



Fairfax County, VA

2012

Human Services

Issue Paper



*Supplement to the
Fairfax County 2012 Legislative Program*

Adopted December 6, 2011

2012 Fairfax County Human Services Issue Paper

The United States is still in the midst of recovery from an economic crisis of historic proportions. While the Governor indicates that Virginia is indeed on the road to recovery, financial stability still remains elusive for many Virginians in their day-to-day lives. In fact, recent Census figures show that in all regions of the State, at least a quarter of households do not have an adequate income to meet their regular expenditures, such as housing, food, and transportation, without help from government programs, family and friends, or local organizations. And in 5 out of 8 regions, a quarter to one-third of households earn less than \$25,000 per year. Clearly, the economic downturn has caused many Virginians to lose their footing or has even diminished their ability to help themselves out of their present situation.

Further, both the fragility of the national economic recovery and the interconnectedness of the federal, state, and local economic relationships has been well illustrated by the 2011 summer Congressional struggle to raise the debt ceiling. Bond markets were shaken, state and local governments with stellar bond ratings were put on watch lists, and uncertainty rattled even the average American. While the immediate problem of raising the debt ceiling may have been solved in the short term, long term uncertainty for local governments may be just beginning. In fact, it may be some time before the effects or the totality of federal cuts negotiated as part of the legislative deal over the debt crisis impasse are either determined or even understood. But there is no doubt that federal discretionary funding will be reduced substantially and certain programs may even be eliminated completely, including areas that impact human services delivery.

In fact, much of the cost of maintaining an adequate safety net for our most vulnerable residents could be transferred to the states, and the end result may very well be a shifting of problems down to the local level, in states that are either unwilling or unable to make up the difference. In Virginia, the state and local partnership to fund core services has already been weakened by state budget actions over the past two biennia. All of these short and long-term uncertainties may threaten the safety net provided by local governments at a time when their own fiscal health has not been fully restored. And yet, a safety net for our most vulnerable populations is more essential now than in any time in recent memory.

This issue paper is a supplement to the 2012 Fairfax County Legislative Program. In order to achieve the stated public policy goals, state and local governments should partner to achieve the following outcomes:

- protect the vulnerable;
- help people and communities realize and strengthen their capacity for self-sufficiency;
- whenever needed, help link people to health services, adequate and affordable housing and employment opportunities;
- 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; and
- build a high-performing and diverse workforce to achieve these objectives.

It is the goal of the Fairfax County Board of Supervisors to work with the County's General Assembly delegation 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)*

PRIORITIES

Medicaid

- 1) Oppose actions that shift Medicaid costs to localities, through service funding reductions or erosion of the social safety net.**

Funding for the Virginia 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), is shared between the federal government and the states. However, states are permitted to set their own income and asset eligibility criteria within federal guidelines. 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. Virginia also offers few "optional" services under Medicaid. As a result, Virginia's Medicaid program now provides little beyond what federal law requires.

Potential federal changes to Medicaid could have profound effects on the social safety net. However, irrespective of federal funding cuts or reductions in federal requirements, it is essential that the Commonwealth continue current service levels. 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 that could reduce costs by reducing access to critical health services;
- Avoid actions that effectively shift costs to localities, including weakening the social safety net by reducing funding for services or providing fewer services.

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

The 2010 federal health care reform law contains new directives for states and employers in providing health care coverage; particularly significant for states is the expansion of the Medicaid program, which is designed as a strategy to reduce the overall number of uninsured citizens. Due in part to Virginia's restrictive eligibility, the Commonwealth has already expressed concerns about the increased cost of this service expansion in future years, but as Virginia begins the implementation of this new law, the state must be mindful of the potential effect on localities. In regard to services where local governments are currently involved in assuring access to care, the Commonwealth should:

- Work with local governments to provide appropriate flexibility and/or resources that may be necessary to effectively respond to the new federal law (for example, regional projects that integrate and coordinate mental health services, substance use disorder services, and primary care medical services for individuals with severe behavioral health conditions);
- Provide a smooth transition for those newly eligible for Medicaid services and ensure that their needs are met;
- Ensure that critical needs continue to be met for those receiving services for mental illness and substance use disorders as the new health insurance exchanges go into effect in 2014.

Due to the shortage of private providers, poor reimbursement rates, and the challenges providers face in coordinating care for individuals, ensuring success will require close cooperation between the Commonwealth and local governments, as localities are frequently the service providers for both the current Medicaid population and those uninsured Virginians who may qualify for Medicaid under reform. *(Updates and reaffirms previous position - Adds a funding position to oppose federal funding cuts being passed through to localities. Revises previous health care reform position to address current federal and state fiscal conditions)*

Comprehensive Services Act

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 the current structure which requires that service decisions are made at the local level and are provided based on the needs of the child and oppose any changes to the current CSA program that would shift costs to local governments or disrupt the responsibilities and authorities as assigned by the Comprehensive Services Act.

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. Fairfax County strongly opposes any efforts to cap state funding or eliminate the sum sufficient requirement, as the Commonwealth must not renege on its funding commitment to CSA.

In recent years, the state changed the local match rate structure, in order to incentivize the provision of community based services, which are less expensive and more beneficial to the children and families participating in CSA. Since that time, overall costs for CSA have declined, illustrating the success that the state can achieve by working cooperatively with local governments. It is essential that this state and local partnership be maintained – changes to CSA law, policy or implementation guidelines should not favor one side of the partnership over the other, but instead should focus on solutions that acknowledge the critical roles played by both levels of government. *(Substantially revises previous position to address regulatory and other issues under discussion)*

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 the Commonwealth has faced; however, while state revenues are recovering, local revenues are not bouncing back as quickly.

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. (*Updated*)

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 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.

For the most part, each state also has the discretion and flexibility to design its own Medicaid service program and can choose from a menu of optional services and waiver services in the state plan. 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 serving. 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 average cost of institutionalizing a person at a state training center is approximately \$194,000 per year. By contrast, the cost of providing services for a person in the community through the use of a waiver is approximately \$76,400 on average. Virginia can serve nearly three people in the community for each person in a training center.

The number and type of waivers is set by the General Assembly, and the extensive waiting lists for some demonstrate the significant barriers 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.** Services provided by the Elderly or Disabled with Consumer Direction, Intellectual Disability and the Individual and Family Developmental Disabilities Support Medicaid waivers should keep pace with rising costs and demands, while maintaining existing funding and services. At a minimum, this includes restoring reductions to Virginia’s Medicaid waiver services from the 2010-2012 biennial budget. *(Revises and reaffirms previous position)*
- **Support creation of waivers for specific populations.** 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 to serve the more than 8,000 people statewide who are eligible but waiting for services. In Fairfax County, over 1000 people with intellectual disabilities are on the wait list; of those, more than 400 are considered to have “urgent” needs, one crisis away from requiring emergency services. Increased funding would allow individuals to receive services in the community rather than in a nursing facility or institution. *(Updates and reaffirms previous position)*
- **Support funding for an expansion of services.** Additional medical and behavioral services are needed under Virginia’s existing Medicaid waivers, for individuals whose needs extend beyond the standard benefits available. *(Reaffirms previous position)*
- **Support Expansion of Home and Community Based Services.** New federal initiatives such as the Community First Choice option allow for states to streamline and improve their Medicaid plans to expand home and community based services at a higher federal reimbursement rate. At a time when Virginia is facing budget deficits and is under scrutiny by the US Department of Justice for its over-reliance on institutions, the commonwealth should embrace and adopt these opportunities to serve older adults and people with disabilities in their own homes and communities. *(New position)*
- **Support consumer empowerment.** Services to help consumers enhance life skills and achieve greater independence should be a priority. *(New 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 just under \$25,000, 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. *(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 the adoption subsidy to age 21, more Virginia youth may have the opportunity to find permanent homes. *(Reaffirms previous position)*

Community Based Services

Support increased capacity for intensive community services for children.

Additional capacity in the Child and Family service system is necessary to address the needs of children and their families requiring intensive community services, to help maintain children safely in their own homes and reduce the need for foster care or residential treatment as the first alternative. *(Reaffirms previous position)*

Infant & Toddler Connection Part C Early Intervention Services

Support increased capacity for the Infant Service/Early Intervention Program

Additional funding is required to meet the increased demand for services from growth in the program. The number of eligible children served by ITC increased by 27 percent in the last fiscal year, from an average of 789 children per month in FY 2010 to an average of 1002 children per month in FY 2011. Without additional funding, children who have developmental delays and/or disabilities will not receive needed therapeutic services. *(Updates and reaffirms previous position)*

Older Adults and Adults with Disabilities

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, including restoring the 1% cut to home and community-based Medicaid providers and the respite hours cut of 240 hours. Also, seek to increase these services in the 2010-2012 biennial budget, including increasing the Medicaid reimbursement rates for long term care services.

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, keeping them in the least restrictive setting of their choice, building on family support, decreasing the risk of inappropriate institutionalization, and improving 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).

During our current economic recession, it is especially important that the Commonwealth spend its long-term care dollars wisely by investing in its home and community-based workforce. Currently, Virginia ranks 45th in average wages for personal care providers. Yet, the FY 2012 budget included a 1% cut for home and community-based Medicaid providers, as well as a cut of 240 respite hours for Medicaid consumers and a cap of 56 hours of personal care per consumer per week. These cuts are increasing turnover rates, thus making it more difficult for older adults and people with disabilities to get the support and services they need. *(Revises and reaffirms previous position)*

Psychiatric Services for Older Adults

Support coordinated strategies to meet the growing need for psychiatric services for older adults, promoting recovery and community inclusion.

The need for psychiatric services for older adults is growing, but the capacity to meet the growing need is limited. Services must be cost-efficient, accessible, and outcome driven. Strategies are needed to coordinate and combine the best of traditional approaches with emerging best practices to promote recovery and community inclusion, including:

- recognition of the need to work holistically with the older adult population;
- revision of policies that perpetuate service silos;
- easier navigation of the support system for older adults and their families;
- better education for health professionals and the community about disorders that can affect older adults and how best to help them; and
- affordable and accessible housing and transportation resources to help the growing population of older adults with psychiatric service needs to allow them to continue to live safely in the community. *(New 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), the elimination of the local 20 percent match, and the portability of auxiliary grants so that the grant support is tied to the individual and not the ALF.

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. Furthermore, auxiliary grants should be made portable so that those in need of continued support, but who are able to move to a more independent living situation outside of an ALF, may continue to benefit from the grant support. *(Revises and reaffirms previous position)*

People with Disabilities

Support maintenance and expansion of services that promote the independence, self-sufficiency, and community integration of youth and adults with disabilities through direct state General Fund monies on an annual basis.

Virginia's highly restrictive Medicaid eligibility requirements preclude many low-income Virginians with disabilities from receiving much needed services. Funds would be used to provide independent living and other services and supports that preserve existing, community living situations and keep families together; prevent unnecessary and more costly institutional placement; promote pursuit of training and employment options; and improve an individual's quality of life and ability to contribute to society. *(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. *(Reaffirms previous 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 (APS) 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 1005 in FY 2011. 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 local social services agencies' Eligibility Workers (employees who determine the initial and ongoing eligibility of applicants and recipients for mandated federal/state programs such as Medicaid, FAMIS, Supplemental Nutrition Assistance (SNAP), Temporary Assistance for Needy Families (TANF), and others) to respond to assistance requests in a timely and accurate manner as required by state and federal regulations. When an individual or 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 2011, Fairfax County experienced a 48 percent increase in public assistance cases (from an average monthly caseload of 51,939 to 76,847). During the same time period, the County has also experienced a 30 percent increase in applications for assistance that must be processed timely and correctly. These increased demands, without appropriate state funding, may create delays in providing this critical assistance. *(Updates and 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 average monthly TANF caseload has increased from 1,268 in FY 2008 to 1,754 in FY 2011 (a 38% increase). 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). *(Reaffirms previous position)*

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 nearly eliminated 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 \$580,000, a 24% decrease. In addition, there is much uncertainty about the federal CSBG dollars as funds are vulnerable to be cut in FY 12. The state needs to ensure that these vital services to low income residents are maintained. *(Updates and reaffirms previous 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 critical that the state provide adequate resources to 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)*

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)*

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.

In an environment of shrinking state resources for psychiatric hospital beds and the additional burden this places on law enforcement personnel, the Northern Virginia Community Services Boards and Inova Health Services are collaborating to establish a regional psychiatric emergency services center to provide emergency assessment and brief intervention for people experiencing a psychiatric or mental health crisis. The funding the Commonwealth provides for emergency responsiveness 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)*

FAIRFAX COUNTY

2012 Human Services Fact Sheet

Poverty in Fairfax County

Poverty for a family of four in Fairfax County in 2011 is defined by the federal government as a family annual income of less than \$22,350. The poverty rate in Fairfax County is 5.8% of the population, or 62,278 people.

In Fairfax County in 2010 (*latest data available – reported Sept 22, 2011*):

- 18,874 (or 7.2%) of all children (under age 18) live in poverty;
- 5,031 (or 4.8%) of all persons over the age of 65 live in poverty;
- 14,368 (or 14.5%) of African Americans live in poverty;
- 14,544 (or 8.7%) of Hispanics live in poverty;
- 18,877 (or 3.2%) of Non-Hispanic Whites live in poverty;
- 19.6% of people living in a household with children under 18 and no husband present live in poverty;
- 2.2% of people living in married couple households with children under 18 live in poverty
- 181,370 (or 16.9%) of County residents have incomes under 200% of poverty (\$44,100 year for a family of four).
- 66% of people receiving County services for mental illness, substance use disorder or intellectual disabilities in 2010 had incomes below \$10,000.

Employment

- The unemployment rate in July 2011 was 4.3% (up from 3.0% in July 2008, but down from a high of 5.6% in January of 2010). This represents approximately 26,500 unemployed residents looking for work.

Housing

- In 2010, the average monthly rent of a one-bedroom apartment was \$1,216, an increase of 22% since 2001.

Health

- An estimated 144,873 or 13.5% of County residents were without health insurance in 2010.

Linguistic Isolation

- 6.5 % of County households are linguistically isolated (meaning no one over the age of 14 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. Full time care for an infant costs 14,500 to \$16,000 per year. By way of comparison, tuition and fees for an average college in Virginia costs \$8,800.

Food

- In 2010-2011 school year, Fairfax County Public Schools reported that 44,018 students (or 25.5 percent of enrollment) were eligible for free and reduced lunch.

Caseloads Have Increased Significantly in Fairfax County:

- The overall Public Assistance caseload is up 48% from FY 2008 to FY 2011.
- The County's TANF average monthly caseload increased from 1,268 in FY 2008 to 1,754 in FY 2011 (a 38% increase).
- The County's SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 21,269 in FY 2011 (a 83% increase).
- Compared to FY 2010, total participation in FY 2011 decreased 0.6% to 19,490 clients. Averaged over five years, however, WIC enrollment has continued to climb.
- In FY 2011, the Community Health Care Network (CHCN) enrolled 26,588 patients, an increase of 1.6 percent over FY 2010's annual enrollment of 26,157. During the first half of FY 2011, the increase in the number of patients was mirroring the nearly 30 percent growth of the prior year. Consequently, CHCN initiated a wait list for the first time in five years. Nonetheless, enrollment has continued for many priority populations, and collaboration continues with the Department of Family Services' Health Access Assistance Team to provide off-site eligibility assessment and enrollment at health fairs and community-based programs, in an effort to reach vulnerable and difficult-to-reach populations.