD staff and MRC volunteers. It is also charged with 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 through a variety of planning initiatives with response partners and community organizations.

Since January 2020, EP&R has been fully engaged in coordinating the department's emergency response to the COVID-19 pandemic while simultaneously responding to other potential and actual emergencies and supporting government and community partners. The MRC more than quadrupled in size and contributed over 50,000 emergency response hours in FY 2021. EP&R has expanded its team to meet the ever-growing complexities of the pandemic response and to meet the challenges of community recovery. In FY 2023 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**

An interdisciplinary Strategic Planning Committee was convened in FY 2019 to examine the factors and trends impacting the department and update the 2014-2019 Strategic Plan. Plans to finalize, adopt, and implement the plan in late FY 2020 were paused due to the department-wide focus on responding to the COVID-19 emergency. While pandemic response activities are still ongoing, the FCHD is resuming work to finalize the strategic plan in FY 2022, incorporating additional updates based on lessons learned from COVID-19. The revised plan will continue to address the challenge of securing and retaining resources for ongoing activities that are critical to the community while seizing opportunities to leverage community assets and other resources that enable the department to reorient towards population-based programs focusing on disease prevention and health promotion.

While progress has been made in developing internal resources, building a strong 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 and proactively address emerging public health issues and respond to immediate health threats.

The 10 EPHS also serve as the framework for nationally adopted performance and quality improvement standards, such as local public health department accreditation. In late FY 2016, the FCHD was awarded accreditation by the Public Health Accreditation Board (PHAB), having met national standards for high-quality public health services, leadership, performance management, and accountability. The department received the full accreditation for five years and is one of 319 local, state, and tribal health departments having achieved accreditation nationwide. National accreditation has established the FCHD as a leader in public health performance excellence. As one of only four accredited health departments in Virginia (in addition to VDH's recent state accreditation), the department is well positioned to inform and guide the adoption of innovative and promising practices to improve the health of our communities statewide. The FCHD will seek reaccreditation in early FY 2023, after being granted a one-year extension due to COVID-19.

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

Effectively addressing 21<sup>st</sup> century public health challenges 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, collaborative community health improvement work by FCHD partners is highlighted through the Live Healthy Fairfax branding. FCHD 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. PFHF continues its efforts to implement goals and objectives from its second Community Health Improvement Plan (CHIP) for 2019-2023.

## **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.

Prior to the onset of the COVID-19 pandemic, the FCHD provided training to staff to enhance the specialized knowledge and skills in core public health disciplines. In addition, efforts were 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 2021, public health core competencies were used in recruitments and added to management position descriptions. In addition, the department explored investments in appropriate technology to more efficiently deliver online and remote training to build workforce capacity. In FY 2022, the department's third public health graduate certificate cohort began at George Mason University. In FY 2023, the department is focused on building and cultivating the necessary resources to move toward building core competencies in all staff.

## **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. The 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 2022, the FCHD Informatics Team continued its partnership with the Department of Information Technology to successfully provision IT assets to more than 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. With substantial federal grant funding, the FCHD Informatics Team will engage with our Public Health Laboratory in a comprehensive review of laboratory technology and connectivity needs as well as strategic planning for the future.

The FCHD continues to pursue key IT projects unrelated to COVID-19, including launching the implementation of the department's first Electronic Health Record (EHR), with initial functionality expected to go live in FY 2023. The multi-agency Land Development Services System Replacement project continued throughout FY 2022, with final phases expected to go live by October 2023.

## **Revenue Sources**

The FCHD is a locally administered health department with support from the state based on a formula set by the General Assembly. For FY 2023, it is anticipated that the state will contribute \$9.5 million 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 remains below pre-pandemic levels reflecting continued reduced demand for services with all five clinic sites re-opened. Due to the vulnerability of its participants to COVID-19, the four ADHC Centers remained closed for all of FY 2021. All ADHC Centers re-opened as of September 2021, but the department anticipates a restrained recovery. In FY 2023, operation of the ADHC Centers will be transferred to the Department of Neighborhood and Community Services.

## **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 HCAB makes recommendations on proposals to develop medical care facilities and works collaboratively with key stakeholders to ensure the County's Zoning Ordinance and Comprehensive Plan reflect important health considerations.
- The Fairfax Area Long Term Care Coordinating Council (LTCCC) was chartered by the Board of Supervisors in FY 2002 to identify and address unmet needs in long-term care services and supports. The LTCCC has over 50 members representing other boards and commissions (including the HCAB), community-based public and private organizations, 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. During the COVID-19 pandemic, the LTCCC provided a job fair to meet hiring shortages as well as created a mobile social engagement program and an equity lens toolkit. In FY 2023, staff support for the LTCCC will be transferred to the Department of Neighborhood and Community Services.

## **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. Since January 2020, more than 700 Health Department staff have directly contributed to COVID-19 response activities.

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 continued to consolidate service offerings to only three sites until the last quarter of FY 2021. Following successful vaccination efforts in the County, limited clinical services were once again offered at all five clinic sites beginning at the end of FY 2021. The ADHC Centers remained closed for all of FY 2021 but re-opened in early FY 2022 with COVID-19 mitigation measures implemented to protect its vulnerable participants.

Essential clinical services that continued throughout the COVID-19 pandemic 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 community-based flu clinics to reach populations at higher-risk for flu, and provision of STI clinic services. Beginning in late FY 2021, the department has transitioned service delivery back to in-person operations, while incorporating lessons learned during remote operations.

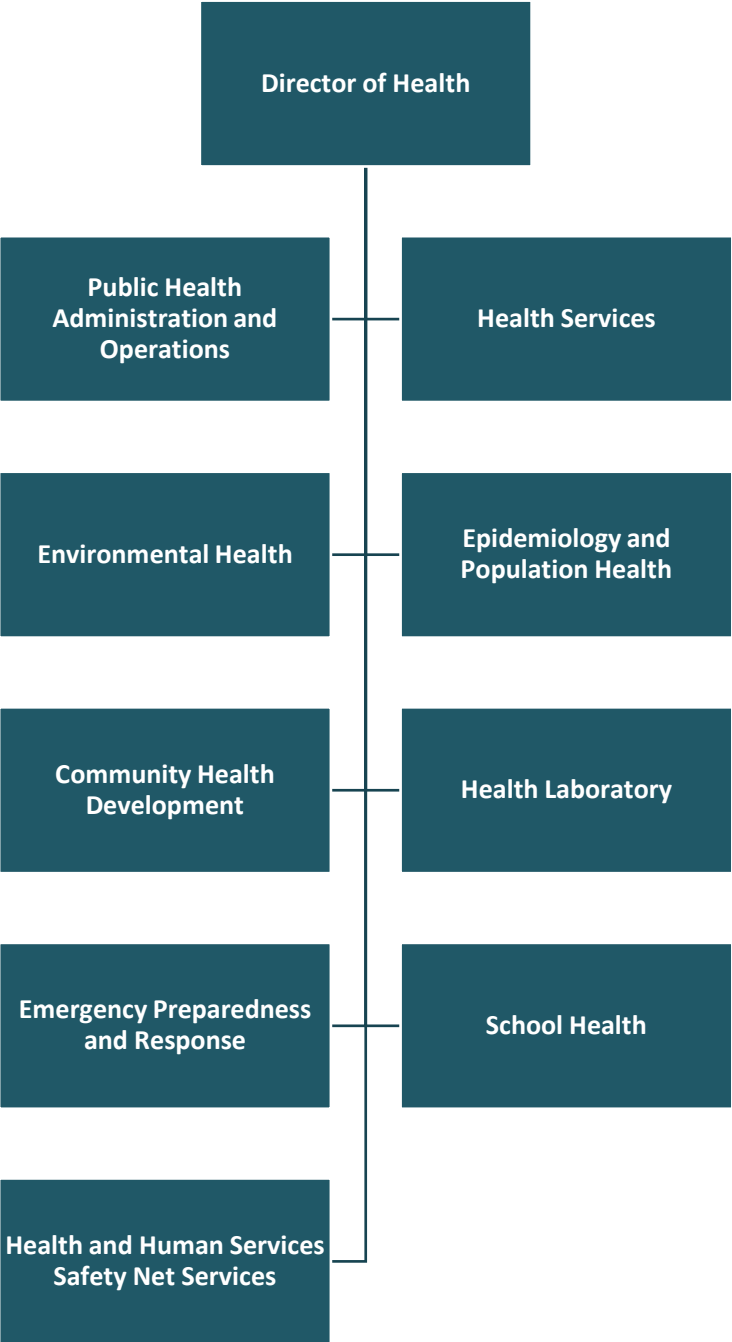
Since early 2020, the FCHD has worked to offer a variety of COVID-19 community testing opportunities, with an emphasis on reaching communities experiencing disproportionate levels of COVID-19 infections. To assure continued success with timely testing, the FCHD Laboratory diversified testing methods, utilizing the Mobile Laboratory to provide rapid molecular testing throughout the community and procuring new equipment that allowed staff to better navigate the nation-wide shortages of chemicals and reagents needed for this testing. A new 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.

Throughout the COVID-19 pandemic, FCHD has relied on a robust team of Containment staff to conduct case and contact investigations for all positive COVID-19 cases reports for Fairfax Health District as well as a team of Community Health Workers working with identified cases, contacts, and community groups to assess needs and provide assistance and referrals to resources. Containment efforts have been supported largely through contractual staff and one-time grant funding from the Virginia Department of Health.

Beginning in late December 2020, FCHD played a lead role in vaccination efforts, 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 remain 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.

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 2021 Actual data. While continued impacts are expected throughout FY 2022, FCHD has not revised FY 2022 estimates unless data were available to inform the revised estimates.

**Organizational  
Chart**





## Budget and Staff Resources

Category	FY 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>FUNDING</b>				
<b>Expenditures:</b>				
Personnel Services	\$36,662,646	\$52,463,729	\$53,514,201	\$63,023,999
Operating Expenses	10,968,878	20,155,991	24,076,986	19,999,791
Capital Equipment	236,935	0	121,311	0
<b>Total Expenditures</b>	<b>\$47,868,459</b>	<b>\$72,619,720</b>	<b>\$77,712,498</b>	<b>\$83,023,790</b>
<b>Income:</b>				
Elderly Day Care Fees	\$1,037	\$998,960	\$141,190	\$0
City of Fairfax Contract	1,450,963	1,450,963	1,215,553	1,541,630
Elderly Day Care Medicaid Reimbursement	42,961	307,178	42,961	0
Falls Church Health Department	375,888	387,050	387,050	511,978
Licenses, Permits, Fees	2,059,729	3,558,995	2,360,348	3,058,074
Recovered Costs - Health Department	6,439	0	0	0
Reimbursement - School Health	4,582,593	3,995,766	3,995,766	5,529,099
State Reimbursement - Health Department	9,444,205	9,426,509	9,426,509	9,532,899
<b>Total Income</b>	<b>\$18,291,956</b>	<b>\$20,444,171</b>	<b>\$17,933,425</b>	<b>\$20,173,680</b>
<b>NET COST TO THE COUNTY</b>	<b>\$29,576,503</b>	<b>\$52,175,549</b>	<b>\$59,779,073</b>	<b>\$62,850,110</b>
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	804 / 731.72	809 / 736.47	910 / 837.72	864 / 791.72

This department has 53/53.0 FTE Grant Positions in Fund 50000, Federal-State Grant Fund.

## FY 2023 Funding Adjustments

The following funding adjustments from the FY 2022 Adopted Budget Plan are necessary to support the FY 2023 program:

### Employee Compensation **\$4,060,222**

An increase of \$4,060,222 in Personnel Services includes \$2,115,091 for a 4.01 percent market rate adjustment (MRA) for all employees and \$950,365 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2022. The remaining increase of \$994,766 is included for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions.

### Funding to Staff One Nurse in Each Fairfax County Public School **\$7,454,327**

As previously approved by the Board of Supervisors as part of the *FY 2021 Carryover Review*, an increase of \$7,454,327 is included to support additional positions in support of the School Health program. In FY 2022, these positions were funded through the ARPA Coronavirus State and Local Fiscal Recovery Funds. It should be noted that an increase of \$3,425,113 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$10,879,440. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1. The expenditure increase is partially offset by an increase of \$1,533,333 in state revenue for a total General Fund net impact of \$9,346,107.

### Funding for Public Health Preparedness **\$1,380,187**

As previously approved by the Board of Supervisors as part of the *FY 2021 Carryover Review*, an increase of \$1,380,187 is included to support additional positions to advance public health preparedness. In FY 2022, these positions were funded through the ARPA Coronavirus State and Local Fiscal Recovery Funds. It should be noted that an increase of \$659,033 is included in Agency 89, Employee Benefits, for a total of \$2,039,220. For further information on Fringe Benefits, please

refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

**Office of Strategy Management for Health and Human Services Realignments** **\$345,435**

As previously approved by the Board of Supervisors as part of the *FY 2021 Carryover Review*, an increase of \$345,435 is associated with the reorganization of Agency 77, Office of Strategy Management for Health and Human Services (OSM). This funding includes \$330,972 in Personnel Services and \$14,463 in Operating Expenses. There is no net impact on the General Fund in terms of funding or positions associated with these changes.

**Contract Rate Adjustment** **\$193,298**

An increase of \$193,298 in Operating Expenses supports a contract rate increase for the providers of mandated and non-mandated public health services.

**Position Supporting Epidemiology** **\$91,197**

An increase of \$91,197 and 1/1.0 FTE new position is included to support the Epidemiology and Population Health program. The new position will track and prevent communicable disease infections with a focus on COVID-19. It should be noted that an increase of \$45,607 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$136,804. For more information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area of Volume 1. The expenditure increase is partially offset by an increase of \$106,390 in state revenue for a total General Fund net impact of \$30,414.

**Public Health Nurse for Falls Church City Public Schools** **\$83,369**

An increase of \$83,369 and 1/1.0 FTE new position is included to support the School Health Program for Falls Church City Public Schools. It should be noted that an increase of \$41,559 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a total cost of \$124,928. For more information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area of Volume 1. The expenditure increase is completely offset by revenue from Falls Church City Public Schools for net zero impact.

**Funding for Sully Community Center** **\$81,415**

An increase of \$81,415 is included to support full-year operations and programs at the new Sully Community Center, which will help provide equitable access to health services and recreational opportunities. Partial-year funding and positions were included in the FY 2022 Adopted Budget Plan to account for the facility opening in the last quarter of FY 2022. It should be noted that an increase of \$39,139 in Fringe Benefits funding is included in Agency 89, Employee Benefits, for a cost of \$120,554. For further information on Fringe Benefits, please refer to the Agency 89, Employee Benefits, narrative in the Nondepartmental program area section of Volume 1.

**Department of Vehicle Services Charges** **\$4,836**

An increase of \$4,836 in Department of Vehicle Services Charges is based on anticipated billings for maintenance and operating-related charges.

**Transfer of Adult Day Health Care and Long-Term Care Services** **(\$3,290,216)**

A decrease of \$3,290,216 and 48/48.0 FTE positions is associated with the transfer of Adult Day Health Care and Long-Term Care Services from Agency 71, Health Department, to Agency 79, Department of Neighborhood and Community Services, and Agency 67, Department of Family Services, in an effort to more closely align programs and services within the health and human services system.

**Changes to  
FY 2022  
Adopted  
Budget Plan**

*The following funding adjustments reflect all approved changes in the FY 2022 Revised Budget Plan since passage of the FY 2022 Adopted Budget Plan. Included are all adjustments made as part of the FY 2021 Carryover Review, FY 2022 Mid-Year Review, and all other approved changes through December 31, 2021:*

**Carryover Adjustments \$4,747,343**

As part of the *FY 2021 Carryover Review*, the Board of Supervisors approved funding of \$4,747,343, including \$719,500 in Personnel Services for a one-time compensation adjustment of \$1,000 for merit employees and \$500 for non-merit employees paid in November 2021. The remaining amount of \$4,027,843 is due to encumbered funding in Operating Expenses.

**Office of Strategy Management for Health and Human Services Realignments \$345,435**

As part of the *FY 2021 Carryover Review*, an increase of \$345,435 is associated with the realignment of funding and positions as a result of a reorganizational review of Agency 77, Office of Strategy Management for Health and Human Services (OSM). This funding includes \$330,972 in Personnel Services to support the transfer of 3/3.0 FTE positions and \$14,463 in Operating Expenses. This reorganization includes the re-envisioning of Health and Human Services strategic policy and planning efforts, previously coordinated by the OSM. Moving forward, this work will continue through a hybrid of centralized cross-system coordination and imbedded corporate agency supports. There is no net impact on the General Fund in terms of funding or positions associated with these changes.

**Additional Public Health Nurses to Staff One Nurse in Each FCPS \$0**

As part of the *FY 2021 Carryover Review*, the Board of Supervisors approved 82/82.0 FTE new Public Health Nurse positions in order to resource one public health nurse per school for the entire Fairfax County Public Schools (FCPS) system. The additional positions are required in order to comply with §§ 22.1-253.13:2 and 22.1-274 of the Code of Virginia, which mandates at least three specialized student support positions per 1,000 students. In FY 2022, these positions have been funded through the ARPA Coronavirus State and Local Fiscal Recovery Funds.

**Positions to Advance Public Health Preparedness and Department Operations \$0**

As part of the *FY 2021 Carryover Review*, the Board of Supervisors approved 16/16.0 FTE new positions to advance public health preparedness and department operations by building on existing capacity and developing new capacity and initiatives designed to prepare residents in the Fairfax Health District, local government agencies, community-based organizations, and other partners for future public health emergencies, including the continuing impacts of COVID-19. In FY 2022, these positions have been funded through the ARPA Coronavirus State and Local Fiscal Recovery Funds.

**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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$4,381,334	\$3,697,808	\$4,159,337	\$4,140,939
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	41 / 41	41 / 41	46 / 46	46 / 46

## 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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$952,770	\$2,285,752	\$2,193,243	\$2,399,590
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	34 / 34	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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$628,976	\$1,598,984	\$2,214,935	\$3,068,933
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	17 / 17	19 / 18.75	35 / 35	35 / 35

### 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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$3,793,936	\$5,544,501	\$5,604,684	\$5,841,265
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$1,465,169	\$2,407,317	\$2,441,510	\$2,660,170
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	28 / 28	28 / 28	28 / 28	29 / 29

## 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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$2,657,061	\$2,546,054	\$4,241,938	\$2,635,212
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	32 / 32	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); and Integrated Health Services. In FY 2023, Long-Term Care services, including Adult Day Health Care, are being transferred to either Agency 79, Department of Neighborhood and Community Services or Agency 67, Department of Family Services.

Category	FY 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$27,575,248	\$23,376,511	\$23,945,905	\$22,095,418
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	588 / 515.72	255 / 252.38	254 / 251.38	206 / 203.38

## School Health

School Health provides health services to students in 200 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 division was created as part of the FY 2022 Adopted Budget Plan; previously it was part of the Health Services division.

Category	FY 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$0	\$21,957,999	\$22,270,535	\$30,976,388
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	0 / 0	336 / 266.34	417 / 347.34	418 / 348.34

## 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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised
<b>EXPENDITURES</b>				
Total Expenditures	\$6,413,965	\$9,204,794	\$10,640,411	\$9,205,875
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	0 / 0	0 / 0	0 / 0	0 / 0

## Position Detail

The FY 2023 Advertised Budget Plan includes the following positions:

<b>PUBLIC HEALTH ADMINISTRATION AND OPERATIONS - 46 Positions</b>			
1	Director of Health	1	Business Analyst I
3	Deputy Directors for Health Department	1	Data Analyst II
1	Division Director Public Health Strategic Ops	1	Internet/Intranet Architect I
1	Director Health Safety Net Provider Network	1	Human Resources Generalist III
1	Program and Procedures Coordinator	2	Human Resources Generalists II
3	Management Analysts IV	2	Human Resources Generalists I
2	Management Analysts III	1	Financial Specialist III
1	Management Analyst II	2	Financial Specialists II
2	Management Analysts I	1	Financial Specialist I
1	Business Analyst IV	3	Administrative Assistants V
3	Business Analysts III	6	Administrative Assistants IV
4	Business Analysts II	2	Administrative Assistants III
<b>COMMUNITY HEALTH DEVELOPMENT - 34 Positions</b>			
1	Director Community Health Development	1	Communications Specialist III
2	Management Analysts IV	2	Communications Specialists II
8	Management Analysts III	5	Senior Community Health Specialists
1	Public Safety Information Officer IV	14	Community Health Specialists
<b>EMERGENCY PREPAREDNESS AND RESPONSE - 35 Positions</b>			
1	Public Health Emergency Management Coord.	1	Public Health Nurse III
2	Assistant Division Directors	1	Management Analyst II
1	Emergency Management Specialist IV	3	Management Analysts I
4	Emergency Management Specialists III	1	Safety Analyst II
7	Emergency Management Specialists II	3	Community Health Specialists
4	Emergency Management Specialists I	1	Volunteer Services Coordinator II
1	Environmental Health Supervisor	3	Training Specialists II
1	Public Health Doctor	1	Instructor IV
<b>ENVIRONMENTAL HEALTH - 64 Positions</b>			
1	Director Environmental Health	1	Environmental Health Technician I
3	Environmental Health Program Managers	1	Management Analyst II
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
4	Environmental Health Technicians II		
<b>EPIDEMIOLOGY AND POPULATION HEALTH - 29 Positions</b>			
1	Public Health Doctor	1	Environmental Health Specialist III
2	Epidemiologists IV	1	Environmental Health Specialist II
5	Epidemiologists III	2	Community Health Specialists
4	Epidemiologists II [+1]	2	Human Services Assistants
1	Epidemiologist I	1	Administrative Assistant IV
8	Public Health Nurses III	1	Administrative Assistant III
<b>HEALTH LABORATORY - 32 Positions</b>			
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 - 206 Positions			
1	Director, Health Services	5	Social Services Specialists II
3	Assistant Directors, Health Services	1	Human Service Worker IV
4	Public Health Doctors	9	Human Service Workers II
3	Public Health Dentists	11	Human Services Assistants
4	Nurse Practitioners	1	Training Specialist II
12	Public Health Nurses IV [-1T]	6	Administrative Assistants V
15	Public Health Nurses III [-5T]	9	Administrative Assistants IV [-5T]
60	Public Health Nurses II, 3 PT [-4T]	13	Administrative Assistants III
1	Senior Pharmacist	32	Administrative Assistants II
1	Pharmacist	0	Licensed Practical Nurses [-3T]
2	Audiologists II	0	Senior Home Health Aides [-4T]
5	Speech Pathologists II	0	Home Health Aides [-20T]
1	Rehabilitative Services Manager	0	Management Analysts IV [-1T]
2	Public Health Nutritionists	0	Management Analysts I [-1T]
3	Dental Assistants	0	Park/Rec Specialists III [-4T]
2	Radiologic Technologists		
SCHOOL HEALTH - 418 Positions			
1	Director, School Health	171	Public Health Nurses II [+1]
1	Assistant Director, School Health	4	Senior School Health Aides, PT
1	Public Health Doctor	198	School Health Aides, PT
11	Public Health Nurses IV	1	Administrative Assistant III
30	Public Health Nurses III		
T	Denotes Transferred Position(s)		
+	Denotes New Position(s)		
PT	Denotes Part-time Position(s)		

## Performance Measurement Results

FCHD utilizes a performance measurement approach based on the Results-Based Accountability framework, measuring how much work is done, how well work is completed, and whether clients are better off as a result of receiving services. In FY 2023, department leadership will work to enhance its current framework to advance alignment between individual, program, and department performance metrics. 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. As with last year, some data may not be available or may be time limited due to restricted or suspended service offerings as part of the COVID-19 response.

### 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 \$83.0 million and all the department's performance objectives. In addition, the department anticipates receiving grants totaling approximately \$4.9 million and revenue of \$20.2 million in FY 2023. The department achieved its target to meet 65 percent of all the performance measurement estimates set for FY 2021. 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 links the FCHD and other County programs with communities, provides residents with information about services, disseminates important health messages, engages in direct health education, and builds community capacity to improve health. In FY 2021, the team reached 217,045 individuals. Surveys to assess behavior and knowledge change were not conducted as the agency's pandemic response limited the team's ability to develop and validate survey instruments. Nevertheless, the Outreach Team continued to catalyze community

partnerships among houses of worship, multiunit housing, schools, small businesses, nonprofit organizations, individuals, and community residents. These public health champions identified and registered 4,075 individuals at equity testing sites and 47,925 individuals at vaccine equity clinics. Cultivating public health champions, using culturally competent messaging, and enlisting social media platforms contributed to high vaccination rates among the Latinx population – a community disproportionately affected by COVID-19 during the initial phases of the pandemic.

### **Emergency Preparedness and Response**

In FY 2021, the COVID-19 pandemic response continued to consume nearly all EP&R resources. While training, exercises, and other non-critical functions remained largely on hold, EP&R did begin to offer critical trainings again including CPR, Point of Dispensing (POD), and others. Metrics related to trainings for staff and volunteers increased, though much of those increases are related to COVID-19 training. While the number of staff and volunteers who have completed required training has grown, the percent completing training remains low due to the large surge in new volunteers to the Medical Reserve Corps program and 71 new merit employees, coupled with fewer-than-usual offerings of required staff trainings.

Regardless of training metric numbers, the real-world emergency response experience staff and volunteers are receiving through the COVID-19 response is more valuable to individual and department preparedness. Ninety-seven percent of staff and volunteers report they are better prepared for public health emergencies, up from 81 percent in FY 2020, and 96 percent of volunteers report experiencing a stronger connection to their community, up from 86 percent in FY 2020. 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 4,074 permitted facilities that include 3,867 food establishments and 207 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 57 percent in FY 2021, up from 41 percent and 51 percent in FY 2019 and FY 2020 respectively. CPP resolved 95 percent of environmental complaints within 60 days of receipt in FY 2021, exceeding the 90 percent target.

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. As seen with FY 2020, these training inspections cannot be used to report FY 2021 results for inspections conducted within prescribed inspection frequency and establishments demonstrating FDA risk factor control measures to reduce foodborne illness. In late FY 2021 and continuing into FY 2022, CPP has transitioned from conducting only virtual inspections to in-person inspections to better 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 2021, 95 percent of sewage disposal system violations and well water system deficiencies were corrected within 60 days, exceeding the 90 percent target for timely correction.

## **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 in 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 investigations (excluding tuberculosis) was 71,625 during FY 2021, more than doubling from the prior year. This increase was due to 69,824 COVID-19 cases identified and investigated in FY 2021. The percent of selected reportable communicable disease investigations for which initial public health control measures were initiated within the appropriate timeframe decreased from 86 percent in FY 2020 to 65 percent in FY 2021 due to limited staffing for non-COVID-19 communicable disease investigations. In FY 2022, the FCHD will continue 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 who focus on chronic diseases, violence, substance use, behavioral health, and health equity. 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 2021 (\$24.75) was higher than FY 2020 (\$10.76) due to decreased test volume and revenue as a result of 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 2021 survey results which indicate that 99 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 2021 scoring average of 97 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 100 percent of critical human exposures to potentially rabid animals. Of the 323 rabies tests conducted, 13 individuals were confirmed to have been exposed to rabid animals. The savings in medical costs associated with the 182 individuals exposed to potentially rabid animals with negative test results is estimated at \$728,000.

### **Health Services**

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

The number of Public Health Assessments (PHAs) provided to pregnant women in the FCHD clinics decreased by 19 percent in FY 2021 (1,798 PHAs) compared to FY 2020 (2,217 PHAs). As a result, the program fell short of the designated target of 2,700 PHAs. The driving factors behind this decline may include a decrease in the number of access points to pregnancy testing when clinic sites were reduced during the pandemic, and pregnant women may have been reluctant to seek care fearing exposure to COVID-19 at healthcare sites.

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 34 percent from 2,218 clients in FY 2020 to 2,964 in FY 2021. The percent of Nurse Family Partnership (NFP) pregnant women retained through their entire pregnancy increased in FY 2021 from 74 percent to 83 percent. The client retention rate during pregnancy was above the Virginia rate of 76 percent in FY 2021. The improved retention rate may be attributed to such factors as the development of alternative visit schedules to enhance client engagement and to meet the client's unique needs.

The percent of births through the FCHD-Inova Cares Clinic for Women classified as low birth weight (LBW: less than 2,500 grams) decreased from 8.7 percent in FY 2020 to 8.3 percent in FY 2021. 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 may have discouraged some women from seeking early prenatal care which is linked with positive pregnancy outcomes. In addition, research has shown that stressors such as economic hardship during pregnancy can lead to premature birth and low birth weight.

The FCHD experienced a 56 percent drop from FY 2020 (7,960) to FY 2021 (3,472), in the number of infants and children up to 18 years of age, seeking childhood vaccines. This was consistent with national reports during the COVID-19 pandemic. It may reflect the impact of reduced clinic services and/or fear of exposure to COVID-19 in a health care setting. Additionally, many parents may have delayed immunizing their school aged children this past year because of virtual learning. 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 decreased from 67 percent in FY 2020 to 64 percent in FY 2021. This may reflect the impact of reduced clinic services and/or fear of COVID-19 exposure in the health care setting. The County has a highly transient population and, therefore, children who receive their initial vaccines at the FCHD do not always complete the immunization series at the FCHD. By the time of school entry, however, a much higher percentage of children are adequately immunized, with an 86 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:**

In FY 2021, there were 19,806 client visits to public health clinics in comparison to the 39,141 in FY 2020, resulting from the temporary closure of two of five clinic sites closed due to shifting staff resources to the COVID-19 emergency response. Additionally, International Travel services were suspended which has historically been a significant source of visits and revenue. Late in FY 2021, the agency expanded clinical services back to all five sites to accommodate renewed demand for in-person services, but capacity is still limited due to nursing staff shortages and continued COVID-19 response needs.

### **TB Program:**

The TB program reports rates of TB disease per calendar year (CY) as required by the Virginia Department of Health. In CY 2020, 55.4 percent of Active TB cases, in Virginia, were residents of Northern Virginia. Fairfax County accounts for 30.4 percent of Virginia's cases. The rate of TB disease declined in CY 2020 with a rate of 4.3 per 100,000 compared to 5.4 in CY 2019. This decline is attributed, in part, to the impact of mitigation measures practiced to prevent the transmission of COVID-19.

In FY 2021 FCHD provided treatment for 58 TB diagnosed cases residing in Fairfax County. Additionally, FCHD treated several TB cases which originated in other jurisdictions, but ultimately relocated to Fairfax County. In FY 2021, there were 2,126 confirmed cases of Latent TB Infection (LTBI) reported in Fairfax County. Of those LTBI clients treated in FY 2021, a treatment compliance rate of 84 percent was achieved.

### **Long Term Care:**

The Medicaid Long Term Services & Supports (LTSS) screenings for low-income, frail children, older adults and adults with disabilities continued to be conducted virtually in FY 2021. The number of LTSS screenings completed in FY 2021 increased to 1,323 from 1,229 in FY 2020. The LTSS Screenings are expected to increase in FY 2023, due to the aging population and the expanded eligibility criteria for long term care Medicaid services.

The Adult Day Health Care (ADHC) Program's projected average daily attendance (ADA) of 110 for FY 2021 was not attained because, in an effort to prevent the transmission of COVID-19 to the frail elderly participants, the four ADHC centers were closed for the entire fiscal year. The ADA for FY 2022 has been revised because adherence to the social distancing mitigation measure significantly impacts the number of ADHC participants the program can safely serve. The projected net cost of \$160 per service unit for FY2022 and \$141 for FY 2023 are significantly higher than years past because of fixed overhead costs unaffected by the lower ADA.

## **School Health**

In FY 2021, the School Health Program supported 180,076 students at 200 school sites in FCPS and 2,500 students enrolled in five FCCPS sites during the regular school year. Summer school and community recreation centers were not supported in FY 2021 due to pandemic-related 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 (PHNs). 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 numbers of health conditions and student interactions decreased significantly during the 2020-2021 school year as only 50 percent of the student population participated in in-person learning for a limited number of days each week. The number of students in FCPS with an identified health condition was 8,571 in FY 2021 (only those students who attended in-person had a health plan). Student visits to school health rooms, which are staffed by School Health Aides (SHAs), occur for student illness or injury during the school day. Health room visits consequently dropped to 49,236 for FY 2021 from 588,218 in the previous year. Students with COVID-like-illness were sent directly to the care/isolation rooms and, although supported by the SHA as needed, were not counted as school health room visits. The annual school satisfaction survey that measures parent satisfaction with school health services effectively managing their child's health condition was not completed because of the pandemic and limited use of the health room with virtual learning.

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

Beginning in FY 2020, Fairfax County transitioned the long-time model of providing primary care services through directly contracting for and overseeing operations of the Community Health Care Network to partnering with two existing nonprofit community health centers that are designated as Federally Qualified Health Centers (FQHCs), Neighborhood Health and HealthWorks for Northern Virginia. The FQHCs serve families who often have complex health and social needs in a primary care medical home model which includes direct provision of primary, oral, and behavioral health care and coordination of care with other community providers. The County's financial support to the FQHCs supplements federal and private funding to ensure that low-income Fairfax County residents have access to affordable, comprehensive, high-quality health care. The FQHCs provide whole person/whole family care regardless of insurance, income, or residency. Patient fees are charged on a sliding fee scale which is approved by a majority-participant board of directors.

Performance measures for this service area are derived from data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues reported annually to the U.S. Health Resources and Services Administration (HRSA). The standardized reporting system allows comparison data across health centers nationally and HRSA conducts rigorous assessments to ensure FQHCs have systems and protocols to provide and maintain high-quality care. To maintain consistent reporting with HRSA, the performance measures are reported from the most recent reporting period, calendar year 2020. Neighborhood Health and HealthWorks for Northern Virginia provided professional health care services to 29,705 people who were Fairfax County residents as of December 31, 2020. Ninety-eight percent of the patients were low-income (at or below 200 percent of the Federal Poverty Guideline) and 65 percent were uninsured. Eighty-nine percent of the patients were from racial and/or ethnic minority groups and 67 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 69 percent of the clinical performance measures. Fifty-five percent of patients with diagnosed hypertension had controlled blood pressure (less than 140/90 mmHg) as measured by a health provider during the year. These measures were impacted due to the COVID-19 pandemic as some patients were not scheduling in-person visits for routine health screenings and chronic disease management. Both Community Health Centers remained open and continued to serve patients during the pandemic, providing both in-person and telemedicine visits. They also provided no-cost COVID-19 testing and vaccines to low-income County residents, including those who were not formally enrolled as patients. HRSA presented 2020 annual awards to Neighborhood Health for increasing access and reducing disparities and to HealthWorks for high-quality and advancing health information technology.

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Administration and Operations</b>						
Percent of performance measurement estimates met	60%	69%	65%	69%	65%	65%
<b>Community Health Development</b>						
Percent of community members served who report intent to practice healthy behaviors <sup>1</sup>	86%	85%	80%	NA	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%	81%	85%	97%	90%	92%
<b>Environmental Health</b>						
Percent of environmental complaints resolved within 60 days	90%	84%	90%	95%	90%	90%
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness <sup>2</sup>	95%	NA	95%	NA	95%	95%
Percent of out-of-compliance onsite sewage disposal and water supply systems corrected within the specified time period	90%	90%	90%	94%	92%	94%
<b>Epidemiology and Population Health</b>						
Percent of communicable disease investigations conducted within the appropriate timeframe	83%	86%	90%	65%	90%	90%
<b>Health Laboratory</b>						
Percent of individuals prevented from unnecessary rabies post-exposure shots by timely receipt of negative lab results	99%	98%	95%	100%	95%	95%
<b>Health Services</b>						
Percent of pregnant women served who deliver a low birth weight baby	7.8%	8.7%	7.8%	8.3%	8.1%	8.0%
Percent of children served by the Health Department who are up-to-date on immunizations at 24 months of age	67%	67%	60%	64%	65%	68%
Percent of clients who report that the services they received at a public health clinic addressed their health need <sup>3</sup>	99%	NA	98%	96%	98%	98%
Percent of participants who met the criteria for institutional level of care who were able to remain in the community <sup>4</sup>	97%	99%	97%	NA	97%	98%

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<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>5</sup>	73%	NA	85%	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>6</sup>	NA	62%	61%	55%	63%	65%

<sup>1</sup>The program was unable to conduct the survey in FY 2021 due to COVID-19.

<sup>2</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 and most of FY 2021 because of COVID-19. As a result, the FY 2020 and FY 2021 Actuals for the measures cannot be accurately reported.

<sup>3</sup>The program was unable to conduct client survey in FY 2020 due to COVID-19.

<sup>4</sup> Adult Day Health Care centers were closed during FY 2021 due to the COVID-19.

<sup>5</sup> Due to COVID-19 related school closures, the annual satisfaction survey was not conducted in FY 2020 and FY 2021.

<sup>6</sup> Federally Qualified Health Center measures and outcomes are compiled and reported on the calendar year. The most current outcomes for FY 2021 are for Calendar Year 2020.

A complete list of performance measures can be viewed at  
<https://www.fairfaxcounty.gov/budget/fy-2023-advertised-performance-measures-pm>