Draft 2016 Fairfax County Human Services Issue Paper

This human services issue paper is a supplement to the 2016 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.

Though 2009 is credited as being the end of the Great Recession, its impact has continued to take a toll on the County's most vulnerable residents, as evidenced by the continued growth in Medicaid and Supplemental Nutrition Assistance Program (SNAP) caseloads. In 2014, the poverty rate in Fairfax County was 6.6 percent, which equates to 74,210 people in Fairfax County living in poverty, compared to 64,851 people in 2013. Additionally, the number of people living in deep poverty in Fairfax County – with an income less than about $12,125 for a family of four – jumped to 33,838 in 2014. Since the start of the economic downturn, an additional 7,792 children have slipped into poverty, bringing the total number to over 23,000, or 8.7 percent, of Fairfax's children.

The implementation of federal sequestration, and accompanying federal funding cuts, has adversely affected an already struggling population, further threatening to unravel the social safety net through significant reductions in domestic discretionary spending. These federal actions have had an impact on Virginia's own revenue sources, leading to state budget reductions. Fortunately, state revenues began to improve significantly in FY 2015, and the state ended the fiscal year with a surplus totaling more than $500 million, with projections showing continued improvement in years to come.

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. Now is the time for the state to begin restoring the substantial reductions to local programs and services implemented in recent years. A strong safety net for our most vulnerable populations remains an essential public service.

In order to achieve the stated public policy goals, state and local governments must 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. *(Revises and updates previous position.)*

Priorities

Early Childhood Services

Support additional state resources to ensure the health, safety and school readiness of children through adequate and appropriate programs and services.

The health, safety and school readiness of children is a fundamental priority. However, children in the Commonwealth face increasing challenges that must be addressed in a comprehensive manner to ensure the best possible outcomes. There is increasing recognition that the first few years of a child's life are a particularly sensitive period in the process of development, laying a foundation for: cognitive functioning; behavioral, social, and self-regulatory capacities; and, physical health. The Commonwealth should provide additional resources for services and supports necessary for all children to arrive at school ready to learn and succeed, including:

- Child Care Services (see also page 10);
- Community-Based Services for Children and Youth (see also page 19);
- Early Intervention Services for Infants and Toddlers with Disabilities/Part C (see also page 11); and,
- School Readiness (see also page 11).

Additionally, the Children's Services Act (CSA) provides services to children dealing with a myriad of challenges, including youth who: have been identified as needing services to prevent foster care placement; are in foster care; are having serious emotional or behavioral problems; need specialized education services; or, are under the supervision of a juvenile court. Investing additional resources for appropriate services, and working with children and their families to create safe and secure environments where children can thrive, will ultimately yield benefits for the entire Commonwealth. *(New position.)*

Northern Virginia Training Center (NVTC)

Support additional state funding for community placements, including critically-needed housing, for individuals leaving the Northern Virginia Training Center. Also support additional state funding for increased Medicaid waiver rates to support those placements, to ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement.

As a result of a state decision following the settlement agreement negotiated with the U. S. Department of Justice, the Commonwealth will be closing four of the state's five training centers, which provide residential treatment for individuals with intellectual and developmental disabilities. Ensuring the creation of sufficient and appropriate housing, employment and day supports for individuals leaving the training center, without shifting costs to localities, is essential to the implementation of this agreement. Unfortunately, in the three years since the agreement was reached, the Commonwealth has failed to create such housing and support options in Northern Virginia due to high real estate and service delivery costs paired with inflexible residency limits and insufficient waiver rates (providers have indicated that allowing five residents per group home would significantly improve their ability to offer these services, and that limiting group homes to four or fewer residents may not be economically viable). This has resulted in significant numbers

of NVTC residents relocating far outside the Fairfax County area. To that end, it is vital that proceeds of the planned sale of the NVTC property are dedicated to providing services in Northern Virginia, to meet the needs of both the NVTC population and other individuals on the community waiting list for Medicaid waivers.

Additionally, the Commonwealth has made only limited progress in redesigning related Medicaid waivers, even though that redesign and funding is essential to the Commonwealth's implementation of the settlement agreement. Waiver rates are currently well below the cost of providing necessary services in Northern Virginia, and do not contain sufficient flexibility to meet the needs of the NVTC population. Support changes to waivers and services that would:

- Ensure adequate funding to address the needs of individuals with high, complex, and intense needs for support, including employment and day services;
- Identify and provide sufficient affordable housing resources to adults with intellectual and developmental disability, allowing providers to instead focus resources on increasing service needs;
- Fully fund reimbursements for nursing and behavioral consultation, training, monitoring and supports;
- Increase reimbursement rates to enable the hiring of professional nurses;
- Provide sufficient funding to support a sustainable, well-trained workforce and a service support model that can effectively integrate nursing care, behavioral supports, mental health supports, and eldercare across residential and day settings and within Support Coordination services; and,
- Provide support for an appropriate system of care for crisis services for individuals with intellectual and developmental disabilities.

Successfully implementing the Department of Justice settlement is the Commonwealth's responsibility and obligation. Sufficient and timely state funding for the NVTC population is an essential component of that effort. *(Updates and reaffirms previous position.)*

Mental Health, Public Safety, and the Criminal Justice System

Support sustainable funding for public safety and mental health services which connect non-violent offenders experiencing mental health crises to treatment instead of the criminal justice system. Also, support funding for the provision of mental health services in jails, including training for personnel.

For many years, police officers have been the first responders when an individual is in the midst of a mental health crisis – the Fairfax County Police Department responds to more than 5,000 calls each year that are mental health related. As a result, many of these calls lead to incarceration for low-level offenses (trespassing, disorderly conduct), precluding the individual from receiving appropriate treatment in the community for the underlying mental health issues with which he or she is grappling. In fact, nearly four in ten inmates at the Fairfax County Adult Detention Center (ADC) have been identified as needing mental health care, and more than one in four have a serious mental health illness and co-occurring substance use disorder. Though the impacts of mental health challenges on public safety are increasingly receiving national attention, the fact remains

that the criminal justice system is ill-equipped to deal with such issues, and substantial changes must be made. Innovative approaches in the courts to quickly identify individuals with mental illness who are charged with criminal offenses could ensure appropriate treatment and enhance diversion efforts, leading to better outcomes for individuals and the community. Additionally, it is significantly more expensive to deliver mental health services in a detention facility than in the community due to the high cost of incarceration, which is approximately $50,000 per year in Fairfax County, not including additional costs for mental health care. In contrast, it only costs approximately $7,500 per year to provide intensive case management in the community, through the Community Services Board.

To address these critical issues, Fairfax County has embarked upon a Diversion First initiative, seeking to divert non-violent offenders experiencing mental health crises to treatment instead of incarceration. Local revenues have been utilized to implement the first phase of this vital initiative, but expanding this cost-saving program will require additional state investments, including:

- Increasing the availability of mental health services in the community by expanding secure 24/7 crisis assessment centers, crisis stabilization units, mobile crisis units, local forensic beds, affordable housing options, reintegration services for youth and adults at high-risk of rapid re-hospitalization and/or re-offending due to mental health issues, and the use of telepsychiatry (also see page 18);
- Strengthening the community's response to individuals in mental health crises by funding Crisis Intervention Team (CIT) training for law enforcement officers, Fire and Rescue first responders, and jail personnel;
- Facilitating the exchange of health information of individuals believed to meet the criteria for temporary detention orders between law enforcement, Community Services Boards, health care entities and providers, and families and guardians;
- Supporting the efforts of the Center for Behavioral Health and Justice, which was created in 2015 upon recommendation of the Governor's Taskforce; and,
- Increasing funding to augment the provision of appropriate mental health services to individuals who are incarcerated for offenses that make them unsuitable candidates for a diversion program.

(Many of these items are recommendations in the final report of the Governor's Taskforce on Improving Mental Health Services and Crisis Response. Additionally, the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century's interim and final reports, expected by December 2015 and 2017 respectively, likely will include recommendations that support and advance the Diversion First initiative.) (New position.)

Position Statements

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. As the state revenue picture appears to be improving, now is the time for the Commonwealth to strengthen the state/local partnership by adequately funding core human services.

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 Eligibility and Access to Care

Support increasing Medicaid eligibility in Virginia to 138 percent of the federal poverty level, as envisioned by the federal health care reform law, ensuring critical health coverage for some of the most vulnerable Virginians.

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 12th largest state in terms of population and 10th in per capita personal income, Virginia ranked 45th in Medicaid enrollment as a proportion of the state's population and 48th in per capita Medicaid spending (a decline in the state's already very low ranking).

The Commonwealth faces a critical decision, as it considers again 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. The failure of previous proposals, most recently during the 2014 regular and special sessions, leaves the question of Medicaid expansion in doubt in Virginia; however, it is important to note that expansion would provide coverage to as many as 248,000 Virginians, including 27,000 individuals in Fairfax County. Newly eligible individuals would include low-income adults (individuals earning less than $16,104 per year or families earning less than $32,913 per year), low-income children who lose Medicaid when they turn 19, and adults with disabilities not eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). The state took a modest step towards increasing some coverage in late 2014, by requesting and receiving federal permission to provide certain services to qualifying individuals with Serious Mental Illness; however, this demonstration project expires in January 2017.

It is clear at this time that the cost of expansion to the Commonwealth will be minimal, while the savings in indigent and uncompensated care could be significant. Under the Patient Protection and Affordable Care Act, the federal government will cover 100 percent of the costs of coverage for newly-eligible individuals through the end of 2016, with the federal share declining gradually to 90 percent by 2020. State dollars freed up by this infusion of federal funds could then be redirected to other critical budget priorities. Additionally, increasing less expensive preventative care and reducing more expensive emergency care could improve the overall health of residents of the Commonwealth, while slowing the growth in insurance premiums and reducing the "hidden tax" currently borne by all Virginians.

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.

Irrespective of Virginia's decision on Medicaid expansion, or of any other federal funding cuts or reductions in federal requirements which may be considered by Congress, it is essential that the Commonwealth avoid taking actions that effectively shift costs to localities. Due to the increasingly critical 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. In particular, information technology initiatives to improve program administration should be coordinated with local program administrators. Fairfax County supports cost containment measures that utilize innovation, increase efficiency and targeted service delivery, and use of technology to reduce Medicaid fraud, in order to ensure the best allocation of resources without reducing services or access to care. Decisions made regarding other aspects of the Affordable Care Act should be carefully considered to avoid unintentionally increasing the number of uninsured Virginians by limiting the types of acceptable private plans, potentially increasing pressure on the social safety net. *(Revises and reaffirms previous position.)*

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, and 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 that though it is ranked 10th in per capita personal income, it is 49th 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 than care provided in institutional settings. Waiver services are especially important for low-income families, older adults, people with disabilities, and individuals with chronic diseases in Virginia, where Medicaid eligibility is highly restrictive.

The number and type of waivers is set by the General Assembly, and the extensive, growing waiting lists for some demonstrate the significant barriers that exist in the Commonwealth (current Virginia waivers include Alzheimer's Assisted Living, Day Support for Persons with Intellectual Disabilities, Elderly or Disabled with Consumer-Direction, Intellectual Disabilities, Technology Assisted and Individual and Family Developmental Disabilities Support). These waivers fund a variety of services, such as attendants to help with bathing and dressing, on-the-job assistance to allow people to work successfully, and assistive technology devices that provide communication assistance. Currently, the Commonwealth is redesigning the Intellectual Disability (ID), Developmental Disability (DD) and Day Support waivers; while the new waivers could provide substantial benefits, their structure, funding, and implementation are critically important to their success and yet remain unclear.

Fairfax County supports the following adjustments in Medicaid waivers:

- **Support automatic rate increases and an increase in the Northern Virginia differential.** While nursing facilities receive annual cost of living adjustments, this rate adjustment is not available to providers of Medicaid waiver services. Virginia ranks 49th among the states in the provision of home and community-based services. To reduce reliance on institutions such as nursing facilities, 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 percent of cost. Additionally, support increasing the Northern Virginia differential from 15 percent to 20 percent, reflecting the higher cost of living and services in this area. More competitive Medicaid reimbursements will significantly increase the number of participating providers in Northern Virginia, thereby expanding the local supply of community-based services for older adults and people with disabilities. *(Updated and reaffirms previous position.)*

- **Support adoption and implementation of the Virginia Department of Behavioral Health and Developmental Services' (DBHDS) proposal for redesigned Intellectual Disability, Developmental Disability, and Day Support Waivers.** The proposed new waivers—the Community Living, Family and Individual Supports, and Building Independence waivers—will expand both the services available and eligibility criteria, and are critical to the state's implementation of the U.S. Department of Justice settlement agreement. The goal of the waiver redesign is to increase the number of individuals served, while providing more flexibility to allow individualized services and enhanced community participation. The state's new waiver proposal includes services and funding "tiers" based on the intensity of each individual's service needs, as determined by a Supports Intensity Scale (SIS), which will be administered to each waiver recipient. This design is meant to allow flexibility for individuals to move between waivers as their service needs change over time. Approval and implementation of proposed new waivers must include sufficient slots to provide home and community-based services to the more than 10,000 people statewide who are eligible (but remain on waiting lists) for ID or DD waiver services, and must also be accompanied by reimbursement rates which are based on the actual cost of providing services in Northern Virginia for that service area. *(Updates and revises previous position.)*
- **Support increased funding for the current Medicaid ID/DD waivers if the proposed redesigned waivers are not approved and implemented as expected.** The state's implementation of the proposed waiver redesign has not proceeded as quickly as previously thought, leading to concerns about how and when that redesign, and appropriate funding, will be completed. If new waivers are not implemented by the 2016 General Assembly, increased funding will be needed for more waivers and an expansion of services, as required by the settlement agreement. In Fairfax County (as of July 2015), over 1,250 people with intellectual disabilities are on the statewide waiting list for services; of those, more than 865 are considered to have "urgent" needs (potentially one crisis away from requiring emergency services and potential institutionalization). In addition, the services available under the current waivers will need to be expanded, with corresponding reimbursement rates that reflect the actual cost of providing services in Northern Virginia and the option for consumer choice. *(Updates and revises previous positions.)*
- **Support Expansion of Home and Community-Based Services.** The Commonwealth should implement new opportunities to serve older adults and people with disabilities in their homes and communities, including incorporating Community First Choice into its 2016 Medicaid state plan, which would provide Virginia with more flexibility and revenue to serve people with adult onset disabilities who are denied access to services they need under the existing Medicaid waivers. (*Updates and reaffirms previous position.*)

- **Restore and Preserve the Elderly and Disabled with Consumer Direction (EDCD) Waiver, and Eliminate the 56 Hour Cap**. The EDCD Medicaid waiver is the only option for thousands of Virginians to stay in their own homes and avoid unnecessary placement in a nursing facility. After significant state funding reductions in recent years, several areas of the EDCD waiver must be preserved and restored in order to fully benefit Fairfax County's most vulnerable older adults and adults with disabilities, including: keeping the Long Term Care Medicaid eligibility threshold at 300 percent of SSI; restoring recent reductions to home and community-based Medicaid providers; allowing for flexibility in Medicaid's administrative requirements to maximize options for consumer-directed care; and, restoring respite care service hours to a maximum of 720 hours a year. The EDCD waiver's maximum of 56 personal attendant hours per week is insufficient to provide the support and services needed to allow recipients to remain in the community. Although there are limited options for some EDCD waiver beneficiaries to exceed this cap, justifying that need places an administrative burden on the consumer and should be eliminated. *(Updates and reaffirms previous position.)*

Children and Families

Children's 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:

- **The current structure which requires that service decisions are made at the local level and are provided based on the needs of the child;**
- **State funding for both the education costs of students placed in residential treatment for non-educational reasons and to remove local responsibility for matching funds for Medicaid Residential and Treatment Foster Care services;**
- **Increased CSA local government administrative funding;**
- **CSA funding for extended foster care services and support for youth 18-21 who entered foster care prior to their 18th birthday; and,**
- **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 to both state and local governments.**

Finally, 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 Children's Services Act.

The Children's Services Act (formerly known as 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 an aggregate local match of approximately 46 percent. 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.

Additionally, 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 does not guarantee the 60 day public comment period required under the Administrative Process Act, or an independent review of potential impacts on state and local governments, families, and service providers. Without a full vetting, detrimental changes or unintended consequences could result; APA vetting requirements support careful review so that all impacts can be understood by both the state and affected communities.

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, and should not favor one side of the partnership over the other. *(Updates and reaffirms previous position.)*

Child 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. Also, support maintaining Fairfax County's local permitting process for family child care providers serving four or fewer non-resident children.

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 County community, where the median annual income of families receiving fee-system child care subsidies is $27,888, the cost of full-time child care for a preschooler at a child care center ranges from $13,000 to over $15,000 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.

Child care provided in residential settings is critical to ensuring sufficient high quality and affordable care in Fairfax County. As a result of legislation enacted by the 2015 General Assembly, the Virginia Department of Social Services now regulates family child care providers who care for five or more non-resident children (prior to that legislative change, Fairfax County regulated family child care providers serving five children or fewer, but now only regulates providers who care for four or fewer non-resident children). The County's permit requirements are comparable to those used by the state, but also reflect vital community standards which should be preserved. Local regulation of family child care providers has worked well for Fairfax County families, and the County's authority to regulate smaller family child care providers should be maintained. *(Revises previous position.)* *(Position on local regulation of child care providers shared by region.)*

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

Support sustainable funding and infrastructure for Part C Early Intervention, which is a state/federal entitlement program that provides services for Virginia's infants and toddlers. In order to address immediate concerns, support increasing funding in FY 2016 to support growth in services to children who do not qualify for Medicaid. Additionally, sufficient funding is needed to increase rates and align them with actual costs (from $132 per month to $175 per month) for the Medicaid Early Intervention Targeted Case Management Program, which provides early intervention services for children eligible for Medicaid.

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 and 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, the average monthly number of children seeking and/or receiving ITC services has grown by more than 59 percent – from 909 per month in FY 2010 to 1,449 per month in FY 2015. It is anticipated that demand for ITC will continue to grow at an average rate of six to eight percent annually. A significant funding shortfall has resulted from the increased demand and costs of services. Although the 2013 General Assembly provided an additional $2.3 million in FY 2013 and $6 million in FY 2014 statewide, this program was level funded at the FY 2014 level for FY 2015 and FY 2016, in spite of rising service needs. Increased funding will continue to be necessary to keep pace with the demand for this critical program. *(Revises and reaffirms previous position.)*

School Readiness

Support increased state resources for early childhood education programs, which help young children enter kindergarten prepared to succeed.

Research has increasingly shown the importance of high quality early childhood education programs to children's cognitive and social emotional development and their school success. Such programs have become economic development issues, as business organizations like the U.S.

Chamber of Commerce have cited potentially positive impacts on national economic security, linking early childhood education and the creation of a highly skilled workforce. While failure to adequately meet the needs of the youngest Virginians can create repercussions for individual families, the larger community and the Commonwealth, it is clear that investments in early childhood education can provide a foundation for learning and achievement, often reducing or eliminating the need for more costly remediation later. Eligibility criteria for such programs, particularly the Virginia Preschool Initiative (VPI), should include the flexibility to account for regional variations in cost of living. *(Reaffirms previous position.)*

Foster Care/Kinship Care

Support legislation and resources to encourage the increased use of kinship care, keeping children with their families, including the development of a legal framework, such as guardianship, to allow kinship caregivers to make decisions for children in their care. 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.

These kinship care arrangements are typically informal, with no legal agreements in place between the parents and the kin caregiver. In many cases, legal custody is not an option for kinship providers, due to the unwillingness of the relative to go through a proceeding with the biological parent(s) that may be viewed as adversarial, or the financial hardships associated with hiring legal counsel. Guardianship, which is a formal legal process allowing courts to grant legal authority to kinship caregivers to act on behalf of a child, is an alternative allowed in many states. The legal authority granted through guardianship would provide kinship caregivers the ability to make medical or educational decisions for the children in their care, authority they do not have under current, informal kinship care arrangements. *(Reaffirms previous position.)*

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.

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. *(Reaffirms previous position.)*

Juvenile Justice

The Commonwealth should provide adequate funding through the Virginia Juvenile Community Crime Control Act (VJCCCA).

The Virginia Juvenile Community Crime Control Act (VJCCCA) was established in 1995 by the General Assembly, and restructured funding for local juvenile justice programming. State funds were appropriated to assist localities in providing cost-effective services to meet the needs of juveniles involved in the juvenile justice system, through programs designed to:

- Prevent juvenile offenders from further penetrating the justice system;
- Maintain youth in community-based programs, rather than in state corrections centers;
- Facilitate re-entry and prevent recidivism; and,
- Help troubled youth return to a more productive life and better future.

In the last ten years, funding for these programs has been reduced by over 67 percent. These cuts have created significant impacts in Fairfax County, and have required the termination of important programs. *(Reaffirms previous position.)*

Youth Safety

Support additional state funding for programming to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems and other poor outcomes, while increasing protective factors, including mental wellness and healthy coping strategies.

Research has identified a set of risk factors that predict an increased likelihood of drug use, delinquency, mental health problems, and violent behavior among youth. These factors include: experiencing trauma and early aggressive behavior; lack of nurturing by caregivers; availability of alcohol and other drugs; and, even a lack of problem-solving skills. Conversely, research has also identified protective factors, such as developed social skills, strong parenting and positive involvement from caring adults, and involvement in community activities that can influence and mitigate risk factors. Funding is needed to implement evidence-based, effective strategies to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems, and other poor outcomes.

The urgency of this funding need is reflected in results from the Virginia 2013 Youth Survey, which provides some troubling information. In a statistically reliable sample of high school students across the Commonwealth, 21.9 percent reported being bullied on school property; 6.1 percent have been threatened or injured with a weapon on school property; 5.4 percent have missed one or more of the past 30 days of school because they felt unsafe at school or traveling to or from school; 25.7 percent reported feeling sad or hopeless daily for two or more weeks to the extent that they could not engage in their typical daily activities; and, 14.7 percent reported seriously considering suicide. Targeting funding towards programs that improve the health, well-being and safety of young people throughout the state, while seeking to reduce dangerous and risky behaviors, is essential to all Virginians.

In Fairfax County, an annual youth survey found that youth in 10th and 12th grades are at significant higher risk for depression and suicide ideation than their peers statewide. In addition, approximately one out of six 8th, 10th and 12th graders reported being attacked by someone in the

past year, and over half reported being a victim of bullying. *(Revises and reaffirms previous position.)*

Older Adults and People with Disabilities

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; serve as a catalyst for the development of public and private funding sources; and, 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.)*

Independence and Self-Sufficiency for Older Adults and People with Disabilities

Support funding for programs that promote the independence, self-sufficiency, and community engagement of older adults and people with disabilities.

Services to keep older adults and adults with disabilities in their own homes (such as personal assistance, nutrition and home-delivered meals, transportation, service coordination, and adult day/respite supports) provided by the Commonwealth's twenty-five Area Agencies on Aging (AAAs) save Virginia taxpayers 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 dramatically improving overall life satisfaction. Additionally, critical Chore and Companion Services assist eligible older adults and people with disabilities with activities of daily living (such as getting dressed, bathing, and housekeeping and laundry services). Funded through state and local dollars, these vital, locally-administered services must be enhanced to meet the growing demand among those who are ineligible for comparable services elsewhere.

Unfortunately, many low-income Virginians with disabilities are precluded from receiving much-needed services because of Virginia's highly restrictive Medicaid eligibility requirements. The Virginia Department of Aging and Rehabilitative Services' (DARS) three Personal Assistance Services (PAS) programs provide assistance for people with disabilities who do not qualify for other home-based services. Designed for employed individuals who need an attendant in the morning and evening (but not during the day), these critical programs enable people with disabilities to work and live in an integrated setting. Finally, these services must be supplemented by ADA-compliant transportation options and facilities, to ensure that individuals can be active, self-sufficient, and independent participants in the community. *(Revises and reaffirms previous positions.)*

Accessibility

Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility to public places and to housing.

Nearly 75,000 Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living difficulties. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities since the passage of the Americans with Disabilities Act (ADA) 25 years ago, continued advancement is needed. Fairfax County supports access for people with disabilities and older adults in public and private facilities; in particular, by increasing accessibility through incentives, voluntary standards for accessible housing and educational outreach to businesses, building officials, medical providers, advocacy groups, and state and local governments.

The lack of affordable, accessible, integrated housing is a major barrier facing older adults and people with disabilities throughout the Commonwealth. Innovative options to help ensure that older adults and people with disabilities can stay in their homes include increasing the accessible housing stock in newly constructed multi-family housing (encompassing apartment buildings, condos, and assisted living housing among others); encouraging builders to offer "visitable" options to prospective customers and applicants for new single family homes, as an alternative to conventional design; raising the maximum annual allotment of the Livable Homes Tax Credit; and, establishing a comparable grant to help pay for much-needed home modifications. Incentives and initiatives for accessible housing and home modifications should benefit both homeowners and renters. Improved accessibility in public buildings, housing, transportation, medical facilities 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. *(Updates and reaffirms previous position.)*

Adult Protective Services

Support state funding for additional Adult Protective Services social workers.

Adult Protective Services (APS) conducts investigations and protects older adults and incapacitated adults from abuse, neglect or exploitation through the provision of casework services, home based care assessments and coordination, and Medicaid and Auxiliary Grant pre-admission screenings. As the older adult population has increased in Virginia, along with a corresponding demand for APS services, state funding for APS positions has remained stagnant over the past five years, as noted in a December 2014 report from the Virginia Department for Aging and Rehabilitative Services. In Fairfax County, there has been a steady increase in APS cases since FY 2010. Continued state investment in these critical services is essential to ensuring the safety of this vulnerable population. *(Updates and reinstates previous position.)*

Brain Injury

Support expansion of psychiatric and behavioral services for individuals with brain injuries.

Acquiring a brain injury can be a life-altering event, but with appropriate treatment and services individuals can improve their independence and quality of life. Unfortunately, there is a significant, unmet need in the Commonwealth for specialized assessment/treatment programs, often requiring Virginians with brain injury to go out of state for costly, extended stays to receive treatment for neurobehavioral complications. While there are a small percentage of severe, complicated situations, most people with brain injury can be more effectively treated through community-integrated programs and services. It is important that the Commonwealth expand the continuum of services for people with neurobehavioral problems, to meet the needs of individuals with brain injury and enhance community re-integration and community-based supports. *(New position.)*

Health, Well Being, and Safety

Temporary Assistance for Needy Families (TANF)

Support an increase in the TANF reimbursement rates in Virginia.

The 2015 General Assembly increased TANF reimbursement rates for the first time since 2000. The increase – 2.5 percent – takes effect in January 2016. While this action is a welcome step in the right direction, TANF payments remain very low. Currently, a family of three in Northern Virginia receives less than $4,700 per year, less than a quarter of the federal poverty level; the rate increase in 2016 will increase payments for such a family by $10 per month. 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). *(Updates and reaffirms previous position.)*

Domestic Violence

Support additional state funding to provide counseling and other services to children who are exposed to domestic violence.

Research indicates that witnessing domestic violence can be extremely traumatic for children, potentially leading to depression, anxiety, nightmares, and academic disruptions. In fact, the trauma can be very similar to when children experience abuse themselves. Unfortunately, according to the 2011 Fairfax County Youth Survey, seven percent of FCPS students (an estimated 13,000 students) indicated that they have witnessed physical violence between their parents. Additional state funding is necessary to respond to the needs of these children through services that include therapeutic and psycho-educational interventions, as well as parenting classes for both victim and offender parents. Such services are crucial to helping families rebuild their lives after violence, and are an important component in breaking the inter-generational cycle of violence in these families and in our communities. *(The 2015 General Assembly created the Advisory Committee on Sexual and Domestic Violence Programs, which was recommended by the Virginia State Crime Commission in 2014, in order to aid in the prevention and reduction of sexual and domestic violence.)*

Sexual Violence

Support increased funding for sexual violence prevention, especially programs for K-12 students, and intervention services.

Nearly 5,000 individuals were victims of sexual violence in Virginia in 2014 and almost three out of every five victims were under the age of 17. Eradicating sexual violence will require additional state funding to expand prevention programs, especially those targeted to K-12 students to educate youth on healthy relationships and resources available for sexual violence victims. Community-based intervention services, such as victim advocacy and counseling, are critical to recovery efforts. Enhanced state funding for these services is essential, and distribution of funds, whether from state or federal sources, should take into consideration regional variations in the costs of providing services. *(New position.)*

Substance Use Disorder

Support increased capacity to address and prevent substance use disorder through robust community-based treatment and prevention programs. Also, support coordinated strategies to meet the growing need for substance use disorder services for older adults, promoting recovery and community inclusion.

Across Virginia, law enforcement and health care professionals identify the need to combat drug abuse as a high priority, as the statewide rate of drug-caused deaths in 2011 was higher than that of motor vehicle accidents. Nearly 400,000 Virginians engaged in non-medical use of pain relievers in 2013, primarily those aged 18-25.[1] The 2013-2014 Fairfax County Youth Behavior Survey of 8th, 10th, and 12th graders reveals that almost 3,000 respondents have used painkillers without a doctor's note, and approximately 300 respondents have used heroin. Too often such use results in death, with 268 fatal heroin and/or prescription opioid overdoses in Fairfax County from 2007 to mid-September 2014, indicating a need for increased use of and funding for medication-assisted treatment (Vivitrol, Suboxone).[2] Tragically, more than 200,000 Virginians each year need substance use disorder treatment services but are not receiving them, resulting in an increased demand on the state's already overburdened public safety and social services system (particularly local emergency rooms, psychiatric hospitals, jails, and crisis care departments).

The recently created Governor's Task Force on Prescription Drug and Heroin Abuse, along with the Attorney General's Heroin and Prescription Drug Abuse Strategy, are significant steps toward developing a comprehensive statewide approach to tackling substance use disorder. In particular, key recommendations relate to funding and reestablishing public and private partnerships that raise community awareness about safe use and disposal of prescription medications.

Additionally, substance use disorder affects people at all ages and stages of life, including older adults. The need for substance use disorder services for older adults is growing, but the capacity to meet this 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.

---

[1] Data from the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

[2] Data distributed by the Virginia Office of the Chief Medical Examiner at the Virginia Heroin and Prescription Drug Summit.

At the local level, effective community-based prevention programs can reduce rates of substance use disorder and delay the age of first use. In the last three years, the Northern Virginia region has supported a successful Peer Recovery Support Services pilot program, designed and delivered by people who themselves have substance use disorders and are in recovery. Positive results have included reduced recidivism and relapse, increased self-sufficiency, and significant improvements in 12 core quality of life indicators, including a 22 percent increase in sobriety and a 20 percent improvement in employment. This successful and cost-effective program should be continued, and could be a model for statewide expansion. *(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. Also, support state funding to adequately staff and create more Crisis Assessment and Stabilization Centers for assessment of and intervention with individuals of all ages experiencing behavioral health crises.

Significant strides in mental health reform were made by the 2014 General Assembly, after a Virginia tragedy just prior to the session cast a bright light on weaknesses in the state's mental health system. However, it is critical that the state continue to make progress in this important area and provide sufficient resources for Fairfax County to implement recent and future reforms; specifically, adequate resources are needed to ensure that the hundreds of Fairfax County residents (ranging from children to older adults) with serious mental illness, serious mental disturbance, and/or disabling substance dependence receive intensive community treatment following an initial hospitalization or incarceration. Evidence-based community treatment has been shown to be a cost-effective measure to reduce more expensive hospital stays. Similarly, housing assistance and supports that can be tailored to individual needs are critical for ensuring that such individuals can access the services they need while remaining in their communities. Funding to recruit, retain, and train Community Services Board staff will be key to the success of mental health reform.

Additionally, regional pilot programs to create more Crisis Assessment and Stabilization Centers would provide intervention and treatment services to assess and stabilize individuals of all ages experiencing an emotional or psychiatric emergency. The benefits of such programs include reducing the number of voluntary and involuntary hospitalizations and substantially reducing or even eliminating the involvement of public safety officers in responding to a psychiatric crisis situation, while linking individuals in crisis to less restrictive, ongoing, community-based treatment options. *(The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century is expected to deliver its interim report by December 2015 and its final report by December 2017). (Updates and reaffirms previous position.)*

Emergency Responsiveness

Support sufficient state funding for intensive community resources, allowing individuals to transition safely and expediently from psychiatric hospitals to community care.

The 2014 General Assembly made significant strides in responding to mental health emergencies, providing funding in FY 2015 for 11 additional psychiatric hospital beds at the Northern Virginia Mental Health Institute for individuals experiencing mental health crises. However, state funding remains insufficient for the intensive community resources that allow hospitalized individuals to transition to community care. At present, 25-33 percent of Northern Virginia's local state hospital beds are continually occupied by individuals unable to transition to community care due to lack of services. This is in spite of the fact that the cost to serve an individual in the community, even one in need of intensive services to manage serious mental illness, is a fraction (15-25 percent) of the cost of providing such services in a hospital setting. Increased investments in intensive mental health community services could have long-term financial benefits, in addition to the benefits of returning individuals to the community more quickly. *(Reaffirms previous position.)*

Community-Based Services for Children and Youth

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 for more community-based crisis response for youth and their families. To respond effectively to the need, this service model must be fully funded. 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. *(Reaffirms previous position.)*

Services for Transitional Youth

Support enhanced residential and mental/behavioral health services for transitional youth.

In Virginia, significantly more public services are available to children in need of mental and behavioral health treatment than to adults in need of similar services. As a result, once they turn eighteen, youth may no longer receive all of the assistance that was previously provided to address their needs. It is critical that the Commonwealth focus additional resources on transitional age youth (ages 16 to 24) who have received intensive mental/behavioral health services and/or been in out-of-home placements, to ensure they receive the essential services needed for a successful transition to adulthood.

Services from which transitional youth typically age out include: children's mental health services; home-based services supports; case management; supervised, supported, or group home settings;

educational support; specialized vocational support, preparation, and counseling; preparation for independent living; and, social skills training. Though some private and public sector transitional support services attempt to bridge this gap, such programs are scarce and primarily geared toward higher-functioning young adults. Although the state has been successful in reducing the number of youth in out-of-home placements, many young people over 18 and their families continue to need transitional supportive housing and case management. The state should develop policies and utilize evidence-based practices that, coupled with appropriate funding, create, enhance, and sustain youth-in-transition services, including residential supports, case management, and mental health services. *(Reaffirms previous position.)*

FAIRFAX COUNTY
2016 Draft Human Services Fact Sheet

Poverty in Fairfax County in 2015 is defined by the federal government as an individual earning less than $11,770 per year or a family of four with an annual income of less than $24,250. In 2014, the poverty rate in Fairfax County was 6.6% of the population, or 74,210 people.

In Fairfax County in 2014 *(latest data available – reported September 2015):*

- 23,339 (or 8.7%) of all children (under age 18) live in poverty;
- 6,913 (or 5.4%) of all persons over the age of 65 live in poverty;
- 14,639 (or 13.6%) of African Americans live in poverty;
- 20,451 (or 11.0%) of Hispanics (of any race) live in poverty;
- 22,638 (or 3.9%) of Non-Hispanic Whites live in poverty;
- 5,342 (or 25.6%) of families headed by single women with children under 18 live in poverty;
- 181,235 (or 16.1%) of County residents have incomes under 200% of poverty ($48,500 year for a family of four);
- 51% of people receiving County services for mental illness, substance use disorder or intellectual disabilities in FY 2015 had incomes below $10,000.

Employment

- The unemployment rate in August 2015 was 3.4% (up from 3.0% in July 2008, but down from a high of 5.6% in January of 2010). This represents 21,226 unemployed residents looking for work.

Housing

- In 2014, the average monthly rent of a one-bedroom apartment was $1,456, an increase of 23% since 2008.
- 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 117,074 or 10.4% of County residents were without health insurance in 2014.

Ability to Speak English

- 15.1% of County residents over age 5 do not speak English proficiently. 37.8% of County residents over age 5 speak a language other than English at home.

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 2014-2015 school year, Fairfax County Public Schools reported that 51,968 students (or 28.2 percent of enrollment) were eligible for free or reduced lunch.

Domestic and Sexual Violence

- Each month in Fairfax County, domestic violence hotlines receive almost 210 calls, victims request 56 family abuse protective orders, over 160 domestic violence arrests are made, and 16 families escape to an emergency domestic violence shelter (FY 2015).
- The demand for emergency shelter for victims of domestic violence remains high. Due to the shortage of emergency shelter beds, 228 eligible households were turned away in FY 2015.
- 48% of emergency shelter residents are children 12 years and younger (FY 2015).
- In FY 2015, the County's Domestic Violence Action Center served 873 victims, who reported an additional 1,053 children impacted.
- Nearly one-third of the children entering foster care this past year witnessed domestic violence.
- From FY 2014 to FY 2015 , the number of hotline calls related to sexual violence increased by 34% (from 217 to 290) and the number of clients seeking sexual violence counseling increased by 19% (from 72 to 86).

Caseloads Have Increased Significantly in Fairfax County:

- The County's Medicaid caseload increased from 37,130 in FY 2008 to 66,708 in FY 2015 – a 79% increase.
- The County's SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 24,031 in FY 2015 (a 107% increase).
- In FY 2015, the Community Health Care Network (CHCN) provided 48,100 visits to 13,795 unduplicated patients (an additional 4,325 patients were enrolled but did not seek medical care during the year; nevertheless the CHCN must ensure capacity to serve those patients if needed). Of these patients, the average number of visits, per patient, ranged between 3.2 – 4.0, which is within the 'scope of standard care' for this population.
- Staff estimate that nearly 600 patients currently receiving care through the CHCN will be eligible for health insurance through the Federal Health Insurance Marketplace when it reopens for open enrollment on November 1, 2015.
- Between FY 2010 and FY 2015, the average monthly number of children seeking and/or receiving early intervention services for developmental delays from the County's Infant and Toddler Connection (ITC) program grew by more than 59 percent, from 909 per month to 1,449 per month.