COVID-19 After Action Reports

Update on Summary of Findings

September 13, 2022

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COVID-19 AARs | **County AAR Summary of Engagement**

Efforts Since Last Presentation:

- Provided the Board the draft AAR #1 for review.

- Interviewed each Board office.

- Developed surveys to collect input from the Public, Community-based Organizations (CBOs), and the Private Sector.

- Worked with FCHD to ensure there are no gaps between their internal review and the County after-action review.

Hotwashes
DEMS conducted hotwash meetings with **206 participants** in total.

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Community Outcome Areas

COVID-19 AAR: Part 2 | **Observations from the Supervisors Office Meetings**
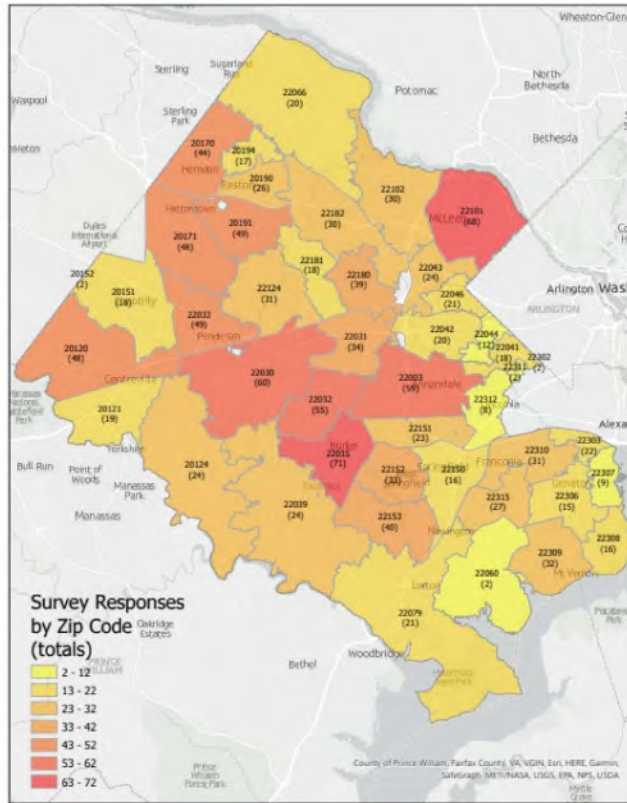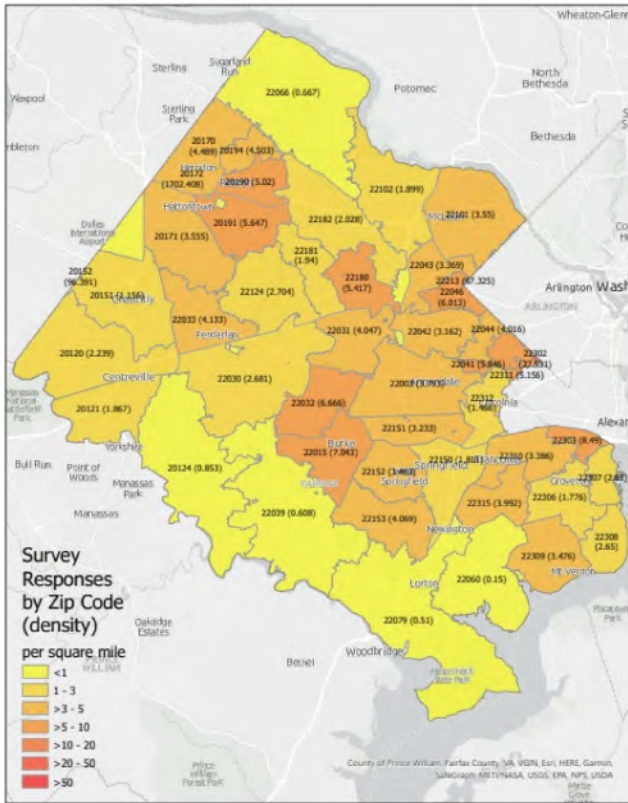
Strengths

- Internal communications were excellent. The blog centralized a lot of information for County residents.

- Establishing the processes and technology to allow people to testify to the board remotely was a major success and will continue moving forward.

- Operationally, the County process for grants and microloans allowed money to get out quickly.

- In certain settings, COVID-related changes to operations actually made things better than pre-COVID.

- A strength was flexibility in supporting businesses, but it is important that the County go deeper with those efforts and have a better template for the type of response and timing for implementing support.

Areas for Improvement/Recommendation

- The protection of employees, particularly those in the field who cannot work remotely, needs to be a priority for any future incident and to improve the resilience of our employees.

- Regionally, Fairfax County worked really well with Northern Virginia Partners, and we need to continue to build on that.

- Need to make sure community-based organizations continue to be viable and can provide their services, as they are crucial to the County response.

- The dashboard was a good communication tool that helped people find information for themselves.

- Challenges of January 18, 2021, online vaccine registration.

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Community
Outcome Areas

COVID-19 AAR: Part 2   **Community Input** Survey Responder Demographics

Received responses from every zip code in Fairfax County

Race/Ethnicity of Survey Respondents

- 73% White
- 10% I prefer not to answer
- 6% Asian
- 5% Hispanic, Latino, or Spanish
- 3% Black or African-American
- 3% Others

Age of Survey Respondents

- 21% 36-45
- 20% 46-55
- 20% 56-65
- 18% 66-75
- 8% Over 75
- 8% 26-35
- 3% Prefer not to answer
- 2% Others

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Community
Outcome Areas

Community Input Survey – 2148 responses

- 90% had little or no difficulty accessing county government services.

- 89% had little or no difficulty accessing the County's COVID-19 services.

Businesses Survey – 147 responses

- 71% (on average) indicated operations would have ceased or been negatively affected without access to county services.

COVID restrictions were strict, resulting in less accessibility to staff, limited access to facilities, as well as difficulty finding information regarding COVID.

Community-based Organizations Survey – 70 responses*

- 97% rated collaborative efforts with the county as satisfactory or better.

*Survey shared directly with partner organizations

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Community
Outcome Areas

Strengths

- Earlier pilot project with electronic plan review allowed Ordinances, Permitting, Code, and Business processes to go electronic quickly.

- A planned online transition for Land Development Services (expected in 2022) was executed in only three weeks.

- Telehealth increased community member engagement in services for sexual abuse and/or violence support.

Areas for Improvement

- There was greater complexity in providing wrap-around services in the non-congregate shelter setting.
  - **Recommendation**: Update shelter plans and procedures to address the need for mental health services and other wrap-around services in both congregate and non-congregate settings. Ensure relationships and agreements with organizations that provide these wrap-around services reflect the enhanced needs and complexity of service delivery in non-congregate shelter settings like hotels.

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Community
Outcome Areas

Strengths

- Fairfax County maintains additional flexibility to support vulnerable community members due to the NCS waiver from FEMA for reimbursement of non-congregate sheltering under the Public Assistance Program.

Areas for Improvement

- Online opportunities for residents to apply for services are significant, but there is a gap in tenants being able to apply online for rental assistance.
  - **Recommendation**: Ensure equitable online resources are established and maintained to support better service delivery.

- Many services were supported with funding made available by the federal government (e.g., CARES, ARPA, FEMA), which may not be available in response to a different emergency.
  - **Recommendation**: Determine what operations relied on federal funding during COVID. Assess options for funding flexibility and prioritization decisions on where funding can be directed and the mechanisms to allocate funding.
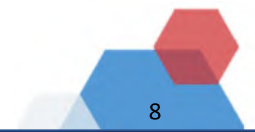
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Community
Outcome Areas

Strengths

- Mapping non-congregate (QPID) hotels supported decision-making by showing hotel location, capacity, and room availability.

- The county provided over $90 Million in funding for basic needs assistance like rent, food and other support services to the community.

Areas for Improvement

- There was variability in how agencies implemented health guidance. Rapidly changing guidance and details needed to implement guidance contributed to this variability.
  - **Recommendation**: Reassess the way in which health and safety guidance is given and communicated to county agencies, and agencies' ability to implement guidance uniformly throughout the organization.

HOTEL

2,188
clients served at quarantine,
protection, isolation,
decompression (QPID) hotels

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Community
Outcome Areas

COVID-19 AAR: Part 2 | **Capabilities Analysis:** **Communications**

Strengths

- Use of media to promote 'assistance from a distance' to those who are isolated and need the program most; translated materials were shared directly with communities by staff and volunteers.

- NCS specialist connecting directly with clients allowed for other needs to be identified, which allowed for connection to additional services.

Areas for Improvement

- The frequent information updates on HHS services and basic needs that were disseminated to the Board of Supervisors through numerous methods did not always reach Board members in a timely fashion.

  - **Recommendation:** Continue 'Friday Briefing' with the Board Offices in future incidents; establish criteria for adjusting frequency.

- Maintaining support to clients navigating county services and assistance beyond the pandemic.

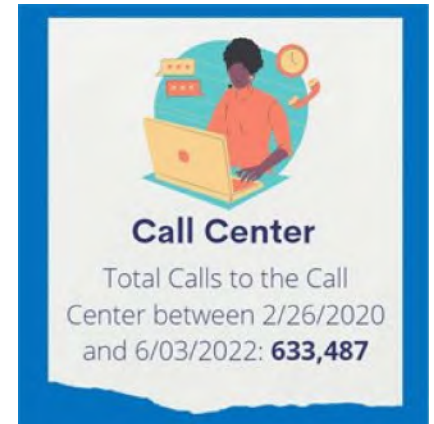 - **Recommendation:** Assess staffing level needed to sustain support.

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Community
Outcome Areas

Strengths

- Through strategic partnerships, established a large response organization of trained public health professionals to supplement county workforce.
- Versatility and dedication of HD employees.
- Work with skilled nursing facilities (SNF) to prevent large-scale COVID-19 outbreaks.
- Fairfax County's ability to operationalize COVID-19 testing.
- Collaboration of HDIT and DIT staff to develop county-wide and internal dashboards to consolidate data feeds to analyze and visualize data more quickly.

Areas for Improvement

- Prolonged and arduous COVID-19 response profoundly affected staff mental health.
- Public health staffing was insufficient to meet the personnel demands of a large-scale, years-long response while also maintaining essential public health services.
- Purchasing process required additional time and labor to ensure accurate accounting during the response.
- Health IT platforms at the local and state levels were not integrated and did not allow for sharing or transfer of data.
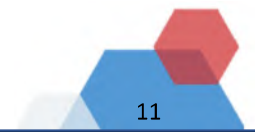
Call Center

Total Calls to the Call Center between 2/26/2020 and 6/03/2022: **633,487**

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Community Outcome Areas

Strengths

- Health Department's emergency planning and readiness allowed for the largest and most effective mass vaccination campaign in the state, administering over 2.5 million doses and fully vaccinating 78% of all Fairfax residents.

- Essential Services Outreach Division connected with ~ 3,000 establishments and organized 55 vaccination clinics (as of 5/22).

- Medically Fragile Task Force has given over 3300 vaccinations, with over 2100 individuals vaccinated (as of 5/22).

- Private medical provider outreach allowed for greater access to vaccine.

Areas for Improvement

- Messaging challenges related to vaccine hesitancy, eligibility, and related topics.

- Continuous changes in vaccine eligibility at the national level led to confusion among County residents and challenges implementing changes locally.

Alert System
30,000 new subscribers to alerts systems in the first months of the pandemic.

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Community Outcome Areas

COVID-19 AAR: Part 2 | **Showcase of Responsiveness in Government Operations**

National Environment	Challenge	Response	Continuing Improvements

National Environment

- Very start of national mass vaccination campaign.
- Severe shortage of vaccine.
- Fairfax County was allocated significantly less than the eligible demand in the first few months

Challenge

January 18, 2021 Mass Vaccination Registration

- System capacity overloaded.
- Extensive wait times.
- Incomplete registrations.
- Frustrated county residents.

Response

- DIT expanded systems capacity to handle immediate capacity challenges; began to address long-term capacity across all systems.
- Adjusted to frequently changing state and federal requirements.
- Established better flexibility.
- Created more reliability than state system.

Continuing Improvements

- Collaboration with DIT to create an IT Roadmap prioritizing systems functionality and integration.
- Designing with the expectation of integrating future innovations.
- Maintain and enhance the online scheduling platform and increased call center capacity for future emergencies.

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Community Outcome Areas