

2011 Fairfax County Human Services Issue Paper

The United States remains in the midst of a national economic crisis of historic proportions. While it appears that economic recovery may be in the beginning stages, this crisis continues to affect Americans in all aspects of their day to day lives, creating dire circumstances for many, including joblessness and homelessness. At all levels of government, uncertainties about the nation's financial outlook threaten the safety net that protects our most vulnerable populations – a safety net that is more essential now than at any time in recent memory.

Protecting the Social Safety Net and Building Self-Sufficiency at the Local Level

It is the responsibility of the Commonwealth to help Virginians who are unable to fully meet their own needs, and as a result of current economic hardships, those needs are greater now than ever. Healthy and productive individuals, families, and communities are the foundation of the Commonwealth's present and future security and prosperity. Ensuring a solid foundation requires a strong partnership among all levels of government – federal, state and local – each possessing unique strengths. As the form of government closest to the people, local human services departments have been stressed to the limit of their capacity by recent dramatic increases in demand resulting from the economic crisis.

This issue paper is a supplement to the 2011 Fairfax County Legislative Program. It is the goal of the Fairfax County Board of Supervisors to work with the County's General Assembly delegation to achieve the following objectives:

- Protect the vulnerable;
- Help people and communities realize and strengthen their capacity for self-sufficiency;
- Ensure that children thrive and youth successfully transition to adulthood;
- Ensure that people and communities are healthy through prevention and early intervention;
- Increase capacity in the community to address human service needs;
- Build a high-performing and diverse workforce to achieve these objectives.

Fairfax County has long recognized that investments in critical human services programs can and do save public funds by minimizing the need for more costly services. This is not the time to abandon those essential investments. (*Updated*)

Initiatives/Action Statements

Human Services

Administration of Prescription Medication in Home Child Care Facilities

Initiate legislation to amend the Virginia Drug Control Act to clarify that family child care providers who are regulated/permitted through local ordinance in Northern Virginia may legally administer medication to children in their care, similar to the current authorization for state-licensed child care providers. The Virginia Drug Control Act was amended in 2006 to legalize the administration of prescription medications by *state-licensed* family child care providers who complete a training program and satisfy other criteria established in the law. However, it does not authorize *locally-regulated/permitted* family child care providers to administer prescription medications to children in their care, which potentially could place any County-permitted family child care provider who administers medications to children at risk of criminal prosecution under Virginia Code Title 18.2, Chapter 7, Article 1. Approximately 1800 family child care providers are permitted by Fairfax County. They care for thousands of children, some of whom may need prescription medication administered to them while they are in care, especially children with special needs.

Priorities

Health Care Reform

Support improvements in the state Medicaid program that increase access to services, particularly preventative services, resulting in lower overall health care costs (REGIONAL).

The 2010 federal health care reform law contains many new directives for states and employers in providing health care coverage. A particularly significant provision for states is the expansion of the Medicaid program, which currently provides health care services for people in particular categories (low income children and parents, pregnant women, older adults, persons with disabilities). Virginia's current eligibility requirements are so strict that although it is the 12th largest state in terms of population, it is 48th in per capita Medicaid spending.

Due in part to that restrictive eligibility, the Commonwealth has already expressed concerns about the increased cost of this service expansion, but as Virginia begins the implementation of this new law, the state must be mindful of the potential impacts on localities. The Commonwealth should:

- Seek innovative methods of achieving cost containment through greater efficiencies, more targeted service delivery, and the use of technology to reduce Medicaid fraud, but avoid the implementation of traditional, outmoded and inflexible managed care;
- Work with local governments to provide appropriate flexibility and/or resources that may be necessary to effectively respond to the new federal law;
- Provide a smooth transition for those newly eligible for Medicaid services;
- Avoid actions that could shift costs to localities, including weakening the social safety net by restricting access or reducing funding for services.

Ensuring success will require close cooperation between the Commonwealth and local governments, as localities are frequently the service providers for the Medicaid population. (*New position*)

Positions

State Resource Investments for Keeping People in Their Communities

Human services programs serve a wide range of people, including low income individuals and families; children at risk for poor physical and mental health, and educational outcomes; older adults, persons with physical and intellectual disabilities; and those experiencing mental health and substance use issues. These individuals want the same opportunities every Virginian wants – not just to survive, but to thrive, by receiving the services they need while remaining in their homes and communities, allowing continued connections to family, friends, and their community resources. In recent years, changes in philosophy have led public policy to embrace this direction, as a more cost-effective, beneficial approach – allowing those with special needs to lead productive lives in their own communities, through care and support that is much less expensive than institutional care.

Meeting these needs requires a strong partnership between the Commonwealth and local government. This is particularly true in the area of funding, which is necessary to create and maintain these home and community based services, and must be seen as an investment in the long-term success of the Commonwealth. Unfortunately, it has increasingly become the practice of the Commonwealth to significantly underfund core human services or neglect newer best practice approaches, leaving localities to fill gaps in the necessary services through local revenues in order to meet these critical needs. Fairfax County understands the fiscal challenges facing the Commonwealth; the County is facing those same challenges.

Nevertheless, the process of fundamentally reorganizing and restructuring programs and outdated service delivery systems for vulnerable populations in order to more successfully achieve positive outcomes, requires an adequate state investment, which will ultimately pay dividends for years to come. While there may not be new funds available this year, it is critical that these needs remain on the priority list.

Medicaid Waivers

Support funding and expansion for Virginia’s Medicaid waivers that provide critical home and community based services for qualified individuals. (*Revises and reaffirms previous position*)

Medicaid funds both physical and mental health care services for people in particular categories (low income children and parents, pregnant women, older adults, persons with disabilities). It is financed by the federal and state governments and administered by the states. Federal funding is provided based on a state’s per capita income – the federal match rate for Virginia has traditionally been 50 percent (this percentage has been higher recently due to enhanced federal funding for Medicaid but will return to 50 percent at the end of FY 2011). Because each dollar Virginia puts into the Medicaid program draws down a federal dollar, what Medicaid will pay for is a significant factor in guiding the direction of state human services spending. However, states set their own income and asset eligibility criteria within federal guidelines; Virginia’s requirements are so strict that although it is the 12th largest state in terms of population, it is 48th in per capita Medicaid spending.

Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though Medicaid beneficiaries in Virginia may also receive coverage through home and community-based “waiver” programs, which allow states to “waive” the requirement that an individual must live in an institution to receive Medicaid funding. Waivers result in less expensive, more beneficial care. In addition, the reduced financial eligibility requirements make waiver slots especially important for lower income families with older adults, people with disabilities or significantly ill family members in Virginia, where Medicaid eligibility is highly restrictive.

The number and type of waivers is set by the General Assembly, and the extensive waiting lists for some demonstrate the significant unmet needs that exist in the Commonwealth (current Virginia waivers include AIDS, Alzheimer’s, Day Support for Persons with Intellectual Disabilities, Elderly or Disabled with Consumer-Direction, Intellectual Disabilities, Technology Assisted and Individual and Family Developmental Disabilities Support). Fairfax County supports the following adjustments in Medicaid waivers:

- **Support automatic rate increases.** Medicaid waivers for the Elderly or Disabled with Consumer Direction and the Individual and Family Developmental Disabilities Support should keep pace with rising costs, while maintaining existing funding and services available through these waivers. Additional waiver slots are also needed for the Individual and Family Developmental Disabilities Support waiver. *(Revises and reaffirms previous position)*
- **Support creation of dedicated waivers.** New waivers are needed for people with brain injuries, autism, or people who are blind, deaf/blind, or suddenly become blind. *(Reaffirms previous position)*
- **Support increased waiver funding.** Funding is needed for an additional 1200 individuals with intellectual disabilities to receive services in each of the next two years. *(Reaffirms previous position)*
- **Support funding for an expansion of services.** Additional medical and behavioral services are needed under the Intellectual Disabilities Waiver, for individuals whose needs extend beyond the standard benefits available. *(Reaffirms previous position)*

Children and Families

Child Day Care Services

Support state child care funding for economically disadvantaged families not participating in TANF/VIEW, known as “Fee System Child Care,” and support an increase in child care service rates in the 2010-2012 biennium budget.

Particularly during periods of economic downturn, a secure source of General Fund dollars is needed statewide to defray the cost of child care, protecting state and local investments in helping families move off of welfare and into long-term financial stability.

Research clearly indicates that the employment and financial independence of parents is jeopardized when affordable child care is outside of their reach. Parents may be forced to abandon stable employment to care for their children or they may begin or return to dependence on welfare programs. In order to maintain their employment, some parents may choose to place their children in unregulated and therefore potentially unsafe child care settings. Without subsidies to meet market prices, low-income working

families may not access the quality child care and early childhood education that helps young children enter kindergarten prepared to succeed. In the Fairfax community, where the median annual income of families receiving fee-system child care subsidies is \$24,960, the cost of full-time child care for a preschooler ranges from \$8,000 to over \$13,000 per year. Many of these families are truly ‘the working poor’ who require some assistance with child care costs in order to help them achieve self-sufficiency. *(Updates and reaffirms previous position)*

Comprehensive Services Act (CSA)

Support continued state responsibility for funding mandated CSA foster care and special education services on a sum-sufficient basis, and support continuation of the current CSA local match rate structure, which incentivizes serving children in the least restrictive community and family-based settings. Also, support legislation that would clarify when CSA policy changes are subject to the Administrative Process Act to ensure full review of the impacts and implications of the changes proposed.

The Comprehensive Services Act is a 1993 Virginia law that provided for the pooling of eight specific funding streams used to purchase services for high-risk youth, and requires a local funding match. The purpose of CSA is to provide high quality, child centered, family focused, cost effective, community-based services to high-risk youth and their families. Children receiving certain special education and foster care services are the only groups considered mandated for service. Because there is "sum sufficient" language attached to these two categories of service, this means that for these youth, whatever the cost, funding must be provided by state and local government. During the 2010 veto session, the Governor proposed a budget amendment to cap state funding for CSA, essentially eliminating the sum sufficient requirement and allowing the Commonwealth to renege on its commitment to this critical program. Fortunately, the General Assembly rejected this attempt, and Fairfax County will continue to strongly oppose any such efforts in the future.

Many policy and procedural changes have been made to CSA since its inception, but unfortunately many of these changes were made in the form of guidelines rather than regulations. This approach eliminates the 60 day public comment period required under the Administrative Process Act. Without a full vetting, detrimental changes could result; APA vetting requirements support careful review so that all impacts can be understood by both the State and affected communities. *(Reaffirms previous position)*

Foster Care/Kinship Care

Support legislation and resources to encourage the increased use of kinship care, keeping children with their families. Also support legislation that would allow youth in Foster Care to be adopted between the ages of 18-20 and extend the availability of subsidy for this population.

In 2008, Virginia embarked on a Children’s Services Transformation effort, to identify and develop ways to find and strengthen permanent families for older children in foster care, and for those who might be at risk of entering foster care. The Transformation, founded on the belief that everyone deserves and needs permanent family connections to be successful, is leading to significant revisions in Virginia’s services for children. Through kinship care (when a child lives with a relative), children remain connected to family and loved ones, providing better outcomes. However, without a formal statewide Kinship Care program, many relatives in Virginia are unable to care for children in their family due to financial hardship, resulting in foster care placements.

Additionally, once a youth turns 18, they can continue to receive services through foster care, but they are no longer eligible for an adoption subsidy. This lack of financial support may impact families' ability to adopt older youth. By extending adoption subsidy to age 21, more Virginia youth may have the opportunity to find permanent homes. *(Reaffirms previous position)*

Community Based Services and Early Intervention

Support increased capacity for intensive community services for children, and for the Infant Service/Early Intervention Program.

Additional capacity in the Child and Family service system is necessary to address the needs of children and their families requiring intensive community services, helping to maintain children safely in their own homes and reducing the need for foster care or residential treatment as the first alternative. Additional capacity is also needed in the Infant Service/Early Intervention Program, in order to meet the 8 percent annual growth factor at minimum. *(Reaffirms previous position)*

Aging and Disability

Home and Community Based Services for Older Adults and People with Disabilities

Support the reinstatement of funding for home and community-based services, nutrition, transportation, in-home, chore and companion services, that help people live in their own homes and seek to increase these services in the 2010-2012 biennial budget.

Home and Community-Based Services – such as personal care, home-delivered meals, transportation, care coordination, and adult day/respite care – provided by the Commonwealth's twenty-five Area Agencies on Aging (AAAs) save Virginia tax-payers money while helping older Virginians function independently, keep them in the least restrictive setting of their choice, build on family support, decrease the risk of inappropriate institutionalization, and improve life satisfaction. In addition, chore and companion services are funded locally and by the Virginia Department for Social Services and assist eligible older adults and adults with disabilities with activities of daily living (bathing and housekeeping). *(Reaffirms previous position)*

Auxiliary Grants

Support an increase in the monthly rate for auxiliary grants (currently \$1,112 statewide and 15% higher for Northern Virginia at \$1,279) and support the elimination of the local 20 percent match.

The auxiliary grants program supplements the income of eligible older adults and adults with disabilities, to pay for care in licensed, safe, assisted living facilities (ALFs) avoiding more expensive and restrictive institutional care or worse, avoiding homelessness or unsafe, unhealthy housing. In the County, the average cost of an ALF is \$2000 per month; the cost is higher for private ALFs in the region. Any reductions in auxiliary grant rates would impact the housing of people living in ALFs. *(Revises and reaffirms previous position)*

Intellectual Disabilities

Support additional direct state General Fund support for Department of Rehabilitation Services programs for 1000 individuals statewide on an annual basis (these individuals are not eligible for Medicaid funded services).

Virginia's highly restrictive Medicaid eligibility requirements preclude many low-income Virginians with intellectual disabilities from receiving much needed services. In Fairfax County, this is particularly true for young adults just graduating from high school. State resources are needed to assist this vulnerable population. *(Reaffirms previous position)*

Disability Services Board (DSB)

Support reinstatement of state funding sufficient to enable every locality, either singly or regionally, to have a Disability Services Board (DSB), so that the key provisions of §51.5-48 can be implemented.

Key provisions include the ability to assess local service needs and advise state and local agencies of their findings; to serve as a catalyst for the development of public and private funding sources; and to exchange information with other local boards regarding services to persons with physical and sensory disabilities and best practices in the delivery of those services. Without such a network of local representatives with expertise in these issues, the opportunity for valuable statewide collaboration will be lost. *(Reaffirms previous position)*

Accessibility

Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility.

Fairfax County supports access for people with disabilities and older adults in public and private facilities. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities in the 20 years since the passage of the Americans with Disabilities Act (ADA), continued advancement is needed. Improved accessibility in public buildings, housing, transportation and employment benefits all Virginians, by allowing people with disabilities to remain active, contributing members of their communities, while retaining their independence and proximity to family and friends. *(New position)*

Health, Well Being, and Safety

Adult Protective Services and Public Assistance Eligibility Workers

Support state funding for additional Adult Protective Services social workers and Eligibility Workers.

Adult Protective Services

The number of Adult Protective Services investigations is growing in the state and in Fairfax County as the aged population grows. In Fairfax County, investigations have increased from 818 in FY 2007 to 1000 in FY 2010. Access to community-based services can reduce personal and family stresses that sometimes lead to APS calls. (APS Services may include case management, home-based care, transportation, adult day services, and screenings for residential long-term care. Local Adult Protective

Services (APS) programs investigate reports of suspected adult abuse, neglect or exploitation and can arrange for health, housing, counseling, and legal services to stop the mistreatment and prevent further abuse. *(Updates and reaffirms previous position)*

Public Assistance Eligibility Workers

Additionally, economic downturns increase demands on Eligibility Workers (employees who determine the eligibility of applicants and recipients for public assistance programs) to respond to assistance requests in a timely manner. When a family is sufficiently stressed to reach out for assistance, rapid response can mitigate further escalation in the family's downward spiral. From FY 2008 to FY 2010, Fairfax County experienced a 37 percent increase in public assistance cases (from an average monthly caseload of 51,939 to 71,373). In FY 2011, that number has already increased to over 77,000 cases. During the same time period, the County has also experienced a 27 percent increase in applications for assistance that must be processed. These increased demands, without appropriate state funding, may create delays in providing this critical assistance. *(Updates and reaffirms previous position)*

Substance Abuse

Support increased capacity to address substance abuse and use issues through robust community based prevention programs.

Studies show that substance abuse is among the most costly health problems in the United States. Effective community based prevention programs can reduce rates of substance use and can delay the age of first use. Additionally, prevention programs can contribute to cost savings by reducing the need for treatment – a win-win for all involved. *(Reaffirms previous position)*

Temporary Assistance for Needy Families (TANF)

Support an increase in the TANF reimbursement rates in Virginia, which have only been increased once since 1985.

Virginia's TANF reimbursement rates have only been raised one time in the last 25 years, which was an increase of 10 percent in 2000. Currently, a family of three receives less than \$3,840 per year, only a fifth of the federal poverty level. While the TANF caseload in Virginia has been reduced by 58 percent since the start of Welfare Reform in 1995, Fairfax County's TANF caseload has increased from 1,265 in July 2008 to 1,813 in August 2010 (a 43% increase in 2 years). In the future, if rates were indexed for inflation, it would prevent further erosion of recipients' ability to meet the basic needs of children in their own care or in kinship care (relative care).

Community Action Agencies

Support continued state funding for Community Action Agencies.

Community Action Agencies in Virginia develop a wide range of educational, employment, housing, crisis intervention, community and economic development opportunities for people with very low incomes (under 125 percent of poverty). Since 1988, Virginia has supplemented federal Community Services Block Grant (CSBG) dollars provided to localities with state funding (through a combination of state General Funds and TANF funds). This critical funding has led to economic stability for hundreds of thousands of Virginia's poorest citizens and improved their communities. However, since FY 2010, the state has decreased its funding for this essential program, and will eliminate all state funding in FY 2012.

While the County received \$762,019 for this program in FY 2009 (including the state contribution), in FY 2012, it is anticipated that the County will only receive approximately \$550,000 if no state funding is provided, a 28% decrease. Such a significant funding cut will impact the County's ability to serve this vulnerable population. (*New position*)

Mental Health

Mental Health

Support the continuation of efforts for mental health reform at the state level and support additional state funding, as part of the promised down payment of such funding to improve the responsiveness of the mental health system.

It is essential that the state ensure that the hundreds of Fairfax County residents with serious mental illness and disabling substance dependence receive intensive community treatment following an initial hospitalization or incarceration. (*Reaffirms previous position*)

Emergency Responsiveness

Support sufficient state funding for those county residents who need acute care service within local hospitals or within our local crisis stabilization programs.

While the Commonwealth provides some funding for emergency responsiveness, this funding does not reflect increased costs over time. As a result, the costs of treating this critical population are increasingly shifted to localities. (*Reaffirms previous position*)

Regional Older Adult Facilities Mental Health Support Team (RAFT)

Support increased state funding for the Regional Older Adult Facilities Mental Health Support Team (RAFT) Program.

The Regional Older Adult Facilities Mental Health Support Team (RAFT) provides intensive geriatric mental health support to partnering Nursing Homes and Assisted Living Facilities to serve older adults with serious mental illnesses in Northern Virginia. Today, this program provides a stable environment for mentally fragile older adults, and is not yet available statewide. Positive results are now being documented, at lower costs than alternatives without these services. Currently, four Fairfax County residents are benefiting from the RAFT program. (*Reaffirms previous position*)

FAIRFAX COUNTY

Human Services Fact Sheet

Poverty in Fairfax County

Poverty for a family of four in Fairfax County in 2010 is defined by the federal government as a family annual income of less than \$22,050. The poverty rate in Fairfax County is 5.6% of the population, or 57,890 people (the total population in Fairfax County is 1,037,605 people).

In Fairfax County:

- 6.8% of all children (under age 18) live in poverty;
- 8.1% of children under age 5 live in poverty;
- 4.6% of all persons over the age of 65 live in poverty;
- 3.5% of families live in poverty;
- 12,657 (or 13.3%) of African Americans live in poverty;
- 18,927 (or 12.2%) of Hispanics live in poverty;
- 16,359 (or 2.8%) of Non-Hispanic Whites live in poverty;
- 16.4% of families with a female head of household—no father present and children under eighteen—live in poverty;
- 13.8% of County residents have incomes under 200% of poverty (\$44,100 year for a family of four).

Employment

- The unemployment rate is 4.6% (September 2010, up from 3.0% in July 2008). This represents approximately 27,623 unemployed residents looking for work.

Housing

- In 2009, the average monthly rent of a one-bedroom apartment was \$1,175, an increase of 67% since 1996.

Health

- An estimated 108,605 or 10.6% of County residents were without health insurance in 2009.

Linguistic Isolation

- 7.5 % of County households are linguistically isolated (meaning no one over the age of five speaks English “very well”).

Child Care

- The cost of full-time child care for a preschooler ranges from \$8,000 to over \$13,000 per year.

Food

- In 2009-2010 school year, Fairfax County Public Schools reported that 42,204 students (or 25 percent of enrollment) were eligible for free and reduced lunch.

Caseloads Have Increased Significantly in Fairfax County:

- The overall Family Services caseload is up 37% from July 2008 to June 2010.

- The County's TANF caseload has increased from 1,265 in July 2008 to 1,813 in August 2010 (a 43% increase in 2 years).
- The County's SNAP (Food Stamp) caseload increased 12,519 in July 2008 to 20,186 in August 2010 (a 61% increase in 2 years).
- In the last three years, there has been an increase in the number of Women, Infant and Children (WIC) participants. In FY 2008, total participation was 17,150; in FY 2009, total participation was 18,952. By FY 2010, total participation had increased to 19,616.
- Between FY 2008 and 2009, there has been a 20% increase in the number of Community Health Care Network (CHCN) clients enrolled. FY 2008 - 17,003; FY 2009 - 20,418. In FY 2010, the number of patients enrolled increased by 28.1% to 26,157.