

## **2013 Fairfax County Human Services Issue Paper** **(Revisions/Additions since October 23 Legislative Committee Meeting Highlighted)**

This human services issue paper is a supplement to the 2013 Fairfax County Legislative Program. 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.

The Great Recession has taken a toll on our most vulnerable residents, causing many Virginians to lose their footing, or even diminishing their ability to help themselves out of their present situation. The number of people living in poverty in Virginia increased significantly in 2011, with 44,000 more people living in poverty than in 2010 – a poverty rate of 11.5 percent. Additionally, the number and rate of people living in deep poverty – with an income less than about \$9,265 for a family of three – jumped 10 percent in 2011. That figure is even more alarming when translated into actual people – almost 417,000 Virginians lived in deep poverty in 2011.<sup>[1]</sup>

The impending federal “fiscal cliff,” as it is being described by many, could further complicate the economic recovery and adversely impact an already struggling population. In 2013, sequestration could result in cuts to domestic discretionary spending of \$38 billion, with an additional \$11 billion cut to Medicare and a \$5 billion cut to other mandatory spending programs. While the potential impact of sequestration on state and local governments is not yet well understood, it is clear that significant cuts to domestic programs could begin to unravel the social safety net.

Unfortunately, such cuts could result in shifting the costs of maintaining an adequate safety net to the states, and the end result could very well be a shifting of problems down to the local level, particularly 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. Further stressing a weakened state/local partnership in Northern Virginia is the need for additional state funding to adequately accommodate individuals transitioning out of the Northern Virginia Training Center, in compliance with the Department of Justice (DOJ) settlement with the Commonwealth.

All of these short and long-term uncertainties continue to 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.

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;

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<sup>[1]</sup> The Commonwealth Institute. “Census Data Presents Mixed Bag for Virginia.” September 2012.

- 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.

**PRIORITIES**

***Medicaid Eligibility and Access to Care***

**Oppose actions that shift Medicaid costs to localities, such as through Medicaid service funding reductions, changes to eligibility that shrink access, or other rule changes that erode the social safety net.**

Virginia's Medicaid program provides access to health care services for people in particular categories (low income children and parents, pregnant women, older adults, and persons with disabilities). Costs are shared between the federal government and the states, and 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 11th largest state in terms of population and 7th in per capita personal income, Virginia ranked 43rd in Medicaid enrollment as a proportion of the state's population and 47th in per capita Medicaid spending.

The national recession has placed additional pressures on Medicaid, resulting in more Americans being eligible for this essential program, which is so desperately needed by the most vulnerable Virginians. Though the American Recovery and Reinvestment Act (ARRA) provided states with a temporary increase in federal Medicaid funding, all states, including Virginia, have also implemented cost containment measures to minimize the rising costs of the Medicaid program overall while avoiding changes to eligibility rules. Fairfax County supports cost containment measures that utilize innovation, increase efficiency and targeted service delivery, and the use of technology to reduce Medicaid fraud, in order to ensure the best allocation of resources without reducing services or access to care.

The Commonwealth now faces an additional, critical decision, as it decides whether or not to pursue the Medicaid expansion included in the federal health care reform law, along with the sizable federal funding provided for those newly eligible enrollees. Irrespective of Virginia's decision on the health care law, or of any other federal funding cuts or reductions in federal requirements which may be considered in the next Congress, it is essential that the Commonwealth avoid taking actions that effectively shift costs to localities. In particular, the Commonwealth must not weaken the social safety net by reducing funding for Medicaid-covered services or providing fewer services.

Due to the shortage of private providers, poor reimbursement rates, and other factors that play a role in an overall increase in Medicaid program costs, ensuring success with any cost containment strategies will require close cooperation between the Commonwealth and local governments, as localities are frequently the service providers for the Medicaid population. *(Revises and reaffirms previous position.)*

### ***Part C/Early Intervention Services for Infants and Toddlers with Disabilities***

**Support sustainable funding and infrastructure for Part C Early Intervention, which is an entitlement program that provides services for Virginia’s infants and toddlers. In order to address immediate concerns, support increasing funding for Early Intervention services by \$8.5 million statewide in FY 2013, and support a continued increase in funding of approximately that magnitude in FY 2014 and beyond, if necessary based on continued enrollment growth. (Regional position.)**

The Commonwealth of Virginia has long contracted with the Fairfax-Falls Church Community Services Board (CSB) to provide Early Intervention therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning and movement. The CSB, which is the Local Lead Agency for Fairfax County as part of the state’s compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant, provides services through the Infant Toddler Connection (ITC) program. ITC is funded through a combination of federal, state, local and insurance sources.

As the benefits of early intervention have become more widely known throughout the nation, enrollment in this program has grown from about eight percent per year to 38 percent in the last two years. The Fairfax-Falls Church CSB has gone from serving 789 children on average each month in FY 2010 to serving 1155 children on average per month by FY 2012. This type of explosive growth vastly exceeds committed state funding, not just in Fairfax County but throughout Virginia. In the last two years, some of this funding shortfall has been filled by one-time federal funds and some stopgap funding from the Commonwealth, but the Fairfax County ITC program is still facing at least a \$1 million shortfall for FY 2013. Additionally, this shortfall assumes only a minimal increase in children to be served, contrary to recent trends, which could increase the size of the funding gap.

Current state funding levels are simply not sufficient to keep pace with enrollment growth. Fairfax County already provides \$2.8 million in local funds to this vital program, which comprises one-third of the ITC budget. If additional state funding is not committed, the shortfall could require the placement of newly eligible families on a waiting list beginning in February 2013. The Fairfax-Falls Church CSB would also likely assess the feasibility of continuing as the local lead agency for this program if adequate state funding is not provided. *(Revises and reaffirms previous position)*

### ***Northern Virginia Training Center (NVTC)***

**Support additional state funding for community placements for individuals leaving the Northern Virginia Training Center, and increased Medicaid waiver rates to support those placements, to ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement. (Regional position.)**

As a result of a settlement agreement negotiated with the U. S. Department of Justice, the Commonwealth will be closing four of the state’s training centers, which provide residential treatment for individuals with intellectual and developmental disabilities, including the Northern Virginia Training Center. Consequently, the 150 individuals currently receiving services at NVTC will need to be transitioned to the community by June 30, 2015, in order to receive community based services.

Unfortunately, existing community based service capacity is not sufficient to serve these individuals at present; therefore, additional capacity must be created. It is estimated that **in FY 2013**, approximately \$7.7 million in start-up funding is needed in Northern Virginia to expand community based residential placements and day support services, including the creation of 14 new community Intermediate Care Facilities (ICF) and 20 Intellectual Disabilities waiver homes.

In addition to creating this expanded capacity, it is estimated that state funding of approximately \$10.1 million per year, above the current ID Medicaid Waiver rates, **and beginning in FY 2013**, will be needed to operate these services. Fairfax County has long supported increasing Medicaid waiver rates for all recipients, which allow Medicaid reimbursement for services provided in the home and community for people with intellectual and developmental disabilities, among others. However, meeting the unique conditions of those transitioning from NVTC requires both increasing and restructuring some existing waiver rates, and should be an essential component of any state solution. Waiver rates are currently well below the cost of providing necessary services, and do not provide sufficient flexibility to meet the needs of the NVTC population. Support changes to waivers that would:

- Increase waiver rates to compensate for higher congregate rates for group homes serving four or fewer;
- Establish higher rates to address the needs of individuals with high, complex and intense needs for support, including employment and day services;
- Increase reimbursement rates to enable the hiring of professional nurses;
- Enhance or reconfigure waiver services to fully reimburse nursing and behavioral supports;
- Adjust billing units of service to streamline and assist providers in achieving adequate quality, and;
- Include appropriate levels of funding to create community residential arrangement and infrastructure.

Successfully implementing the Department of Justice settlement is the Commonwealth's responsibility and obligation, and sufficient state funding for the NVTC population is an essential component of that effort. *(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 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.

#### ***Medicaid Waivers***

#### **Support funding and expansion for Virginia's Medicaid waivers that provide critical home and community based services for qualified individuals.**

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 is 50 percent. 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 though it is ranked 7<sup>th</sup> in per capita personal income, it is 47<sup>th</sup> in Medicaid spending for persons with intellectual and developmental disabilities.

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 recipients 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. Waiver services are especially important for low-income families, older adults, people with disabilities and seriously ill individuals in Virginia, where Medicaid eligibility is highly restrictive. The average cost of institutionalizing a person at a state training center is approximately \$216,000 per year. By contrast, the cost of providing services for a person in the community through the use of a waiver is approximately \$138,000 on average.<sup>1</sup> 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.** While nursing homes receive annual cost of living adjustments, this rate adjustment is not available to providers of Medicaid waiver services. Virginia ranks 47<sup>th</sup> among the states in the provision of home and community based services. To reduce reliance on institutions such as nursing homes and state training centers, increase the source of less costly community-based services, and ensure the availability and quality of Medicaid providers for personal care and other Medicaid community based services, a fundamental rebalancing of reimbursements within Virginia’s Medicaid program is necessary. At a minimum, this includes restoring reductions to Virginia’s Medicaid waiver services from the 2010-2012 biennial budget; rates should equal at least 90% of cost.
- **Create new consolidated waiver.** Merge the Intellectual Disability (MR/ID) Waiver with the Individual and Family Developmental Disabilities (DD) Waiver and expand services to individuals with autism spectrum disorders. Extend waiver funding for residential services to all recipients of the new consolidated waiver. Assign services under the new consolidated waiver on the basis of urgency of need, rather than length of time on waiting list. As waivers are being revised and new approaches to eligibility are being established, the new eligibility rules should not be structured in a way that would cause individuals who would be eligible today, such as people who are blind, to be deemed ineligible in the future.*(New position)*
- **Support a new waiver for individuals with brain injuries.** Waiver services are also critically needed for individuals with brain injuries who would not be eligible for the new consolidated ID/DD waiver.
- **Support increased waiver funding.** For example, funding is needed to serve the more than 7,200<sup>2</sup> people statewide who are eligible but waiting for ID or DD waiver services. In Fairfax County (as of July 2012), over 1,180 people with intellectual disabilities are on the wait list for services; of those, more than 730 are considered to have “urgent” needs, one crisis away from requiring emergency services and potential institutionalization. More than 800 of those needing ID services qualify for waivers. Increased funding would allow individuals to receive services in the

<sup>1</sup> Updated cost figures from Virginia Department of Behavioral Health and Developmental Services.

<sup>2</sup> Updated cost figures from Virginia Department of Behavioral Health and Developmental Services.

community rather than in a nursing facility or institution, would assist in the requirements and spirit of the DOJ settlement with the Commonwealth, and bring Virginia into compliance with the Olmstead Decision.

- **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. Waiver enhancements such as increased medical and behavioral support components, higher rates for these and other waiver services, and higher Northern Virginia differentials are needed to enhance success in community-based services for individuals transitioning out of training centers under the DOJ settlement with the Commonwealth as well as for people currently on waiting lists.
- **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 planning to move residents from state training centers into the community, the Commonwealth should apply for Community First Choice and other opportunities to serve older adults and people with disabilities in their homes and communities.
- **Support consumer empowerment.** Services to help consumers enhance life skills, achieve greater independence, and offer the option of consumer directions and choice should be a priority.
- **Support Dual Eligible Proposal.** Fairfax County and the Community Services Board support Virginia's effort to receive a federal waiver to manage the care of individuals eligible for both Medicaid and Medicare with a plan that includes adequate funding for long term services for the populations served by the Community Services Board. The involvement of the CSB in the planning and implementation would greatly enhance the ability of the new plan to meet special service needs. *(New position)*

## *Children and Families*

### 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 funding streams used to plan and provide services to children who have serious emotional or behavioral problems; who may need residential care or services beyond the scope of standard agency services; who need special education through a private school program; or who receive foster care services. It is a state-local partnership which requires a 46.11% 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 focus on solutions that acknowledge the critical roles played by both levels of government, but should not favor one side of the partnership over the other.

#### 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.**

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.

#### 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, he or she can continue to receive services through foster care, but he or she is 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.

#### Community Based Services

#### **Support increased capacity for crisis response and intensive community services for children and youth.**

The General Assembly and the Governor are to be commended for supporting funding in FY 2013 for more community-based crisis response for youth and their families. To respond effectively to the need, this service model must be fully funded, as outlined in the VACSB/Voices for Virginia's Children budget amendment. 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. One of the programs of concern is the Healthy Families program, which is a nationally recognized home visiting program that has produced tangible positive outcomes in the Commonwealth. Significant funding reductions in recent years have resulted in the elimination of programs in some jurisdictions and threaten the viability of remaining Healthy Families sites. The program provides home-based education and support to first-time parents who have social histories that put them at risk starting during pregnancy until the child reaches age three.

#### ***Older Adults and Adults with Disabilities***

##### Area Agencies on Aging

#### **Support increased state general funds for Area Agencies on Aging.**

As a result of the 2010 Census, state general funds supporting services provided by Area Agencies on Aging were reallocated in FY 2013. The reallocation reflected changes in the older adult population in the state. The 2012 General Assembly approved new funding for the Area Agencies on Aging, but there was not sufficient funding to reflect the true changes in the population. Some Area Agencies on Aging lost funding from FY 2012, and others, like Fairfax, did not receive additional funds based on the actual increase in population. Additional funding is needed by all the Area Agencies on Aging to provide services to the increasing population of older adults. (*New position*)

##### 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 returning the Long Term Care Medicaid eligibility threshold from 267% to 300% of SSI, restoring the cap on attendant service hours for Elderly and Disabled with Consumer Directed (ECDC) Medicaid waiver and HIV/AIDS waiver recipients from 48 hours to 56 hours per week and by restoring the respite care service hours from a maximum of 480 to 720 hours a year.**

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 45<sup>th</sup> in average wages for personal care providers. Yet, starting July 2011, a cap of 56 hours of personal care per week was imposed in the EDCD and HIV/AIDS waivers. Also, 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 48 hours of personal care per consumer per week in the EDCD waiver. The HIV/AIDS waiver was eliminated altogether. 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.

#### 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.

#### 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.

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.**

DSBs enable localities 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.

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; in particular, the County supports increasing accessibility and visitability through incentives, voluntary standards for accessible housing and educational outreach to businesses, building officials, advocacy groups and the Commonwealth, as recommended in the recently published study on accessibility by the Departments of Housing and Community Development and Rehabilitative Services. 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.

***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 1040 in FY 2012. 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.

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 1,632 in FY 2012 (a 29% 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).

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 2013, it is anticipated that the County will only receive approximately \$545,031, a 28% decrease. In addition, there is much uncertainty about the federal CSBG dollars as funds are vulnerable to be cut in FY 14. The state needs to ensure that these vital services to low income residents are maintained.

***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.

Substance Use Disorder

**Support increased capacity to address and prevent substance use disorder through robust community based prevention programs.**

Studies show that substance use disorder is among the most costly health problems in the United States. Effective community based prevention programs can reduce rates of substance use disorder 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.

#### 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.**

Drastically reduced state resources for psychiatric hospital beds have caused a shortage of available psychiatric beds during mental health emergencies. This can result in the release of people from custody who meet criteria for detention and are a danger to themselves or others, putting an increased burden on police and emergency staff. 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.

#### Northern Virginia Mental Health Institute Beds

**Support \$1.4 million in FY 2014 for additional psychiatric beds at the Northern Virginia Mental Health Institute (NVMHI). Also support sufficient state funding for acute care service within local hospitals or local crisis stabilization programs. (*Regional position.*)**

State funding for 19 psychiatric beds at NVMHI was eliminated in the spring of 2010, which reduced the number of beds at the state facility from 129 to 110. Thirteen of the nineteen beds were restored using one-time state funding and local and regional funds; however, that funding will run out June 30, 2013. In FY 2014, \$1.4 million in state funding is needed to restore these essential beds.

While overall state funding for psychiatric beds statewide **has been drastically reduced in recent years, and the costs of treating this critical population are increasingly being shifted to localities,** the need for state-funded, safety net beds in Northern Virginia is particularly critical, as the region currently has fewer state and private hospital beds per capita than any other region in the state. While other areas of the state are requesting additional funds to purchase beds in private hospitals to address bed shortages (LIPOS, or Local Inpatient Purchase of Services), the quantity of private psychiatric hospital beds in Northern Virginia continues to decline.

As a result, the number of beds is not sufficient to address the need, creating a shortage of psychiatric beds during mental health emergencies, which sometimes leads to Northern Virginians being hospitalized in areas far outside the region, removing them from their community connections and placing an **increased burden on police and emergency staff.** Even more alarming, some individuals are prematurely released from custody, even though they meet the criteria for detention and are a danger to themselves or others. Acknowledging this growing concern, the 2012 General Assembly included budget language requiring a report on a long-term plan to ensure adequate capacity is available to serve individuals who require an inpatient bed for the treatment of acute mental illness in Northern Virginia; the study is expected to be published imminently, and may contain findings useful to pursuing additional state funding for NVMHI beds. (*New position*)

## **FAIRFAX COUNTY**

### ***2013 Human Services Fact Sheet***

#### **Poverty in Fairfax County**

Poverty for a family of four in Fairfax County in 2012 is defined by the federal government as a family annual income of less than \$22,350. The poverty rate in Fairfax County is 6.8% of the population, or 73,794 people.

In Fairfax County in 2011 (*latest data available – reported Sept 2012*):

- 25,577 (or 9.7%) of all children (under age 18) live in poverty;
- 6,076 (or 5.5%) of all persons over the age of 65 live in poverty;
- 10,925 (or 10.6%) of African Americans live in poverty;
- 27,205 (or 15.7%) of Hispanics live in poverty;
- 15,571 (or 2.6%) of Non-Hispanic Whites live in poverty;
- 30.1% of women living in a household with children under 18 and no husband present live in poverty;
- 3.8% of people living in married couple households with children under 18 live in poverty
- 183,884 (or 16.8%) 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 2012 was 4.2% (up from 3.0% in July 2008, but down from a high of 5.6% in January of 2010). This represents approximately 25,800 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.
- In 2011, over 1,150 individuals who receive County services for mental illness, intellectual disability and/or substance use disorders needed housing but could pay no more than \$205/month for rent.

#### **Health**

- An estimated 132,872 or 12.2% of County residents were without health insurance in 2010.

#### **Linguistic Isolation**

- 7.4 % 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 2011-2012 school year, Fairfax County Public Schools reported that 46,117 students (or 26.2 percent of enrollment) were eligible for free and reduced lunch.

**Caseloads Have Increased Significantly in Fairfax County:**

- The overall Public Assistance caseload is up 50% from FY 2008 (51,939) to FY 2012 (78,279).
- The County's TANF average monthly caseload increased from 1,268 in FY 2008 to 1,632 in FY 2012 (a 29% increase).
- The County's SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 24,063 in FY 2011 (a 107% 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.
- The County's Infant and Toddler Connection (ITC) early intervention services for children with developmental delays experienced a 46% increase in demand in the last two years, from an average of 789 children served per month in FY 2010 to an average of 1,155 children per month in FY 2012.